2016 Community Health Needs Assessment

Crosby Area

North Dakota

Lynette Dickson, MS
Kylie Nissen, BBA

ST. LUKE'S MEDICAL CENTER
Center for Rural Health
University of North Dakota
School of Medicine & Health Sciences
Public Health
Prevent. Promote. Protect.
Upper Missouri District Health Unit

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Executive Summary

To help inform future decisions and strategic planning, St. Luke's Hospital and Upper Missouri District Health Unit conducted a community health needs assessment in the St. Luke's Hospital service area. 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 area were given the chance to participate in a survey. Approximately 133 St. Luke's Hospital service area residents took the survey. Additional information was collected through five key informant interviews with community leaders. The input from all of these residents represented the broad interests of the communities in St. Luke's Hospital service area, which primarily resides in Divide 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, Divide County tends to reflect state averages. The percentages of residents under age 18 (20.9%) is within a couple percentage points of the North Dakota average (22.8%). However, percentages of residents aged 65 and older both is significantly higher (23.1%) than the North Dakota average (14.2%). and of those rates of education are very close to North Dakota averages. The median household income in Divide County ($58,036) is slightly higher than the state average of North Dakota ($55,579).

Data compiled by County Health Rankings show that with respect to health outcomes, Divide 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 Divide County was performing poorly relative to the rest of the state included:

- physical inactivity
- access to exercise opportunities
- alcohol impaired driving deaths
- teen birth rate
- uninsured
- sufficient numbers of dentists
- mammography screening
- income inequality
- air pollution

Of 95 potential community and health needs set forth in the survey, the 133 St. Luke's Hospital service area residents who took the survey, indicated these six needs as the most important:

1. Ability to recruit and retain primary care providers (doctor, nurse practitioner, physician assistant)
2. Attracting and retaining young families
3. Availability of resources to help the elderly stay in their homes
4. Availability of vision care
5. Obesity/overweight
6. Lack of affordable housing

The survey also revealed that the biggest barriers to receiving health care as perceived by community members were not enough specialists (n=34), not able to see the same provider over time (N=32), not enough evening or weekend hours (N=28), not enough doctors (N=19), and concerns about confidentiality (N=16).

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

- Family-friendly; good place to raise kids
- Safe place to live, little/no crime
- People are friendly, helpful, supportive
- People who live here are involved in their community
- Feeling connected to people who live here

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:

- Mental health needs – adult and youth
- Need for additional services for the elderly
- Recruiting and retaining medical staff
- Substance abuse (alcohol and drugs)
- Lack of affordable housing

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:

- Adult and youth alcohol use and abuse
- Depression
- Attracting and retaining young families
- Adequate childcare services

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, Upper Missouri District Health Unit and St. Luke's Hospital completed a community health assessment of the St. Luke's Hospital service area. The hospital identifies its service area as the towns of Crosby, Ambrose, Fortuna, Noonan, Lignite and Columbus with the latter two towns located in Burke County. Its secondary service area is identified as Bowbells, Grenora, Zahl, Alamo, Wildrose, Flaxton and Portal. The secondary service area is the geographic region beyond the hospital's primary service area. These secondary service area towns are located in both Burke County and Williams County. Many community members and stakeholders worked together on the assessment.

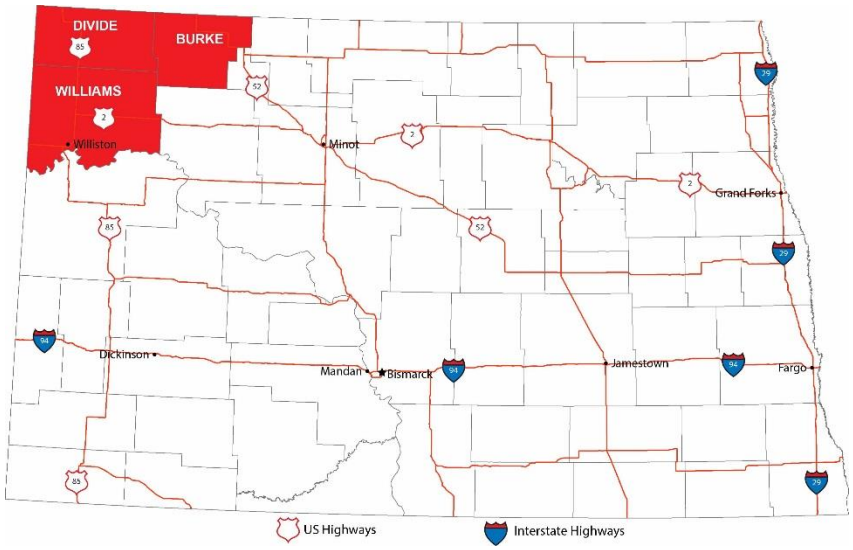
As illustrated in Figure 1, Divide County is the primary service area county and is located in northwestern North Dakota. The northern border is Saskatchewan, Canada, western border is Montana, and it is bordered on the east and south by Burke and Williams Counties. The county seat is located in Crosby and the other incorporated communities are Ambrose, Fortuna, and Noonan.

Divide County has historically been a rural, agricultural community with the bulk of the local economy based on our farmers and ranchers. Recently, the expansion of oil and gas exploration and production in the Bakken and Three Forks formations has diversified the local economy. After a couple of decades of emigrating population, Divide County is experiencing significant net immigration to every community.

In terms of physical assets and features, the community of Crosby includes a walking path, swimming pool, splash pad park, city parks, golf course, a large community center including a hockey arena and a curling rink, and movie theatre. The Divide County school system offers a comprehensive program for students K-12.

The health care facilities and services in the area include Solutions Behavioral Mental Health Professionals, a pharmacist, a dental office, and a chiropractor office.

Figure 1: Divide/Burke/Williams Counties, North Dakota



Upper Missouri District Health Unit

Upper Missouri District Health Unit (UMDHU) provides public health services that include environmental health, Family Planning, Immunizations, the WIC (women, infants, and children) program, foot care for the elderly, 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 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, UMDHU 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 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

St. Luke's Hospital

St. Luke's Hospital is a 15-bed critical access hospital located in Crosby, North Dakota. It is a state designated Level V Trauma Center and employs approximately 60 people. St. Luke's Hospital's service area consists of Divide, Burke, and Northern Williams County in Northwestern North Dakota. The core values of St. Luke's hospital are respect, compassion, stewardship, integrity, and justice. The hospital is recognized by the state of North Dakota as a non-profit organization and has been recognized by the state Revenue Service as exempt from Federal Income Taxes under Internal

Revenue Section 501(c)(3). The hospital is governed by a community Board of Directors consisting of nine elected directors. The hospital is recognized by the state and federal government as a Critical Access Hospital (CAH).

The first homesteaders in Divide county didn't arrive until spring 1903, but by the following winter the eastern two-thirds of the county was full of claim shacks. A peak population of 9,637 people occupied the county in 1920.

Mr. Renhard Hering homesteaded the present site of land where St. Luke's Hospital is located in 1904. In 1914, it was surveyed as Hering Addition to the city of Crosby. Dr. Blake Lancaster erected and operated the original brick structure as a medical and surgical facility from 1915 to 1917, at which time M. Allen Person purchased the property from Dr. Lancaster and leased the building for apartments.

When the Benedictine Sisters of Sacred Heart Priority, Richardton, North Dakota, bought the building in 1938 from Mr. Person, it only had the basement and first floor furnished; the second floor was a "shell." For four years the Sisters operated it as St. Joseph's Home for the Aged. By 1941, the City of Crosby had grown to the extent that the townspeople and the surrounding communities realized their need for a hospital and urged the Sisters to convert the Home into a hospital, which they did, opening the doors on February 11, 1942. At this time the name changed to St. Luke's Hospital. In 1965, they moved into a new 25-bed facility, as the old one no longer met the requirements of the State Department of Health. The Benedictine Sisters of Scared Heart Priority transferred ownership and operation of the hospital to the Crosby community on July 1, 1984. It continues to be operated as a non-profit institution.

Crosby is the county seat of Divide County, the northwestern most county in North Dakota. The area was settled in 1904 as a commerce center to serve homesteaders, primarily from Scandinavia. Crosby is about 35 miles east of the Montana border and approximately 9 miles south from the Canadian border. In 2013, the city of Crosby's estimated population was around 1,300 people.

St. Luke's provides needed medical services in the areas of acute, outpatient, and extended care. The hospital serves a tri-county region (Divide, Burke, and Williams). The hospital identifies its service area as the towns of Crosby, Ambrose, Fortuna, Noonan, Lignite and Columbus with the latter two towns located in Burke County. Its secondary service area is identified as Bowbells, Grenora, Zahl, Alamo, Wildrose, Flaxton and Portal. The secondary service area is the geographic region beyond the hospital's primary service area. These secondary service area towns are located in both Burke County and Williams County.

Specific services provided by St. Luke's Hospital are:

General and Acute Services

1. Acne treatment
2. Allergy, flu & pneumonia shots, shingles/zostavax
3. Blood pressure checks
4. Clinic
5. Emergency Room
6. Gynecology (per Family Practice Providers)
7. Hospital (Acute Care)
8. Independent senior housing
9. Mole/wart/skin lesion removal
10. Nutrition Counseling
11. Orthopedicas (Basic/Family Practice)
12. Physicals: annuals, D.O.T., sports & insurance
13. Sports medicine
14. Surgical services - biopsies
15. Surgical services - outpatient
16. Swing bed services

Screening/Therapy Services

1. Chronic Disease Management
2. Holter monitoring
3. Laboratory services
4. Lower extremity circulatory assessment
5. Occupational physicals
6. Occupational therapy
7. Pediatric services
8. Physical therapy
9. Social Services

Radiology Services

1. CT scan (mobile unit)
2. Digital mammography (mobile unit)
3. Echocardiograms
4. EKG
5. General x-ray
6. Mammograms (mobile unit)
7. Ultrasound (mobile unit)

Laboratory Services

1. Hematology
2. Blood banking
3. Clot times
4. Chemistry
5. Urine testing

Services offered by OTHER providers/organizations

1. Ambulance
2. Chiropractic services
3. Dental services
4. Massage therapy

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

This assessment examines health needs and concerns in Divide County. In addition to Crosby, located in the county are the communities of Noonan, Ambrose, & Fortuna.

The assessment process was highly collaborative. Administrators and other professionals from St. Luke's Medical Center and Upper Missouri Health District Unit and In-Solutions Behavioral Health Professionals were considerably involved in planning and implementing the process. Along with representatives from the Center for Rural Health, they met regularly by telephone conference and via email. The Community Group (described in more detail below) provided in-depth information and informed the assessment in terms of community perceptions, community resources, community needs, and ideas for improving the health of the population and health care services. Representatives from St. Luke's Medical Center, Upper Missouri Health District Unit, and In-Solutions Behavioral Health Professionals were heavily involved in planning the Community Group meetings. The Community Group was comprised of many residents from outside the hospital and health department, including representatives from local government, businesses, and social services.

The survey instrument was developed out of a collaborative effort that took into account input from health organizations around the state. The North Dakota Department of Health's public health liaison organized 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 health care 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 sixteen community members was convened and first met on February 29th, 2016. During this first Community Group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about Divide 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 12, 2016 with nine 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 Pembina 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 St. Luke's Medical Center and Upper Missouri Health District Unit. They included representatives of the health community, business community, political bodies, education, faith community, economic development, and social service agencies. Not all members of the group were present at both meetings.

Interviews

One-on-one interviews with three key informants were conducted in person in Crosby on February 29, 2016 and one phone interview was conducted on February 23, 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 professionals with special knowledge in public health acquired through several years of direct experience in the community, including working with medically underserved, low income, and minority populations, as well as with populations with chronic diseases.

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, awareness of health services offered locally, barriers to receiving health services, and suggestions for improving collaboration within the community.

Survey

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

The community member survey was distributed to various residents of Divide, Burke, and Williams Counties. 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
- Awareness of local health services
- Barriers to using local health care
- Basic demographic information
- Suggestions to improve the delivery of local health care

To promote awareness of the assessment process, a press release was sent to the Journal, Divide County's official newspaper, which led to an article that was published March 2, 2016. Additionally, information was published on the St. Luke's Medical Center's website, including their billings, along with the official Divide County and City of Crosby websites. It was also included in the City of Crosby's water billing and the local church bulletins and newsletters, on the local community channel. Flyers and table tents were distributed throughout the county at local businesses. It was put on various social media sites that include members from the county.

Approximately 125 community member surveys were available for distribution in Divide County. The surveys were distributed by Community Group members and at St. Luke's Medical Center, Upper Missouri Health District, In-Solutions Behavioral Health Professionals, and at the Divide County Public Library.

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 St. Luke's Medical Center. The survey period ran from February 22 to March 18, 2016. One hundred thirty-three completed surveys were returned.

Area residents also were given the option of completing an online version of the survey. The link for the survey was available on information that was published on the St. Luke's Medical Center's website, including their monthly billing statements, along with the official Divide County and City of Crosby websites. It was also included in the City of Crosby's water billing statements and the local church bulletins and newsletters, on the local community channel. Flyers and table tents were distributed throughout the county at local businesses. It was put on various social media sites that include members from the county. The total responses for the

survey were about 10% of the population of Crosby. This response rate is on par for what the steering committee had expected.

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,

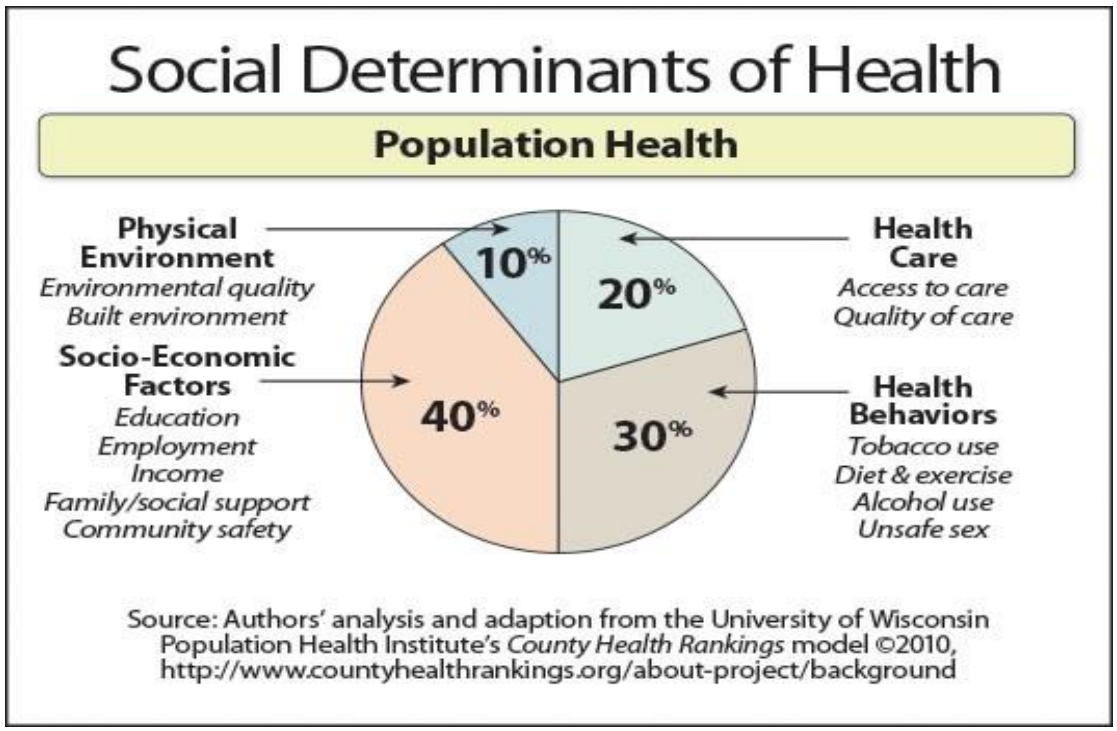
"the circumstances in which people are born, grow up, live, work, and age and the systems put in place to deal with illness. These circumstances are in turn shaped by wider set of forces: economics, social policies and politics. "

Income-level, educational attainment, race/ethnicity, and health literacy all impact the ability of people to access health services and to meet their basic needs, such as clean air and water; safe and affordable housing, are all essential to staying healthy. 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%) health care 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 are raised through this community health needs assessment process, it is 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 Divide County.

TABLE 1: DIVIDE COUNTY: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2014 American Community Survey; more recent estimates used where available)				
	Divide County	**Burke County**	**Williams County**	**North Dakota**
Population, 2014 est.	**2,432**	**2,245**	**32,130**	**739,482**
Population change, 2010-2014	**17.4%**	**14.1%**	**43.5%**	**9.9%**
Land area, square miles	**1,295**	**515**	**2,077**	**69,001**
People per square mile, 2010	**2**	**2**	**10.8**	**9.7**
White persons (not incl. Hispanic/Latino), 2014 est.	**96.6%**	**96.5%**	**90.0%**	**89.1%**
Persons under 18 years, 2014 est.	**20.9%**	**23.4%**	**25.5%**	**22.8%**
Persons 65 years or older, 2013 est.	**23.1%**	**18.0%**	**9.4%**	**14.2%**
Non-English spoken at home, 2013 est.	**2.6%**	**5.5%**	**4.6%**	**5.3%**
High school graduates, 2013 est.	**90.6%**	**87.6%**	**90.4%**	**90.9%**
Bachelor's degree or higher, 2013 est.	**21.8%**	**18.5%**	**19.1%**	**27.2%**
Live below poverty line, 2013 est.	**8.4%**	**8.3%**	**6.9%**	**11.9%**

The population of North Dakota has grown in recent years, Divide County has seen an increase in population since 2010, as the U.S. Census Bureau estimates show that the county's population increased from 2,071 (2010) to 2,450 (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, Divide 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 Divide 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 District Health Unit and St. Luke's Medical Center or of particular medical facilities.

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

Divide County's rankings within the state also is included in the summary below. For example, Divide County ranks 27th out of 49 ranked counties in North Dakota on health outcomes and 5th on health factors. The measures marked with a red checkmark (✓) are those where Divide 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 Divide 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 percent diabetic. On health *factors*, Divide County is in line with the majority of North Dakota counties as well.

Divide County lags the state on the following reported measures:

- physical inactivity
- access to exercise opportunities
- alcohol impaired driving deaths
- teen birth rate
- uninsured
- dentists
- mammography screening
- income inequality
- air pollution – particulate matter

TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS* – DIVIDE/BURKE/WILLIAMS COUNTIES					
	Divide County	**Burke County**	**Williams County**	**U.S. Top 10%**	**North Dakota**
Ranking: Outcomes	**27th**	**46th**	**20th**		**(of 49)**
Premature death	-	-	7,900✓✓	5,200	6,600
Poor or fair health	12% ☺	13%✓	12%☺	12%	14%
Poor physical health days (in past 30 days)	2.5 ☺	2.8 ☺	2.5☺	2.9	2.9
Poor mental health days (in past 30 days)	2.5 ☺	2.7☺	2.7☺	2.8	2.9
Low birth weight	-	12%✓✓	5%☺	6%	6%
% Diabetic	10% ✓✓	10%✓✓	7%☺	9%	8%
Ranking: Factors	**5st**	**35th**	**41st**		**(of 49)**
Health Behaviors					
Adult smoking	16% ✓	19%✓	21%✓✓	14%	20%
Adult obesity	29% ✓	30%✓	35%✓✓	25%	30%
Food environment index (10=best)	9.2 ☺	7.1	9.5 ☺	8.3	8.4
Physical inactivity	36% ✓✓	31%✓✓	30%✓✓	20%	25%
Access to exercise opportunities	54% ✓✓	0%✓✓	67%✓	91%	66%
Excessive drinking	22% ✓	22%✓	24%✓	12%	25%
Alcohol-impaired driving deaths	60% ✓✓	63%✓✓	57%✓✓	14%	47%
Sexually transmitted infections	179.5 ✓	-	655.5✓✓	134.1	419.1
Teen birth rate	29 ✓✓	-	48✓✓	19	28
Clinical Care					
Uninsured	13%✓✓	13%✓✓	10% ☺	11%	12%
Primary care physicians	-	-	1,850:1✓✓	1,040:1	1,260:1
Dentists	2,430:0✓✓	2,250:0✓✓	1,460:1✓	1,340:1	1,690:1
Mental health providers	-	-	970:1✓✓	370:1	610:1
Preventable hospital stays	51 ✓	69✓✓	61 ✓✓	38	51
Diabetic screening	93% ☺	78%✓✓	80%✓✓	90%	86%
Mammography screening	47% ✓✓	70%✓	62%✓	71%	68%
Social and Economic Factors					
Unemployment	1.5% ☺	2.8% ☺	1.2% ☺	3.5%	2.8%
Children in poverty	12% ☺	10% ☺	9% ☺	13%	14%
Income inequality	5.4 ✓✓	5.5✓✓	4.3✓	3.7	4.4
Children in single-parent households	8% ☺	17% ☺	20% ☺	21%	27%
Violent crime	0 ☺	128✓	332✓✓	59	240
Injury deaths	-	163✓✓	106✓✓	51	63
Physical Environment					
Air pollution – particulate matter	10.1 ✓✓	9.9✓	10.0✓	9.5	10.0
Drinking water violations	No ☺	No	Yes	No	
Severe housing problems	5% ☺	5% ☺	7% ☺	9%	11%

Children's Health

The National Survey of Children's Health touches on multiple intersecting aspects of children's lives. Data are not available at the county level; listed below is information about children's health in North Dakota. The full survey includes physical and mental health status, access to quality 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 Divide County is doing worse than the state average. The year of the most recent data is noted.

The data show that Divide County is performing better than the North Dakota average on all of the examined measures except the number of uninsure 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

	Divide County	Burke County	Williams County	North Dakota
Uninsured children (% of population age 0-18), 2013	**11.5%**	**11.3%**	**7.3%**	8.7%
Uninsured children below 200% of poverty (% of population), 2013	**61.1%**	**48.4%**	**33.5%**	47.8%
Medicaid recipient (% of population age 0-20), 2014	**26.1%**	**21.3%**	**21.5%**	27.0%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	**4.4%**	**1.8%**	**1.4%**	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2012	**10.8%**	**13.5%**	**11.9%**	21.4%
Licensed child care capacity (% of population age 0-13), 2014	-	-	**28.7%**	43.1%
High school dropouts (% of grade 9-12 enrollment), 2013	**0.0%**	**0.0%**	**4.8%**	2.8%

Survey Results

As noted above, 133 community members took the written or electronic survey in communities throughout the county. The survey requested that respondents list their home zip code. The results revealed that the large majority of respondents lived in Crosby (N=66). These results are shown below.

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 just 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 40% (N=38) were aged 55 or older, although there was a fairly even distribution of ages between 25 to 64 years.
- A large majority (33%, N=77) were female.
- 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.

Figures 3 through 7 show 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: Age Demographics of Survey Respondents

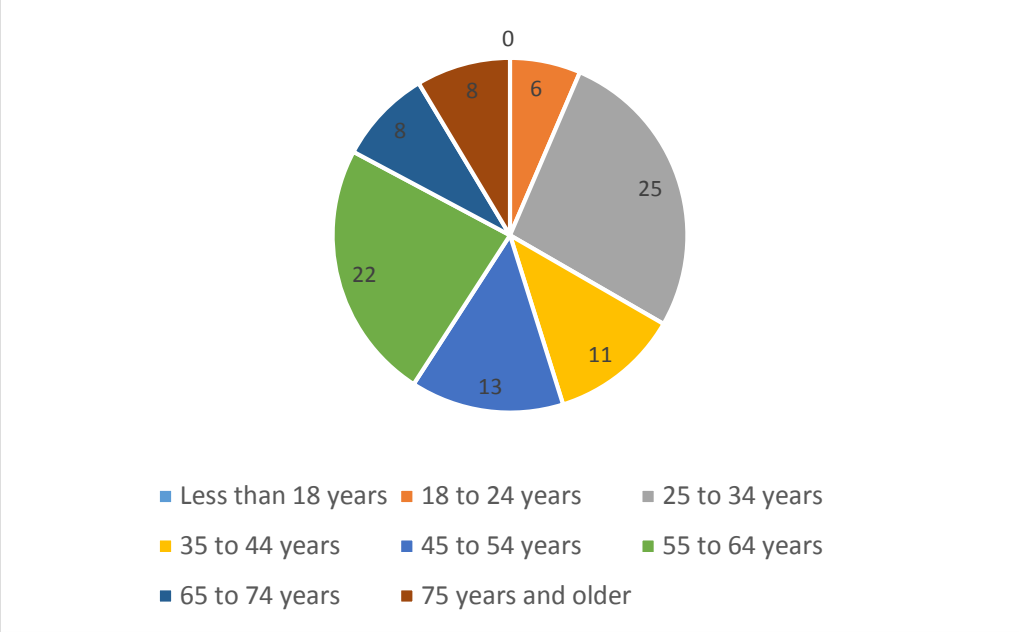


Figure 4: Gender Demographics of Survey Respondents

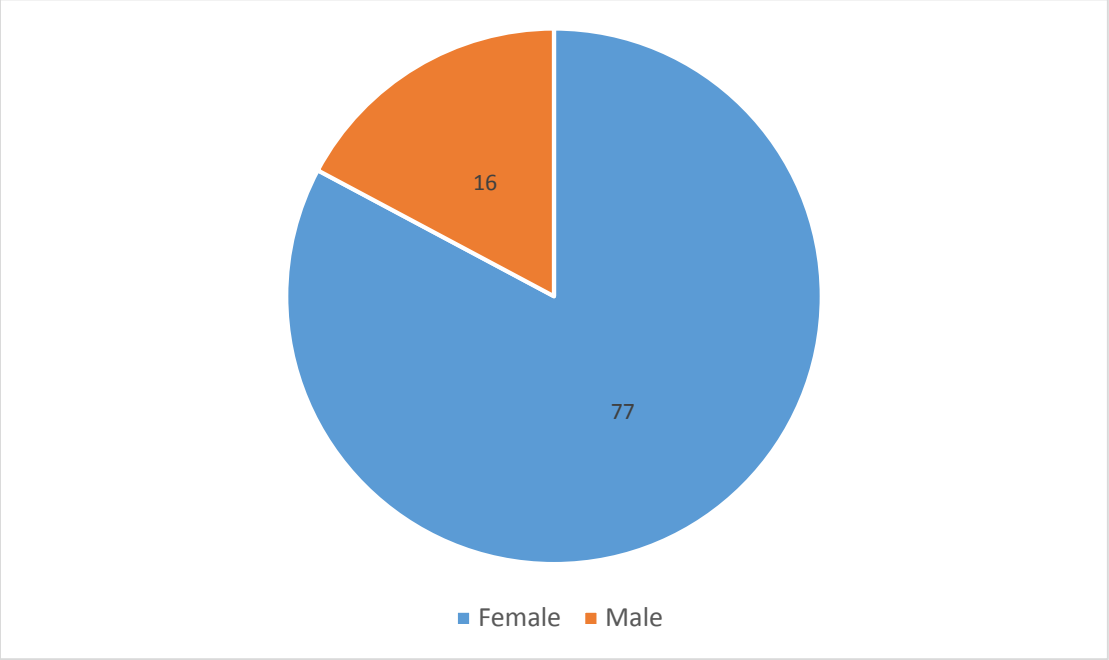


Figure 5: Educational Level Demographics of Survey Respondents

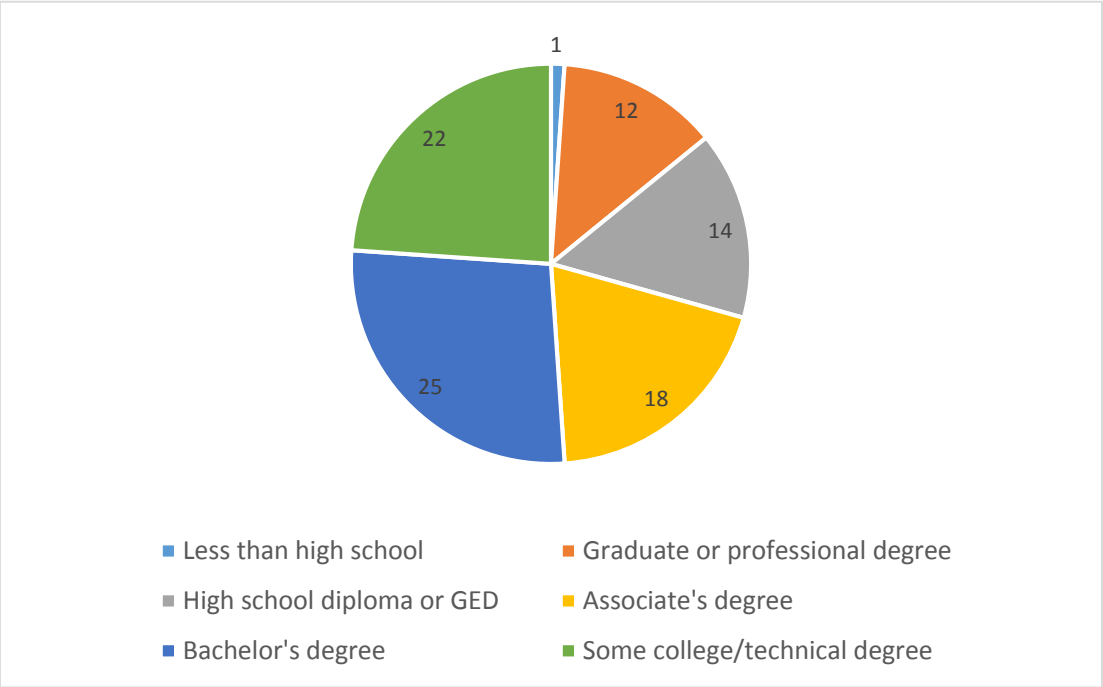


Figure 6: Employment Demographics of Survey Respondents

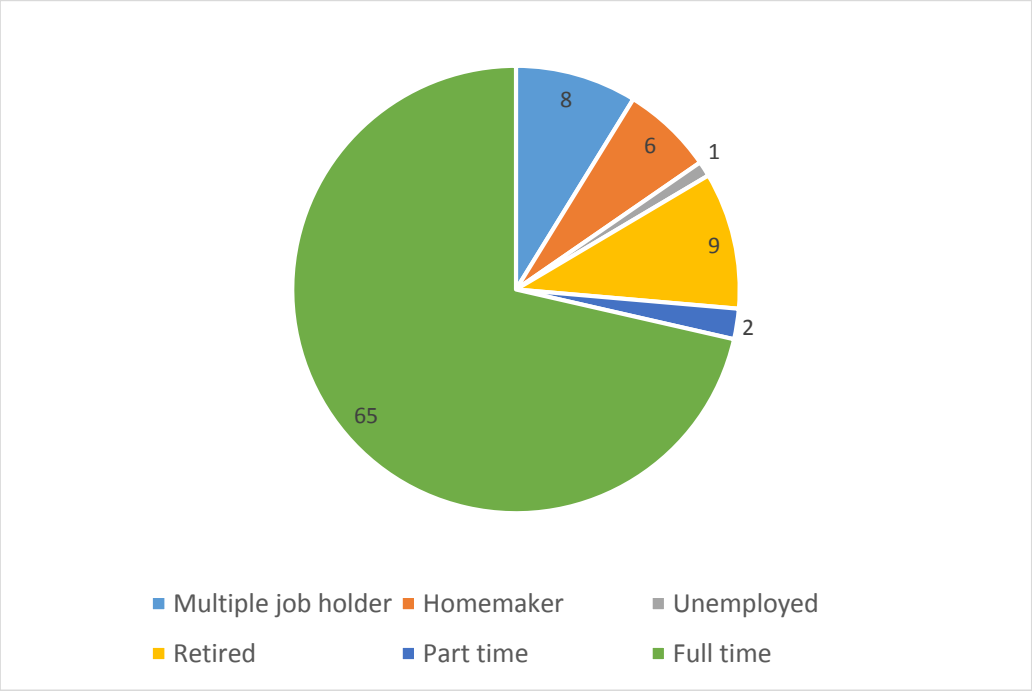
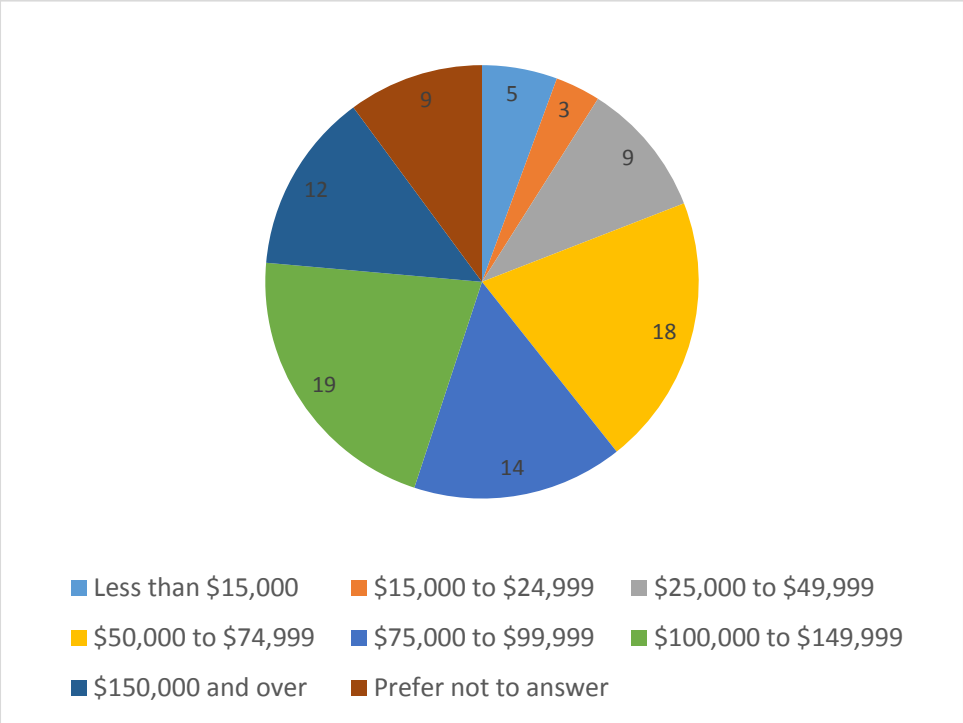


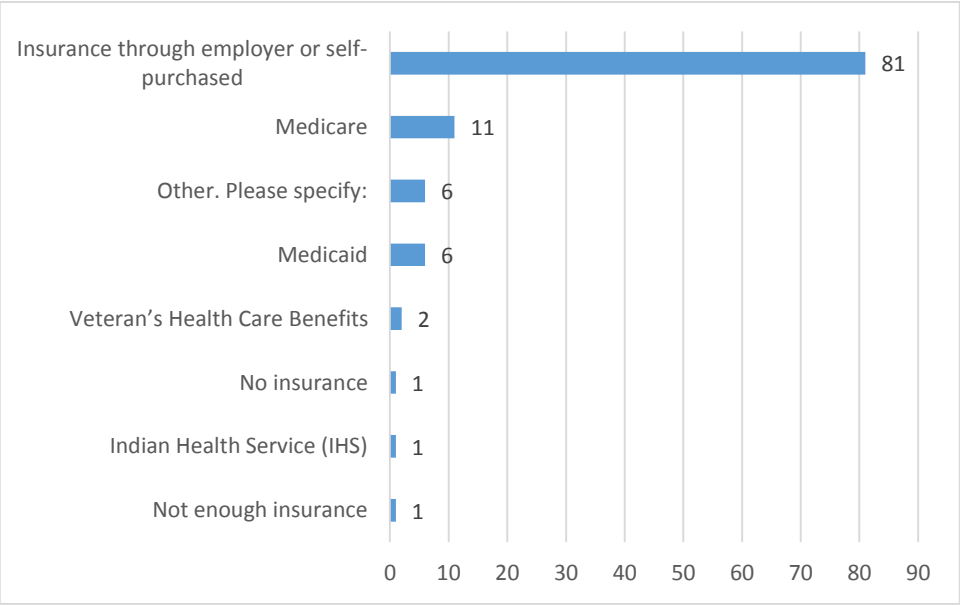
Figure 7: Household Income Demographics of Survey Respondents



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. Only two 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=81).

Figure 8: 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 over 75 respondents agreeing) that community assets include:

- Friendly, helpful, and supportive people (N=99, 74%)
- A safe place to live, little/no crime (N=90, 68%)
- People are friendly, helpful, supportive (N=81, 61%)
- People who live here are involved in their community (N=79, 59%)

Figures 9 to 12 illustrate the results of these questions.

Figure 9: Best Things about the PEOPLE in Your Community

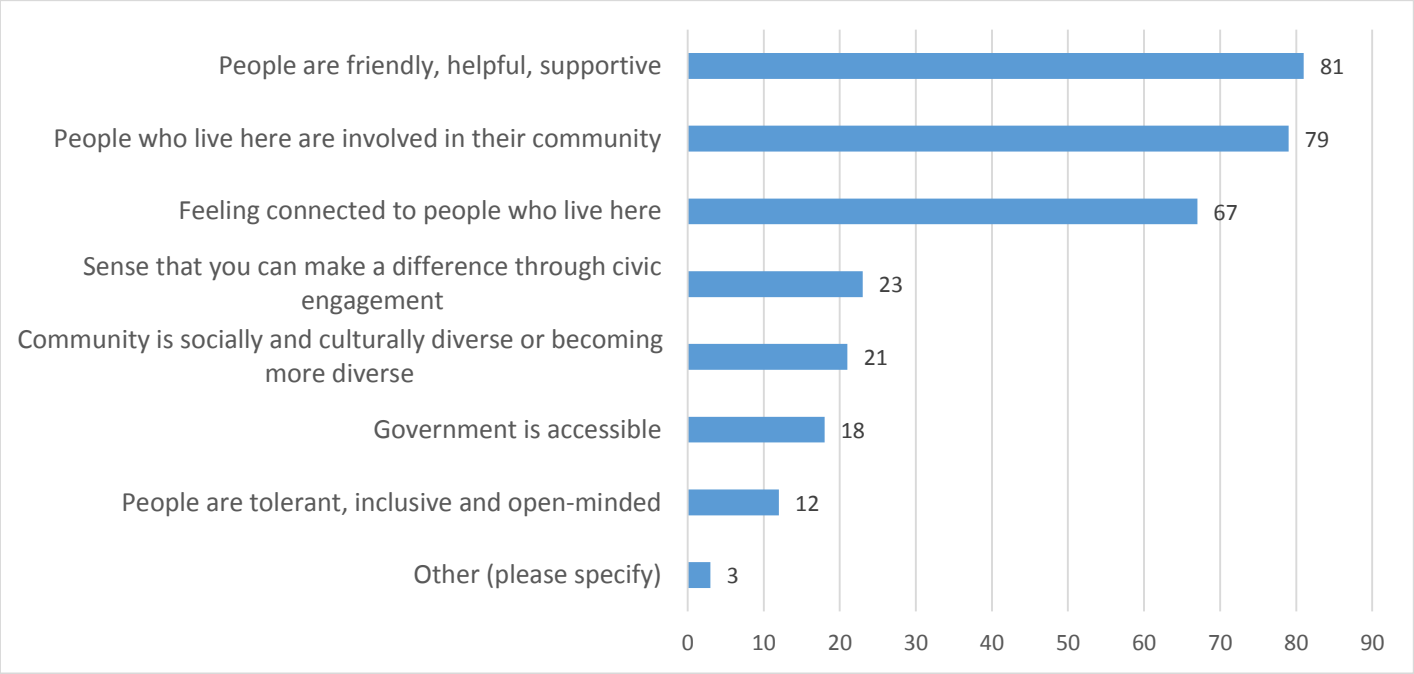


Figure 10: Best Things about the SERVICES AND RESOURCES in Your Community

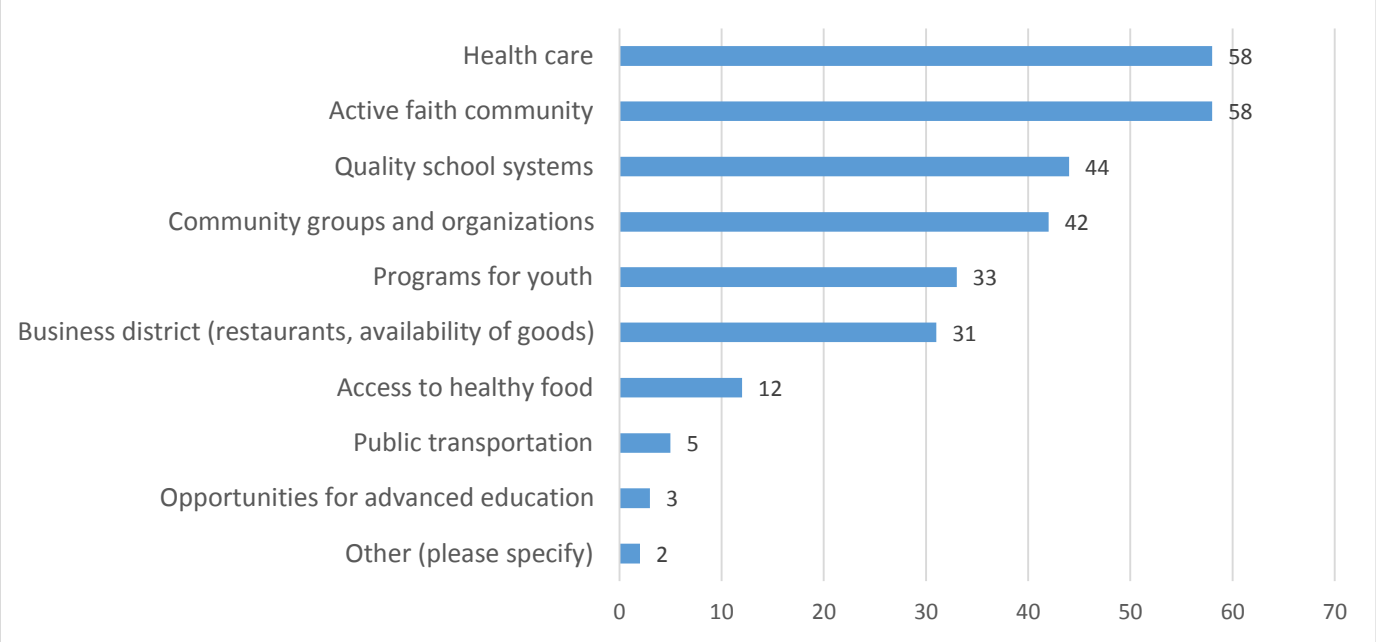


Figure 11: Best Things about the QUALITY OF LIFE in Your Community

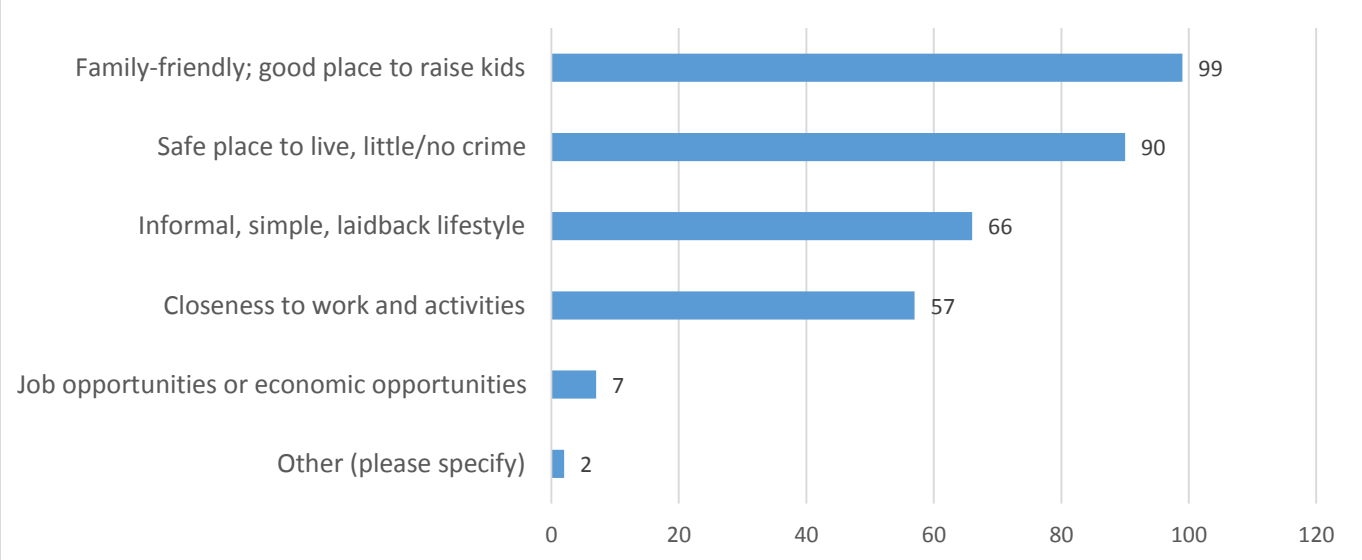
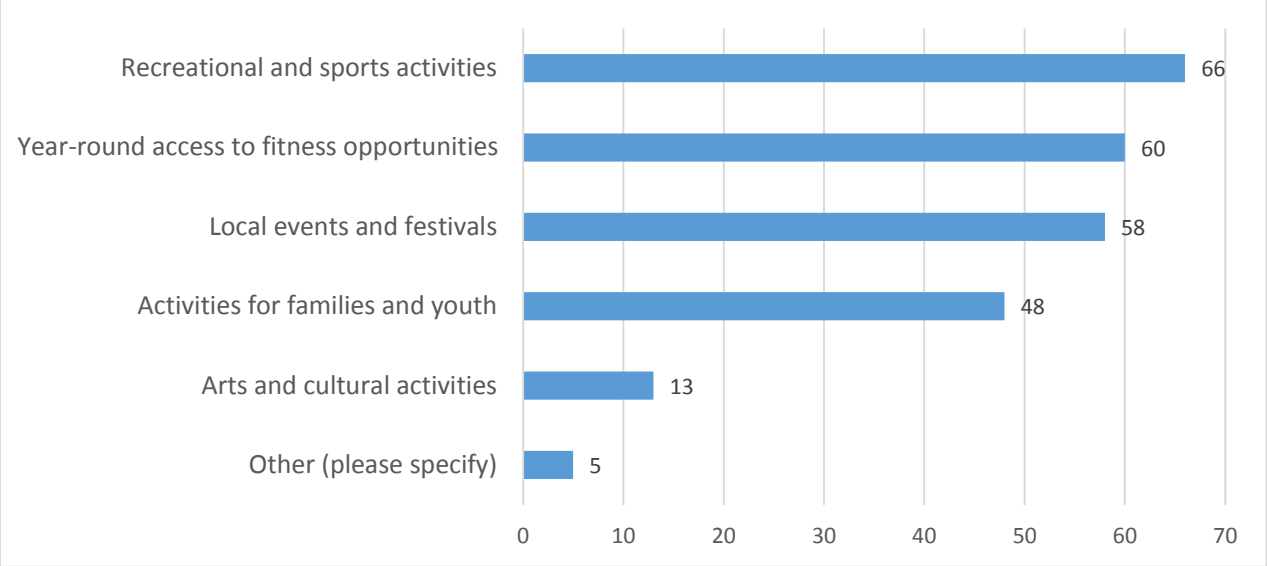


Figure 12: Best Thing about the ACTIVITIES in Your Community



In another open-ended question, residents were asked, "What are the major challenges facing your community?" Most of the commonly cited challenges mirrored those identified above: for example, there is much concern about lack of economic development, and stores that don't have extended hours; the need for youth activities, the need for more affordable housing; lack of diversity in the community; and recruiting and retaining healthcare providers. Several comments were made regarding keeping attracting young families to the community as the population is aging.

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

- Community health
- Availability of health services
- Safety/environmental health
- Delivery of health services
- Physical health
- 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, were:

- Ability to recruit and retain primary care providers (doctor, nurse practitioner, physician assistant) (N=61, 46%)
- Attracting and retaining young families (N=54, 41%)
- Availability of resources to help the elderly stay in their homes (N=54, 41%)

The other issues that had at least 45 votes included:

- Availability of vision care (N=53, 40%)
- Obesity/overweight (N=52, 39%)
- Lack of affordable housing (N=51, 38%)
- Adequate childcare services (N=50, 37%)
- Availability of specialists (N=46, 35%)
- Cost of health insurance (N=46, 35%)
- Poor nutrition, poor eating habits (N=46, 35%)
- Adult alcohol use and abuse (including binge drinking) (N=46, 35%)

Figures 13 through 20 these results.

Figure 13: Community Health Concerns

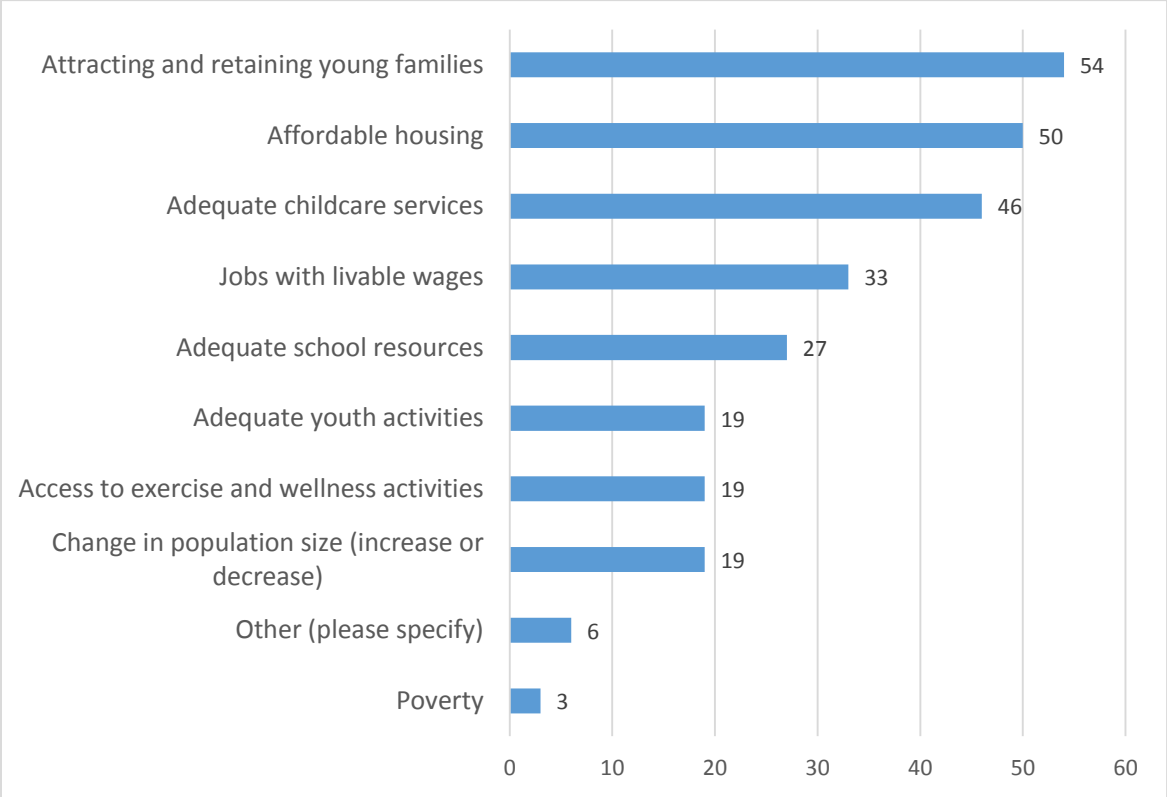


Figure 14: Availability of Health Services Concerns

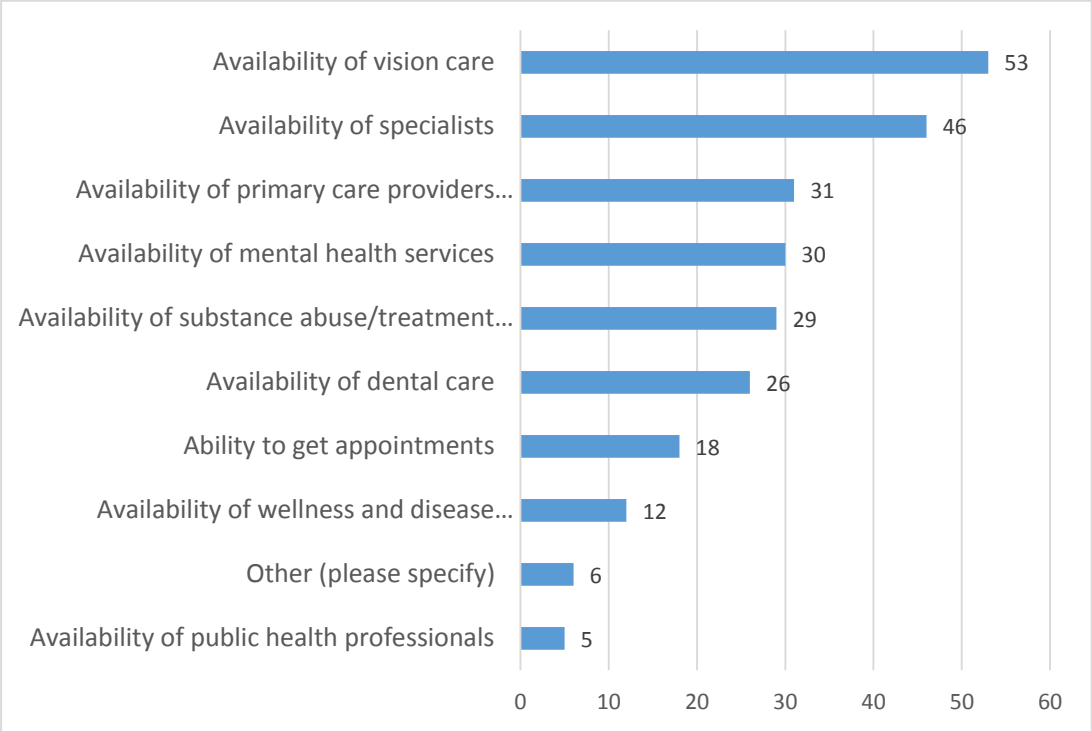


Figure 15: Safety/Environmental Health Concerns

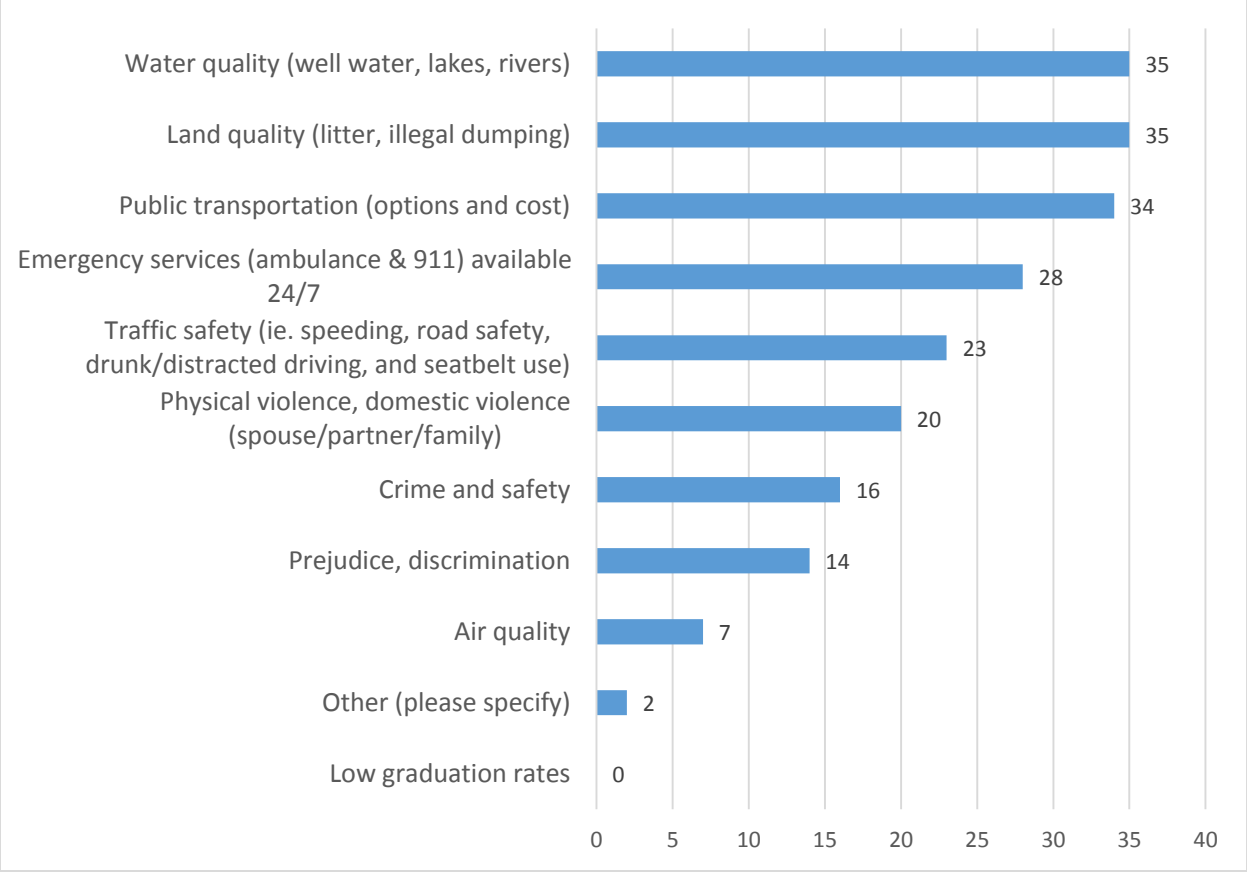


Figure 16: Growth Concerns

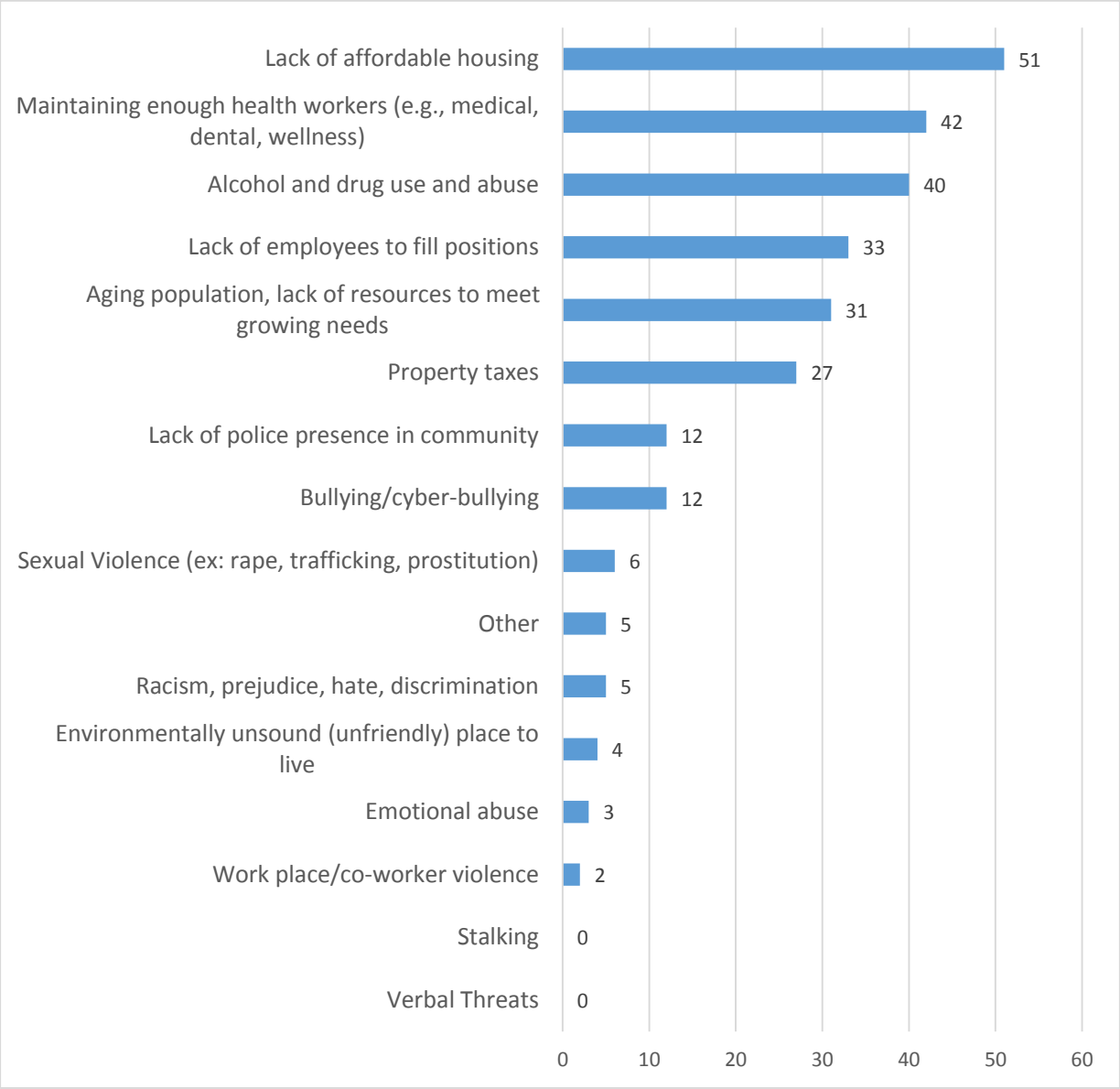


Figure 17: Delivery of Health Services Concerns

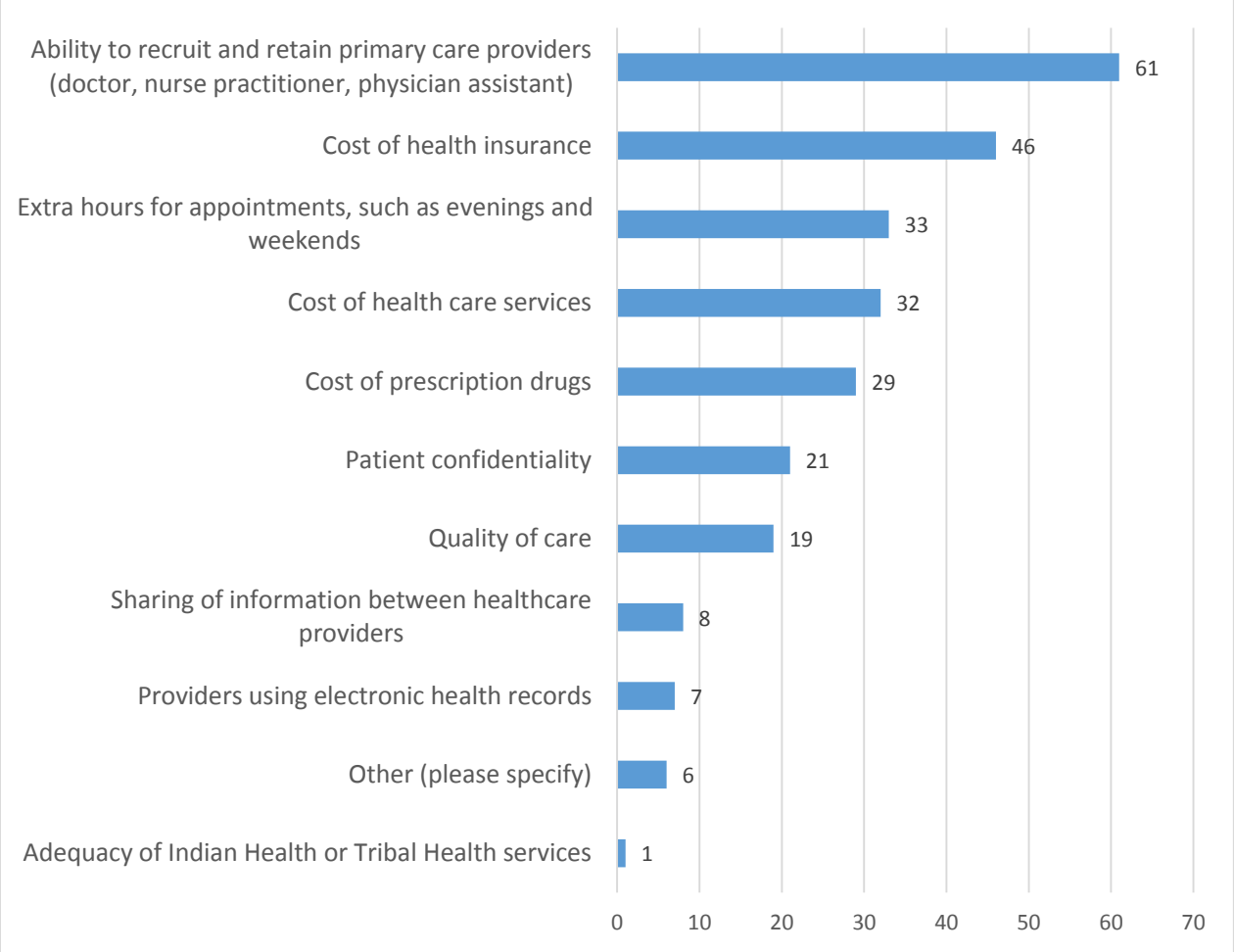


Figure 18: Physical Health Concerns

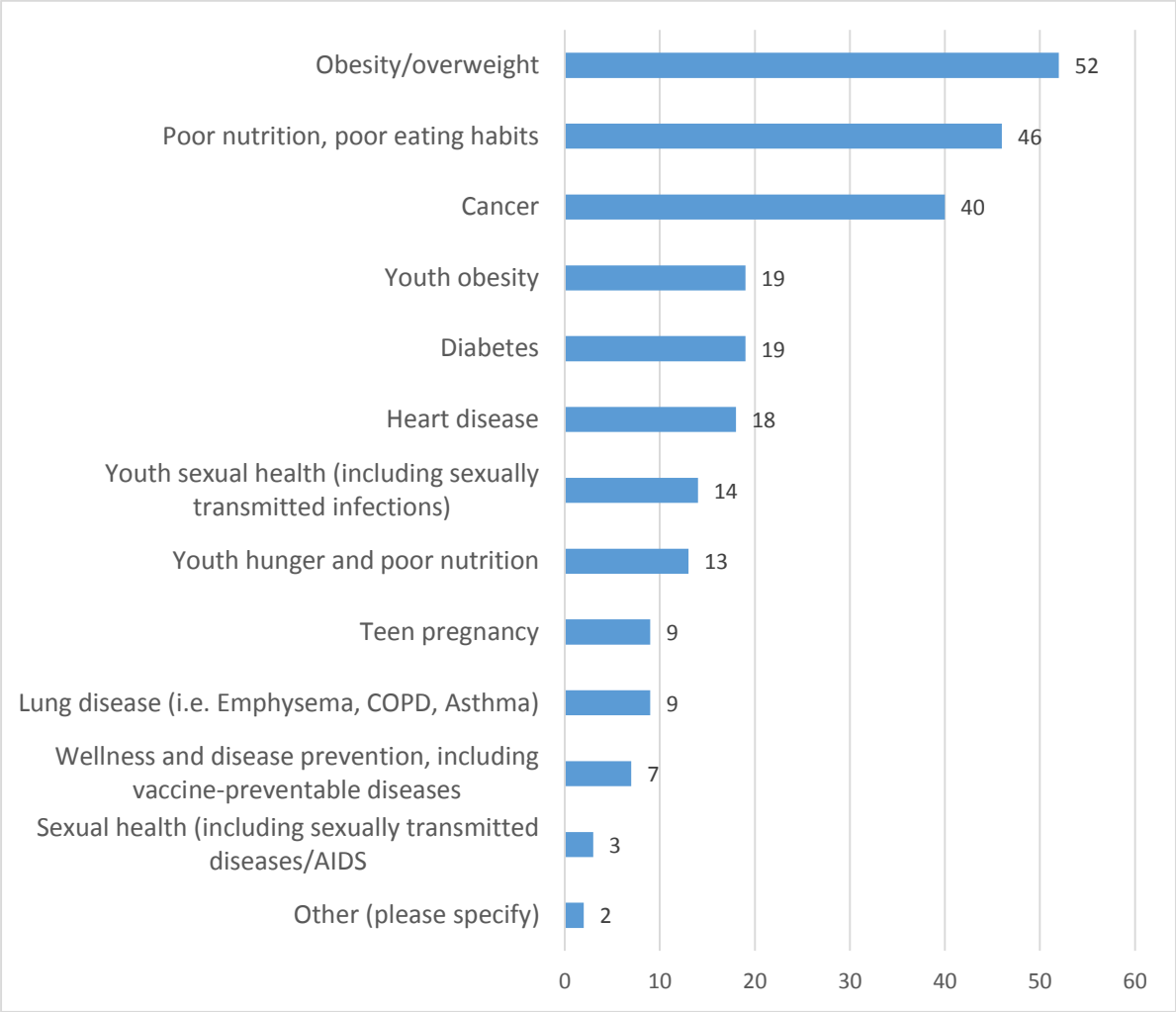


Figure 19: Mental Health and Substance Abuse Concerns

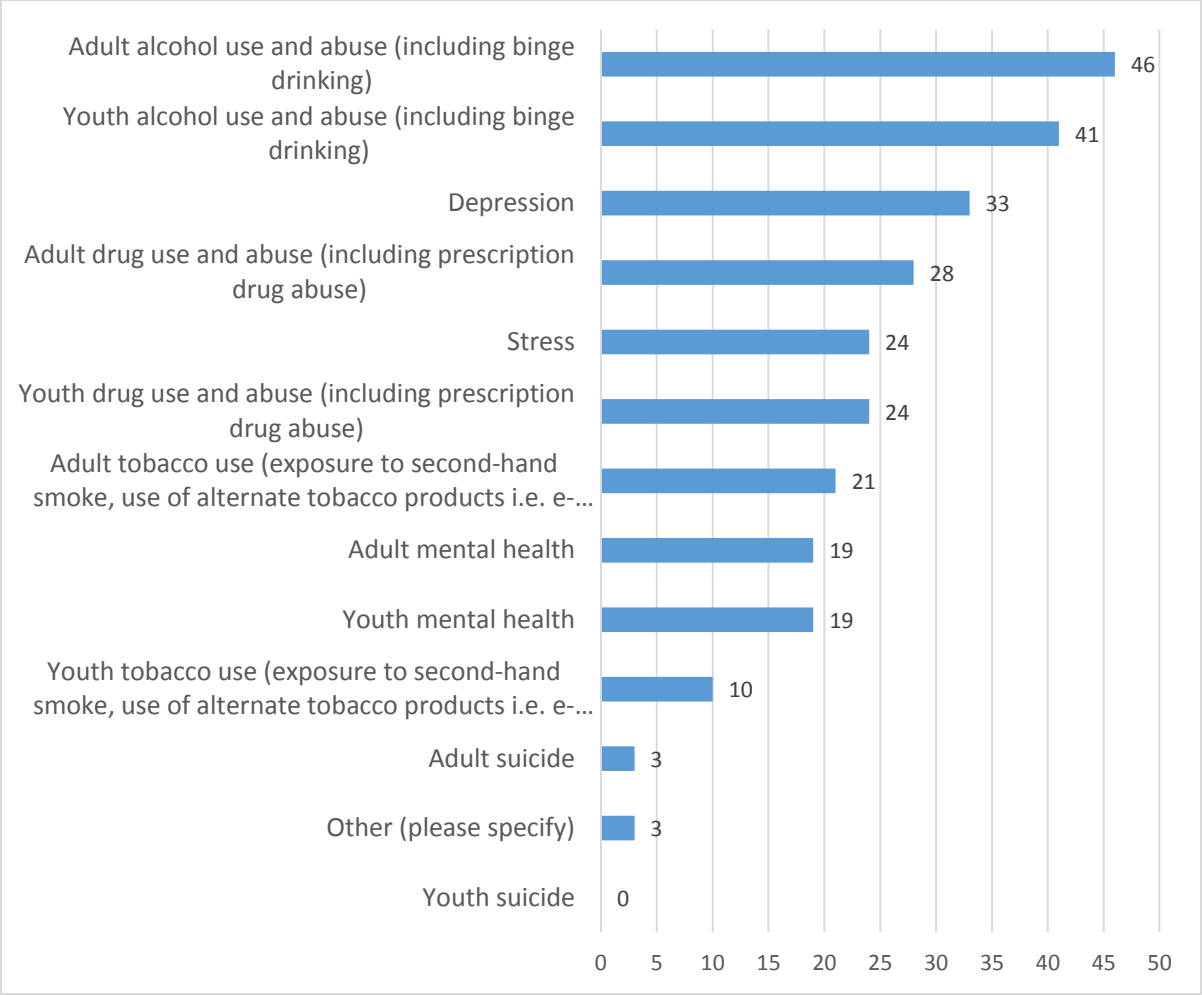
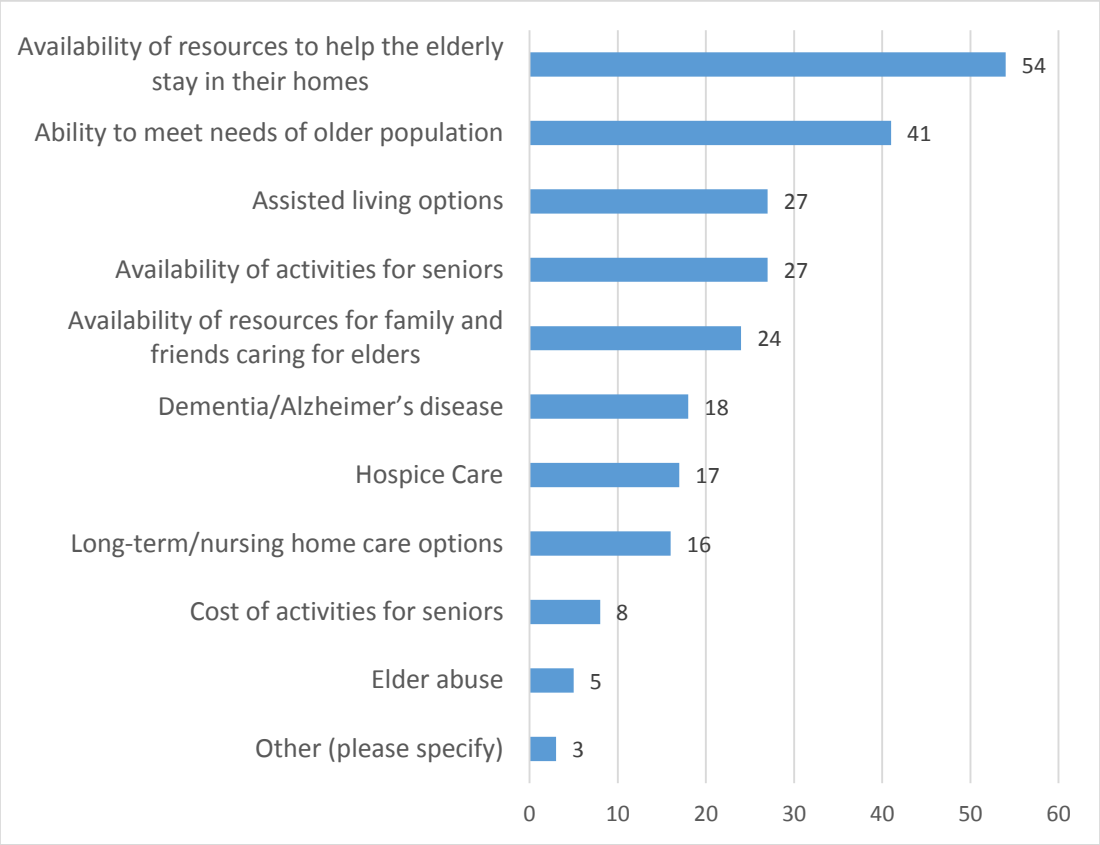


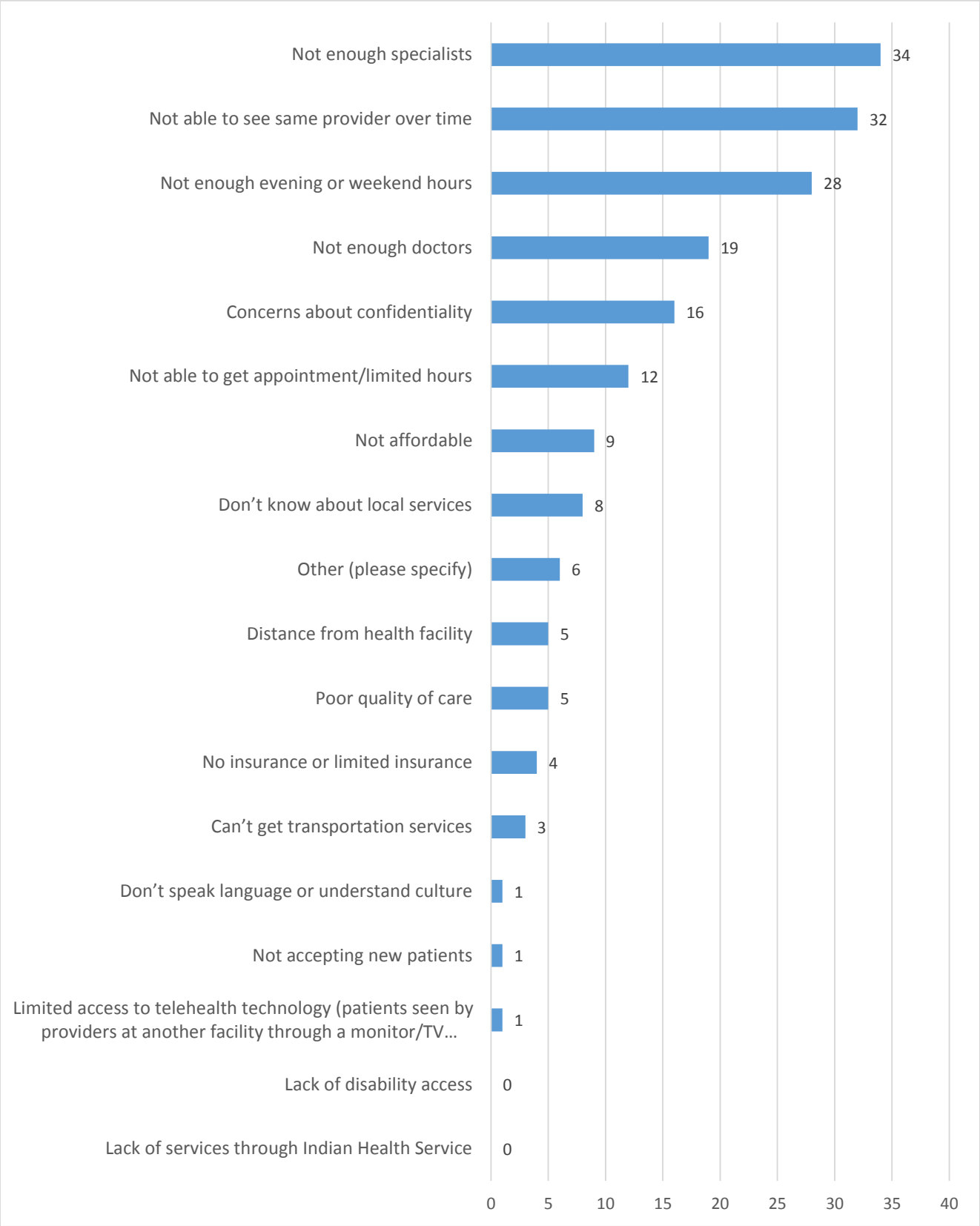
Figure 20: Senior Population Concerns



Delivery of Health Care

The survey asked residents what they see as barriers to that prevent them or others from receiving health care. The most prevalent barrier perceived by residents was not enough specialists (N=34), followed closely by not able to see the same provider over time (N=32), then not enough evening or weekend hours (N=28). After that, the next most commonly identified barriers were not enough doctors (N=19), concerns about confidentiality (N=16), and not able to get an appointment/limited hours (N=12). Figure 21 illustrates these results.

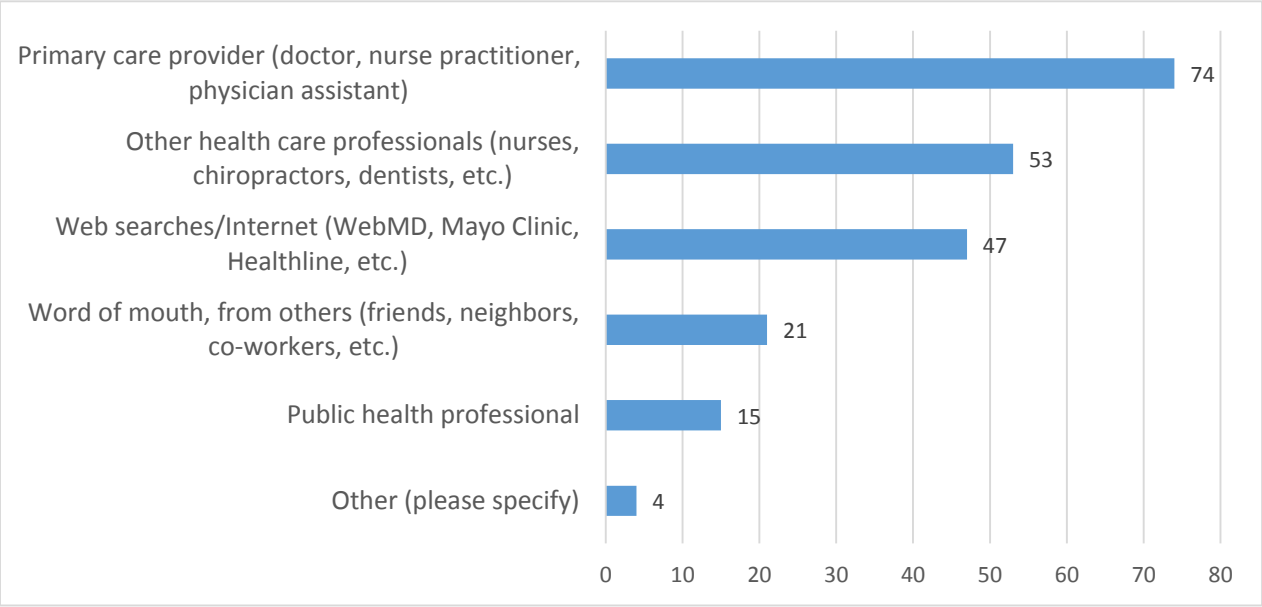
Figure 21: Perceptions about Barriers to Care



The survey also solicited input about what health care services should be added locally. Many of the suggestions were similar to those mentioned previously such as mental health, to include addiction treatment/recovery; many comments expressing the need for local vision, dental, and pediatric services. Other suggestions were: senior services, swing bed and respite care services; home health care, and the availability of an on-call doctor. Lastly, some comments were included with regard the desire to see the hospital acquire an MRI machine, having more specialist available and having an urgent care clinic.

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 22: Sources of Trusted Health Information



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 health care and others more rooted in broader community matters.

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

- Attracting and retaining young families
- Having services available – daycare, vision care, pharmacy
- Mental health needs and substance abuse/treatment services
- Services to keep the elderly in their homes

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

Attracting and Retaining Young Families

- Hard to staff when no one is here and there isn't anything for them to do here. Hospitality and warmth of the community is great for keeping people here.
- Need to lure them in. Need to diversify the economy to bring them in. Make people aware that you don't have to have all the frills to be happy.
- There is a decent amount of young families here but you want to keep them here. Have young families coming back.

Having Services Available – daycare, vision care, pharmacy, transportation

- There has been word that the pharmacist is retiring.
- There is no longer vision care in Crosby.
- There are no daycare openings and the people that do watch them are watching them at their home. And those that are watching them may not be certified in CPR. They are building a childcare center there that will hopefully help.
- Extending hours at the clinic so people can get their appointments outside of work, even if they would just go until 6 pm. Would be very useful to have transportation by hospital or clinic, etc. could provide transit.

- Not enough public transportation.
- Cost has gone up and that has been a barrier. The dates and times accessible is a limitation (NW Public Transit out of Williston – have a van in town and a van that goes to Williston and Minot on certain days.)

Mental Health Needs & Substance Abuse/Treatment Services

- Everything is tied to mental health (alcohol, drugs, obesity…)
- For the youth they are starting a depression and suicide support group. This also is related to bullying.
- Need to have local services available. Teen suicide; addiction counsellors are needed. Hospital staff gives the employees free counselling services.
- If concern arises then they are sent to Trinity in Minot, St. Alexius in Bismarck, the Stadler Center in Grand Forks, or Prairie St. John's in Fargo.
- Availability of substances abuse – have counselors there but they don't specialize in it. Mental abuse treatment services are needed here. At most of the child protection meetings there is addiction issues and also with the oil field workers that is a high rate. Have to go to Williston 3 days a week and that is impossible and there isn't anything in Crosby.
- Alcohol is a high in concern. Have to go somewhere for an eval and likely to not do that unless they are court mandated.
- The Human Service Center is supposed to provide medication management one day a month in Crosby or else patients have to go to Williston. Medication Management requires that you have to initially go to Williston and then Human Services once a month in Crosby. They have Open Access in Williston – 3 days/week, open til 11 am, so people have to leave Crosby around 6:30 am to get there. Have to be there once per week. Solutions Behavioral Health out of Moorhead has been coming to Crosby for about a year and a half and has been great. Solutions just does therapy. They have a psychologist come up once a month. They do telehealth if someone has a conflict with the two providers here.
- Therapy, psychiatrist are certainly an issue and in need.

Services to Keep the Elderly in Their Homes

- Services are needed to keep elderly in their home. What is out there is expensive. No one to come in twice a week to do anything to help.
- Need Home health (blood draws, insulin); hospice at home
- In need of home care. No home health available. (Blood drawn/lab services, bed sheets changed, etc. should be able to go there and get that done)

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:

Other Clinics (5)
Emergency services, including ambulance and fire (4.5)
Economic development organizations (4.5)
Schools (4.5)
Pharmacies (4.5)
Public Health (4.5)
Human and social services agencies (4)
Hospital (Healthcare system) (4)
Law enforcement (4)
Long term care, including nursing homes and assisted living (4)
Business and industry (4)
Social Services (3.5)
Other local health providers (5-Massage Therapist; 4-Chiropractor, 3-Dentist)
Faith base organizations (not included in original list)

Priority of Health Needs

A Community Group met on April 12, 2016. Nine 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:

- Adequate Childcare services (4 votes)
- Adult alcohol use and abuse (5 votes)
- Attracting and retaining young families (5 votes)
- Depression (4 votes)
- Youth alcohol use and abuse (4 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. Adult alcohol use and abuse (5 votes)
2. Attracting and retaining young families (3 votes)
3. Youth alcohol use and abuse (1 vote)

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 discussed next steps. 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.

Comparison of Identified Needs

Top Needs Identified 2013 CHNA Process	Top Needs Identified 2016 CHNA Process
Access to needed equipment/facility update	Attracting and retaining young families
Emphasis on wellness/education & prevention	Adult alcohol use and abuse
Health care workforce shortage	Adequate Childcare services
Higher costs of health care for consumers	Depression
	Youth alcohol use and abuse

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

The following needs were identified in the CHNA and were addressed:
1) Shortage of Quality Physicians
2) Shortage of Staff
3) Facility Issues Concerning Location and Transportation of Acute Care Patients
4) High Cost for Services

In regards to the shortage of physicians and staff issues, St. Luke's Hospital addressed the need, but was not able to resolve it until 2015. St. Luke's Hospital advertised for physicians and new staff to come in but housing constraints, along with northern rural demographics, were unattractive to new qualified physicians and staff. Since then they have been able to offer housing to nursing personnel and providers.

Facility issues not addressed include the lack of acute care done at St. Luke's Hospital. Due to physician and staff shortage they are unable to provide additional services. In 2015, they began reducing the need for locum services.

Cost concerns were not addressed because they were not able to regulate rates set by Medicare and Medicaid.

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 health care system specific. This process is simply a first step to identify needs, 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 to begin working on. The strategic planning process will begin with identifying current initiatives/programs and resources in place, to address the need(s), what is needed and feasible; and what role and responsibility will the hospital, clinic, and various community organizations play in developing strategies and implementing specific activities to address the community health need selected. Community engagement is essential for successfully developing a plan and executing the action steps for addressing one or more of the needs identified.

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

Community Benefit Report

We strongly encourage you to review your Community Benefit Report to determine how/if it aligns with the needs identified, through your CHNA, as well as your 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 health care organizations demonstrate their commitment to community service through organized and sustainable community benefit programs providing:

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

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 health care 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 health care 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 health care providers by rules or standards.
- Questionable as to whether it should be reported.
- Unrelated to health or the mission of the organization.

Appendix A1 – Paper Survey Instrument

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

ST. LUKE'S MEDICAL CENTER

Crosby Area Health Survey

St. Luke's Medical Center and Upper Missouri District Health Unit is interested in hearing from you about community health concerns.

The focus of this effort is to:

- Learn of the good things in our 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/crosbynd or by scanning the QR code at the right.

Scan to take survey online!

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 11, 2016. Your opinion matters – thank you in advance!***

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

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

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

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

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

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

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

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

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

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

Q5. What are the major challenges facing our community?

_____

_____

Q6. Considering the **COMMUNITY HEALTH** in our community, concerns are (choose up to THREE):

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

Q7. Considering the **AVAILABILITY OF HEALTH SERVICES** in our community, concerns are (choose up to THREE):

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

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

- ☐ Air quality
- ☐ Crime and safety
- ☐ Emergency services (ambulance & 911) available 24/7
- ☐ Land quality (litter, illegal dumping)
- ☐ Low graduation rates
- ☐ Physical violence, domestic violence (spouse/partner/family)
- ☐ 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) _____

Q9. Regarding impacts from recent **GROWTH** in our community, concerns are (choose up to THREE):

- ☐ Aging population, lack of resources to meet growing needs
- ☐ Alcohol and drug use and abuse
- ☐ Bullying/cyber-bullying
- ☐ Emotional abuse
- ☐ Environmentally unsound (unfriendly) place to live
- ☐ Lack of affordable housing
- ☐ Lack of employees to fill positions
- ☐ Lack of police presence in community
- ☐ Maintaining enough health workers (e.g., medical, dental, wellness)
- ☐ Property taxes
- ☐ Racism, prejudice, hate, discrimination
- ☐ Sexual Violence (ex: rape, trafficking, prostitution)
- ☐ Stalking
- ☐ Verbal threats
- ☐ Work place/co-worker violence
- ☐ Other. Please specify:

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

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

Q11. Considering the **SENIOR POPULATION** in our community, concerns are (choose up to THREE):

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

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

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

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

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

Delivery of Health Care

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

_____

_____

Q15. Considering **GENERAL and ACUTE SERVICES** at St. Luke's Medical Center, which services are you aware of (or have you used in the past year)? (Choose ALL that apply)

- ☐ Clinic
- ☐ Emergency room
- ☐ Hospital (acute care)
- ☐ Laparoscopic surgery
- ☐ Podiatry (foot/ankle) (visiting specialist)
- ☐ Swing bed and respite care services
- ☐ Telemedicine via eEmergency

Q16. 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)

- ☐ Ambulance
- ☐ Chiropractic services
- ☐ Counseling Services (mental, family, individual, group, marriage)
- ☐ Dental services
- ☐ Financial Counseling services
- ☐ Massage Therapy
- ☐ Optometric/vision services

Q17. What **PREVENTS** you or other community residents from receiving health care locally? (Choose ALL that apply)

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

Q18. Which of the following **PUBLIC HEALTH SERVICES** have you or a family member utilized through Upper Missouri District Health Unit in the past year? (Choose ALL that apply)

- ☐ Blood pressure check
- ☐ 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

Q19. 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) _____

Demographic Information: Please tell us about yourself.

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

- ☐ Yes
- ☐ No

Q21. Health insurance or health coverage status (choose ALL that apply):

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

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
- ☐ African American
- ☐ Asian
- ☐ 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.

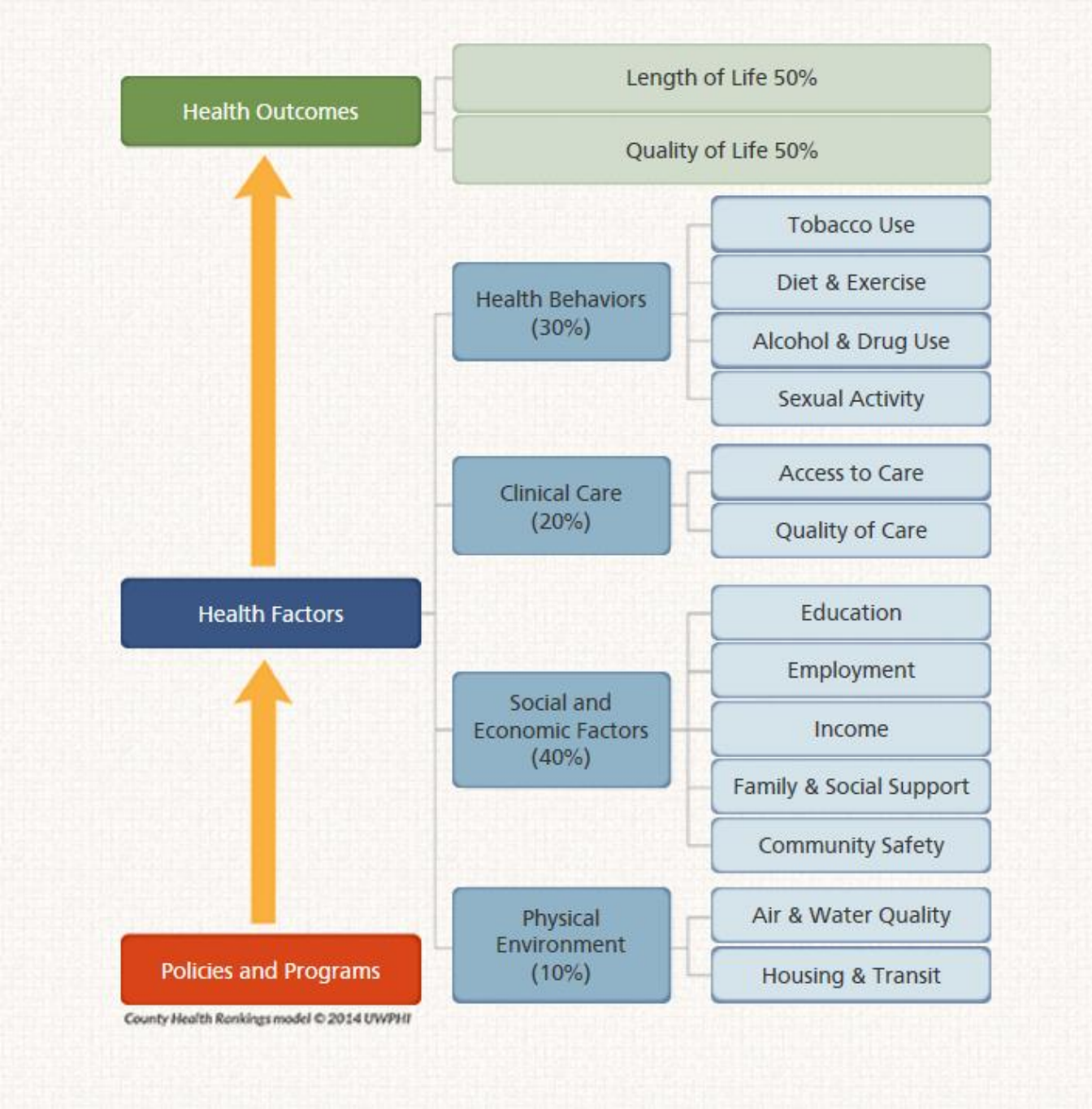
_____

_____

_____

Thank you for assisting us with this important survey!

Appendix B – County Health Rankings Model



Appendix C – Prioritization of Community's Health Needs

Community Health Needs Assessment
Crosby, North Dakota

Ranking of Concerns

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

	Priorities	Most Important
DELIVERY OF HEALTH SERVICES		
Cost of health care services	0	
Extra hours for appointments	1	
Cost of health care services	0	
AVAILABILITY OF HEALTH SERVICES		
Ability to recruit and retain primary care providers (MD, NP, PA)	0	
Availability of vision care	3	
Availability of specialists	0	
Availability of mental health services	2	
MENTAL HEALTH AND SUBSTANCES ABUSE		
Adult alcohol use and abuse***	5	5
Youth alcohol use and abuse	4	1
Depression	4	0
Adult drug use and abuse	0	
SAFETY/ENVIRONMENTAL HEALTH		
Water quality (well water, lakes, rivers)	0	
Land quality (litter, illegal dumping)	0	
Public transportation (options/costs)	0	
Emergency services (ambulance & 911)	0	
AGING POPULATION		
Availability of resources to help the elderly stay in their homes	3	
Ability to meet the needs of the older population	0	
Assisted living options	0	
Availability of activities for seniors	0	
COMMUNITY HEALTH		
Attracting and retaining young families	5	3
Affordable housing	1	
Adequate childcare services	4	0
Jobs with livable wages	0	
PHYSICAL HEALTH		
Obesity/overweight	2	
Poor nutrition, and poor eating habits	2	
Cancer	0	
Youth obesity	0	