2016 Community Health Needs Assessment

Bottineau County
North Dakota

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Executive Summary

To help inform future decisions and strategic planning, St. Andrew's Health Center (SAHC), a critical access hospital (CAH) located in Bottineau, North Dakota, conducted a community health needs assessment. All non-profit hospitals are required under the Affordable Care Act to conduct an environmental health assessment every three years, and to develop an implementation plan based on the data. To ensure a broad representation of health concerns, the non-profit hospitals must engage local public health in the process. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the assessment process, which solicited input from area community members and healthcare professionals, as well as analysis of community health-related data.

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

With regard to demographics, Bottineau County population from 2010 to 2015 increased by 4.5%. The percent average of residents under age 18 (21.5%) is under two percentage points of the North Dakota average (23.0%). Percentage of residents aged 65 and older is higher (21.4%) than the North Dakota average (14.2%) and rates of education are close to North Dakota averages. The median household income in Bottineau County ($52,593) is lower than the state average of North Dakota ($55,579).

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

- % Diabetic
- Food environment index
- Physical inactivity
- Access to exercise opportunities
- Alcohol-impaired driving
- Uninsured
- Primary care physicians
- Dentists
- Mental health providers
- Diabetic screening
- Mammography screening
- Unemployment
- Income inequality
- Injury deaths

Of 82 potential community and health needs set forth in the survey, the St. Andrew's Health Center service area residents who completed the survey indicated these seven needs as the most important:

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

The survey also revealed that the biggest barriers to receiving healthcare (as perceived by community members responding) was not knowing about local services; the lack of or limited insurance; not enough specialists, and not able to see the same provider over time.

When asked what the best things are about living in Bottineau County, respondents indicated the top community assets were:

- Collaborative culture
- Welcoming and caring community
- Safe place to live, little or no crime
- Proactive healthcare system
- Recreational and sports activities
- People are friendly, helpful, supportive
- People who live here are involved in their community

With regard to concerns in the area, input from community leaders provided via key informant interviews and the first Community Group meeting, responses echoed many of the concerns raised by survey respondents. Concerns emerging from these sessions were:

- Not enough jobs with livable wages
- Adult and youth alcohol use and abuse
- Adult and youth drug use and abuse
- Availability of substance abuse/treatment services
- Ability to retain, recruit, and retain primary care providers
- Youth mental health
- Being able to meet the needs of older population
- Assisted living options

Following careful consideration of the results and findings of this assessment, participants at the second Community Group meeting determined the top issues. Each issue was ranked, with participants being able to select four each. After this, each participant could select one issue that they viewed as the most significant issue. Following this process, the top community health issues facing Bottineau are presented below:

- Availability of mental health services
- Availability of resources to help elderly to stay in their homes
- Attracting and retaining young families
- Adequate childcare services

The next step is for the St. Andrew's Health Center Board of Directors to review the findings and develop a strategic implementation plan to identify ways to address the area of need selected.

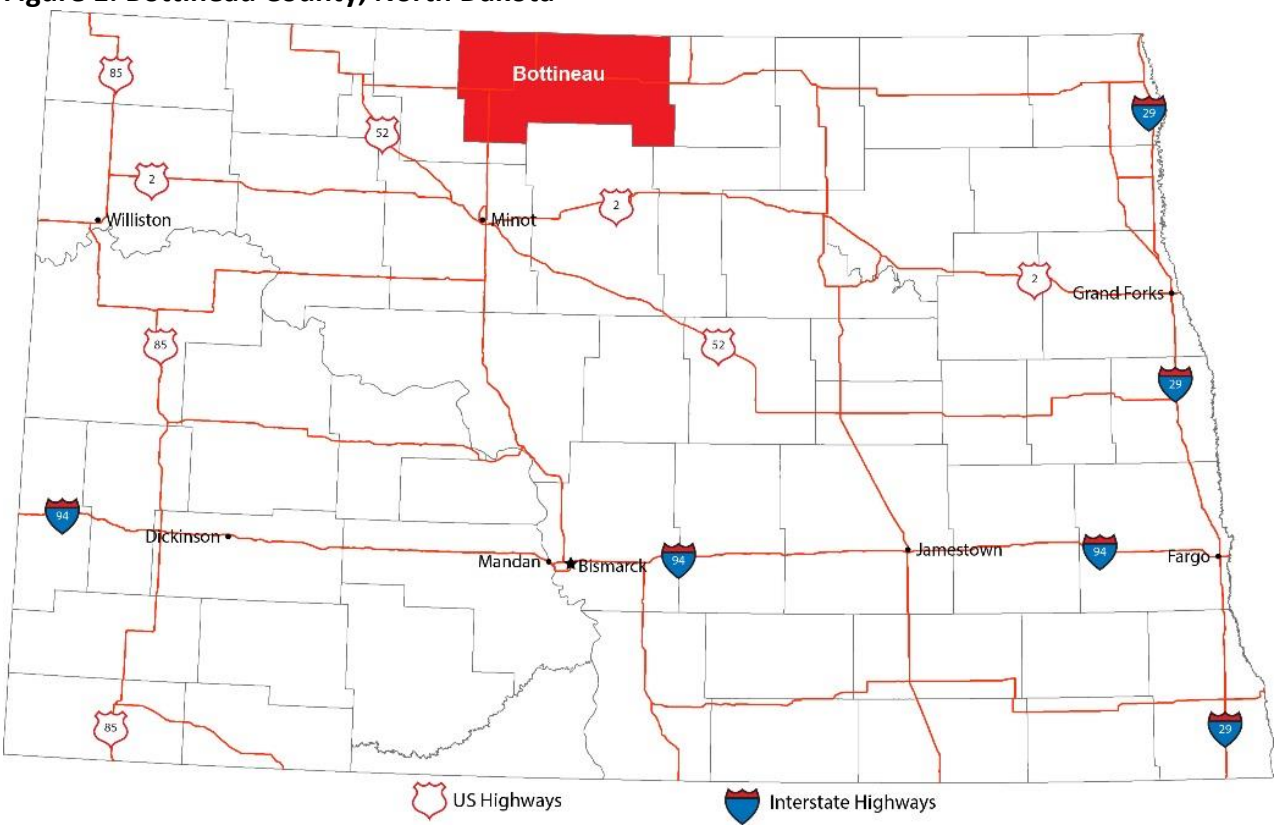
Overview and Community Resources

With assistance from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, St. Andrew's Health Center completed a community health needs assessment of the St. Andrew's Health Center service area.

Many community members and stakeholders worked together on the assessment.

Located in the Turtle Mountains, Bottineau is the "Four Seasons Playground." Fishing; hunting both water fowl and upland game; snowmobiling; ice fishing; downhill, cross country, and water skiing; trails for hiking, biking, and horseback riding; boating; and canoeing are just some of the outdoor activities to enjoy in the hills or at Lake Metigoshe. Bottineau also offers a volunteer ambulance and fire department, several cafes, a movie theater, outdoor swimming pool, shooting range, baseball diamonds, city park, and two 9-hole golf courses. They have numerous churches, a K-12 public school, a two-year junior college, and many organizations such as Jaycees, Kiwanis, Rodeo Club, 4-H, summer baseball, American Legion, Auxiliary, and Wildlife Club. Bottineau is close to the International Peace Gardens, has an active racing circuit at the Thunder Mountain Speedway, and offers opportunities to see theater productions and to visit the Bottineau County Historical Museum.

Figure 1: Bottineau County, North Dakota



First District Health Unit

First District Health Unit – Bottineau County (FDHU) provides public health services that include environmental health, nursing services, health screenings, the WIC (women, infants, and children) program, 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, First District Health Unit 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 First District Health Unit are:

- Adult health promotion- care and assessment of feet, hypertension screening
- Blood pressure checks
- Breastfeeding resources
- Car seat resource
- CPR & First Aid classes
- Diabetes screening tool
- emergency preparedness services - work with community partners
- Environmental health services (water, sewer, radon, food safety, enforcement and education of public health laws for facilities)
- Flu shots
- Head lice resource
- Health Tracks (child health screening)
- Immunizations
- Member of Child Protection Team and County Interagency Team
- Newborn home visits
- Nutrition education
- School health-- vision, health education and resource to the schools
- Preschool education programs & screening
- Tobacco Prevention and Control
- Tuberculosis testing and management
- West Nile program—surveillance and education
- WIC (Women, Infants & Children) Program
- Worksite Wellness-- Coordinator for County Employees and Sheriff's Dept.
- Youth education programs (First Aid, Bike Safety)

St. Andrew's Health Center

St. Andrew's Health Center is a 25 bed acute care Critical Access Hospital in Bottineau, North Dakota sponsored by the Sisters of Mary of the Presentation.

With a professional staff of over 100 employees, St. Andrew's Health Center values our patients and employees and is committed to providing the best quality healthcare available to all who come to us for services.

St. Andrew's Health Center was founded in 1911 by Father Joseph L. Andrieux, Pastor of St. Mark's Church, in collaboration with Dr. J.A. Johnson, Dr. Alexander Russell MacKay and other community leaders. He obtained a building from the School of Forestry located on the bank of the creek. Fr. Andrieux made arrangements with the Provincial Superior of the Sisters of Mary of the Presentation to employ sisters for the facility. The first of these

sisters arrived in September, 1913, and the hospital opened on October 10, 1913, staffed by seven sisters.

In 1918, a new hospital building was erected. At that time, the authorities believed that the problem of construction was permanently solved! However, after only ten years, the hospital facilities were again inadequate and its size was doubled by the addition of a new wing in 1928. With this addition, there were 22 rooms and two large wards permitting accommodations for over 40 patients.

In six months' time, between 1920 and 1921, three of the founding sisters died. They were Sr. Olympe, Sr. Marie Gildas, and Sr. Gilbert. A hospital staffed by the sisters in Spring Valley, Illinois provided much needed assistance by sending two nurses, Sr. Marie Rosaire (Mother Rose) and Sr. Joseph.

In 1938, a four-story nurse's dormitory was built with accommodations for 50 students.

In 1956, a grant from the Ford Foundation was used in the construction of a new wing which housed new Obstetrics, Central Service, and Laundry Departments. An ambulance entrance was also added.

To invite greater community involvement in the operation of St. Andrew's, an advisory board was organized in 1959. In 1960 the facility, in need of a new x-ray machine and boiler equipment, held its first fund drive. The goal was $35,000, and the fund drive netted $29,613.

In 1966, the facility again needed more room and another fund drive was launched. The total project cost was $2.2 million dollars and was completed in 1970, which is the present St. Andrew's. The hospital that Father Andrieux initiated in 1913 has now been completely replaced, however change and progress has continued over the years.

In 1986, the 1957 addition was renovated into 14 apartments.

St. Andrew's changed its name from St. Andrew's Hospital and Nursing Home to St. Andrew's Health Center in 1993.

In 1996, the nurse’s dorm was demolished and Apartments were constructed on the southeast side of the facility.

St. Andrew's remodeled the former ambulance garage and conference room on the northwest side of the facility into St. Andrew's Clinic, which includes 9 exam rooms and a minor surgery room in 1999.

In July of 2000, St. Andrew's was designated as both a Level IV Trauma and a Critical Access Hospital. A number of changes were made to meet requirements of Critical Access designation.

On September 30, 2001, St. Andrew's de-certified its nursing home beds.

In December of 2002, the 1986 apartment space was allocated into offices and storage space.

As of July 1, 2004, St. Andrew's has been designated as a Trauma Level V Hospital.

On October 1, 2004, St. Andrew's Clinic changed its designation to a Rural Health Clinic.

St. Andrew's is currently licensed as a 25 bed, Critical Access Hospital, with a Rural Health Clinic and 14 Apartments attached.

Mission Statement:

> *St. Andrew's Health Center, in union with the Sisters of Mary of the Presentation, works for the glory of God by bringing the Word and Healing of Jesus Christ to all, with a special concern for the poor and elderly. Through the shared ministry with the laity, St. Andrew's Health Center participates in the health care mission in the work of healing which is the work of God. Our individual inspiration is Jesus and His Gospel message. Permeated with the Charism of the Sisters of Mary of the Presentation, we minister to one another and to all who come to us for care.*

Specific services provided by St. Andrew's Health Center are:

General and Acute Services

- Allergy, flu & pneumonia shots
- Blood pressure checks
- Cardiology (visiting physician)
- Cardiac rehab
- Clinic
- Emergency room
- Gynecology / prenatal care up to 32 weeks
- Hospital (acute care)
- Independent St. Andrew's Apartments
- Mole/wart/skin lesion removal
- Obstetrics postnatal and up to 32 weeks prenatal
- Ophthalmology evaluation and surgery services
- Orthopedics (visiting physician)
- Pharmacy
- Podiatry – evaluation and surgery
- Physicals: annuals, D.O.T., sports & insurance
- Surgical services—biopsies
- Surgical services—outpatient
- Swing bed services
- Well child checks

Screening/Therapy Services

- Chronic disease management
- Holter monitoring
- Laboratory services
- Occupational therapy
- Pediatric services
- Physical therapy
- Social services

Radiology Services

- CT scan
- Digital mammography
- Echocardiograms
- EKG
- General x-ray
- Nuclear medicine
- Mammograms
- MRI (mobile unit)
- Ultrasound (mobile unit)

Laboratory Services

- Hematology
- Blood types
- Clot times
- Chemistry
- Urine testing

Services Offered by OTHER Providers/Organizations

- Ambulance
- Chiropractic services
- Dental services
- Massage therapy
- Optometric/vision services
- Rural Mental Health Consortium
- Skilled nursing facility

Assessment Process

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

A community health needs assessment benefits the community by:

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

This assessment examines health needs and concerns in the greater Bottineau area.

The Center for Rural Health, in partnership with St. Andrew's Health Center and First District Health, facilitated the community health needs assessment process. Community representatives met regularly by telephone conference and via email. A community health needs assessment (CHNA) Liaison was selected locally, who served as the main point of contact between the Center for Rural Health and Bottineau. A small Steering Committee was formed

that was responsible for planning and implementing the process locally. Representatives from the Center for Rural Health met and corresponded regularly by teleconference and/or via the eToolkit with the CHNA Liaison. The Community Group (described in more detail below) provided in-depth information and informed the assessment process in terms of community perceptions, community resources, community needs, and ideas for improving the health of the population and healthcare services. Community representatives were selected from outside the hospital and local public health unit, including representatives from long term care, local government, faith-based organization, businesses, college, and social services to participate in the key-information interviews and community group meetings.

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

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

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

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

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

Community Group

A Community Group consisting of eleven community members was convened and first met on July 19, 2016. During this first Community Group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about the Bottineau area, and served as a 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 August 23, 2016 with thirteen members in attendance. At this second meeting the Community Group was presented with survey results, findings from key informant interviews, the first community group, and a wide range of secondary data relating to the general health of the population in the Bottineau area. The group was then tasked with identifying and prioritizing the community's health needs from the information presented.

Members of the Community Group represented broad interests of the community served by St. Andrew's Health Center. They included representatives of the health community, business community, education, faith community, and social service agencies. Not all members of the group were present at both meetings.

Interviews

One-on-one interviews were conducted by a representative from the Center for Rural Health in Bottineau on Tuesday, July 19th, 2016. Interviews were held with selected members of the community who could provide insights into the community's health needs. 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, electronically and paper copy, to a variety of residents of Bottineau County. It is described in detail below.

The survey tool was designed to:

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

Specifically, the survey covered the following topics:

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

To promote awareness of the assessment process, press releases led to published articles in the Courant newspaper in Bottineau. The survey was announced on a local radio station and on a community access cable television channel. The local Economic Development Corporation (EDC) sent out two mass emails to the community encouraging individuals to take the online survey. Additionally, information was published on the St. Andrew's Health Center website and Facebook page.

Approximately 250 paper surveys were distributed through St. Andrew's Clinic, St. Andrew's Hospital, the Bottineau EDC, the Good Samaritan Society skilled nursing facility, and Dakota College. 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 could request a survey by calling SAHC and an online survey link was also made available. The survey was open from August 1 to August 15th, 2016. Fifteen completed paper surveys were returned.

Sixty-two online surveys were completed. In total, counting both paper and online surveys, 77 community member surveys were completed, equating to approximately a 3% response rate based on the population of the community.

Secondary Data

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

Social Determinants of Health

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

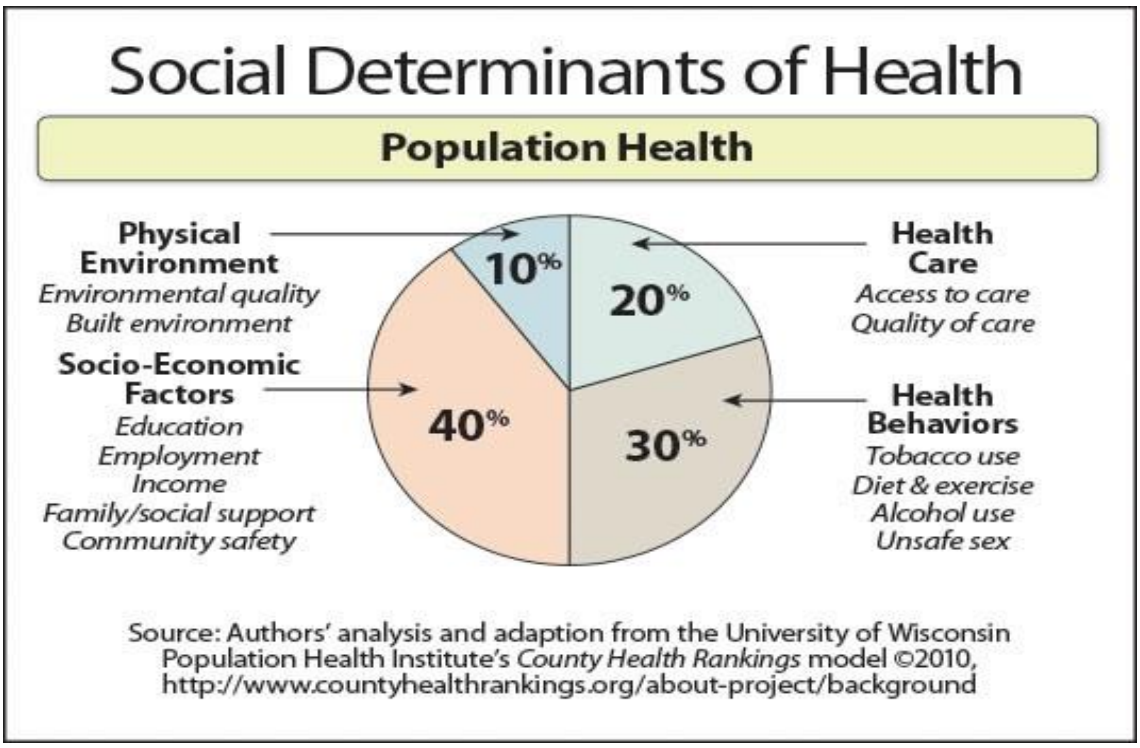
"The circumstances in which people are born, grow up, live, work, and age and the systems put in place to deal with illness. These circumstances are in turn shaped by wider set of forces: economics, social policies and politics. "

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

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

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

Figure 2: Social Determinants of Health



Demographic Information

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

TABLE 1: BOTTINEAU COUNTY: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2015 American Community Survey; more recent estimates used where available)		
	Bottineau County	**North Dakota**
Population, 2015 est.	**6,716**	**56,927**
Population change, 2010-2015	**4.5%**	**12.5%**
Land area, square miles	**1,668**	**69,001**
People per square mile, 2010	**3.9**	**9.7**
White persons (not incl. Hispanic/Latino), 2015 est.	**92.0%**	**85.8%**
Persons under 18 years, 2015 est.	**21.5%**	**23.0%**
Persons 65 years or older, 2015 est.	**21.4%**	**14.2%**
Non-English spoken at home, 2014 est.	**3.1%**	**5.4%**
High school graduates, 2014 est.	**88.7%**	**91.3%**
Bachelor's degree or higher, 2014 est.	**17.9%**	**27.3%**
Live below poverty line, 2013 est.	**12.3%**	**11.5%**

The population of North Dakota has grown in recent years, and Bottineau 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 6,429 (2010) to 6,716 (2015).

Health Conditions, Behaviors, and Outcomes

As noted above, several sources of secondary data were reviewed to inform this assessment. The data are presented below in three categories: (1) County Health Rankings, (2) the public health community profile, and (3) children's health.

County Health Rankings

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

The data used in the 2015 County Health Rankings are pulled from more than 20 data sources and then are compiled to create county rankings. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, such as 1 or 2, are considered to be the "healthiest." Counties are ranked on both health outcomes and health factors. Below is a breakdown of the variables that influence a county's rank. A model of the 2015 County Health Rankings – a flow chart of how a county's rank is determined – may be found in Appendix B. For further information and explanation on the measures 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 Bottineau 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 First District Health Unit and St. Andrew's Health Center or of particular medical facilities.

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

Bottineau County rankings, within the state, are included in the summary below. For example, Bottineau County ranks 6th out of 49 ranked counties in North Dakota on health outcomes and 20th on health factors. The measures marked with a red checkmark (✓) are those where Bottineau 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 Bottineau County is doing poorer than compared to the rest of North Dakota on a number of health *outcomes*, landing at or below rates for North Dakota counties. However, Bottineau County is doing better than U.S. top 10% in the area of poor or fair health, poor physical and mental health days (in last 30 days), low birth weight, food environment index, teen birth rate, unemployment, children in poverty, children in single parent households and violent crimes. One particular outcome, better than the North Dakota average but not meeting the U.S. top 10% is premature death. This is the years of potential life lost before age 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost. This measure allows communities to target resources to high-risk areas and further investigate causes of premature death.

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

Bottineau County lags behind the state on the following reported measures:

- % Diabetic
- Adult smoking
- Physical inactivity
- Access to exercise opportunities
- Alcohol impaired driving
- Uninsured
- Primary care physicians
- Dentists
- Mental health providers
- Diabetic screening
- Mammography screening
- Unemployment
- Income inequality
- Injury deaths

✓ = Not meeting North Dakota average
✓ = Not meeting U.S. Top 10% Performers
☺ = Meeting or exceeding U.S. Top 10% Performers

TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS* – BOTTINEAU COUNTY			
	Bottineau County	**U.S. Top 10%**	**North Dakota**
Ranking: Outcomes	**6th**		**(of 49)**
Premature death	5,400 ✓	5,200	6,600
Poor or fair health	11% ☺	12%	14%
Poor physical health days (in past 30 days)	2.6 ☺	2.9	2.9
Poor mental health days (in past 30 days)	2.6 ☺	2.8	2.9
Low birth weight	6% ☺	6%	6%
% Diabetic	10% ✓✓	9%	8%
Ranking: Factors	**20th**		**(of 49)**
Health Behaviors			
Adult smoking	17% ✓✓	14%	20%
Adult obesity	30% ✓	25%	30%
Food environment index (10=best)	8.1 ☺	8.3	8.4
Physical inactivity	28% ✓✓	20%	25%
Access to exercise opportunities	55% ✓✓	91%	66%
Excessive drinking	21% ✓	12%	25%
Alcohol-impaired driving deaths	73% ✓✓	14%	47%
Sexually transmitted infections	243.2 ✓	134.1	419.1
Teen birth rate	17 ☺	19	28
Clinical Care			
Uninsured	15% ✓✓	11%	12%
Primary care physicians	3,370:1✓✓	1,040:1	1,260:1
Dentists	3,330:1✓✓	1,340:1	1,690:1
Mental health providers	6,650:1✓✓	370:1	610:1
Preventable hospital stays	55 ✓✓	38	51
Diabetic screening	82% ✓✓	90%	86%
Mammography screening	60%✓✓	71%	68%
Social and Economic Factors			
Unemployment	3.7% ✓✓	3.5%	2.8%
Children in poverty	12% ☺	13%	14%
Income inequality	4.7 ✓✓	3.7	4.4
Children in single-parent households	15% ☺	21%	27%
Violent crime	26 ☺	59	240
Injury deaths	71 ✓✓	51	63
Physical Environment			
Air pollution – particulate matter	9.7 ✓	9.5	10.0
Drinking water violations	No ☺	No	
Severe housing problems	10% ✓	9%	11%

Children's Health

The National Survey of Children's Health touches on multiple intersecting aspects of children's lives. Data are not available at the county level; listed below is information about children's health in North Dakota. The full survey includes physical and mental health status, access to quality healthcare, and information on the child's family, neighborhood, and social context. Data are from 2011-12. The survey is currently being conducted again by the Census Bureau in 2016, with initial data expected in 2017. More information about the survey may be found at: www.childhealthdata.org/learn/NSCH.

Key measures of the statewide data are summarized below. The rates highlighted in **red** signify that the state is faring worse on that measure than the national average.

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

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

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

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

The data show that Bottineau County is performing better than the North Dakota average on three of the examined measures; however, slightly more unfavorably than the state averages for the number of uninsured children, Medicaid recipients, Supplemental Nutrition Assistance Program (SNAP), and licensed child care capacity.

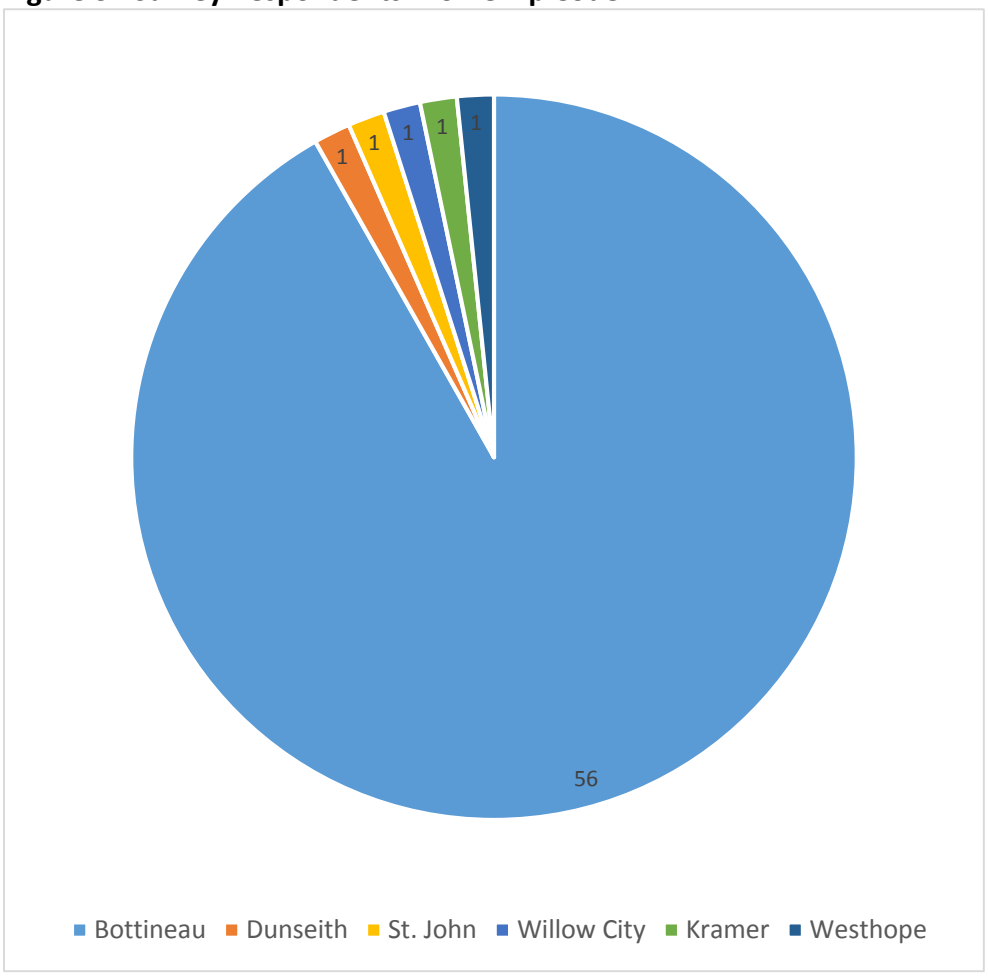
TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN'S HEALTH

	Bottineau County	**North Dakota**
Uninsured children (% of population age 0-18), 2014	**10.5%**	7.0%
Uninsured children below 200% of poverty (% of population), 2014	**43.4%**	45.8%
Medicaid recipient (% of population age 0-20), 2015	**28.1%**	27.9%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	**4.8%**	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2015	**21.4%**	20.7%
Licensed child care capacity (% of population age 0-13), 2014	**39.0%**	44.5%
High school dropouts (% of grade 9-12 enrollment), 2014	**1.3%**	2.8%

Survey Results

As noted above, 77 community members completed the written survey in communities throughout the service area. The survey requested that respondents list their home zip code. While not all respondents provided a zip code, 61 did, revealing that the large majority of respondents lived in Bottineau. These results are shown in Figure 3.

Figure 3: Survey Respondents' Home Zip Code



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

Survey Demographics

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

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

- 48% (N=31) were aged 55 or older, although there was a fairly even distribution of ages.
- A large majority (64%, N=43) were female.
- A little less than half of respondents (45%, N=30) had Bachelor's degrees or higher.
- Majority (70%, N=46) worked full-time.
- Approximately one fourth of the respondents (25%, N=14) had household incomes of less than $50,000.

Figures 4 through 9 show these demographic characteristics. It illustrates the range of community members' household income and indicates how this assessment took into account input from parties who represent the varied interests of the community served, including a balance of age ranges, those in diverse work situations, and community members with lower incomes. Of those who provided a household income, three community members reported a household income of less than $25,000. About 29% (N=16) indicated a household income of $100,000 or more.

Figure 4: Age Demographics of Survey Respondents

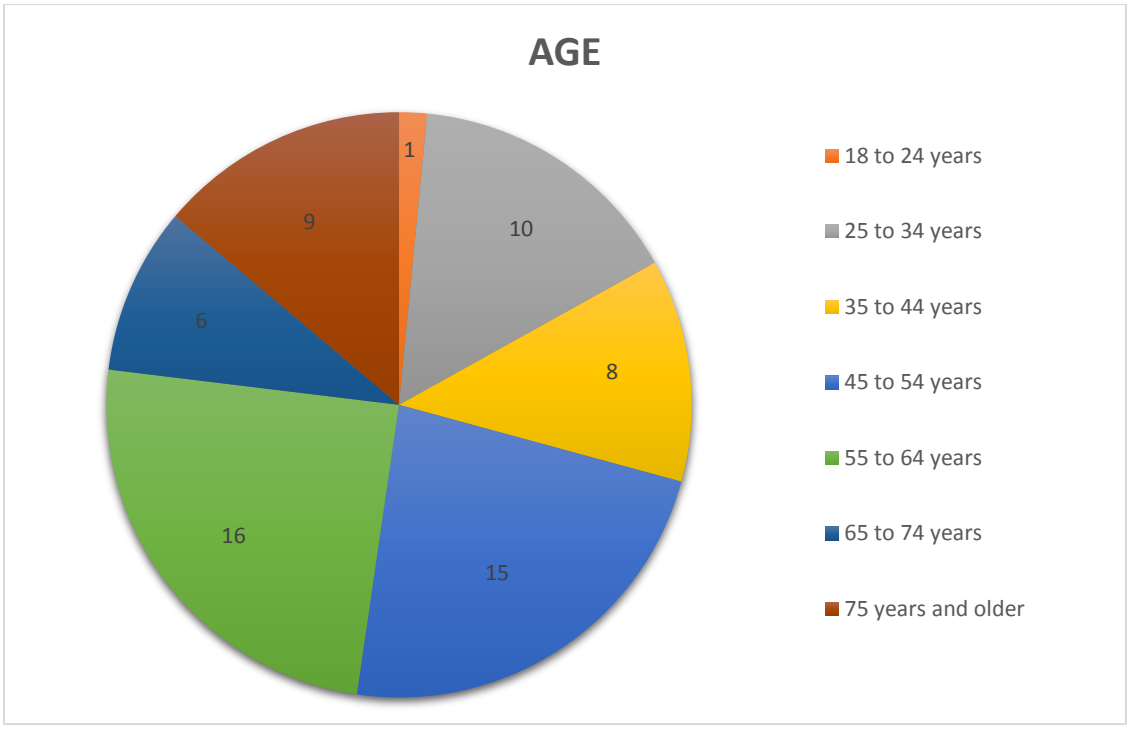


Figure 5: Gender Demographics of Survey Respondents

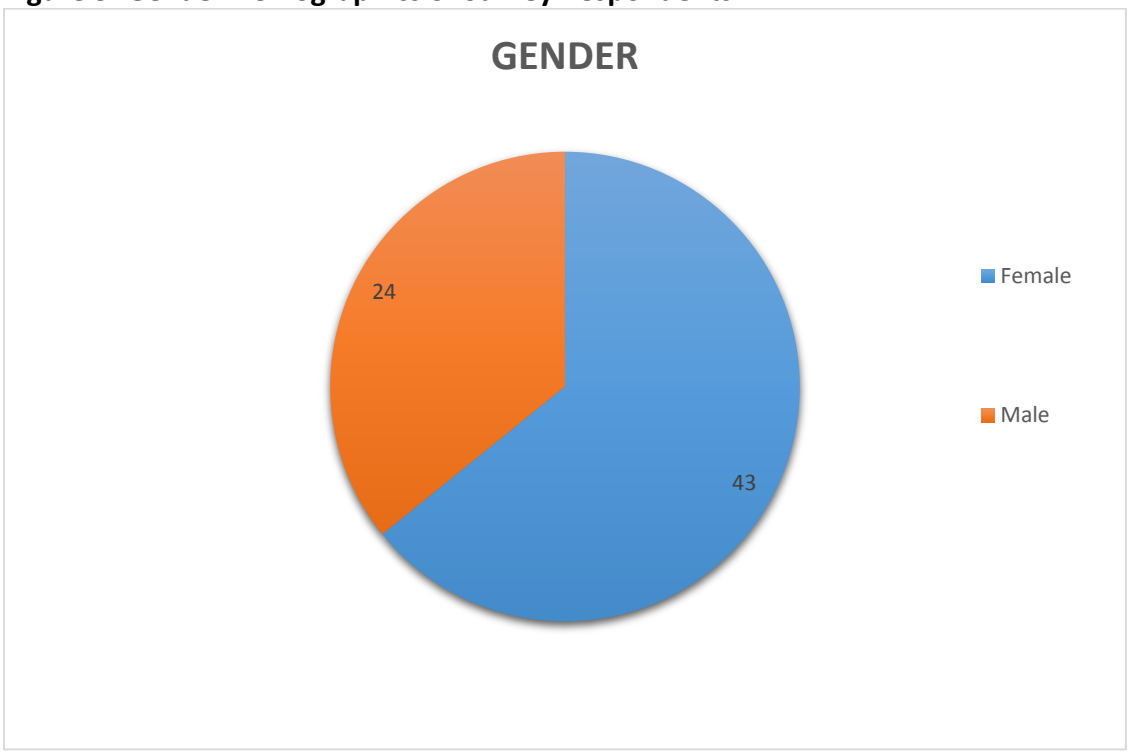


Figure 6: Educational Level Demographics of Survey Respondents

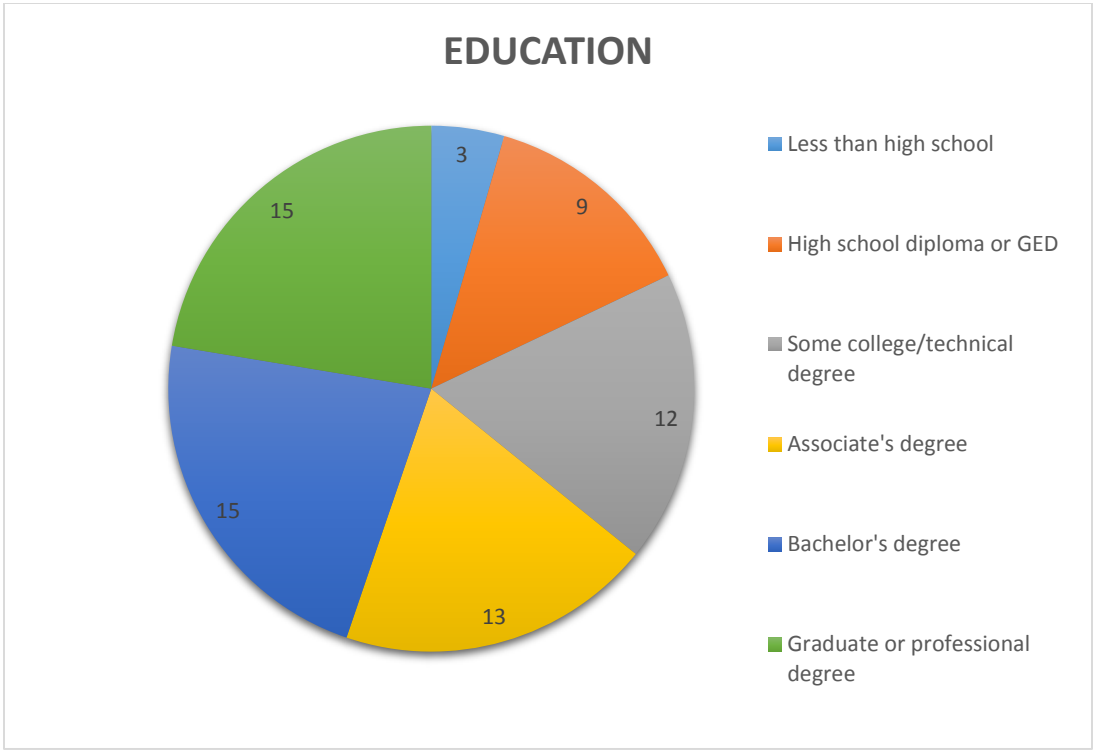


Figure 7: Employment Status Demographics of Survey Respondents

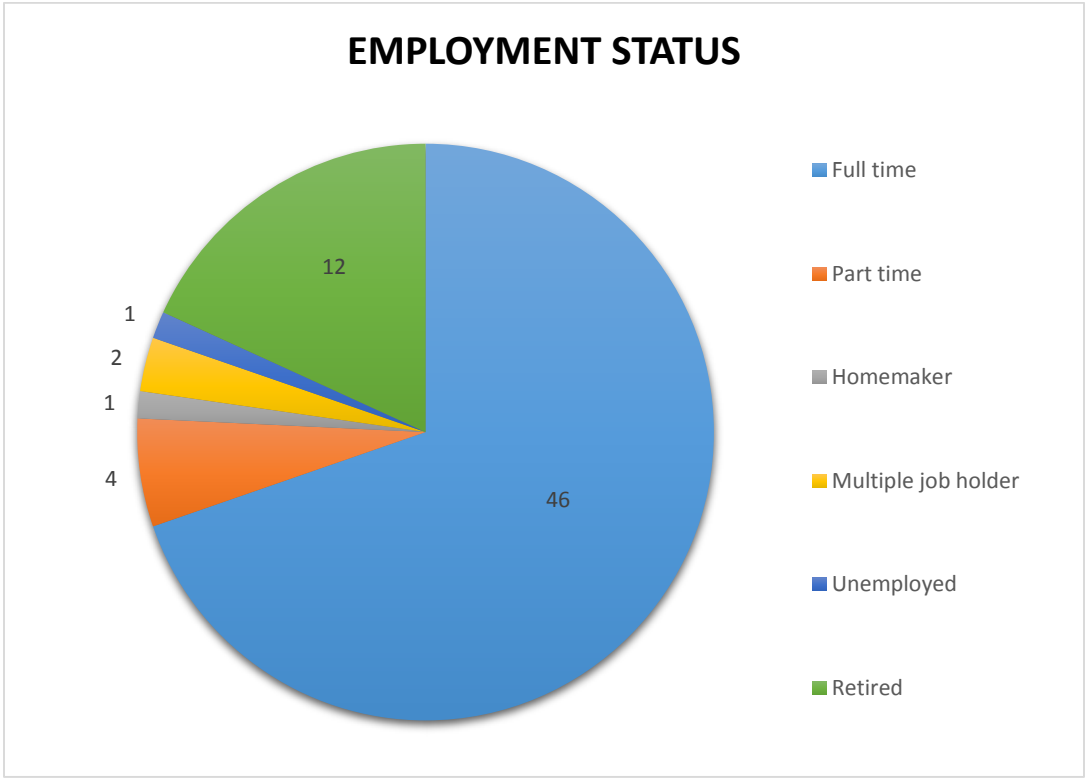


Figure 8: Household Income Demographics of Survey Respondents

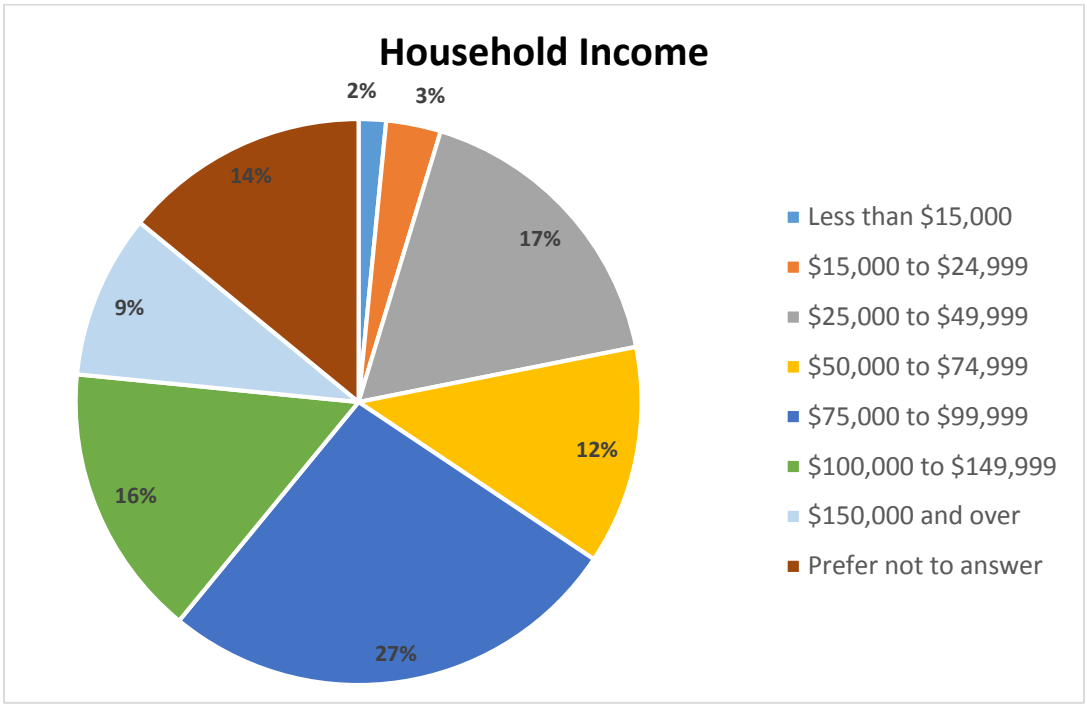
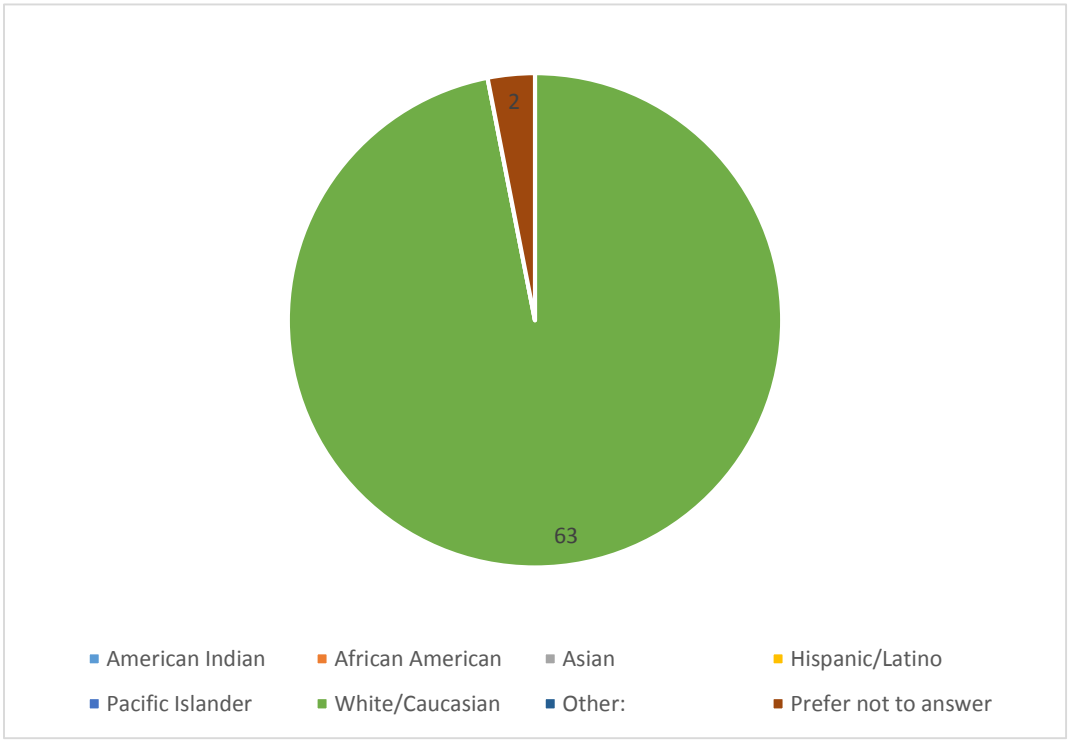
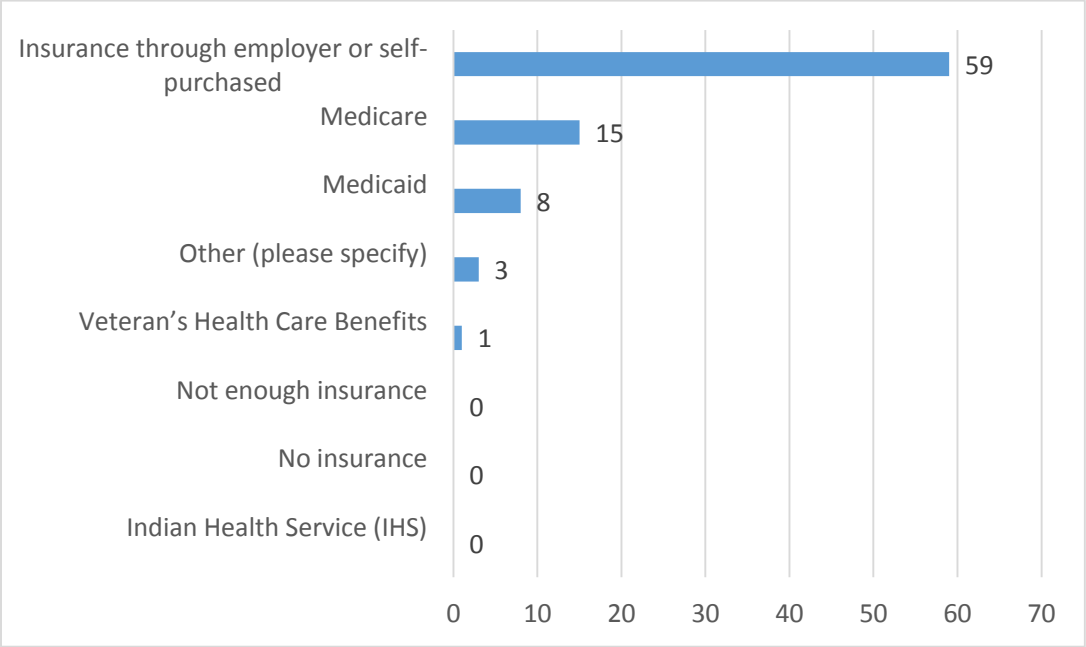


Figure 9: Race/Ethnicity



Community members were asked about their health insurance status (Figure 10) which is often associated with whether people have access to healthcare. The majority of respondents indicated they have health insurance through an employer or self-purchased.

Figure 10: Insurance Status



Community Assets and Challenges

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

- Friendly, helpful, and supportive people (N=62)
- Safe place to live, little or no crime (N=59)
- Recreational and sports activities (N=55)
- Healthcare (N=50)

Figures 11 to 14 illustrate the results of these questions.

Figure 11: Best Things about the PEOPLE in Your Community

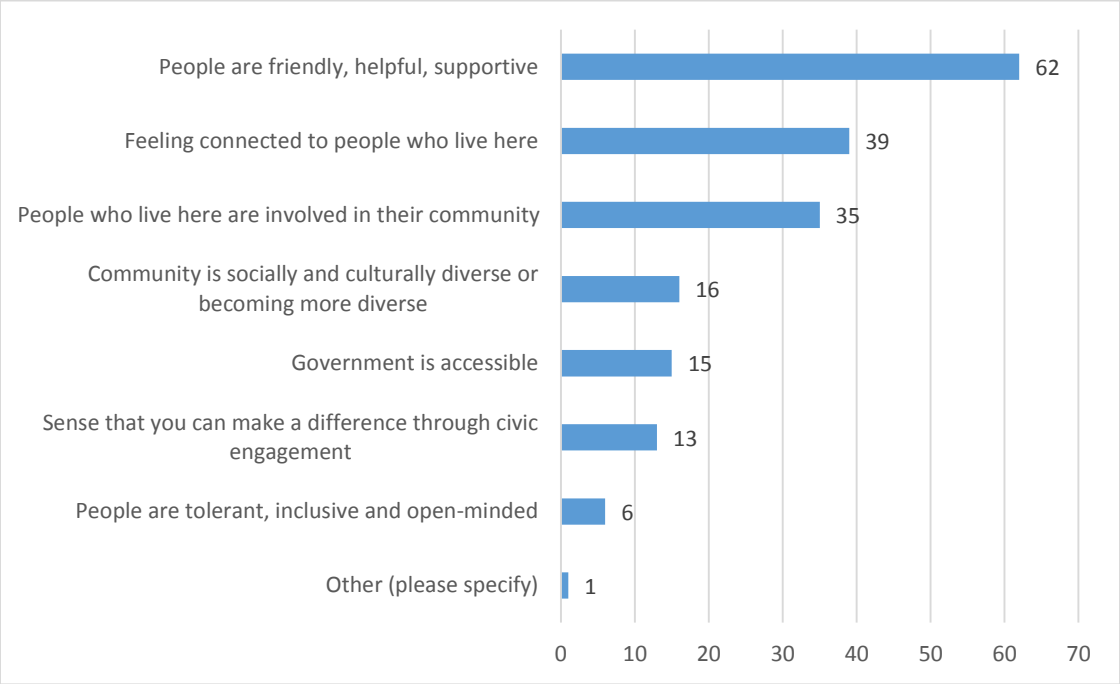


Figure 12: Best Things about the SERVICES AND RESOURCES in Your Community

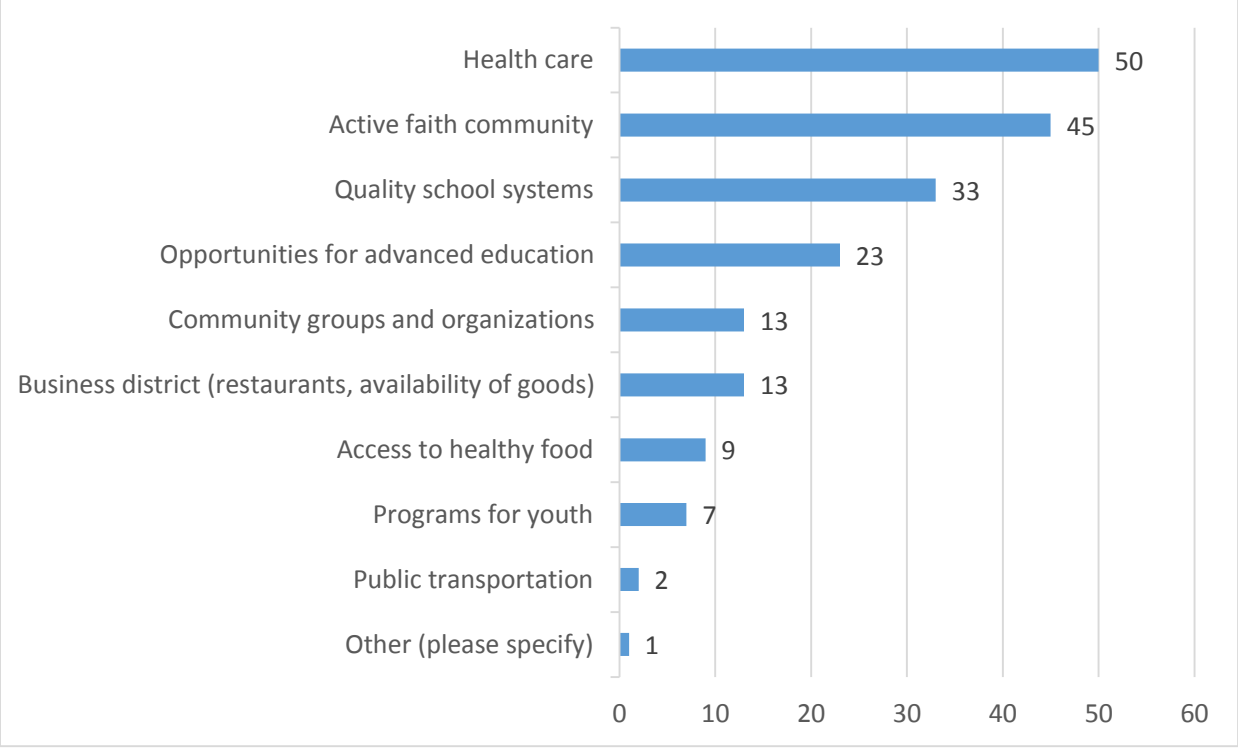


Figure 13: Best Things about the QUALITY OF LIFE in Your Community

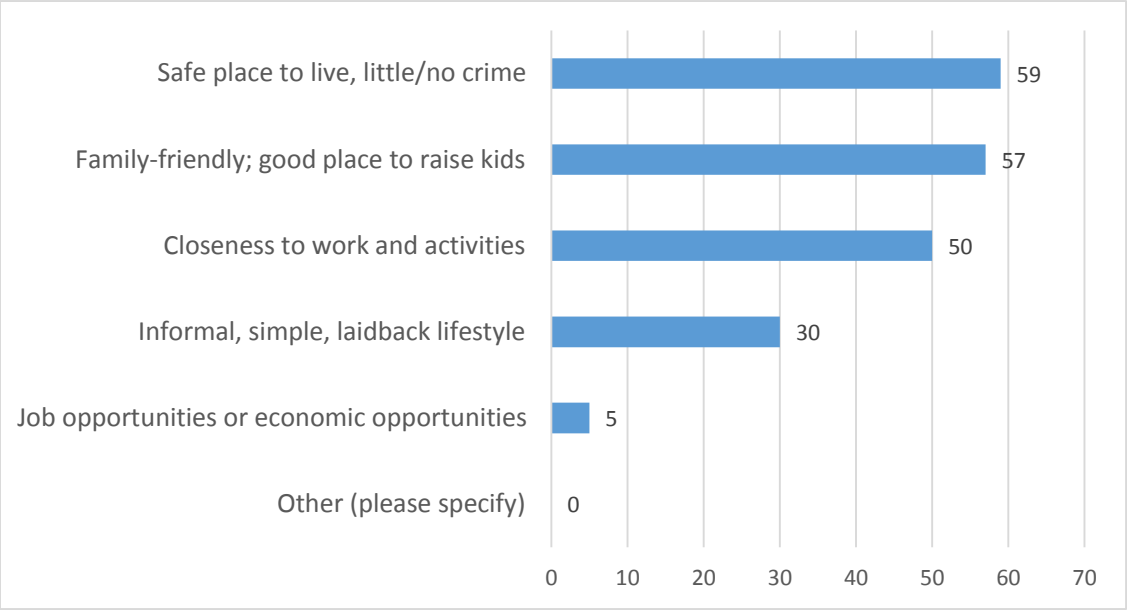
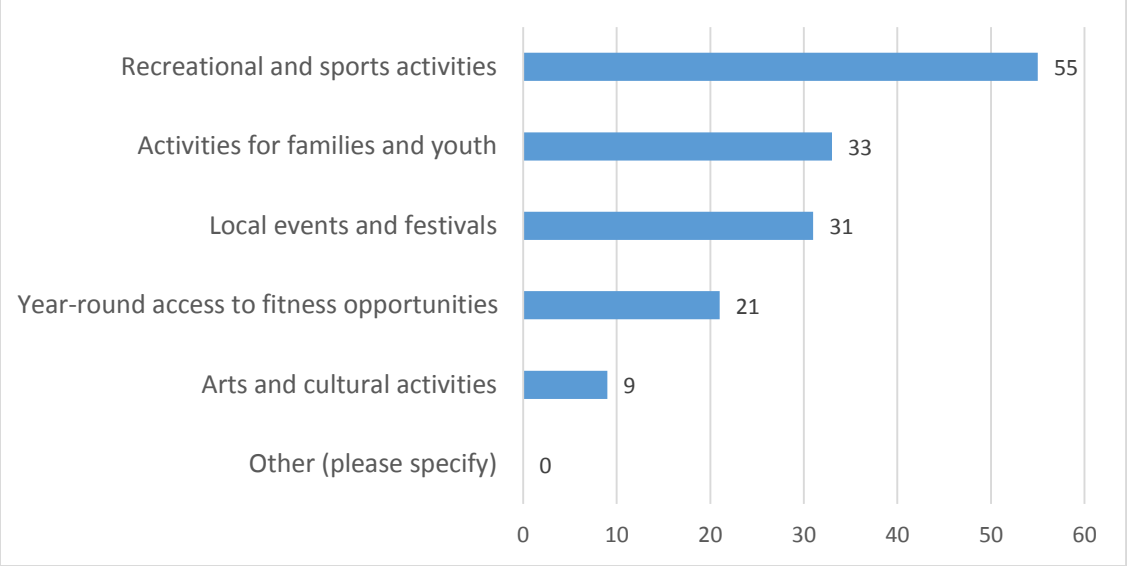


Figure 14: Best Thing about the ACTIVITIES in Your Community



In another open-ended question, residents were asked, “What are the major challenges facing your community?” The most commonly cited challenges include: concerns with the lack of jobs and affordable housing; a perceived lack of progressive thinking related to community development and growth; the need for hospice; activities for children and families.

Community Concerns

At the heart of this community health assessment was a section on the survey asking survey-respondents to review a wide array of potential community and health concerns in the following nine categories:

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

The concerns, most frequently indicated, in the above mentioned categories were:

- Cancer (N=53)
- Jobs with livable wages (N=47)
- Ability to recruit and retain primary care providers (doctor, nurse practitioner, physician assistant) (N=43)
- Attracting young families (N=42)
- Bullying/cyber-bullying (N=41)
- Assisted living options (N=41)

The other issues that had at least 35 votes included:

- Cost of health insurance (N=38)
- Obesity/overweight (N=38)
- Youth drug use and abuse (N=37)
- Availability of resources to help elderly stay in their homes (N=36)

Figures 15 through 23 illustrate these results.

Figure 15: Community Health Concerns

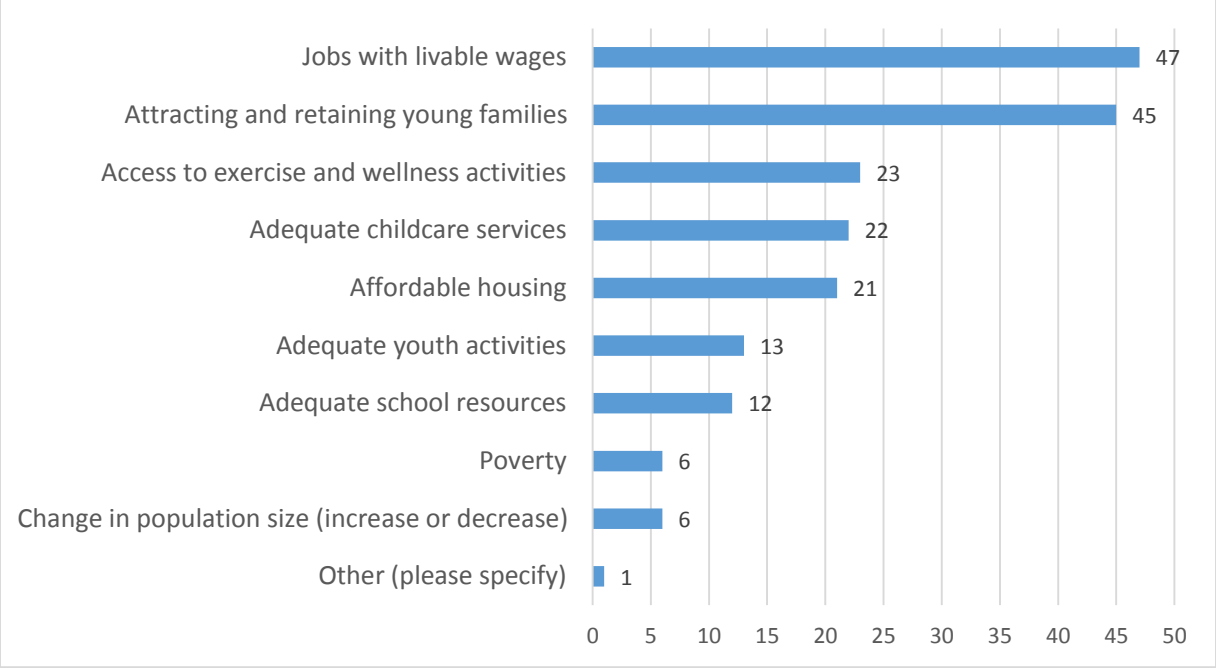


Figure 16: Availability of Health Services Concerns

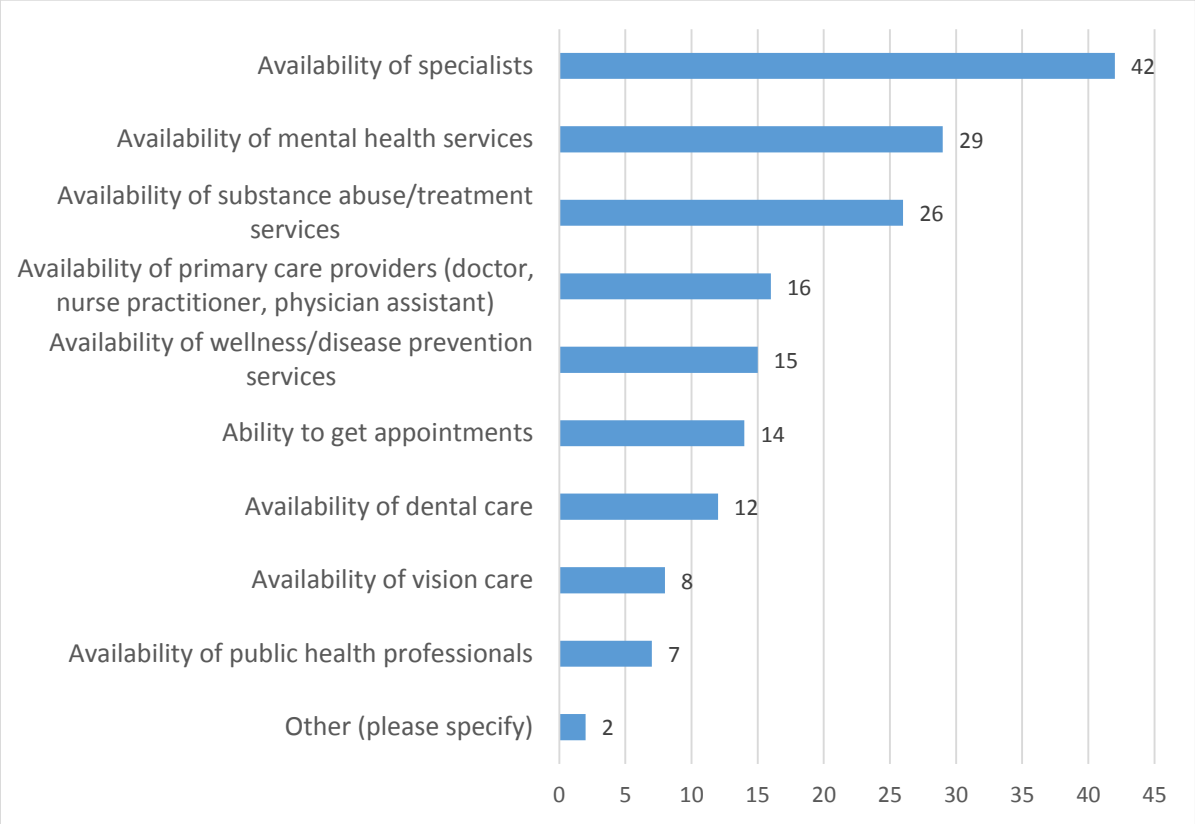


Figure 17: Safety/Environmental Health Concerns

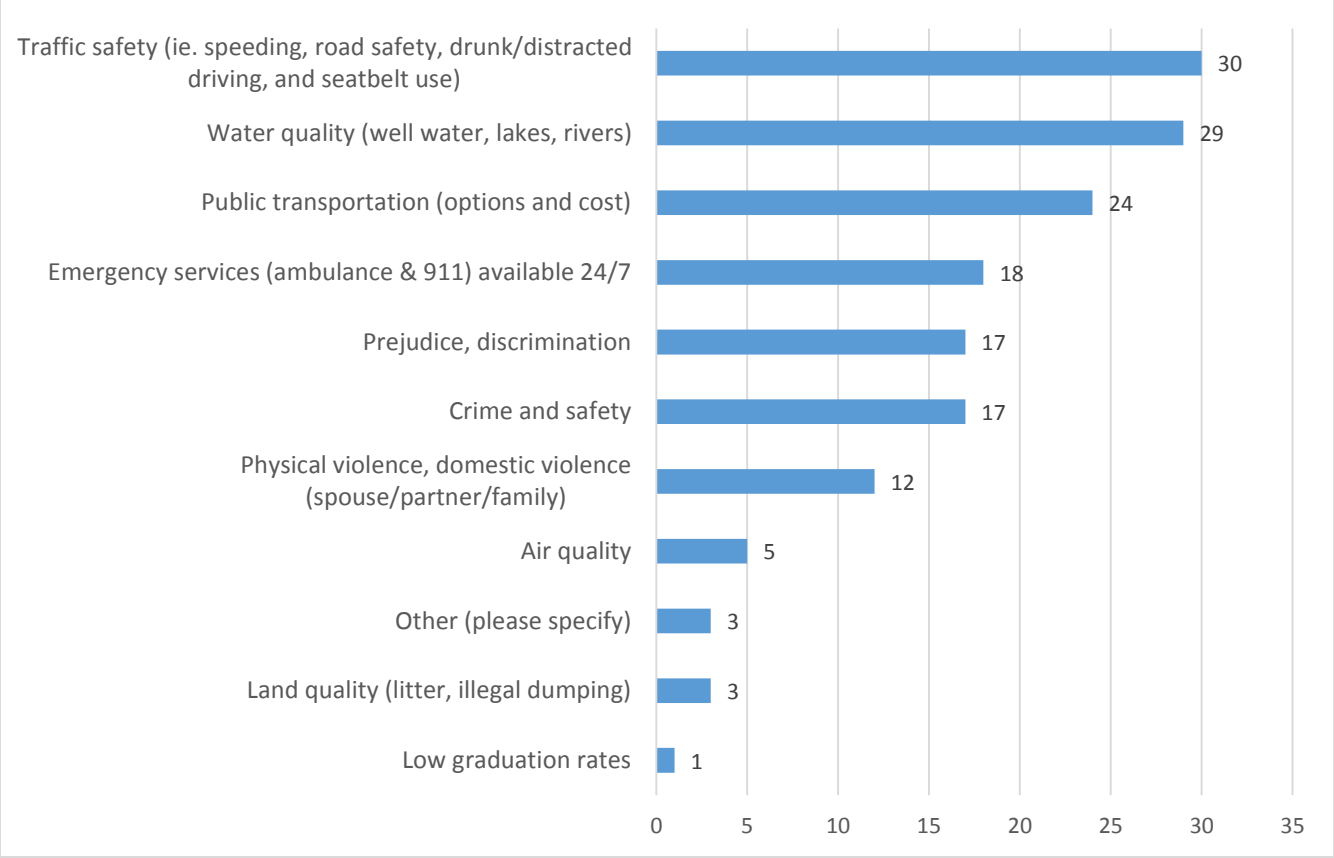


Figure 18: Delivery of Health Services Concerns

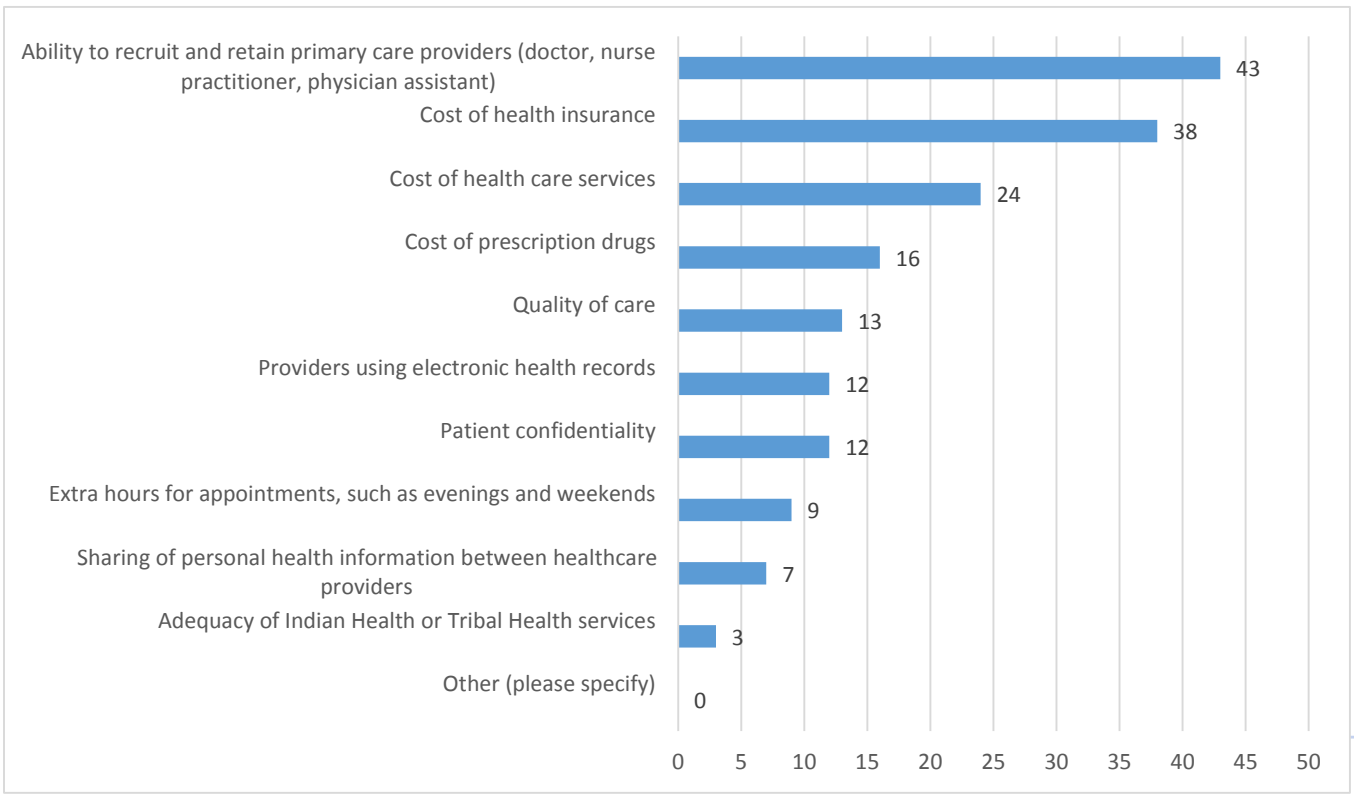


Figure 19: Physical Health Concerns

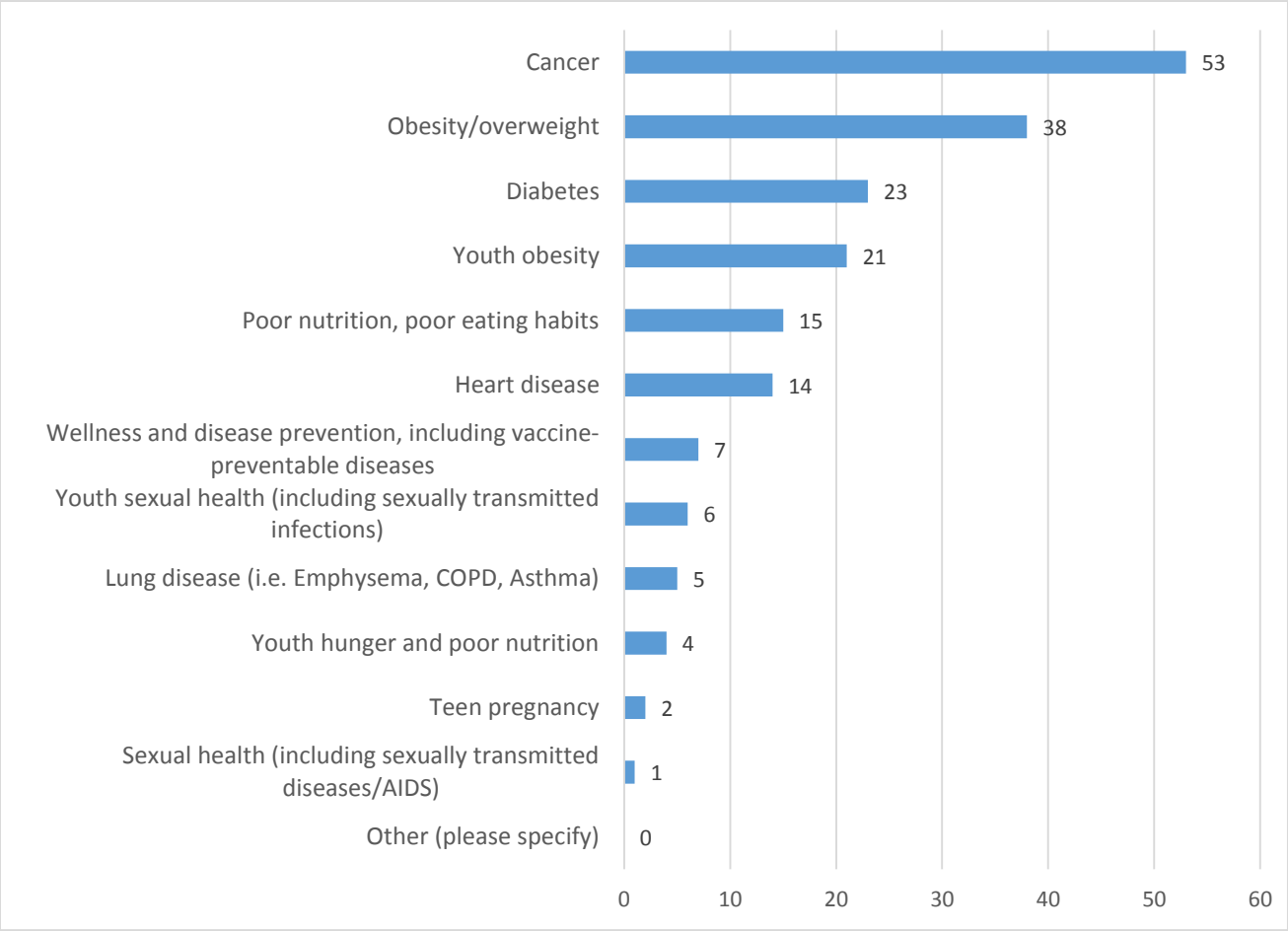


Figure 20: Mental Health and Substance Abuse Concerns

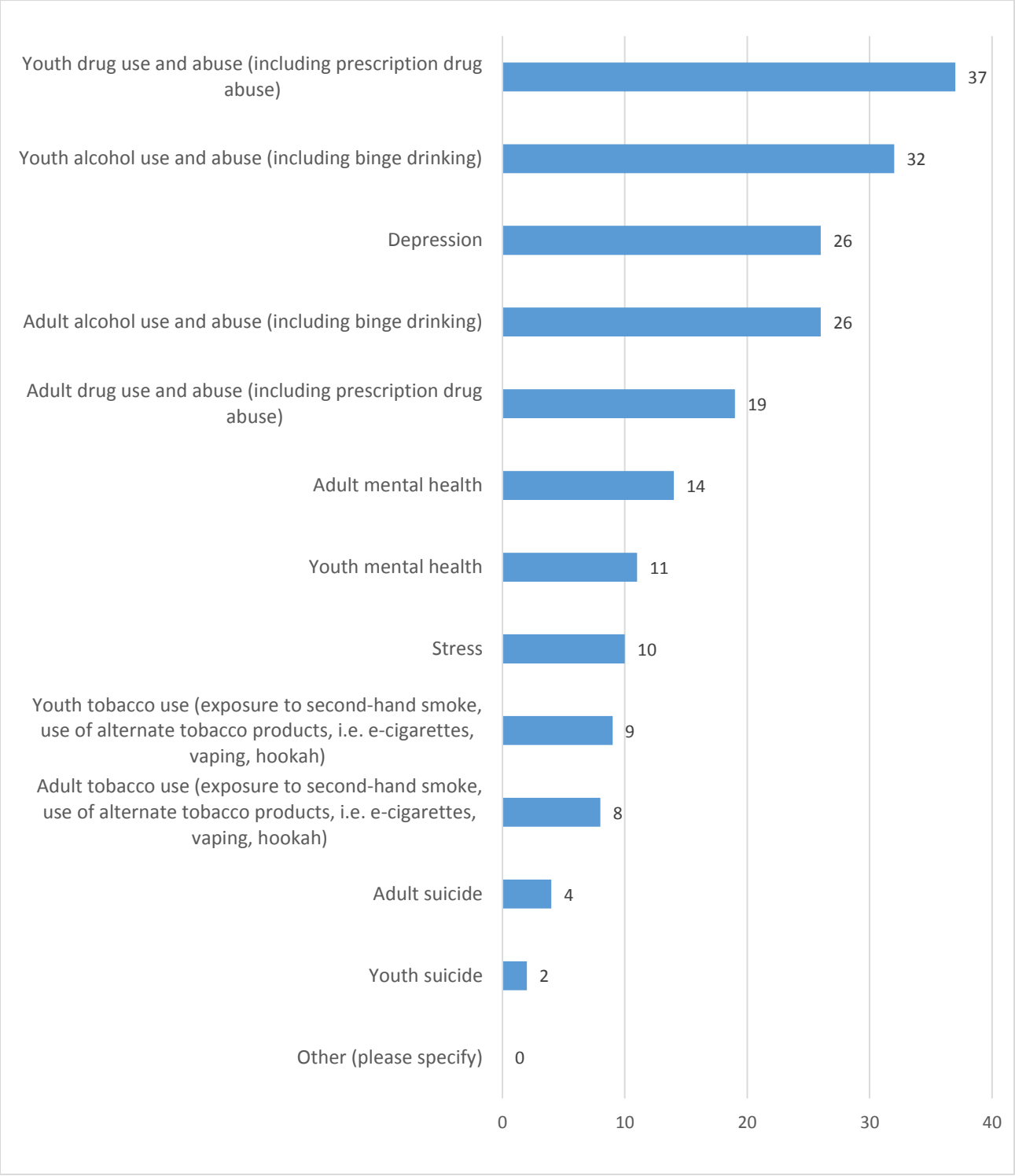


Figure 21: Senior Population Concerns

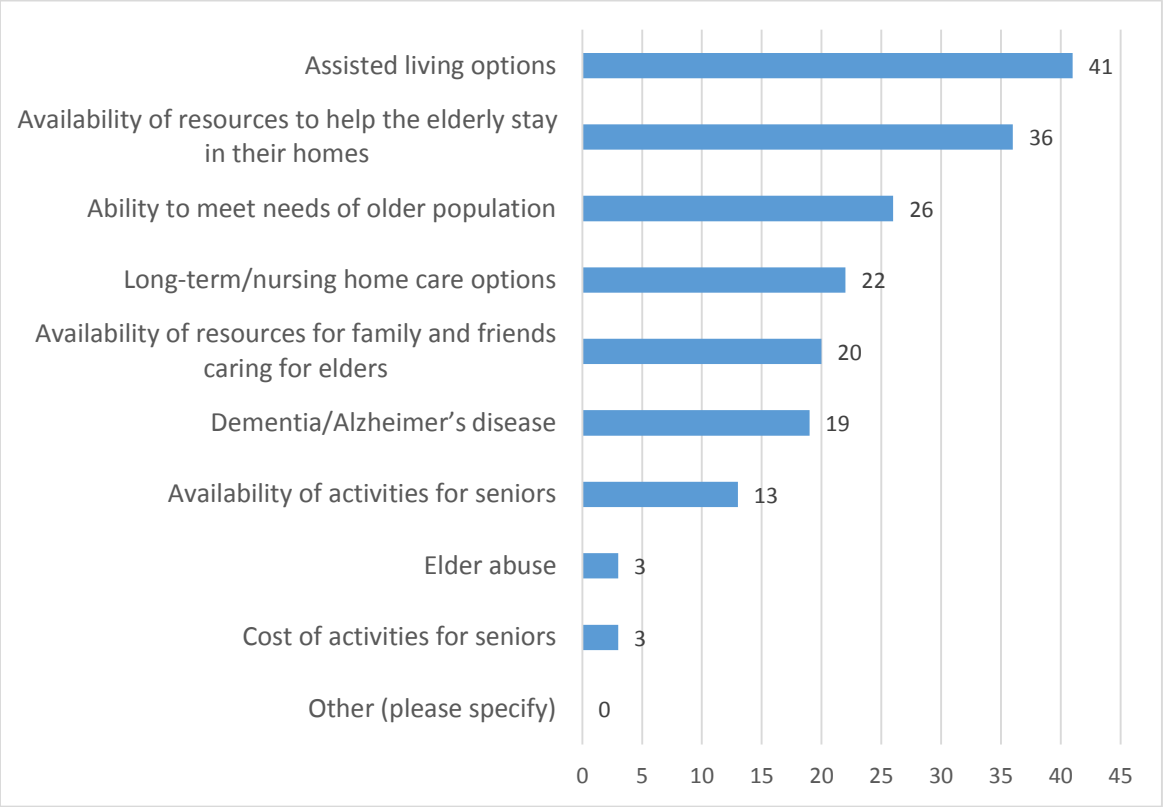


Figure 22: Violence Concerns

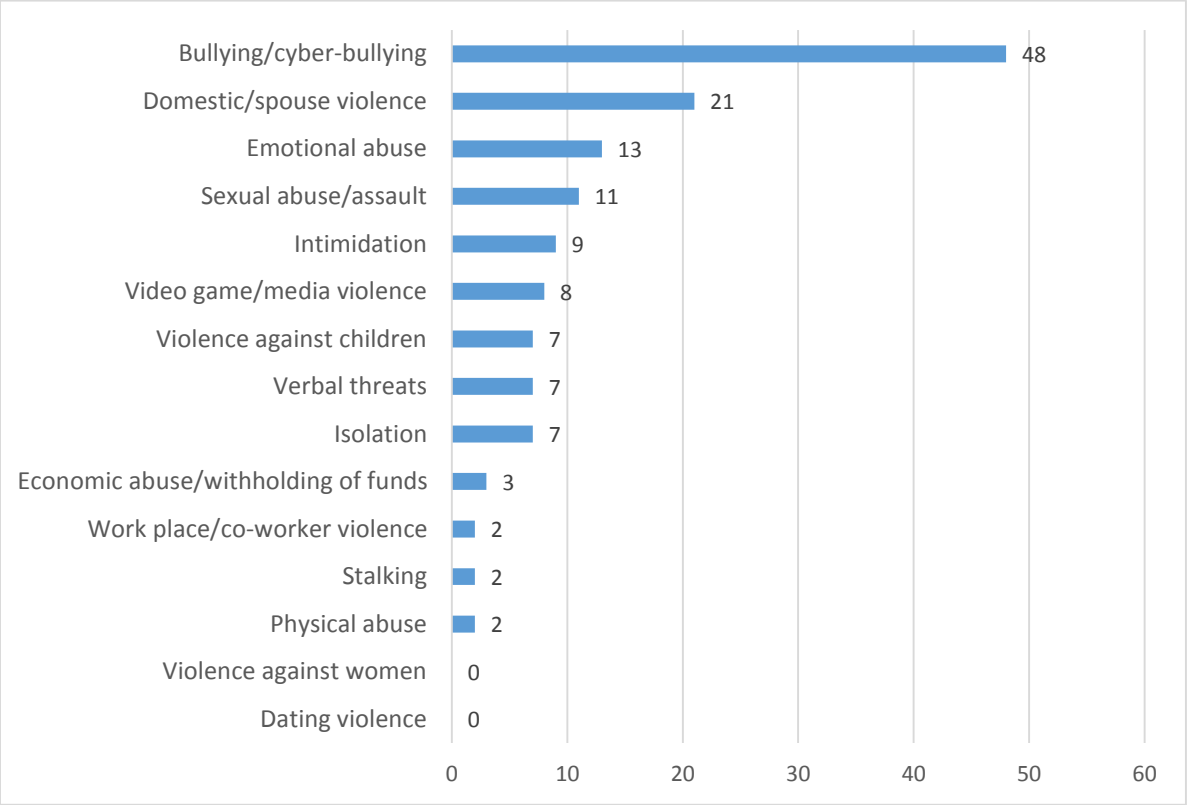
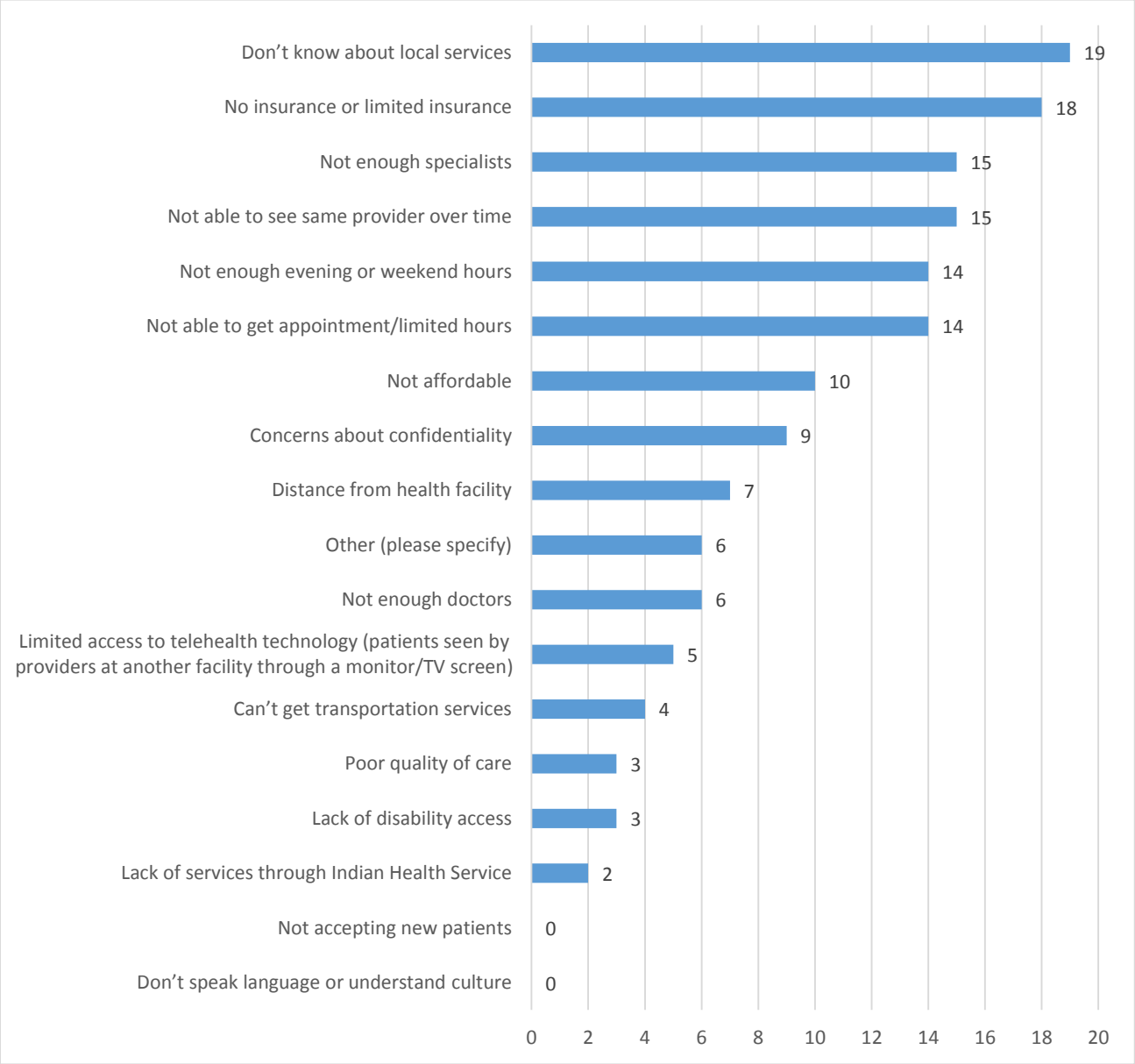


Figure 23: Impacts from Oil Development

Delivery of Healthcare

The survey asked residents what they see as barriers that prevent them, or others, from receiving healthcare. The most prevalent barrier perceived by respondents was not knowing about local services (N=19); or no insurance or limited insurance (N=18). Next prevalent barrier indicated by 15 respondents was not enough specialists and not being able to see the same provider over time; followed by (N=14) not enough evening or weekend hours or being able to get an appointment/limited hours. Figure 24 illustrates these results.

Figure 24: Perceptions about Barriers to Care



The survey also solicited input about what healthcare services should be added locally. Most responses indicated pediatric services.

Considering a variety of healthcare services at SAHC (Figures 25-27), respondents were asked what, if any, services they were aware of or had used in the past year.

The top services indicated were the clinic, emergency room, swing bed/respite care services, and hospital.

Figure 25: General and Acute Services

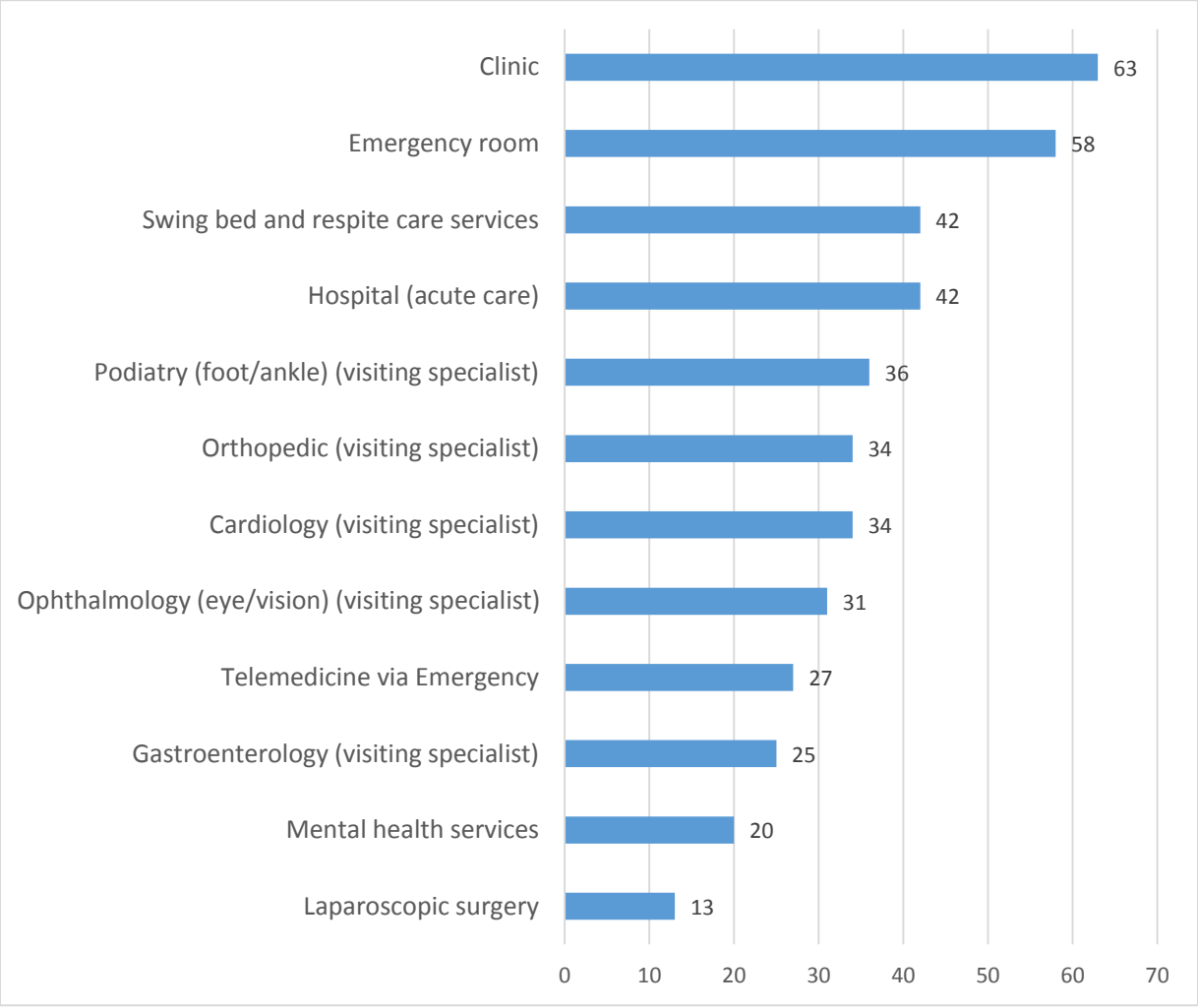


Figure 26: Screening and therapy services

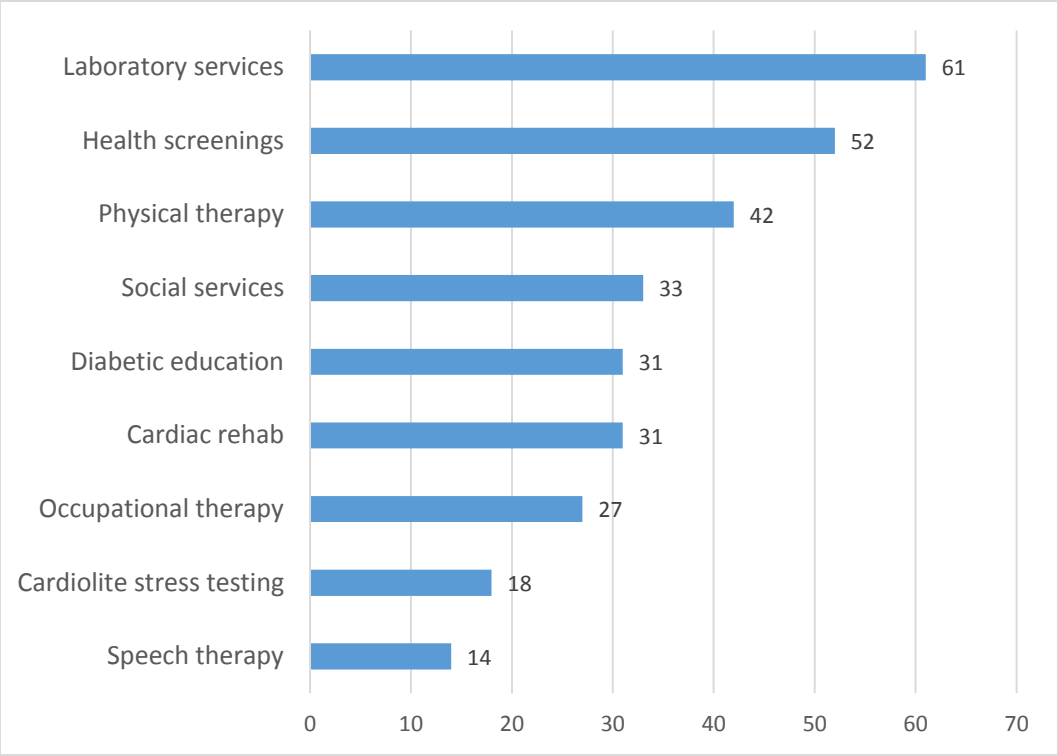
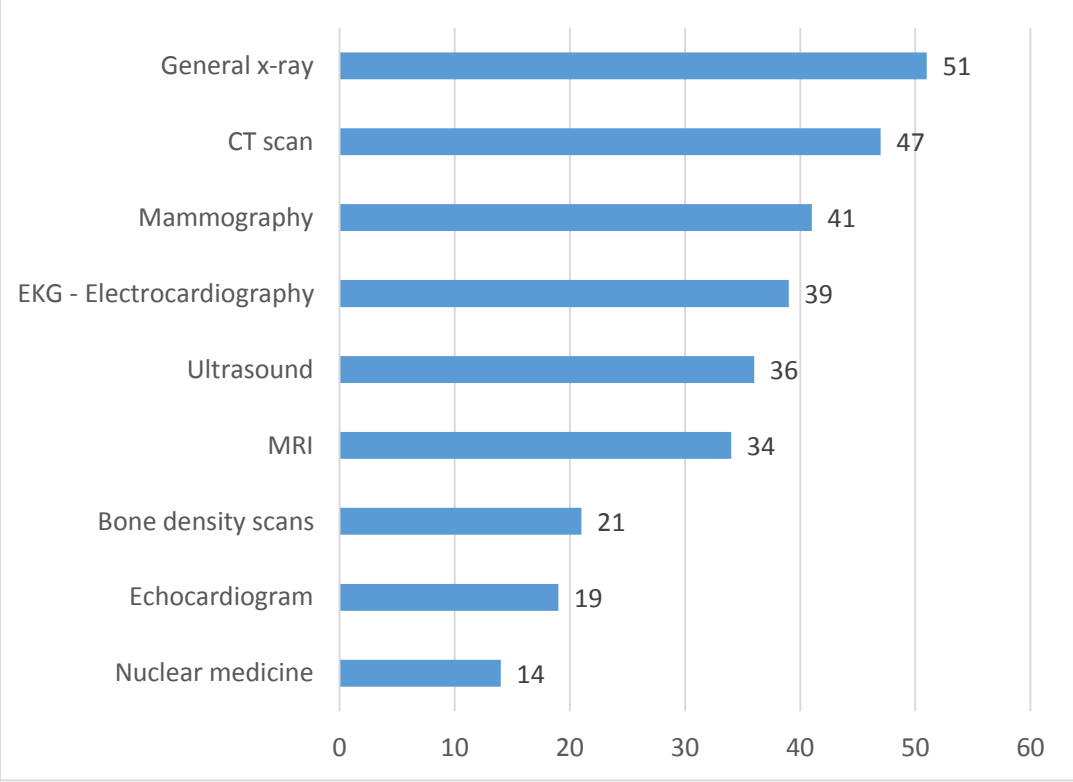
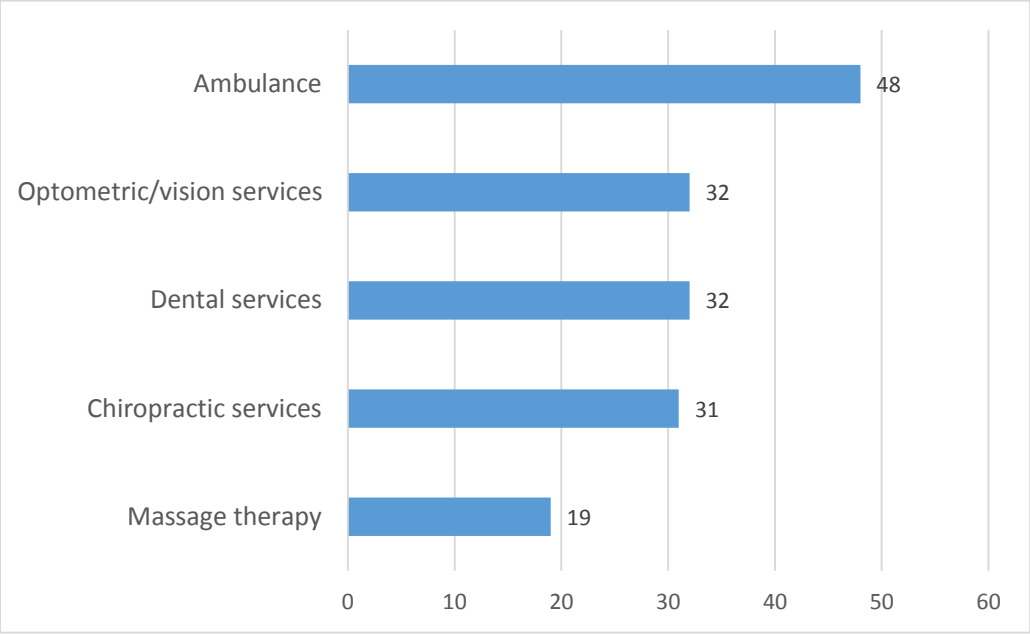


Figure 27: Radiology services



Respondents were also asked what services offered locally by other providers or organizations were they aware of or used in the past year. The top services were ambulance, optometric/vision services, and dental services as illustrated in Figure 28.

Figure 28: Services, offered locally, by other Providers or Organizations



The leadership and staff are aware of the need for mental health services. Therefore, a question was included in the survey to gauge the level of awareness of the current services offered at St. Andrew's through the Rural Mental Health Consortium. Thirty-nine of the 77 respondents indicated they were aware; 22 were unaware.

St. Andrew's offers clinic hours Monday-Friday 8:30-5:00 and also convenience hours of 9:00-12:00 on Saturdays. Survey respondents were asked if they were aware of the office hours and the majority of respondents (N=60) indicated they were aware.

Related to services offered by First District Health Unit respondents indicated that they or a family member most utilized flu shots, office visits/consults, and immunizations in the past year (Figure 29).

Figure 29: First District Health Unit Services utilized

The survey revealed that the most frequent source for accessing trusted health information was their primary care provider (doctor, nurse practitioner, physician assistant) (Figure 30), next was other healthcare professionals (nurses, chiropractors, dentists, etc.), and third was web searches/Internet (WebMD, Mayo Clinic, Healthline, etc.). Word of mouth and newspapers were the most common ways respondents learned about health services available locally (Figure 31).

Figure 30: Sources of Trusted Health Information

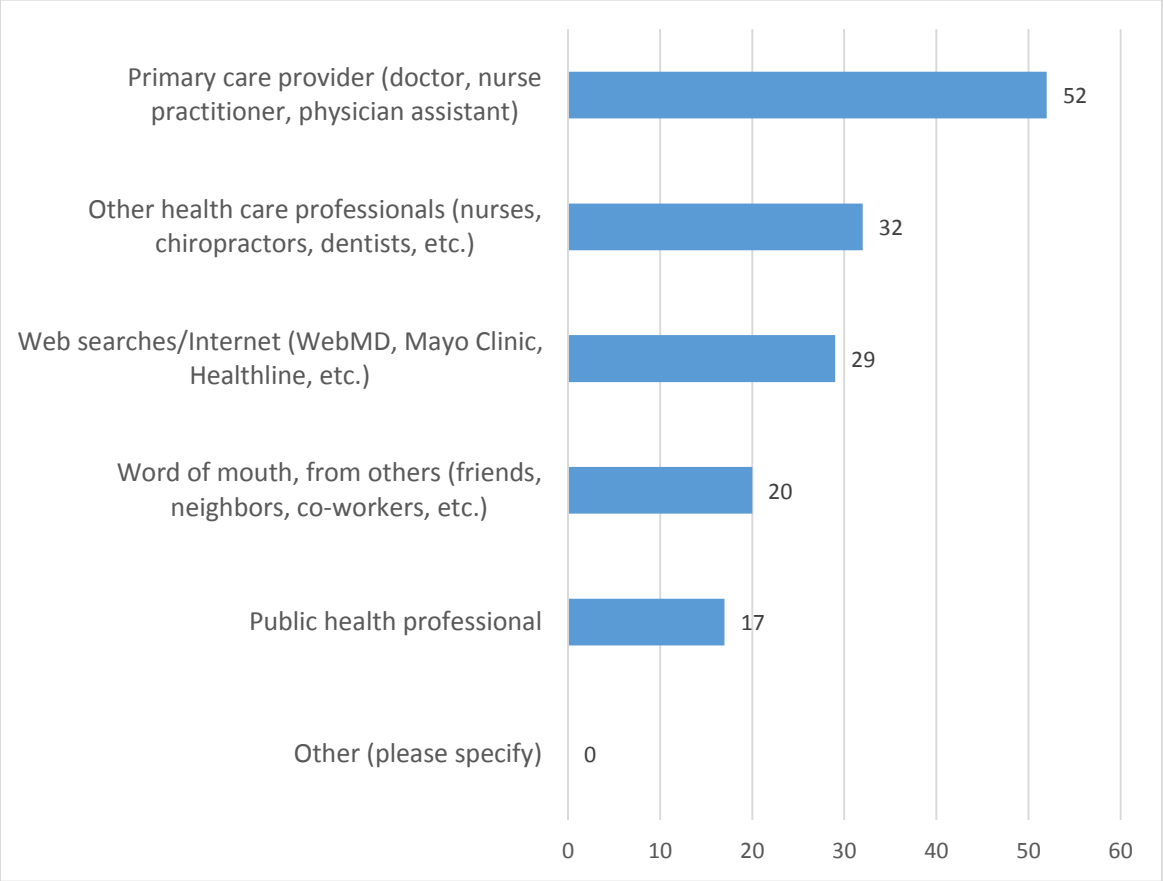
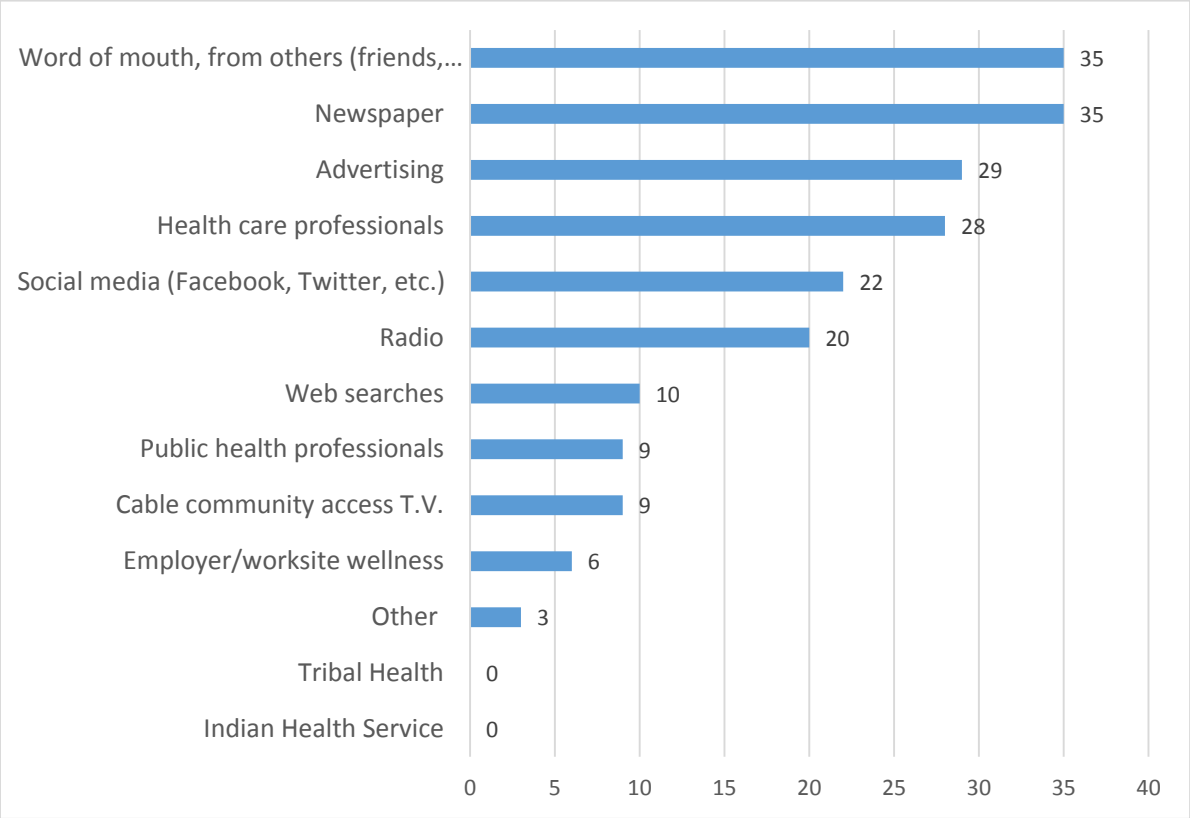


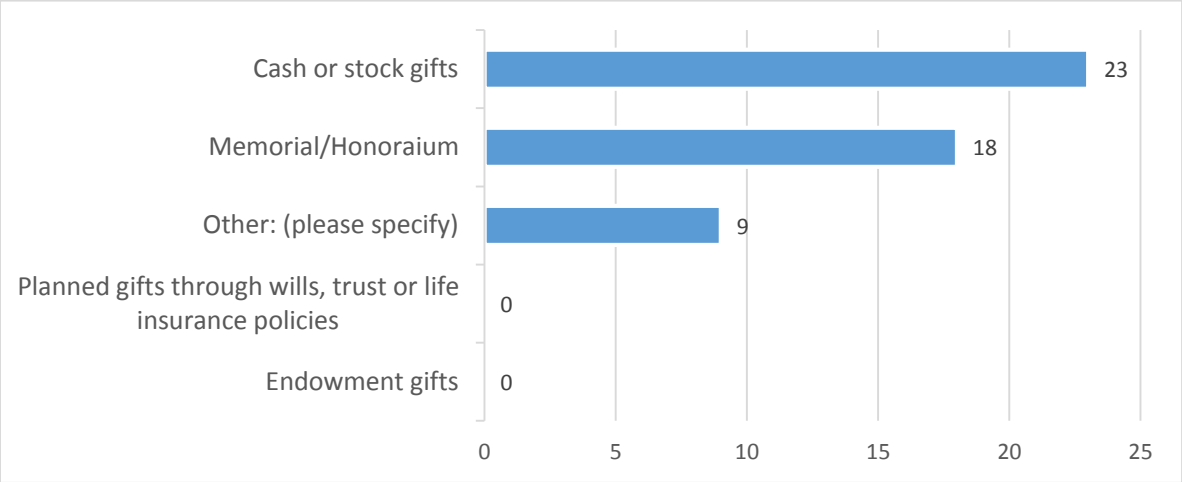
Figure 31: Where do you find out about health services available in our area?



Survey-respondents were asked for suggestions on how to best improve healthcare locally. The following were suggestions made: upgrade the hospital, improve privacy at the clinic lobby, and improve treatment of victims of violence, sexual abuse, and those with addictions.

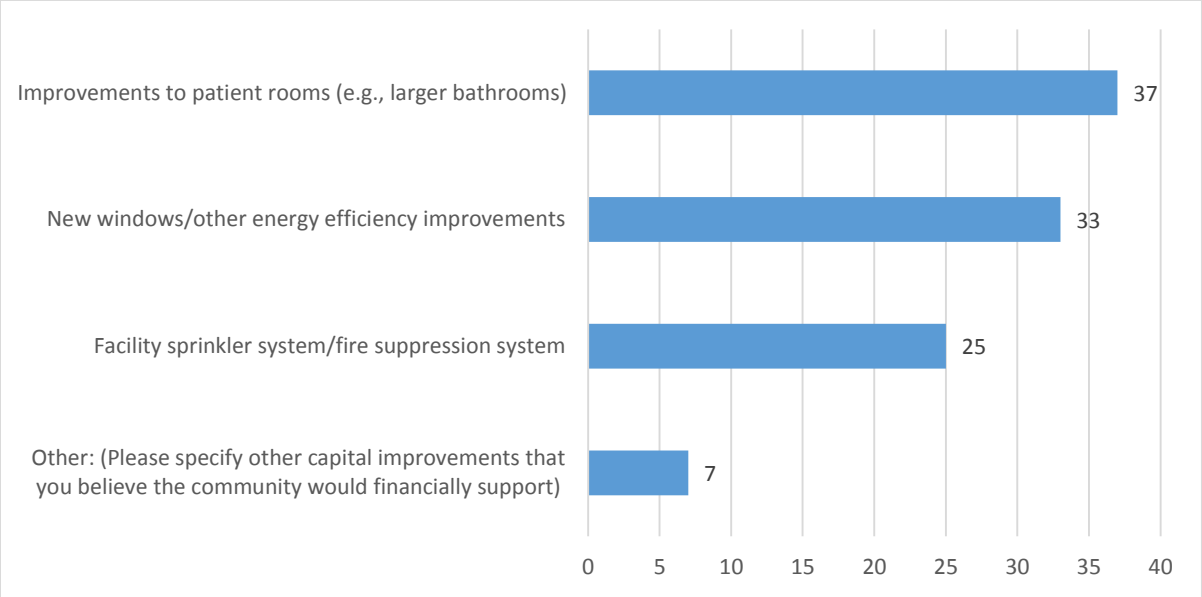
The majority of respondents were aware that the St. Andrew's Health Center Foundation existed to support St. Andrew's Health Center. Of those, 50 reported that they had supported the St. Andrew's Health Center Foundation, with the majority having given a cash or stock gift. See Figure 32.

Figure 32: Support Provided to St. Andrew's Health Center Foundation



The survey queried what capital improvements to St. Andrews's the community would financially support. Of 77 respondents, 37 indicated improvments to patient rooms, new windows, or other improvments related to improving energy efficiency (Figure 33). In addition, several suggested expanding the clinic.

Figure 33: Capital Improvments



Findings from Key Informant Interviews & Focus Group

Questions about the health and well-being of the community, similar to those posed in the survey, were explored during key informant interviews with community leaders and also with the community group at the first meeting. The areas that emerged from these sources were wide-ranging, with some directly associated with healthcare and others more rooted in broader community matters. Many of the concerns below mirror the results obtained through the survey.

Community/environmental concerns

- Attracting and retaining young families
- Not enough jobs with livable wages, not enough to live on
- Having enough quality school resources
- Physical violence, domestic violence, sexual abuse
- Racism, prejudice, discrimination

Concerns about health services

- Not enough health care staff in general
- Availability of mental health services
- Availability of substance abuse/treatment services
- Cost of health insurance/ and out of pocket costs, prescriptions
- Ability to get appointments/extra hours for appointments

Physical, mental health, and substance abuse concerns (Adults)

- Alcohol use and abuse
- Drug use and abuse (including prescription drug abuse)
- Depression/suicide
- Cancer, diabetes, and other chronic diseases

Concerns specific to youth and children

- Not enough actives for children and youth
- Youth obesity
- Youth mental health
- Youth alcohol use and abuse
- Youth drug use and abuse

Concerns about the ageing population

- Being able to meet needs of older population
- Availability of/cost of activities for seniors
- Availability of resources to help the elderly stay in their homes
- Assisted living options

The top concerns, out of the aforementioned categories, are:

- Not enough jobs with livable wages
- Adult and youth alcohol use and abuse
- Adult and youth drug use and abuse
- Availability of substance abuse/treatment services
- Ability to retain, recruit, and retain primary care providers
- Youth mental health
- Being able to meet the needs of older population
- Assisted living options

Community Engagement and Collaboration

Key informants and community group members 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 EMS, hospital, faith-based organizations, schools, public health, and law enforcement are the most collaborative and engaged in the community. The averages of these rankings (with 5 being "excellent" engagement or collaboration) were:

- Emergency services, including ambulance and fire (5)
- Hospital (healthcare system) (4)
- Faith Based organizations (4)
- Schools (4)
- Public Health (4)
- Law enforcement (4)
- Long term care, including nursing homes and assisted living (3.5)
- Pharmacies (3.5)
- Economic development organizations (3)
- Social Services (3)
- Human services agencies (3)
- Other local health providers, (i.e. dentists, chiropractors, etc.) (3)
- Business and industry (3)

Priority of Health Needs

A Community Group met on August 23, 2016. Thirteen 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:

- Availability of mental health services (6 votes)
- Availability of resources to help the elderly stay in their homes (6 votes)
- Attracting and retaining young families (5 votes)
- Adequate childcare services (4 votes)

Then, from those top four priorities, each person put one sticker on the item they felt was the most important. Three priorities all tied for the most number of votes. The rankings were:

- Availability of mental health services (3 votes)
- Availability of resources to help the elderly stay in their homes (3 votes)
- Attracting and retaining young families (3 votes)

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

Comparison of Needs Identified Previously

Top Needs Identified 2013 CHNA Process	Top Needs Identified 2016 CHNA Process
Marketing & promotion of hospital services	Availability of mental health services
Financial viability of hospital	Availability of resources to help the elderly stay in their homes
Healthcare workforce shortage	Attracting and retaining young families
Access to needed equipment/facility update	Adequate childcare services
Uninsured adults	

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

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

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

Financial viability of hospital: St. Andrew's Health Center continues to experience significant financial pressure; as opposed to only cutting expenses, increasing revenues were also utilized. New procedures are offered as well as an upfront collections process was implemented for non-emergent patients. Community education in relation to services offered at SAHC is released through newsletters, media releases, hospital website and Facebook and an annual presentation at the Economic Development/Chamber meeting.

Healthcare workforce shortage: Staffing shortages are a common issue facing North Dakota CAHs. SAHC continues to utilize the North Dakota Hospital Associations wage scale and also utilizes annual merit pay increases to recruit and retain staff. SAHC continues to work closely with the Center for Rural Health's Scrubs Camp program to educate and promote healthcare

careers to high school students. The hospital also works with Bottineau High School to present students with an opportunity to explore a health care career by job shadowing at St. Andrew's for 6 weeks. SAHC also utilizes the healthcare placement service 3RNet to recruit healthcare professionals.

Higher costs of healthcare for consumers: St. Andrew's Health Center published an ad to educate the community on the financial difference of utilizing the clinic as opposed to using the emergency room. A description outlining the financial implications used an ear infection as an example. SAHC also developed a matrix for preventative healthcare procedures recommended for people; the matrix illustrates what procedures are recommended by age and gender. This was released using the local newspaper.

Next Steps – Strategic Implementation Plan

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

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

Community Benefit Report

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

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

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

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

What Are Community Benefits?

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

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

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

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

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

Appendix A – CHNA Survey Instrument

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

St. Andrew's Health Center
SMP Health System

First District Health Unit
www.fdhu.org

Bottineau Area Health Survey

St Andrew's Health Center and First District Health Unit – Bottineau County is interested in hearing from you about community health concerns.
The focus of this effort is to:

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

Scan here to take the survey online!

If you prefer, you may take the survey online at http://tinyurl.com/BottineauArea or by clicking on the QR Code at the right.

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

Surveys will be accepted through August 10, 2016. Your opinion matters – thank you in advance!

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

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

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

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

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

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

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

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

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

1

Community Concerns: Please tell us about your community concerns.

Q5. What are the major challenges facing your community?

_____

_____

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

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

Q7. Considering the **AVAILABILITY OF HEALTH SERVICES** in your community, 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/disease prevention services
- ☐ Other (please specify) _____

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

- ☐ Air quality
- ☐ Crime and safety
- ☐ Emergency services (ambulance & 911) available 24/7
- ☐ Land quality (litter, illegal dumping)
- ☐ Low graduation rates
- ☐ 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. Considering the **DELIVERY OF HEALTH SERVICES** in your community, concerns are (choose up to THREE):

- ☐ Ability to retain doctors and nurses in the area
- ☐ 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) _____

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

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

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

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

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

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

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

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

Q14. Regarding impacts from **OIL DEVELOPMENT** in your community, concerns are (choose up to THREE):

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

Delivery of Health Care

Q15. Considering **SCREENING/THERAPY SERVICES** at St. Andrew's Health Center, which services are you aware of (or have you used in the past year? (Choose ALL that apply)

- ☐ Diabetic Education
- ☐ Health screenings
- ☐ Laboratory services
- ☐ Occupational therapy
- ☐ Physical therapy
- ☐ Social services
- ☐ Speech therapy
- ☐ Cardiac Rehab
- ☐ Cardiolite Stress Testing

Q16. Considering **GENERAL and ACUTE SERVICES** at St. Andrew's Health Center, which services are you aware of (or have you used in the past year)? (Choose ALL that apply)

- ☐ Cardiology (visiting specialist)
- ☐ Clinic
- ☐ Emergency room
- ☐ Gastroenterology (visiting specialist)
- ☐ Hospital (acute care)
- ☐ Laparoscopic surgery
- ☐ Mental health services
- ☐ Ophthalmology (eye/vision) (visiting specialist)
- ☐ Orthopedic (visiting specialist)
- ☐ Podiatry (foot/ankle) (visiting specialist)
- ☐ Swing bed and respite care services
- ☐ Telemedicine via eEmergency

Q17. Considering **RADIOLOGY SERVICES** at St. Andrew's Health Center, which services are you aware of (or have you used in the past year)? (Choose ALL that apply)

- ☐ EKG—Electrocardiography
- ☐ CT scan
- ☐ Echocardiogram
- ☐ General x-ray
- ☐ Mammography
- ☐ MRI
- ☐ Ultrasound
- ☐ Bone Density Scans
- ☐ Nuclear Medicine

Q18. Considering services offered locally by **OTHER PROVIDERS/ORGANIZATIONS** at St. Andrew's Health Center, which services are you aware of (or have you used in the past year)? (Choose ALL that apply)

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

Q19. 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 Services
- ☐ 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) _____

Q20. Which of the following **SERVICES** provided by your local **PUBLIC HEALTH** unit have you or a family member used in the past year? (Choose ALL that apply)

- ☐ Bicycle helmet safety
- ☐ Blood pressure check
- ☐ Breastfeeding resources
- ☐ Car seat program
- ☐ Child health (well-baby)
- ☐ Correction facility health
- ☐ Diabetes screening
- ☐ Emergency response & preparedness program
- ☐ Flu shots
- ☐ Environmental health services (water, sewer, health hazard abatement)
- ☐ Health Tracks (child health screening)
- ☐ Adult Health Promotion (Foot care services)
- ☐ Immunizations
- ☐ Office visits and consults
- ☐ School health (vision screening, puberty talks, school immunizations)
- ☐ Preschool education programs
- ☐ Assist with preschool screening
- ☐ Tobacco prevention and control
- ☐ Tuberculosis testing and management
- ☐ WIC (Women, Infants & Children) Program
- ☐ Youth education programs (First Aid, Bike Safety)
- ☐ Other: (please specify) _____

Q21. Are you aware of Rural Mental Health Consortium services offered at St. Andrew's Health Center?

☐ Yes ☐ No

Q22. Are you aware of St. Andrew's Health Center Foundation, which exists to financially support St. Andrew's Health Center?

☐ Yes ☐ No

Q23. Have you supported the St. Andrew's Health Center Foundation in any of the following ways? (Choose ALL that apply)

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

Q24. 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) _____

Q25. Are you aware of St. Andrew's Clinic, open Monday – Friday from 8:30am to 5 pm and convenience hours of 9 am – 12 pm on Saturdays?

☐ Yes ☐ No

Q26. Do you believe individuals in the community would financially support any of the following capital improvements by St. Andrew's Health Center? (Choose ALL that apply)

☐ New windows/other energy efficiency improvements
☐ Facility sprinkler system/fire suppression system
☐ Improvements to patient rooms (e.g., larger bathrooms)
☐ Other: (Please specify other capital improvements that you believe the community would financially support) _____

Q27. Where do you find out about **LOCAL HEALTH SERVICES** available in your area? (Choose ALL that apply)

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

Q28. What specific health care services, if any, do you think should be added locally?

_____

_____

Demographic Information: Please tell us about yourself.

Q29. Do you work for the hospital, clinic, or public health unit?

☐ Yes ☐ No

Q30. 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) _____

Q31. 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

Q32. 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

Q33. Gender:

- ☐ Female
- ☐ Male
- ☐ Transgender

Q34. Employment status:

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

Q35. Your zip code: _____

Q36. Race/Ethnicity (choose ALL that apply):

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

Q37. 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

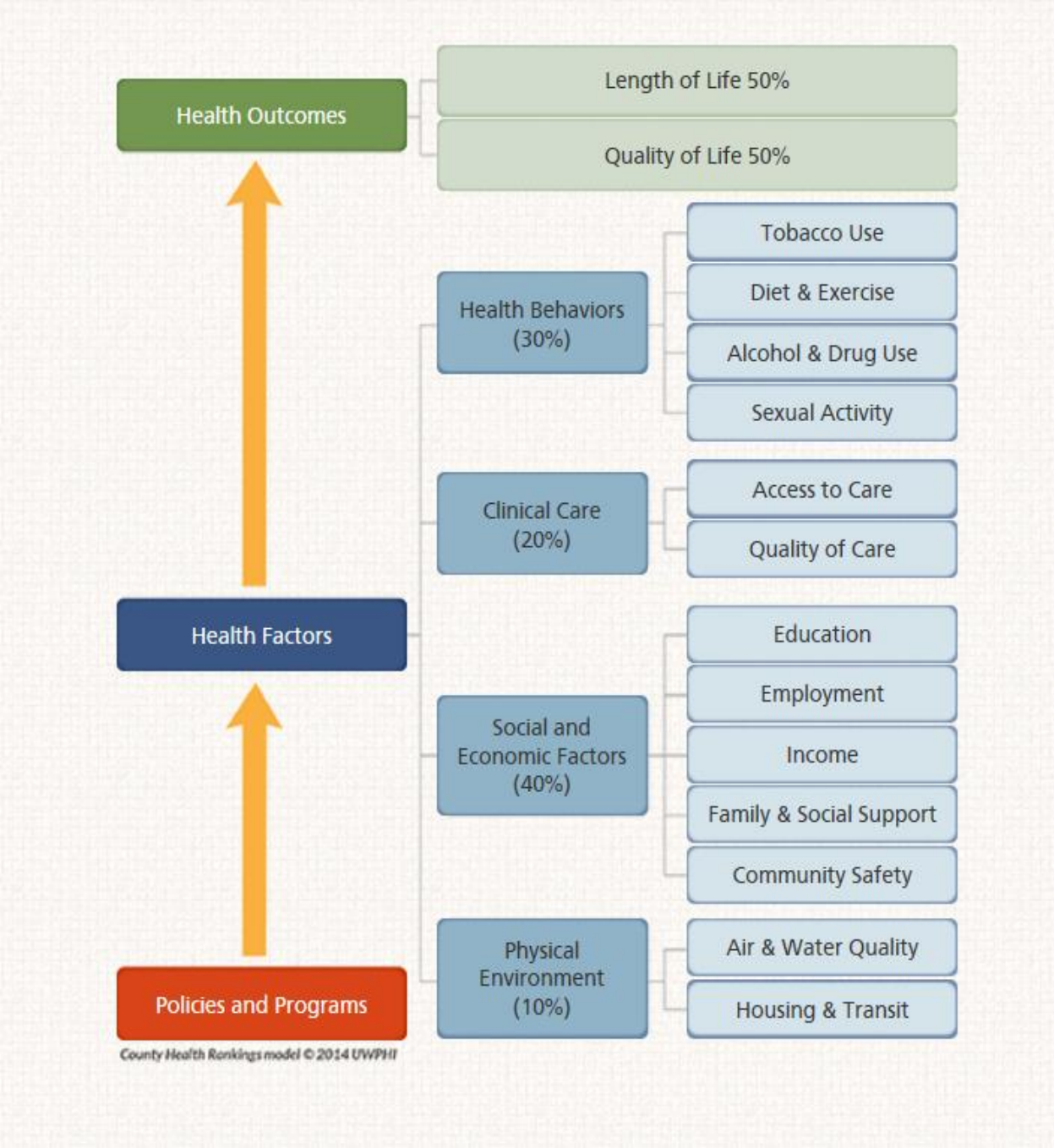
Q38. Overall, please share concerns and suggestions to improve the delivery of local health care.

_____

_____

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
Bottineau, North Dakota

Ranking of Concerns

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

	Priorities	Most Important
DELIVERY OF HEALTH SERVICES		
Ability to recruit and retain primary care providers	1	
Cost of health insurance	0	
Cost of health care services	0	
Cost of prescription drugs	0	
AVAILABILITY OF HEALTH SERVICES		
Availability of specialists	0	
Availability of mental health services	6	3
Availability of substance abuse/treatment services	1	
Availability of primary care providers	2	
MENTAL HEALTH AND SUBSTANCES ABUSE		
Youth drug use and abuse	0	
Youth alcohol use and abuse	2	
Depression	1	
Adult alcohol use and abuse	1	
SAFETY/ENVIRONMENTAL HEALTH		
Traffic safety	0	
Water quality	2	
Public transportation	1	
Emergency services	1	
AGING POPULATION		
Assisted living options	0	
Availability of resources to help the elderly stay in their homes	6	3
Ability to meet the needs of the older population	0	
Long-term/nursing home care options	0	
COMMUNITY HEALTH		
Jobs with livable wages	3	
Attracting and retaining young families	5	3
Access to exercise and wellness activities	0	
Adequate childcare services	4	0
PHYSICAL HEALTH		
Cancer	0	
Obesity/overweight	0	
Diabetes	0	
Youth obesity	0	