2016 Community Health Assessment

Barnes County

North Dakota

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Executive Summary

To help inform future decisions and strategic planning, City-County Health District and CHI Mercy Health conducted a community health needs assessment in Barnes County. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the assessment, which included the solicitation of input from area community members and health care professionals as well as analysis of community health-related data.

To gather feedback from the community, residents of the county were given the chance to participate in a survey. Approximately 658 Barnes County residents took the survey. Additional information was collected through ten key informant interviews with community leaders. The input from all of these residents represented the broad interests of the communities of Barnes County. 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.

In terms of demographics, Barnes County tends to reflect state averages. The percentages of residents under age 18 and of those aged 65 and older both are within a few percentage points of the North Dakota averages. Rates of education are very close to North Dakota averages. The median household income in Barnes County ($54,009) is slightly lower than the state average of North Dakota ($55,579).

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

- physical inactivity
- access to exercise opportunities
- alcohol impaired driving deaths
- mammography screening
- sufficient numbers of mental health providers
- unemployment
- injury deaths

Of 84 potential community and health needs set forth in the survey, Barnes County residents who took the survey, indicated the seven needs as the most important:

1. Ability to retain doctors and nurses in the area
2. Jobs with livable wages
3. Bullying/cyber-bullying
4. Obesity/overweight
5. Availability of specialists
6. Attracting and retaining young families
7. Affordable housing

The survey also revealed that the biggest barriers to receiving health care as perceived by community members were not enough specialists (n=170), not able to see the same provider over time (N=168), not enough doctors (N=162), not enough evening or weekend hours (N=152), and no insurance or limited insurance (N=148).

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

- Friendly, helpful, and supportive people
- Close to work and activities
- Family friendly; good place to raise kids
- Safe place to live, little/no crime

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:

- Low number of jobs available/no qualified staff
- Mental health needs – adult and youth
- Need for additional services for the elderly
- Recruiting and retaining medical staff
- Substance abuse (alcohol and drugs)

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:

- Mental health service shortage
- Substance Abuse (alcohol and drugs)
- Licensed child care capacity
- Bullying/cyber-bullying

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

Overview and Community Resources

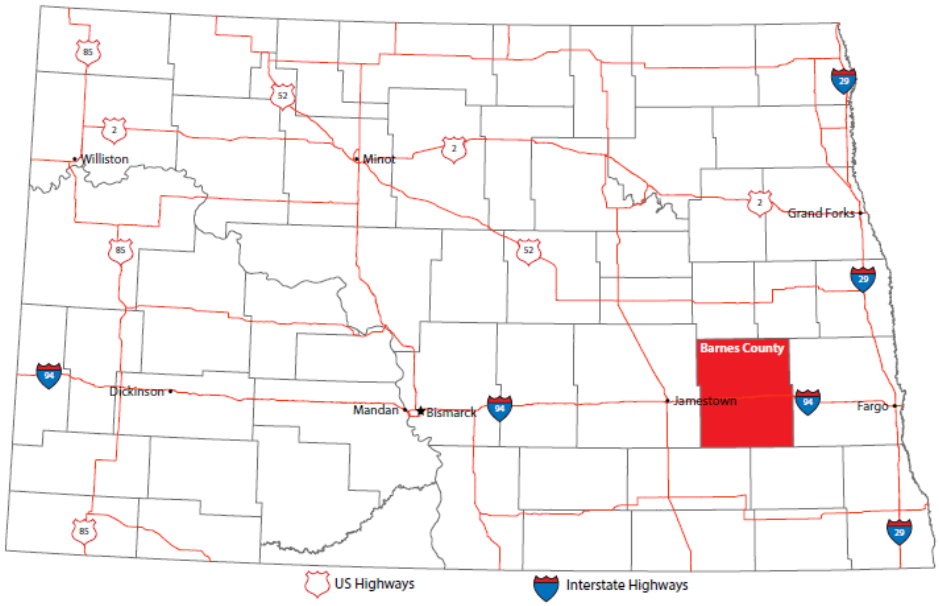
The purpose of conducting a community health assessment is to describe the health of local people, identify areas for health improvement, identify use of local health care services, determine factors that contribute to health issues, identify and prioritize community needs, and help health care leaders 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; and 4) engaging community members about the future of health care. Completion of a health assessment also is a requirement for public health departments seeking accreditation. Non-profit hospitals are also required to conduct a health assessment and complete an implementation strategy every three years.

With assistance from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, City-County Health District and CHI Mercy Health completed a community health assessment of Barnes County, a single county served by City-County Health District and CHI Mercy Health. Many community members and stakeholders worked together on the assessment.

As illustrated in Figure 1, Barnes County is located in southeastern North Dakota. The county seat is Valley City, which lies in the center of the county. The state capital, Bismarck, is located two hours to the west of Valley City. The 2014 estimated population of Barnes County was 11,144. Valley City's estimated population in 2014 was 6,676. The remainder of Barnes County consists of an approximate population of 4,468 residents. Rural Barnes County has several incorporated cities, including Wimbledon (215), Sanborn (193), Litchville (171), Oriska (121), and Dazey (104).

Outside of City-County Health District and CHI Mercy Health, other agencies that provide health services for Barnes County, include, Essentia Health – Valley City Clinic, and Sanford Health Valley City Clinic.

Figure 1: Barnes County, North Dakota



City-County Health District

City-County Health District is a single-county health unit providing services to the people of Barnes County. It provides public health services that include environmental health, nursing services, and the WIC (women, infants, and children) program. 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 has an equal opportunity to enjoy good health. To accomplish this mission, City-County Health District 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.

Specific services provided by City-County Health District are:

- AED Tracker Program
- Breastfeeding resources-Lactation Consultant
- Car Seat Program- distribution and installation
- Community Education- presentations, resources
- County Wellness Program- Co-Coordinators
- Emergency Preparedness- work with community partners as part of local emergency response team

- Environmental Health Services- water, sewer, health hazard abatement, daycare and restaurant inspections, tattoo parlor and tanning parlor inspections
- Family Planning- contracted services here through Central Valley Health
- Foot care- by RN in office
- Flu shots- all ages
- Health Tracks- (0-18 health screening)
- Hep-C/HIV testing
- Home Health—In-Home RN and Aide services and Certified Home Care
- Immunizations
- Jail Nursing
- Medication setup—home visits and in office
- Member of Child Protection Team and County Interagency Team
- Newborn Home Visits
- Nutrition Education
- Preschool education programs & screening
- Rapid Inspections- Infant to adult assessments
- School health—vision-and immunizations in schools, health education and resource to the schools
- Stepping On- fall prevention program for adults
- SPF/SIG- program to decrease binge and underage drinking
- Tobacco Prevention and Control
- Wellness Screenings- blood pressure clinics, blood sugars/diabetes screens, cholesterol screens
- Tuberculosis testing and management
- West Nile program—surveillance and education
- WIC (Women, Infants & Children) Program

CHI Mercy Health

CHI Mercy Health has been a part of the Valley City community since 1928 when it was founded by the Sisters of Mercy. Their vision was to build healthier communities through a healing ministry. Over the years we've progressed to meet the needs of the community - by offering services - close to home. CHI Mercy Health of Valley City is part of Catholic Health Initiatives (CHI): the third largest Catholic, not-for-profit health care system in the country. CHI operates hospitals, long-term care facilities, assisted living facilities and residential units in 18 states.

Specific services provided by CHI Mercy Health are:

General and Acute Services

1. Ambulatory Care/Infusions
2. Cardiac Rehab
3. Emergency Room
4. Hospital (Acute Care)
5. Nutrition Counseling
6. Observation Services
7. Pharmacy
8. Respite Care
9. Swing Bed Services

Screening/Therapy Services

1. Chronic Disease Management—Young Peoples' Healthy Heart Program
2. Occupational Therapy
3. Physical Therapy
4. Respiratory Therapy
5. Sleep Studies
6. Social Services
7. Tele-Psychology Screenings

Surgery Services

1. General and Same Day Surgery
2. Sedated Dental Surgery
3. Cataract Surgery
4. Pain Management Injections

Radiology Services

1. CT scan
2. DEXA (Bone Density) Scans
3. Digital mammography
4. EKG
5. Fluoroscopy (C-Arm)
6. General X-Ray
7. Nuclear medicine (mobile unit)
8. MRI (mobile unit)
9. Ultrasound

Laboratory Services

1. Hematology
2. Blood banking
3. Chemistry
4. Coagulation
5. Microbiology
6. Phlebotomy
7. Urinalysis
8. Work place drug testing

Services offered by OTHER providers

1. Ambulance
2. Podiatry/Orthopedic Services
3. Dental Surgery
4. Cataract Surgery
5. General Surgery
6. Sleep Studies
7. Tele-Psychology Screenings

Assessment Process

The Center for Rural Health provided substantial support to City-County Public Health District and CHI Mercy Health in conducting this needs assessment. 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 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 collaborative. Professionals from City-County Health District and CHI Mercy Health were heavily involved in planning and implementing the process. They met regularly by telephone conference and via email with representatives from the Center for Rural Health.

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: (1) a survey solicited feedback from area residents; (2) community leaders representing the broad interests of the community took part in one-on-one key informant interviews; and (3) 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 conducting key informant interviews, soliciting feedback about health needs via a survey, and researching secondary data.

Interviews

One-on-one interviews with ten key informants were conducted over the phone during November of 2015. Representatives from the Center for Rural Health conducted the interviews. Participating in interviews were key informants who could provide insights into the community's health needs. These key informants included local business, education, economic development, law enforcement, public health, agriculture, health care, faith, social service, and political leaders.

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

Survey

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

The survey was distributed to various residents of Barnes County. 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 and challenges, levels of collaboration within the community, broad areas of community and health concerns, need for health services, barriers to using local health care, preferences for using local health care versus traveling to other facilities, travel time to their clinic and hospital, use of preventive care, use of public health services, suggestions to improve community health, and basic demographic information.

Approximately 1,500 community member surveys were available for distribution in Barnes County. The surveys were distributed by Community Group members, at flu shot clinics, through City-County Health District and CHI Mercy Health, and at other local public venues. To help ensure anonymity, included with each survey was a postage-paid return envelope to the Center for Rural Health. In addition, to help make the survey as widely available as possible, residents also could request a survey by calling City-County Health District and CHI Mercy Health. The survey period ran from October 19 to November 20, 2015, and 349 paper surveys were returned, while 309 online electronic surveys were completed. In total, counting both paper and online surveys, 658 community member surveys were submitted. There were no obvious gaps in survey or data collection, throughout this process. No comments were received regarding the 2013 assessment and strategy process to review.

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 the U.S. Census Bureau; the North Dakota Department of Health; the Robert Wood Johnson Foundation's County Health Rankings (which pulls data from 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 Barnes County.

TABLE 1: BARNES COUNTY: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2012 American Community Survey; more recent estimates used where available)		
	Barnes County	**North Dakota**
Population, 2014 est.	**11,144**	**739,482**
Population change, 2010-2014	**0.7%**	**9.9%**
Land area, square miles	**1,492**	**69,001**
People per square mile, 2010	**7.4**	**9.7**
White persons (not incl. Hispanic/Latino), 2014 est.	**94.6%**	**89.1%**
Persons under 18 years, 2014 est.	**20.4%**	**22.8%**
Persons 65 years or older, 2013 est.	**20.2%**	**14.2%**
Non-English spoken at home, 2013 est.	**2.8%**	**5.3%**
High school graduates, 2013 est.	**89.9%**	**90.9%**
Bachelor's degree or higher, 2013 est.	**26.2%**	**27.2%**
Live below poverty line, 2013 est.	**9.3%**	**11.9%**

The population of North Dakota has grown in recent years, Barnes County has seen a slight increase in population since 2010, as the U.S. Census Bureau estimates show that the county's population increased from 2010 (11,066) to 2014 (11,144).

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

Health Outcomes
- Length of life
- Quality of life

Health Factors
- Health Behavior
  - Smoking
  - Diet and exercise
  - Alcohol and drug use
  - Sexual activity
- Clinical Care
  - Access to care
  - Quality of care

Health Factors (continued)
- Social and Economic Factors
  - Education
  - Employment
  - Income
  - Family and social support
  - Community safety
- Physical Environment
  - Air and water quality
  - Housing and transit

Table 2 summarizes the pertinent information gathered by County Health Rankings as it relates to Barnes 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 City-County Health District and CHI Mercy Health 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).

Barnes County's rankings within the state also is included in the summary below. For example, Barnes County ranks 6th out of 47 ranked counties in North Dakota on health outcomes and 4th on health factors. The measures marked with a red checkmark (✓) are those where Barnes 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 Barnes County is doing better than compared to the rest of North Dakota on measures of health *outcomes*, landing at or below rates for North Dakota counties, and better than many of the U.S. Top 10% ratings, except for premature death. On health *factors*, Barnes County is doing better than the majority of North Dakota counties as well.

Barnes County lags the state on the following reported measures:

- physical inactivity
- access to exercise opportunities
- alcohol impaired driving deaths
- mammography screening
- sufficient numbers of mental health providers
- unemployment
- injury deaths

TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS* – BARNES COUNTY			
	Barnes County	**U.S. Top 10%**	**North Dakota**
Ranking: Outcomes	**6th**		**(of 47)**
Premature death	7,246 ✓✓	5,200	6,388
Poor or fair health	10% ☺	10%	12%
Poor physical health days (in past 30 days)	2.0 ☺	2.5	2.7
Poor mental health days (in past 30 days)	2.2 ☺	2.3	2.4
Low birth weight	5.3% ☺	5.9%	6.5%
% Diabetic	8% ☺	-	8%
Ranking: Factors	**4th**		**(of 47)**
Health Behaviors			
Adult smoking	16% ✓	14%	18%
Adult obesity	28% ✓	25%	30%
Food environment index (10=best)	8.8 ☺	8.4	8.5
Physical inactivity	26% ✓✓	20%	25%
Access to exercise opportunities	62% ✓✓	92%	68%
Excessive drinking	17% ✓	10%	22%
Alcohol-impaired driving deaths	50% ✓✓	14%	46%
Sexually transmitted infections	163 ✓	138	416
Teen birth rate	20 ☺	20	28
Clinical Care			
Uninsured	11% ☺	11%	12%
Primary care physicians	1,224:1 ✓	1,045:1	1,279:1
Dentists	1,399:1 ✓	1,377:1	1,710:1
Mental health providers	5,595:1 ✓✓	386:1	638:1
Preventable hospital stays	49 ✓	41	56
Diabetic screening	96% ☺	90%	86%
Mammography screening	61% ✓✓	71%	68%
Social and Economic Factors			
Unemployment	3.1% ✓	4.0%	2.9%
Children in poverty	12% ☺	13%	12%
Income inequality	4.3 ✓	3.7	4.4
Children in single-parent households	25% ✓	20%	26%
Violent crime	56 ☺	59	240
Injury deaths	85 ✓✓	50	64
Physical Environment			
Air pollution – particulate matter	10.6 ✓✓	9.5	10.0
Drinking water violations	0% ☺	0%	3%
Severe housing problems	8% ☺	9%	11%

✓ = Not meeting North Dakota average

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

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

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 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 Barnes County is doing worse than the state average. The year of the most recent data is noted.

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

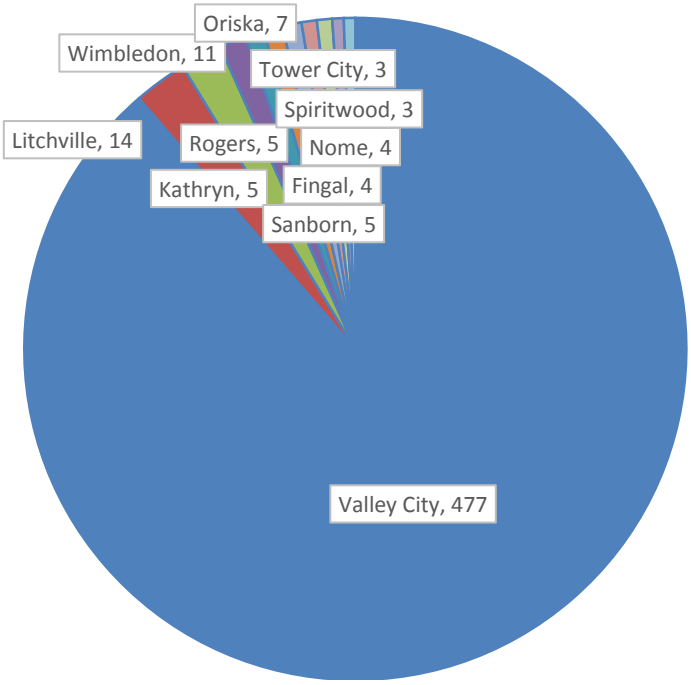
TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN'S HEALTH

	Barnes County	North Dakota
Uninsured children (% of population age 0-18), 2013	**8.3%**	8.7%
Uninsured children below 200% of poverty (% of population), 2013	**56.6%**	47.8%
Medicaid recipient (% of population age 0-20), 2014	**26.9%**	27.0%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	**2.2%**	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2012	**20.3%**	21.4%
Licensed child care capacity (% of population age 0-13), 2014	**25.6%**	43.1%
High school dropouts (% of grade 9-12 enrollment), 2013	**2.1%**	2.8%

Survey Results

As noted above, 658 community members took 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, 524 did, revealing that the large majority of respondents lived in Valley City. These results are shown below.

Figure 2: Survey Respondents' Home Zip Code



Survey results are reported in six categories: demographics; health care access; community assets, challenges, and collaboration; community concerns; delivery of health care; 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 survey questions; they were free to skip any questions they wished.

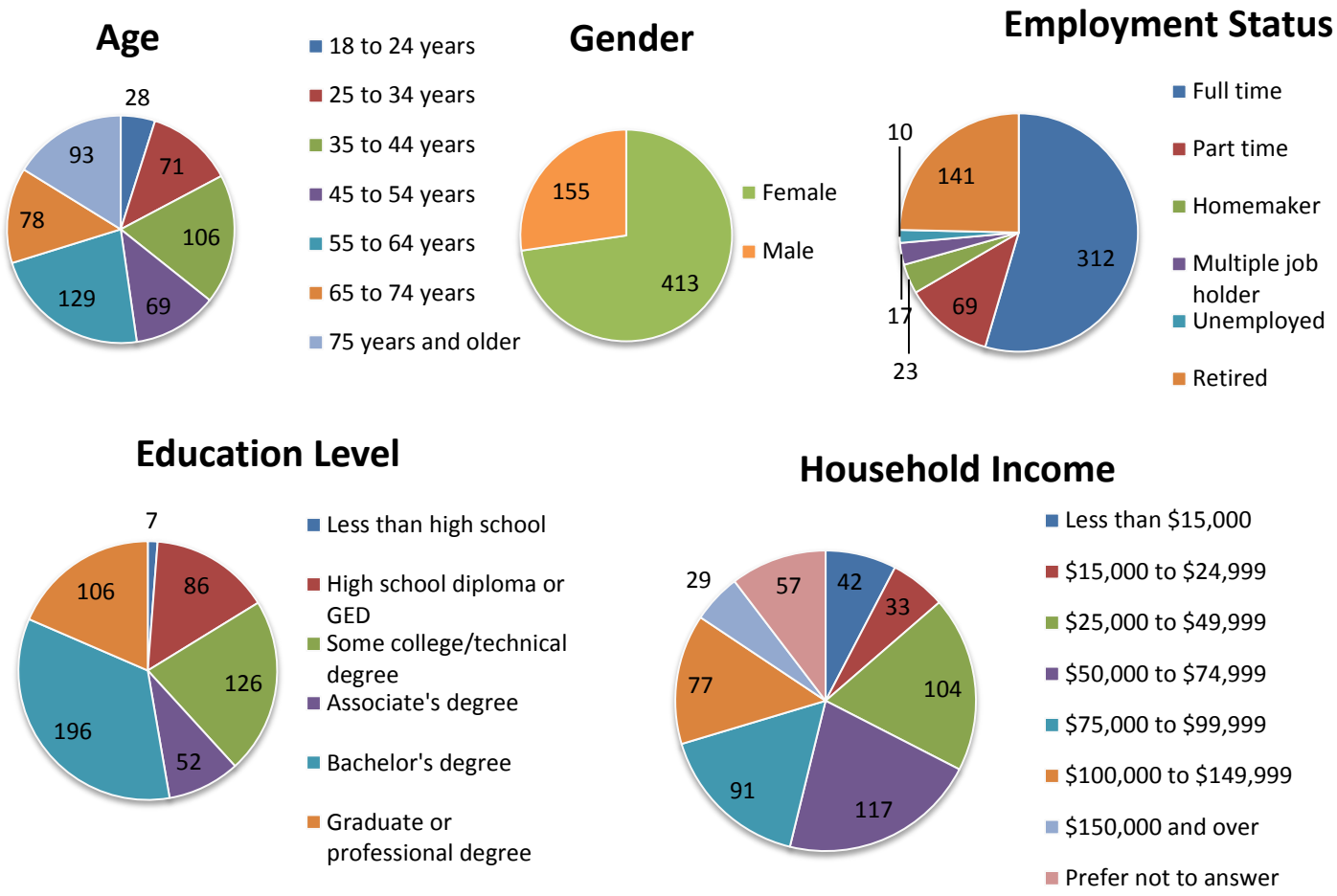
With respect to demographics of those who chose to take the survey:

- Over 52% (N=300) were aged 55 or older, although there was a fairly even distribution of ages.
- A large majority (73%, N=413) were female.

- Over half of respondents (52%, N=302) had Bachelor's degrees or higher, with a plurality of respondents (N=196) having Bachelor's degrees.
- Majority (55%, N=312) worked full-time, or were (25%, N=141) retired.
- A minority of respondents (33%, N=179) had household incomes of less than $50,000.

Figure 3 shows these demographic characteristics. It illustrates the wide 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 wide age ranges, those in diverse work situations, and lower-income community members. Of those who provided a household income, 75 community members reported a household income of less than $25,000, with 42 of those indicating a household income of less than $15,000.

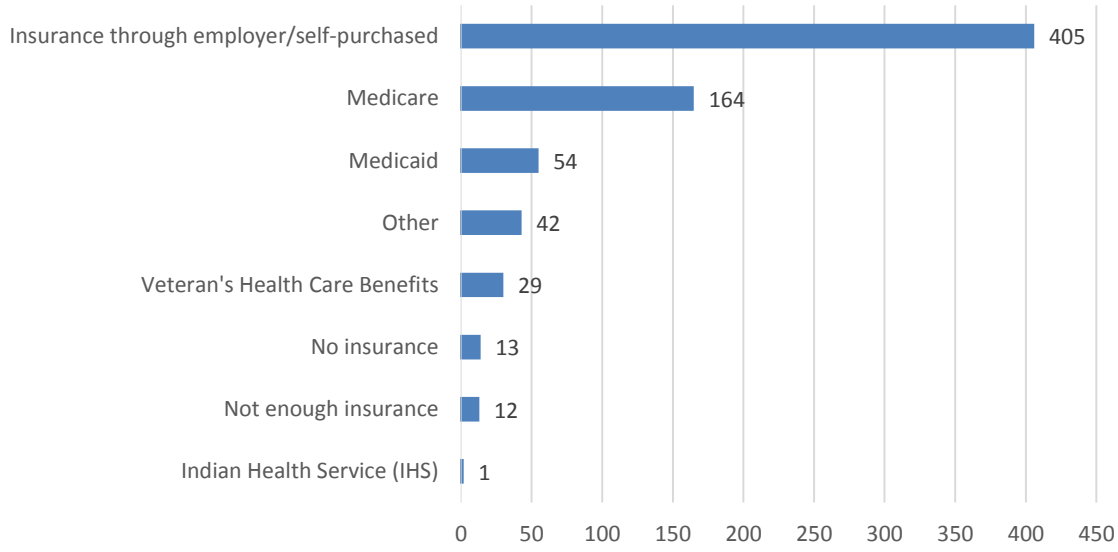
Figure 3: Demographics of Survey Respondents



Health Care Access

Community members were asked what their health insurance status is. Health insurance status often is associated with whether people have access to health care. Twenty-five (25) 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=405), Medicare (N=164) and Medicaid (N=54).

Figure 4: Insurance Status



Community Assets, Challenges, and Collaboration

Survey-takers 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 400 or more respondents agreeing) that community assets include:

- Friendly, helpful, and supportive people (N=506, 80%)
- Close to work and activities (N=481, 76%)
- Family-friendly (N=405, 64%)
- A safe place to live, little/no crime (N=404, 64%)

Figures 5 to 8 illustrate the results of these questions.

Figure 5: Best Things about the PEOPLE in Your Community

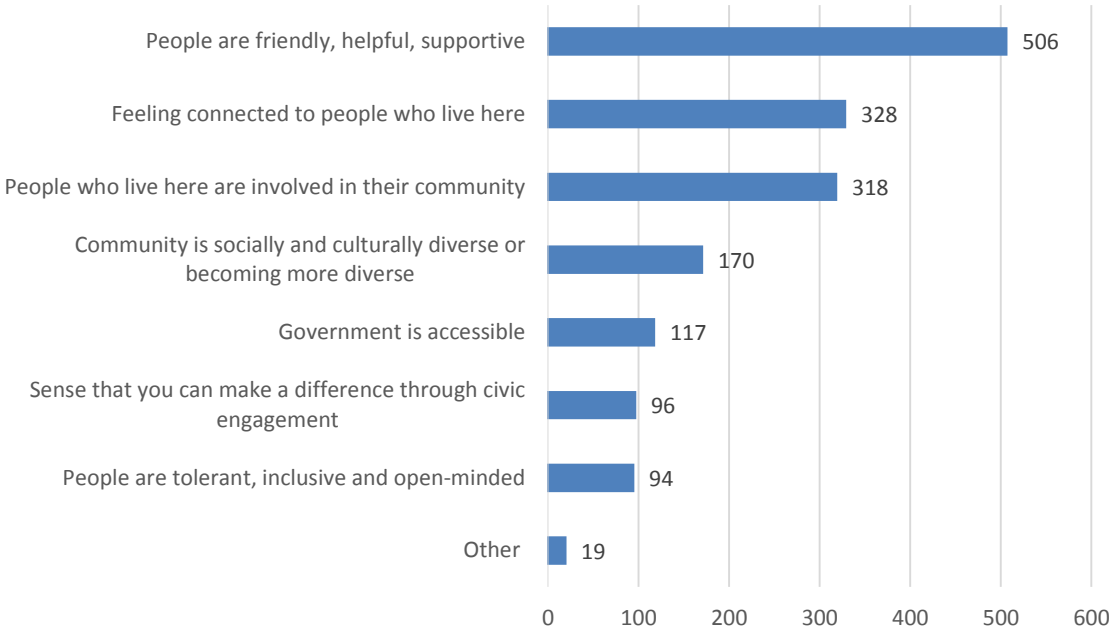


Figure 6: Best Things about the SERVICES AND RESOURCES in Your Community

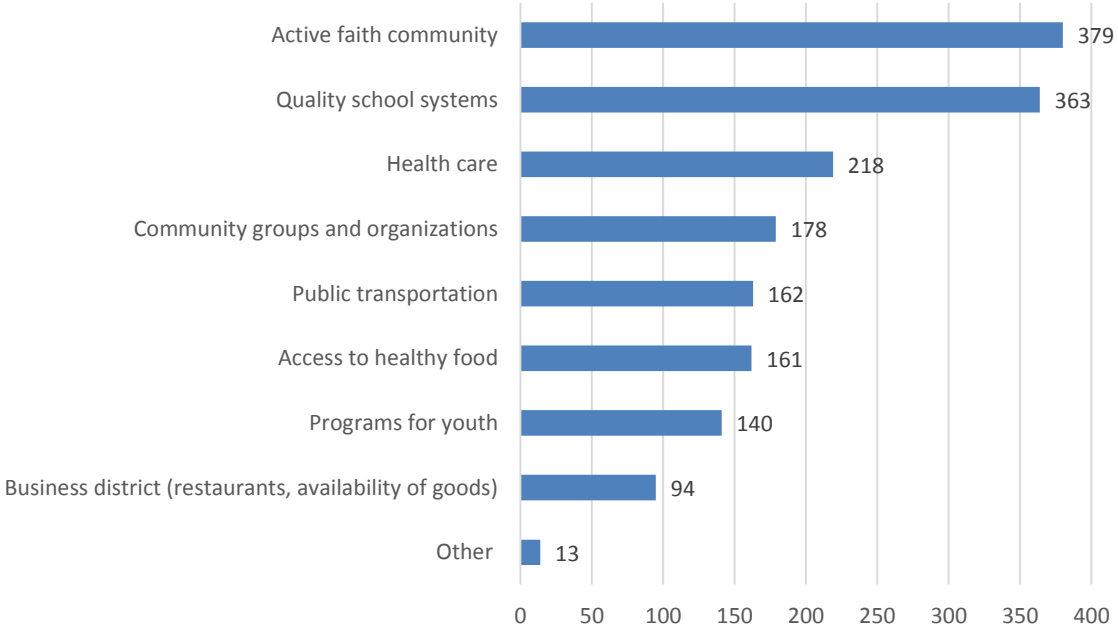


Figure 7: Best Things about the QUALITY OF LIFE in Your Community

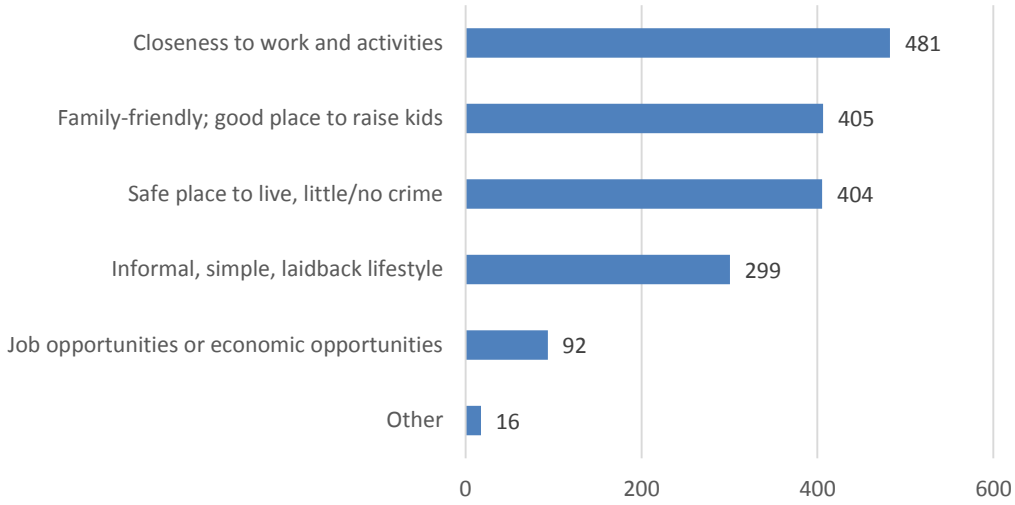
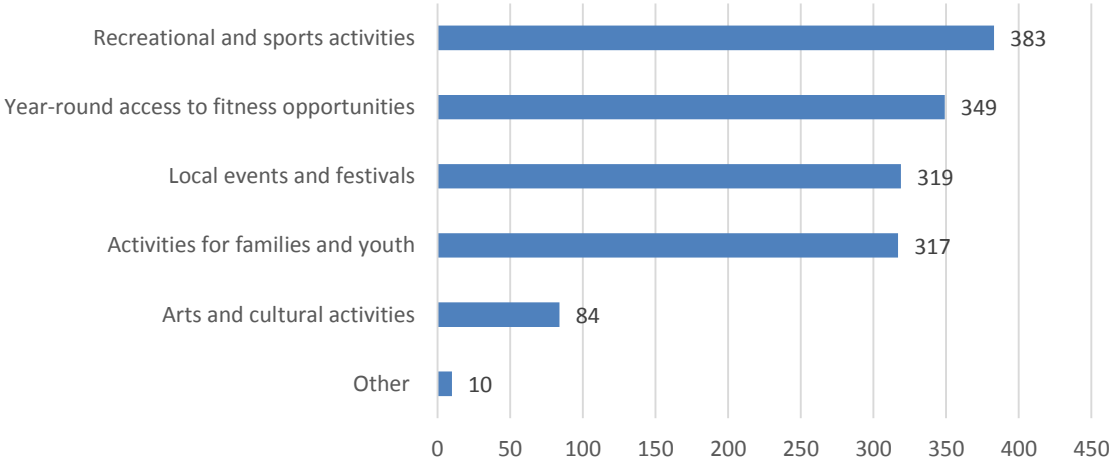


Figure 8: Best Thing about the ACTIVITIES in Your Community



In another open-ended question, residents were asked, "What are the major challenges facing your community?" Over 320 residents responded to this question. The most commonly cited challenges include:

- Viability of local businesses/shopping local (N=63)
- Diversity concerns/acceptance (N=52)
- Jobs with livable wages/qualified staff to fill positions (N=39)
- Activities for children and families (N=38)

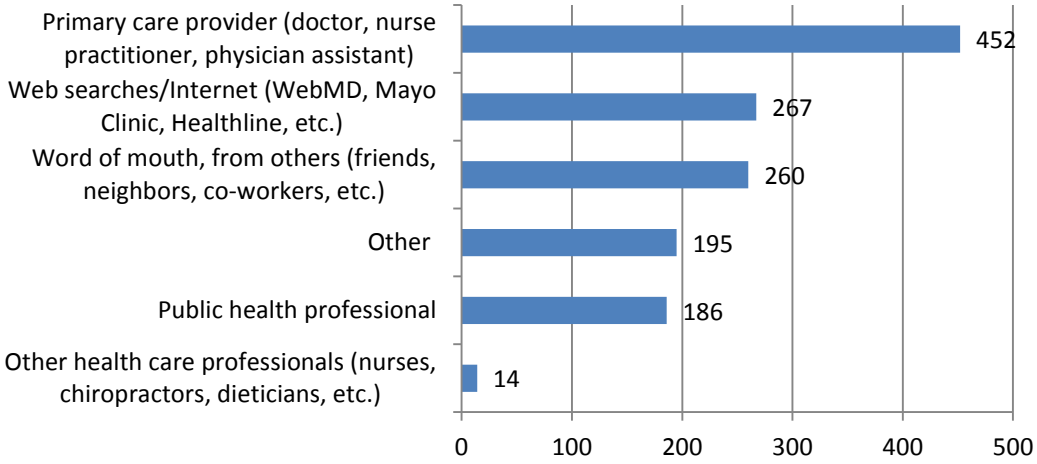
Specific comments provide some insights into the reasoning behind these issues being singled out as community challenges:

- Businesses closing because of changing times including easy access to surrounding larger communities and online shopping.

- Being open minded about the increasingly culturally diverse nature of our town, I think, is a challenge.
- It's hard to find a job that pays a living wage AND offers benefits.
- Not a lot of "after hours" activities for children and young adults to do. I seem to have to go to Fargo or Jamestown for a night out. Everything seems to be closed by 6:30-7pm.

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

Figure 9: Sources of Trusted Health Information



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 asked to pick the top three concerns. The eight categories of potential concerns were:

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

Echoing the weight of respondents' comments in the survey question about community challenges, the three most highly voiced concerns, with more than 350 votes were:

- Ability to retain doctors and nurses in the area (N=372, 56%)
- Jobs with livable wages (N=361, 55%)
- Bullying/cyber-bullying (N=359, 55%)

The other issues that had at least 275 votes included:

- Obesity/overweight (N=336, 51%)
- Availability of specialists (N=298, 45%)
- Attracting and retaining young families (N=294, 45%)
- Affordable housing (N=293, 45%)
- Availability of doctors and nurses (N=280, 43%)
- Cancer (N=280, 43%)
- Crime and safety (N=275, 42%)

Figures 10 through 17 illustrate these results.

Figure 10: Community Health Concerns

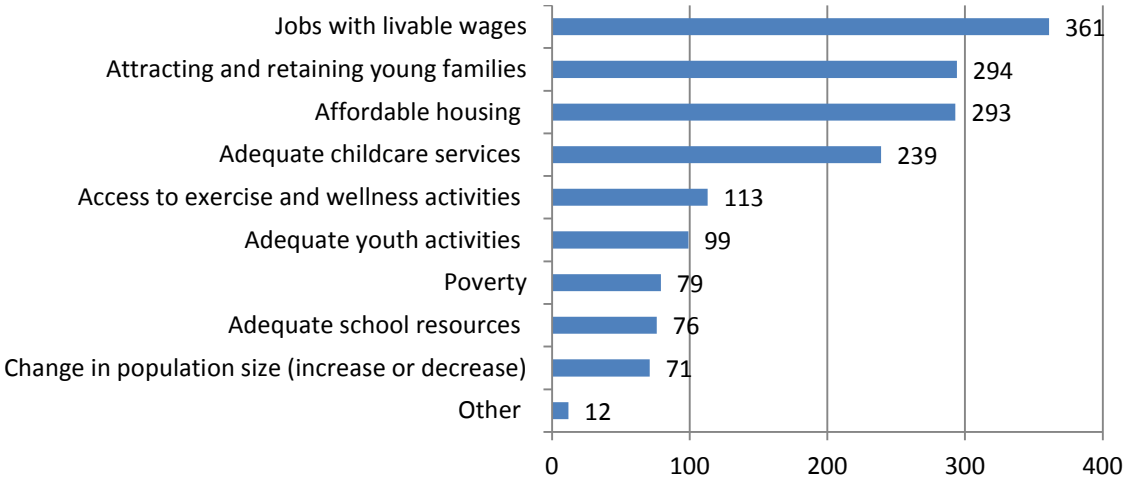


Figure 11: Availability of Health Services Concerns

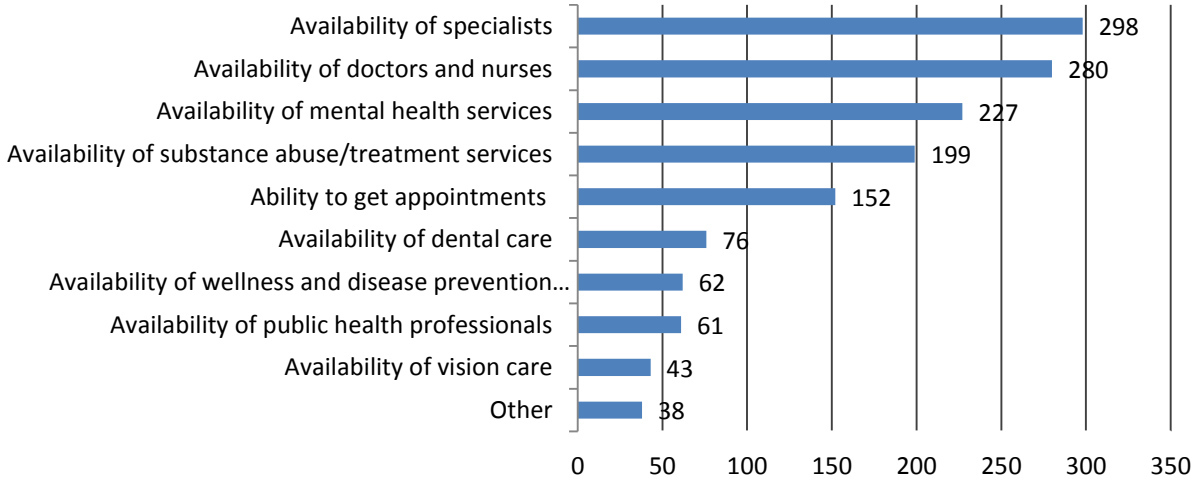


Figure 12: Safety/Environmental Health Concerns

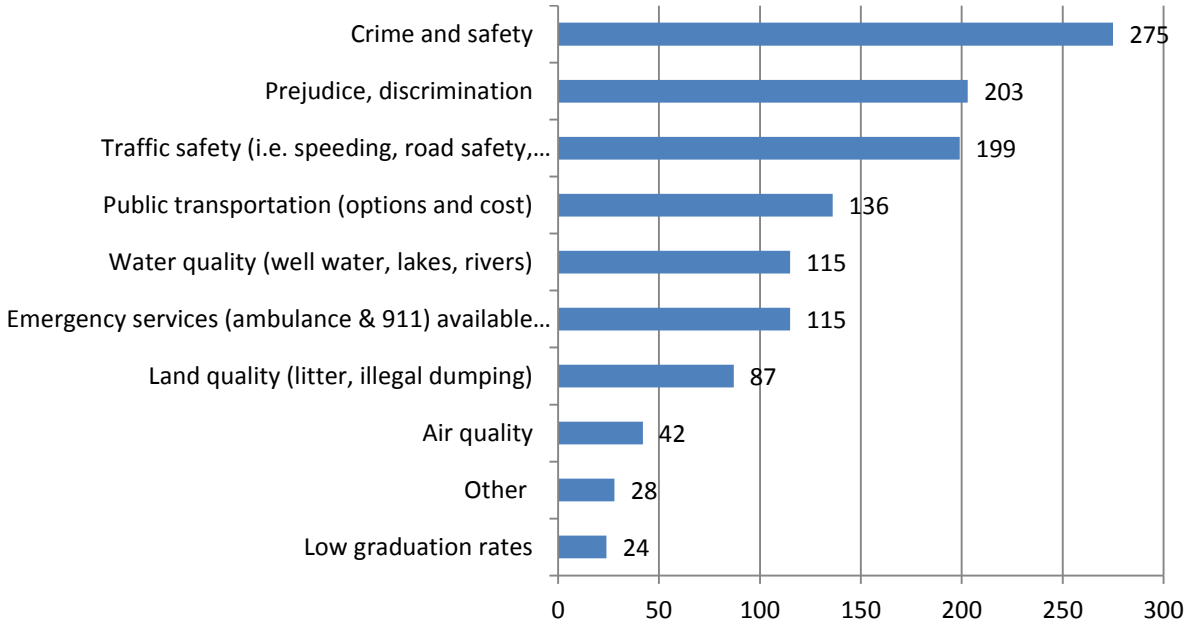


Figure 13: Violence Concerns

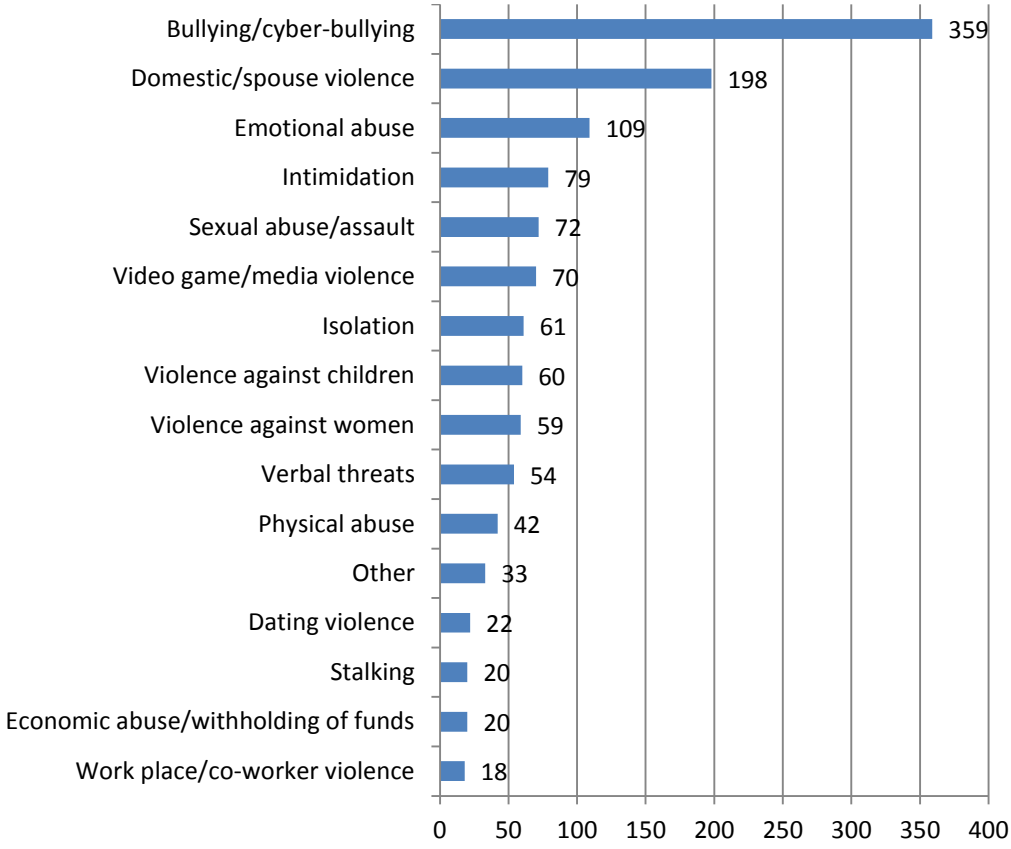


Figure 14: Delivery of Health Services Concerns

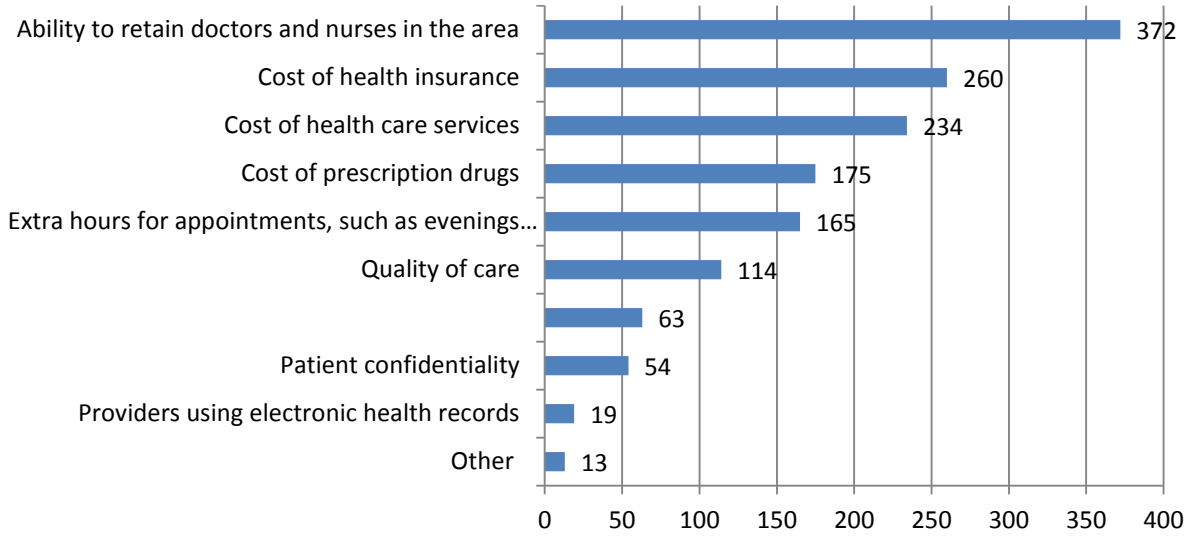


Figure 15: Physical Health Concerns

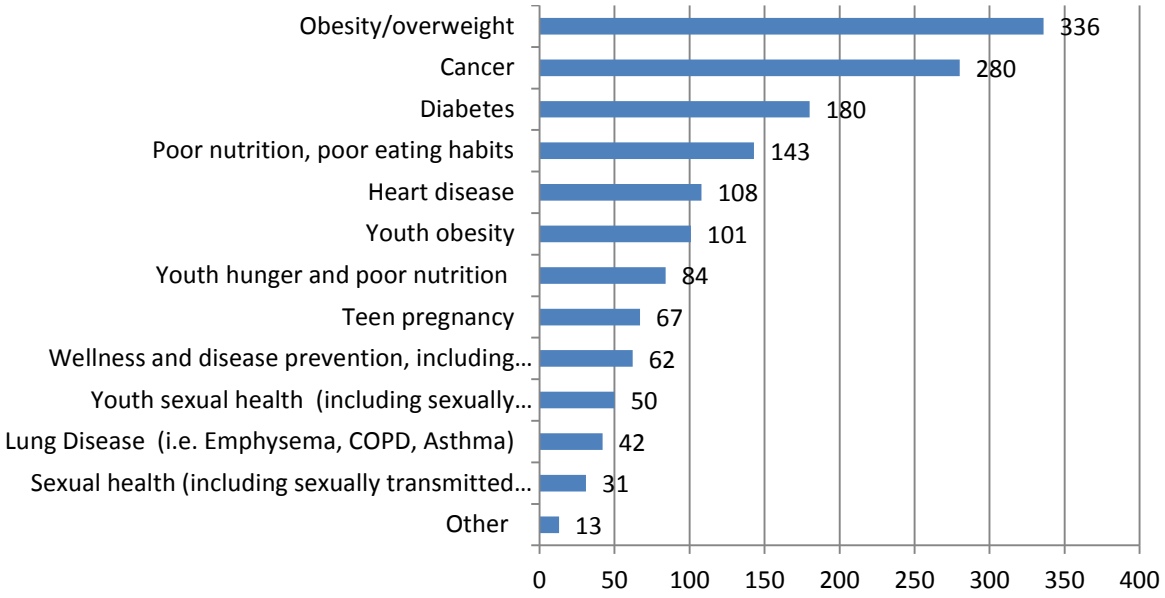


Figure 16: Mental Health and Substance Abuse Concerns

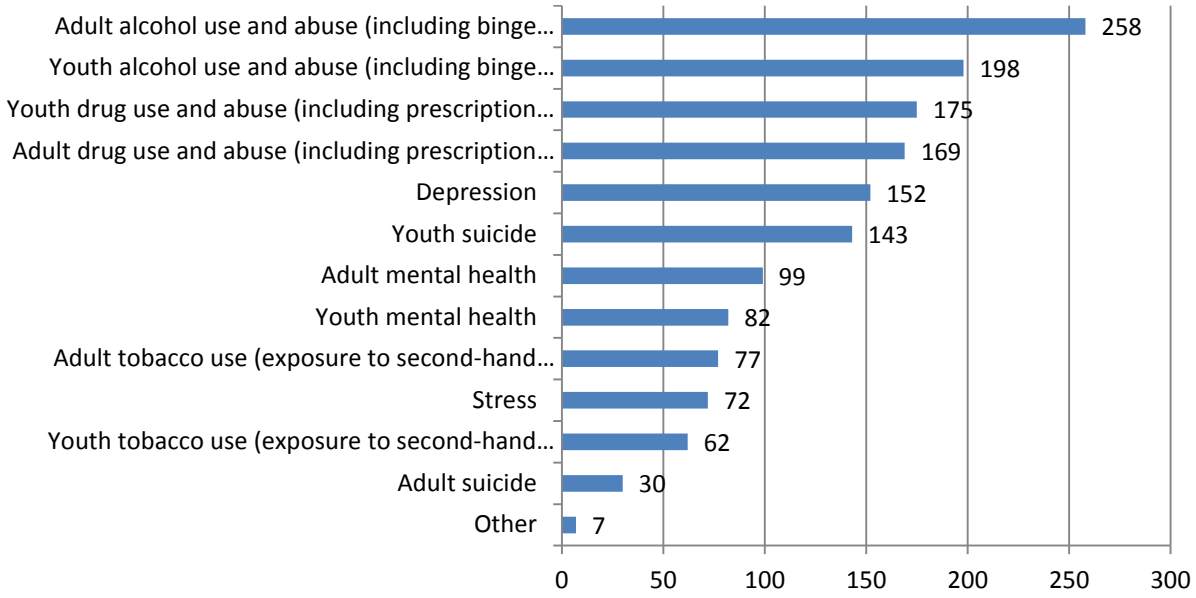
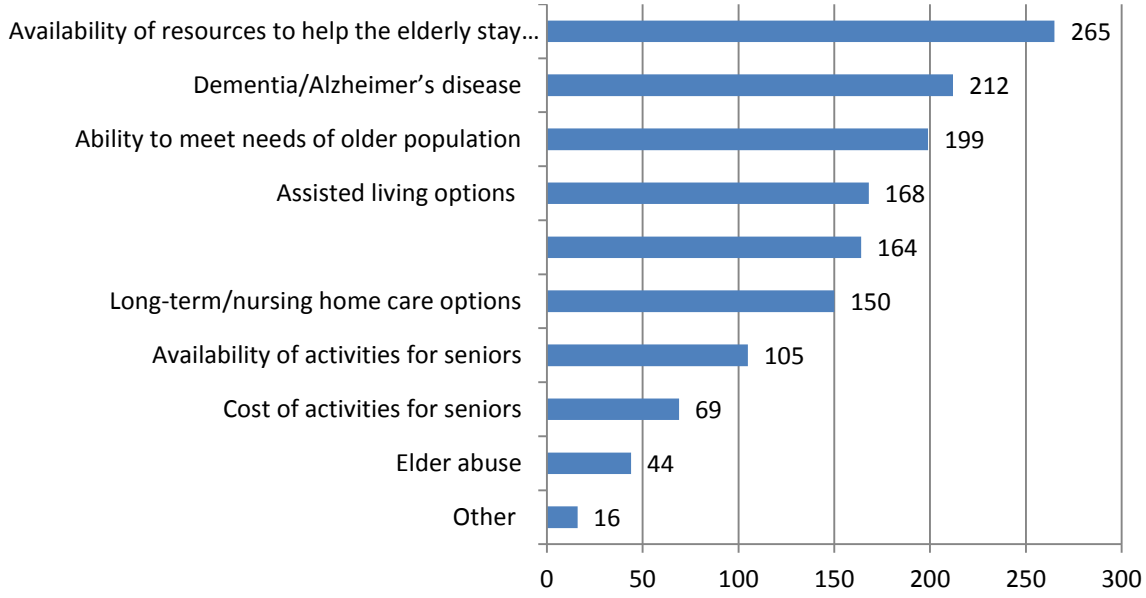


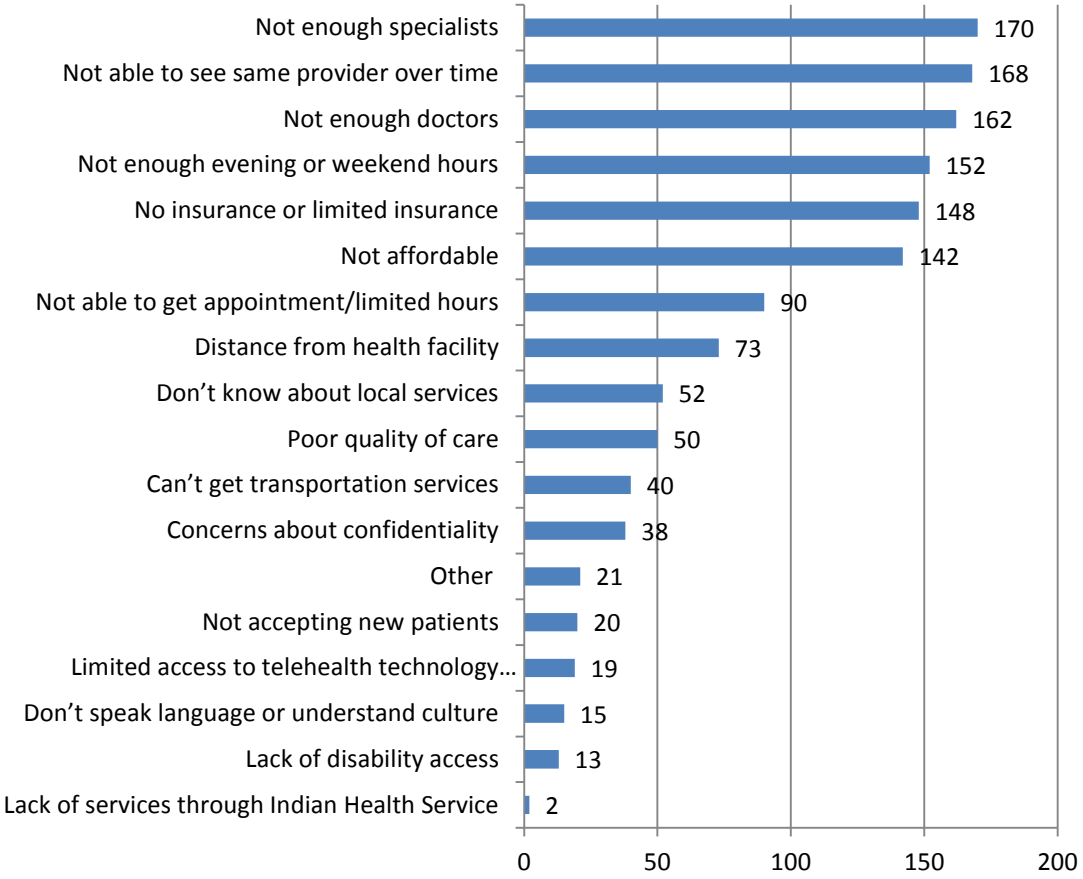
Figure 17: Senior Population Concerns



Delivery of Health Care

The survey asked residents what they see as barriers that prevent them or others from receiving health care. The most prevalent barrier perceived by residents was not enough specialists (N=170). There was little variance in the frequency with which other potential barriers were selected, with half of them identified by 142 to 168 respondents. After not enough specialists, the next most commonly identified barriers were not able to see the same provider over time (N=168), not enough doctors (N=162), and not enough evening or weekend hours (N=152). Figure 18 illustrates these results.

Figure 18: Perceptions about Barriers to Care



The survey also solicited input about what health care services should be added locally, which received 137 respondents providing suggestions. The most commonly requested service (N=31) was a mental health/substance abuse treatment services. Other commonly requested services were senior services (N=28), increased hours (night/weekend) (N=15), women's health (including OB and delivery services) (N=13), cancer treatment (N=5), and dialysis services (N=5).

Findings from 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. Generally, overarching thematic issues that developed during the interviews can be grouped into five categories (listed in alphabetical order):

- Low number of jobs available/no qualified staff
- Mental health needs – adult and youth
- Need for additional services for the elderly
- Recruiting and retaining medical staff
- Substance abuse (alcohol and drugs)

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

Low Number of Available Jobs/No Qualified Staff

- Not enough jobs with livable wages, not enough to live on
- Needing adequate employees, as applicants are not skilled enough. In general – reading, writing, and communication skills are poor. Currently we're not fully staffed.
- Not enough livable wage jobs – downfall based on this size of community.

Mental Health Needs (Adult and Youth)

- Mental health– we don't pay the professionals well enough – so they're not attracted to North Dakota.
- More mental health counseling services.
- Need to have more mental health services - licensed addiction counselors are definitely needed. Mercy is trying to fill the gaps – but not necessarily the people that are low income and need it the most. Somehow we need to get into the lower socio-economic status and do some more work there.

Additional Services for the Elderly

- Need more services for people to stay in their homes. When is the decision the best for people to leave their home – and transition to a facility?
- Elderly – meeting the needs of all the elderly – veterans, homebound, etc.
- Elderly care – we do a good job and a lot of good things – but it would be good if we were able to keep the elderly active as long as we can – good on so many levels – getting out, social environment, being mobile, walk, etc.

Recruiting and Retaining Medical Staff

- Availability of primary care – long waits to get in – follow-up care is lacking
- Lack of health care providers in the community. 10 physicians were employed at Sanford in 1980 – now only 3 at Sanford and 1 at Essentia. PA's can't do the same thing. PA's can't admit to the hospital.
- Currently there is a revolving door of doctors. When this happens – it's about the perception/reality of not getting the best care – and things falling between the cracks. This may be reality – and may be perceived.

Substance Abuse (Alcohol and Drugs)

- Don't have the inpatient long term substance abuse treatment available – shortage all over the state in substance abuse treatment.
- Prescription drug abuse issues as well – providers don't prescribe like they used to. Very few narcotics prescriptions out of the ER.
- In general – we have a drug problem – that is not acknowledged.
- Barnes County has an addiction counselor and can do evaluations – but can only provide low-intensity services.

Priority of Health Needs

A Community Group met on February 24, 2016. Twenty-three community members of the group attended the meeting. A representative from the Center for Rural Health presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the survey results (including perceived community assets and concerns, and barriers to care), and findings from the key informant interviews.

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

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

- Mental health service shortage (20 votes)
- Substance Abuse (alcohol and drugs) (17 votes)
- Licensed child care capacity (12 votes)
- Bullying/cyber-bullying (11 votes)

A summary of this prioritization may be found in Appendix C.

The group then began the second portion of the Community Group meeting: a strategic planning session to find ways to address the prioritized significant needs. Because of time constraints, the group did not cover all of planning necessary to create a comprehensive improvement plan. Instead, they spent their time discussing reasons behind – and working on potential ideas to address – each priority concern above, with the exception of bullying/cyber-bullying. A steering committee or other group will meet to continue the work that was started by the Community Group and culminate with a community health improvement plan that can be executed.

Appendix A1 – Paper Survey Instrument

Barnes County Health Survey

CHI Mercy Health and City-County Health District are interested in hearing from you about community health concerns. The focus of this effort is to:

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

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

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 Tiffany Knauf at 701.777.4048. ***Surveys will be accepted through November 20, 2015.***

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):

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

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

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

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

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

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

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

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

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

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

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

- ☐ Ability to get appointments
- ☐ Availability of doctors and nurses
- ☐ Availability of dental care
- ☐ Availability of mental health services
- ☐ Availability of public health professionals
- ☐ Availability of specialists
- ☐ Availability of substance abuse/treatment services
- ☐ Availability of vision care
- ☐ Availability of wellness and disease prevention services
- ☐ Other (please specify) _____

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

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

Q10. Considering various forms of **VIOLENCE** in your community, 3 concerns are (choose up to THREE):

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

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

- ☐ Ability to retain doctors and nurses in the area
- ☐ Cost of health care services
- ☐ Cost of health insurance
- ☐ Cost of prescription drugs
- ☐ Extra hours for appointments, such as evenings and weekends
- ☐ Patient confidentiality
- ☐ Providers using electronic health records
- ☐ Quality of care
- ☐ Sharing of information between healthcare providers
- ☐ Other (please specify) _____

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

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

Q13. Considering the **MENTAL HEALTH AND SUBSTANCE ABUSE** in your community, 3 concerns are (choose up to THREE):

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

Q14. Considering the **SENIOR POPULATION** in your community, 3 concerns are (choose up to THREE):

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

Delivery of Health Care

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

_____

_____

_____

3

Q16. What PREVENTS you or other community residents from receiving health care? (Choose ALL that apply.)

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

Q17. Where do you turn for trusted health information? (Choose ALL that apply.)

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

Q18. If CHI Mercy Health added a "Walk-In Clinic" to its current services, what days of the week and times would you utilize it most? (Select ONE)

- ☐ Monday - Thursday (8 am - 5 pm)
- ☐ Monday - Thursday (11 am - 7 pm)
- ☐ Monday - Thursday (5 pm - 8 pm)
- ☐ Friday - Sunday (8 am - 5 pm)
- ☐ Friday - Sunday (11 am - 7 pm)
- ☐ Friday - Sunday (5 pm - 8 pm)

Q19. Are you familiar with the Barnes ON THE MOVE coalition and its activities ("ON THE MOVE" programming which runs from January - April each year, nutrition/fitness classes, worksite wellness, Let's Walk Valley City, etc.)?

- ☐ Yes
- ☐ No

Demographic Information

Q20. Do you work for the hospital, clinic, or public health unit?

- ☐ Yes
- ☐ No

Q21. Health insurance status. (Choose ALL that apply.)

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

Q22. Age:

- ☐ Less than 18 years
- ☐ 18 to 24 years
- ☐ 25 to 34 years
- ☐ 35 to 44 years
- ☐ 45 to 54 years
- ☐ 55 to 64 years
- ☐ 65 to 74 years
- ☐ 75 years and older

Q23. Highest level of education:

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

Q24. Gender:

- ☐ Female
- ☐ Male
- ☐ Transgender

Q25. Employment status:

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

Q26. Your zip code: _____

Q27. Race/ethnicity (choose ALL that apply):

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

Q28. Annual household income before taxes:

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

Q29. Overall, please share concerns and suggestions to improve the delivery of local health care.

_____

_____

_____

Thank you for assisting us with this important survey!

5

Appendix A2 – Online Survey Instrument

Barnes County Health Survey

CHI Mercy Health and City-County Health District are interested in hearing from you about community health concerns. The focus of this effort is to:

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

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 Tiffany Knauf at 701.777.4048. ***Surveys will be accepted through November 20, 2015.***

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):

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

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

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

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

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

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

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

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

What are the major challenges facing your community?

0% 100%

>>

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):

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

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

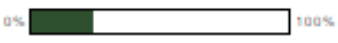
- [ ] Ability to get appointments
- [ ] Availability of doctors and nurses
- [ ] Availability of dental care
- [ ] Availability of mental health services
- [ ] Availability of public health professionals
- [ ] Availability of specialists
- [ ] Availability of substance abuse/treatment services
- [ ] Availability of vision care
- [ ] Availability of wellness and disease prevention services
- [ ] Other (please specify)

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

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

Considering various forms of **VIOLENCE** in your community, 3 concerns are (choose up to THREE):

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



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

- [ ] Ability to retain doctors and nurses in the area
- [ ] Cost of health care services
- [ ] Cost of health insurance
- [ ] Cost of prescription drugs
- [ ] Extra hours for appointments, such as evenings and weekends
- [ ] Patient confidentiality
- [ ] Providers using electronic health records
- [ ] Quality of care
- [ ] Sharing of information between healthcare providers
- [ ] Other (please specify)

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

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

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

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

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

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

Delivery of Health Care

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

0% 100%

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

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

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

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

If CHI Mercy Health added a "Walk-In Clinic" to its current services, what days of the week and times would you utilize it most? (Select ONE)

- ○ Monday - Thursday (8 am - 5 pm)
- ○ Monday - Thursday (11 am - 7 pm)
- ○ Monday - Thursday (5 pm - 8 pm)
- ○ Friday - Sunday (8 am - 5 pm)
- ○ Friday - Sunday (11 am - 7 pm)
- ○ Friday - Sunday (5 pm - 8 pm)

Are you familiar with the Barnes ON THE MOVE coalition and its activities ("ON THE MOVE" programming which runs from January - April each year, nutrition/fitness classes, worksite wellness, Let's Walk Valley City, etc.)?

- ○ Yes
- ○ No

0% 100%

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Demographic Information

Please tell us about yourself.

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

- ○ Yes
- ○ No

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

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

Age:

- ○ Less than 18 years
- ○ 18 to 24 years
- ○ 25 to 34 years
- ○ 35 to 44 years
- ○ 45 to 54 years
- ○ 55 to 64 years
- ○ 65 to 74 years
- ○ 75 years and older

Highest level of education:

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

Sex:

- ○ Female
- ○ Male
- ○ Transgender

Employment status:

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

Your zip code:

_____

Race/ethnicity: (Choose ALL that apply.)

- [ ] American Indian
- [ ] Asian
- [ ] Black/African American
- [ ] Hispanic/Latino
- [ ] Pacific Islander
- [ ] White/Caucasian
- [ ] Other:
- [ ] Prefer not to answer

Annual household income before taxes:

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

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

Thank you for assisting us with this important survey!

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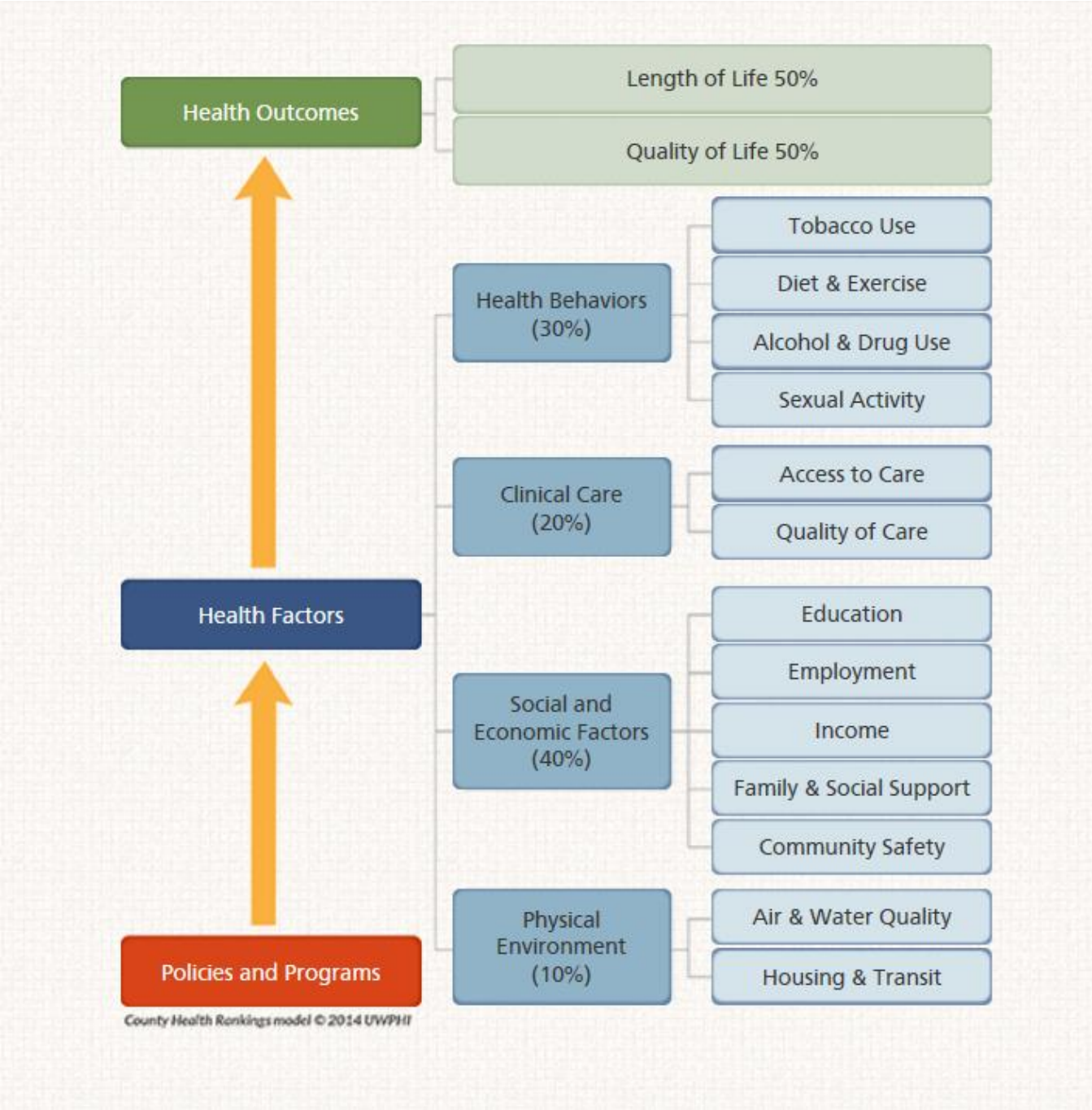
Appendix B – County Health Rankings Model



Appendix C – Prioritization of Community's Health Needs

Center for Rural Health
The University of North Dakota
School of Medicine & Health Sciences

POTENTIAL COMMUNITY HEALTH NEEDS
(Listed in alphabetical order)

	IDENTIFIED NEED	VOTE
1.	☐ Affordable housing problems	7
2.	☐ Attracting and retaining young families	3
3.	• Air pollution ✓ ❖	0
4.	• Alcohol-impaired driving deaths	1
5.	☐ Bullying/cyber-bullying	11
6.	☐ Cancer	1
7.	☐ Crime and safety	5
8.	• Elevated level of injury deaths ✓ ❖	2
9.	• Elevated level of children in poverty ✓	3
10.	• Elevated rate of physical inactivity ✓ ❖	0
11.	• Elevated rate of premature death ✓ ❖	1
12.	☐ ➢ High rate of unemployment	2
13.	• Lack of exercise opportunities ✓ ❖	0
14.	• Licensed child care capacity ✓	12
15.	• Mammography screenings ✓ ❖	1
16.	• ➢ Mental health service shortage	20
17.	☐ Obesity/overweight	0
18.	➢ ☐ Recruiting and retaining medical staff ☐ Availability of specialists	9
19.	➢ Services for the elderly	1
20.	• Sexually transmitted infections	0
21.	➢ Substance Abuse (alcohol and drugs) • Elevated rate of excessive drinking ✓ ❖	17

Legend:

- ✓ = Not meeting state average
- ❖ = Not meeting national benchmark
- ☐ = Survey
- • = Secondary data
- ➢ = Key Informant interviews

Appendix D – CHI Mercy Health of Valley City: 2013 Community Health Needs Assessment and Implementation Strategy Summary

CHI Mercy Health of Valley City has been serving Barnes County, North Dakota since May 15, 1928. Initially founded by the Sisters of Mercy, the hospital has continued its healing ministry through the years. Mercy joined Catholic Health Initiatives in 1997. In January of 2002, Mercy was granted Critical Access designation. CHI Mercy Health has continued to serve the community through its mission, vision and values.

The **Mission** of CHI Mercy Health is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.

To fulfill this mission, CHI Mercy Health follows these Core Values:
Reverence--profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God; **Integrity--**moral wholeness, soundness, fidelity, trust, truthfulness in all we do; **Compassion--**solidarity with one another, capacity to enter into another's joy and sorrow; **Excellence--**preeminent performance, becoming the benchmark, putting forth our personal and professional best.

The 2013 Community Health Needs Assessment (CHNA) was completed over a period from August to December of 2012. This implementation strategy report was developed from January to May of 2013. The CHNA Report and this Implementation Strategy Plan were approved by the Mercy Hospital Board of Directors on June 13, 2013. The CHNA Report can be found on the Mercy Hospital of Valley City Website at www.mercyhospitalvalleycity.org

Including data from the initial presentation and CHNA the Coalition identified priority areas. The process that was used for prioritization included structured brainstorming to document issues. This was then followed with a multi-voting priority process, whereas the members identified the priorities for the populations they represented. This process clarified the top priorities for Barnes County.

The Priority areas identified by the 2013 CHNA were:

1. Chronic Disease Management and Prevention
2. Access to Mental Health and Chemical Dependency
3. Violence Prevention; specific priority to be clarified by the Subgroup.

The gaps that were identified in this process, was the limited information on Violence among youth. The Coalition tasked the Violence Prevention Subgroup to evaluate the local YRBS in conjunction with the data collected in the local CHNA to identify a specific violence priority.

Description of What the Hospital will do to Address Community Health Needs (Implementation Plan)

Each of the priority areas was assigned to a Subgroup. Each Subgroup was tasked to develop an action plan to address the priority.

1. Chronic Disease Management and Prevention: The hospital is already supporting a coalition that is actively addressing chronic disease prevention and treatment. This coalition is called Achieve/ Barnes County ON the Move. The plan for the CHNA is to support and supplement the activities of this coalition to meet the identified needs of Chronic Disease Management and Prevention.
2. Violence Prevention: The Violence Prevention Subgroup met several times in 2013. They have identified a violence prevention priority of Bullying in Youth. The action plan included identifying current resources addressing bullying in our community. The Subgroup then identified a specific prevention strategy to decrease a specific bullying behavior in our community. The metric will be to see a decrease in reported bullying on the local Youth Risk Behavior Survey (YRBS)
3. Access to Mental Health and Chemical Dependency Services: This subgroup focused on identifying current services that wer available in the community and creating a resource to increase awareness of available services. The subgroup also investigated the feasibility of providing additional services in the community.

2013 Community Health Needs Implementation Plan Results Summary

1. Chronic Disease Management and Prevention implementation went well in Barnes County. The On the Move Program continues to grow in participation year after year, and education from this program has now reached all school aged children in Barnes County as they all participate during the month of March each year. The strategy went so well that this concern has dropped out of our 2016 CHNA priorities.
2. Violence Prevention initiatives centered on addressing Bullying issues for school-aged children. The implementation included providing the "Coaching Boys to Men" curriculum to area High School Athletic Coaches and continues to present time. In addition, we partnered with our local university (Valley City State University) and worked with their Health Class students to provide anti-bullying classes to 5th and 6th grades in Valley City. Finally, we distributed Bullying information packets as resources to local counselors of children. We

continue to struggle to keep up with the increase in cases of bullying in our community. This is evident as it was deemed a top four priority on the 2016 CHNA as well.

3. Access to Mental Health and Chemical Dependency Services in our community was the final issue prioritized to work on in the 2013 CHNA. A local Mental Health Coalition was formed to look into this need. They also participated in "The Schulte Report" for the ND State Legislature Health Services Committee to provide regional input into needs, access, and barriers to both as well as impediments to recruit more counselors as it pertains to ND State Law requirements. Unfortunately, this report did not impact current laws during the last ND Legislative session—so work continues from our local Mental Health Coalition to bring these issues up again. This issue was prioritized again on our 2016 CHNA as the need continues to grow at a rapid pace. CHI Mercy Health has provided office space for additional counselors to provide care (they travel from Jamestown and Fargo) to Barnes County residents. In addition, we were awarded a Helmsley Grant to add a Tele-Psyche service to our Emergency Room in 2015.

Catholic Health Initiatives—Fargo Division Strategy for CHI Mercy Health's 2016 CHNA Needs

A common need found within the Fargo Division of Catholic Health Initiatives communities was (in 2013) and continues to be (in 2016) the lack of sufficient access to Mental Health/Substance Abuse counseling and services. Due to the increase in needs across all facilities—they have been working on initiatives to share across the state as follows:

Currently, most CHI-Fargo telemedicine services focus on crisis mitigation, Emergency Room coverage, accurate diagnosis and developing an appropriate treatment plan. Yet implementing and monitoring patient progress post-crisis is hampered by the lack of local therapists or psychiatrists. Adding outpatient tele-behavioral health enables the incorporation of recovery principles into treatment and a focus on stability and wellness. Outpatient services can include medication management, therapeutic sessions, and participation in group support sessions. Psychiatry Networks (PN), a partner with CHI hospitals for four year will implement and open Tele-psych Clinics and provide training at each of the nine sites that do not currently offer outpatient tele-behavioral health. Training will include scheduling appointments, working with PN to develop and monitor patient stabilization plans through outpatient tele-psych clinics.

- St. Joseph's Hospital in Dickinson, ND, Mercy Medical in Williston, ND and St. Gabriel's Hospital/Family Medical Clinic in Little Falls, MN have already expanded tele-behavioral health to their outpatient clinics one day per week. However, demand now averages 300 outpatient visits per quarter and all three sites are requesting expansion to two days per week at each site.

- Outpatient expansion will be initiated this year at St. Francis Healthcare (Breckenridge, MN), Lisbon Area Health Services (Lisbon, ND), Mercy Health (Valley City, ND), and Oakes Community Hospital (Oakes, ND) and will be funded during 2016 through current HRSA grant carryover funds.

- Additionally, outpatient expansion will be initiated in 2017 (upon grant award) at Lake Wood Health/Clinic (Baudette, MN), Carrington Health Center (Carrington, ND), Mercy Hospital (Devils Lake, ND), St. Joseph's Area Health Services (Park Rapids, MN) and Mobridge Regional Hospital/Medical Clinic (Mobridge, SD).