

2016 Community Health Needs Assessment



Dunn, Mercer, and Oliver Counties **North Dakota**

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Executive Summary

To help inform future decisions and strategic planning, a coalition of health related organizations conducted a community health needs assessment in Dunn, Mercer and Oliver counties in North Dakota. The assessment sought input from area community members and health care professionals as well as analyzed community health-related data.

To gather feedback from the community, residents of Hazen, Beulah, Center, Killdeer, and surrounding communities were provided the opportunity to participate in a survey. Approximately 348 residents took the survey. Additional information was collected through a focus group and key informant interviews with community leaders. The input from all of these residents represented the broad interests of the area communities. 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.

Demographic data about the area reveal that while the population in Dunn County – located in North Dakota’s booming oil region – has increased dramatically in recent years, Mercer and Oliver counties have seen more modest growth. All three counties have a higher median age than the North Dakota median, and Mercer and Oliver counties have a slightly larger proportion of residents aged 65 and older. Residents are less likely to have completed a four-year degree, which can have implications for the health care workforce.

Data compiled by County Health Rankings show that as compared to North Dakota generally, Mercer County, which includes the communities of Beulah and Hazen, is doing well on a number of measures, and ranked 6th of all North Dakota counties on health factors. There also is room for improvement, however, on certain individual factors that influence health. Factors on which Mercer County is performing poorly relative to the rest of the state include:

- Premature deaths
- Low birth weight
- Rate of diabetics
- Adult obesity
- Physical inactivity
- Primary care physicians
- Dentists
- Mental health providers
- Unemployment
- Injury deaths

Of 100 potential community and health needs listed in the survey, residents who took the survey chose five needs as the most important:

- Adequacy of childcare services
- Cancer
- Obesity/overweight
- Cost of health insurance
- Affordable housing

The survey also revealed that the biggest barriers to receiving health care as perceived by community members were not enough evening or weekend hours, not enough specialists, concerns about confidentiality, and the inability to get appointments or limited appointment hours.

When asked what the good aspects of the area were, respondents indicated that the top community assets were:

- Family-friendly; good place to raise kids
- Friendly, helpful, and supportive people
- Safe place to live, little/no crime
- Recreational and sports activities
- Quality school systems
- Quality health care
- Active faith community

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

- Adequacy of childcare services
- Availability of mental health services
- Need for extra hours for appointments, such as evening and weekends
- Affordable housing
- Adult drug use and abuse
- Public transportation (options and cost)
- Lack of employees to fill positions
- Prevalence of obesity/overweight
- Increasing split of “haves” and “have-nots”

Following careful consideration of the results and findings of this assessment, Community Group members determined that, in their estimation, the most significant needs or issues in the community are:

- Adequacy of childcare services
- Availability of mental health and substance abuse treatment services
- Lack of employees to fill positions
- Obesity/overweight
- Public transportation

Of these top five concerns, the group identified childcare services and the availability of mental health and substance abuse treatment services as the most pressing issues in the community.

Overview and Community Resources

The purpose of conducting a community health needs assessment is to describe the health of local people, identify areas for health improvement, examine use of local health care services, determine factors that contribute to health issues, identify and prioritize community needs, and help health care and 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; 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 health care, 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, helping local public health units meet accreditation requirements, and allowing the local federally qualified health center to maintain compliance with statutory and regulatory requirements as set forth by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC) program requirements.

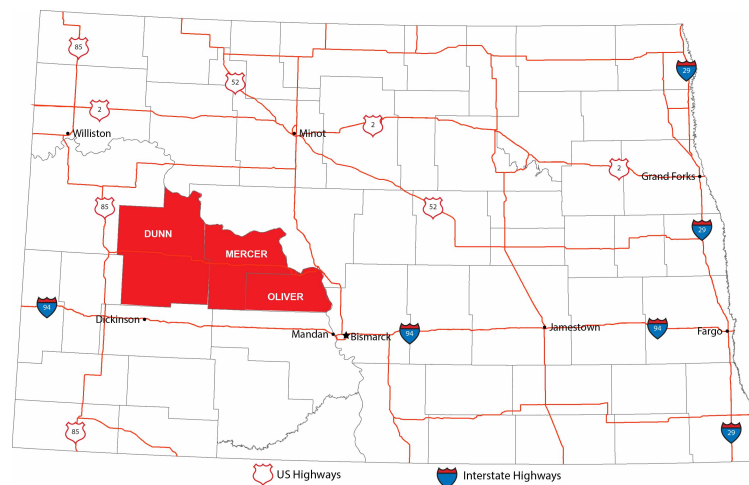


With assistance from Prairie Health Partners and the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, Sakakawea Medical Center, working with other area health organizations, completed the community health assessment. In addition to Sakakawea Medical Center, organizations collaborating on the assessment were Coal Country Community Health Center, Custer Health, Southwestern District Health Unit, Knife River Care Center, Hill Top Home of Comfort and Mercer County Ambulance (collectively, the “Local Health Providers”). The Local Health Providers also collaborated to conduct a community health needs assessment during the last assessment cycle. In response to the previous assessment findings, the organizations implemented a number of programs and initiatives, as detailed in Appendix D.

Sakakawea Medical Center did not receive any written comments from the public on the previous community health needs assessment or its most recent implementation strategy.

The Local Health Providers primarily serve an area that includes three counties in North Dakota: Dunn, Mercer, and Oliver. This service area is defined based on the location of the medical facilities, the geographic distance to other hospitals, and the history of usage by consumers. In addition to Hazen, located in the tri-county area are the cities of Beulah, Center, Dodge, Dunn Center, Golden Valley, Halliday, Killdeer, Manning, Pick City, Stanton, and Zap. The counties are highlighted in Figure 1.

**Figure 1: Dunn, Mercer and Oliver Counties,
North Dakota**



Sakakawea Medical Center

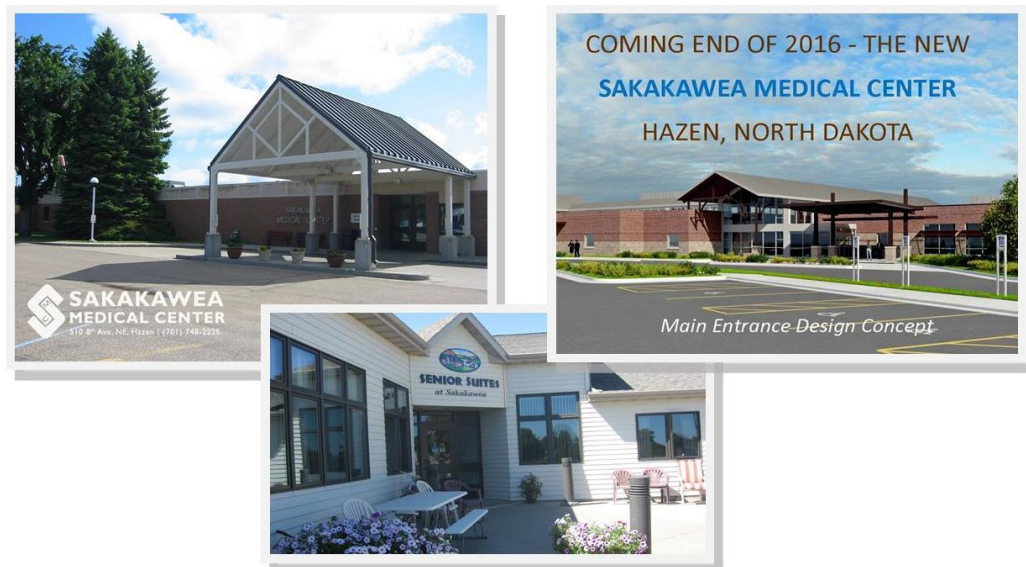
Sakakawea Medical Center's stated mission is to:

- Provide high quality care that is measured and continuously improved.
- Provide individualized care that exceeds expectations of those it serves.
- Strengthen partnerships with providers to enhance coordination of care and improve system performance.
- Be a steward of resources.
- Commit to service excellence.
- Be a vital contributor to area communities.
- Recognize the value of each employee and provide opportunities for personal growth and development that complement the needs of the organization.

Sakakawea Medical Center consists of a 25-bed critical access hospital and a 34-bed basic care facility located in Hazen. Sakakawea Medical Center is a state-designated

Level V trauma center and employs more than 120 people. The non-profit hospital is community owned and governed by a volunteer board of directors.

Sakakawea Medical Center dates back to 1941. The original hospital consisted of about a dozen beds on the second floor of one of the original main street buildings. The hospital was a private undertaking by a Beulah woman who ran the facility for several years until Hazen's plans for a new, modern hospital facility were well underway. Community effort continued to keep the hospital open for a time, but the hospital closed in 1946 due to difficulty finding competent personnel. Pursuant to an agreement with Lutheran Hospital and Homes Society for operation of a hospital, construction began on a new facility in 1946. The hospital, with 23 beds, opened in 1948. By the late 1960s, it was apparent that either major remodeling or a new facility was needed. With local donations and Hill-Burton federal funds, a 39-bed, 8-bassinet hospital was built at the east edge of Hazen, opening in 1970. The Hazen Memorial Hospital Association took over the hospital from Lutheran Hospitals Homes Society in 1969. In 1982, the hospital embarked on a \$1.2 million expansion and renovation. The hospital changed its name to Sakakawea Medical Center in 1988. Senior Suites at Sakakawea (licensed basic care facility) was added to the hospital campus in 1997.



At the end of 2016, a new facility will open that will replace the existing medical center. The new medical center will house a health clinic attached within the hospital, an expanded emergency room and surgical area, handicapped-accessible patient rooms, a centralized registration area and centralized nurses' station; and a myriad of other needed changes and technology updates. The new medical center will increase staff efficiency and accommodate changes underway in the delivery of health care as well as assisting health care providers to meet growing demands within the service area.

Total estimated construction cost of the replacement facility is \$30.5 million. The Capital Campaign committee has obtained \$2.8 million in pledges and donations to support construction and equipment costs. Sakakawea Medical Center has secured \$15.0 million in State of North Dakota Infrastructure Loans through the Bank of North Dakota. The remaining funds needed to complete the project are being debt financed through USDA Direct and Guaranteed Loan programs.

Services provided by Sakakawea Medical Center (CAH)

General and Acute Services

- | | |
|--|---|
| <ul style="list-style-type: none"> • Allergy, flu and pneumonia shots • Blood pressure checks • Cardiac rehab • Clinic • Education - patient • Education - staff • Emergency room • Gynecology (visiting physician) • Hospital (acute care) • Infection control • Mole/wart/skin lesion removal • Nutrition counseling • Orthopedics (visiting physician) | <ul style="list-style-type: none"> • Pharmacy • Podiatry – evaluation and surgery (visiting specialist) • Physicals; annuals, D.O.T., sports & insurance • Pulmonary rehab • Respite care • Sports medicine • Surgical services – biopsies • Surgical services – CRNA • Surgical services – endoscopies • Surgical services – outpatient • Swing bed services • Trauma care |
|--|---|

Screening/Therapy Services

- | | |
|---|--|
| <ul style="list-style-type: none"> • Chronic disease management • EEG • EKG • Functional dry needling • Holter monitoring • Laboratory services • Lower extremity circulatory assessment | <ul style="list-style-type: none"> • Occupational physicals • Occupational therapy • Pediatric services • Physical therapy • Respiratory care • Sleep studies • Social services • Stress testing |
|---|--|

Radiology Services

- | | |
|---|--|
| <ul style="list-style-type: none"> • Bone density • CT scan • Digital mammography • Echocardiograms | <ul style="list-style-type: none"> • General x-ray • Nuclear medicine (mobile unit) • MRI (mobile unit) • Ultrasound |
|---|--|

Laboratory Services

- Hematology
- Blood types/blood banking
- Clot times
- Chemistry
- Urine testing

Other/Additional Services

- Health screenings
- Home health care
- Hospice care
- Licensed basic care facility
- Respiratory home services
- Wellness

Contracted Services

- Avera eEmergency
- Bismarck Radiology Associates
- CHI Virtual ePharmacy
- Great Plains Rehab Services
- Life Source
- Lions Eye Bank
- North Dakota Public Health Laboratories
- North Dakota VFC Immunization Program
- Northern Plains Lab
- Pathology Consultants
- Pharmacist
- Sanford Health System – Reading EEG
- Speech Therapy
- United Blood Services
- Virtual Radiology

Coal Country Community Health Center



Coal Country Community Health Center is a local non-profit rural community health center with clinics in Beulah, Hazen, Killdeer, and Center, where staff provides comprehensive health services to its populations across the lifespan, including required primary and preventive medical care services, diagnostic and screening services, outreach, health education, disease management, behavioral health and other services.

The organization was incorporated in 2003 and received Section 330 funding in 2004. As a federally qualified health center (FQHC), Coal Country improves access to care by serving all residents, including low income and medically underserved people. Generally, community health centers' costs of care rank among the lowest, and their focus on prevention reduces the need for more expensive in-patient and specialty care, which, on a national basis, saves billions of dollars or taxpayers. Coal Country is governed by a board of members from the communities it serves.

The team of providers delivers primary care for the entire community. Funded by a federal grant, Coal Country's sliding fee scale allows patients to pay according to their individual ability. This and other efforts helps ensure that no one in the community goes without proper health care services.

Services provided by Coal Country Community Health Center (FQHC)

- Acute and chronic disease
- Addiction counseling
- Adult care medicine
- Comprehensive care coordination
- Concussion management
- Drug & alcohol evaluations
- DUI seminars
- Geriatrics
- Infusion therapy
- Medication assisted therapy
- Mental/Behavioral health
- Mental Health First Aid
- National diabetes prevention program
- Occupational medicine
- Outreach and enrollment
- Patient-centered medical home
- Pediatrics
- Physical therapy
- Prenatal care
- Social services
- Sports medicine
- Women's health

Custer Health

Custer Health has the following mission statement:

Ensuring a healthy community through promotion, protection and prevention.

Founded in 1950, Custer Health is a five-county multi-district public health unit providing health services to the people of Mercer, Oliver, Grant, Morton, and Sioux counties.

Public Health services provided are environmental health, nursing services, the WIC (Women, Infants, and Children) program, and family planning services. Each of these programs provides a

wide variety of services in order to accomplish the mission of public health, which is to assure that North Dakota is a healthy place to live and each person should have an equal opportunity to enjoy good health. To accomplish this mission, Custer Health is committed to the promotion of healthy lifestyles, protection and enhancement of the environment, and provision of quality health care services for the people of North Dakota.



Services provided by Custer Health (LPH)

- Babysitters Course
- BAMBBE Program (newborn home visits)
- Bicycle Helmet safety education
- Blood Pressure checks
- Breastfeeding Lactation Counseling
- Car Seat Safety Program
- Correctional Facility Health
- Emergency Preparedness
- Flu Shots
- General Nursing Services
- Health Maintenance Clinics

Southwestern District Health Unit

Southwestern District Health Unit has been caring for its communities' health since 1945 and is a multi-district health unit responsible for public health in Stark, Dunn, Adams, Billings, Bowman, Golden Valley, Hettinger and Slope counties.

The health unit provides a variety of services and programs that maintain or improve the health status of the general population and their environment through community health nursing, environmental health/sanitation and nutritional services. In each of the counties, the Southwestern District Health Unit has a presence in the form of a public health nurse who lives within the community.



Services provided by Southwestern District Health Unit (LPH)

- Alcohol Prevention
- Blood pressure checks
- Child health (well-baby checks)
- Community Paramedic Program
- Diabetes screening
- Dental Health
- Emergency Preparedness and Response Program
- Environmental Health Services
 - Education and Information
 - Food Service and Institution Inspections
 - In-Home Health and Safety Investigations
 - Water Testing
 - Sewer System Inspections
 - Radon Testing and information
 - West Nile Virus - surveillance and education
- Flu Shots
- Health Maintenance Program
- HIV/AIDS testing and counseling
- Immunizations
- Newborn Postpartum Home Visits
- ND Health Tracks
- Pathways to Healthy Lives – cancer education and screening
- Preschool education programs and screening
- School Health Services
- Skin and Scalp Conditions
- Suicide Prevention and screening
- Tobacco Prevention and Control
- Tuberculosis testing and management
- WIC (Women, Infants & Children) Program
- Women's Way Program

Knife River Care Center

The Knife River Care Center, a long-term care facility in Beulah, has the following as its mission statement:

We are dedicated to provide the best home for our present and future residents and to safeguard and preserve the dignity of the residents and their families. Excellence is our standard, and we will make every effort to always provide the

tools and support the staff needs to do their jobs. We will persist on being better tomorrow and every day thereafter. Leading the way to a new culture change, we will work boldly to become a world-class organization.

Originally called the Beulah Community Nursing Home, Knife River Care Center was incorporated in 1962. Over the years it has grown to 86 skilled nursing care beds. After various remodeling and expansion projects, Knife River Care Center built a new facility in 2007. Knife River is exploring the possibility of adding assisted living and senior independent living programs.



Hill Top Home of Comfort

Hill Top Home of Comfort, a non-profit public organization, is a 55-bed skilled nursing care facility located in Killdeer. Hill Top provides appropriate nursing care in a home-like atmosphere.

The establishment of Hill Top Home of Comfort made it possible for people in the community and surrounding areas to remain “at home” while receiving nursing care.

The mission of Hill Top Home of Comfort is to “provide compassionate care that extends and enhances the quality of life for our residents.”

In addition, to caring for the individual, recognizing that to age is a natural part of the life process, Hill Top Home of Comfort has set up continuing goals as follows:

- To provide care that extends and enhances the quality of life for residents.
- To contribute in every way it can to the fullest possible development of residents’ potential by preventative, corrective or supportive care.
- Above all, respect the dignity of the individual.

Mercer County Ambulance

With a fleet of four ambulances – two in Hazen and two in Beulah – Mercer County Ambulance serves an area of more than 1,000 square miles, with an on-call crew in each community 24 hours a day.

Mercer County Ambulance has seven full-time employees and 40 active volunteers consisting of paramedics, EMT-intermediates, EMT-basics, first responders, and CPR drivers. Together, these EMS providers cover more than 35,000 hours of call time and approximately 850 ambulance runs per year.

Additional Health Services

Additionally, medical specialists and visiting specialists see patients and provide treatment and/or service for the following:

- Audiology
- Cardiology
- Chiropractic services
- Dental services
- Employee assistance
- General surgery
- Mental health
- Massage therapy
- Obstetrics and gynecology
- Optometric/vision services
- Orthopedics
- Podiatry
- Pulmonology



North Dakota Energy Trail

Community Resources

Local Health Providers serve the communities, residents and visitors of Dunn, Mercer and Oliver counties, which encompasses over 3900 square miles and a population of approximately 13,800 residents.

Agriculture and the energy industry are the backbone of the economy in Dunn, Mercer and Oliver counties. Also known as “The Energy Trail” the area contains the United States’ only coal-to-synthetic natural gas plant and the nation’s largest lignite mine. The tri-county area is also home to several electric generating stations, wind farms and power plants that are capable of

producing enough energy to power over 5 million households daily. In addition, the area hosts the expansion and exploration of the oil drilling operations that have expanded since the tapping of the Bakken Shale deposit. Mercer and Dunn counties border the southern shore of Lake Sakakawea, while Oliver County borders the Missouri River. Tourism is a major industry during the summer season.



Lake Sakakawea and The Missouri River

Major communities located in the tri-county area are as follows:

Hazen, located in west central North Dakota is considered the “heart” of Mercer County. The area is primarily focused on agriculture and mining industries. The school district provides K-12 educational services. Nearby Lake Sakakawea and the Missouri River provides many recreational activities. The community itself has a swimming pool, indoor ice arena, tennis courts, ball diamonds, walk/bike path, movie theater, golf course and city parks.

Beulah, located 10 miles from Hazen, is sometime called the “Energy Capital of North Dakota,” with the three largest employers being part of the energy industry. Beulah has a PreK-12 school system and an active parks and recreation organization. Beulah also offers a full-service fitness center, golf course, swimming pool, walk/bike path, skateboard park, outdoor sports complex, and a myriad of recreational activities at Lake Sakakawea, including fishing, camping, boating, and water sports.

Center is the only incorporated city in Oliver County and has a K-12 school system. It offers an indoor junior Olympic size pool that is open year round, a golf course, and several parks with available camping. There are many fishing opportunities in the area, including nearby Nelson Lake, which is the only lake in the state that does not freeze in the winter due to the water being warmed by the nearby power plant.

Killdeer, centrally located in Dunn County, is the largest city in the county and is also known as the “hub” of Cowboy Country. Highways 22 and 200 intersect on the south edge of the city and Interstate 94 is 34 miles south. Killdeer is home to many area ranchers and the oil industry is an integral part of the economy, with the Little Knife Field located 15 miles west of the city. Killdeer has a K-12 school system, golf course and is the gateway to the Killdeer Mountains, which feature the Little Missouri State Park, the Badlands Trail Rides, Eastview Campgrounds and the Lewis & Clark Trail.

Each major town in the tri-county area has public transportation, grocery stores, pharmacies, and other valued community assets.

Assessment Process

Prairie Health Partners, a Grand Forks-based consulting firm, working closely with the Center for Rural Health, provided substantial support to the Local Health Providers in conducting this needs assessment. Professionals from Prairie Health Partners have conducted dozens of comprehensive community health needs assessments and community development activities in a wide variety of communities, including many rural communities. 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. 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 and Health Sciences and the University of North Dakota 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.

The assessment process was highly collaborative. Administrators and other professionals from the Local Health Providers were highly involved in planning and implementing the process. Along with representatives from Prairie Health Partners, they met regularly by telephone conference and via email. The Community Group (described in more detail below) provided in-depth information and informed the assessment in terms of community perceptions, community resources, community needs, and ideas for improving the health of the population and health care services. The Community Group was comprised of many residents from outside the hospital and health department, including representatives from local government, businesses, and social services.

As part of the assessment's overall collaborative process, Prairie Health Partners 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 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 behaviors.

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 36 community members was convened to guide and assist with the assessment process. The group first met on March 11, 2016. During this first Community Group meeting, 21 group members were introduced to the needs assessment process, reviewed basic demographic information about the area, 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 10, 2016, with 27 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 wide range of secondary data relating to the general health of the population in Dunn, Mercer and Oliver counties. 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 the Local Health Providers. They included representatives of the health community, business community, political bodies, law enforcement, education, faith community, and social service agencies. Not all members of the group were present at both meetings.

Interviews

Representatives from Prairie Health Partners conducted one-on-one interviews with six key informants in Hazen on March 11, 2016. Interviews were held with selected members of the Community Group as well as other key informants who could provide insights into the community's health needs. Included among the informants were a public health professional with special knowledge in public health acquired through several years of direct experience in the community, including working with medically underserved, low income, and minority populations, as well as with populations with chronic diseases. Additional key informant interviews were conducted by telephone on March 22 and April 5, 2016.

Topics covered during the interviews included the general health of the community, community concerns, delivery of health care by local providers, awareness of health services offered locally, barriers to receiving health services, community engagement, 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 and assets.

The survey was distributed to residents throughout the counties served by the Local Health Providers. The survey tool was designed to:

- Learn of the good 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 residents' awareness of local health services.

Specifically, the survey covered the following topics:

- Residents' perceptions about community assets
- Broad areas of community and health concerns and challenges
- Awareness of local health services
- Barriers to using local health care
- Awareness of Patient Centered Medical Neighborhood and establishment of a primary care provider
- Need and expected use of services in Dunn County
- Suggestions to improve the delivery of local health care

Approximately 500 community member surveys were available for distribution in the area. The Local Health Providers distributed the surveys through agency programs and to patients. Additionally, surveys were distributed through Community Group members, city and county offices, business offices, churches, and social service agencies. To help make the survey as widely available as possible, residents also could request a survey by calling Sakakawea Medical Center or Coal Country Community Health Center. To help ensure anonymity, included with each survey was a postage-paid return envelope to the Center for Rural Health.

Area residents also were given the option of completing an online version of the survey. To promote awareness of the assessment process and the survey, press releases led to articles in four newspapers in the communities of Center, Hazen, Beulah and Killdeer. Additionally, information was published and distributed by local area chambers of commerce to their membership via email. Local Health Providers also published information on their Facebook pages.

The survey period ran from March 7 to April 10, 2016, and 62 paper surveys were returned, while 286 online surveys were taken. In total, counting both paper and online surveys, 348 community member surveys were submitted. The response rate is on par for this type of unsolicited survey methodology and indicates a fairly engaged community.

Secondary Data

Secondary data were 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 the U.S. Census Bureau; the Robert Wood Johnson Foundation's County Health Rankings (which pulls data from more than 20 primary data sources); 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

Table 1 summarizes general demographic and geographic data about Dunn, Mercer and Oliver counties.

TABLE 1: DUNN, MERCER & OLIVER COUNTIES: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2014 American Community Survey; more recent estimates used where available)				
	Dunn County	Mercer County	Oliver County	North Dakota
Population (2016 est.)	4,399	8,746	1,850	739,482
Population change (2010-2013)	24.4%	3.8%	0.2%	9.9%
People per square mile (2010)	1.8	8.1	2.6	9.7
Persons 65 years or older (2012 est.)	14.3%	17.0%	18.7%	14.2%
Persons under 18 years (2012 est.)	22.7%	22.3%	22.5%	22.8%
Median age (2012 est.)	42.5	46.3	48.1	35.9
White persons (2012 est.)	85.9%	95.4%	95.1%	89.1%
Non-English speaking (2012 est.)	5.6%	6.6%	5.6%	5.4%
High school graduates (2012 est.)	91.3%	89.7%	84.5%	91.3%
Bachelor's degree or higher (2012 est.)	19.3%	19.8%	19.6%	27.3%
Live below poverty line (2012 est.)	9.5%	7.3%	10.6%	11.5%
Children under 18 in poverty	9.7%	4.5%	9.1%	14.1%

While the population in Dunn County – located in North Dakota’s booming oil region – has increased dramatically in recent years, Mercer and Oliver counties have seen more modest growth. All three counties have a higher median age than the North Dakota median, and Mercer and Oliver counties have a slightly larger proportion of residents aged 65 and older. The region compares favorably to North Dakota on measures of overall poverty as well as children in poverty. Residents are less likely to have completed a four-year degree, which can have implications for the health care workforce.

Health Conditions, Behaviors, and Outcomes

As noted above, several sources of secondary data were reviewed to inform this assessment. The data are presented below in two categories: County Health Rankings and 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, Dunn, Mercer, and Oliver counties are compared to North Dakota rates and national benchmarks on various topics ranging from individual health behaviors to the quality of health care.

The data used in the 2016 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. As shown in Table 2 below, for example, Mercer County ranks 34th out of 49 ranked counties in North Dakota on health outcomes and 6th on health factors.

Below is a breakdown of the variables that influence a county's rank. A model of the 2016 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.

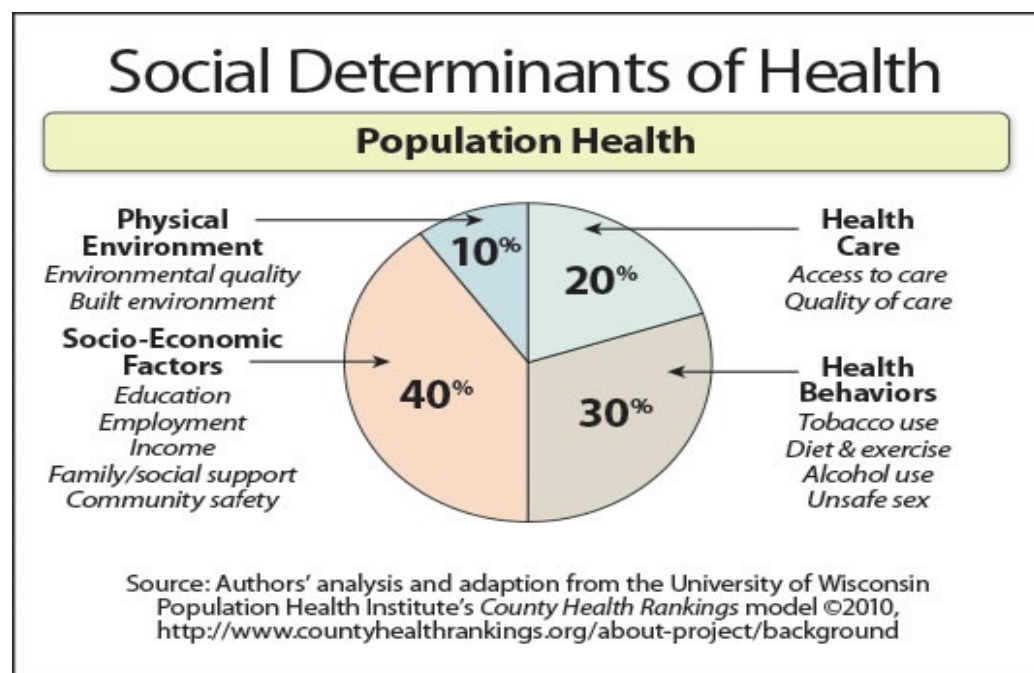


Table 2 summarizes the pertinent information gathered by County Health Rankings as it relates to the counties in the assessment area. It is important to note that these statistics describe the population of a county regardless of where county residents choose to receive their medical care. In other words, 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 the Local Health Providers.

For most of the measures included in the rankings, the County Health Rankings' authors have calculated the "Top U.S. Performers" for 2016. 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).

As shown in the key below, the measures listed in Table 2 marked with a red checkmark (✓) are those where a county is not measuring up to the state rate/percentage; a blue checkmark (✓) indicates that the county may be faring better than the North Dakota average, but is not meeting the U.S. Top 10% rate on that measure. Measures marked with a smiling icon (☺) indicate that the county is in the U.S. Top 10% of counties on that measure.

✓ = County is worse than the state average

✓ = County is not meeting the Top 10% nationally

☺ = County in Top 10% nationally

TABLE 2: SELECTED MEASURES FROM 2016 COUNTY HEALTH RANKINGS					
	Dunn County	Mercer County	Oliver County	U.S. Top 10%	North Dakota
Ranking: Outcomes	43 rd	34 th	38 th		(of 49)
Premature death	12,100 ✓✓	7,000 ✓✓	-	5,200	6,600
Poor or fair health	13% ✓	11% ☺	11% ☺	12%	14%
Poor physical health days (in past 30 days)	2.6 ☺	2.6 ☺	2.5 ☺	2.9	2.9
Poor mental health days (in past 30 days)	2.6 ☺	2.6 ☺	2.5 ☺	2.8	2.9
Low birth weight	5% ☺	8% ✓✓	8% ✓✓	6%	6%
% Diabetic	9% ✓	9% ✓	10% ✓✓	9%	8%
Ranking: Factors	42 nd	6 th	33 rd		(of 49)
<i>Health Behaviors</i>					
Adult smoking	20% ✓	18% ✓	16% ✓	14%	20%
Adult obesity	30% ✓	31% ✓✓	31% ✓✓	25%	30%
Food environment index	6.9 ✓✓	9.4 ☺	7.9 ✓✓	8.3	8.4
Physical inactivity	36% ✓✓	26% ✓✓	28% ✓✓	20%	25%
Access to exercise opportunities	31% ✓✓	66% ✓	30% ✓✓	91%	66%
Excessive drinking	23% ✓	23% ✓	21% ✓	12%	25%
Alcohol-impaired driving deaths	58% ✓✓	43% ✓	100% ✓✓	14%	47%
Sexually transmitted infections	252.1 ✓	58.9 ☺	-	134.1	419.1
Teen birth rate	20 ✓	16 ☺	29 ✓✓	19	28
<i>Clinical Care</i>					
Uninsured	17% ✓✓	11% ☺	16% ✓✓	11%	12%
Primary care physicians	-	1,720:1 ✓✓	1,870:0 ✓✓	1,040:1	1,260:1
Dentists	-	1,750:1 ✓✓	1,850:1 ✓✓	1,340:1	1,690:1
Mental health providers	-	4,370:1 ✓✓	-	370:1	610:1
Preventable hospital stays	64 ✓✓	33 ☺	-	38	51
Diabetic monitoring	81% ✓✓	89% ✓	100% ☺	90%	86%
Mammography screening	58% ✓✓	76% ☺	83% ☺	71%	68%
<i>Social and Economic Factors</i>					
Unemployment	1.3% ☺	4.1% ✓✓	6.2% ✓✓	3.5%	2.8%
Children in poverty	13% ☺	9% ☺	21% ✓✓	13%	14%
Income inequality	5.2 ✓✓	4.4 ✓	4.4 ✓	3.7	4.4
Children in single-parent households	27% ✓	18% ☺	5% ☺	21%	27%
Violent crime	237 ✓	109 ✓	18 ☺	59	240
Injury deaths	122 ✓✓	73 ✓✓	-	51	63
<i>Physical Environment</i>					
Air pollution – particulate matter	9.8 ✓	9.8 ✓	9.8 ✓	9.5	10.0
Drinking water violations	No	No	No	No	
Severe housing problems	9% ☺	8% ☺	7% ☺	9%	11%

The data from County Health Rankings show that Mercer County, which includes the communities of Beulah and Hazen, is in top 10% of counties nationally on a number of studied measures:

- Self-reported poor or fair health
- Self-reported poor physical health days
- Self-reported poor mental health days
- Food environment index
- Sexually transmitted infections
- Teen birth rate
- Uninsured residents
- Preventable hospital stays
- Mammography screening
- Children in poverty
- Children in single-parent households
- Severe housing problems

The data reveal, however, that Mercer County is faring worse than North Dakota averages on the following measures:

- Premature deaths
- Low birth weight
- Rate of diabetics
- Adult obesity
- Physical inactivity
- Primary care physicians
- Dentists
- Mental health providers
- Unemployment
- Injury deaths

Other measures where Mercer County tended to meet or do better than the state overall, but was not performing in the top 10% of counties nationally are:

- Adult smoking
- Access to exercise opportunities
- Excessive drinking
- Alcohol-impaired driving deaths
- Diabetic monitoring
- Income inequality
- Violent crime
- Air pollution – particulate matter

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 health care, and information on the child's family, neighborhood, and social context. Data are from 2011-12. 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 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%
Health Care		
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 health care	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 while North Dakota is doing better than the national averages on some measures, it is not measuring up to the national averages with respect to:

- Obese or overweight children
- Children with health insurance
- Preventive primary care and dentist visits
- Developmental/behavioral screening
- Children in smoking households

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 that county is doing worse than the state average. The year of the most recent data is noted.

The data show that Dunn and Oliver counties suffer from higher rates of uninsured children, and all three counties lack licensed childcare services. Notably, the number of children who

can be served by licensed childcare providers in Oliver County is less than one-fourth the state rate.

TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN’S HEALTH				
	Dunn County	Mercer County	Oliver County	North Dakota
Uninsured children (% of population age 0-18), 2013	16.0%	8.5%	15.9%	8.7%
Uninsured children below 200% of poverty (% of population), 2013	43.2%	43.4%	51.4%	47.8%
Medicaid recipient (% of population age 0-20), 2015	28.5%	18.3%	22.1%	27.9%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	3.3%	2.1%	3.1%	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2015	14.7%	10.0%	15.4%	20.7%
Licensed childcare capacity (% of population age 0-13), 2016	23.1%	24.4%	9.8%	44.5%
High school dropouts (% of grade 9-12 enrollment), 2014	1.9%	1.6%	2.7%	2.8%

Survey Results

As noted above, 348 community members participated in the survey in communities throughout the assessment area. Survey results are reported below in six categories:

- Demographics/health insurance status
- Community assets
- Community concerns
- Delivery of health care
- Local health care foundations
- Dunn County services and responses

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. Because the intent of the survey was to gather as much information as possible, responses from incomplete surveys were not excluded from the final results.

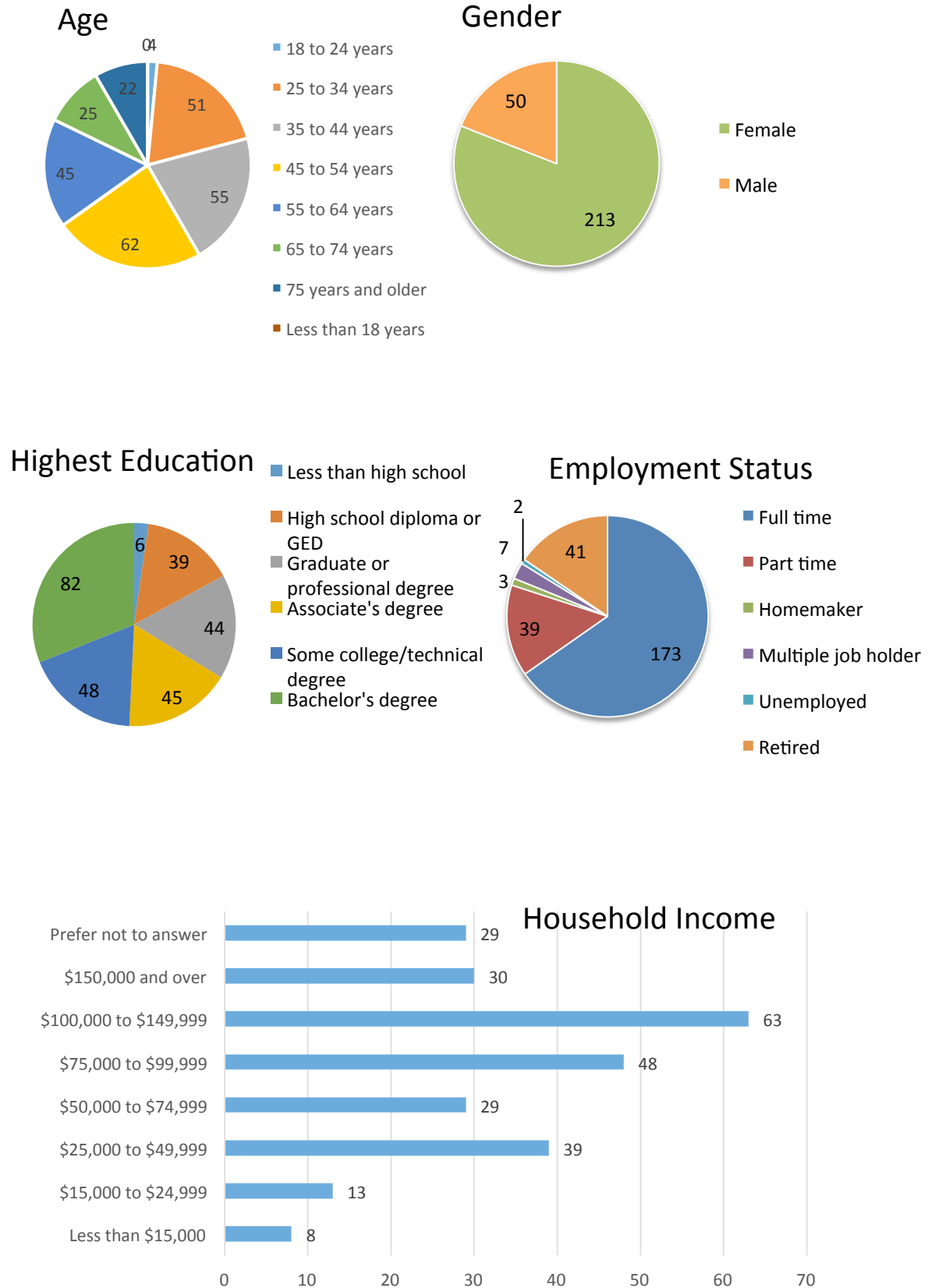
Demographics/Health Insurance Status

To better understand the perspectives being offered by survey respondents, survey-takers were asked a few demographic questions. With respect to demographics of those who chose to take the survey:

- The survey attracted a fairly even distribution of ages. The most represented groups were those aged 45 to 54 and 35 to 44, with 62 and 55 respondents, respectively.
- The large majority were female, with a ratio of female-to-male of more than four-to-one.
- Nearly half of respondents (N=126) had bachelor's degrees or higher, with a plurality of respondents (N=82) having bachelor's degrees.
- A large majority (N=173) worked full-time, with retirees (N=41) and part-time workers (N=39) being the next largest groups.
- A plurality (N=63) of respondents who chose to provide annual household income reported income in the range of \$100,000 to \$149,999.

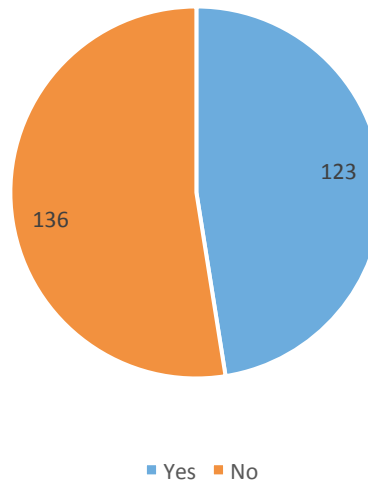
Figure 2 shows these demographic characteristics. It illustrates the wide range of community members' backgrounds and household income and indicates how this assessment took into account input from parties who represent the varied interests of the community served, including wide age ranges, those in diverse work situations, and lower-income community members. Of those who provided a household income, 21 community members reported a household income of less than \$25,000, with eight of those indicating a household income of less than \$15,000. Of survey-takers who chose to identify their race or ethnicity, 252 were white, two were African-American, two were Asian, and three were American Indian.

Figure 2: Demographics of Survey Respondents



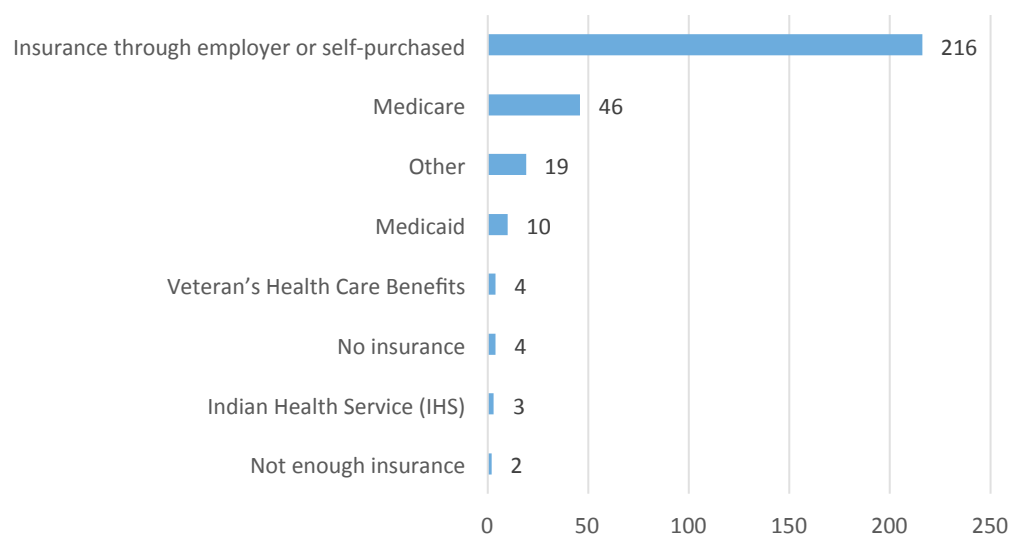
Survey takers were asked whether they worked for the hospital, clinic, public health unit, or a long-term care facility. As shown in Figure 3, nearly half of respondents (N=123) worked for a health-related organization.

Figure 3: Work for Hospital, Clinic, Public Health or Long-Term Care Facility?



Community members were asked about their health insurance status. Health insurance status often is associated with whether people have access to health care. A large majority of respondents (N=216) reported having insurance that was self-purchased or through their employer. Forty-six reported having Medicare, while ten had Medicaid. Four respondents said they had no insurance, while an additional two said they were underinsured.

Figure 4: Insurance Status



Community Assets

Survey-takers were asked what they perceived as the best things about 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. The results indicate there is consensus (with 200 or more respondents agreeing) that community assets include:

- Family-friendly; good place to raise kids (N=250)
- Friendly, helpful, and supportive people (N=253)
- Safe place to live, little/no crime (N=225)
- Recreational and sports activities (N=216)
- Quality school systems (N=215)
- Quality health care (N=212)
- Active faith community (N=207)

Figures 5 to 8 illustrate the results of these questions.

Figure 5: Best Things about the PEOPLE in Your Community

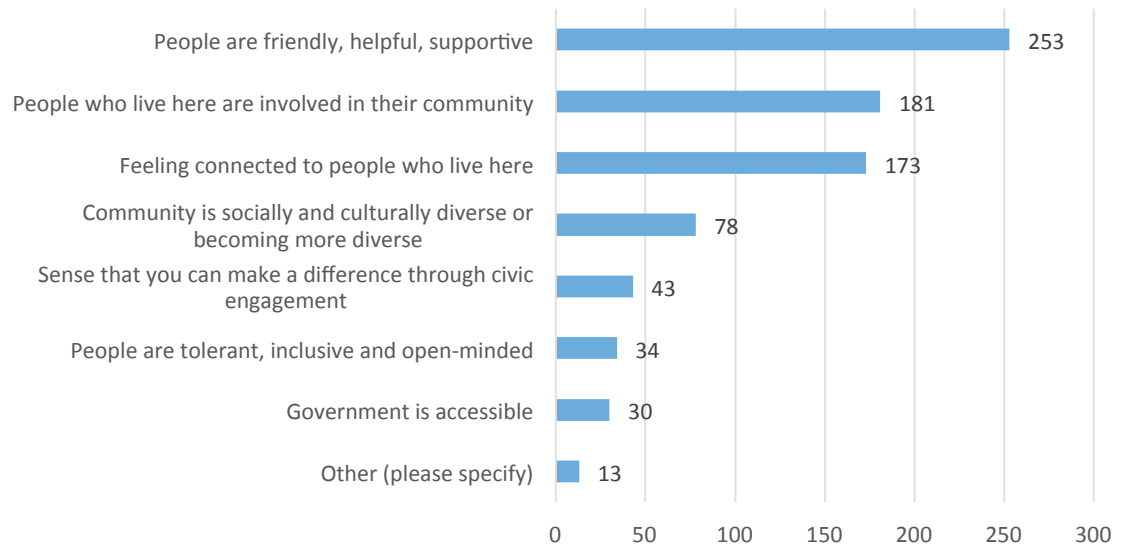


Figure 6: Best Things about the SERVICES AND RESOURCES in Your Community

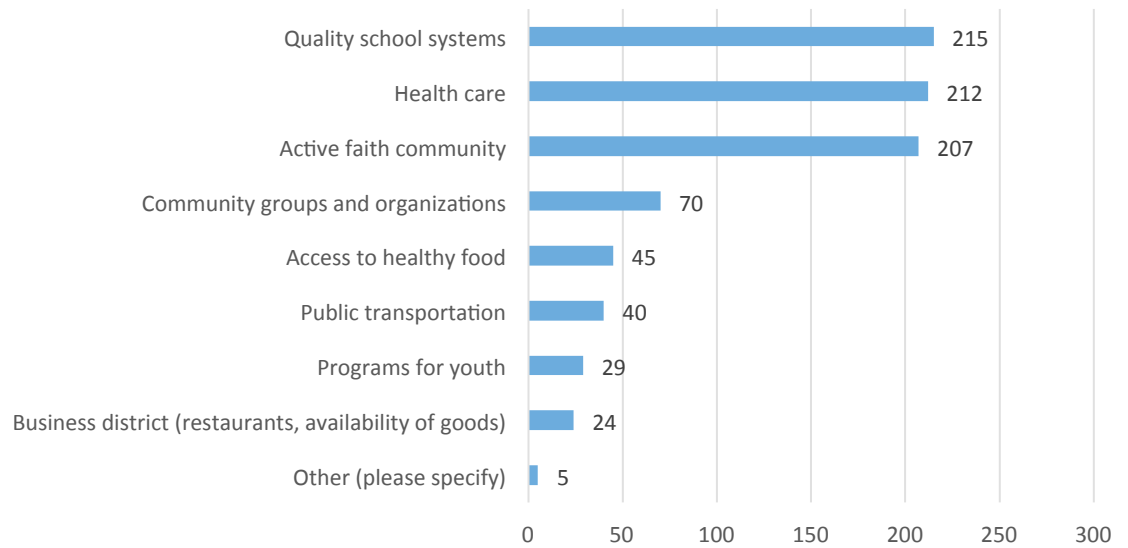


Figure 7: Best Things about the QUALITY OF LIFE in Your Community

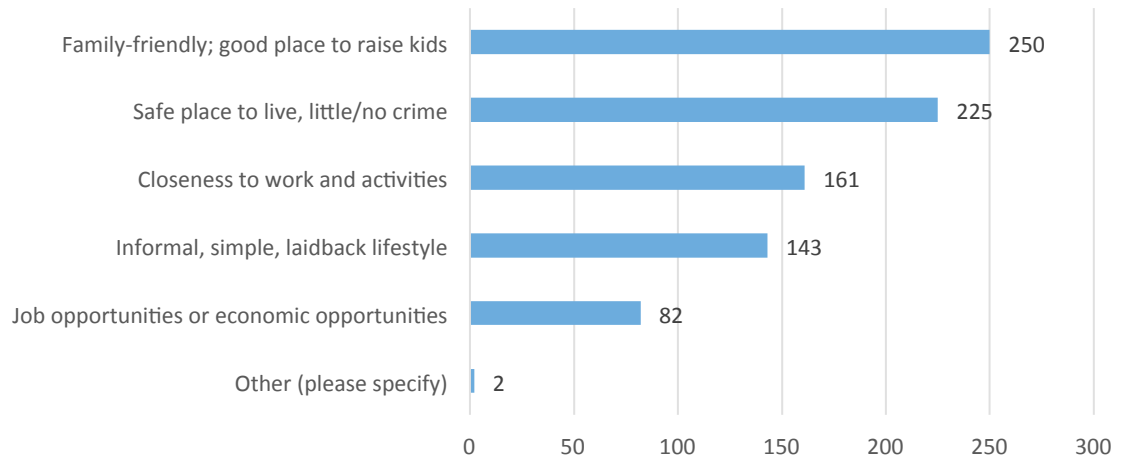
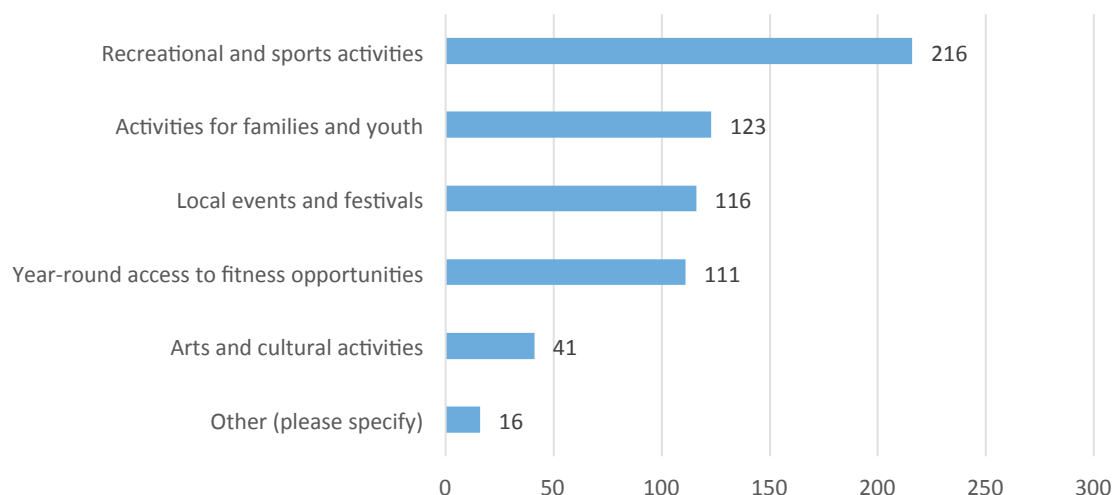


Figure 8: Best Thing about the ACTIVITIES in Your Community



Respondents were asked in an open-ended question to share other best things about the area. Most of these comments echoed the results of the multiple choice questions, with respondents noting the medical facilities and the small, welcoming and caring nature of their community.

Community Concerns

At the heart of this community health assessment was a section on the survey asking survey-takers to review a wide array of potential community and health concerns in eight categories and 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
- Mental health and substance abuse
- Senior population
- Energy/industrial development impacts

The most highly voiced concerns, chosen by at least 150 respondents, were:

- Adequate childcare services (N=184)
- Cancer (N=179)
- Obesity/overweight (N=164)
- Cost of health insurance (N=159)
- Affordable housing (N=154)

Other issues perceived as important, chosen by at least 100 survey-takers, were:

- Affordable senior housing (N=143)
- Availability of specialists (N=134)
- Lack of affordable housing (N=126)
- Assisted living options (N=122)
- Youth drug use and abuse (including prescription drug abuse) (N=118)
- Cost of health care services (N=118)
- Availability of mental health services (N=116)
- Adult drug use and abuse (including prescription drug abuse) (N=111)
- Attracting and retaining young families (N=109)
- Cost of prescription drugs (N=109)
- Adult alcohol use and abuse (including binge drinking) (N=108)
- Jobs with livable wages (N=105)

Examining the survey responses from those who indicated they worked for a health care facility reveals that health care professionals generally share the same concerns as community members. Consistent with the overall survey results, health care professionals rated the top concern as the adequacy of childcare services. Top concerns of health care professionals (those chosen by at least 60 health care professionals) were:

- Adequate childcare services (N=86)
- Cost of health insurance (N=71)
- Cancer (N=70)
- Obesity/overweight (N=69)
- Affordable senior housing (N=62)

Figures 9 through 16 illustrate these results.

Figure 9A: Community Health Concerns – All Respondents

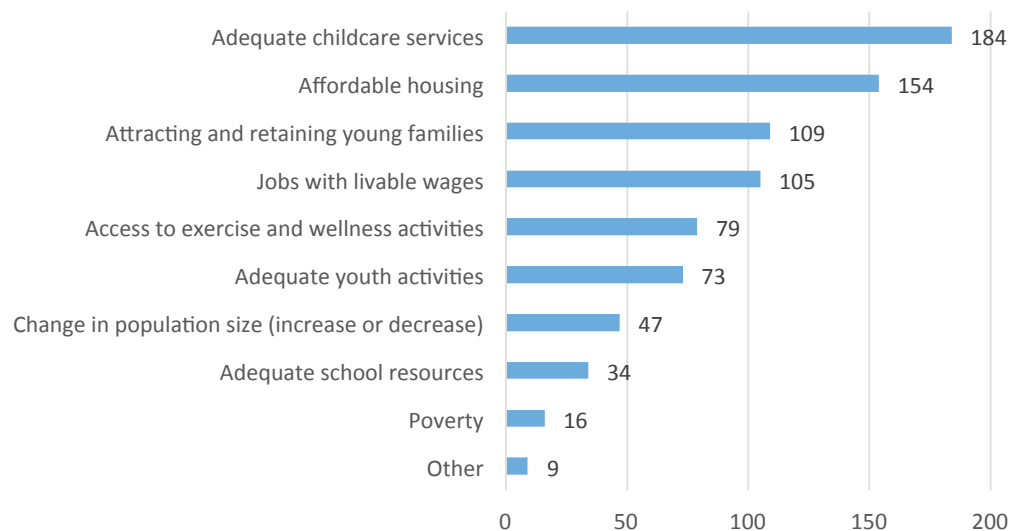


Figure 9B: Community Health Concerns – Health Care Professionals Only

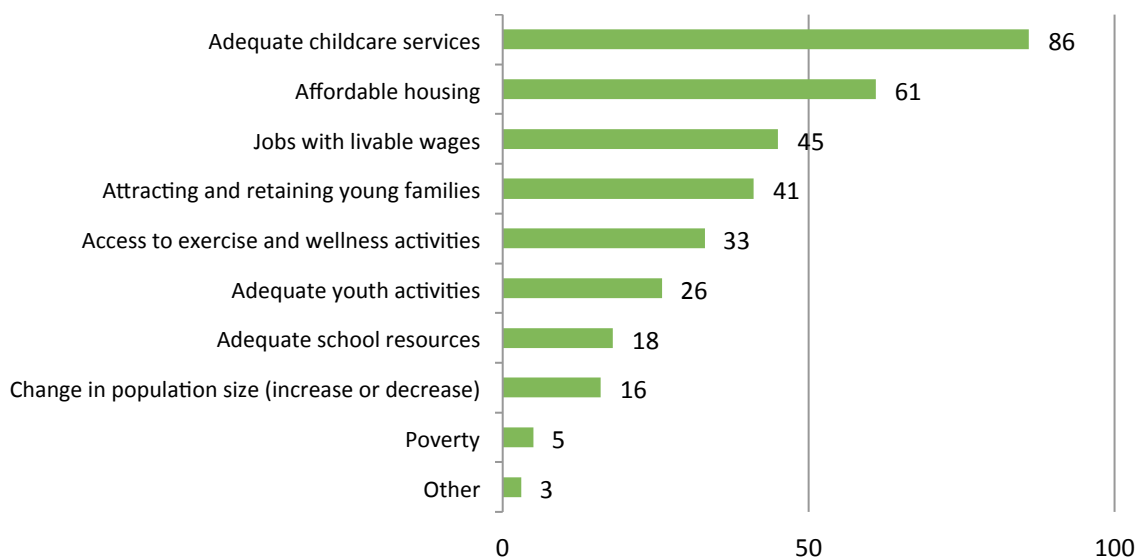


Figure 10A: Availability of Health Services Concerns – All Respondents

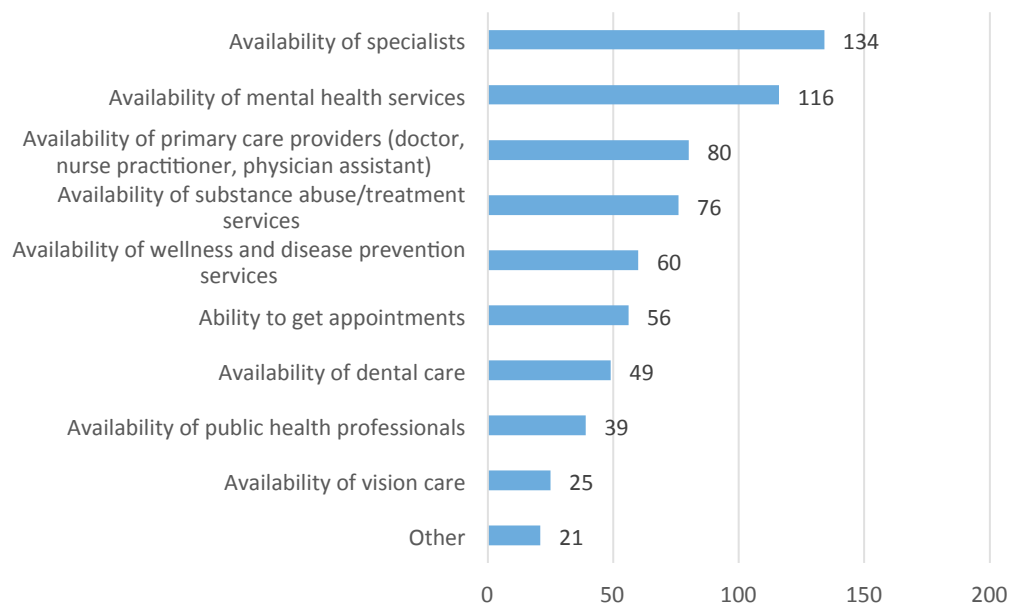


Figure 10B: Availability of Health Services Concerns – Health Care Professionals Only

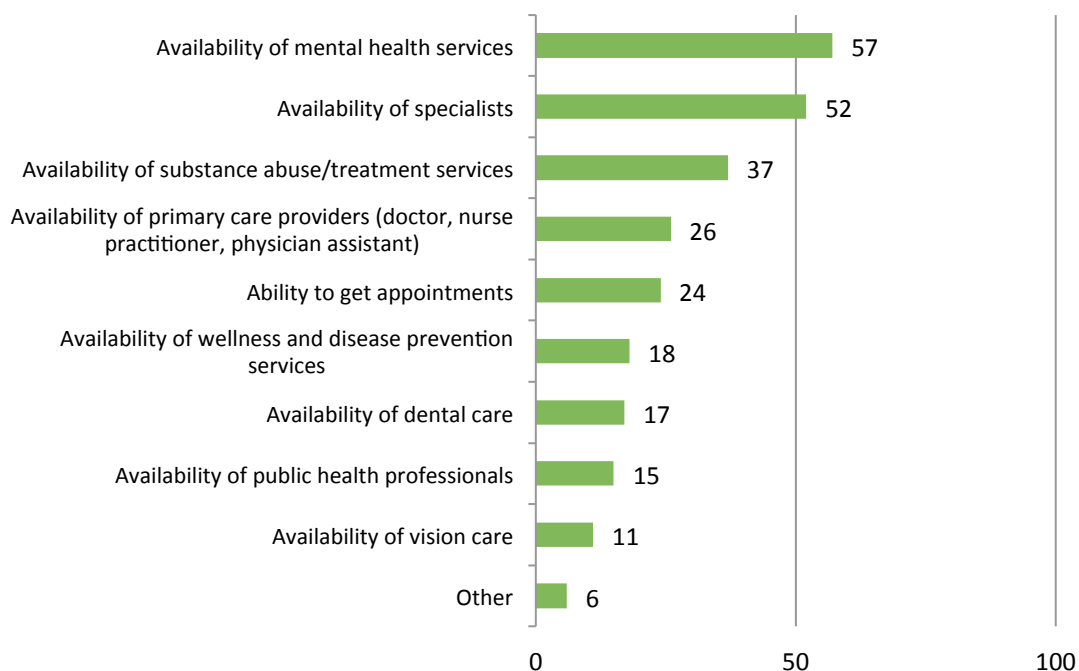


Figure 11A: Safety/Environmental Health Concerns – All Respondents

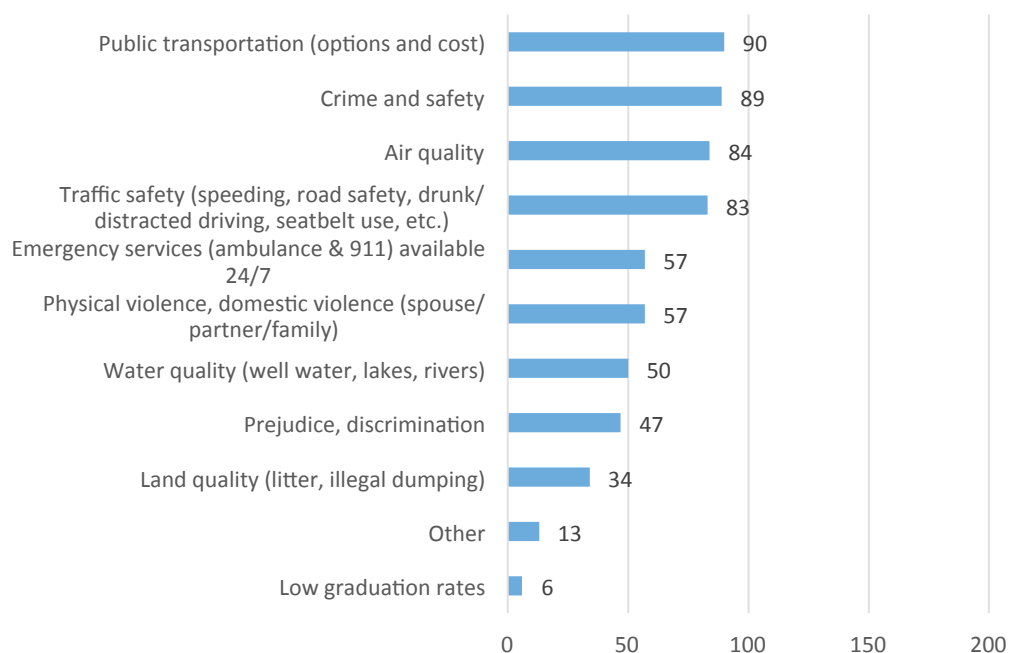


Figure 11B: Safety/Environmental Health Concerns – Health Care Professionals Only

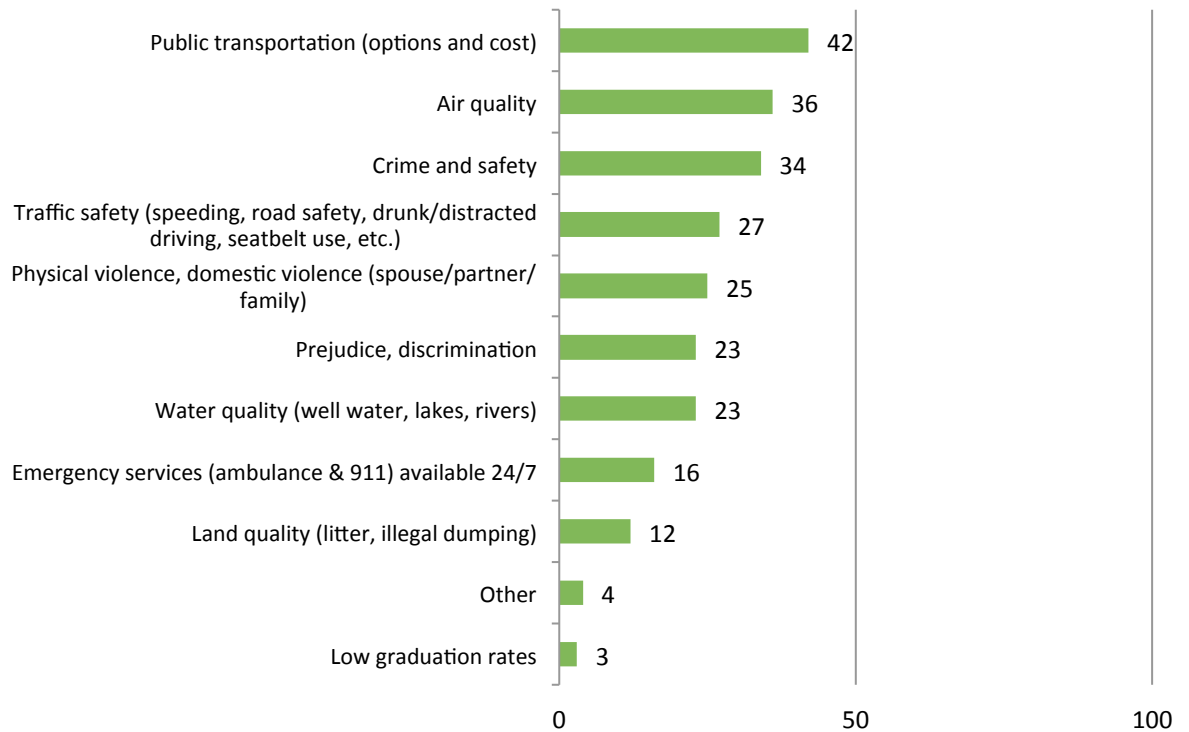


Figure 12A: Delivery of Health Services Concerns – All Respondents

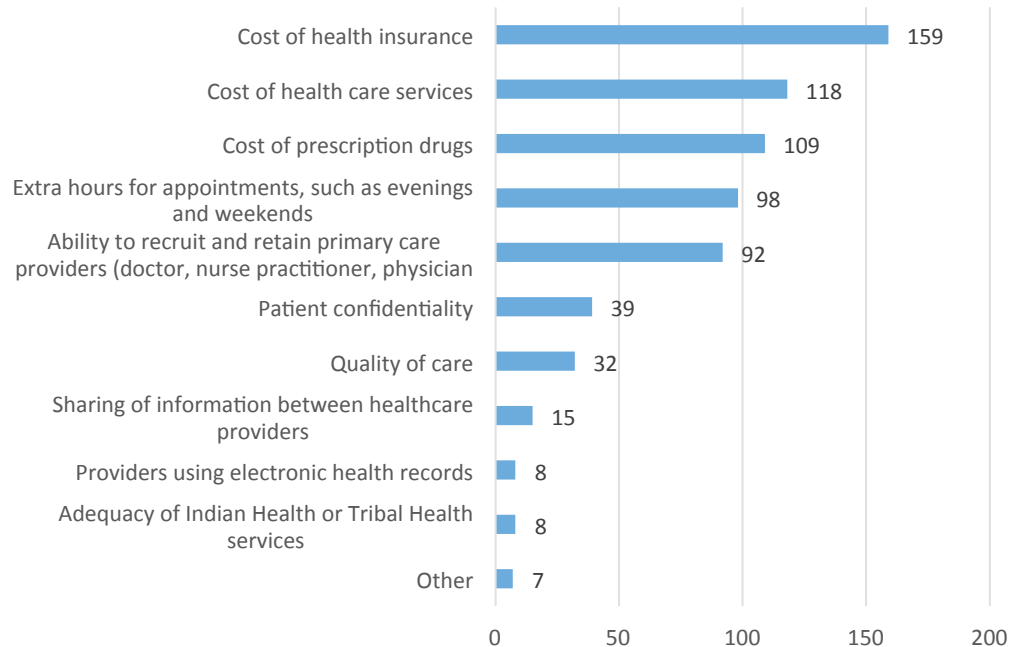


Figure 12B: Delivery of Health Services Concerns – Health Care Professionals Only

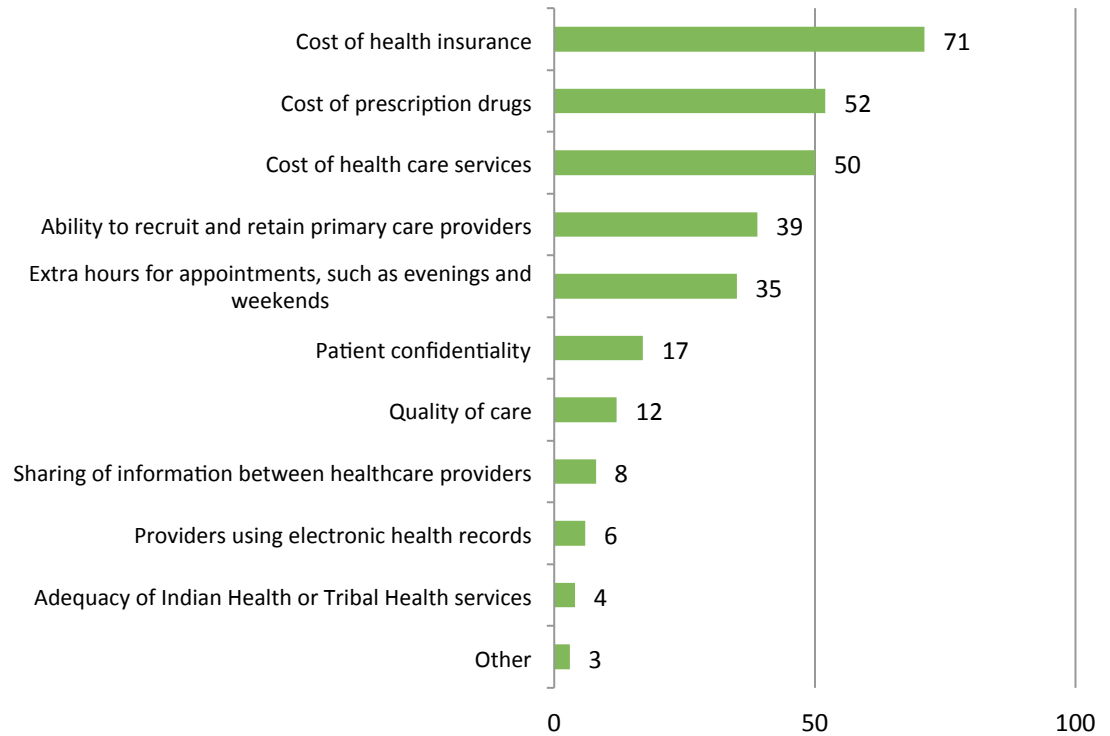


Figure 13A: Physical Health Concerns – All Respondents

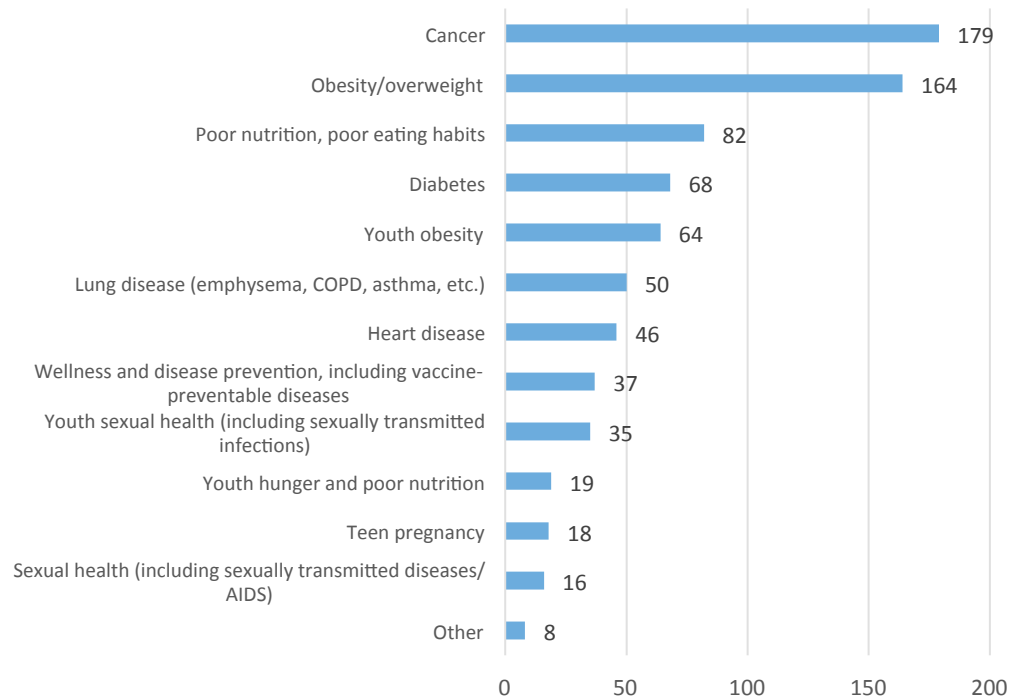


Figure 13B: Physical Health Concerns – Health Care Professionals Only

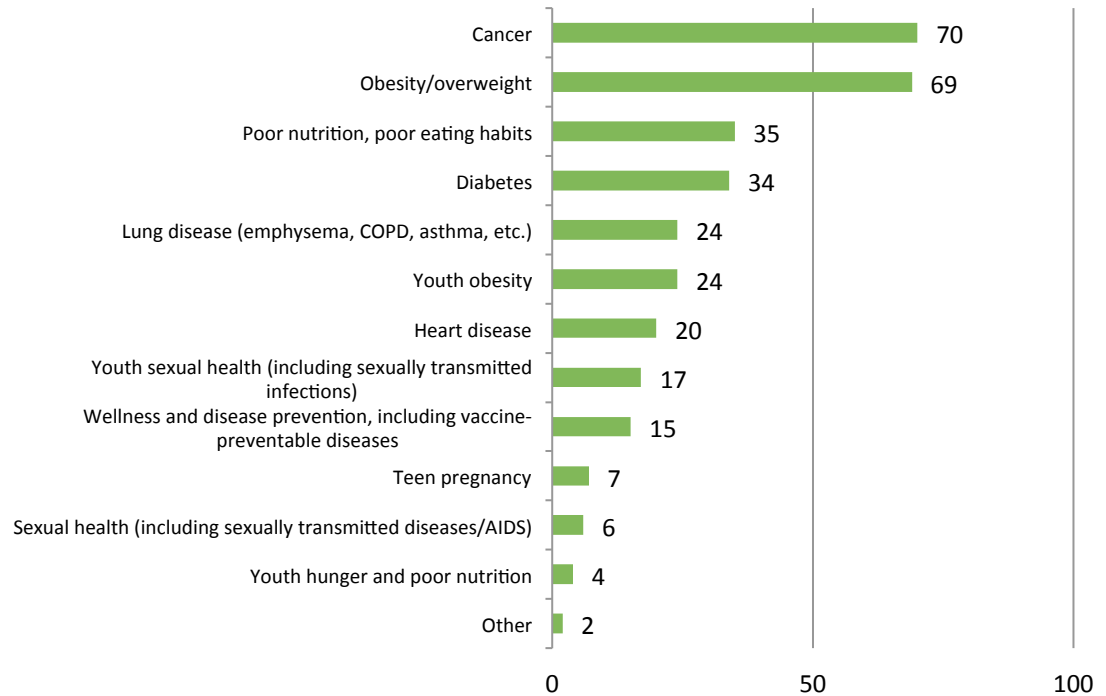


Figure 14A: Mental Health and Substance Abuse Concerns – All Respondents

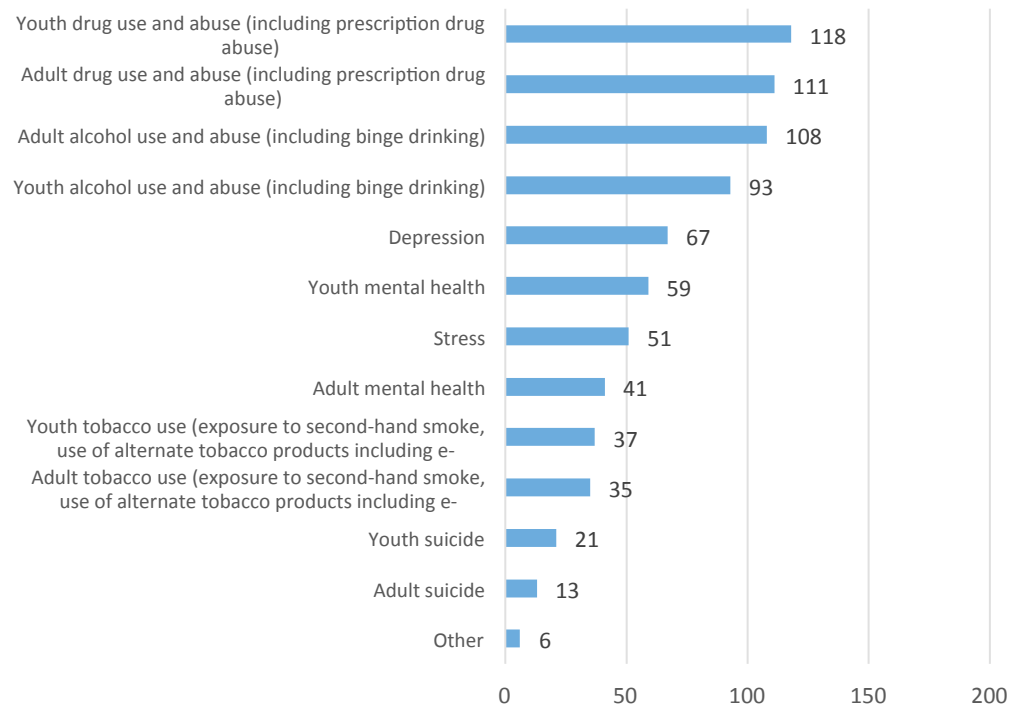


Figure 14B: Mental Health and Substance Abuse Concerns – Health Care Professionals Only

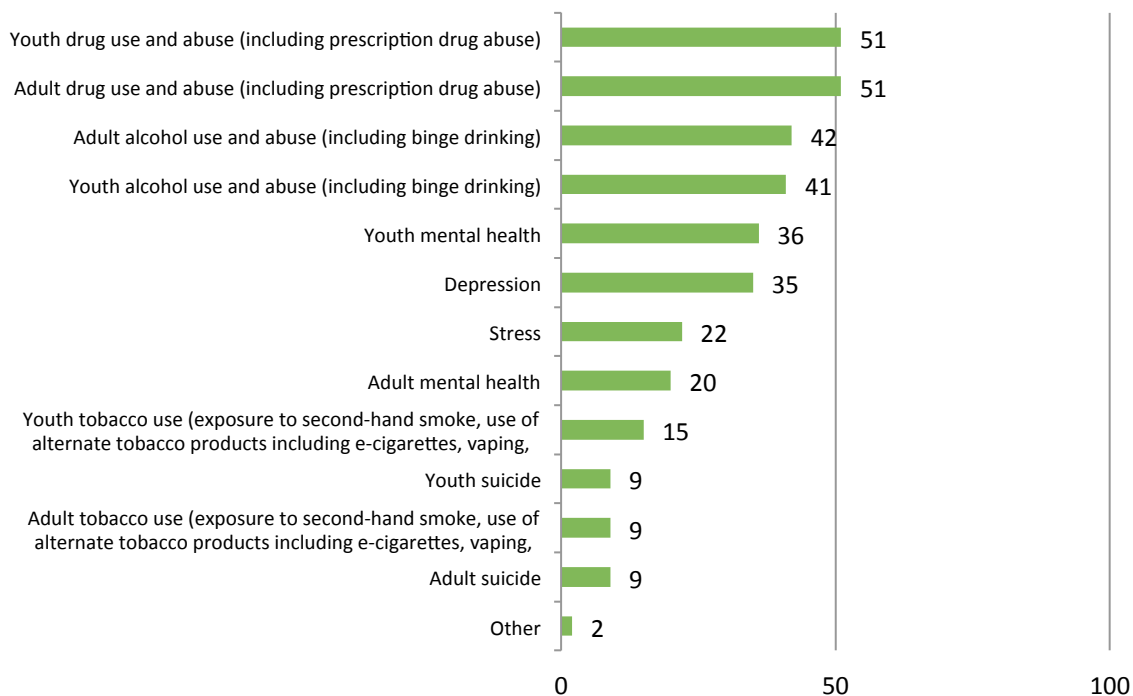


Figure 15A: Senior Population Concerns – All Respondents

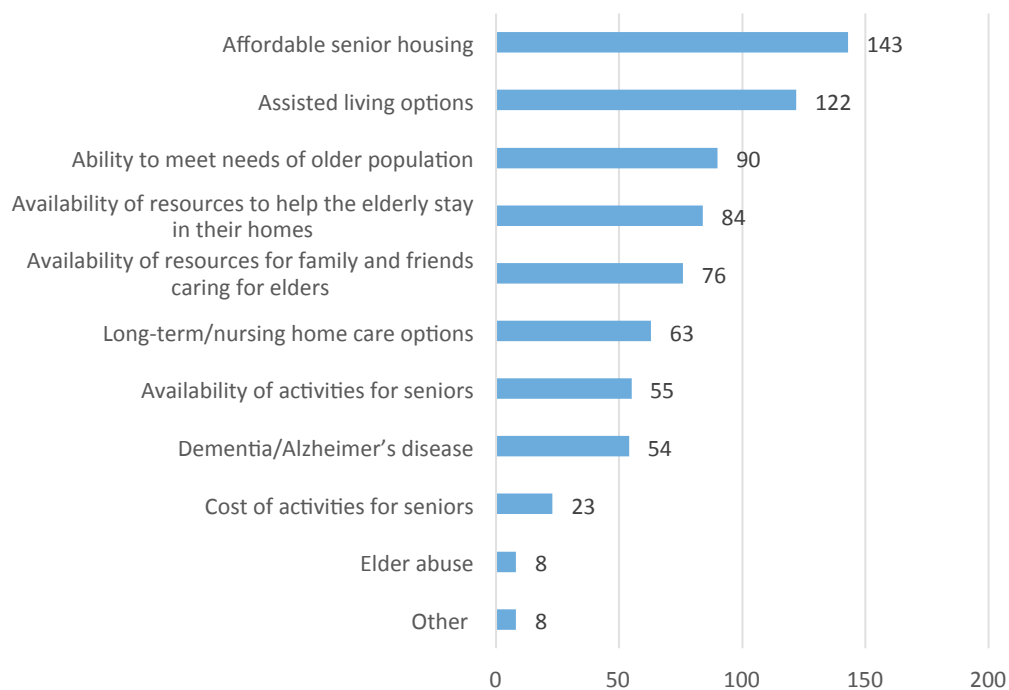


Figure 15B: Senior Population Concerns – Health Care Professionals Only

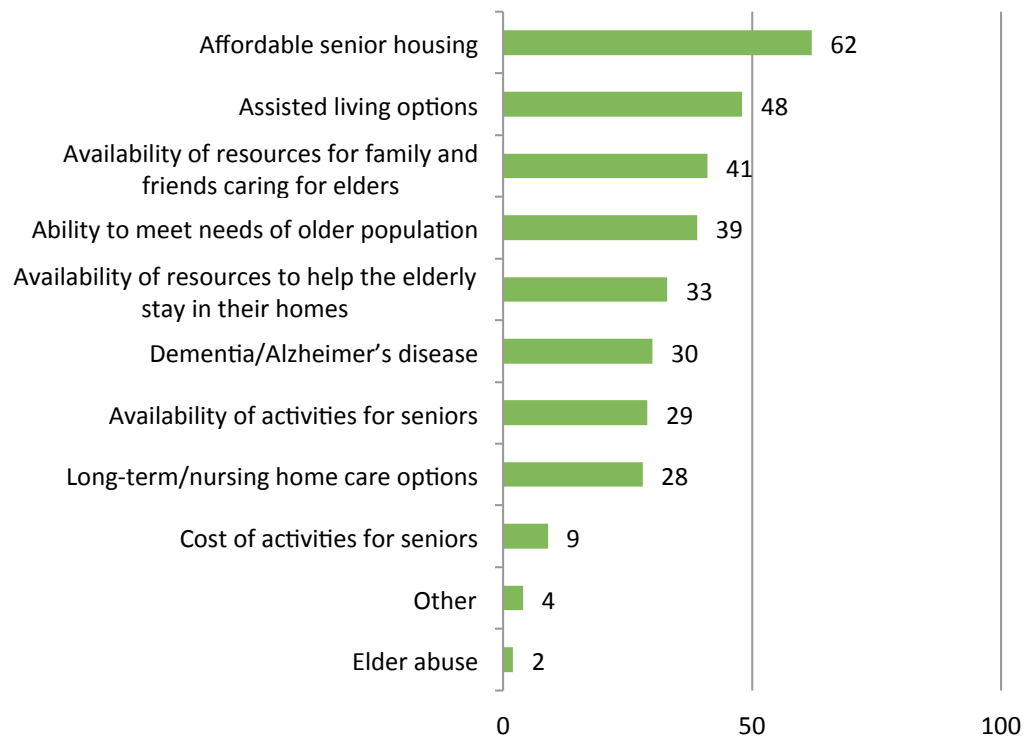


Figure 16A: Concerns about Energy/Industrial Development Impacts – All Respondents

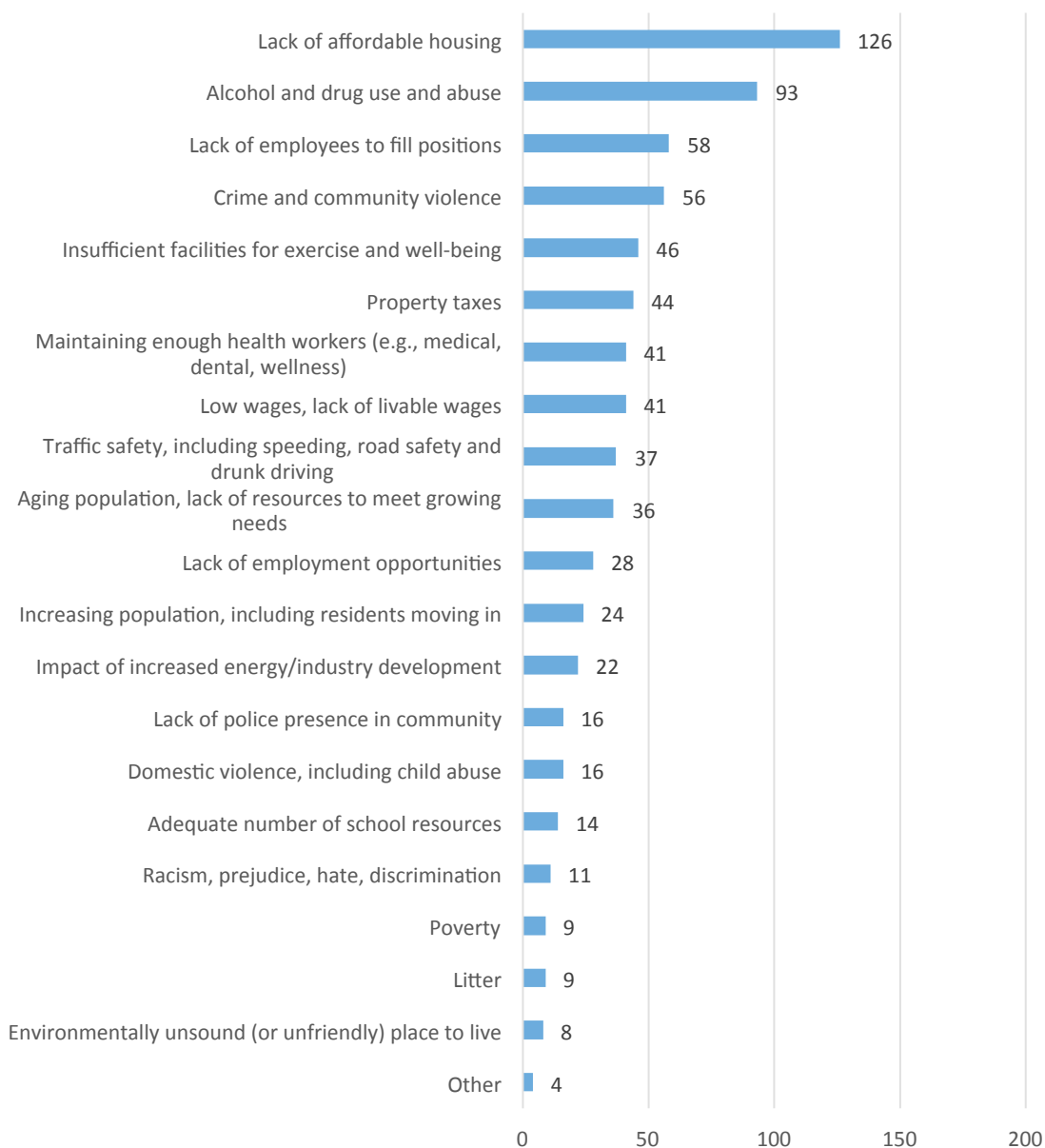
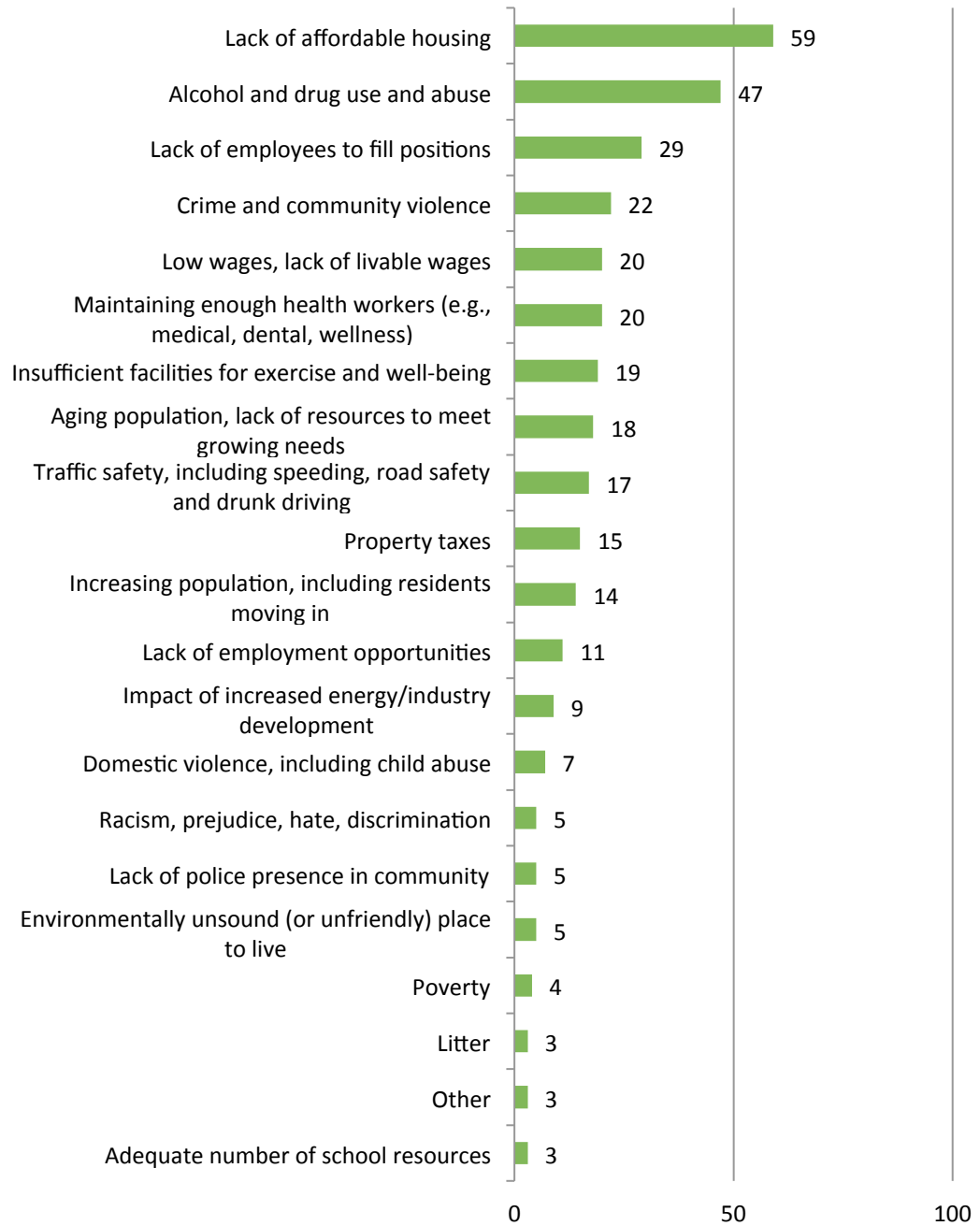


Figure 16B: Concerns about Energy/Industrial Development Impacts – Health Care Professionals Only



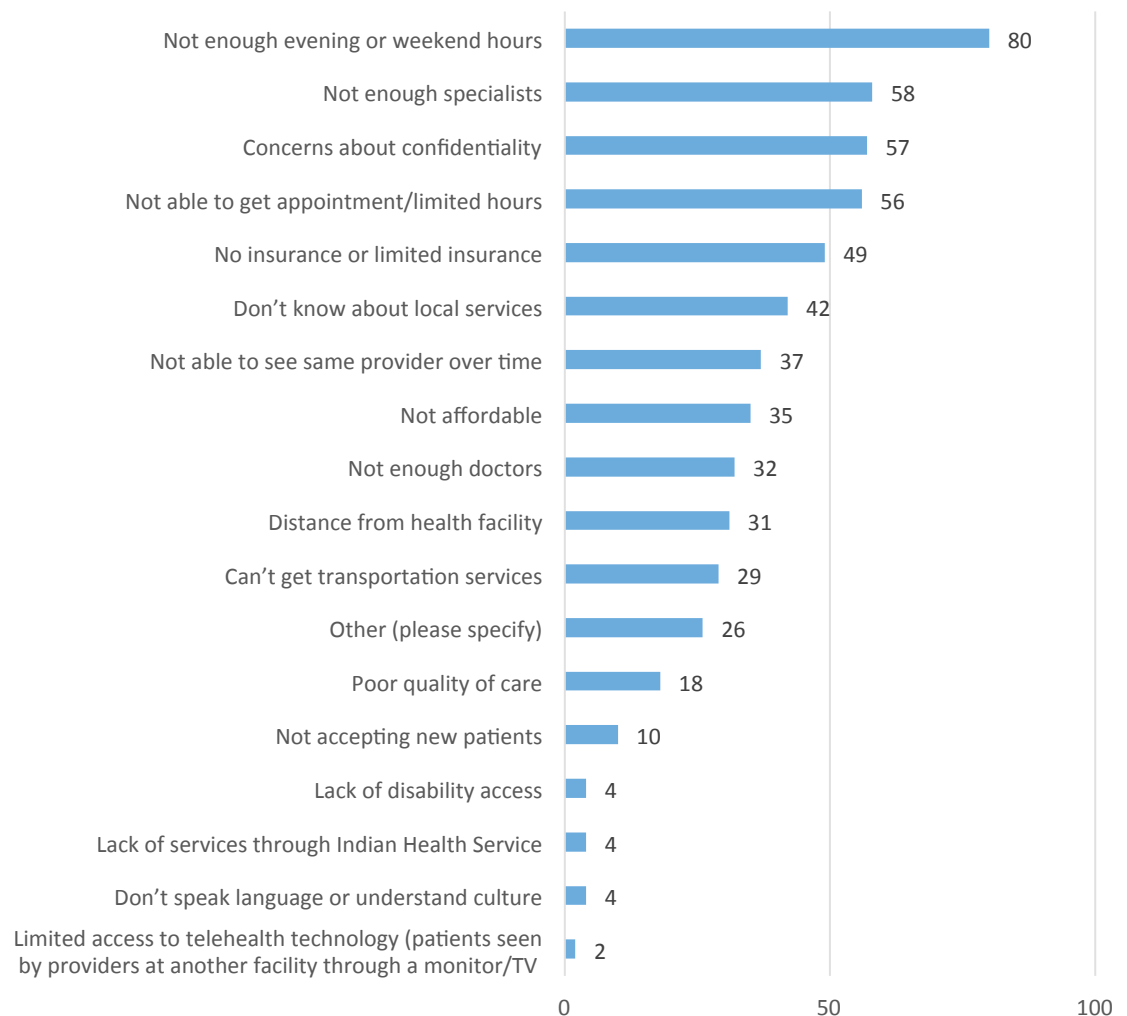
In an open-ended question, residents were asked generally to share challenges facing their community. The large majority of these comments reiterated concerns listed in the multiple

choice questions. Cited most often were the lack of activities and programs for children and youth, and the desire for more shopping and restaurant options.

Delivery of Health Care

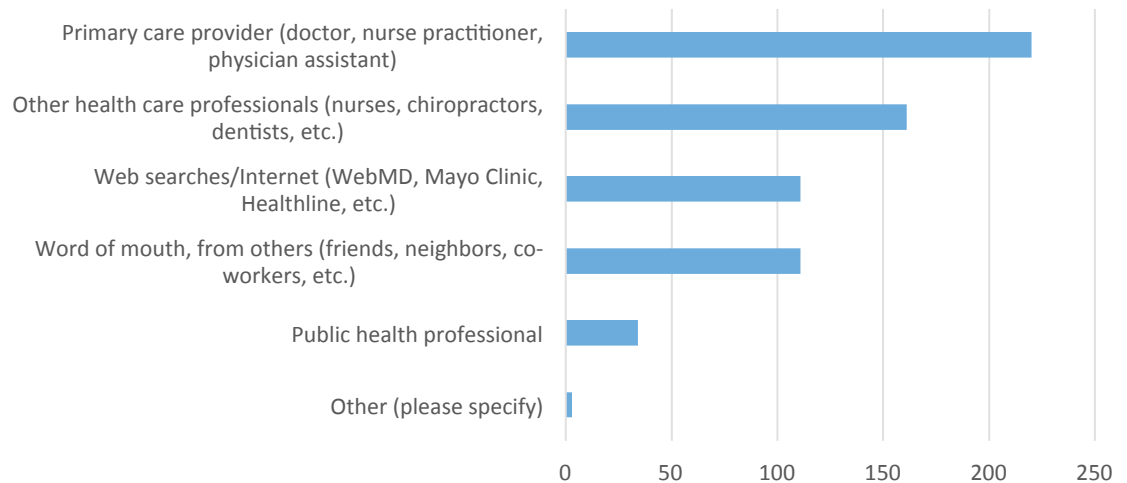
The survey asked residents what they see as preventing them or others from receiving health care locally. The most prevalent barrier perceived by all residents was not enough evening or weekend hours (N=80), followed by not enough specialists (N=58), concerns about confidentiality (N=57) and the inability to get appointments or limited appointment hours (N=56). Figure 17 illustrates these results.

Figure 17: Perceptions about Barriers to Care



The survey revealed that for trusted health information residents turned to a primary care provider (doctor, nurse practitioner, physician assistant). Other health care professionals (nurses, chiropractors, dentists, etc.) are another popular source of trusted health information.

Figure 18: Sources of Trusted Health Information



The survey asked community members whether they were aware of (or have used) services offered locally by Sakakawea Medical Center and Coal Country Community Health Center, as well as by public health. Among services offered by the hospital and community health center, community members were most aware of:

- Clinic (N=242)
- General x-ray (N=200)
- Laboratory services (N=197)
- Physical therapy (N=184)
- Emergency room (N=180)
- Mammography (N=170)

Community members were least aware of the following services:

- Laparoscopic surgery (N=63)
- Telemedicine via eEmergency (N=65)
- Speech therapy (N=71)
- Substance abuse services (N=73)
- Mental health services (N=80)
- Addiction services/Drug & alcohol evaluations (N=83)

These services with lower levels of awareness may present opportunities for further marketing, greater utilization, and increased revenue. Figures 19 to 21 illustrate community members' awareness of services.

Figure 19: Awareness of General and Acute Services

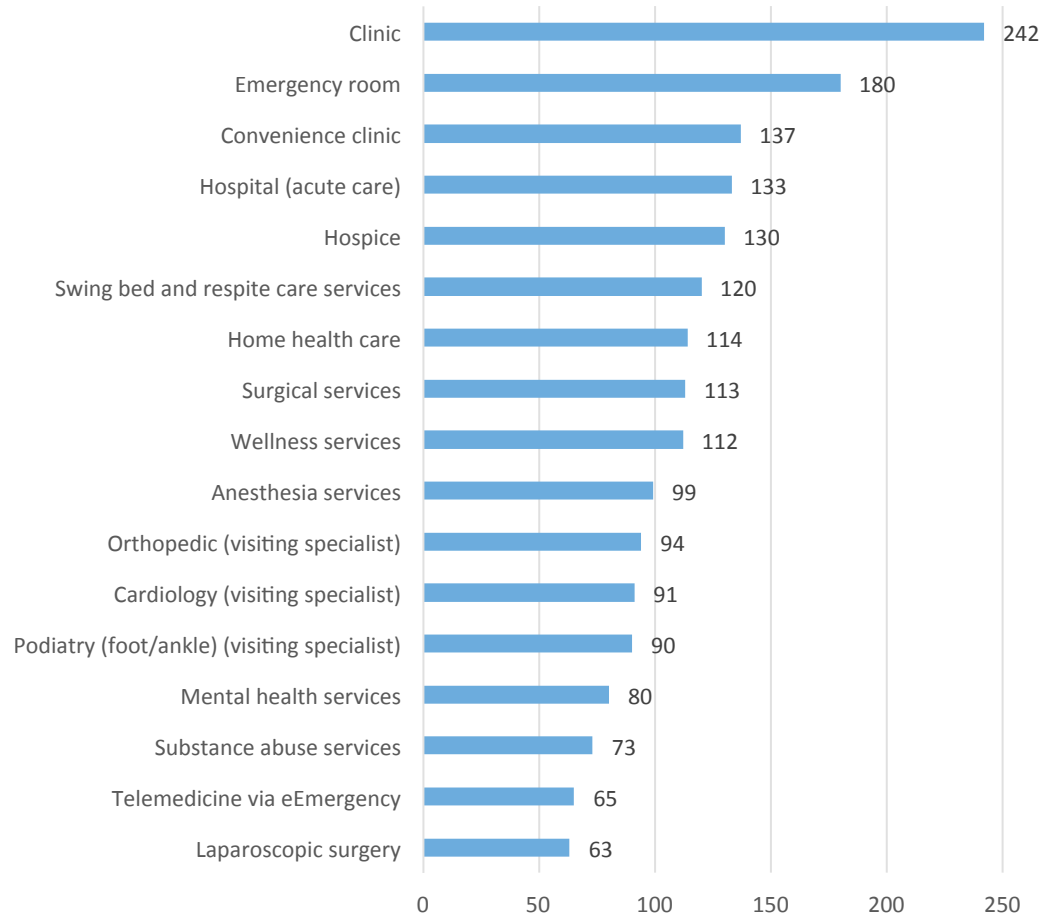


Figure 20: Awareness of Screening/Therapy Services

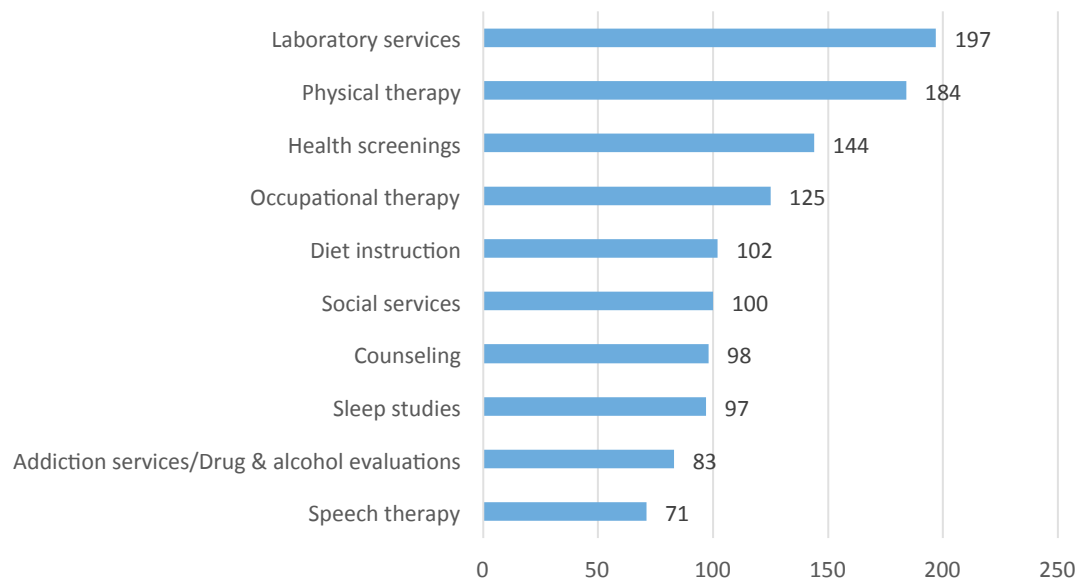
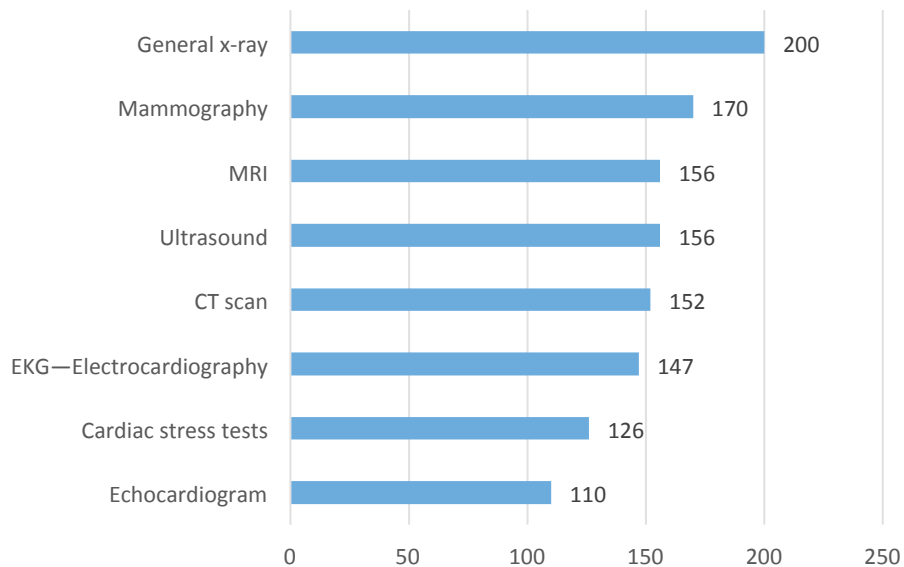
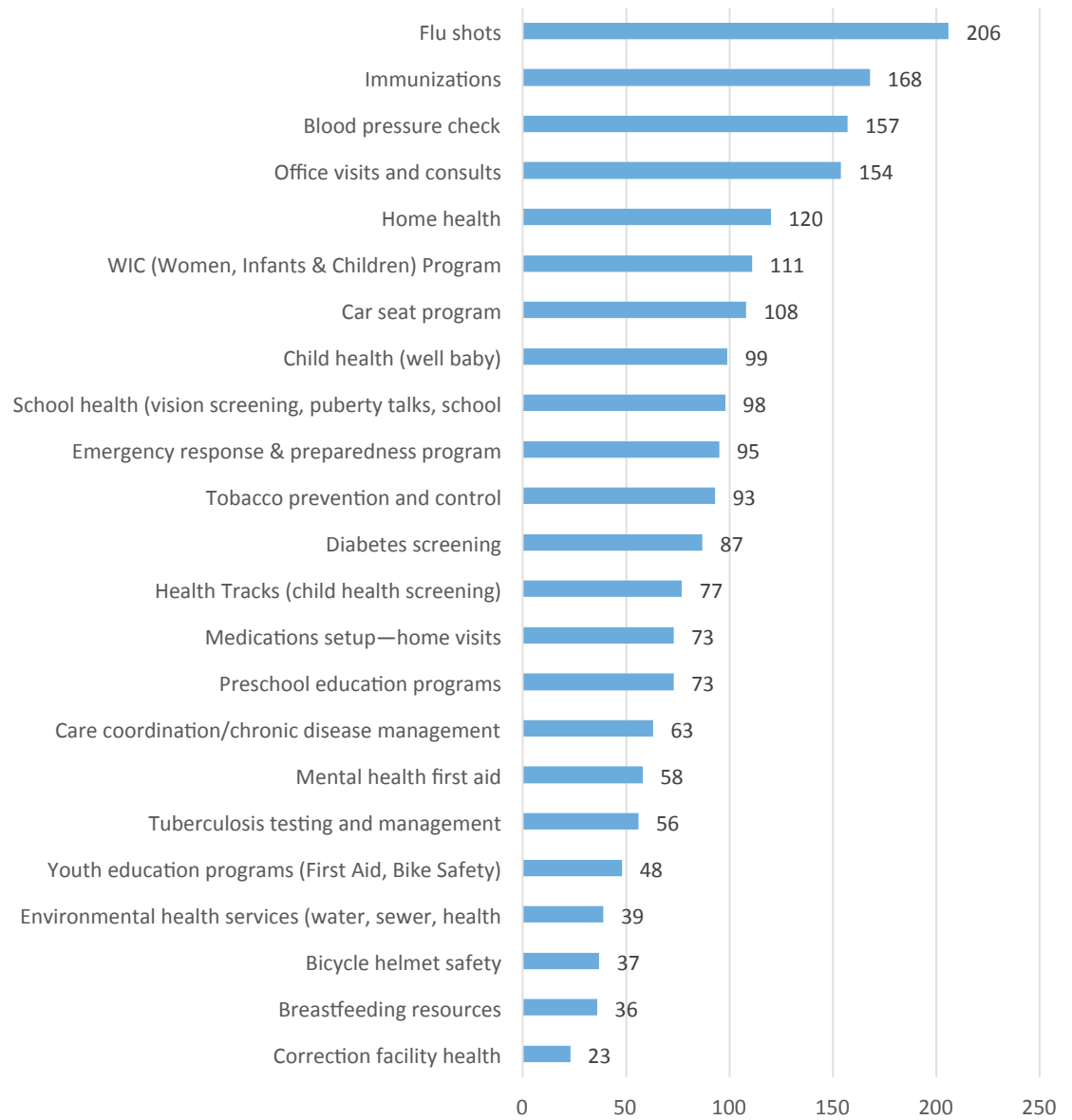


Figure 21: Awareness of Radiology Services



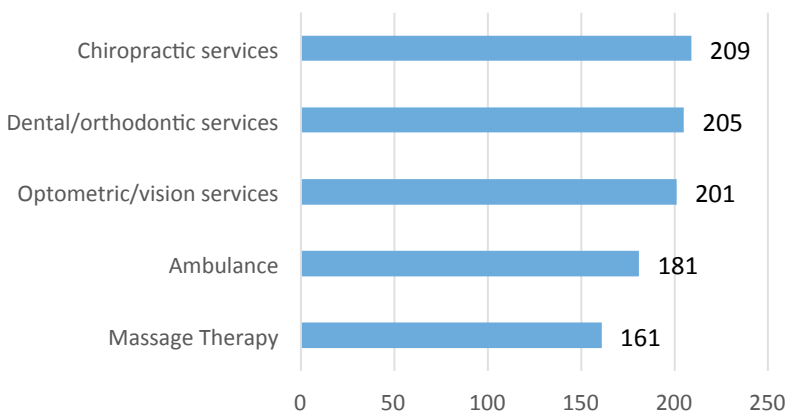
The survey also gauged awareness of community and public health services. Awareness of many of these services was comparable to awareness of services offered by the hospital and community health center. There was fairly low awareness, however, about several of these services, as shown in Figure 22:

Figure 22: Awareness of Community and Public Health Services



As shown in Figure 23, most residents were generally aware of the services offered by other providers and organizations.

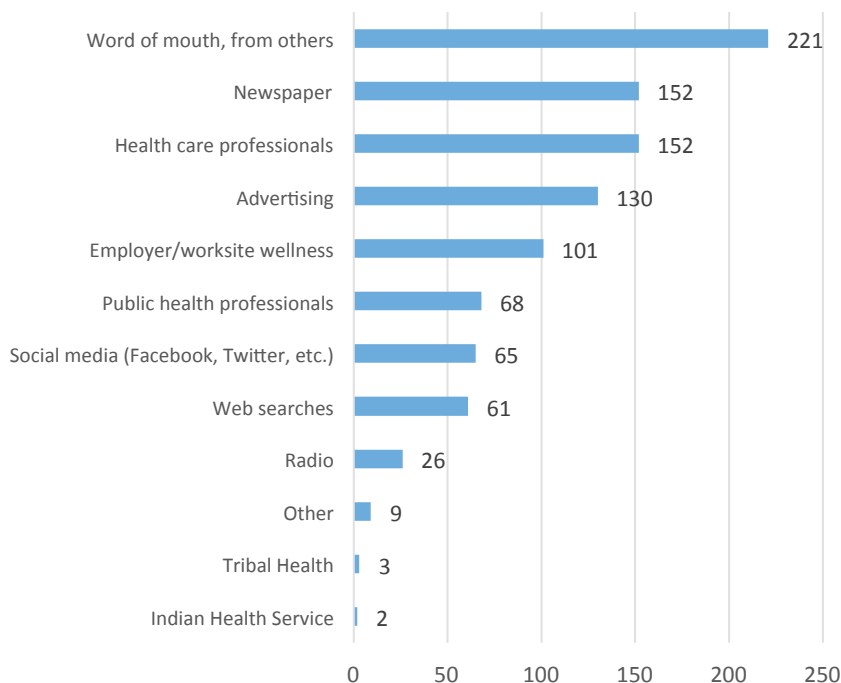
Figure 23: Awareness of Services Offered by other Providers/Organizations



In an open-ended question, survey-takers were asked what specific health care services, if any, should be added locally. Most commonly requested were: Dialysis (N=7), mental health services (N=6), obstetrics/gynecology (N=5), and additional options for senior living (N=4).

When asked where they find out about local health services, the most common responses from residents were word of mouth, newspaper, and from health care professionals. Figure 24 illustrates how residents learn about services.

Figure 24: Where Do You Find Out About Local Health Services?



The survey further revealed that large majorities of respondents: (1) are not aware of the Patient Centered Medical Neighborhood (PCMN) services provided by Sakakawea Medical Center and Coal Country Community Health Center; (2) have established a Primary Care Provider (PCP); and (3) do not anticipate that they or a family member will need skilled nursing services in the next five years. These results are shown in Figures 25 through 27.

Figure 25: Aware of Patient Centered Medical Neighborhood?

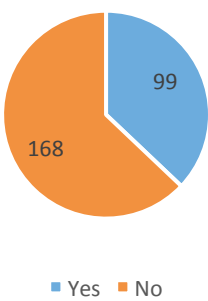


Figure 26: Considering Availability of Physicians and Mid-Level Providers in Community, Have You Established a Primary Care Provider (PCP)?

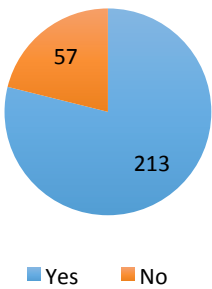
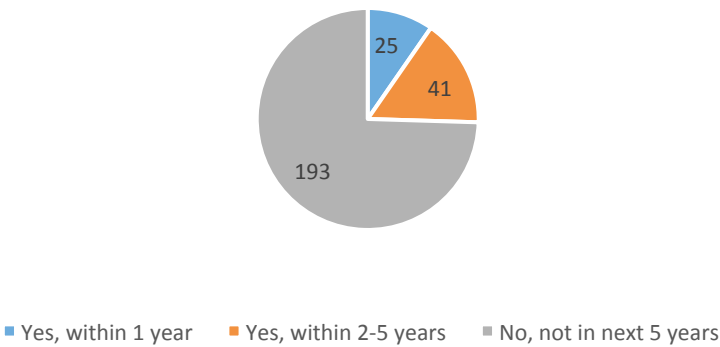


Figure 27: Anticipate You or Family Member Will Need Skilled Nursing Services in Future?



At the conclusion of the survey, respondents were asked to “please share concerns and suggestions to improve the delivery of local health care.” Thirty-two respondents provided feedback. Many of these comments praised the Local Health Providers. Specific comments included:

- I don't have huge concerns and feel good about the health care that is now offered.
- I think your current administration and board are doing an outstanding job and we are lucky to have the health care that is offered in this community.
- I think there are great options here. I don't understand why people drive to Bismarck instead of visit in Hazen/Beulah.
- I think the transition in Killdeer is a great one; it will just take time for the services to be built.
- For a rural community we have excellent services available. However, we still have a need for more addiction services, and mental health services.

With respect to specific suggestions, six people said more doctors were needed, three requested dialysis services, and three said more senior living options would be useful.

Local Health Care Foundations

The survey asked residents (1) whether they were aware of local health care foundations, and (2) whether they have supported a local health care foundation in any way. The majority of respondents (N=150) were not aware of local foundations. Many respondents indicated they had supported local health care foundations, with cash and stock gifts being the most common form of support. Figures 28 and 29 show these results.

Figure 28: Aware of Local Health Care Foundations?

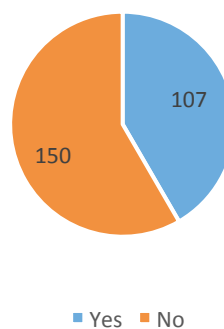
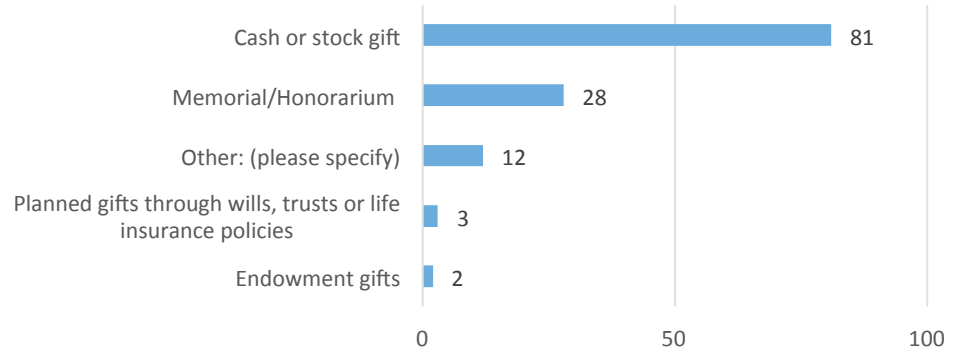


Figure 29: Supported Local Health Care Foundation?



Dunn County Services and Responses

The survey included four questions specific to services offered by or at Hill Top Home of Comfort. Survey-takers were asked: (1) whether they or a family member were likely to use assisted living in the next ten years, (2) whether they would participate in community health education, and if so, what topics would be beneficial, (3) whether they were aware that Therapy Solutions from Dickinson provides outpatient therapy services (physical therapy, occupational therapy, speech therapy) at Hill Top Home of Comfort, and (4) how likely they would be to recommend therapy services offered at Hill Top Home of Comfort. Figures 30 through 33 show the results of these questions, broken down by all survey-takers as well as by those who indicated they lived in a Dunn County zip code (zip codes 58640, 58626, 58642, 58634, and 58636).

Figure 30A: Expect You or Family Member Will Use Hill Top Home of Comfort's Assisted Living? – All Respondents

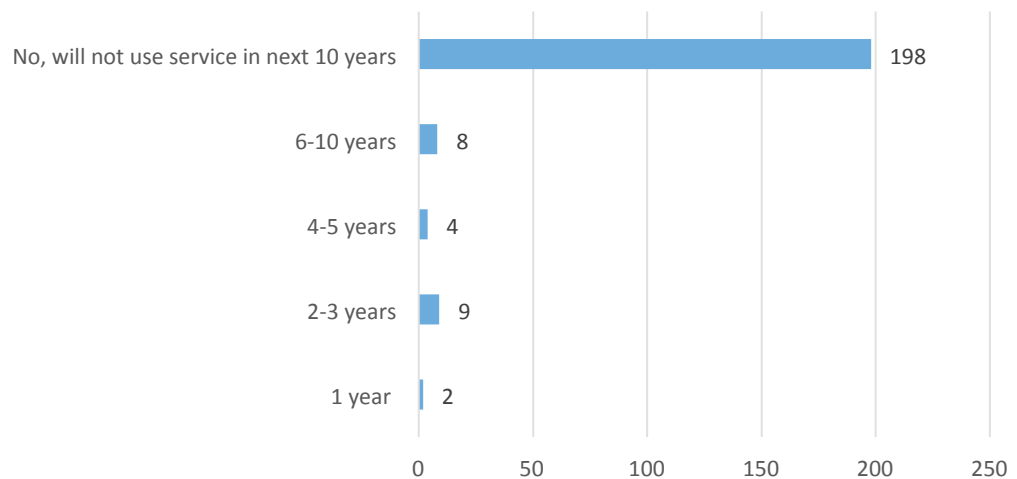


Figure 30B: Expect You or Family Member Will Use Hill Top Home of Comfort's Assisted Living? – Dunn County Zip Codes

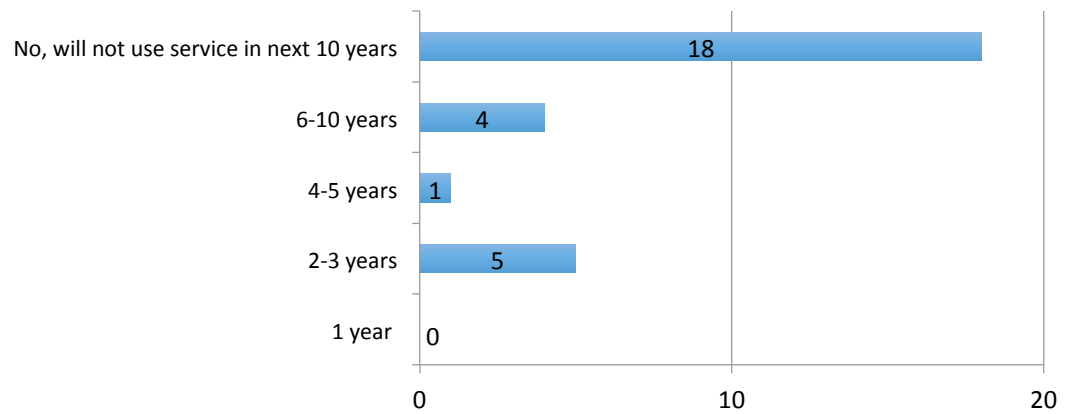


Figure 31A: Would You Use Community Health Education if Offered by Hill Top Home of Comfort? What Education Would be Beneficial? – All Respondents

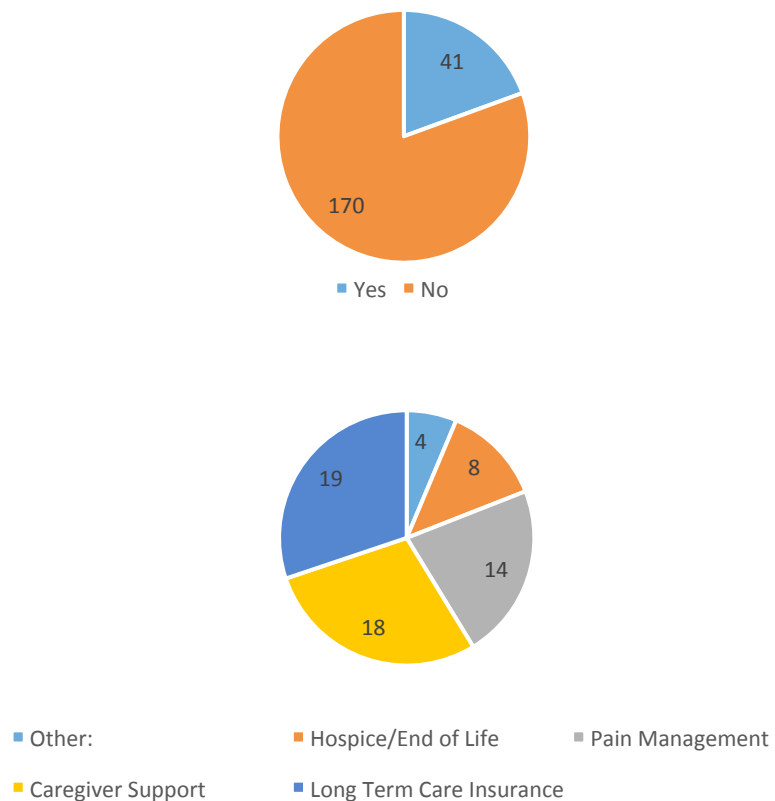


Figure 31B: Would You Use Community Health Education if Offered by Hill Top Home of Comfort? What Education Would be Beneficial? – Dunn County Zip Codes

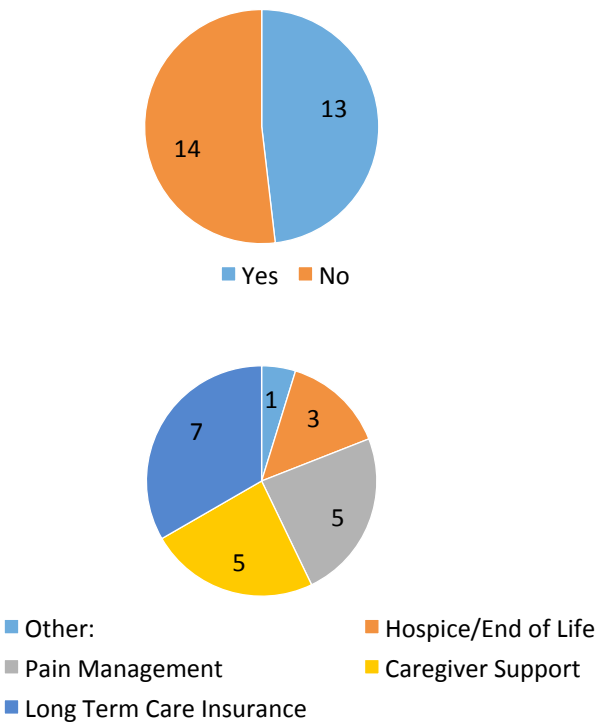


Figure 32A: Aware that Therapy Solutions Provides Outpatient Therapy Services at Hill Top Home of Comfort? – All Respondents

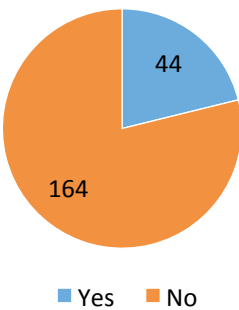


Figure 32B: Aware that Therapy Solutions Provides Outpatient Therapy Services at Hill Top Home of Comfort? – Dunn County Zip Codes

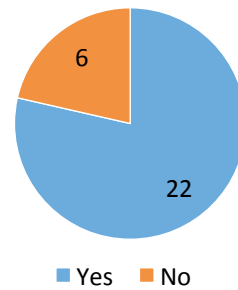


Figure 33A: How Likely Would You Be to Recommend Services at Hill Top Home of Comfort to Someone Needing Therapy Services? – All Respondents

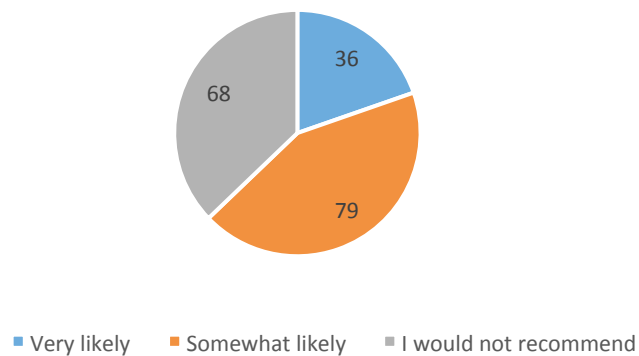
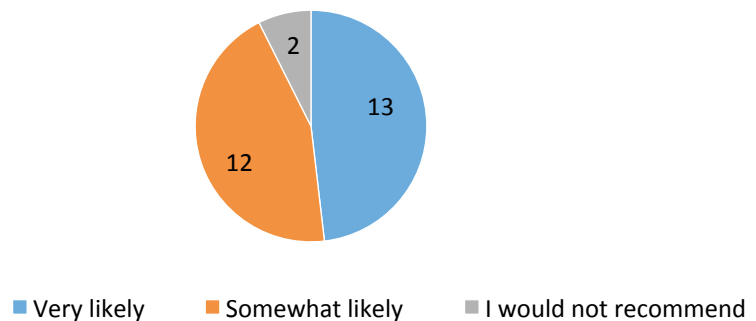


Figure 33B: How Likely Would You Be to Recommend Services at Hill Top Home of Comfort to Someone Needing Therapy Services? – Dunn County Zip Codes



Due to Dunn County's distance from the communities where the majority of survey respondents reside, the Local Health Providers requested that certain survey results be reported specifically for the following zip codes: 58640, 58626, 58642, 58634, and 58636. Twenty-eight survey respondents indicated residing in one of these zip codes. Reported below in Figures 34 to 42 are survey results on questions about community concerns and barriers to care.

Figure 34: Community Health Concerns – Dunn County Zip Codes

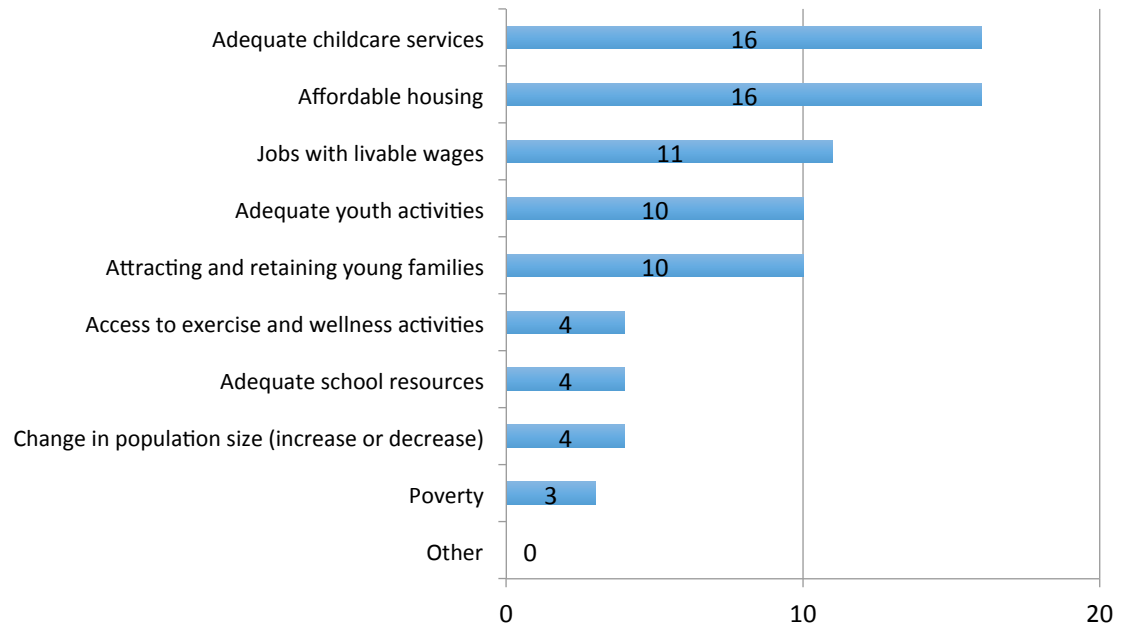


Figure 35: Availability of Health Services Concerns – Dunn County Zip Codes

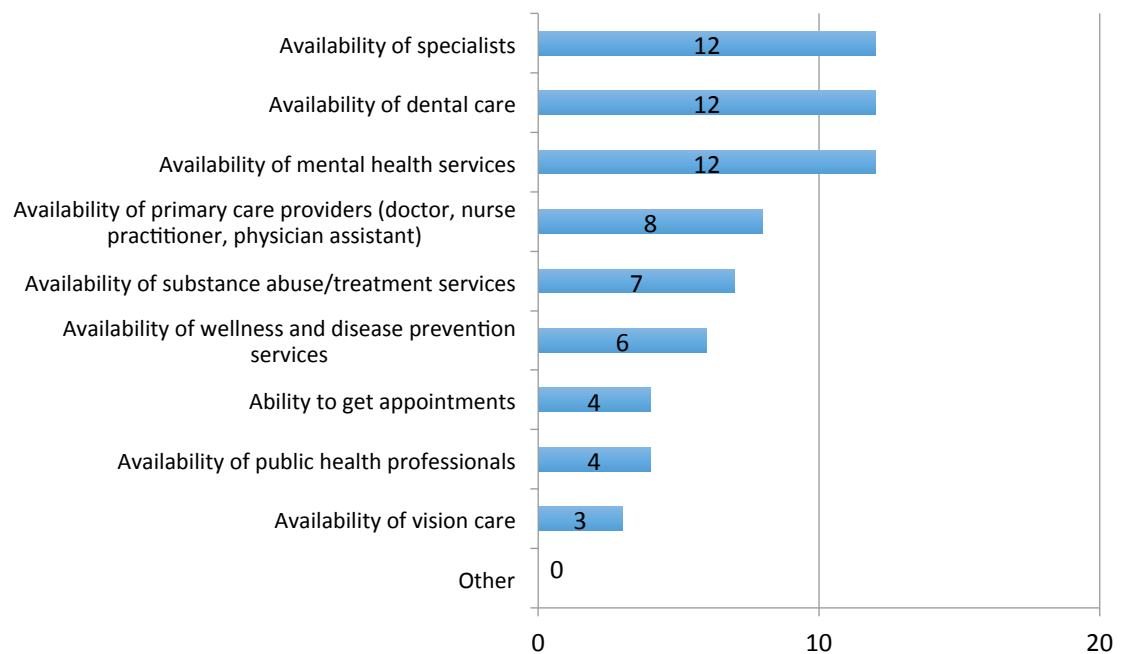


Figure 36: Safety/Environmental Health Concerns – Dunn County Zip Codes

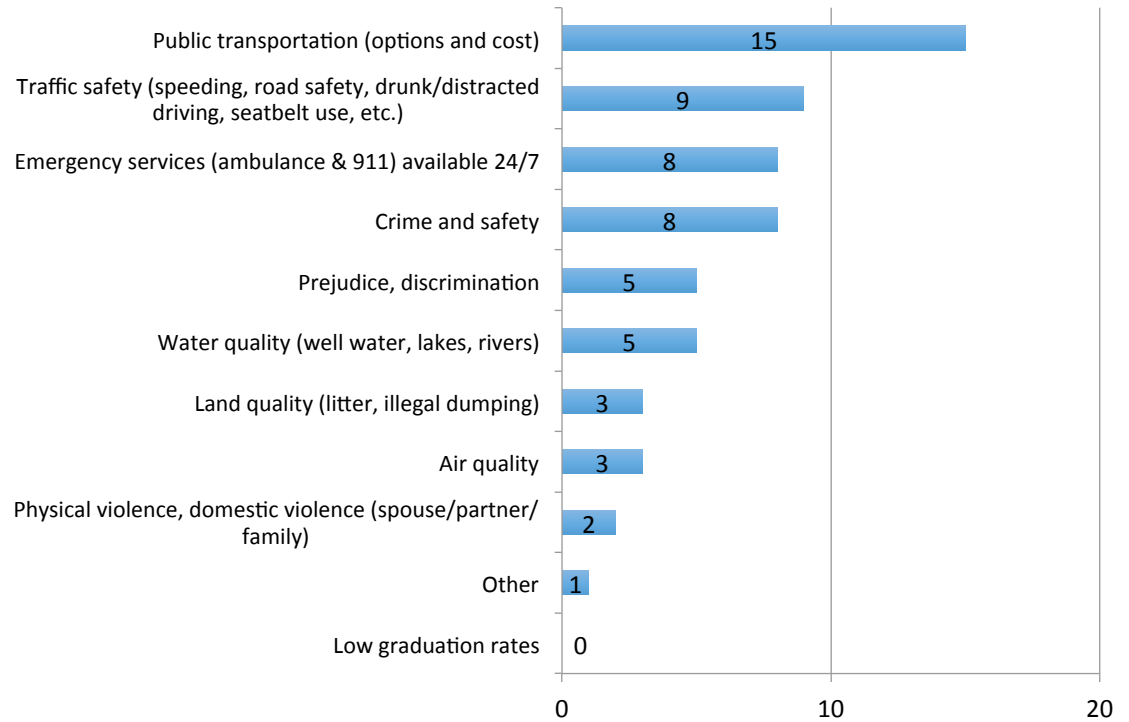


Figure 37: Delivery of Health Services Concerns – Dunn County Zip Codes

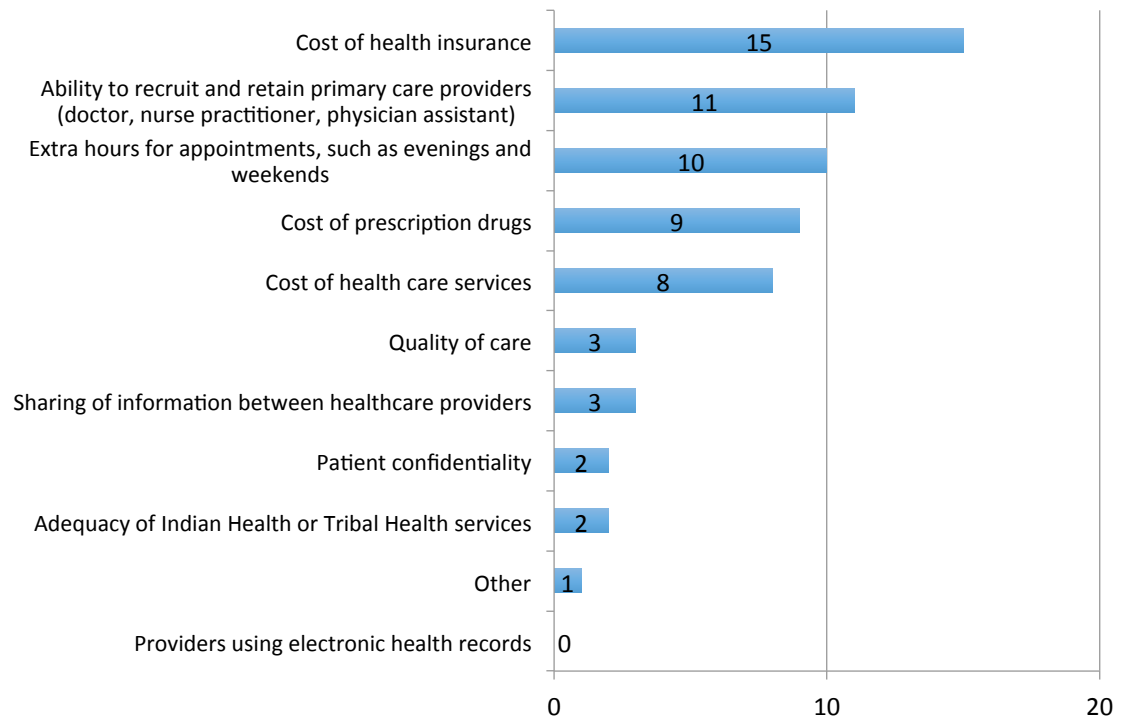


Figure 38: Physical Health Concerns – Dunn County Zip Codes

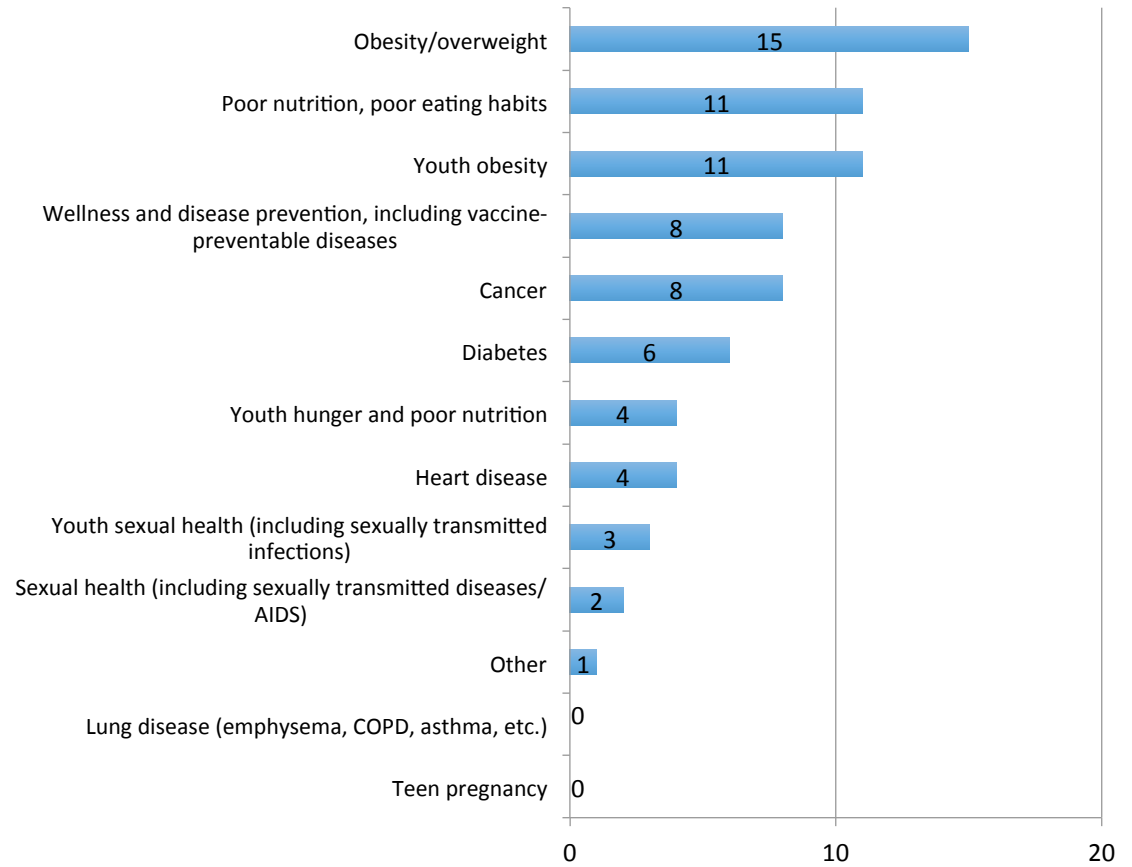


Figure 39: Mental Health and Substance Abuse Concerns – Dunn County Zip Codes

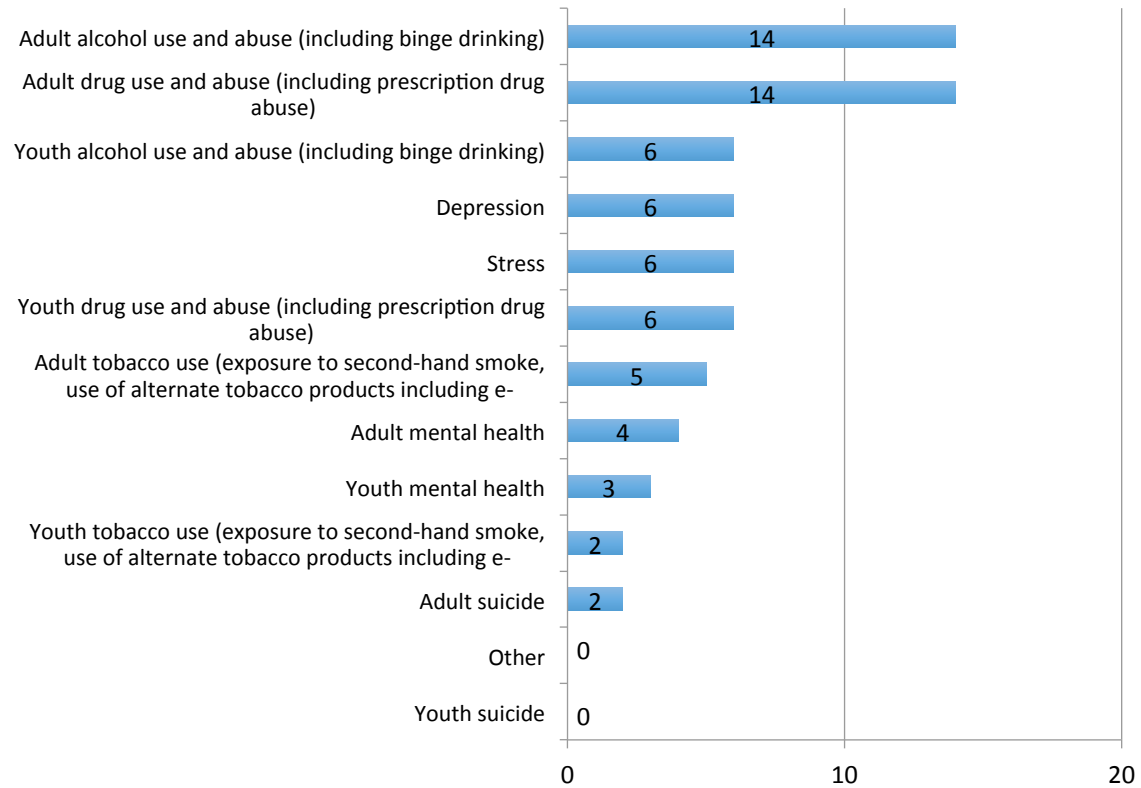


Figure 40: Senior Population Concerns – Dunn County Zip Codes

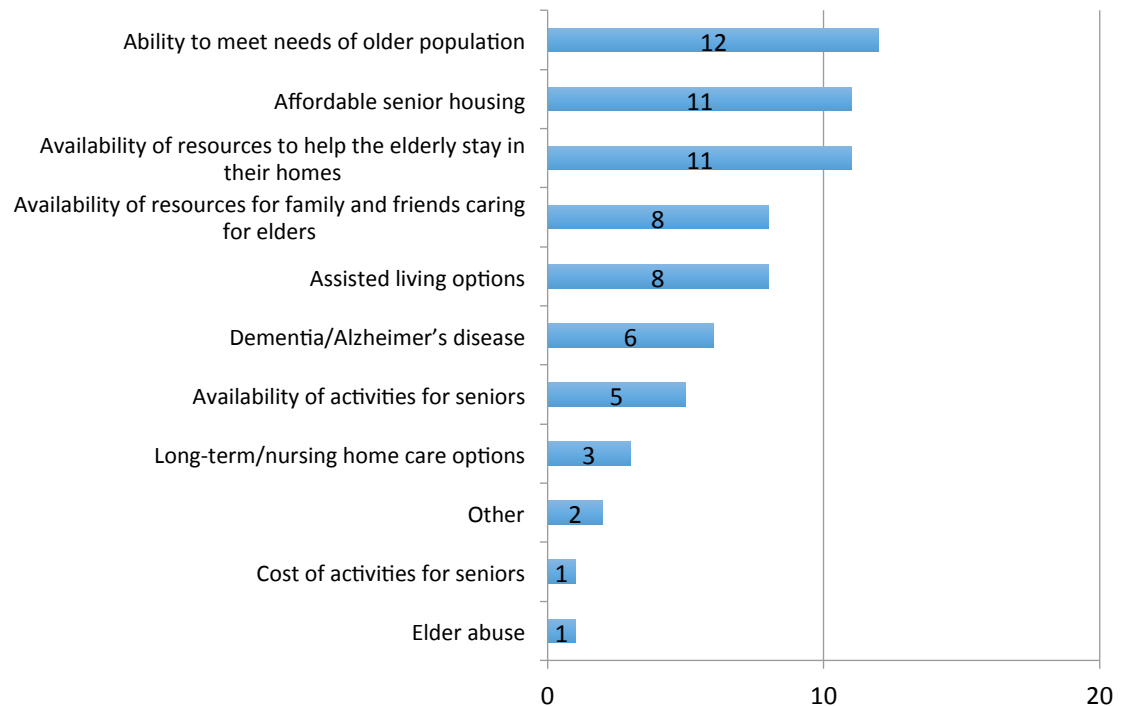


Figure 41: Concerns about Energy/Industrial Development Impacts – Dunn County Zip Codes

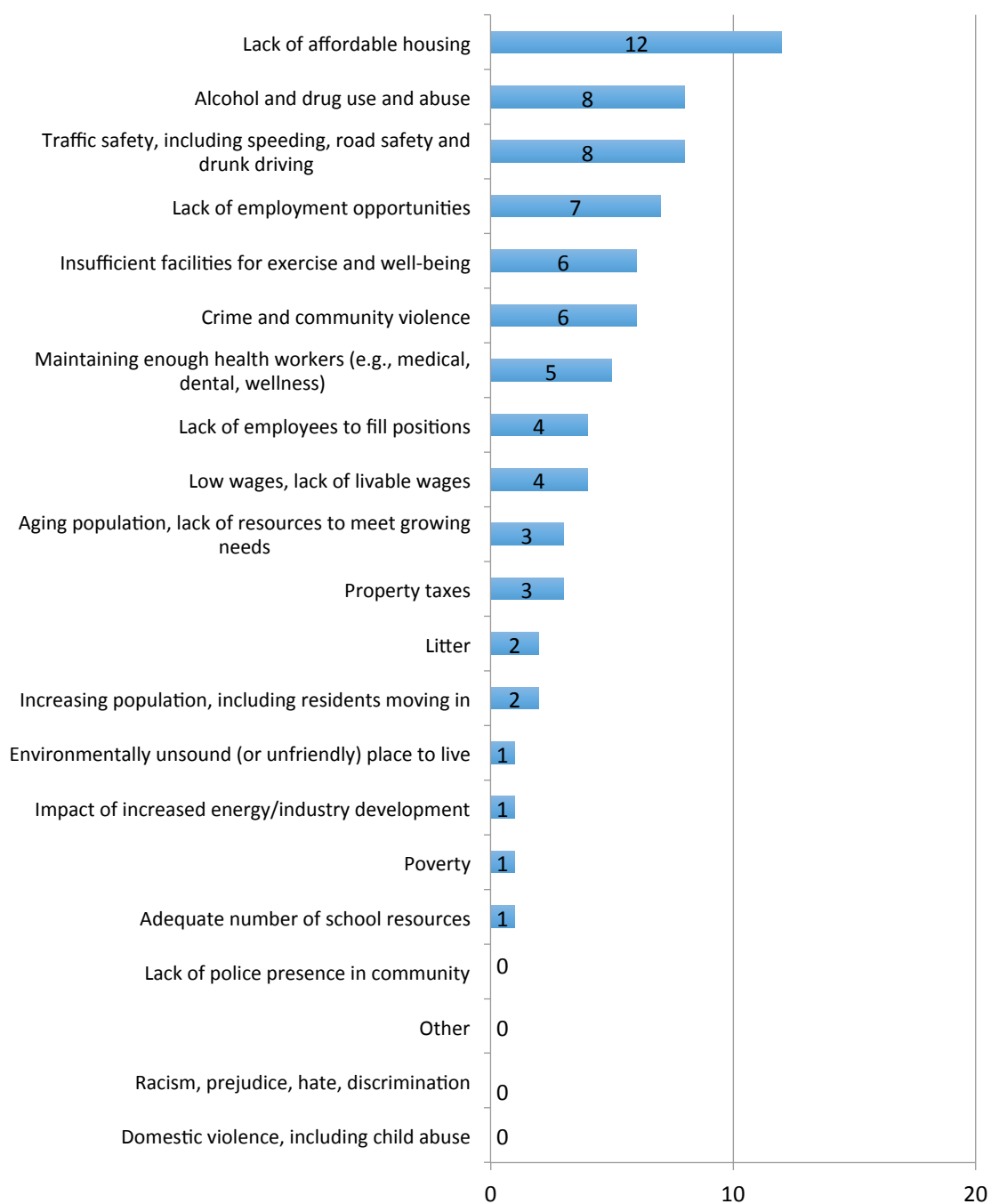
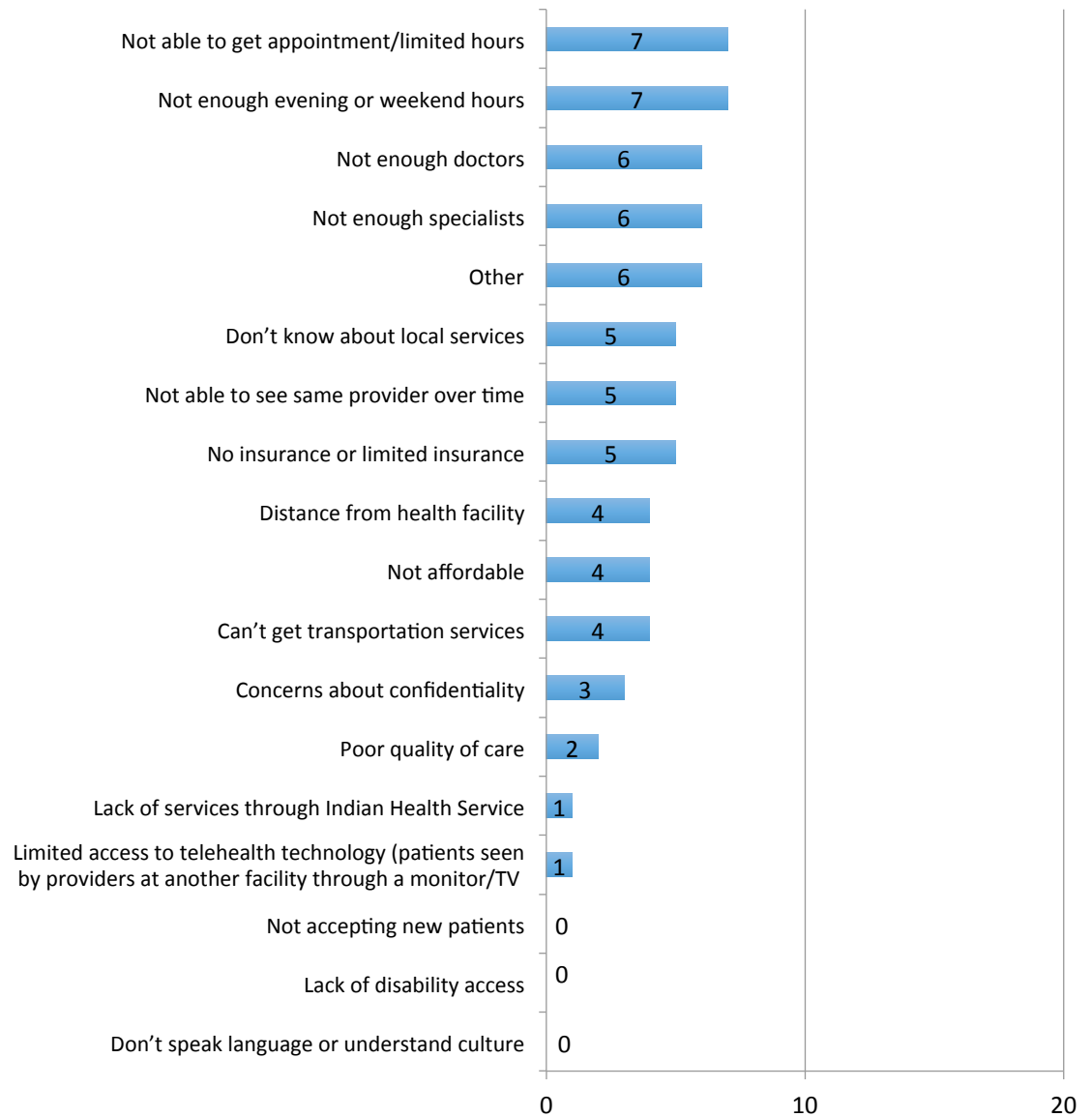


Figure 42: Perceptions about Barriers to Care – Dunn County Zip Codes



Findings from Focus Group and Key Informant Interviews

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 and health professionals. The themes that emerged from these sources were wide-ranging, with some directly associated with health care and others more rooted in broader community matters. Some issues were similar to those that emerged from the survey, while others were not reflected in survey responses. Nine issues were raised:

- Adequate childcare services
- Availability of mental health services
- Extra hours for appointments, such as evening and weekends
- Affordable housing
- Adult drug use and abuse
- Public transportation (options and cost)
- Lack of employees to fill positions
- Prevalence of obesity/overweight
- Increasing split of “haves” and “have-nots”

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

Adequate childcare services

- Younger families will not want to move to our area if they cannot obtain needed service.
- This is a critical need.
- It is a “crisis” – people are having to quit their jobs.
- People are moving to Bismarck so they can get daycare.

Availability of mental health services

- There is a lack of mental health providers, licensed addiction counselors.
- The nearest psychiatrist is in Bismarck and it’s a long wait for an appointment.
- There have been small steps toward better mental health and substance abuse treatment.
- Schools not equipped to adequately handle mental health needs; they need access to mental health services.

Extra hours for appointments, such as evenings and weekends

- Providers are very busy most days.
- Good doctors, great demands.

Affordable housing

- Lack of housing keeps people from staying here.
- There's not enough housing, especially affordable apartments.
- We are seeing more complaints of mold in apartments.
- The cheaper housing isn't always safe.

Adult drug use and abuse

- Substance abuse is worsening for both adults and youth.

Public transportation (options and cost)

- People not aware of public transit options.
- For people who don't have a license or are not able to drive, there are many challenges due to long distances.
- Patients discharged from emergency room may have no way to get home.

Lack of employees to fill positions

- Grocery stores, restaurants, etc. can't find employees.
- Hard to fill health care support staff positions.

Prevalence of obesity/overweight

- People work and go home; no exercise.
- Physical infrastructure encourages sedentary lifestyles.
- There's a lack of opportunity for wellness, both socially and structurally.

Increasing split of "haves" and "have-nots"

- There has been increase in poverty, and health care is becoming harder and harder for those struggling.
- Disparities are becoming more apparent.
- Bottom 10% are overlooked in affluent area.

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:

- Hospital (health care system) - 4.25
- Pharmacies - 3.75
- Public Health - 3.75
- Other local health providers - 3.75
- Emergency services, including ambulance and fire - 3.5
- Law enforcement - 3.5
- Schools - 3.5
- Faith Based Organizations - 3.25
- Long term care, including nursing homes and assisted living - 3.0
- Business and industry - 2.75
- Human services agencies - 2.7
- Economic development organizations - 2.3
- Social Services - 2.25

Priority of Health Needs

The Community Group met on May 10, 2016. Twenty-seven community members of the group attended the meeting. A representative from Prairie Health Partners 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 focus group and 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:

- Adequate childcare services (21 votes)
- Availability of mental health, substance abuse and treatment services (21 votes)
- Lack of employees to fill positions (12 votes)
- Obesity/overweight (5 votes)
- Public transportation (5 votes)

In a second round of "voting," each member of the group was then given an additional red sticker to place next to the concern that they believed was the most important priority of the five highest ranked priorities. The group chose adequate childcare services as the most important concern, garnering 16 votes, followed by availability of mental health and substance abuse treatment services, with seven votes.

A summary of this prioritization may be found in Appendix C. Table 5 shows the currently prioritized needs along with those prioritized by the community in the previous community health needs assessment.

TABLE 5: COMPARISON OF PRIORITIZED NEEDS FROM PREVIOUS ASSESSMENT	
CURRENT CHNA	PREVIOUS CHNA
<ul style="list-style-type: none">• Adequate childcare services• Availability of mental health and substance abuse treatment services• Lack of employees to fill positions• Obesity/overweight• Public transportation	<ul style="list-style-type: none">• Elevated rate of adult smoking• Excessive drinking• Health care workforce shortage• Mental health• Obesity & physical inactivity

Appendix A1 – Paper Survey Instrument



Dunn, Mercer and Oliver County Health Survey

Health care providers in Dunn, Mercer and Oliver counties 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



Scan here to take the survey online!

If you prefer, you may take the survey online at <http://tinyurl.com/dmo-survey>

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 Jaimie Witt at 701.777.5907. **Surveys will be accepted through March 31, 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 3 best things are (choose up to THREE):

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

Q2. Considering the **SERVICES AND RESOURCES** in your community, the 3 best things are (choose up to THREE):

- | | |
|---|---|
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Public transportation |
| <input type="checkbox"/> Active faith community | <input type="checkbox"/> Programs for youth |
| <input type="checkbox"/> Business district (restaurants, availability of goods) | <input type="checkbox"/> Quality school systems |
| <input type="checkbox"/> Community groups and organizations | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Health care | |

Q3. Considering the **QUALITY OF LIFE** in your community, the 3 best things are (choose up to THREE):

- | | |
|--|--|
| <input type="checkbox"/> Closeness to work and activities | <input type="checkbox"/> Job opportunities or economic opportunities |
| <input type="checkbox"/> Family-friendly; good place to raise kids | <input type="checkbox"/> Safe place to live, little/no crime |
| <input type="checkbox"/> Informal, simple, laidback lifestyle | <input type="checkbox"/> Other (please specify) _____ |

Q4. Considering the **ACTIVITIES** in your community, the 3 best things are (choose up to THREE):

- | | |
|--|---|
| <input type="checkbox"/> Activities for families and youth | <input type="checkbox"/> Recreational and sports activities |
| <input type="checkbox"/> Arts and cultural activities | <input type="checkbox"/> Year-round access to fitness opportunities |
| <input type="checkbox"/> Local events and festivals | <input type="checkbox"/> Other (please specify) _____ |

Q5. What are other best things about your community that are not listed in the questions above?

Q6. What are the major challenges facing your community?

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

Q7. Considering the **COMMUNITY HEALTH** in your community, 3 concerns are (choose up to THREE):

- | | |
|---|---|
| <input type="checkbox"/> Access to exercise and wellness activities | <input type="checkbox"/> Attracting and retaining young families |
| <input type="checkbox"/> Adequate childcare services | <input type="checkbox"/> Change in population size (increase or decrease) |
| <input type="checkbox"/> Adequate school resources | <input type="checkbox"/> Jobs with livable wages |
| <input type="checkbox"/> Adequate youth activities | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Other (please specify) _____ |

Q8. Considering the **AVAILABILITY OF HEALTH SERVICES** in your community, 3 concerns are (choose up to THREE):

- | | |
|---|---|
| <input type="checkbox"/> Ability to get appointments | <input type="checkbox"/> Availability of specialists |
| <input type="checkbox"/> Availability of primary care providers (doctor, nurse practitioner, physician assistant) | <input type="checkbox"/> Availability of substance abuse/treatment services |
| <input type="checkbox"/> Availability of dental care | <input type="checkbox"/> Availability of vision care |
| <input type="checkbox"/> Availability of mental health services | <input type="checkbox"/> Availability of wellness and disease prevention services |
| <input type="checkbox"/> Availability of public health professionals | <input type="checkbox"/> Other (please specify) _____ |

Q9. Considering the **SAFETY/ENVIRONMENTAL HEALTH** in your community, 3 concerns are (choose up to THREE):

- | | |
|---|--|
| <input type="checkbox"/> Air quality | <input type="checkbox"/> Prejudice, discrimination |
| <input type="checkbox"/> Crime and safety | <input type="checkbox"/> Public transportation (options and cost) |
| <input type="checkbox"/> Emergency services (ambulance & 911) available 24/7 | <input type="checkbox"/> Traffic safety, (speeding, road safety, drunk/distracted driving, seatbelt use, etc.) |
| <input type="checkbox"/> Land quality (litter, illegal dumping) | <input type="checkbox"/> Water quality (well water, lakes, rivers) |
| <input type="checkbox"/> Low graduation rates | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Physical violence, domestic violence (spouse/partner/family) | |

Q10. Considering the **DELIVERY OF HEALTH SERVICES** in your community, 3 concerns are (choose up to THREE):

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

Q11. Considering the **PHYSICAL HEALTH** in your community, 3 concerns are (choose up to THREE):

- | | |
|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Youth hunger and poor nutrition |
| <input type="checkbox"/> Lung Disease (emphysema, COPD, asthma, etc.) | <input type="checkbox"/> Youth obesity |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Youth sexual health (including sexually transmitted infections) |
| <input type="checkbox"/> Obesity/overweight | <input type="checkbox"/> Wellness and disease prevention, including vaccine-preventable diseases |
| <input type="checkbox"/> Poor nutrition, poor eating habits | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Sexual health (including sexually transmitted diseases/AIDS) | |

Q12. Considering the **MENTAL HEALTH AND SUBSTANCE ABUSE** in your community, 3 concerns are (choose up to THREE):

- | | |
|--|--|
| <input type="checkbox"/> Adult alcohol use and abuse (including binge drinking) | <input type="checkbox"/> Youth alcohol use and abuse (including binge drinking) |
| <input type="checkbox"/> Adult drug use and abuse (including prescription drug abuse) | <input type="checkbox"/> Youth drug use and abuse (including prescription drug abuse) |
| <input type="checkbox"/> Adult tobacco use (exposure to second-hand smoke, use of alternate tobacco products including e-cigarettes, vaping, hookah) | <input type="checkbox"/> Youth mental health |
| <input type="checkbox"/> Adult mental health | <input type="checkbox"/> Youth suicide |
| <input type="checkbox"/> Adult suicide | <input type="checkbox"/> Youth tobacco use (exposure to second-hand smoke, use of alternate tobacco products including e-cigarettes, vaping, hookah) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Stress | |

Q13. Considering the **SENIOR POPULATION** in your community, 3 concerns are (choose up to THREE):

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

Q14. Considering the impacts from **ENERGY/INDUSTRY DEVELOPMENT** in your community, 3 concerns are (choose up to THREE):

- | | |
|--|--|
| <input type="checkbox"/> Adequate number of school resources | <input type="checkbox"/> Lack of employees to fill positions |
| <input type="checkbox"/> Aging population, lack of resources to meet growing needs | <input type="checkbox"/> Lack of employment opportunities |
| <input type="checkbox"/> Alcohol and drug use and abuse | <input type="checkbox"/> Lack of police presence in community |
| <input type="checkbox"/> Crime and community violence | <input type="checkbox"/> Litter |
| <input type="checkbox"/> Domestic violence, including child abuse | <input type="checkbox"/> Low wages, lack of livable wages |
| <input type="checkbox"/> Environmentally unsound (or unfriendly) place to live | <input type="checkbox"/> Maintaining enough health workers (e.g., medical, dental, wellness) |
| <input type="checkbox"/> Impact of increased energy/industry development | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Increasing population, including residents moving in | <input type="checkbox"/> Property taxes |
| <input type="checkbox"/> Insufficient facilities for exercise and well-being | <input type="checkbox"/> Racism, prejudice, hate, discrimination |
| <input type="checkbox"/> Lack of affordable housing | <input type="checkbox"/> Traffic safety, including speeding, road safety and drunk driving |
| | <input type="checkbox"/> Other (Please specify) _____ |

Delivery of Health Care

Q15. What specific health care services, if any, do you think should be added locally?

Q16. Considering **GENERAL and ACUTE SERVICES** at Sakakawea Medical Center and Coal Country Community Health Center, which services are you aware of (or have you used in the past year)? (Choose ALL that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Anesthesia services | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Cardiology (visiting specialist) | <input type="checkbox"/> Orthopedic (visiting specialist) |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Podiatry (foot/ankle) (visiting specialist) |
| <input type="checkbox"/> Convenience clinic | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> Emergency room | <input type="checkbox"/> Surgical services |
| <input type="checkbox"/> Home health care | <input type="checkbox"/> Swing bed and respite care services |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Telemedicine via eEmergency |
| <input type="checkbox"/> Hospital (acute care) | <input type="checkbox"/> Wellness services |
| <input type="checkbox"/> Laparoscopic surgery | |

Q17. Considering **SCREENING/THERAPY SERVICES** at Sakakawea Medical Center and Coal Country Community Health Center, which services are you aware of (or have you used in the past year)? (Choose ALL that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Addiction services/Drug & alcohol evaluations | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> Diet instruction | <input type="checkbox"/> Sleep studies |
| <input type="checkbox"/> Health screenings | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Laboratory services | <input type="checkbox"/> Speech therapy |

Q18. Considering **RADIOLOGY SERVICES** at Sakakawea Medical Center and Coal Country Community Health Center, which services are you aware of (or have you used in the past year)? (Choose ALL that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Cardiac stress tests | <input type="checkbox"/> General x-ray |
| <input type="checkbox"/> EKG—Electrocardiography | <input type="checkbox"/> Mammography |
| <input type="checkbox"/> CT scan | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Ultrasound |

Q19. Considering available **COMMUNITY AND PUBLIC HEALTH SERVICES**, which services are you aware of (or have you used in the past year)? (Choose ALL that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Bicycle helmet safety | <input type="checkbox"/> Home health |
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Breastfeeding resources | <input type="checkbox"/> Medications setup—home visits |
| <input type="checkbox"/> Car seat program | <input type="checkbox"/> Mental health first aid |
| <input type="checkbox"/> Care coordination/chronic disease management | <input type="checkbox"/> Office visits and consults |
| <input type="checkbox"/> Child health (well baby) | <input type="checkbox"/> School health (vision screening, puberty talks, school immunizations) |
| <input type="checkbox"/> Correction facility health | <input type="checkbox"/> Preschool education programs |
| <input type="checkbox"/> Diabetes screening | <input type="checkbox"/> Tobacco prevention and control |
| <input type="checkbox"/> Emergency response & preparedness program | <input type="checkbox"/> Tuberculosis testing and management |
| <input type="checkbox"/> Flu shots | <input type="checkbox"/> WIC (Women, Infants & Children) Program |
| <input type="checkbox"/> Environmental health services (water, sewer, health hazard abatement) | <input type="checkbox"/> Youth education programs (First Aid, Bike Safety) |
| <input type="checkbox"/> Health Tracks (child health screening) | |

Q20. Considering services offered locally by **OTHER PROVIDERS/ORGANIZATIONS**, which services are you aware of (or have you used in the past year)? (Choose ALL that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Massage Therapy |
| <input type="checkbox"/> Chiropractic services | <input type="checkbox"/> Optometric/vision services |
| <input type="checkbox"/> Dental/orthodontic services | |

Q21. Where do you find out about **LOCAL HEALTH SERVICES** that are available in your area? (Choose ALL that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Social media (Facebook, Twitter, etc.) |
| <input type="checkbox"/> Employer/worksite wellness | <input type="checkbox"/> Tribal Health |
| <input type="checkbox"/> Health care professionals | <input type="checkbox"/> Web searches |
| <input type="checkbox"/> Indian Health Service | <input type="checkbox"/> Word of mouth, from others (friends, neighbors, co-workers, etc.) |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> Public health professionals | |
| <input type="checkbox"/> Radio | |

Q22. What **PREVENTS** you or other community residents from receiving health care locally? (Choose ALL that apply.)

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

Q23. Where do you turn for trusted health information? (Choose ALL that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Other health care professionals (nurses, chiropractors, dieticians, etc.) | <input type="checkbox"/> Web searches/Internet (WebMD, Mayo Clinic, Healthline, etc.) |
| <input type="checkbox"/> Primary care provider (doctor, nurse practitioner, physician assistant) | <input type="checkbox"/> Word of mouth, from others (friends, neighbors, co-workers, etc.) |
| <input type="checkbox"/> Public health professional | <input type="checkbox"/> Other (please specify) _____ |

Q24. Considering the availability of physicians and mid-level providers (nurse practitioners, physician assistants) in your community, have you established a Primary Care Provider (PCP)?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No. If no, why not? _____ |
|------------------------------|--|

Q25. Are you aware of the Patient Centered Medical Neighborhood (PCMN) of services provided by Sakakawea Medical Center and Coal Country Community Health Center?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Q26. Do you anticipate that you or a family member will need skilled nursing services in the future?

- | | | |
|---|--|--|
| <input type="checkbox"/> Yes, within 1 year | <input type="checkbox"/> Yes, within 2-5 years | <input type="checkbox"/> No, not in next 5 years |
|---|--|--|

Dunn County Services

Q27. In Dunn County, Hill Top Home of Comfort's Assisted Living will be completed September 2016. Do you expect that you or anyone within your immediate family (parents, grandparents, etc.) will use these services, and if so, when?

Within the next:

- | | | |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> 1 year | <input type="checkbox"/> 4-5 years | <input type="checkbox"/> No, will not use service in next 10 years |
| <input type="checkbox"/> 2-3 years | <input type="checkbox"/> 6-10 years | |

Q28. If Hill Top Home of Comfort offered community health education, would you utilize it?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, what education would you or your family find beneficial? (Choose ALL that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Caregiver Support | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Hospice/End of Life | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Long Term Care Insurance | |

Q29. In Dunn County, are you aware that Therapy Solutions from Dickinson provides outpatient therapy services (physical therapy, occupational therapy, speech therapy) at Hill Top Home of Comfort?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Q30. If you needed therapy or know someone who does, how likely would you be to recommend the services offered at Hill Top Home of Comfort?

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Very likely | <input type="checkbox"/> Somewhat likely | <input type="checkbox"/> I would not recommend |
|--------------------------------------|--|--|

Healthcare Foundations

Q31. Are you aware of local healthcare foundations, which exist to financially support a specific organization?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Q32. Have you supported a local healthcare foundation in any of the following ways? (Choose ALL that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Cash or stock gift | <input type="checkbox"/> Planned gifts through wills, trusts or life insurance policies |
| <input type="checkbox"/> Endowment gifts | <input type="checkbox"/> Other: (please specify) _____ |
| <input type="checkbox"/> Memorial/Honorarium | |

Demographic Information

Q33. Do you work for a hospital, clinic, public health unit, or long-term care facility?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Q34. Health insurance status. (Choose ALL that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Indian Health Service (IHS) | <input type="checkbox"/> No insurance |
| <input type="checkbox"/> Insurance through employer or self-purchased | <input type="checkbox"/> Not enough insurance |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Veteran's Health Care Benefits |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Other (please specify) _____ |

Q35. Age:

- | | |
|---|---|
| <input type="checkbox"/> Less than 18 years | <input type="checkbox"/> 45 to 54 years |
| <input type="checkbox"/> 18 to 24 years | <input type="checkbox"/> 55 to 64 years |
| <input type="checkbox"/> 25 to 34 years | <input type="checkbox"/> 65 to 74 years |
| <input type="checkbox"/> 35 to 44 years | <input type="checkbox"/> 75 years and older |

Q36. Highest level of education:

- | | |
|--|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Some college/technical degree | <input type="checkbox"/> Graduate or professional degree |

Q37. Gender:

- | | |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Male | |

Q38. Employment status:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Multiple job holder |
| <input type="checkbox"/> Part time | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Retired |

Q39. Your zip code: _____

Q40. Race/Ethnicity (choose ALL that apply):

- | | |
|---|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> African American | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Prefer not to answer |

Q41. Annual household income before taxes:

- | | |
|---|---|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$100,000 to \$149,999 |
| <input type="checkbox"/> \$25,000 to \$49,999 | <input type="checkbox"/> \$150,000 and over |
| <input type="checkbox"/> \$50,000 to \$74,999 | <input type="checkbox"/> Prefer not to answer |

Q42. Overall, please share concerns and suggestions to improve the delivery of local health care.

Thank you for assisting us with this important survey!

Appendix A2 – Online Survey Instrument

Default Question Block

Dunn, Mercer and Oliver County Health Survey

Health care providers in Dunn, Mercer and Oliver counties 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

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 Jaimie Witt at 701.777.5907. Surveys will be accepted through March 31, 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:

Considering the **PEOPLE** in your community, the 3 best things are (choose up to THREE):

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

Considering the **SERVICES AND RESOURCES** in your community, the 3 best things are (choose up to THREE):

- | | |
|---|--|
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Public transportation |
| <input type="checkbox"/> Active faith community | <input type="checkbox"/> Programs for youth |
| <input type="checkbox"/> Business district (restaurants, availability of goods) | <input type="checkbox"/> Quality school systems |
| <input type="checkbox"/> Community groups and organizations | <input type="checkbox"/> Other (please specify) <input type="text"/> |
| <input type="checkbox"/> Health care | |

Considering the **QUALITY OF LIFE** in your community, the 3 best things are (choose up to THREE):

- | | |
|--|--|
| <input type="checkbox"/> Closeness to work and activities | <input type="checkbox"/> Job opportunities or economic opportunities |
| <input type="checkbox"/> Family-friendly; good place to raise kids | <input type="checkbox"/> Safe place to live, little/no crime |
| <input type="checkbox"/> Informal, simple, laidback lifestyle | <input type="checkbox"/> Other (please specify) <input type="text"/> |

Considering the **ACTIVITIES** in your community, the 3 best things are (choose up to THREE):

- | | |
|--|--|
| <input type="checkbox"/> Activities for families and youth | <input type="checkbox"/> Recreational and sports activities |
| <input type="checkbox"/> Arts and cultural activities | <input type="checkbox"/> Year-round access to fitness opportunities |
| <input type="checkbox"/> Local events and festivals | <input type="checkbox"/> Other (please specify) <input type="text"/> |

What are other best things about your community that are not listed in the questions above?

What are the major challenges facing your community?

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

Considering the **COMMUNITY HEALTH** in your community, 3 concerns are (choose up to THREE):

- | | |
|---|---|
| <input type="checkbox"/> Access to exercise and wellness activities | <input type="checkbox"/> Attracting and retaining young families |
| <input type="checkbox"/> Adequate childcare services | <input type="checkbox"/> Change in population size (increase or decrease) |
| <input type="checkbox"/> Adequate school resources | <input type="checkbox"/> Jobs with livable wages |
| <input type="checkbox"/> Adequate youth activities | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Other (please specify) <input type="text"/> |

Considering the **AVAILABILITY OF HEALTH SERVICES** in your community, 3 concerns are (choose up to THREE):

- | | |
|---|---|
| <input type="checkbox"/> Ability to get appointments | <input type="checkbox"/> Availability of specialists |
| <input type="checkbox"/> Availability of primary care providers (doctor, nurse practitioner, physician assistant) | <input type="checkbox"/> Availability of substance abuse/treatment services |
| <input type="checkbox"/> Availability of dental care | <input type="checkbox"/> Availability of vision care |
| <input type="checkbox"/> Availability of mental health services | <input type="checkbox"/> Availability of wellness and disease prevention services |
| <input type="checkbox"/> Availability of public health professionals | <input type="checkbox"/> Other (please specify) <input type="text"/> |

Considering the **SAFETY/ENVIRONMENTAL HEALTH** in your community, 3 concerns are (choose up to THREE):

- | | |
|---|---|
| <input type="checkbox"/> Air quality | <input type="checkbox"/> Prejudice, discrimination |
| <input type="checkbox"/> Crime and safety | <input type="checkbox"/> Public transportation (options and cost) |
| <input type="checkbox"/> Emergency services (ambulance & 911) available 24/7 | <input type="checkbox"/> Traffic safety (speeding, road safety, drunk/distracted driving, seatbelt use, etc.) |
| <input type="checkbox"/> Land quality (litter, illegal dumping) | <input type="checkbox"/> Water quality (well water, lakes, rivers) |
| <input type="checkbox"/> Low graduation rates | <input type="checkbox"/> Other (please specify) <input type="text"/> |
| <input type="checkbox"/> Physical violence, domestic violence (spouse/partner/family) | |

Considering the **DELIVERY OF HEALTH SERVICES** in your community, 3 concerns are (choose up to THREE):

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

Considering the **PHYSICAL HEALTH** in your community, 3 concerns are (choose up to THREE):

- | | |
|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Youth hunger and poor nutrition |
| <input type="checkbox"/> Lung disease (emphysema, COPD, asthma, etc.) | <input type="checkbox"/> Youth obesity |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Youth sexual health (including sexually transmitted infections) |
| <input type="checkbox"/> Obesity/overweight | <input type="checkbox"/> Wellness and disease prevention, including vaccine-preventable diseases |
| <input type="checkbox"/> Poor nutrition, poor eating habits | <input type="checkbox"/> Other (please specify) <input type="text"/> |
| <input type="checkbox"/> Sexual health (including sexually transmitted diseases/AIDS) | |

Considering the **MENTAL HEALTH AND SUBSTANCE ABUSE** in your community, 3 concerns are (choose up to THREE):

- | | |
|--|--|
| <input type="checkbox"/> Adult alcohol use and abuse (including binge drinking) | <input type="checkbox"/> Youth alcohol use and abuse (including binge drinking) |
| <input type="checkbox"/> Adult drug use and abuse (including prescription drug abuse) | <input type="checkbox"/> Youth drug use and abuse (including prescription drug abuse) |
| <input type="checkbox"/> Adult tobacco use (exposure to second-hand smoke, use of alternate tobacco products including e-cigarettes, vaping, hookah) | <input type="checkbox"/> Youth mental health |
| <input type="checkbox"/> Adult mental health | <input type="checkbox"/> Youth suicide |
| <input type="checkbox"/> Adult suicide | <input type="checkbox"/> Youth tobacco use (exposure to second-hand smoke, use of alternate tobacco products including e-cigarettes, vaping, hookah) |

☐ Depression

☐ Other (please specify)

☐ Stress

Considering the **SENIOR POPULATION** in your community, 3 concerns are (choose up to THREE):

☐ Ability to meet needs of older population

☐ Cost of activities for seniors

☐ Affordable senior housing

☐ Dementia/Alzheimer's disease

☐ Assisted living options

☐ Elder abuse

☐ Availability of activities for seniors

☐ Long-term/nursing home care options

☐ Availability of resources for family and friends caring for elders

☐ Other (please specify)

☐ Availability of resources to help the elderly stay in their homes

Considering the impacts from **ENERGY/INDUSTRY DEVELOPMENT** in your community, 3 concerns are (choose up to THREE):

☐ Adequate number of school resources

☐ Lack of employment opportunities

☐ Aging population, lack of resources to meet growing needs

☐ Lack of police presence in community

☐ Alcohol and drug use and abuse

☐ Litter

☐ Crime and community violence

☐ Low wages, lack of livable wages

☐ Domestic violence, including child abuse

☐ Maintaining enough health workers (e.g., medical, dental, wellness)

☐ Environmentally unsound (or unfriendly) place to live

☐ Poverty

☐ Impact of increased energy/industry development

☐ Property taxes

☐ Increasing population, including residents moving in

☐ Racism, prejudice, hate, discrimination

☐ Insufficient facilities for exercise and well-being

☐ Traffic safety, including speeding, road safety and drunk driving

☐ Lack of affordable housing

☐ Other (Please specify)

☐ Lack of employees to fill positions

Delivery of Health Care

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

Considering **GENERAL and ACUTE SERVICES** at Sakakawea Medical Center and Coal Country Community Health Center, which services are you aware of (or have you used in the past year)? (Choose ALL that apply.)

☐ Anesthesia services

☐ Mental health services

- ☐ Cardiology (visiting specialist)
- ☐ Clinic
- ☐ Convenience clinic
- ☐ Emergency room
- ☐ Home health care
- ☐ Hospice
- ☐ Hospital (acute care)
- ☐ Laparoscopic surgery

- ☐ Orthopedic (visiting specialist)
- ☐ Podiatry (foot/ankle) (visiting specialist)
- ☐ Substance abuse services
- ☐ Surgical services
- ☐ Swing bed and respite care services
- ☐ Telemedicine via eEmergency
- ☐ Wellness services

Considering **SCREENING/THERAPY SERVICES** at Sakakawea Medical Center and Coal Country Community Health Center, which services are you aware of (or have you used in the past year)? (Choose ALL that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Addiction services/Drug & alcohol evaluations | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> Diet instruction | <input type="checkbox"/> Sleep studies |
| <input type="checkbox"/> Health screenings | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Laboratory services | <input type="checkbox"/> Speech therapy |

Considering **RADIOLOGY SERVICES** at Sakakawea Medical Center and Coal Country Community Health Center, which services are you aware of (or have you used in the past year)? (Choose ALL that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Cardiac stress tests | <input type="checkbox"/> General x-ray |
| <input type="checkbox"/> EKG—Electrocardiography | <input type="checkbox"/> Mammography |
| <input type="checkbox"/> CT scan | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> Ultrasound |

Considering available **COMMUNITY AND PUBLIC HEALTH SERVICES**, which services are you aware of (or have you used in the past year)? (Choose ALL that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Bicycle helmet safety | <input type="checkbox"/> Home health |
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Breastfeeding resources | <input type="checkbox"/> Medications setup—home visits |
| <input type="checkbox"/> Car seat program | <input type="checkbox"/> Mental health first aid |
| <input type="checkbox"/> Care coordination/chronic disease management | <input type="checkbox"/> Office visits and consults |
| <input type="checkbox"/> Child health (well baby) | <input type="checkbox"/> School health (vision screening, puberty talks, school immunizations) |
| <input type="checkbox"/> Correction facility health | <input type="checkbox"/> Preschool education programs |

- | | |
|--|--|
| <input type="checkbox"/> Diabetes screening | <input type="checkbox"/> Tobacco prevention and control |
| <input type="checkbox"/> Emergency response & preparedness program | <input type="checkbox"/> Tuberculosis testing and management |
| <input type="checkbox"/> Flu shots | <input type="checkbox"/> WIC (Women, Infants & Children) Program |
| <input type="checkbox"/> Environmental health services (water, sewer, health hazard abatement) | <input type="checkbox"/> Youth education programs (First Aid, Bike Safety) |
| <input type="checkbox"/> Health Tracks (child health screening) | |

Considering services offered locally by **OTHER PROVIDERS/ORGANIZATIONS**, which services are you aware of (or have you used in the past year)? (Choose ALL that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Massage Therapy |
| <input type="checkbox"/> Chiropractic services | <input type="checkbox"/> Optometric/vision services |
| <input type="checkbox"/> Dental/orthodontic services | |

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

- | | |
|--|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Employer/worksites wellness | <input type="checkbox"/> Social media (Facebook, Twitter, etc.) |
| <input type="checkbox"/> Health care professionals | <input type="checkbox"/> Tribal Health |
| <input type="checkbox"/> Indian Health Service | <input type="checkbox"/> Web searches |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Word of mouth, from others (friends, neighbors, co-workers, etc.) |
| <input type="checkbox"/> Public health professionals | <input type="checkbox"/> Other (Please specify) <input type="text"/> |

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

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

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

☐ Health care professionals (nurses, chiropractors, dentists)

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

Considering the availability of physicians and mid-level providers (nurse practitioners, physician assistants) in your community, have you established a Primary Care Provider (PCP)?

- ☐ Yes
☐ No. If no, why not?

Are you aware of the Patient Centered Medical Neighborhood (PCMN) of services provided by Sakakawea Medical Center and Coal Country Community Health Center?

- ☐ Yes
☐ No

Do you anticipate that you or a family member will need skilled nursing services in the future?

- ☐ Yes, within 1 year
☐ Yes, within 2-5 years
☐ No, not in next 5 years

Dunn County Services

In Dunn County, Hill Top Home of Comfort's Assisted Living will be completed September 2016. Do you expect that you or anyone within your immediate family (parents, grandparents, etc.) will use these services, and if so, when?

Within the next:

- ☐ 1 year
☐ 2-3 years
☐ 4-5 years
☐ 6-10 years
☐ No, will not use service in next 10 years

If Hill Top Home of Comfort offered community health education, would you utilize it?

- ☐ Yes
☐ No

If yes, what education would you or your family find beneficial? (Choose ALL that apply.)

- ☐ Caregiver Support
- ☐ Hospice/End of Life
- ☐ Long Term Care Insurance
- ☐ Pain Management
- ☐ Other:

In Dunn County, are you aware that Therapy Solutions from Dickinson provides outpatient therapy services (physical therapy, occupational therapy, speech therapy) at Hill Top Home of Comfort?

- ☐ Yes
- ☐ No

If you needed therapy or know someone who does, how likely would you be to recommend the services offered at Hill Top Home of Comfort?

- ☐ Very likely
- ☐ Somewhat likely
- ☐ I would not recommend

Healthcare Foundations

Are you aware of local healthcare foundations, which exist to financially support a specific organization?

- ☐ Yes
- ☐ No

Have you supported a local healthcare 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 policies
- ☐ Other: (please specify)

Demographic Information

Please tell us about yourself.

Do you work for a hospital, clinic, public health unit, or long-term care facility?

- ☐ Yes
- ☐ No

Health insurance or health coverage status (choose ALL that apply):

- | | |
|---|--|
| <input type="checkbox"/> Indian Health Service (IHS) | <input type="checkbox"/> No insurance |
| <input type="checkbox"/> Insurance through employer or self-purchased | <input type="checkbox"/> Not enough insurance |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Veteran's Health Care Benefits |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Other. Please specify: <input type="text"/> |

Age:

- | | |
|--|--|
| <input type="radio"/> Less than 18 years | <input type="radio"/> 45 to 54 years |
| <input type="radio"/> 18 to 24 years | <input type="radio"/> 55 to 64 years |
| <input type="radio"/> 25 to 34 years | <input type="radio"/> 65 to 74 years |
| <input type="radio"/> 35 to 44 years | <input type="radio"/> 75 years and older |

Highest level of education:

- | | |
|---|---|
| <input type="radio"/> Less than high school | <input type="radio"/> Associate's degree |
| <input type="radio"/> High school diploma or GED | <input type="radio"/> Bachelor's degree |
| <input type="radio"/> Some college/technical degree | <input type="radio"/> Graduate or professional degree |

Gender:

- | | |
|------------------------------|-----------------------------------|
| <input type="radio"/> Female | <input type="radio"/> Transgender |
| <input type="radio"/> Male | |

Employment status:

- | | |
|---------------------------------|---|
| <input type="radio"/> Full time | <input type="radio"/> Multiple job holder |
| <input type="radio"/> Part time | <input type="radio"/> Unemployed |
| <input type="radio"/> Homemaker | <input type="radio"/> Retired |

Your zip code:

Race/Ethnicity (choose ALL that apply):

- | | |
|---|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> African American | <input type="checkbox"/> White/Caucasian |

☐ Asian

☐ Other:

☐ Hispanic/Latino

☐ Prefer not to answer

Annual household income before taxes:

☐ Less than \$15,000

☐ \$75,000 to \$99,999

☐ \$15,000 to \$24,999

☐ \$100,000 to \$149,999

☐ \$25,000 to \$49,999

☐ \$150,000 and over

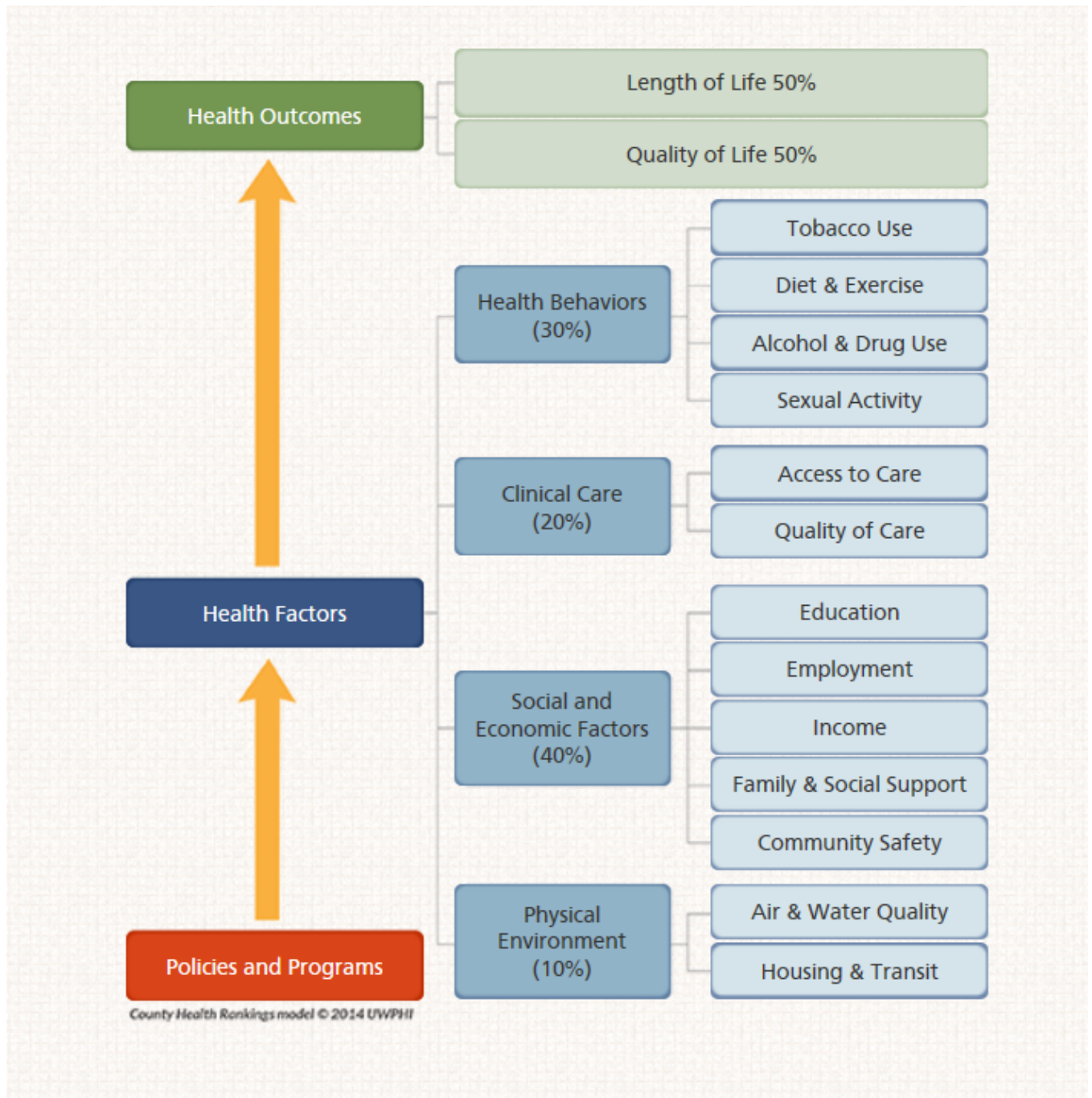
☐ \$50,000 to \$74,999

☐ Prefer not to answer

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 Dunn, Mercer & Oliver Counties, North Dakota

Ranking of Concerns

The top four concerns for each of eight topic areas, based on the community survey results, along with other concerns from other data sources, were listed on flipcharts. The numbers below indicate the total number of votes (dots) by participating Community Group members. The “Priorities” column lists the number of yellow/green/blue dots placed on the concerns, indicating which areas were perceived to be priorities. Each participant was given four dots to place on the items they perceived as priorities. After the first round of voting, the top six priorities were selected based on the highest number of votes. Each person was then given one dot to place on the item they viewed as the most important priority of the top six highest ranked priorities. The “Red Dot” Round column lists the number of red dots placed on the flipcharts. In this second round, community members prioritized adequate childcare services and availability of mental health services (which was discussed in combination with availability of substance abuse/treatment services) as the most important concerns.

	Priorities	“Red Dot” Round
DELIVERY OF HEALTH SERVICES		
Cost of health insurance	1	
Cost of health care services	2	
Cost of prescription drugs		
Extra hours for appointments	2	
AVAILABILITY OF HEALTH SERVICES		
Availability of specialists	2	
Availability of mental health services	21	7
Availability of primary care providers		
Availability of substance abuse/treatment services	5	
MENTAL HEALTH AND SUBSTANCES ABUSE		
Youth drug use and abuse	3.5	
Adult drug use and abuse	1.5	
Adult alcohol use and abuse	2.5	
Youth alcohol use and abuse	1.5	
SAFETY/ENVIRONMENTAL HEALTH		
Public transportation	5	1
Crime and safety		
Air quality		
Traffic safety	3	

SENIOR POPULATION		
Affordable senior housing	3	
Assisted living options	1	
Ability to meet needs of older population		
Availability of resources to help elderly stay in their homes	4	
COMMUNITY HEALTH		
Adequate childcare services	21	16
Affordable housing		
Attracting and retaining young families		
Jobs with livable wages		
Wellness activities	2	
IMPACT OF ENERGY/INDUSTRY DEVELOPMENT		
Lack of affordable housing	1	
Alcohol and drug use and abuse		
Lack of employees to fill positions	12	2
Crime and community violence		
PHYSICAL HEALTH		
Cancer		
Obesity/overweight	5	1
Poor nutrition, poor eating habits	2	
Diabetes	1	
OTHER CONCERNS		
Rate of low birth weight		
Physical inactivity		
Unemployment rate		
Injury deaths (especially Dunn County)		
Increasing split of “haves” and “have-nots”		

Appendix D – Response to Previous Assessment

Projects, programs and/or initiatives that were initiated as a result of the needs identified through the previous CHNA process/report.

Although meeting the healthcare needs of the communities we serve is a collaborative effort, each Local Health Provider involved in the collaborative CHNA and Strategic Plan has specific areas of expertise that govern their agency and the way they do business.

Coal Country Community Health Center (CCCHC) is spearheading the effort to address Mental Health Issues and Diabetes and relies on the partners to assist by providing additional resources for programming, education, as well as tapping into financial and staffing availability. In addition, both CCCHC and SMC have opted to screen all clinic and emergency room patients, hospital, basic care and home health care admits for depression by incorporating the PHQ2 and PHQ9 screening criteria for all initial patient encounters. If a patient screens positive on the PHQ9, referrals are made for appropriate follow-up and or intervention. CCCHC also screens patients for substance and alcohol misuse, as well as, anxiety and depression at every clinic visit for appropriate screening and referral. Medication Assisted Therapy (MAT) program has been implemented in response to opioid addiction; and CCCHC is in the process of implementing a community Narcan kit for a one day/week Licensed Addiction Counselor services due to the increased demand for Drug & Alcohol Evaluations. In addition, CCCHC has increased the availability of visiting psychologists from two days per month to six days per month in Beulah and is currently working on tele-behavioral health services to meet the needs of the community. The Beulah Public School District has also contacted CCCHC for assistance with behavioral health needs and a pilot project has been implemented for increased access to students in 5th – 12th grade for school year 2016-2017.

Custer Health is overseeing the public health issues and addressing the effort to increase vaccinations for influenza by scheduling joint immunization clinics and public immunization awareness campaigns with local healthcare providers. They are also the lead agency for trying to establish school nursing within the local school districts.

All agencies are addressing the workforce shortage by actively participating in events and local programs such as supporting the Dakota Practical Nursing Program locally and providing staff and volunteers to present health occupations at the Dunn, Mercer and Oliver County Scrubs Camp. A collaborative effort between SMC, CCCHC & KRCC has resulted in the combining of resources to provide for a full time, Human Resource professional that will spearhead the effort to maintain, sustain and recruit healthcare staffing for the area. Furthermore, SMC and CCCHC have partnered together to facilitate the first year of a Medical Assistant program through the Dakota College at Bottineau with two Medical Assistants graduating summer 2016.

Physical inactivity and obesity are being addressed cooperatively and with individual campaigns. Providers including SMC, CCCHC & KRCC have all initiated a Worksite Wellness Program for employees and their families and are promoting physical activity, good nutrition and stress management to others in the community. There are also additional public education and awareness campaigns that are a part of public health and SMC has invested the resources to have on staff a “Certified Worksite Wellness Consultant” available for community business/organizations wishing to initiate their own programs. In conjunction, a community effort to build a “Wellness Center” in the City of Beulah passed during the June 2014 voting session and the “Wellness Center” is expected to begin construction in the fall of 2016. In addition, in an effort to improve the overall health of the population we serve, the Local Healthcare Providers’ have facilitated a Population Health Committee with representatives from each agency where the main objective is to improve population health through innovative

and engaging projects. Through the Population Health Committee, the “JumpStart to Wellness” campaign was implemented to address obesity and physical activity with various projects facilitated throughout the year (5K Color Walk/Run, Healthy Halloween Bash, etc.).

All agencies are working cooperatively as-well-as independently on the elevated rate of tobacco abuse. Medical Providers provide counseling and alternatives for their patients. Custer Health and NDDoH in conjunction with local providers, promote education and awareness campaigns. SMC and MCA have gone so far as to initiate a policy making the entire SMC and MCA campus smoke free.

The Local Health providers’ service area has a higher percentage of adults over the age of 65 than the state average and a higher median age than the state median, an indication that with an older population there could be a need for additional medical services. To address the issue, Local Health Providers have embraced a program initiated by the Northland Healthcare Alliance called *Care Coordination for Seniors*. The program assists area seniors by utilizing a team approach to help and/or guide seniors to manage their healthcare in an effort to promote independence and improve their quality of life.

In an effort to address the uninsured/underinsured rates and those that cannot adequately afford healthcare, HHS has awarded CCCHC funds to provide Health Insurance Marketplace Enrollment Assistance. An *Outreach & Enrollment Specialist* is now on staff and is certified as an application counselor. This position will cover the entire service area and assist residents in the application process, inform residents about available options, and raise awareness regarding the variety of programs to include cost sharing reductions and tax credits for income qualifying applicants.

Patient Centered Medical Home (PCMH) model of healthcare has been incorporated into the operations of both Sakakawea Medical Center and Coal County Community Health Center. The PCMH model proposes to improve primary care by focusing on the patient-doctor relationship and strengthen this dynamic through a more comprehensive team approach to patient care and more active patient involvement. PCMH provides comprehensive care coordination to all patients at all points of care whether seen in the ER, admitted to the hospital, or seen in the clinics for primary care. In addition, CCCHC, SMC and Custer Health have facilitated a community wide quality improvement project to improve the identification and management of hypertension with improved quality outcomes noted. This new approach in healthcare delivery will aid in educating and making healthcare consumers more aware of available services as well as emphasizing the need for ongoing preventive medical care and follow-up.

To help remove barriers to accessing health care locally, including adding specialized services as well as extending hours of service, Sakakawea Medical Center has positioned itself and is committed to address the physical environment in which they provide care. The medical center will consolidate the majority of its outpatient services in an effort to expand and deliver more efficient care and meet identified future healthcare needs. Construction of a new medical center is currently underway and the replacement facility is scheduled to be completed by the end of 2016.