



2016 Community Health Needs Assessment

Stanley Area North Dakota

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Executive Summary

To help inform future decisions and strategic planning, Mountrail County Medical Center (MCMC) conducted a community health needs assessment. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the assessment process, which solicited input from area community members and healthcare professionals as well as analysis of community health-related data.

To gather feedback from the community, residents of the area were given the opportunity to participate in a survey. Approximately 208 MCMC service area residents completed the survey. Additional information was collected through four key informant interviews with community leaders. The input from the residents represented broad interests of the communities in the service area, which primarily reside in Mountrail County. Together with secondary data gathered from a wide range of sources presents a snapshot of health needs and concerns in the community.

With regard to demographics, Mountrail County population from 2010 to 2014 increased nearly three times (27.5%) more than the population of North Dakota (9.9%). The percent average of residents under age 18 (20.5%) is within a couple percentage points of the North Dakota average (22.8%). However, percent of residents aged 65 and older is lower (10.8%) than the North Dakota average (14.2%) and rates of education are very close to North Dakota averages. The median household income in Mountrail County (\$66,250) is higher than the state average of North Dakota (\$55,579).

Data compiled by County Health Rankings show Mountrail County is not doing as well as North Dakota as a whole in regard to health outcomes. There is also room for improvement on individual factors that influence health, such as health behaviors, clinical care, social and economic factors, and the physical environment. Factors which Mountrail County was performing poorly relative to the rest of the state include:

- Premature death
- Poor or fair health
- Poor physical health days (in past 30 days)
- Low birth weight
- % Diabetic
- Adult smoking
- Adult obesity
- Physical inactivity
- Access to exercise opportunities
- Sexually transmitted infections
- Teen birth rate
- Uninsured
- Primary care physicians
- Dentists
- Mental health providers
- Preventable hospital stays
- Diabetic screening

- Mammography screening
- Income inequality
- Children in single-parent households
- Violent crime
- Injury deaths

Of 82 potential community and health needs set forth in the survey, the 208 Mountrail County Medical Center service area residents who complete the survey indicated these seven needs as the most important:

1. Lack of affordable housing
2. Ability to recruit and retain primary care providers (doctor, nurse practitioner, physician assistant)
3. Assisted Living options
4. Obesity/overweight
5. Adult and Youth alcohol use and abuse (including binge drinking)
6. Adequate childcare services
7. Availability of specialists

The survey also revealed that the biggest barriers to receiving healthcare (as perceived by community members) were not enough not being able to get an appointment/limited hours (n=63), not enough evening or weekend hours (N=45), not able to see the same provider over time (N=37), not enough doctors (N=34), not enough specialists (N=34), and concerns about confidentiality (N=25).

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

- People are friendly, helpful, supportive
- People who live here are involved in their community
- Feeling connected to people who live here
- Community is socially and culturally diverse
- People are tolerant, inclusive and open-minded

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

- Ability to retain, recruit, and retain primary care providers
- Adult alcohol use and abuse
- Youth drug use and abuse
- Assisted living options
- Youth alcohol use and abuse

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

- Ability to recruit and retain primary care providers
- Cost of health insurance
- Adult alcohol use and abuse
- Adequate childcare services
- Obesity/overweight

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

Overview and Community Resources

With assistance from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, Mountrail County Medical Center completed a community health assessment of the Mountrail County Medical Center service area. The hospital identifies its service area as the towns of Stanley, Lostwood, White Earth, Ross, Palermo, Blaisdell, Belden, New Town, Parshall, Plaza and Wabek.

Many community members and stakeholders worked together on the assessment.



Mountrail County Medical Center is located in Stanley, which is in northwest North Dakota, approximately 60 miles west of Minot. Stanley is the county seat of Mountrail County. The city is mainly dependent on agriculture and oil as sources of economic stability. It offers a diverse business community with services to fill all your needs. As of 2014, the population of Stanley was 2,900 with the county population being 9,376.

The area provides excellent hunting and fishing. Stanley is located 30 miles from Lake Sakakawea, one of North Dakota's largest recreational areas. Golf, parks, tennis courts, indoor and outdoor swimming pools, athletic fields, a movie theater, bowling alley, and of course the world famous Whirl-A-Whip are in the community.

Stanley has one elementary school (K-5) and one Junior High to Senior High School (6-12). The school boasts more than 80 qualified staff members for its more than 677 students, with a student to teacher ratio of 1/18. The schools offer a variety of athletics and organizations for students to join. Healthcare facilities and services in the area include a pharmacy, optometrist, dentist, chiropractors, Community Ambulance service, and a volunteer fire department.

Figure 1: Mountrail County, North Dakota



Upper Missouri District Health Unit

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

Specific services provided by Upper Missouri District Health Unit are:

- Blood pressure checks
- Breastfeeding resources
- Car seat program
- Emergency response & preparedness services
- Environmental Health Services (water, sewer, health hazard abatement)
- Family Planning
- Flu shots
- Foot Care
- Immunizations
- Member of Child Protection Team
- Newborn Home Visits
- Nutrition education
- School health (health education and resource to the schools)
- Tobacco prevention and control
- Tuberculosis testing and management
- WIC (Women, Infants & Children) Program

Mountrail County Medical Center

Stanley Community Hospital opened for business in June of 1952. In 1996, the Stanley Community Hospital started to explore options to combine the Mountrail Bethel Home and the Hospital under one roof. Their efforts resulted in the formation of the Mountrail County Medical Center (MCMC) and its governance structure where the Mountrail Bethel Home, Inc. and Trinity Medical Center shall be the sole members of this corporation. On November 1, 1997 MCMC was formed and purchased the assets of the Stanley Community Hospital. In June of 2002, 50 years after the original Stanley Community Hospital opened for business, the newly formed Mountrail County Medical Center opened as an 11 bed hospital, emergency room, and clinic adjacent to the Bethel Home. As a Critical Access Hospital, MCMC provides comprehensive medical care with physician and mid-level medical providers and consulting/visiting medical providers. With nearly 150 employees, MCMC/MBH is one of the largest employers in the region. MCMC has one full-time physician, one physician assistant, one Doctorate of Nursing Practitioner, one Family Nurse Practitioner, two certified nursing assistants, and 11 nurses for a combined total of 17 healthcare providers.

The mission of the Mountrail County Medical Center is:

“Mountrail County Medical Center will provide quality healthcare services to Mountrail County and the surrounding area including; Primary medical care, emergency care, swing bed and clinic services.”



Specific services provided by Mountrail County Medical Center are:

General and Acute Services

- | | |
|-------------------------------|---|
| 1. Clinic | 7. OB/GYN (visiting specialist) |
| 2. Emergency room | 8. Audiology (visiting specialist) |
| 3. Hospital (acute care) | 9. Podiatry (visiting specialist) |
| 4. Independent senior housing | 10. Swing bed and respite care services |
| 5. Nutrition counseling | 11. Telemedicine via eEmergency |
| 6. Pharmacy | |

Screening/Therapy Services

- | | |
|------------------------|-------------------------|
| 1. Diet Instruction | 5. Occupational therapy |
| 2. Health Screenings | 6. Physical therapy |
| 3. Laboratory services | 7. Speech therapy |
| 4. Massage therapy | 8. Social services |

Radiology Services

- | | |
|--------------------------------------|------------------------------|
| 1. In-House CT scan | 4. EKG – Electrocardiography |
| 2. Digital mammography (mobile unit) | 5. Echocardiogram |
| 3. In-House General X-Ray | 6. MRI (mobile unit) |
| | 7. Ultrasound (mobile unit) |

Services offered by OTHER providers/organizations

- | | |
|--------------------------|------------------------------|
| 1. Community Ambulance | 4. Optometrist services |
| 2. Chiropractic services | 5. Pharmacy |
| 3. Dental services | 6. Volunteer fire department |

Assessment Process

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

A community health needs assessment benefits the community by:

- 1) Collecting timely input from the local community, providers, and staff;
- 2) Providing an analysis of secondary data related to health-related behaviors, conditions, risks, and outcomes;
- 3) Compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan;
- 4) Engaging community members about the future of healthcare; and
- 5) Allowing the community hospital to meet federal regulatory requirements of the Affordable Care Act, which requires not-for-profit hospitals to complete a community health needs assessment at least every three years, as well as helping the local public health unit meet accreditation requirements.

This assessment examines health needs and concerns in Mountrail County. In addition to Stanley, located in the county are the communities of Lostwood, White Earth, Ross, Palermo, Blaisdell, Belden, New Town, Parshall, Plaza and Wabek.

The Center for Rural Health, in partnership with MCMC, Upper Missouri District Health(UMDHU) facilitated the community health needs assessment process. Community representatives met regularly by telephone conference and via email. A CHNA Liaison was selected locally, who served as the main point of contact between the Center for Rural Health and Stanley. A small Steering Committee was formed that was responsible for planning and implementing the process locally. Representatives from the Center for Rural Health, met and corresponded regularly by teleconference and/or via email with the CHNA Liaison. The Community Group (described in more detail below) provided in-depth information and informed the assessment process in terms of community perceptions, community resources, community needs, and ideas for improving the health of the population and healthcare services. Community representatives were selected from outside the hospital and local health department, including representatives from local government, businesses, schools and social services to participate in the key-information interviews and community group meetings.

The base survey instrument used in the process was also developed collaboratively and took into account input from health organizations around the state. The original survey tool was

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

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

- A survey solicited feedback from area residents;
- Community leaders representing the broad interests of the community took part in one-on-one key informant interviews;
- The Community Group, comprised of community leaders and area residents, was convened to discuss area health needs and inform the assessment process; and
- A wide range of secondary sources of data were examined, providing information on a multitude of measures including demographics; health conditions, indicators, and outcomes; rates of preventive measures; rates of disease; and at-risk behavior.

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

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

Community Group

A Community Group consisting of eleven community members was convened and first met on March 2, 2016. During this first Community Group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about Mountrail County, and served as a focus group. Focus group topics included community assets and challenges, the general health needs of the community, community concerns, and suggestions for improving the community's health.

The Community Group met again on April 11, 2016 with 13 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 Mountrail County. The group was then tasked with identifying and prioritizing the community's health needs.

Members of the Community Group represented the broad interests of the community served by Mountrail County Medical Center. They included representatives of the health community, business community, agriculture, education, faith community, and social service agencies. Not all members of the group were present at both meetings.

Interviews

One-on-one interviews with four key informants were conducted in person in Stanley on March 2, 2016. Representatives from the Center for Rural Health conducted the interviews. 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 public health professional, with special knowledge and direct experience in the community including working with medically underserved, low income, and minority populations.

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

Survey

A survey was distributed to solicit feedback from the community and was not intended to be a scientific or statistically valid sampling of the population. It was designed to be an additional tool for collecting qualitative data from the community at large – specifically; information related to community-perceived health needs. A copy of the survey instrument is included in Appendix A.

The community member survey was distributed, electronically and paper copy, to a variety of residents of Mountrail County, described in detail below.

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 how local health services are used by residents.

Specifically, the survey covered the following topics:

- Residents' perceptions about community assets
- Broad areas of community and health concerns
- Intimate partner violence
- Awareness of local health services
- Barriers to using local healthcare
- Hospital foundation awareness
- Basic demographic information
- Suggestions to improve the delivery of local healthcare

To promote awareness of the assessment process, press releases led to published articles in local newspapers in Mountrail County including in the communities of Stanley, Powers Lake, New Town, and Parshall. Additionally, information was published on MCMC's website and the Mountrail County Health Foundation's Facebook page. Approximately 500 hardcopy (paper) community member surveys were available for distribution in Mountrail County. The paper surveys were distributed by Community Group members and the following businesses: Elbowoods Memorial Health Center, New Town; Rockview Pharmacy, Parshall; and in Stanley at Dakota Drug, T.H. Reiarson Rural Health Clinic, Upper Missouri District Health, Dr. Anderson's office, Ina Mae Rude Aquatic Center, and Mountrail County Social Services. Email blasts with the online link were sent to board members and employees of MCMC, Stanley Public School,

City of Stanley, and Mountrail County and they were asked to share this email with their contacts. The link and locations for picking up a survey were also advertised on the local cable channel. As an incentive to complete the survey, the Mountrail County Health Foundation donated a 48-inch Smart HDTV for one lucky person who filled out the entry card that was put in each of the paper surveys or the pop-up after a person completed the online survey. The Center for Rural Health compiled all drawing entries that were mailed in and drew the name for MCMC to ensure anonymity.

To also help ensure anonymity, each survey included a postage-paid return envelope addressed to the Center for Rural Health. The survey period ran from February 15 to March 7, 2016. Fifty-eight completed paper surveys were returned.

Area residents also were given the option of completing an online version of the survey, which was publicized similar to the paper surveys as described above. A total of 150 online surveys were completed. In total, paper and online, 208 community member surveys were completed. This equates to a response rate of 10% of the community. This response rate is on par for this type of survey methodology.

Secondary Data

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

Social Determinants of Health

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

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

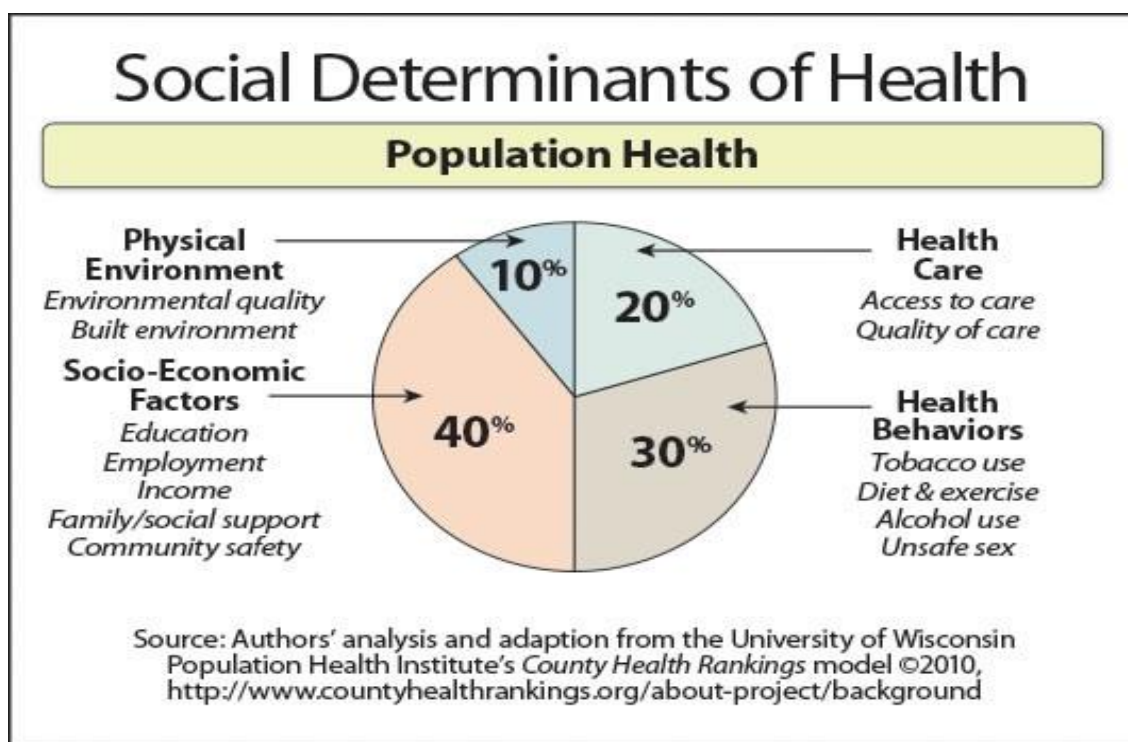
Income-level, educational attainment, race/ethnicity, and health literacy all impact the ability of people to access health services. Basic needs such as clean air and water and safe and affordable housing are all essential to staying healthy, and are also impacted by the social factors listed above.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

present in rural areas, such as limited public transportation options and fewer choices to acquire healthy food.

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

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

Figure 2: Social Determinants of Health



Demographic Information

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

TABLE 1: MOUNTRAIL COUNTY: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2014 American Community Survey; more recent estimates used where available)		
	Mountrail County	North Dakota
Population, 2014 est.	9,782	739,482
Population change, 2010-2014	27.5%	9.9%
Land area, square miles	1,941	69,001
People per square mile, 2010	4.2	9.7
White persons (not incl. Hispanic/Latino), 2014 est.	68.7%	89.1%
Persons under 18 years, 2014 est.	25%	22.8%
Persons 65 years or older, 2013 est.	10.8%	14.2%
Non-English spoken at home, 2013 est.	5.9%	5.3%
High school graduates, 2013 est.	90.2%	90.9%
Bachelor's degree or higher, 2013 est.	18.3%	27.2%
Live below poverty line, 2013 est.	12.3%	11.9%

The population of North Dakota has grown in recent years, and Mountrail County has seen a substantial increase in population since 2010, as the U.S. Census Bureau estimates show that the county's population increased from 7,673 (2010) to 10,331 (2015).

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 three categories: (1) County Health Rankings, (2) the public health community profile, and (3) 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, Mountrail County is compared to North Dakota rates and national benchmarks on various topics ranging from individual health behaviors to the quality of healthcare.

The data used in the 2015 County Health Rankings are pulled from more than 20 data sources and then are compiled to create county rankings. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, such as 1 or 2, are considered to be the “healthiest.” Counties are ranked on both health outcomes and health factors. Below is a breakdown of the variables that influence a county’s rank. A model of the 2015 County Health Rankings – a flow chart of how a county’s rank is determined – may be found in Appendix B. For further information, visit the County Health Rankings website at www.countyhealthrankings.org.

Health Outcomes <ul style="list-style-type: none">• Length of life• Quality of life Health Factors <ul style="list-style-type: none">• Health Behavior<ul style="list-style-type: none">○ Smoking○ Diet and exercise○ Alcohol and drug use○ Sexual activity• Clinical Care<ul style="list-style-type: none">○ Access to care○ Quality of care	Health Factors (continued) <ul style="list-style-type: none">• Social and Economic Factors<ul style="list-style-type: none">○ Education○ Employment○ Income○ Family and social support○ Community safety• Physical Environment<ul style="list-style-type: none">○ Air and water quality○ Housing and transit
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Table 2 summarizes the pertinent information gathered by County Health Rankings as it relates to Mountrail County. It is important to note that these statistics describe the population of a county, regardless of where county residents choose to receive their medical care. In other words, all of the following statistics are based on the health behaviors and conditions of the county's residents, not necessarily the patients and clients of Upper Missouri Health District and Mountrail County or of particular medical facilities.

For most of the measures included in the rankings, the County Health Rankings' authors have calculated the "Top U.S. Performers" for 2015. The Top Performer number marks the point at which only 10% of counties in the nation do better, i.e., the 90th percentile or 10th percentile, depending on whether the measure is framed positively (such as high school graduation) or negatively (such as adult smoking).

Mountrail County rankings within the state is included in the summary below. For example, Mountrail County ranks 45th out of 49 ranked counties in North Dakota on health outcomes and 45th on health factors. The measures marked with a red checkmark (✓) are those where Mountrail County is not measuring up to the state rate/percentage; a blue checkmark (✓) indicates that the county is faring better than the North Dakota average, but not meeting the U.S. Top 10% rate on that measure. Measures that are not marked with a colored checkmark, but are marked with a smiling icon (☺) indicate that the county is doing better than the U.S. Top 10%.

The data from County Health Rankings show that Mountrail County is doing poorer than compared to the rest of North Dakota on a number of health *outcomes*, landing at or below rates for North Dakota counties, and not as well as many of the U.S. Top 10% ratings, except for the number of poor mental health days (in last 30 days), food environment index, unemployment, and drinking water violations. One particular outcome is premature death. This is the years of potential life lost before age 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost. This measure allows communities to target resources to high-risk areas and further investigate causes of premature death.

On health *factors*, Mountrail County performs below the majority of North Dakota counties as well.

Mountrail County lags the state on the following reported measures:

- Premature death
- Poor or fair health
- Poor physical health days (in past 30 days)
- Low birth weight
- % Diabetic
- Adult smoking
- Adult obesity

- Physical inactivity
- Access to exercise opportunities
- Excessive drinking
- Sexually transmitted infections
- Teen births
- Uninsured
- Primary care physicians
- Dentists
- Mental health providers
- Preventable hospital stays
- Diabetic monitoring
- Mammography screening
- Income inequality
- Children in single-parent households
- Injury deaths

✓ = Not meeting North Dakota average

✓ = Not meeting U.S. Top 10% Performers

☺ = Meeting or exceeding U.S. Top 10% Performers

TABLE 2: SELECTED MEASURES FROM COUNTY HEALTH RANKINGS – MOUNTRAIL COUNTY			
	Mountrail County	U.S. Top 10%	North Dakota
Ranking: Outcomes	45 th		(of 49)
Premature death	9,600 ✓✓	5,200	6,600
Poor or fair health	16% ✓✓	12%	14%
Poor physical health days (in past 30 days)	3.1 ✓✓	2.9	2.9
Poor mental health days (in past 30 days)	2.8 ☺	2.8	2.9
Low birth weight	7% ✓✓	6%	6%
% Diabetic	10% ✓	9%	8%
Ranking: Factors	45 th		(of 49)
<i>Health Behaviors</i>			
Adult smoking	22% ✓✓	14%	20%
Adult obesity	34% ✓✓	25%	30%
Food environment index (10=best)	9.5 ☺	8.3	8.4
Physical inactivity	34% ✓✓	20%	25%
Access to exercise opportunities	58% ✓✓	91%	66%
Excessive drinking	27% ✓	12%	25%
Alcohol-impaired driving deaths	40% ✓	14%	47%
Sexually transmitted infections	778.6 ✓✓	134.1	419.1
Teen birth rate	76 ✓✓	19	28
<i>Clinical Care</i>			
Uninsured	17% ✓✓	11%	12%
Primary care physicians	3,130:1 ✓✓	1,040:1	1,260:1

Dentists	1,960:1 ✓✓	1,340:1	1,690:1
Mental health providers	1,960:1 ✓✓	370:1	610:1
Preventable hospital stays	54 ✓✓	38	51
Diabetic screening	81% ✓✓	90%	86%
Mammography screening	60% ✓✓	71%	68%
<i>Social and Economic Factors</i>			
Unemployment	1.3% ☺	3.5%	2.8%
Children in poverty	14% ✓	13%	14%
Income inequality	4.8 ✓✓	3.7	4.4
Children in single-parent households	34% ✓✓	21%	27%
Violent crime	111 ✓	59	240
Injury deaths	104 ✓✓	51	63
<i>Physical Environment</i>			
Air pollution – particulate matter	9.8 ✓	9.5	10.0
Drinking water violations	No ☺	No	
Severe housing problems	10% ✓	9%	11%

Children's Health

The National Survey of Children's Health touches on multiple intersecting aspects of children's lives. Data are not available at the county level; listed below is information about children's health in North Dakota. The full survey includes physical and mental health status, access to quality healthcare, and information on the child's family, neighborhood, and social context. Data are from 2011-12. 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%
Healthcare		

Children currently insured	93.5%	94.5%
Children who had preventive medical visit in past year	78.6%	84.4%
Children who had preventive dental visit in past year	74.6%	77.2%
Young children (10 mos.-5 yrs.) receiving standardized screening for developmental or behavioral problems	20.7%	30.8%
Children aged 2-17 with problems requiring counseling who received needed mental healthcare	86.3%	61.0%
Family Life		
Children whose families eat meals together 4 or more times per week	83.0%	78.4%
Children who live in households where someone smokes	29.8%	24.1%
Neighborhood		
Children who live in neighborhood with a park, sidewalks, a library, and a community center	58.9%	54.1%
Children living in neighborhoods with poorly kept or rundown housing	12.7%	16.2%
Children living in neighborhood that's usually or always safe	94.0%	86.6%

The data on children's health and conditions reveal that while North Dakota is doing better than the national averages on a few 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 Mountrail County is doing worse than the state average. The year of the most recent data is noted.

The data show that Mountrail County is performing better, than the North Dakota average, on only two of the examined measures except the number of uninsured children (and below 200%

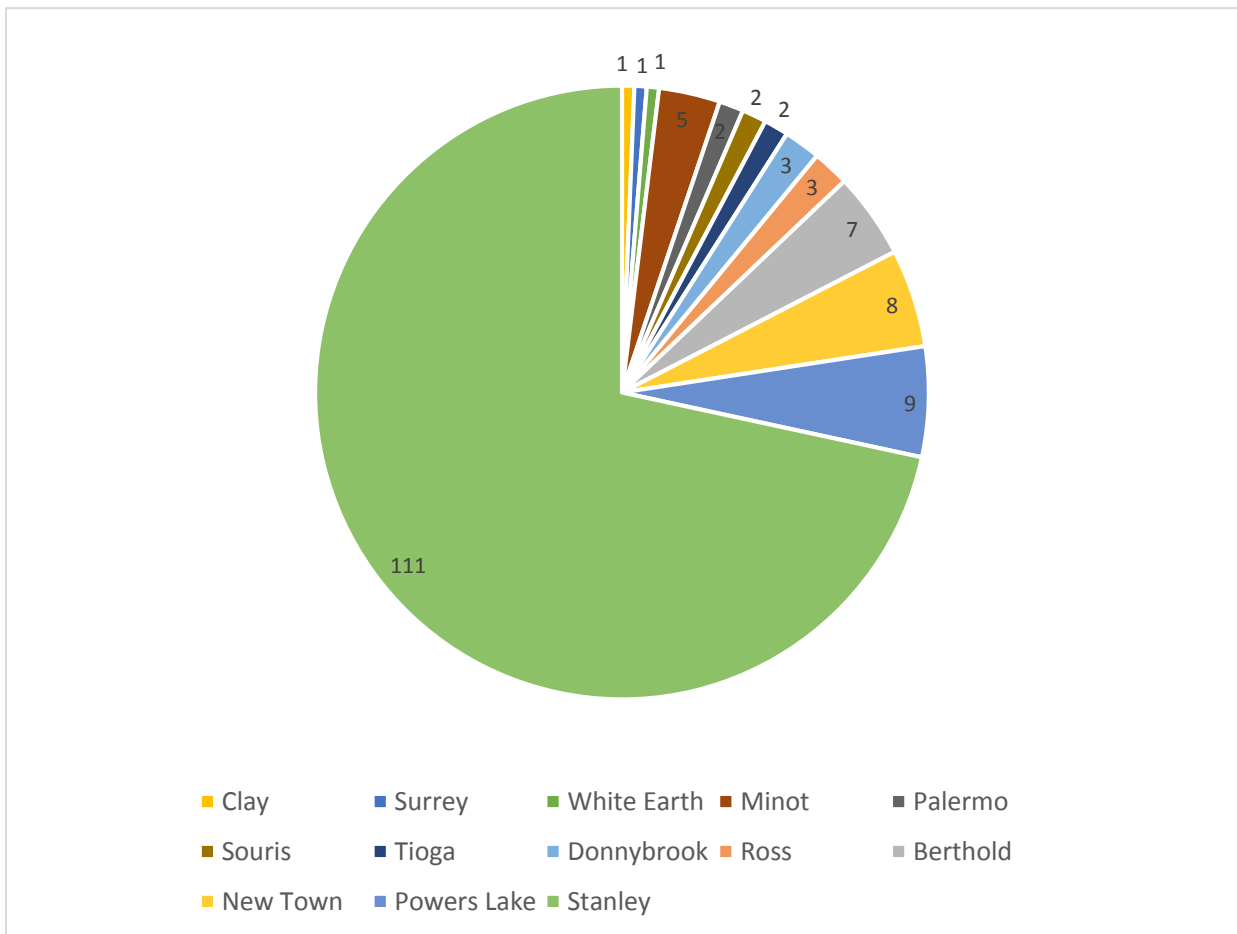
poverty), and licensed child care capacity. The most marked difference was on the measure of availability of licensed child daycare (slightly less than half of the state rate).

TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN’S HEALTH		
	Mountrail County	North Dakota
Uninsured children (% of population age 0-18), 2013	14.5%	8.7%
Uninsured children below 200% of poverty (% of population), 2013	35.8%	47.8%
Medicaid recipient (% of population age 0-20), 2014	29.2%	27.0%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	1.8%	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2012	16.9%	21.4%
Licensed child care capacity (% of population age 0-13), 2014	14.7%	43.1%
High school dropouts (% of grade 9-12 enrollment), 2013	6.0%	2.8%

Survey Results

As noted above, 208 community members completed the written survey in communities throughout the county. The survey requested that respondents list their home zip code. While not all respondents provided a zip code, 158 did, revealing that while the large majority of respondents lived in Stanley. These results are shown in Figure 2.

Figure 2: Survey Respondents' Home Zip Code



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

Survey Demographics

To better understand the perspectives being offered by survey respondents, survey-takers were asked a few demographic questions. Throughout this report, numbers (N) instead of percentages (%) are reported because percentages can be misleading with smaller numbers. Survey respondents were not required to answer all questions.

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

- 39% (N=68) were aged 55 or older, although there was a fairly even distribution of ages.
- A large majority (74%, N=125) were female.
- A little less than half of respondents (43%, N=71) had Bachelor's degrees or higher.
- Majority (69%, N=116) worked full-time
- Less than one fourth of the respondents (20%, N=48) had household incomes of less than \$50,000.

Figures 3 through 7 show these demographic characteristics. It illustrates the range of community members' household income and indicates how this assessment took into account input from parties who represent the varied interests of the community served, including a balance of age ranges, those in diverse work situations, and community members with lower incomes. Of those who provided a household income, seven community members reported a household income of less than \$25,000. Over 41% (N=35) indicated a household income of \$100,000 or more.

Figure 3: Age Demographics of Survey Respondents

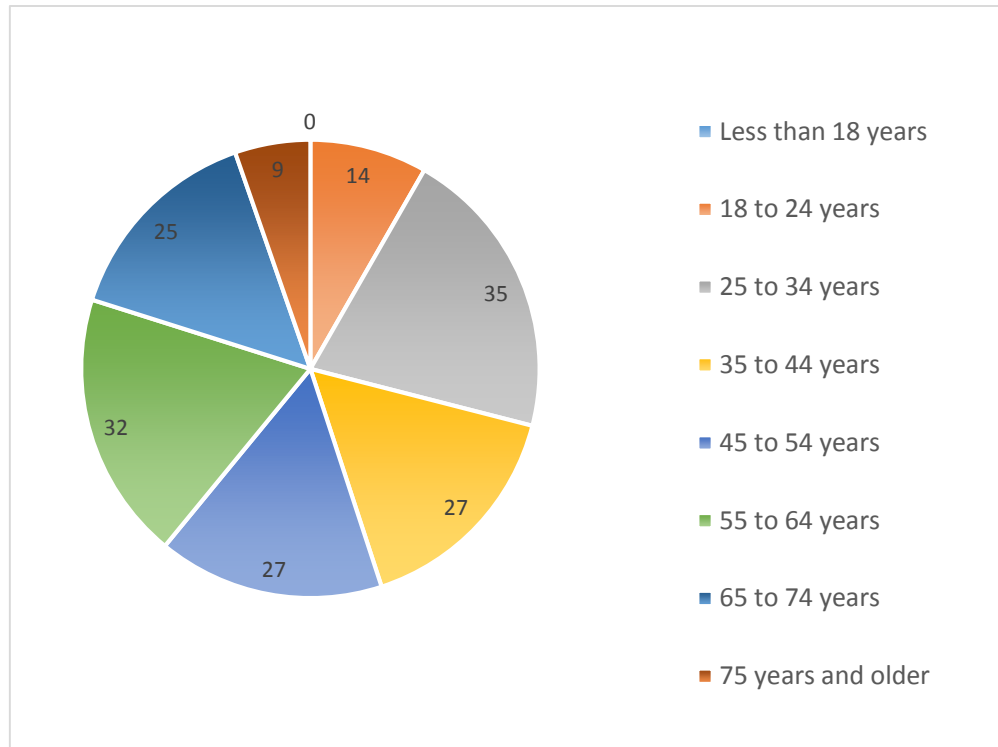


Figure 4: Gender Demographics of Survey Respondents

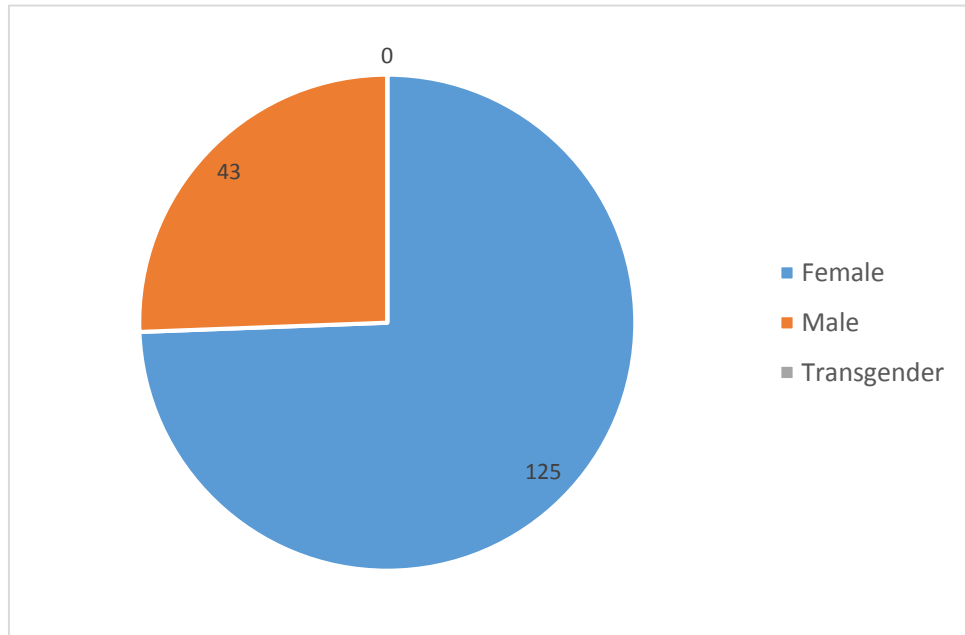


Figure 5: Educational Level Demographics of Survey Respondents

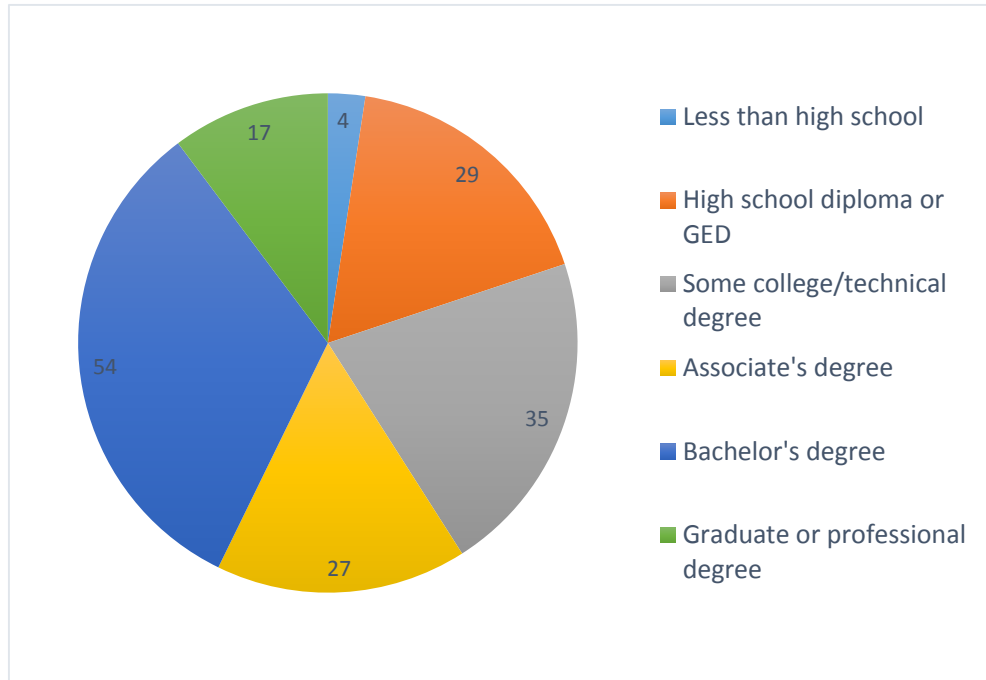


Figure 6: Employment Status Demographics of Survey Respondents

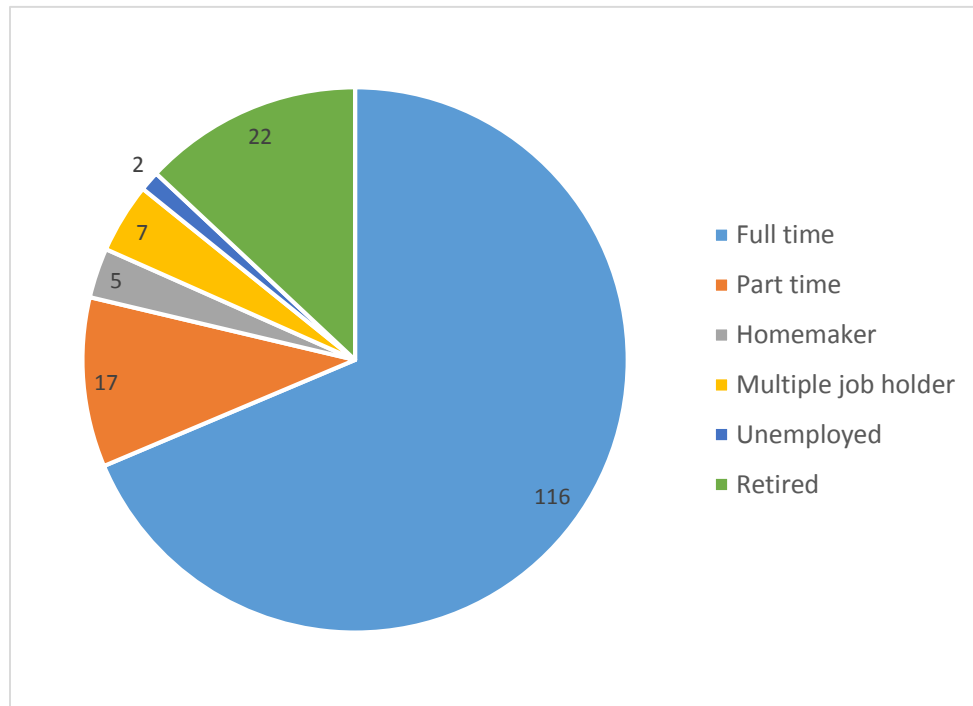
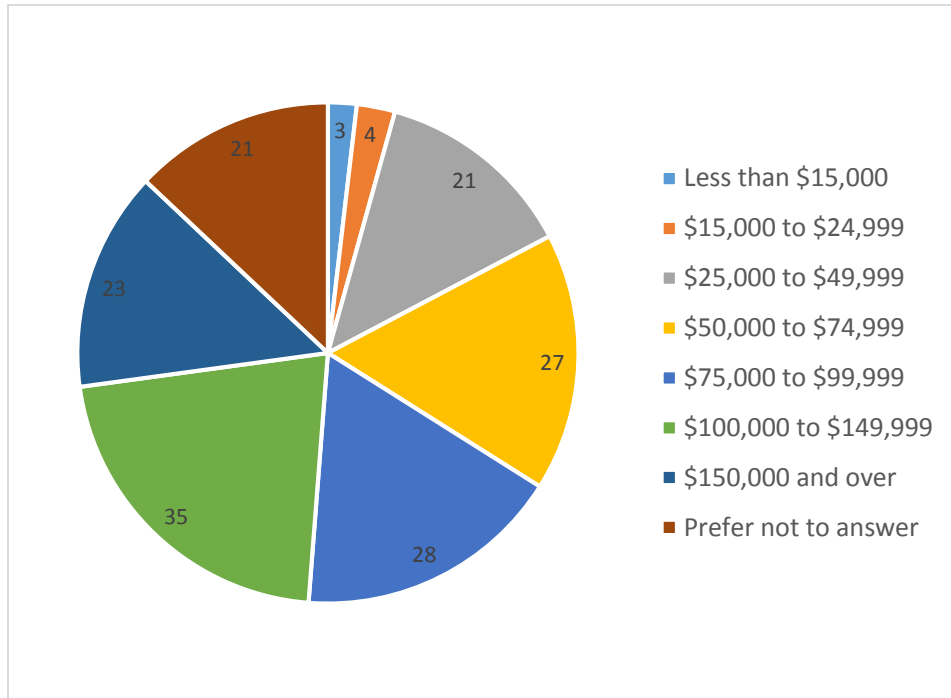
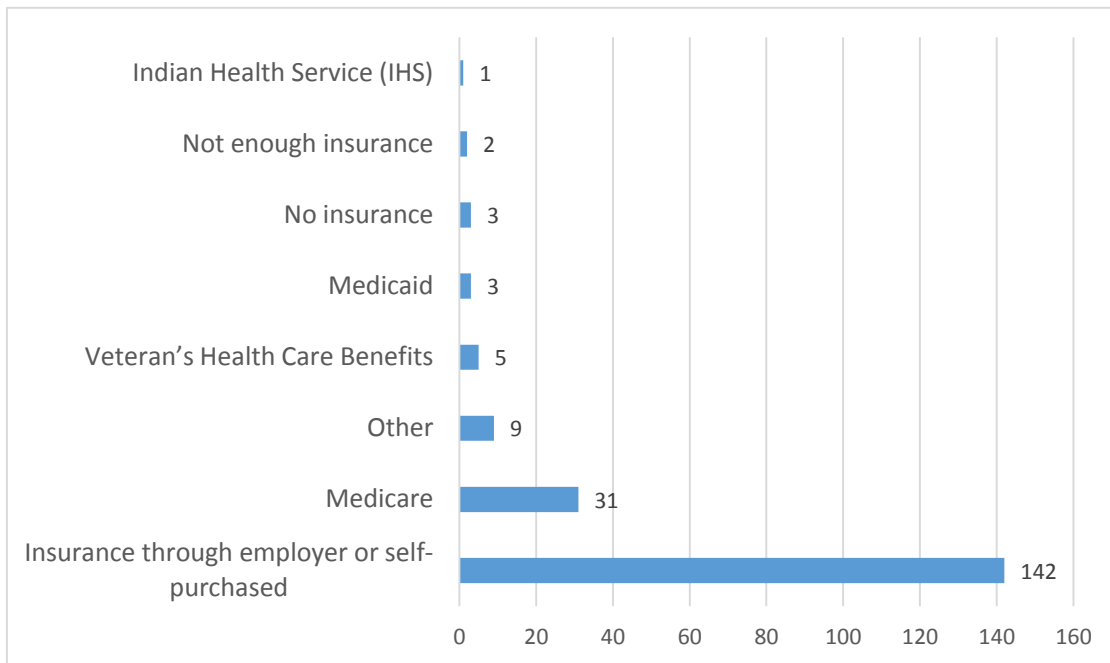


Figure 7: Household Income Demographics of Survey Respondents



Community members were asked about their health insurance status which is often associated with whether people have access to healthcare. Five (N=5) of the respondents reported having no health insurance or being under-insured. The most common insurance types were insurance through one's employer or self-purchased (N=142) or Medicare (N=31).

Figure 8: Insurance Status



Community Assets and Challenges

Survey-respondents were asked what they perceived as the best things about their community in five categories: people, services and resources, quality of life, and activities. In each category, respondents were given a list of choices and asked to pick the three best things. Respondents occasionally chose less than three or more than three choices within each category. If more than three choices were selected, their responses were not included. The results indicate there is consensus (with 125 or more respondents agreeing) that community assets include:

- Family-friendly and a good place to raise kids (N=156)
- Friendly, helpful, and supportive people (N=153)
- High community involvement (N=129)
- Quality school system (N=125)

Figures 9 to 12 illustrate the results of these questions.

Figure 9: Best Things about the PEOPLE in Your Community

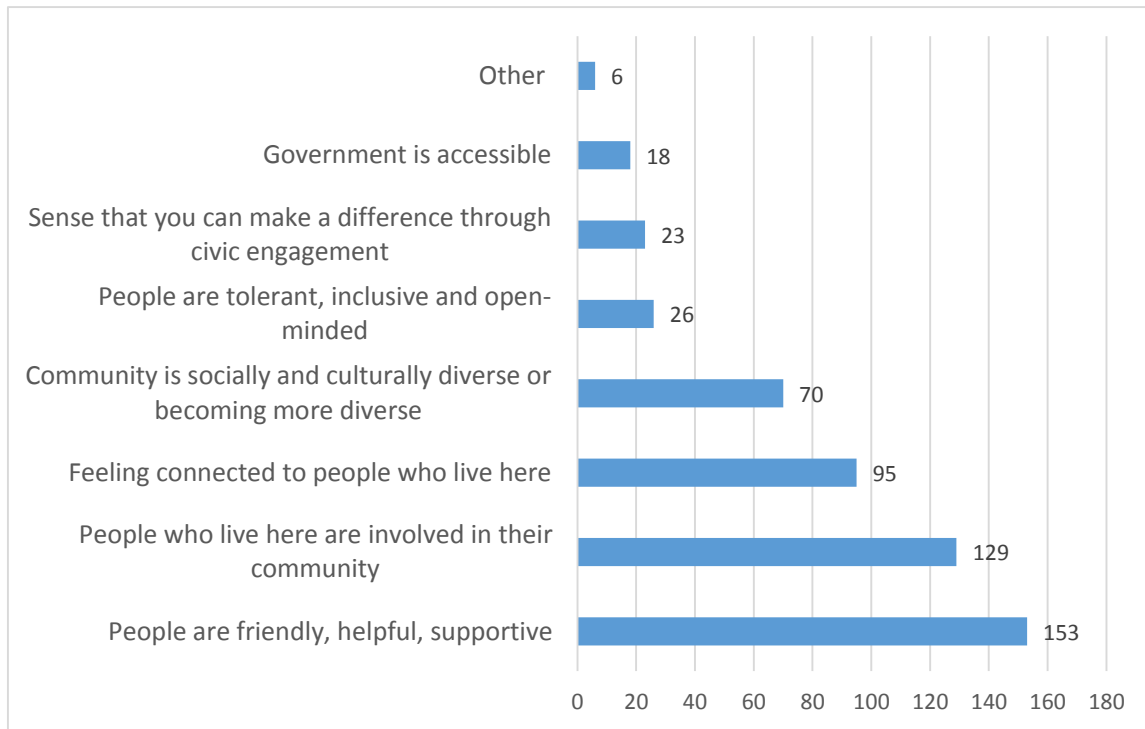


Figure 10: Best Things about the SERVICES AND RESOURCES in Your Community

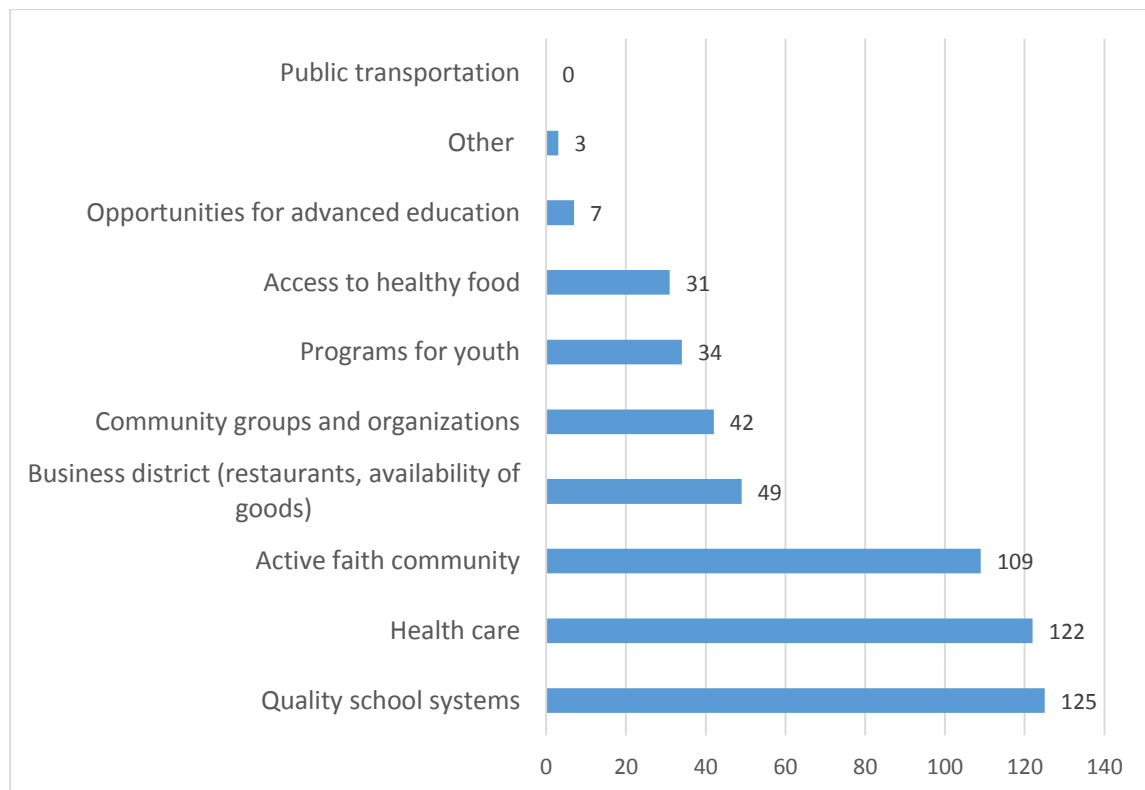


Figure 11: Best Things about the QUALITY OF LIFE in Your Community

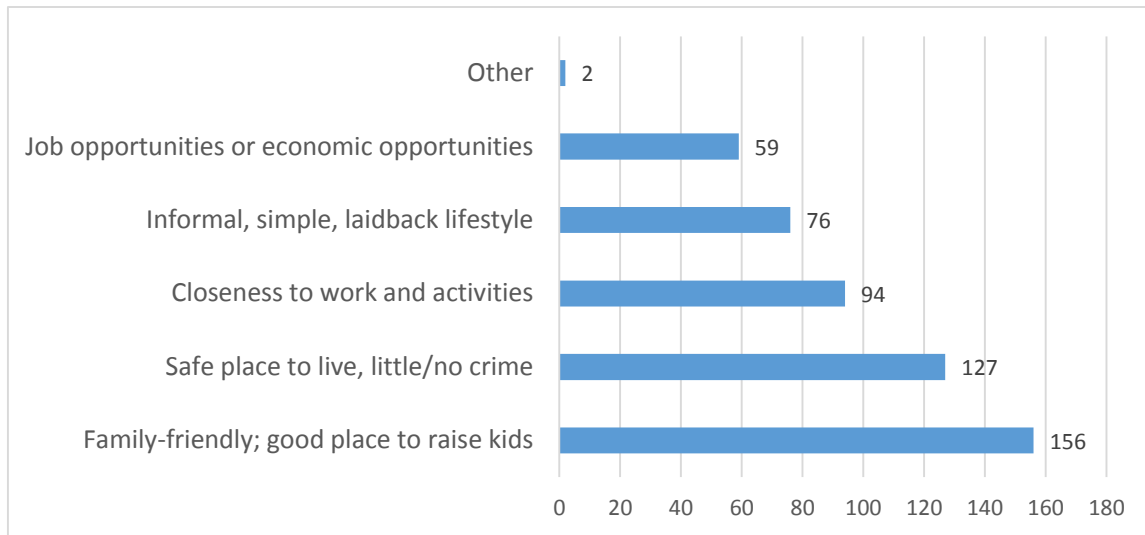
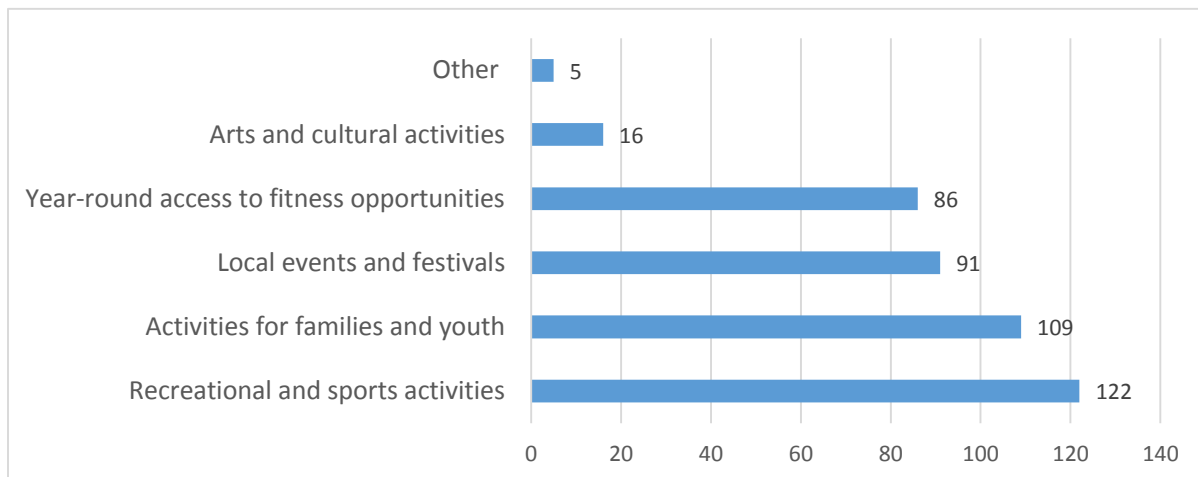


Figure 12: Best Thing about the ACTIVITIES in Your Community



In another open-ended question, residents were asked, “What are the major challenges facing your community?” The most commonly cited challenges include: concerns with the depressed agriculture and oil on the economy, many people lost jobs, and big discrepancies in prices (housing market, rent, goods, services, etc.); longtime residents expressed concerns about the ‘new’ people moving to the community contributing challenges (i.e. prostitution, crime, drugs, etc.) in the area. In contrast, there were also a few comments from new residents feeling they were automatically thought of negatively or not welcomed because of the negative actions of a

few; the need for local assisted living; activities for children and families; and the reputation of the local healthcare system.

Community Concerns

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

Echoing survey responses in the survey about community challenges, the three most highly voiced concerns, were:

- Affordable housing (N=129, 62%)
- Ability to recruit and retain primary care providers (doctor, nurse practitioner, physician assistant) (N=122, 59%)
- Assisted living options (N=107, 51%)
- Obesity/overweight (N=100, 48%)

The other issues that had at least 75 votes included:

- Adult alcohol use and abuse (including binge drinking) (N=91, 44%)
- Adequate childcare services (N=83, 40%)
- Youth alcohol use and abuse (including binge drinking) (N=78, 38%)
- Availability of specialists (N=77, 37%)
- Aging population, lack of resources to meet growing needs (N=77, 37%)
- Cancer (N=76, 36%)
- Availability of primary care providers (doctor, nurse practitioner, physician assistant) (N=75, 36%)

Figures 13 through 19 illustrate these results.

Figure 13: Community Health Concerns

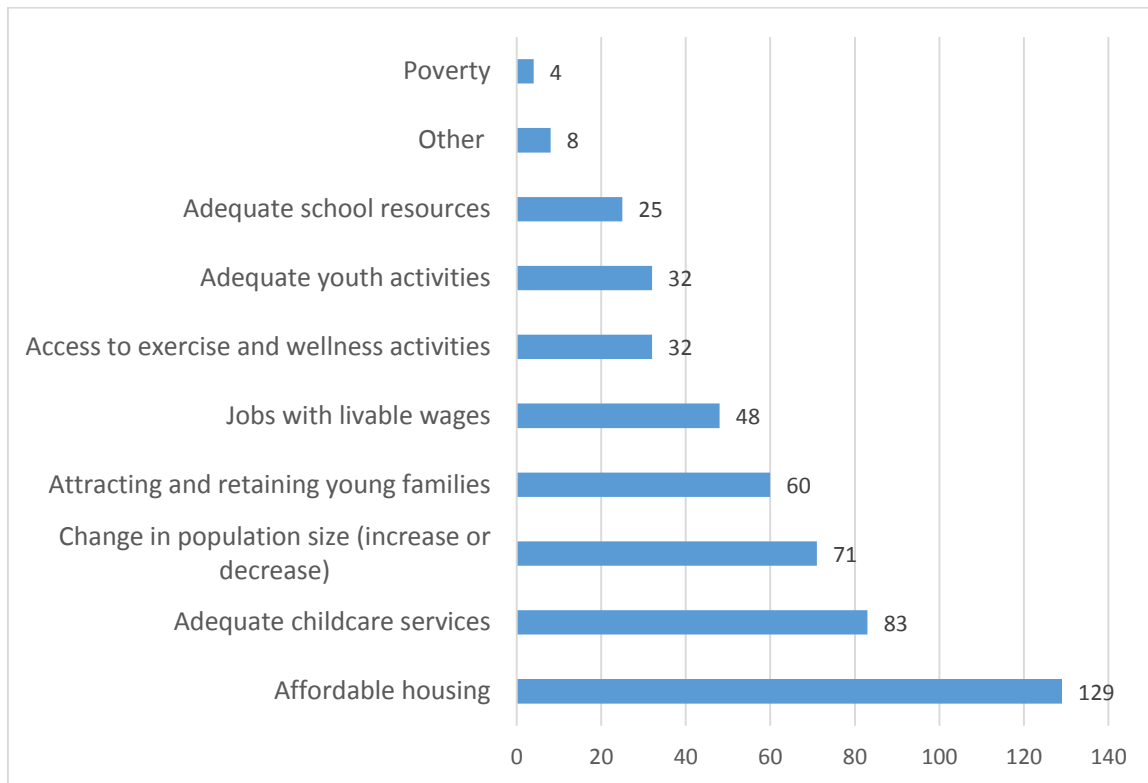


Figure 14: Availability of Health Services Concerns

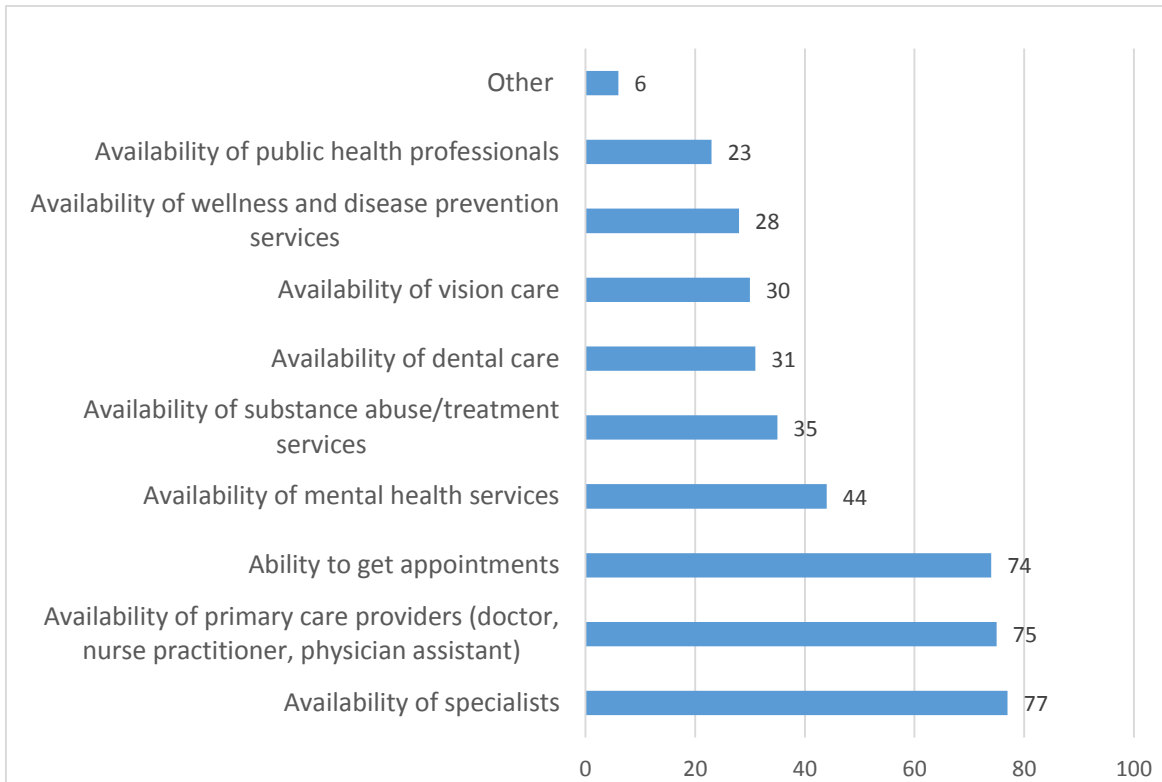


Figure 15: Safety/Environmental Health Concerns

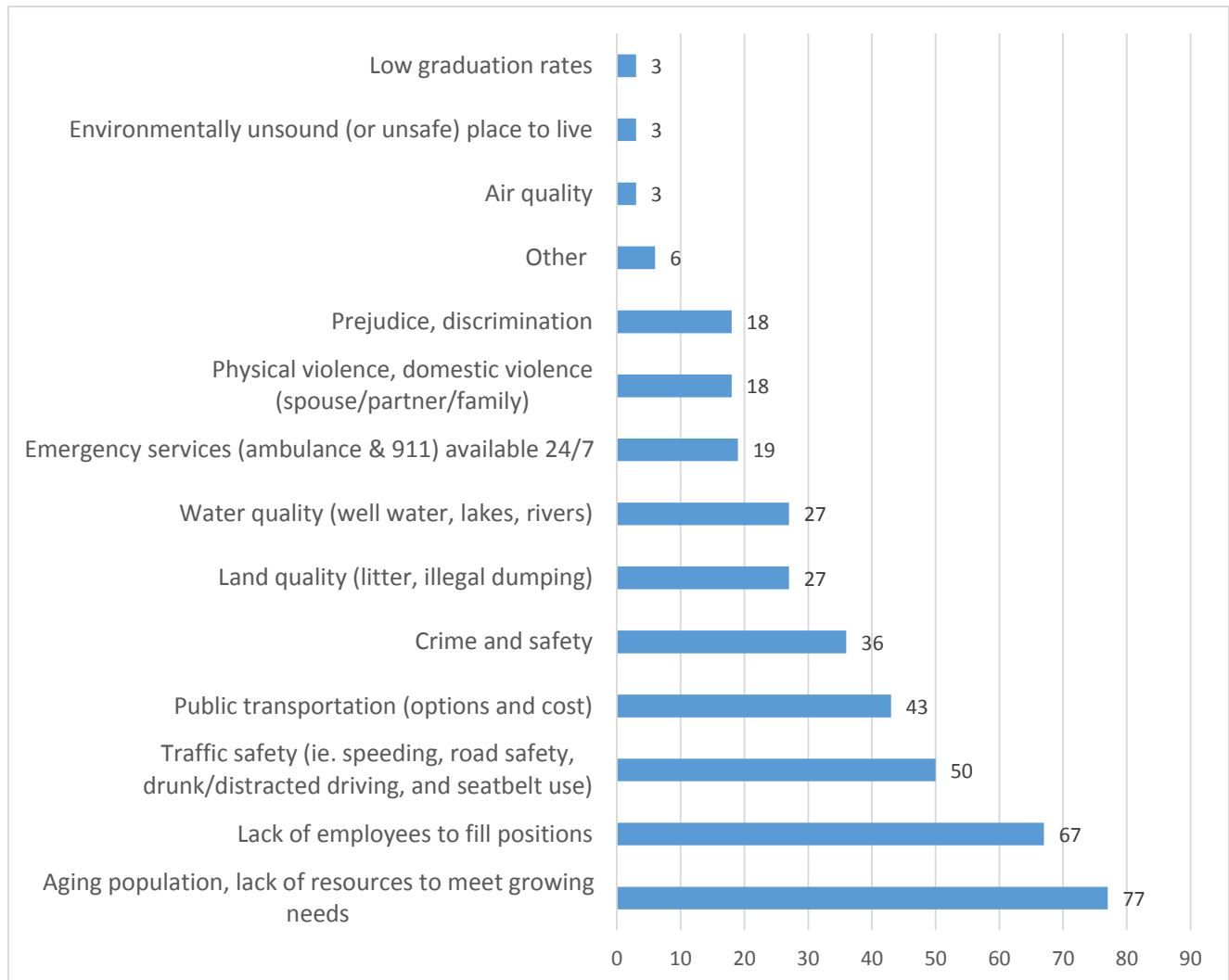


Figure 16: Delivery of Health Services Concerns

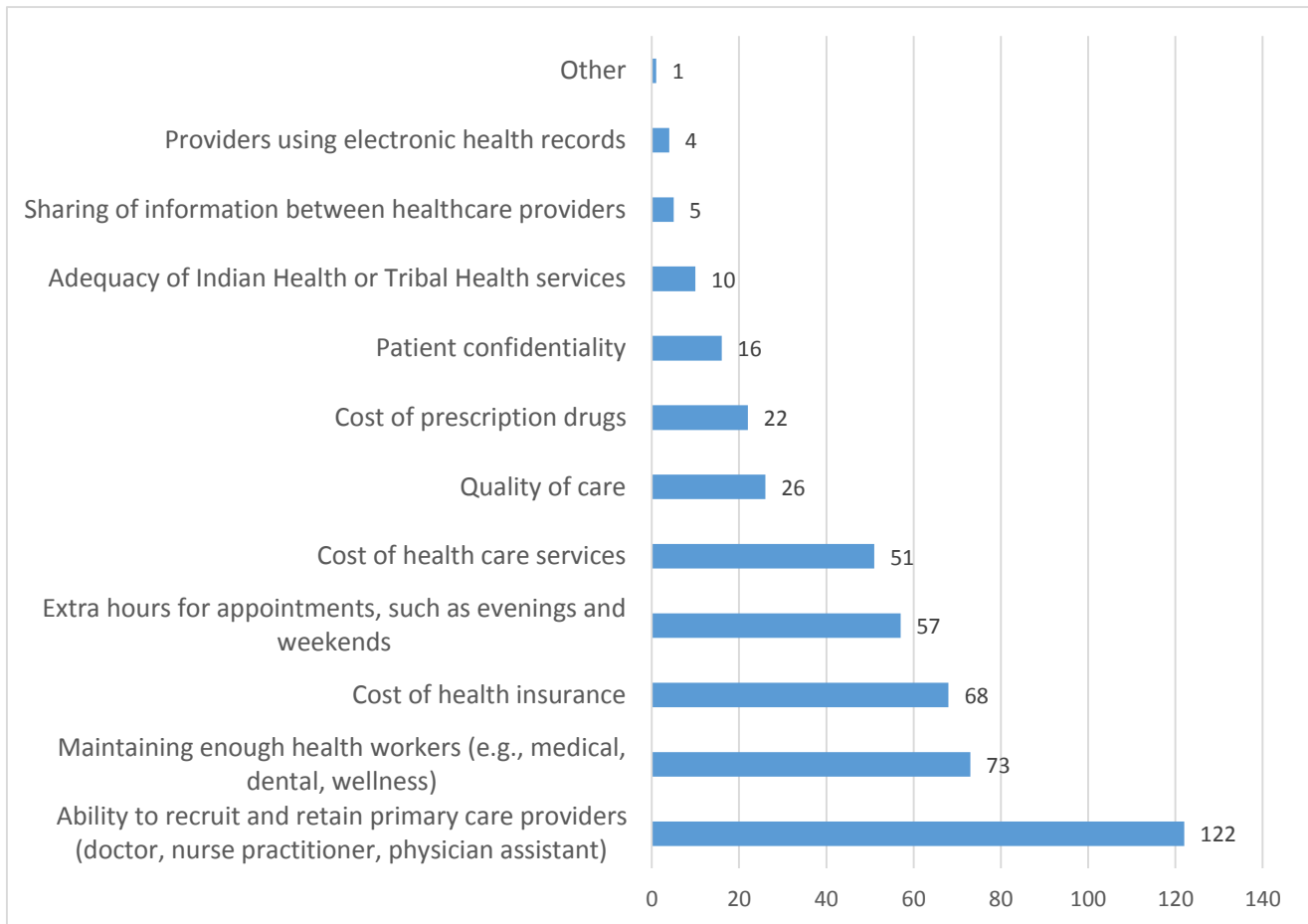


Figure 17: Physical Health Concerns

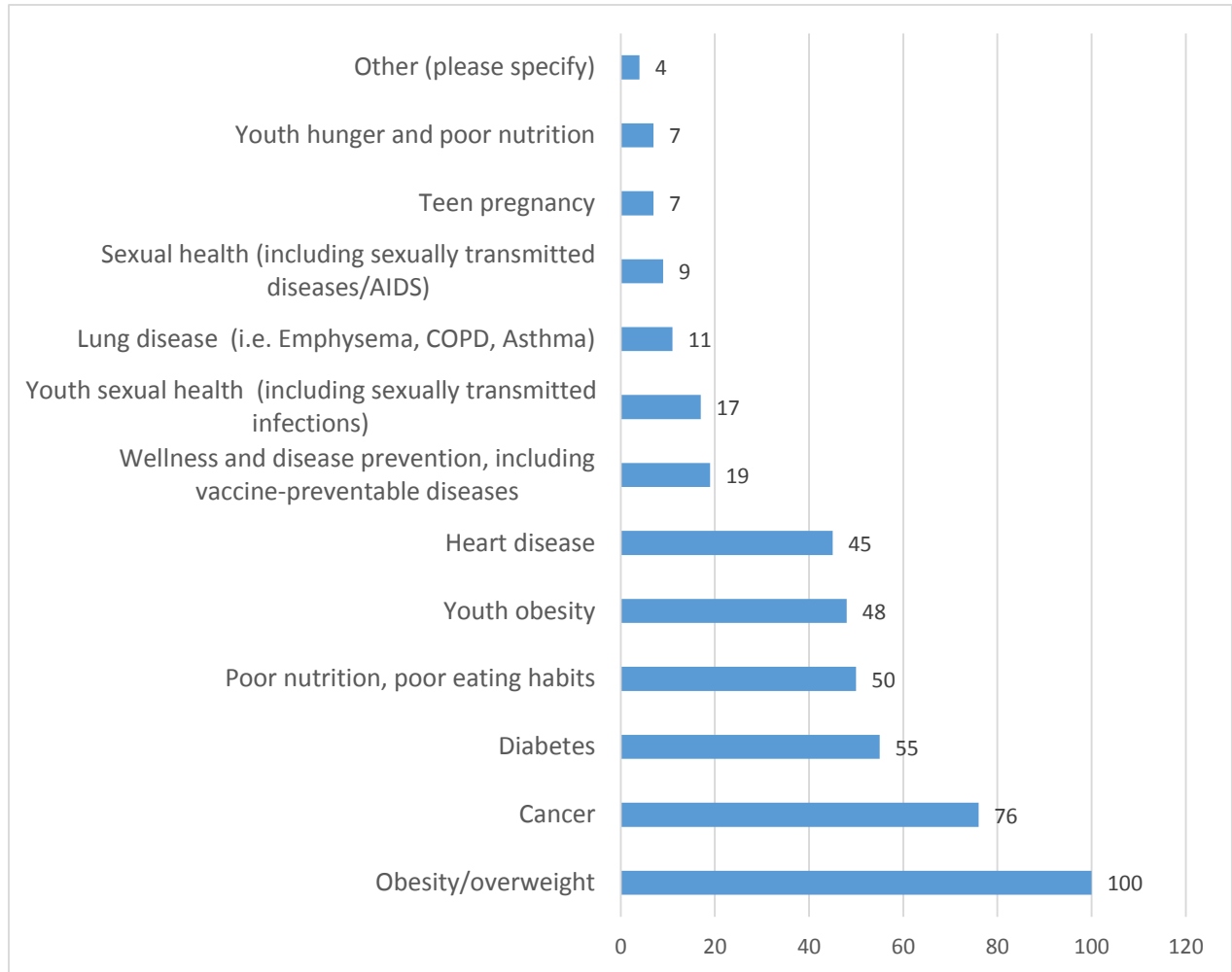


Figure 18: Mental Health and Substance Abuse Concerns

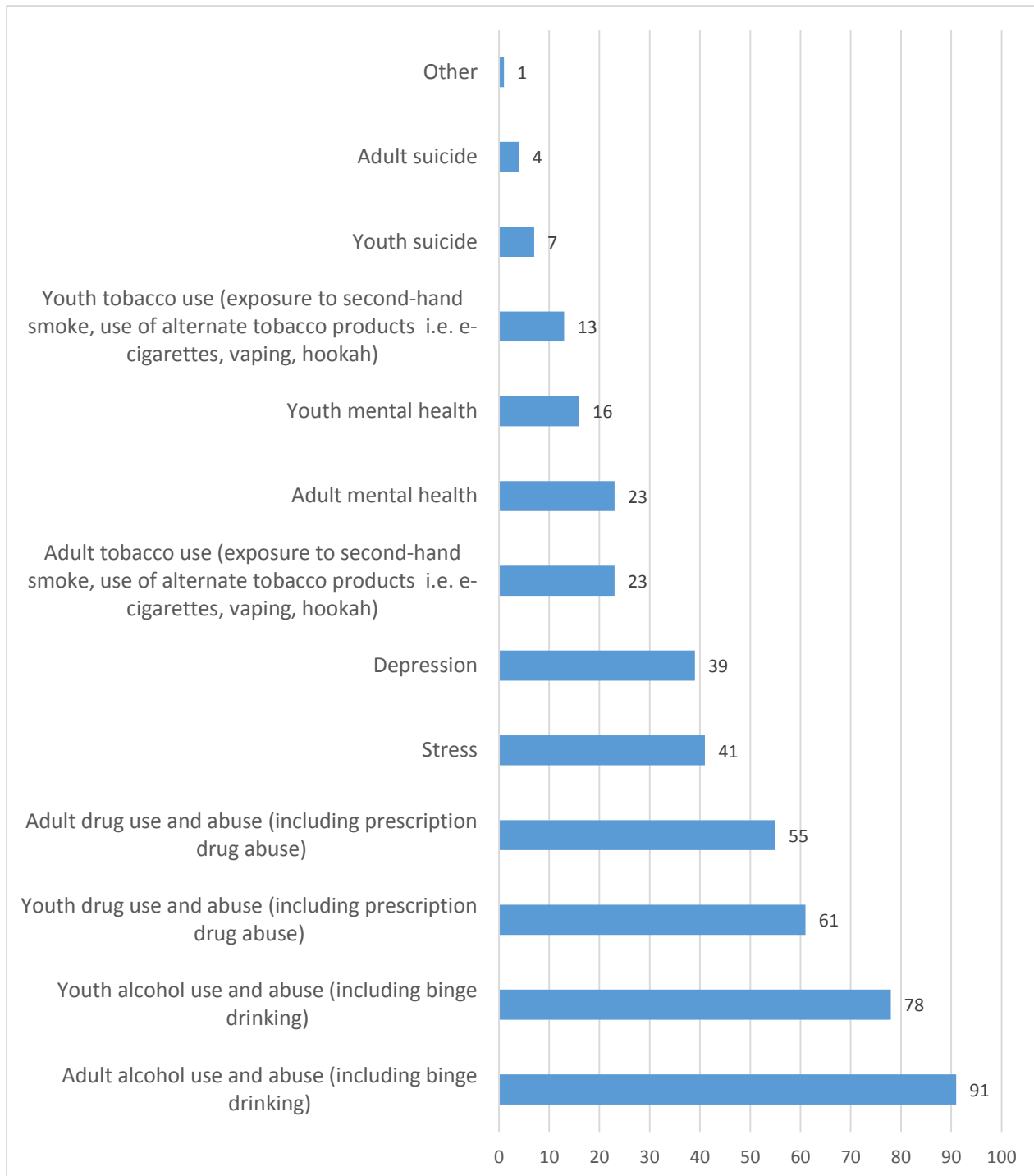
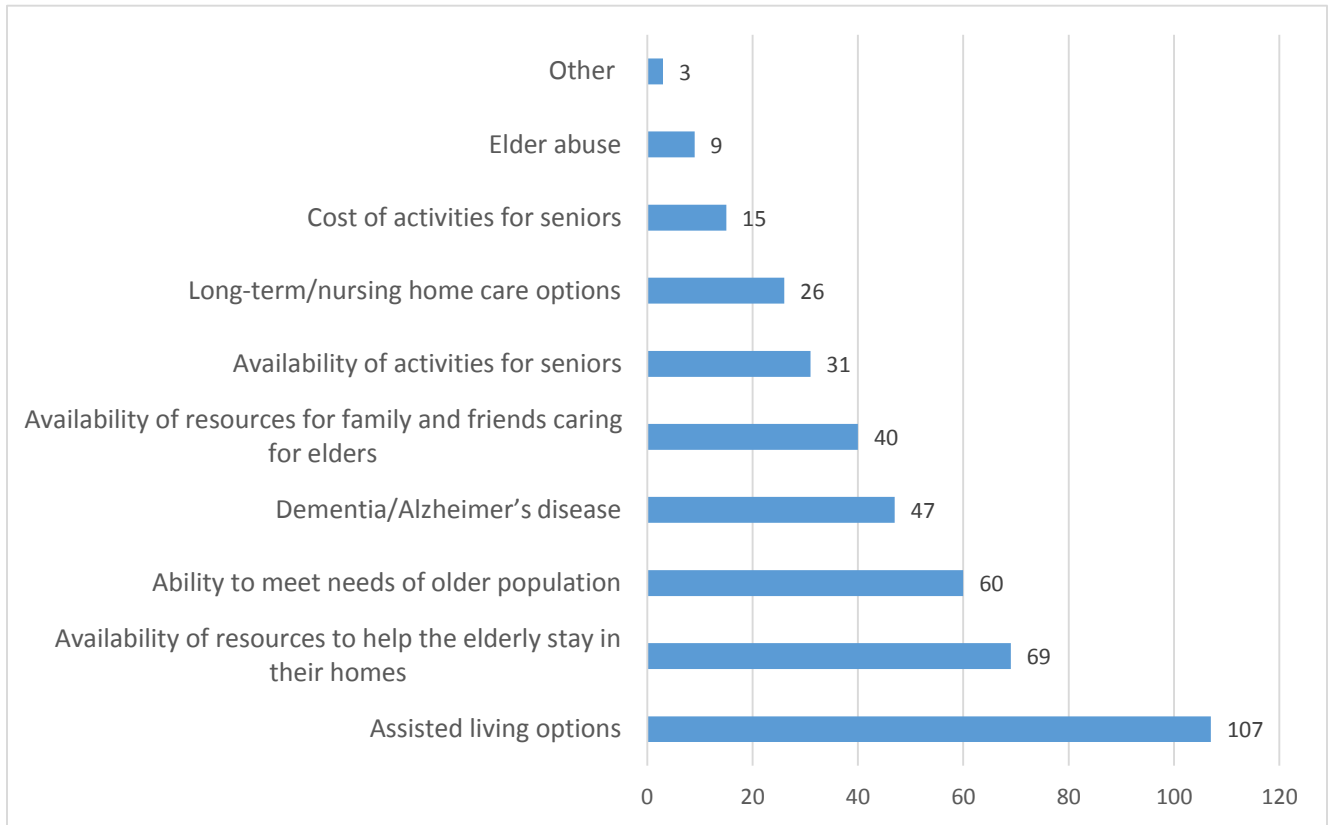


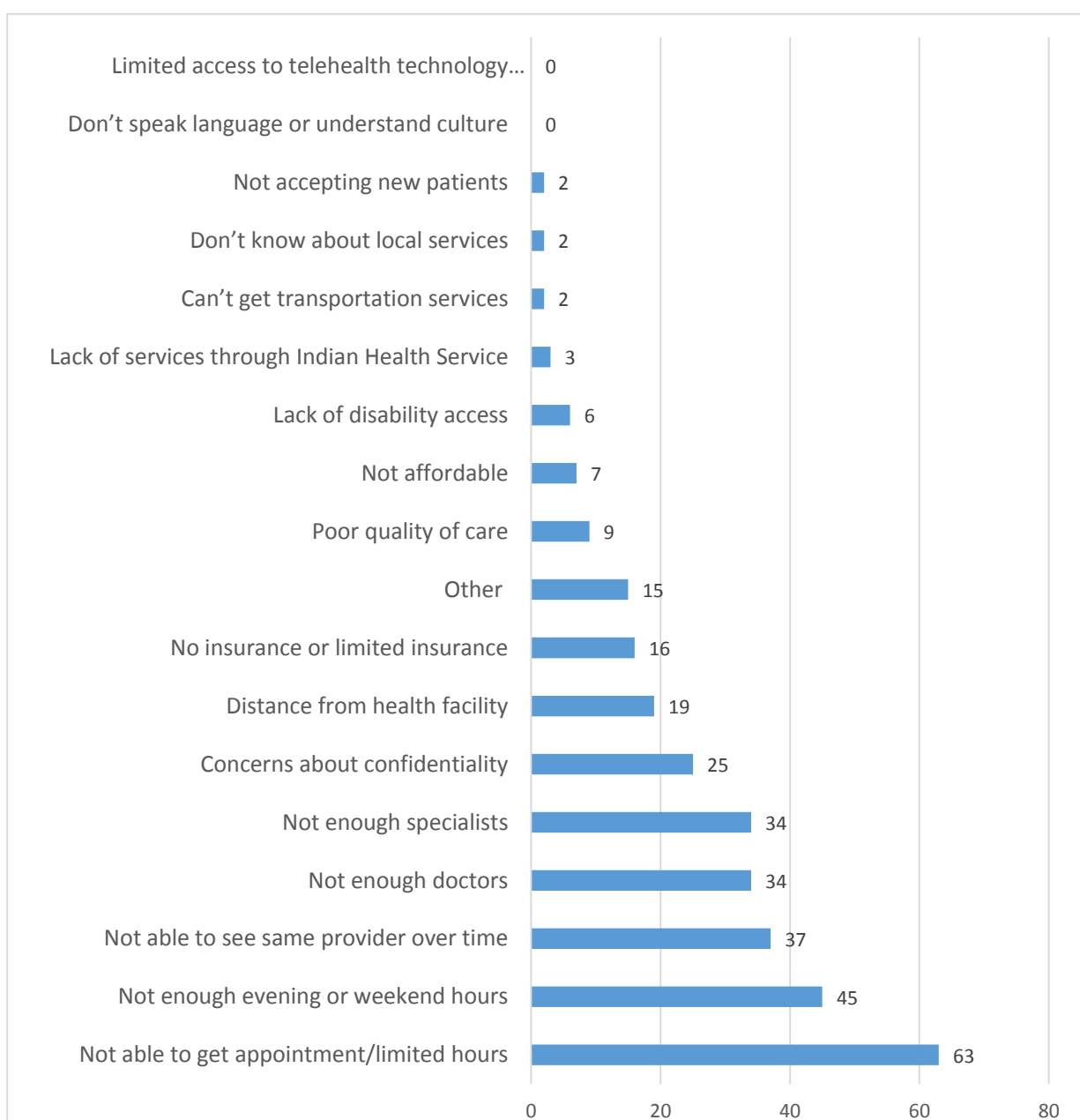
Figure 19: Senior Population Concerns



Delivery of Healthcare

The survey asked residents what they see as barriers that prevent them, or others, from receiving healthcare. The most prevalent barrier perceived by residents was not being able to get an appointment/limited hours (N=63); with the next highest being not enough evening or weekend hours (N=45). After these, the next most commonly identified barriers was not being able to see the same provider over time (N=37); not enough doctors (N=34), and not enough specialists (N=34). Figure 20 illustrates these results.

Figure 20: Perceptions about Barriers to Care



The survey also solicited input about what healthcare services should be added locally. Most responses were similar to those illustrated in the figures, for example: mental health services, to include substance abuse counseling; and many comments were included related to services for seniors such as assisted living, senior apartments, senior day care, rheumatologist, orthopedics; in addition audiology, home health and hospice, were suggested.

Considering a variety of healthcare services at MCMC (Figure 21-23), respondents were asked what, if any, services they were aware of or had used in the past year.

Figure 21: General and Acute Services

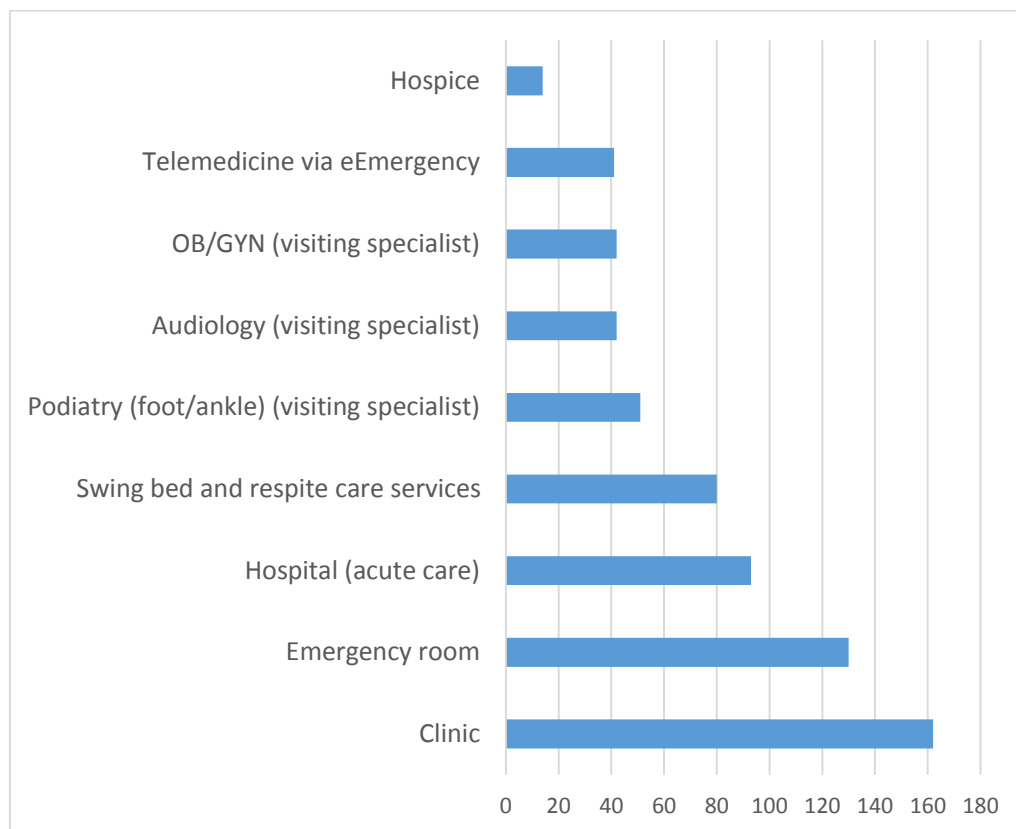


Figure 22: Screening and therapy services

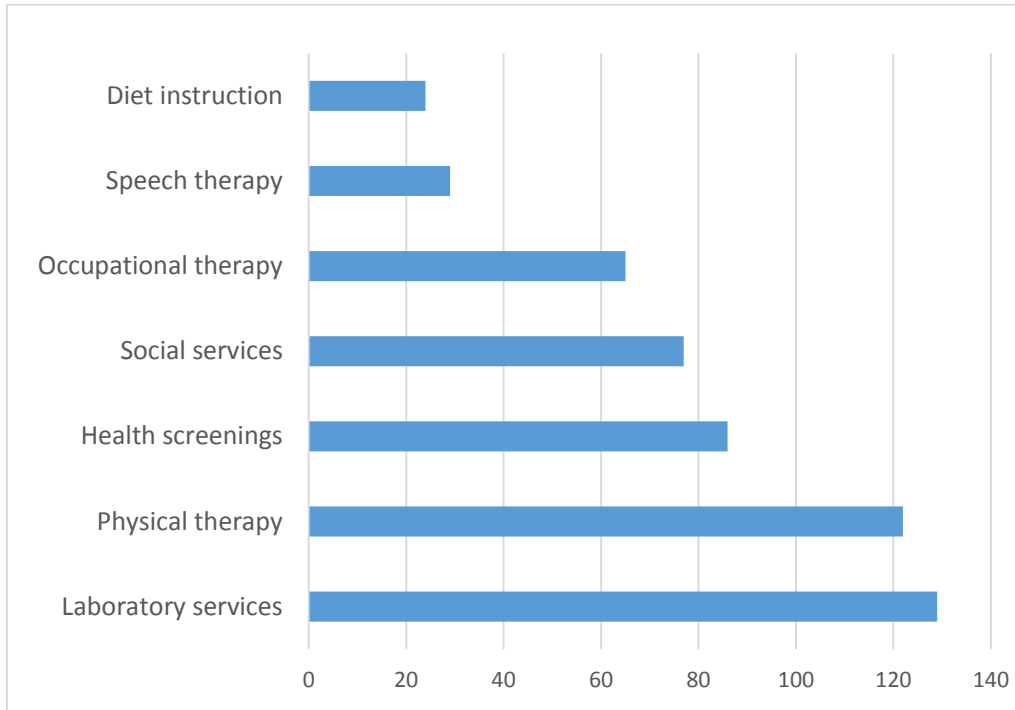
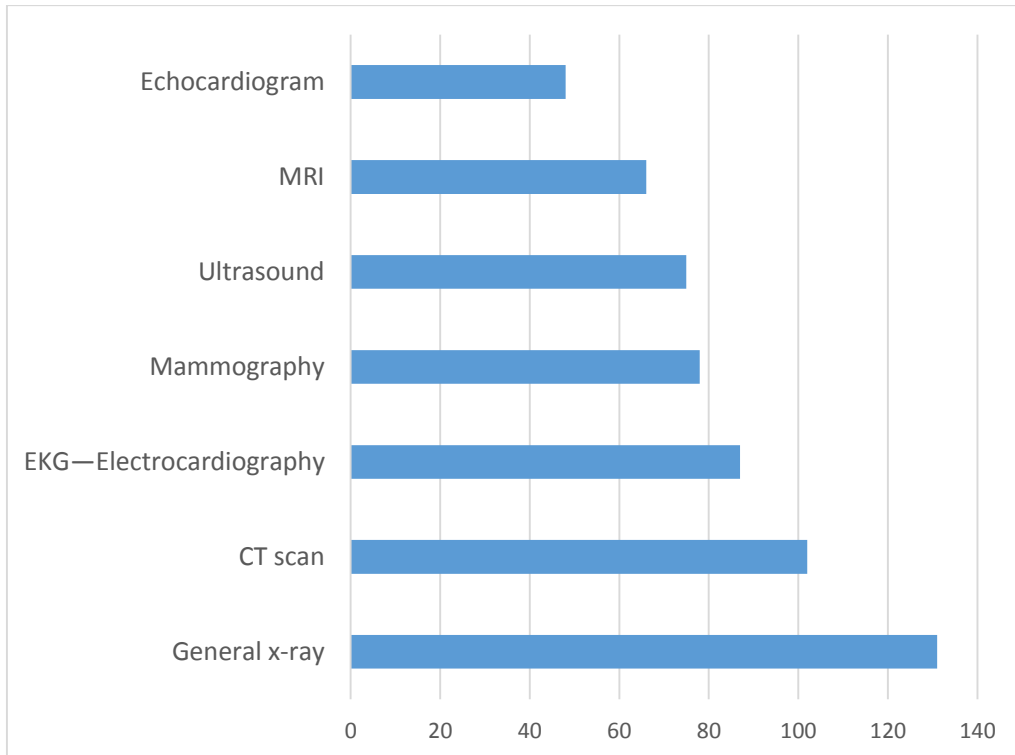
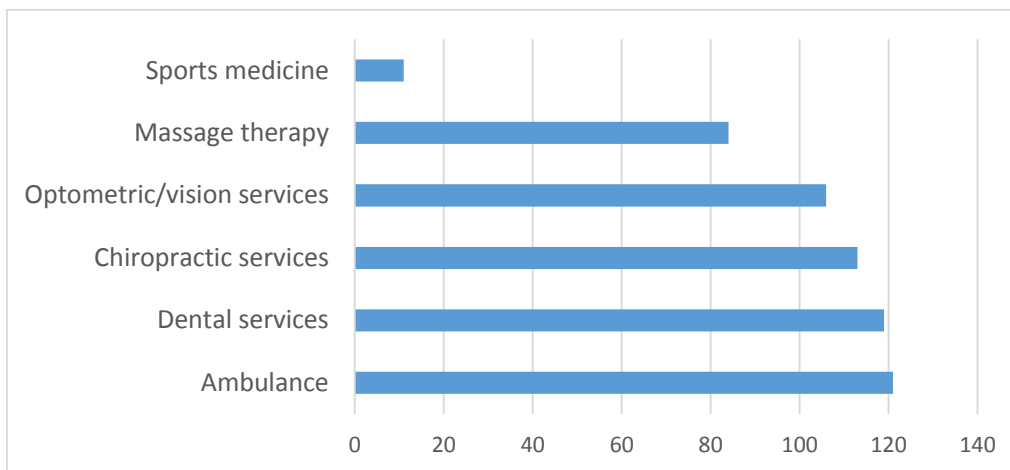


Figure 23: Radiology services



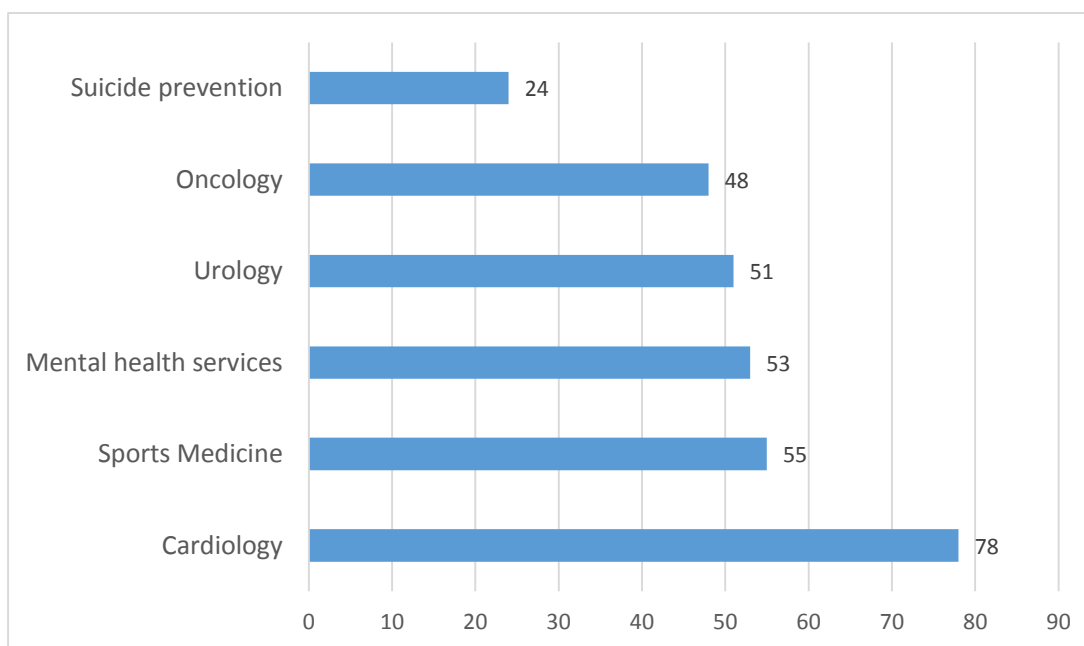
Respondents were also asked what services offered locally by other providers or organizations were they aware of or used in the past year. The top services were ambulance, dental, and chiropractic services as illustrated in Figure 24.

Figure 24: Services, offered locally, by other Providers or Organizations



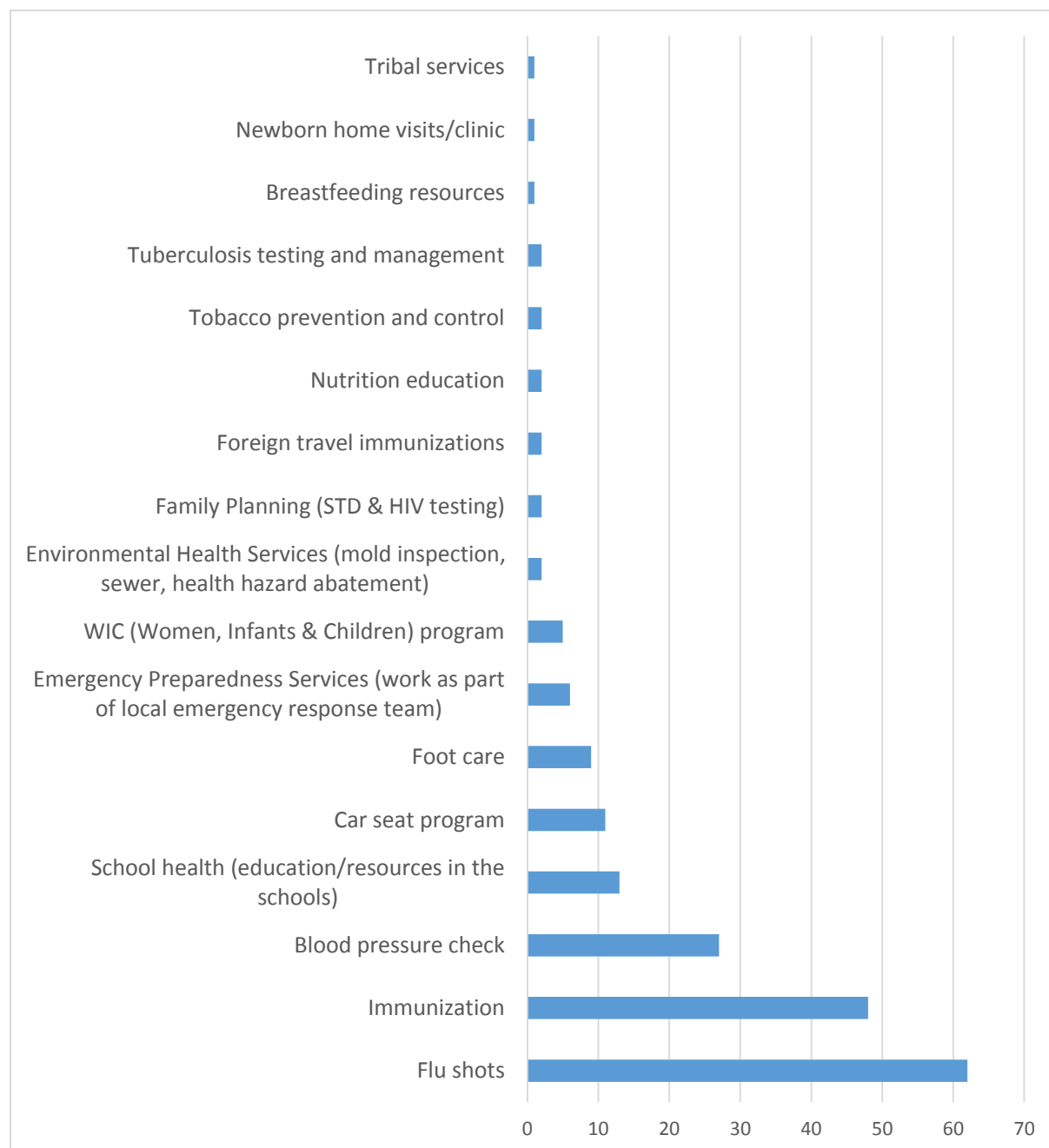
When survey respondents were asked if they would utilize specialists or programs (cardiology, sports medicine, mental health services, urology, oncology, or suicide prevention) if they were available at the clinic, they responses were as follows in Figure 25:

Figure 25: Specialists or Programs that would be Utilized if Available



Related to services offered by Upper Missouri District Health Unit respondents indicated that they, or a family member, most utilized flu shots and immunizations in the past year (Figure 26).

Figure 26: Upper Missouri District Health Unit Services utilized



The survey revealed that the most frequent source for accessing trusted health information was their primary care provider (doctor, nurse practitioner, physician assistant (Figure 27). Other common sources of trusted health information are other healthcare professionals (nurses,

chiropractors, dentists, etc.) and web searches/internet (WebMD, Mayo Clinic, Healthline, etc.). Word of mouth, then provider, was the most common source of learning about health services available locally (Figure 28).

Figure 27: Sources of Trusted Health Information

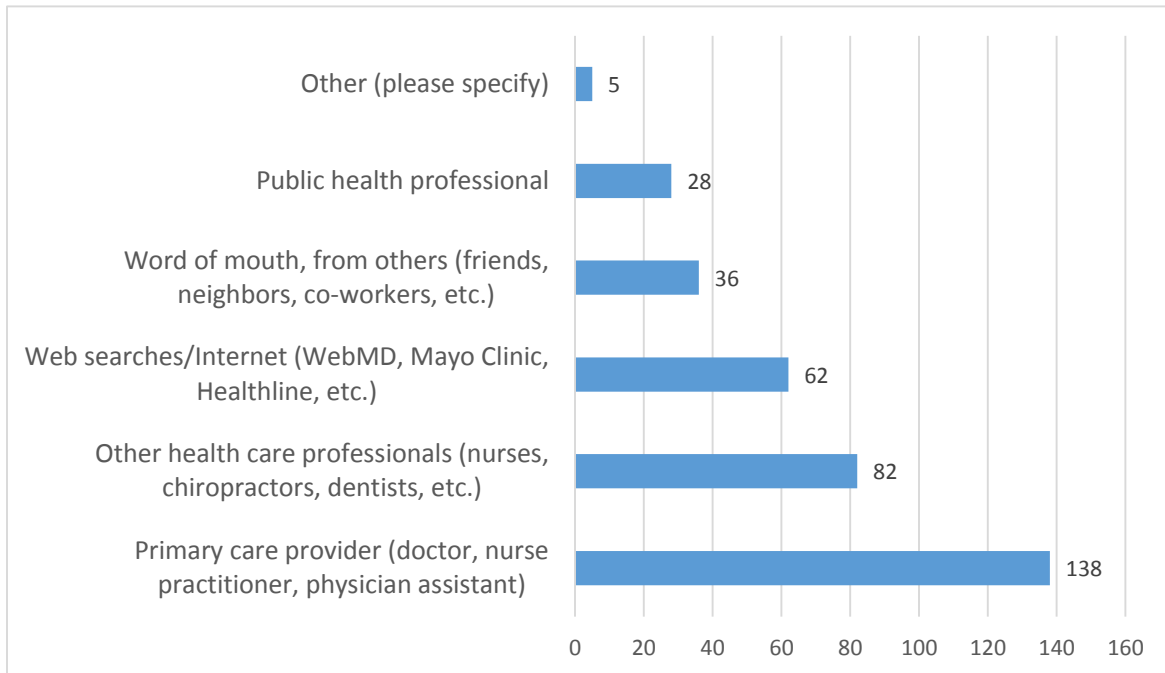
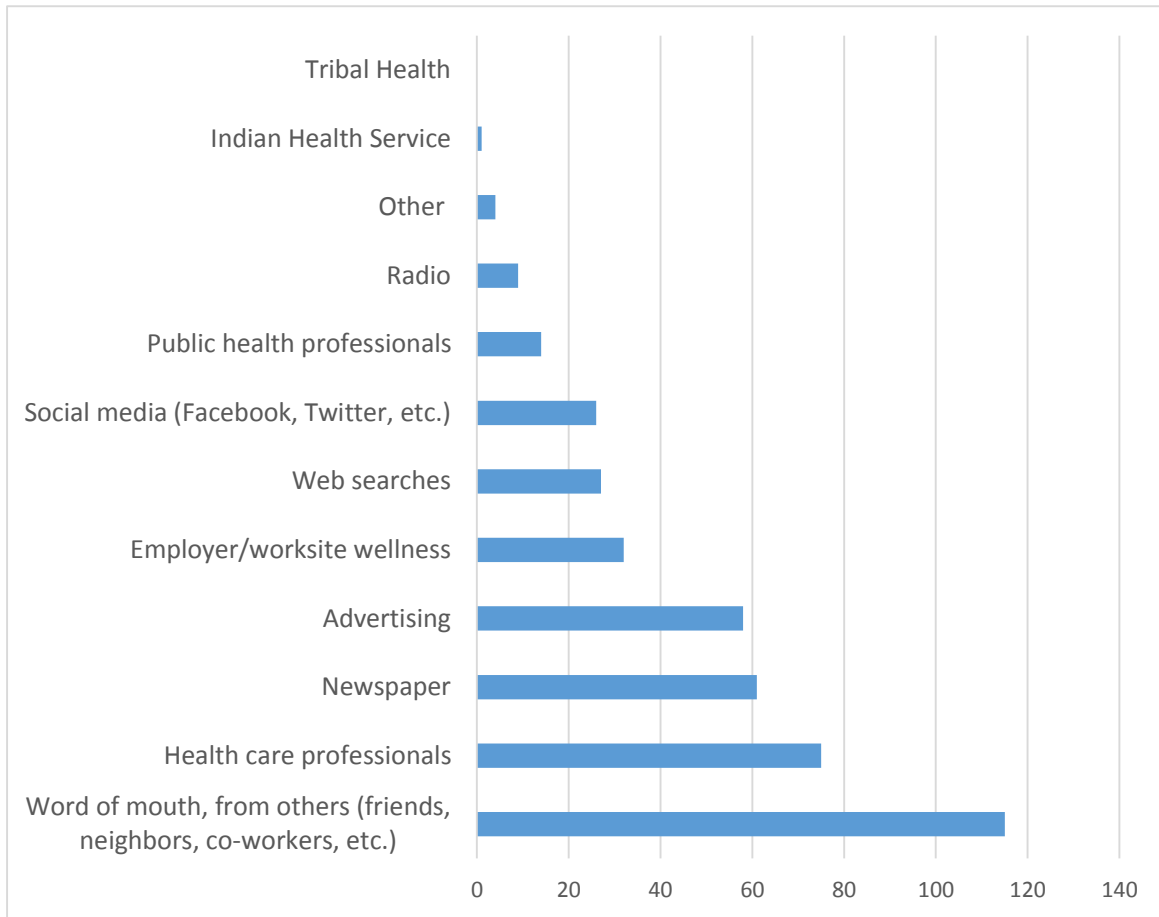


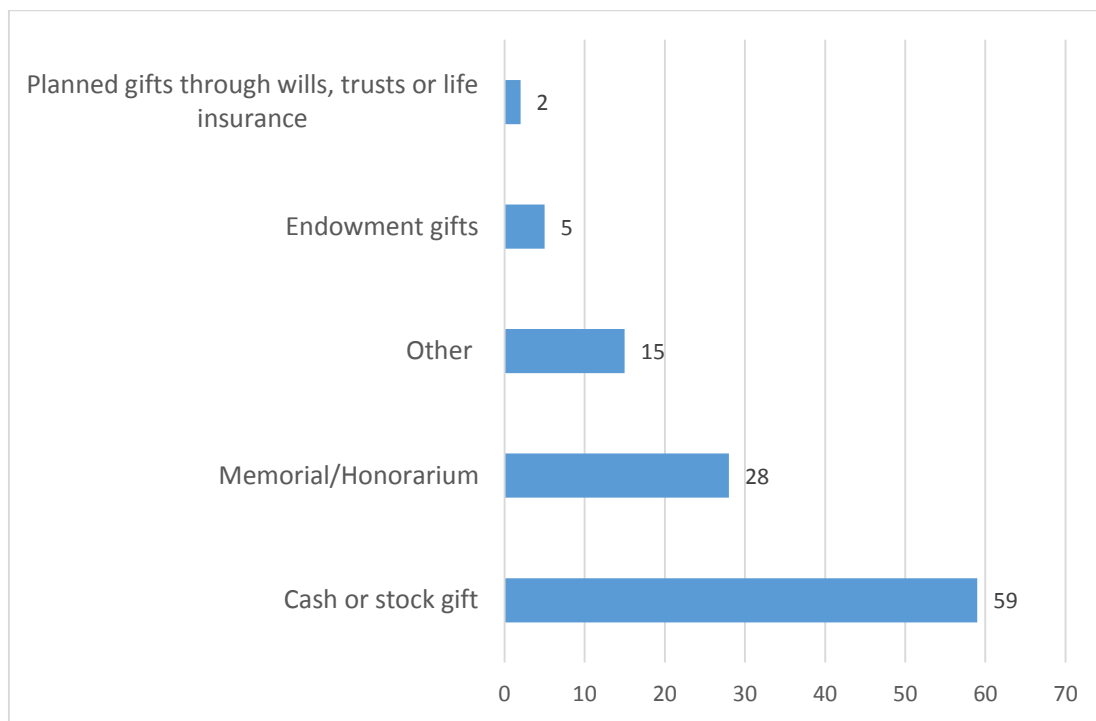
Figure 28: Where do you find out about health services available in our area?



Survey-respondents were asked for suggestions on how to best improve healthcare locally. The following were some, but not all, suggestions made: Improve patient experience in clinic and hospital (i.e. implement customer service practices for staff); concerns also raised with regard to the negative impact of the turnover in hospital leadership; suggest extending hours on weekends or after hours; facility needs to get their electronic medical records system working functionally; become a satellite of Trinity, recruit more physicians to support the one current physician; make certain people are aware of all the services available so they don't leave and go to Minot or Bismarck.

The majority (78%) of respondents were aware that the Mountrail County Health Foundation existed to support Mountrail County Medical Center. Of those, 109 reported that they had supported the Mountrail County Health Foundation, with the majority having given a cash or stock gift. See Figure 29.

Figure 29: Support Provided to the MCHF



Of 159 respondents, 63 percent felt that Mountrail County Medical Center would benefit from partnering more with Trinity Health.

Findings from Key Informant Interviews & the Community Meeting

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 and also with the community group at the first meeting. The themes that emerged from these sources were wide-ranging, with some directly associated with healthcare and others more rooted in broader community matters.

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

- Ability to retain doctors and nurses in the community
- Alcohol and drug use and abuse (adult and youth)
- Assisted living options for the elderly
- Availability of specialists
- Availability of mental health services (adult and youth)
- Decrease in population size

To provide context for the identified needs, below are some of the comments made by those interviewed about these issues:

Ability to retain doctors and nurses in the community

- Currently ok, but have seen a lot of turnover.

Alcohol and drug use and abuse (adult and youth)

- Many are using to cope with depression.
- So many kids coming from broken homes which contributes to low self-esteem, youth suicide, drug/alcohol abuse.

Assisted living options for the elderly

- There is a big need for assisted living in Stanley.
- Need assisted living here. When adult children come to visit they do other things in the community. When a senior citizen is moved to Minot, to an assisted living facility, they never or rarely see family again (no shopping, using movie theater, etc.)
- It has been looked in to, but found it may not be financially feasible. Would be good for people to be able to stay in town.

Availability of specialist

- If they don't offer services here, then people have to go out of town, which takes other business (i.e. shopping) out of town.

Availability of mental health services (adult and youth)

- Long distance transports for services.
- Mental health services are needed. There isn't anything now and we have many that need it.
- So many kids coming from broken homes and it contributes to low self-esteem, youth suicide, drug/alcohol abuse.

Changes in population size (increasing and decreasing)

- The economy is rapidly changing.
- The poverty level has increased.
- Many elderly were forced to leave because of the rising cost of housing here during the oil boom.
- With the downturn in oil, there are many additional buildings that have gone up and are no longer needed. This will lead to buildings (houses, apartments, businesses) left to sell (they were built at a high cost and won't be able to sell that high), businesses may close, jobs cut, increased use of food pantry. Hospital and clinic are seeing reduced patient population. Not as much money is being brought into the community because of the decrease in population.
- The decline in the oil activity will lead, before long, to an over-abundance of apartment buildings and houses.

Community Engagement and Collaboration

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

- Schools (5)
- Hospital (Healthcare system) (4.5)
- Law enforcement (4.5)
- Public Health (4)
- Emergency services, including ambulance and fire (4)
- Long term care, including nursing homes and assisted living (4)
- Business and industry (3.5)
- Economic development organizations (3.5)
- Social Services (3.5)
- Other local health providers, such as dentists and chiropractors (3)
- Pharmacies (3)
- Human services agencies (2)

Priority of Health Needs

A Community Group met on April 11, 2016. Fifteen community members attended the meeting. Representatives from the Center for Rural Health presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the survey results (including perceived community assets and concerns, and barriers to care), and findings from the key informant interviews.

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

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

- Adult alcohol use and abuse (8 votes)
- Ability to recruit and retain primary care providers (7 votes)
- Cost of health insurance (7 votes)
- Adequate childcare services (6 votes)
- Obesity/overweight (5 votes)

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

1. Ability to recruit and retain primary care providers (6 votes)
2. Adult alcohol use and abuse (4 votes)
3. Cost of health insurance (2 votes)
3. Adequate childcare services (2 votes)
5. Obesity/overweight (1 vote)

Following the prioritization process, the second meeting of the Community Group, the number one identified need, was the ability to recruit and retain primary care providers. A summary of this prioritization may be found in Appendix C.

Comparison of Needs Identified Previously

Top Needs Identified 2013 CHNA Process	Top Needs Identified 2016 CHNA Process
Marketing & promotion of hospital services	Ability to recruit and retain primary care providers
Financial viability of hospital	Adult alcohol use and abuse
Healthcare workforce shortage	Cost of health insurance
Access to needed equipment/facility update	Adequate childcare services
Uninsured adults	Obesity/overweight

The current process identified one need, common to 2013, which is healthcare workforce or ability to recruit and retain primary care providers. The other top needs identified adult alcohol use and abuse, cost of health insurance, adequate child care and obesity/overweight, some but not all of which are a result of the down turn in oil related business.

Hospital and Community Projects and Programs Implemented to Address Needs Identified in 2013

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

Marketing and Promotion of Hospital Services: Mountrail County Medical Center held an Annual Health Fair. The facility website was updated and information is added to it on a weekly basis. A weekly “Did You Know” is written, which addresses issues regarding the facility that are pertinent in the community. Press releases are also issued to the local newspaper when new staff is brought on board or equipment that has been purchased for the facility. This information is also added to the website.

Access to Needed Equipment/Facility Update: Phase One was completed with the addition of a CT scan room, an Emergency Room addition, and the enclosure of the ambulance bay area. This

was open to the public in May of 2014. The also facility updated from an 8 slice CT scanner to a 16 slice CT scanner during week of May 20th, 2016.

Next Steps – Strategic Implementation Plan

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

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

Community Benefit Report

While not required, the CRH strongly encourages a review of the most recent Community Benefit Report to determine how/if it aligns with the needs identified, through the CHNA, as well as the Implementation Plan.

The community benefit requirement is a long-standing requirement of non-profit hospitals and is reported in Part I of the hospital's Form 990. The strategic implementation requirement was added as part of the ACA's CHNA requirement. It is reported on Part V of the 990. Not-for-profit healthcare organizations demonstrate their commitment to community service through organized and sustainable community benefit programs providing:

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

Community benefit is also the basis of the tax-exemption of not-for-profit hospitals. The Internal Revenue Service (IRS), in its [Revenue Ruling 69–545](#), describes the community benefit

standard for charitable tax-exempt hospitals. Since 2008, tax-exempt hospitals have been required to report their community benefit and other information related to tax-exemption on the IRS Form 990 Schedule H.

What Are Community Benefits?

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

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

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

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

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

Appendix A – CHNA Survey Instrument



Stanley Area Health Survey

Mountrail County Medical Center (MCMC) and the Upper Missouri District Health Unit 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!

If you prefer, you may take the survey online at <http://tinyurl.com/MountrailCountyMC> or by scanning the QR code to the right.

Surveys will be tabulated by the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. Your responses are anonymous, and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported only in total. If you have questions about the survey, you may contact Kylie Nissen at 701.777.5380.

Surveys will be accepted through March 7, 2016. Your opinion matters – thank you in advance!

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

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

- | | |
|--|--|
| <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 best things are (choose up to THREE):

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

Q3. Considering the **QUALITY OF LIFE** in your community, the 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 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) _____ |

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

Q5. What are the major challenges facing your community?

Q6. Considering the **COMMUNITY HEALTH** in your community, 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) _____ |

Q7. Considering the **AVAILABILITY OF HEALTH SERVICES** in your community, 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/disease prevention services |
| <input type="checkbox"/> Availability of public health professionals | <input type="checkbox"/> Other (please specify) _____ |

Q8. Considering the **SAFETY/ENVIRONMENTAL HEALTH** in your community, concerns are (choose up to THREE):

- | | |
|--|--|
| <input type="checkbox"/> Aging population, lack of resources to meet growing needs | <input type="checkbox"/> Physical violence, domestic violence (spouse/partner/family) |
| <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 (i.e. speeding, road safety, drunk/distracted driving, and seatbelt use) |
| <input type="checkbox"/> Environmentally unsound (or unsafe) place to live | <input type="checkbox"/> Water quality (well water, lakes, rivers) |
| <input type="checkbox"/> Lack of employees to fill positions | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Land quality (litter, illegal dumping) | |
| <input type="checkbox"/> Low graduation rates | |

Q9. Considering the **DELIVERY OF HEALTH SERVICES** in your community, 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"/> Maintaining enough health workers (e.g., medical, dental, wellness) |
| <input type="checkbox"/> Adequacy of Indian Health or Tribal Health services | <input type="checkbox"/> Patient confidentiality |
| <input type="checkbox"/> Cost of health care services | <input type="checkbox"/> Providers using electronic health records |
| <input type="checkbox"/> Cost of health insurance | <input type="checkbox"/> Quality of care |
| <input type="checkbox"/> Cost of prescription drugs | <input type="checkbox"/> Sharing of information between healthcare providers |
| <input type="checkbox"/> Extra hours for appointments, such as evenings and weekends | <input type="checkbox"/> Other (please specify) _____ |

Q10. Considering the **PHYSICAL HEALTH** in your community, concerns are (choose up to THREE):

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

Q11. Considering the **MENTAL HEALTH AND SUBSTANCE ABUSE** in your community, 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, i.e. 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 i.e. e-cigarettes, vaping, hookah) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Stress | |

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

- | | |
|---|--|
| <input type="checkbox"/> Ability to meet needs of older population | <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"/> Availability of resources to help the elderly stay in their homes | <input type="checkbox"/> Other (please specify) _____ |

Delivery of Health Care

Q13. What specific health care services, if any, do you think should be added locally?

Q14. Considering **GENERAL and ACUTE SERVICES** at MCMC, which services are you aware of (or have you used in the past year)? (Choose ALL that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Audiology (visiting specialist) | <input type="checkbox"/> Swing bed and respite care services |
| <input type="checkbox"/> Emergency room | <input type="checkbox"/> OB/GYN (visiting specialist) | <input type="checkbox"/> Telemedicine via eEmergency |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Podiatry (foot/ankle) (visiting specialist) | |
| <input type="checkbox"/> Hospital (acute care) | | |

Q15. Considering **SCREENING/THERAPY SERVICES** at MCMC, which services are you aware of (or have you used in the past year)? (Choose ALL that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Diet instruction | <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Speech therapy |
| <input type="checkbox"/> Health screenings | <input type="checkbox"/> Physical therapy | |
| <input type="checkbox"/> Laboratory services | <input type="checkbox"/> Social services | |

Q16. Considering **RADIOLOGY SERVICES** at MCMC, which services are you aware of (or have you used in the past year)? (Choose ALL that apply):

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

Q17. 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"/> Dental services | <input type="checkbox"/> Optometric/vision services |
| <input type="checkbox"/> Chiropractic services | <input type="checkbox"/> Massage therapy | |

Q18. Would you utilize the following **SPECIALISTS** or **PROGRAMS** if they were available at our local clinic? (Choose ALL that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Oncology | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Sports medicine | <input type="checkbox"/> Urology |

Q19. Which of the following **PUBLIC HEALTH SERVICES** provided by Upper Missouri Health District have you or a family member used in the past year? (Choose ALL that apply):

- | | |
|--|---|
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Foreign Travel Immunizations |
| <input type="checkbox"/> Breastfeeding resources | <input type="checkbox"/> Immunization |
| <input type="checkbox"/> Car seat program | <input type="checkbox"/> Newborn Home Visits/Clinic |
| <input type="checkbox"/> Emergency preparedness services (work as part of local emergency response team) | <input type="checkbox"/> Nutrition education |
| <input type="checkbox"/> Environmental Health Services (mold inspection, sewer, health hazard abatement) | <input type="checkbox"/> School health (education/resources in the schools) |
| <input type="checkbox"/> Family Planning (STD & HIV testing) | <input type="checkbox"/> Tobacco prevention and control |
| <input type="checkbox"/> Flu shots | <input type="checkbox"/> Tribal Services |
| <input type="checkbox"/> Foot care | <input type="checkbox"/> Tuberculosis testing and management |
| | <input type="checkbox"/> WIC (Women, Infants & Children) Program |

Q20. 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 Services | <input type="checkbox"/> Not enough specialists |
| <input type="checkbox"/> Limited access to telehealth technology (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) _____ |

Q21. Where do you turn for trusted health information? (Choose ALL that apply):

- | | |
|--|--|
| <input type="checkbox"/> Other health care professionals (nurses, chiropractors, dentists, 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) _____ |

Q22. 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"/> Public health professionals | <input type="checkbox"/> Word of mouth, from others (friends, neighbors, co-workers, etc.) |
| <input type="checkbox"/> Employer/worksites wellness | <input type="checkbox"/> Radio | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> Health care professionals | <input type="checkbox"/> Social media (Facebook, Twitter, etc.) | |
| <input type="checkbox"/> Indian Health Service | <input type="checkbox"/> Tribal Health | |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Web searches | |

Q23. Are you aware of the Mountrail County Health Foundation, which exists to financially support MCMC?

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

Q24. Have you supported the Mountrail County Health 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 |
| <input type="checkbox"/> Endowment gifts | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Memorial/Honorarium | |

Q25. Do you believe MCMC would benefit in partnering more with our network hospital (Trinity Health)?

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

Demographic Information: Please tell us about yourself.

Q26. Do you work for the hospital, clinic, or public health unit?

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

Q27. 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) _____ |

Q28. 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 |

Q29. 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 |

Q30. Gender:

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

Q31. Employment status:

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

Q32. Your zip code: _____

Q33. Race/Ethnicity (choose ALL that apply):

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

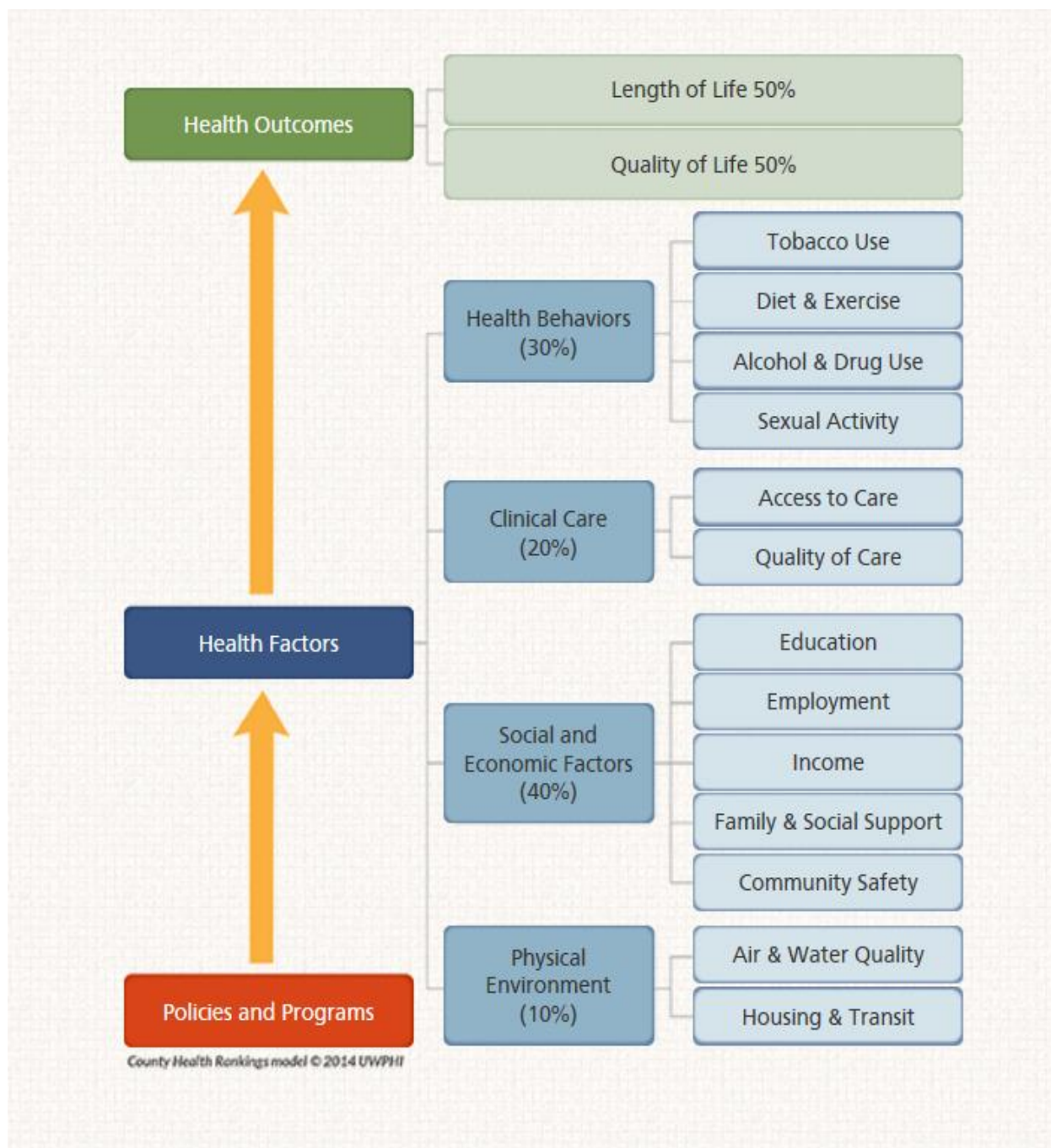
Q34. Annual household income before taxes:

- | | |
|---|---|
| <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 |

Q35. 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

Stanley, North Dakota

Ranking of Concerns

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

	Priorities	Most Important
DELIVERY OF HEALTH SERVICES		
Ability to recruit and retain primary care providers	7	6
Maintaining enough health workers	2	
Cost of health insurance	7	2
Extra hours for appointments	0	
AVAILABILITY OF HEALTH SERVICES		
Availability of specialists	0	
Availability of primary care providers	0	
Ability to get appointments	2	
Availability of mental health Services	3	
MENTAL HEALTH AND SUBSTANCES ABUSE		
Adult alcohol use and abuse	8	4
Youth alcohol use and abuse	4	
Youth drug use and abuse	3	
Dementia/Alzheimer’s disease	0	
SAFETY/ENVIRONMENTAL HEALTH		
Aging population	0	
Lack of employees to fill positions	0	
Traffic safety	0	
Public transportation (options/costs)	0	
SENIOR POPULATION		
Assisted living options	3	
Availability of resources to help the elderly stay in their homes	3	
Ability to meet the needs of the older population	0	
COMMUNITY HEALTH		
Affordable housing	1	
Attracting and retaining young families	4	
Adequate childcare services	6	2
Change in population size (increase or decrease)	0	
PHYSICAL HEALTH		
Obesity/overweight	5	1
Cancer	0	
Diabetes	0	
Poor Nutrition, eating habits	1	