2016 Community Health Needs Assessment

Nelson County
North Dakota

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Executive Summary

Introduction and Overview

To help inform future decisions and strategic planning, Nelson County Health System-NCHS (a Critical Access Hospital – CAH – located in McVille, ND) and Nelson-Griggs District Health Unit-NGDHU (a multi-county public health agency) conducted a community health needs assessment in Nelson County. All non-profit hospitals are required under the Affordable Care Act to conduct an environmental health assessment and to develop an implementation plan based on the data every three years. To assure a broad representation of health concerns the non-profit hospitals must engage local public health in the process. Acute care hospitals and public health typically address different facets of health; having both involved in a community health engagement process can facilitate a more comprehensive process, one that ultimately benefits the community. The Center for Rural Health (CRH) 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. CRH assembled a local team or the Community Group to lead the process. It had representation from the hospital, public health, and community members. All worked together on this Community Health Needs Assessment (CHNA) process and will continue to collaborate on a Community Health Implementation Plan (CHIP).

To gather feedback from the community, residents of the counties were given the chance to participate in a survey. One hundred eight-nine Nelson County residents completed the survey. Additional information was collected through five key informant interviews with community leaders along with a focus group (about one dozen community members). The input from all of these residents represented the broad interests of the communities of Nelson 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.

It will help the reader to understand that a community health needs assessment process looks at a wide range of issues, interests, and subjects. It may not be apparent, at first glance, why some community elements are part of the process. For example, the report will address what is called "community assets." This includes attitudes and perspectives about life in the community: best attributes of people in the community, available services and resources, quality of life, and local

activities. This may not seem relevant in a health assessment, however, health is a broader concept than simply our physical health status. It is inclusive of the environment and how that environment impacts our daily life, contributes to stress, provides physical and emotional outlets, and impacts our overall outlook and attitude. Thus, our relationship with our broader community is an important part of our health. In a similar vein, health experts frequently reference the concept called "social determinants of health." According to the World Health Organization reported at the Rural Health Information Hub (https://www.ruralhealthinfo.org/topics/social-determinants-of-health) the definition of social determinants of health is as follows: "*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 a wider set of forces: economics, social policies, and politics.*" This is the CRH operating framework for the community health assessment process. Social determinants of health are the ingredients that go into making our health status. They influence our health outcomes. As one resource stated: *"social determinants of health refer to the set of factors that contribute to the social patterning of health, disease, and illness."*

Social determinants of health contribute to what is called "population health." According to Kindig in What is Population Health, population health refers to the *"Health outcomes of a group of individuals, including the distribution of such outcomes within the group."* A group, as defined by Kindig, can be geographically based (such as all the people in a county), it can be based on race, gender, economic strata, or a myriad of categories. From a health policy perspective, a population health approach focuses on the root cause of problems and the entailing solutions. Population health is also a primary focus of the Affordable Care Act and much of what we do to change our health system is being done in an effort to improve population health. Non-profit hospitals and public health are seen as central players in doing so. Much of our health system is moving from a focus on volume (and paying providers based on the numbers seen) to a renewed focus on value (which is more outcome based where providers are paid more on the result and quality of medical and health care treatment than on the numbers seen). The CHNA and CHIP process are community focused efforts that are intended to assist not only the health provider/professional, but also an active and committed community in their own population health approach. Another concept to be aware of is that the CHNA and CHIP are tools that help a non-profit hospital to meet its "community benefit" obligation. In order to maintain their legal status as a non-profit hospital, it must be shown that the hospital is providing a community benefit and the CHNA is explicitly required as a means to assist in that

process. Charity care has been the stipulated obligation prior to the enactment of the Affordable Care Act; however, under the current law non-profit hospitals must show proof of a community benefit and showing how the hospital addresses access to care and promotes population health improvement are accepted ways.

There are four broad categories of social and physical determinants that influence population health. Our *physical environment* contributes about 10 percent of our health status. This includes the built environment such as buildings and transportation; environmental quality such as air and water quality; physical barriers such as obstacles for people with disabilities; and, the natural environment such as plants, weather, or climate change. *Health care* is a second factor of population health. This generally refers to the health care system and its many facets. For many people, when they think of health or what contributes to their health, they think primarily of the health system (doctors, nurses, hospitals, etc.) and are surprised to learn that our health care system contributes about 20 percent to our health status. This includes access to health care such as having health insurance, health care costs, language and health literacy, and the availability of health providers and services; the quality of health care and patient safety including health promotion and disease prevention, and adequate hospitalization stays; viability of health systems and other economic factors associated with provider reimbursement and changing revenue streams; and much of public health policy which develops laws and regulations governing the health system. *Health behaviors* is a third population health factor. This refers to our individual decision making as it relates to health: Do we smoke? Do we exercise? Do we drink alcohol or use drugs? Research shows that health behaviors contribute 30 percent of our health. Health behaviors, while they may be associated with individual choice and decisions, are more and more becoming a focus of the health care system, public policy, employers, and health insurance payers. Our health decisions have an impact on health status (e.g., morbidity and mortality), and they also have an impact on the cost of health services (e.g., societal costs of smoking, obesity, chemical dependency to the employer, government, and insurance payers). *Socio-economic* factors are the fourth and final contributor to population health. Socio-economic variables account for roughly 40 percent of health. This is largest area and maybe the most surprising. However, education, employment status, income, community conditions, social norms and attitudes, crime and violence, and food and nutrition all contribute to our health status. Research over the years has shown that people have better health relative to others as it is associated with more education, higher incomes, job stability, community safety, or functional family dynamics.

It should be pointed out, that this outline of health determinants is only one model. Others have five determinants as they include genetics or family history which can account for about 20 percent. This is very legitimate as our genetic code is certainly a contributor to our health status.

Key Findings

In terms of demographics, Nelson County reflects state averages in some ways, but contrasts in other ways. It is similar to the state in terms of median household income ($50,640- Nelson County, $60,200- North Dakota); high school graduation rate (90.3%- Nelson County, 91.3- North Dakota); and percentage of veterans (7% Nelson County, 10% North Dakota). However, there are greater differences between Nelson County and the state on other measures. For example, Nelson County residents tend to be older in comparison to the state aggregate. In Nelson County 18.7% of people are 18 years of age and younger in comparison to 22.7% for the state. At the other end of the age continuum, 27.9% of Nelson County residents are 65 years of age or older whereas for North Dakota, as a whole, this stands at 14.2%. Another way to assess population age is to look at median age (median being the middle point where 50% are above and 50% are below the number). This shows that Nelson County has one of the oldest median ages in the state at 52.2 years of age. This contrasts with 35.1 for the state and over 37.8 for the U.S. It should be pointed out that over the last 10 years the median age for North Dakota has dropped, most likely due to the influx of people associated with the oil expansion in the west. There were only eight states that have seen their states become younger from 2005-2014, and North Dakota led the nation with the largest decline of four years from a median of 39.1 in 2005 to 35.1 in 2014. The next closest declines were in Alaska and Montana, with each experiencing 0.6 years declines. With a median of 35.1, North Dakota has the fifth youngest population in the nation. Nelson County also contrasts more markedly from the state in terms of people who have a bachelor degree. In Nelson County, 19.4% have a bachelor degree or higher in comparison to 27.3% for the state.

Data compiled by County Health Rankings (a national data base for all U.S. counties) looks at both *health outcomes* as well as *health factors* that contribute to those outcomes (e.g., whether someone smokes, state of physical activity, number of children in poverty, as well as others are health factors). This data set is one of the primary set of community measures used by the Center for Rural Health in conducting your CHNA. The data show that with respect to *health outcomes,* Nelson County is worse than North Dakota as a whole. Only on poor mental health days (in past 30 days) did Nelson County outperform the state and the national

data (1.4 days Nelson County, 2.4 days North Dakota and 2.3 days national). For premature death, poor or fair health, and poor physical health days Nelson County exceeded the national measure (negative comparison) but was below the state (positive comparison). For one other outcome measure, Nelson County exceeded the state numbers (percentage diabetic) and for one measure Nelson County exceeded both the state and national (low birth weight). There also is room for improvement on individual *health factors* that influence population health, such as health behaviors, clinical care, social and economic factors, and the physical environment. Factors on which Nelson County was performing poorly relative to the rest of the state and the nation included:

- Physical inactivity
- Food environment index
- Access to exercise opportunities
- Excessive drinking
- Uninsured
- Primary care physicians
- Dentists
- Preventable hospital stays
- Children in single parent households
- Injury deaths
- Unemployment

Health factors on which Nelson County scored better than either the state or national data include the following:

- Diabetic screening
- Children in poverty
- Drinking water violations
- Severe housing problems

In addition to the County Health Rankings, another CHNA tool was a community survey that was employed. Of 89 potential community and health needs set forth in the survey, Nelson County residents who took the survey, indicated these eight needs as the most important:

1. Attracting and retaining young families   (n=119)
2. Ability to recruit and retain primary care   (n=119)
3. Cost of health insurance   (n=104)
4. Availability of resources to help the elderly   (n=98)
5. Cancer   (n=95)
6. Obesity/overweight   (n=91)

7. Availability of dental care   (n=88)
8. Jobs with livable wages   (n=85)

The survey also revealed that the biggest barriers to receiving health care as perceived by community members were as follows:

- No insurance or limited insurance (n=57)
- Not enough doctors (n= 48)
- Distance from health facility (27)
- Not enough specialists (25)

When asked about the quality of life for the community, respondents indicated that the top community assets were:
- Safe place to live, little/no crime   (n=165)
- Family friendly; good place to raise kids   (n=156)
- Informal, simple, laidback lifestyle   (n=97)
- Closeness to work and activities   (n=75)

The survey also asked the respondent to rate a series of resources and services available in the community. The top ones are presented below:
- Quality of the school systems   (n=120)
- Health care   (n=115)
- Active faith community   (n=89)
- Access to healthy food   (n=52)
- Community groups and organizations   (n=47)

Input from community leaders provided via key informant interviews (phone interviews) and one focus group (on site) echoed many of the concerns raised by survey respondents. Thematic concerns emerging from these sessions (in descending order) were:
- Attracting and retaining young families

- Changes in population size

- Having enough child daycare services

- Youth obesity

- Being able to meet needs of the older population

- Ability to retain doctors and nurses in the community

- Not enough activities for children and youth

- Youth alcohol use and abuse

Following careful consideration of the results and findings of this assessment, community group members determined through a ranking process that, in their estimation, the significant health needs or issues in the community are as follows:

- Attracting and retaining young families   (tied 1st)
- Jobs with livable wages   (tied 1st)
- Availability of mental health services   (tied 1st)
- Adequate childcare services   (4th)
- Emergency services (ambulance and 911)   (5th)

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

Overview and Community Resources

The purpose of conducting a community health assessment is to describe the health of local people, identify areas for health improvement, identify use of local health care services, determine factors that contribute to health issues, identify and prioritize community needs, and help health care leaders identify potential action to address the community's health needs. A health needs assessment benefits the community by: 1) collecting timely input from the local community; 2) providing an analysis of secondary data related to health-related behaviors, conditions, risks, and outcomes; 3) compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan; and 4) engaging community members about the future of health care. Completion of a health assessment also is a requirement for public health departments seeking accreditation.

With assistance from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, Nelson County Health System (a Critical Access Hospital, CAH) and Nelson-Griggs District Health Unit (a multi-county public

health district) completed a community health assessment of Nelson County. Many community members and stakeholders worked together on the assessment.

As illustrated in Figure 1, Nelson County is located in northeastern North Dakota, bordered by Ramsey, Cavalier, Grand Forks and Griggs Counties. Highway 2 runs through the northern part of the county, connecting the cities of Devils Lake and Grand Forks. The largest employers in Nelson County are healthcare facilities, education and government with many rural farmers also part of the community. According to the 2015 U.S. Census Estimate, Nelson County had a population of 2,968 while Lakota, the county seat, had a population of 671 and McVille (home to NCHS) had a population of 345 (2013 estimate).

Nelson County has a number of community assets and resources that can be mobilized to address population health improvement. In terms of physical assets and features, there are bike paths, swimming pools, several city parks, tennis courts, fitness center, roller skating rink, and a golf course.

Stump Lake Park offers recreation and camping opportunities, along with Northern Lakeview Campground on the western side of Stump Lake. According to the North Dakota Game & Fish Department, fishing is available at several areas, including Stump Lake Park (including the Tolna Bay), Lake Laretta, McVille Dam, Tolna Dam, Silver Creek Dam, Tolna Dam, and Whitman Dam.

Stump Lake Park is part of the Nelson County Park and offers several community events such as the annual Polka Fest in the Pavilion, Progressive Agriculture Foundation Safety Day and Fine Arts Youth Camp, to name a few. The Stump Lake Village is operated by the volunteers of the Nelson County Historical Society. The annual Labor Day Threshing Bee features demonstrations of early pioneer skills as done in years gone by. The grounds outdoors and inside of many buildings are available to tour.

The seven American Legion Posts, located in Lakota, McVille, Tolna, Pekin, Petersburg, and Michigan, dedicated a new Veterans Memorial at Stump Lake Park in memory of Al Roland.

The Nelson County Barn Quilt Trail offers the unique experience of exploring communities featuring barn quilts and local residents' talents. Several quilts hung along highways or roads become a "quilt trail." The quilt might be on a business, garage, agricultural building or even a house. Currently there are 45 quilts along the two Nelson County Barn Quilt Trails.

The mission of the Nelson County Arts Council is to ensure the presentation and preservation of the arts throughout Nelson County by presenting programs and events that will enlighten, instruct and entertain our citizens. It is one of the most active rural based art councils in North Dakota. Pekin Days Art Show is one of the signature events featuring area and regional artists from as far away as Minneapolis and Denver.

Each major town in Nelson County has a grocery store, a fitness center in Lakota and public transportation available through Nelson County Transit. Good grocery stores and transportation are valued community assets. There are two school districts in Nelson County offering a comprehensive program for students K-12. These include Lakota School District and Dakota Prairie School District with the elementary school in McVille and the high school in Petersburg. Preschool programs are available in McVille, Tolna, and Lakota.

Other health care facilities and services in the area include two additional skilled nursing facilities in Lakota and Aneta, one part time clinic in Michigan, and one optometrist in McVille, housed in Nelson-Griggs District Health Unit. The Women-Infants-Children (WIC) program provides services in Lakota and McVille. Area ambulance services are located in Lakota, Michigan, Aneta, and McVille with first responders in Tolna. Altru Health System coordinates with NCHS Hospital to provide Home Health and Hospice Care services.

Figure 1: Nelson County, North Dakota
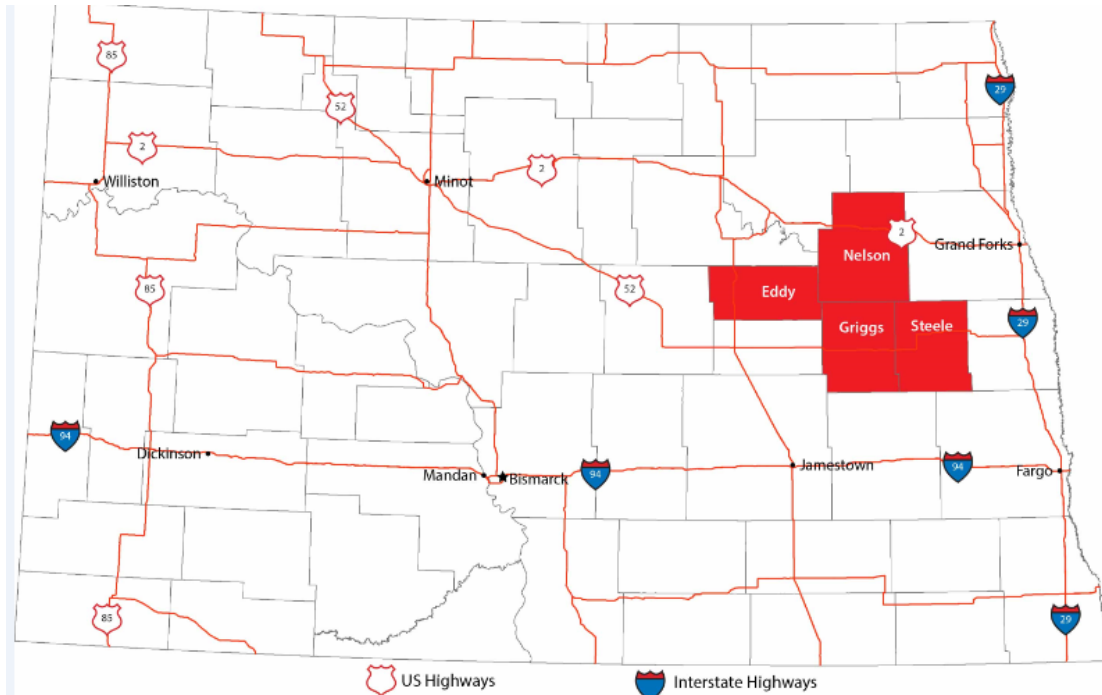
Nelson County Health System

 Established in 1917, Nelson County Health System (NCHS) is the sole community hospital of Nelson County. Licensed by the State of North Dakota and certified by Medicare and Medicaid, NCHS consists of a 19 bed Critical Access Hospital, Rural Health Clinic, 39 bed Skilled Nursing Facility, and a 12 unit Assisted Living Facility. This is all while providing access to, as well as meeting the rural healthcare needs of the people served. NCHS employs licensed and certified staff consisting of Family Practice Physicians, Nurse Practitioners, Nurses, Nursing Assistants, Paramedics, Laboratory, Radiology, Respiratory, and Ancillary Staff to provide preventive, chronic, emergency, and outpatient services.

 As a designated level V Trauma Center, NCHS provides comprehensive care for a wide range of medical and trauma emergency situations. NCHS works collaboratively with local EMS services from McVille, Tolna, Pekin, Michigan, Lakota, and Aneta, as well as regionally utilizing Life Flight air transport to regional referral health care hospitals. Services are available 24 hours/day, 7 days/week, to meet the health care needs of the community.

 Although small in size, Nelson County Health System utilizes resources such as telemedicine to enable patient appointments onsite with specialists in other facilities.

Also available is e-Emergency for immediate access to Trauma and other Medical consultant specialists.

NCHS also provides an important economic impact to our frontier county, as demonstrated by the impact study in 2009, which indicated the total impact of jobs and expenditures generated by NCHS within the community was $3.3 million.

Continuing with the vision to "*Provide leadership by working in partnership with others to ensure continued access to a quality continuum of health care and related services*" and its Mission to *"Enhance the health status and quality of life for people and communities served,"* NCHS continues to meet the healthcare needs of its community as it proudly celebrates the 100th year of healthcare services in 2017. It has been said that McVille is the smallest community in the country to operate a hospital.

Services that NCHS offers locally include:

General and Acute Services

- Acne treatment
- Clinic
- Emergency room
- Gynecology
- Hospital (acute care)
- Independent senior housing
- Nutrition counseling
- Obstetrics

- Blood pressure checks
- Telehealth
- Mole, wart, & skin lesion removal
- Allergy, flu, & pneumonia shots
- Sports medicine
- Preventative medicine
- Orthopedics

- Pharmacy
- Podiatry
- Surgical services – biopsy & outpatient
- Swing bed services

- Cardiac rehab
- Wound care
- Physicals: annual, DOT, sports, & insurance

Screening/Therapy Services

- Chiropractic services
- Chronic disease management
- Holter monitoring
- Laboratory services
- Lower extremity circulatory assessment
- Diabetic education
- Occupational physicals
- Respite care

- Occupational therapy & physicals
- Pediatric services
- Physical therapy
- Respiratory care
- Sleep studies
- Social services
- Hospice care

Radiology & Laboratory Services

- CT scan (mobile unit)
- Digital mammography (mobile unit)
- General x-ray
- Carotid Doppler exams
- Dexa scans
- Echocardiograms
- EKG
- Mammograms

- MRI (mobile unit)
- Ultrasound (mobile unit)

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

Services offered by OTHER providers/organizations

- ALS Ambulance intercept
- Ambulance
- First Responders

- Life flight
- Optometic/vision services
- Poison control

Nelson-Griggs District Health Unit

Nelson-Griggs District Health Unit (NGDHU) provides public health services that include environmental health, nursing services, health screenings, and education services. NGDHU utilizes evidence-based practices as public health transitions to population based services. This means there is a shift to changing systems and the environment by implementing good public health policies. There is still a wide variety of services 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, NGDHU 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 that NGDHU provides are:

Individuals/Groups
1. Monthly Immunization Clinics at 3 locations
    - Infants through Adolescents (for those with or without insurance)
    - Adults (including Influenza, TdaP, PCV13 and Zostavax)
2. Home Visits (may include medication setup or assessment/monitoring of health conditions)
3. Office visits (may include Blood Pressure Monitoring)
4. School Health
    - Vision Screening (preschool age through 6th grade, or upon request)
    - Health Education (topic include Hygiene, AIDS Awareness, Adolescence for grades 2, 4, 5 and 6; Sexually Transmitted Diseases (STD) education for grade 10)
    - Child Passenger Safety education
    - Maintain all students immunization records
    - Other topics upon requests
5. Provide home Radon test kits
6. Progressive Agriculture Safety Day (for ages 7 – 12 year olds)
7. BabySafe Home Visiting program for mothers & newborns
8. Health Education presentations to individuals and groups
9. Head Lice screening and education for individuals and families
10. Respond to requests for health information and refer to appropriate agencies
11. Distribute quarterly newsletter to businesses and agencies, focusing on tobacco prevention & control policy

Programs
1. Tobacco Prevention and Control

- Referrals to NDQuits for tobacco cessation
- Assess businesses' compliance with state clean indoor law
- Increase number of tobacco free buildings and grounds
- Provide signage if comprehensive tobacco free or smoke free policies adopted
- Maintain schools' comprehensive tobacco free buildings and grounds policies

2. Alcohol Prevention Project, targeting underage drinking and binge drinking (Strategic Planning Framework – Special Initiative Grant, known as SPF.SIG)
   - Increase healthcare provider awareness
   - Educate parents
   - Increase law enforcement capacity and resource tools
   - Review school policies
   - Increase public information
3. Environmental Health Program
   - Information and referral to regional Environmental Health staff on topics such as onsite sewers, nuisances or facility inspections
4. Disease Control
   - Assist with follow up investigations as needed, such as Tuberculosis, Food-borne Illnesses, Rabies, etc.
5. Emergency Preparedness and Response
   - Attend tabletop, functional or full-scale exercises as requested
   - Maintain local Emergency Plans for community response
   - Work with local Emergency Managers on event & exercise planning
6. Worksite Wellness Programs

Assessment Process

The Center for Rural Health (CRH) provided substantial support to Nelson County Health System-NCHS (Critical Access Hospital –CAH) and Nelson-Griggs District Health Unit - NGDH (public health) in conducting this needs assessment. The CRH is one of the nation's most experienced organizations (created in 1980 by the UND School of Medicine and Health Sciences) committed to providing leadership in rural health. Its mission is to connect resources and knowledge to strengthen the health of people in rural communities. As the federally designated State Office of Rural Health (SORH) for the state and the home to the North Dakota Medicare Rural Hospital Flexibility (Flex) program, the Center connects the School of Medicine and Health Sciences and the university to rural communities and their health institutions to facilitate developing and maintaining rural health delivery systems, access to care, availability of care, and community development and engagement. In this capacity the Center works both at a national level and at state and community levels.

The assessment process was collaborative. Professionals from Nelson-Griggs District Health Unit and Nelson County Health System were heavily involved in planning and implementing the process. They met regularly by telephone conference and via email with representatives from the CRH. 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 the hospital and public health 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.

As part of the assessment's overall collaborative process, the CRH facilitated efforts to collect data for the assessment in a variety of ways involving both primary data (original) and secondary data (data that already exists): (1) a community survey solicited feedback from area residents; (2) community leaders representing the broad interests of the community took part in one-on-one key informant interviews; (3) community members participated in a focus group, and (4) a wide range of secondary sources of data was examined, providing information on a multitude of measures including demographics; health conditions, indicators, and outcomes; rates of preventive measures; rates of disease; and at-risk behaviors.

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 CRH, and representatives from North Dakota State University.

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

Interviews

One-on-one interviews with five key informants were conducted. Three were face-to-face and held in McVille and two were convened over the phone during March 2016. Representatives from the CRH conducted the interviews. Participating in interviews were key informants (e.g., members of the Community Group and others) 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, general community issues, community concerns, delivery of health care by local providers and health organizations, awareness of health services offered locally, barriers to receiving health services, and suggestions for improving collaboration within the community.

In addition, a *focus group was held* with 12 individuals in March 2016. The same type of topics that were addressed in the key informant interviews were discussed in the focus group.

Survey

A survey was distributed to gather feedback from the community. The survey was not intended to be a scientific or a statistically valid sampling of the population. Rather, it was what is called a "convenience sample" which is one of the main types of non-probability sampling methods. It is not a random sample but is based on the ease in gaining input from a population, hence it is convenient. A convenience sample is a legitimate methodology and has been employed by the Center for Rural Health in working with rural communities where it has become increasingly difficult to gain the required validity in a random sample (i.e., the response rates have lowered significantly). A convenience sample is designed to be an additional tool for collecting quantitative data from the community at large – specifically, information related to community-perceived health needs. A copy of the survey tool is contained in Appendix A.

The survey was distributed to various residents of Nelson County. The survey tool was designed to:

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

Specifically, the survey covered the following topics: residents' perceptions about community assets and challenges, levels of collaboration within the community, broad

areas of community and health concerns, need for health services, barriers to using local health care, preferences for using local health care versus traveling to other facilities, travel time to their clinic and hospital, use of preventive care, use of public health services, suggestions to improve community health, and basic demographic information.

Approximately 250 community member surveys were available for distribution in Nelson County. To promote awareness of the assessment process, press releases led to published articles in two newspapers in Nelson County. Additionally, information was published on the hospital website and on both the hospital and public health Facebook pages. The surveys were distributed by Community Group members through Nelson County Health System and Nelson-Griggs District Health Unit, at a variety of places. The key focus was to disseminate the surveys in an easy manner to get them in the hands of as many people as possible. The CRH has placed greater emphasis on community engagement in this round of CHNAs so working with community groups and using their natural outreach methods was seen as a positive way for community members to be involved in not only assisting the hospital and public health, but in building local awareness and support for a discussion of community health issues.

To help ensure anonymity, included with each survey was a postage-paid return envelope to the CRH. In addition, to help make the survey as widely available as possible, residents also could request a survey by calling NCHS or NGDH. The survey period ran from March 7, 2016 to April 1, 2016.

Area residents also were given the option of completing an online version of the survey, which was publicized in four community newspapers and on the website of NCHS and both Facebook pages of NCHS and NGDHU. One hundred ten online surveys were completed. In total, counting both paper and online surveys, 189 community member surveys were completed, equating to a 76% response rate. This response rate is on par for this type of unsolicited survey methodology and indicates an engaged community.

It should be noted that the Center for Rural Health conducted a contest whereby the community that had the highest percentage of completed surveys based on the local community population would be the recipient of $5,000 to be used to implement a community health effort. Nelson County was the recipient of these dollars.

Secondary Data

Secondary data was collected and analyzed to provide descriptions of: (1) population demographics, (2) general health issues (including any population groups with particular health issues), and (3) contributing causes of community health issues. Data were

collected from a variety of sources including the U.S. Census Bureau, the North Dakota Department of Health, the Robert Wood Johnson Foundation's County Health Rankings (which pulls data from 20 primary data sources), the National Survey of Children's Health Data Resource Center, the Centers for Disease Control and Prevention, the North Dakota Behavioral Risk Factor Surveillance System, and the National Center for Health Statistics.

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 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 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 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
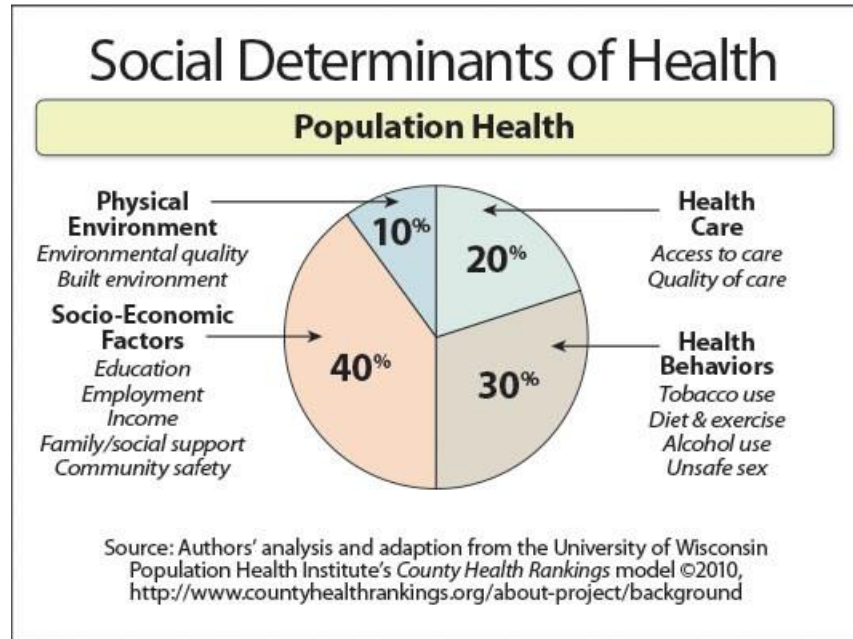
Demographic Information

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

TABLE 1: NELSON COUNTY: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2014 American Community Survey; more recent estimates used where available)		
	Nelson County	**North Dakota**
Population, 2015 est.	**2,968**	**756,927**
Population change, 2010-2015	**-5.1%**	**12.5%**
Land area, square miles 2010	**982**	**69,001**
People per square mile, 2010	**3.2**	**9.7**
White persons (not incl. Hispanic/Latino), 2014 est.	**95.8%**	**89.1%**
Persons under 18 years, 2014 est.	**18.7%**	**22.8%**
Persons 65 years or older, 2014 est.	**27.9%**	**14.2%**
Non-English spoken at home, 2014 est.	**1.0%**	**5.3%**
High school graduates, 2014 est.	**90.3%**	**91.3%**
Bachelor's degree or higher, 2014 est.	**19.4%**	**27.3%**
Live below poverty line, 2013 est.	**10.8%**	**11.5%**

The population of North Dakota has grown in recent years (over 12 percent from 2010-2015, estimate). Nelson County, in contrast, has seen a slight decrease in population since 2010, as the U.S. Census Bureau estimates show that the county's population decreased by about five percent. Nelson County is also a frontier county (i.e., a county with six or less people per square mile) having 3.2 people per square mile. Racially it is slightly whiter than the state, has an older population base, a comparable graduation rate, and a slightly lower poverty rate than the state as a whole.

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, Nelson 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	Health Factors (continued)

• Length of life
• Quality of life
 	
Health Factors
• Health Behavior
   o Smoking
   o Diet and exercise
   o Alcohol and drug use
   o Sexual activity
• Clinical Care
   o Access to care
   o Quality of care
	• Social and Economic Factors
	   o Education
	   o Employment
	   o Income
	   o Family and social support
	   o Community safety
	• Physical Environment
	   o Air and water quality
	   o Housing and transit

Table 2 summarizes the pertinent information gathered by County Health Rankings as it relates to Nelson 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 Nelson County Health System and Nelson-Griggs District Health Unit 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).

Nelson County's rankings within the state are also included in the summary below. For example, Nelson County ranks 9th out of 47 ranked counties in North Dakota on health outcomes and 19th on health factors. The measures marked with a red checkmark (✔) are those where Nelson 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 Nelson County is doing better than compared to the rest of North Dakota on three measures of *health outcomes*, (poor

mental health days, 2.5 days in Nelson County compared to 2.9 days for the aggregate of North Dakota.; poor or fair health, 11% vs. 14%, respectively; and poor physical health days, 2.4 days vs. 2.9 days, respectively). On the other hand, it is worse than the U.S. aggregate for the following: premature death, low birth rate, and percent diabetic. It does better than the aggregate North Dakota rates on four out of six measures though. On *health factors*, Nelson County is doing better than the aggregate U.S. rates and North Dakota counties on the following measures: diabetic screening, mammography screening, drinking water violations, and severe housing problems. Nelson County compared unfavorably to the U.S. and North Dakota on 14 health factor measures which are listed below:

- Food environment index
- Physical inactivity
- Access to exercise opportunities
- Alcohol impaired driving deaths
- Uninsured
- Primary care physicians
- Dentists
- Preventable hospital stays
- Unemployment
- Children poverty
- Income inequality
- Children in single parent households
- Injury deaths
- Air pollution –particulate matter

TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS* – NELSON COUNTY			
	Nelson County	**U.S. Top 10%**	**North Dakota**
Ranking: Outcomes	**13th**		**(of 49)**
Premature death	6,500 ✓	5,200	6,600
Poor or fair health	11% ☺	12%	14%
Poor physical health days (in past 30 days)	2.4 ☺	2.9	2.9
Poor mental health days (in past 30 days)	2.5 ☺	2.8	2.9
Low birth weight	7% ✓✓	6%	6%
% Diabetic	11% ✓✓	9%	8%
Ranking: Factors	**17th**		**(of 49)**
Health Behaviors			
Adult smoking	16% ✓	14%	20%
Adult obesity	30% ✓	25%	30%
Food environment index (10=best)	6.8 ✓✓	8.3	8.4
Physical inactivity	28% ✓✓	20%	25%
Access to exercise opportunities	31% ✓✓	91%	66%
Excessive drinking	20% ✓	12%	25%
Alcohol-impaired driving deaths	50% ✓✓	14%	47%
Sexually transmitted infections	324.7 ✓	134.1	419.1
Teen birth rate	-	19	28
Clinical Care			
Uninsured	13% ✓✓	11%	12%
Primary care physicians	3,100:1 ✓✓	1,040:1	1,260:1
Dentists	3,050:0 ✓✓	1,340:1	1,690:1
Mental health providers	-	370:1	610:1
Preventable hospital stays	63 ✓✓	38	51
Diabetic screening	93% ☺	90%	86%
Mammography screening	72% ☺	71%	68%
Social and Economic Factors			
Unemployment	3.9% ✓✓	3.5%	2.8%
Children in poverty	16% ✓✓	13%	14%
Income inequality	4.5 ✓✓	3.7	4.4
Children in single-parent households	29% ✓✓	21%	27%
Violent crime	106 ✓	59	240
Injury deaths	90 ✓✓	51	63
Physical Environment			
Air pollution – particulate matter	10.3 ✓✓	9.5	10.0
Drinking water violations	No ☺	No	-
Severe housing problems	6% ☺	9%	11%

✓ = Not meeting North Dakota average

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

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

Children's Health

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

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

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

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

- Obese or overweight children

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

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

The data show that Nelson County is performing worse than the North Dakota average on all of the examined measures except the number of children in food stamps (SNAP) and the high school drop-out rate. A majority (56%) of the uninsured children are at or below the federal designated level of 200% of poverty.

TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN'S HEALTH		
	Nelson County	**North Dakota**
Uninsured children (% of population age 0-18), 2013	**11.2%**	8.7%
Uninsured children below 200% of poverty (% of population), 2013	**55.9%**	47.8%
Medicaid recipient (% of population age 0-20), 2015	**28.6%**	27.9%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	**2.9%**	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2015	**20.0%**	20.7%
Child care assistance recipients (% of population age 0-13), 2015	**24.2%**	43.1%
High school dropouts (% of grade 9-12 enrollment), 2014	**1.4%**	2.8%

Survey Results

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

Survey Demographics

To better understand the perspectives being offered by survey respondents, survey-takers were asked a few demographic questions. Throughout this report, numbers (N) instead of percentages (%) are reported because percentages can be misleading with smaller numbers. Survey respondents were not required to answer all survey questions; they were free to skip any questions they wished. As a basis of comparison, the reader is reminded that 189 respondents answered the survey.

With respect to demographics of those who chose to take the survey:
- The most common age range of respondents were those 55 and older (45 people) followed by those 45-54 (33). The smallest response came from people 18-24 (4).
- A large majority (116) were female.
- Respondents tended to be more educated with a majority having at least some college.
- A majority (101) worked full-time, with another 21 working part time. Thirty-two were retired.
- In term or income, 65 respondents had incomes of $50,000 or more with the most common category being $50,000-$74,999 (41 people). A majority, 73 respondents had incomes of $49,999 or less. 20 people indicated that they preferred to not state their income. Of those who provided a household income, 11 community members reported a household income of $100,000 or more and 32 reported an income of $24,999 or less.

Figure 3 shows these demographic characteristics (age, gender, employment status, education level, and annual household income). It illustrates the wide range of community members' household characteristics 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 and higher-income community members.

Figure 3: Demographics of Survey Respondents

Gender

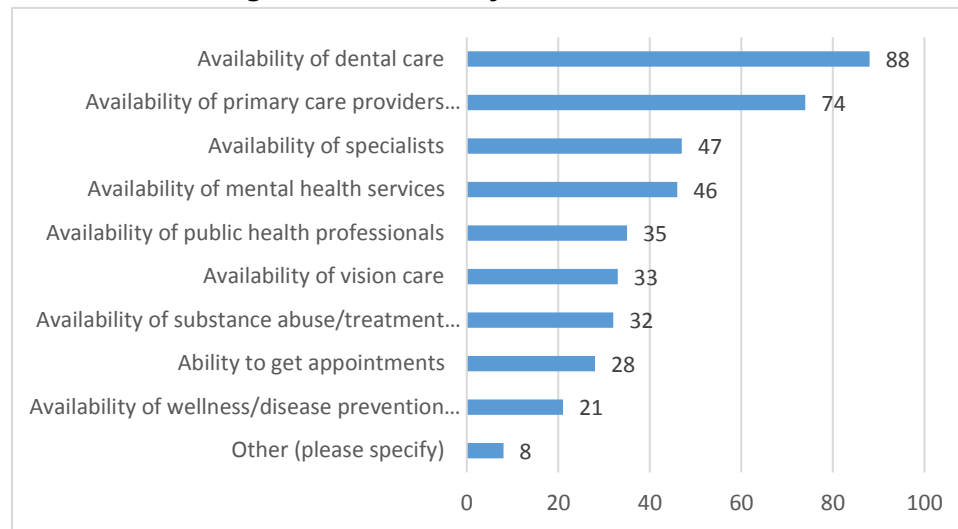- Female: 116
- Male: 48
- Transgender: 0

Age

- 18 to 24 years: 22
- 25 to 34 years: 19
- 35 to 44 years: 19
- 45 to 54 years: 33
- 55 to 64 years: 45
- 65 to 74 years: 22
- 75 years and older: 19
- Less than 18 years: 4
- (0)

Education Level

- Less than high school: 11
- High school diploma or GED: 27
- Some college/technical degree: 49
- Associate's degree: 32
- (44, 3)

Employment Status

- Full time: 101
- Part time: 21
- Homemaker: 5
- Multiple job holder: 5
- Unemployed: 2
- Retired: 32

Income

Income	Count
Prefer not to answer	20
$150,000 and over	3
$100,000 to $149,999	8
$75,000 to $99,999	23
$50,000 to $74,999	31
$25,000 to $49,999	41
$15,000 to $24,999	24
Less than $15,000	8

Health Care Access

Community members were asked about their health insurance status (Figure 3). Health insurance status often is associated with whether people have access to health care. Nationally, rural Americans have a lower level of health insurance coverage than found in urban areas. Out of 211 responses (the number of responses exceeds the number of respondents because people could make multiple selections, such as having insurance through their employer but also saying they did not have enough insurance) the most common insurance type was having insurance through the employer or being self-insured (116 responses). Medicare (federal program for people 65 and older or disabled) was selected by 42 people and Medicaid (federal and state for people who meet income criteria) was chosen by 11 respondents. There were only four respondents who said no insurance.

Figure 4: Insurance Status
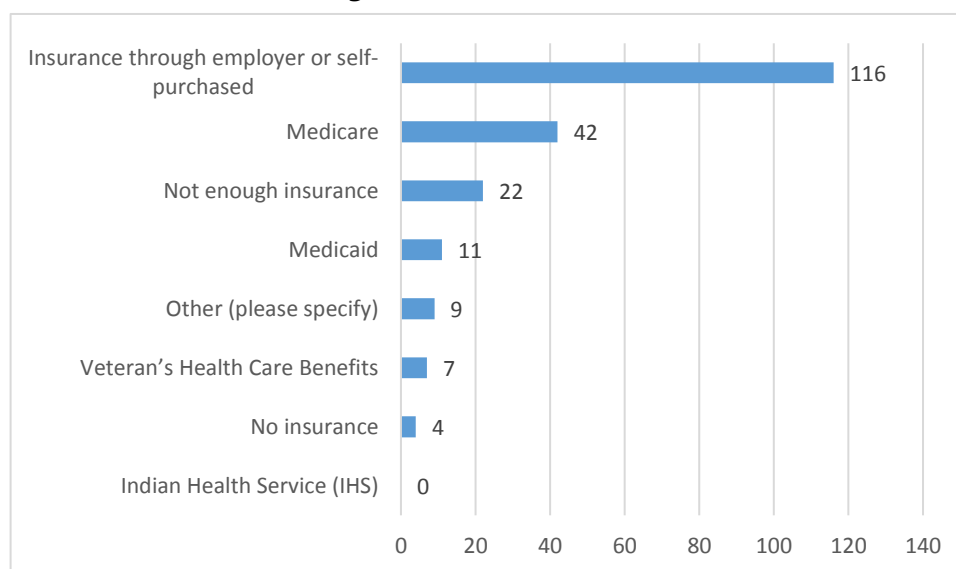
Another way of measuring access is looking at the availability of health services (Figure 4). If care is not available that impedes actual access to services. Survey respondents were provided a number of services to assess. The largest category was 88 responses identifying availability of dental care as a concern. This was followed by availability of primary care providers (74 responses), availability of specialists (47), availability of mental health services (46) and availability of public health professionals (35).

Figure 5: Availability of Health Services

Category	Value
Availability of dental care	88
Availability of primary care providers…	74
Availability of specialists	47
Availability of mental health services	46
Availability of public health professionals	35
Availability of vision care	33
Availability of substance abuse/treatment…	32
Ability to get appointments	28
Availability of wellness/disease prevention…	21
Other (please specify)	8

Concerns about the delivery of health services (Figure 5) constitutes a third way to measure access. This looks at constraints within the system of care. While not the highest rated concern, much of the unease was associated with costs. The number one concern was the ability to recruit and retain primary care providers with 119 responses. Following this were these systemic elements: cost of health insurance (104), cost of health care services (76), cost of prescription drugs (64), and extra hours for appointments such as weekends and evenings (25).

Figure 6: Delivery of Health Services

Category	Value
Ability to recruit and retain primary care…	119
Cost of health insurance	104
Cost of health care services	76
Cost of prescription drugs	64
Extra hours for appointments, such as…	25
Quality of care	21
Patient confidentiality	19
Providers using electronic health records	3
Adequacy of Indian Health or Tribal Health…	3
Other (please specify)	2
Sharing of personal health information…	1
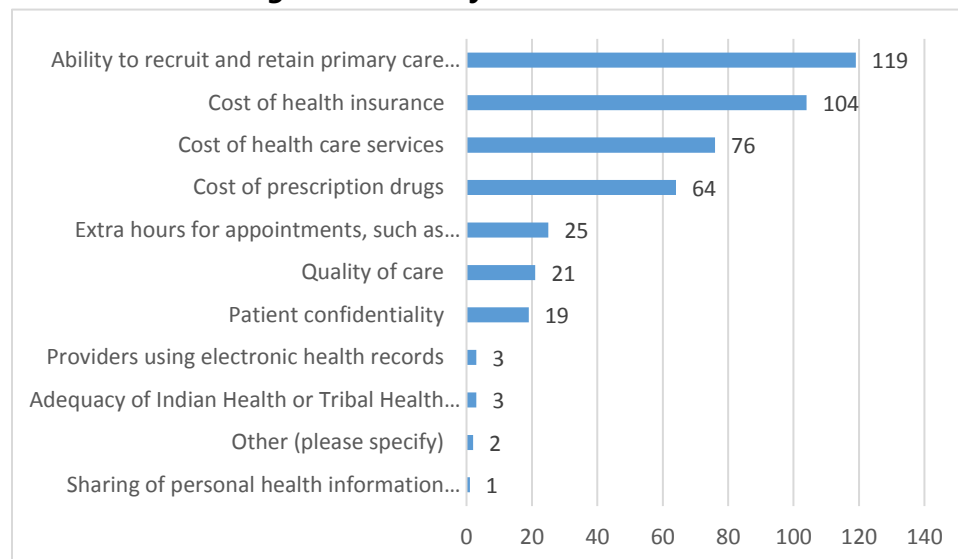
Community Assets, Challenges, and Collaboration

In the Executive Summary, we introduced the concepts of population health and the social and physical determinants of health. Those ideas come into play when looking at community assets, challenges, and even the element of community collaboration. The community context (i.e., how we see our community from an economic, social, and cultural construct) is more than a livability function as it also influences individual health and overall population health. Survey-takers were asked what they perceived as the best things about their community in four categories: people, services and resources, quality of life, and activities. In each category, respondents were given a list of choices and asked to pick the three best things. Respondents occasionally chose less than three or more than three choices within each category. If more than three choices were selected, their responses were not included. The results indicate that community assets include the following:

- Safe place to live, little/no crime   165 responses
- Family friendly, good place to raise kids   156
- People are friendly, helpful, supportive   148
- Feeling connected to people who live here   131
- Quality school system   120
- Local events and activities   118

Figures 7 to 10 illustrate the results of these questions.

Respondents were asked, what were the best things about the people in their community (Figure 7)? Overall, there was a strong opinion that it was the nature or quality of the people. The top three findings related to friendliness (148 responses), feeling connected (131), and the level of involvement in the community (113). This indicates respondents identify with their community and see it as a good place to live.

Figure 7: Best Things about the PEOPLE in Your Community

People are friendly, helpful, supportive — 148
Feeling connected to people who live here — 131
People who live here are involved in their community — 113
Sense that you can make a difference through civic engagement — 27
People are tolerant, inclusive and open-minded — 26
Government is accessible — 25
Community is socially and culturally diverse or becoming more diverse — 24
Other (please specify) — 3

Another measure of community assets is to ask about the services and resources found in the community (Figure 8). A community is many things including having organizations, community sectors, and available services. In the case of McVille, the top rated service or resource was the quality school system (120), closely followed by health care (115), and an active faith community (89). At the opposite end of the continuum were the business district (20), public transportation (16), programs for youth (14), and opportunities for advanced education (4).

Figure 8: Best Things about the SERVICES AND RESOURCES in Your Community

Quality school systems — 120
Health care — 115
Active faith community — 89
Access to healthy food — 52
Community groups and organizations — 47
Business district (restaurants, availability…) — 20
Public transportation — 16
Programs for youth — 14
Opportunities for advanced education — 4
Other (please specify) — 2
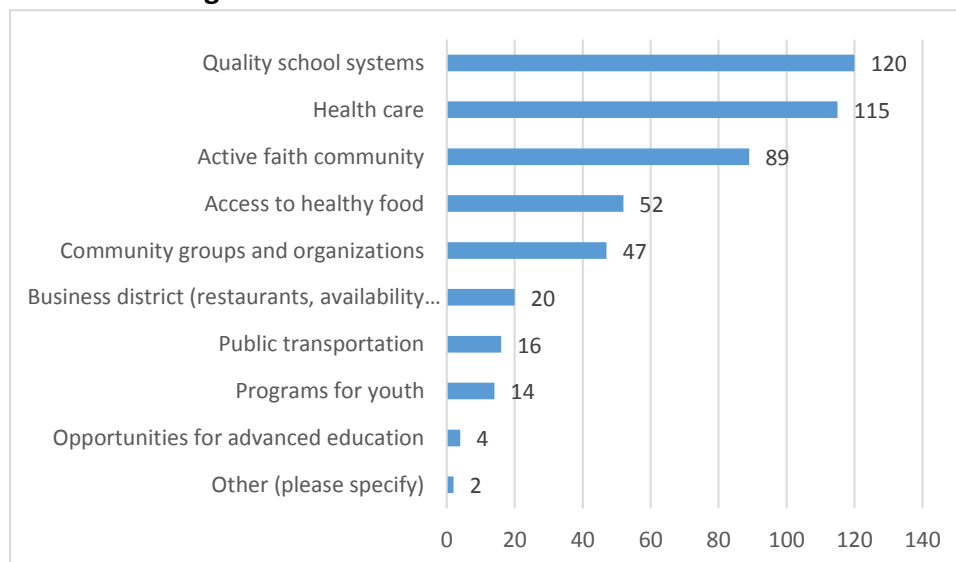
A third measure of community assets are indicators of quality of life (Figure 9). Quality of life typically refers to some standard of health, comfort, or happiness. What are the essential elements that contribute to this feeling in a McVille? The study found the number one indicator to be a sense of a safe place to live with little or no crime (165). This condition was the highest rated factor associated with community assets. This was followed by a family friendly good place to raise kids (156); and then an informal, simple, laidback lifestyle (97). It is interesting to note that the lowest rated quality of life condition was job opportunities or economic opportunities (10).

Figure 9: Best Things about the QUALITY OF LIFE in Your Community
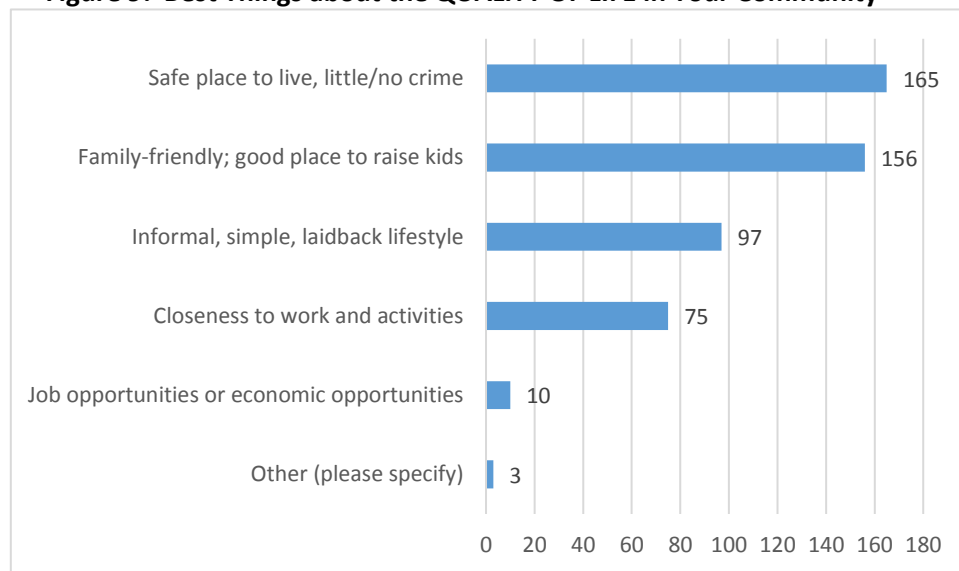
Activities found in a community represent the final measure of community assets (Figure 10). Activities are those added features of a community that make living there extra special. We need essential services, community sectors and organizations, a way to make a living, and a sense of belonging to be a member of a community; however, activities are also essential in fleshing out the experience. Sometimes they are the factors that make a person or family select one community as home over another. In the case of McVille and Nelson County the most highly rated activity was local events and festivals with 118 responses. This was followed by recreational and sports activities (99), activities for families and youth (80), and arts and cultural activities (65). Year round access to fitness opportunities was identified with 32 responses, which was the lowest recorded response.

Figure 10: Best Thing about the ACTIVITIES in Your Community
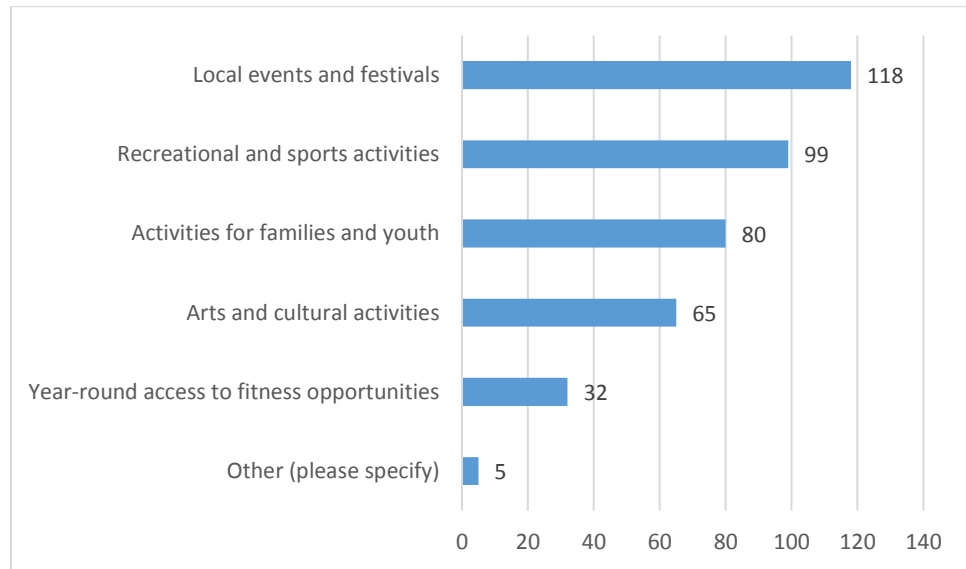
In addition to what are called closed-ended questions (i.e., questions where the respondent is provided a choice of selections), the survey also asked open ended questions whereby the respondent could simply write out an answer in their own words. Respondents were asked, "What are the major challenges facing your community?" There were 111 separate responses coded to this question. Answers were analyzed, coded, and assigned to a theme that represented a category of response. The most commonly cited themes that represent challenges include the following:

- Economic conditions - jobs, livable wages, economic opportunity, viability, loss of businesses, limited economic development, rising costs (34)
- Population – declining, aging, size, impact on the town, lack of diversity (21)
- Attracting and retaining young families – things to do, jobs, attractions, opportunities (13)
- Volunteering and community attitude – not enough people to serve, same people on committees, impact on ambulance, small cliques, change resistant (12)

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

- Economic conditions:
  - Businesses closing because of changing times including easy access to surrounding larger communities and online shopping.
  - Finding jobs where you are paid well and do not have to drive a long distance.

- o Rising cost of living and low wages.
- o Jobs.
- o Lack of employment opportunities.
- o Making ends meet, not enough money to live on.
- o Living wage is hard to find.
- o Finding people willing to work.
- o Keeping the café open.
- Population:
  - o Aging population and then the distance to drive for services.
  - o Aging residents of our county.
  - o Declining population especially among young people.
  - o Lack of ethnic diversity.
  - o Aging population and young people are not replacing them.
  - o Aging community.
  - o A small population limits work opportunities.
  - o Aging in place.
- Attracting and retaining young families:
  - o Keeping young families in the community is hard.
  - o Little opportunities for youth.
  - o Jobs for young people.
  - o No daycare for children.
  - o Getting more young people into the area to work.
  - o Lack of young people.
- Volunteering and community attitude (many comments related to the ambulance):
  - o Not enough people who will volunteer.
  - o Staffing our local ambulance service.
  - o Volunteers for EMS.
  - o Lack of emergency volunteers.
  - o Too many people who want to run the town (but don't volunteer).
  - o Need less cliques and more caring.
  - o Volunteer involvement (low).

Other categories, while they were coded as their own theme, likely contribute to some of the major themes. For example, adequate childcare services was identified seven times and is associated with both economic conditions and attracting and retaining young families. Comments about jobs, livable wages, and housing can compound the issue of attracting and retaining young families. Thus, there is natural

overlap. The other identified themes, while they may have been smaller in number are still important. These themes included the following: adequate childcare, adequate youth activities, access to exercise and wellness activities, public transportation, affordable housing, assisted living options, substance abuse, recruiting and retaining primary care providers, wellness and disease prevention, and crime and safety. Additionally, the open ended question allowed for greater clarity and nuance in understanding community conditions. Verbatim responses "flesh-out" some of the more static numbers giving them more meaning. Some of the economic and population findings substantiate social determinants of health factors.

Community Concerns

A focus of the community health assessment was exploring community and health concerns, which are relevant to a renewed focus on population health. The survey offered seven categories of concerns and asked respondents to pick their top three concerns. The seven categories were as follows:

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

The community and health concerns were assessed by the respondents with each respondent identifying their top three. The concerns with more than 100 votes were as follows:

- Attracting and retaining young families (119)
- Ability to recruit and retain primary care (119)
- Cost of health insurance (104)

The issues that had at least 80 votes included these:

- Availability of resources to help the elderly (98)
- Cancer (95)
- Obesity/overweight (91)
- Availability of dental care (88)

- Jobs with livable wages (85)

Figures 11 through 16 illustrate these results and will be analyzed and discussed in turn.

Community health concerns (Figure 11) is the first subject area. Essentially, this looks at overall community related factors or community sectors and/or services. Similar to the open ended question regarding challenges facing the community primary issues found included attracting and retaining young families (119 responses), jobs with livable wages (85), adequate childcare services (69), and changes in population size (63). Adequate school resources was relatively low with 26 responses followed by poverty with 19.

Figure 11: Community Health Concerns
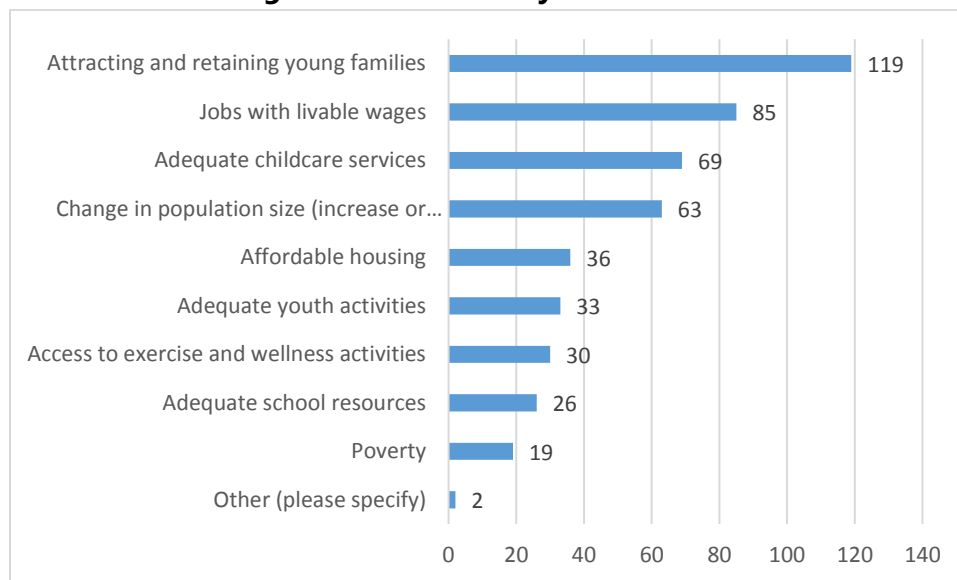
Concerns regarding the availability of health services (Figure 12) found as primary issues the following: availability of dental care (88 responses), availability of primary care providers (74), availability of specialists (47), availability of mental health (46), and availability of public health professionals (35). Each of these is a unique facet of health and the health care delivery system. The availability of and access to health professionals is a significant factor in considering overall population health. They also present implications for a community in terms of the ability to grow and sustain basic community operations.

Figure 12: Availability of Health Services Concerns

Category	Value
Availability of dental care	88
Availability of primary care providers...	74
Availability of specialists	47
Availability of mental health services	46
Availability of public health professionals	35
Availability of vision care	33
Availability of substance abuse/treatment...	32
Ability to get appointments	28
Availability of wellness/disease prevention...	21
Other (please specify)	8
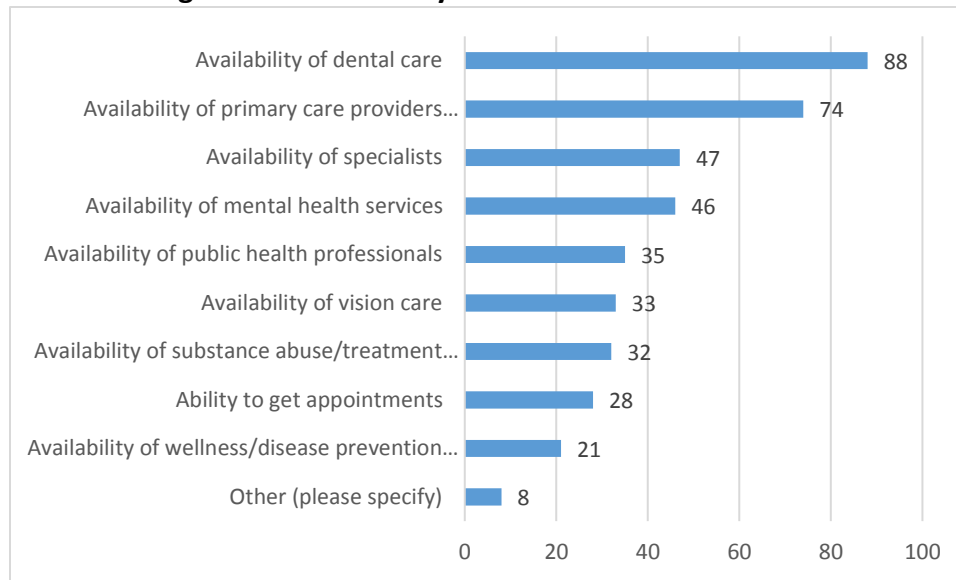
Safety/environmental health concerns (Figure 13) address a comprehensive set of conditions. This covers a gamut ranging from ambulance to discrimination to air quality. Nevertheless they all constitute safety and environmental concerns. The primary concerns were as follows: emergency services (ambulance and 911) (82), traffic safety (e.g., speeding, road safety) (63), crime and safety (47), public transportation (options and cost) (42), and water quality (e.g., well water, lakes, rivers) (31). At the other end of the continuum, air quality garnered 6 responses.

Figure 13: Safety/Environmental Health Concerns

Category	Value
Emergency services (ambulance & 911)...	82
Traffic safety (ie. speeding, road safety,...	63
Crime and safety	47
Public transportation (options and cost)	42
Water quality (well water, lakes, rivers)	31
Physical violence, domestic violence...	24
Prejudice, discrimination	24
Land quality (litter, illegal dumping)	8
Air quality	6
Other (please specify)	2
Low graduation rates	1
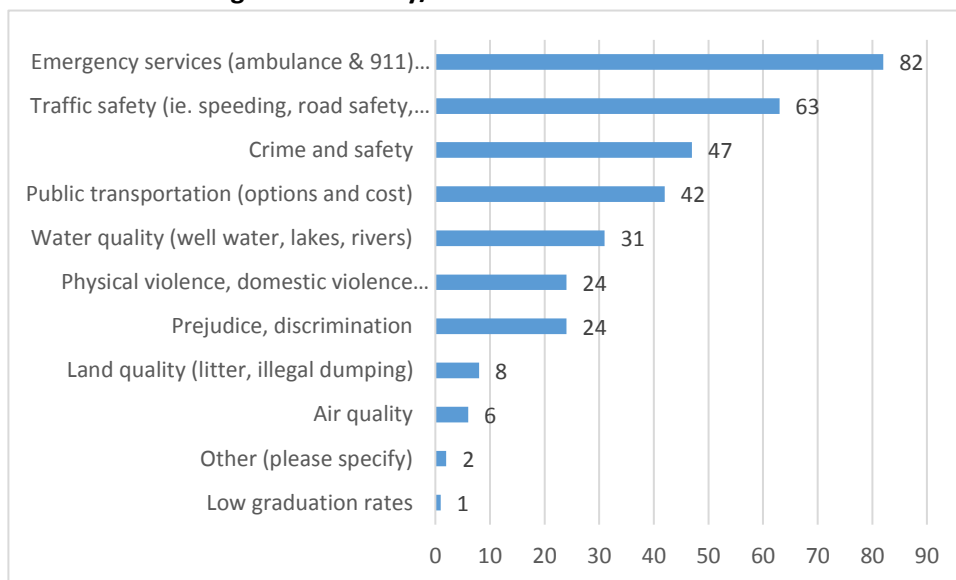
Delivery of health services (Figure 14) addresses a number of access issues. The primary issues were as follows: ability to recruit and retain primary care (119), cost of health insurance (104), cost of health care services (76), and the cost of prescription drugs (64). The ability to recruit and retain primary care, with 119 responses, was tied with attracting and retaining young families which was a community health concern (Figure 10). Cost of health insurance was the third highest rated concern found overall. The data indicates that respondents found the delivery system to be a significant issue and one that they care about. The delivery of health services compliments Figure 11, the availability of health services as barometers for health access and availability of services and providers. They are important indicators of public perception toward the local health system.

Figure 14: Delivery of Health Services Concerns
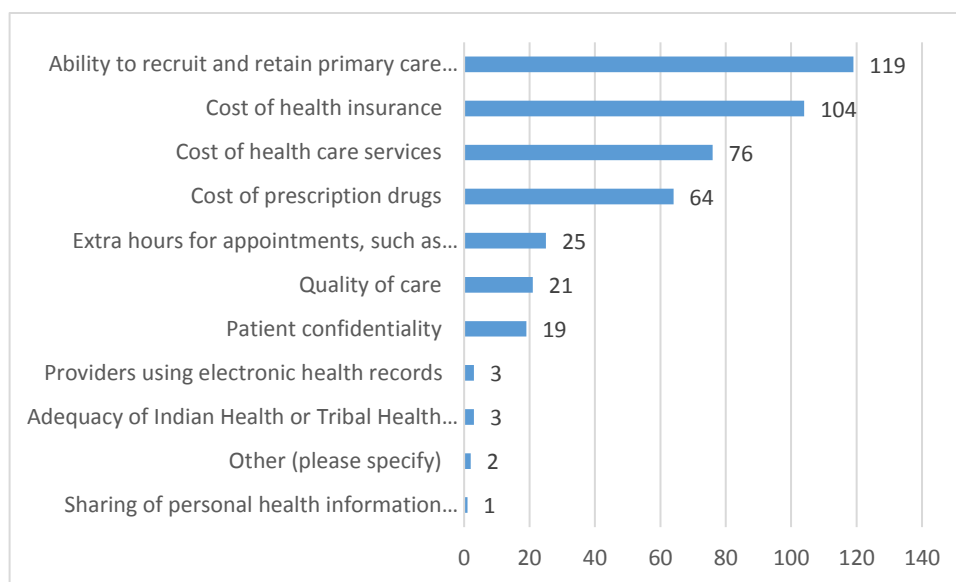
Physical health concerns (Figure 15) are often the most visible of the various dimensions of health. It is what may be the most apparent to us. Physical health has many components including physical activity, nutrition and diet, wellness, and sexual health. The Nelson County respondents found than cancer was the greatest concern (95 responses) followed by obesity/overweight (91), diabetes (67), and heart disease (56). It should be noted that youth obesity (37) and poor nutrition and poor eating habits (36) were also concerns. Cancer, diabetes, and heart disease are influenced by both physical activity and nutrition; thus, the top six physical health concerns are amenable to behavioral changes.

Figure 15: Physical Health Concerns

Concern	Value
Cancer	95
Obesity/overweight	91
Diabetes	67
Heart disease	56
Youth obesity	37
Poor nutrition, poor eating habits	36
Lung disease (i.e. Emphysema, COPD, Asthma)	25
Youth hunger and poor nutrition	14
Wellness and disease prevention, including…	13
Youth sexual health (including sexually…	3
Teen pregnancy	2
Other (please specify)	2
Sexual health (including sexually transmitted…	0

Another dimension of health is mental health and substance abuse (Figure 15). The top four concerns revolved around alcohol or drug issues. This included adult alcohol use and abuse (77 responses), youth alcohol use and abuse (65), adult drug use and abuse (45), and youth drug use and abuse (44). Depression (44), stress (31), and adult tobacco use (28) were in the next tier. In North Dakota, behavioral and mental health has received significant attention from citizens, providers, and policy makers. In 2014, there was an independent report commissioned by the legislature that found numerous issues with regard to access to behavioral and mental health services, the delivery system, workforce supply, and payment. The 2015 legislature took up many of these issues but there is an ongoing need for system change and reform.

Figure 16: Mental Health and Substance Abuse Concerns

Concern	Value
Adult alcohol use and abuse (including…	77
Youth alcohol use and abuse (including…	65
Adult drug use and abuse (including…	45
Youth drug use and abuse (including…	44
Depression	44
Stress	31
Adult tobacco use (exposure to second-…	28
Youth mental health	26
Adult mental health	22
Youth tobacco use (exposure to second-…	15
Youth suicide	4
Adult suicide	3
Other (please specify)	1
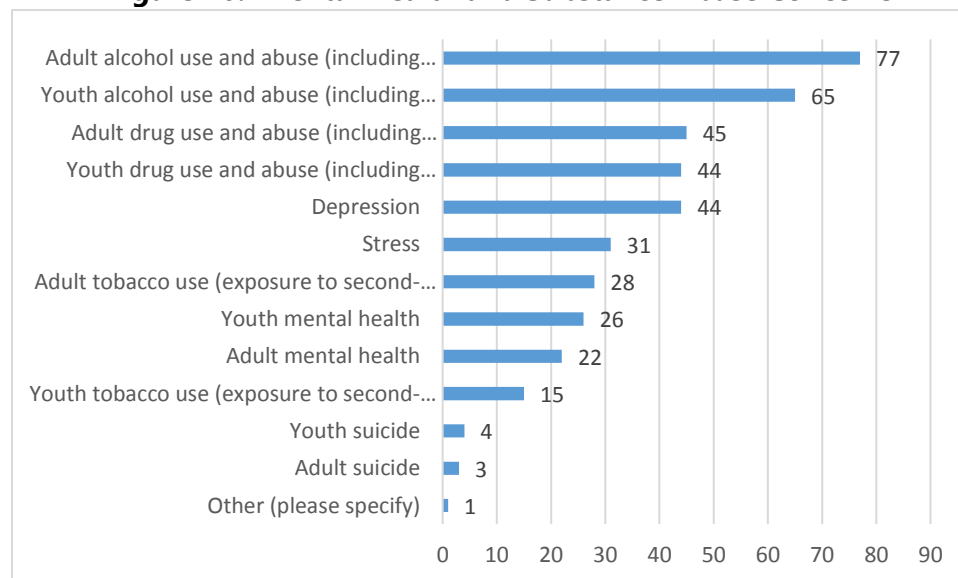
Senior population concerns (Figure 17) represents the final set of overarching community concerns. This section primarily addresses services and resources, but is also inclusive of Alzheimer's disease/dementia and elder abuse. The top ranked concern was the availability of resources to help the elderly (98 responses), followed by ability to meet needs of the older population (78), dementia/Alzheimer's disease (72), and the availability of resources for family and friends caring for elders (68). Assisted living options was noted by 20 respondents and the lowest rated concern was for elder abuse with only one respondent.

Figure 17: Senior Population Concerns
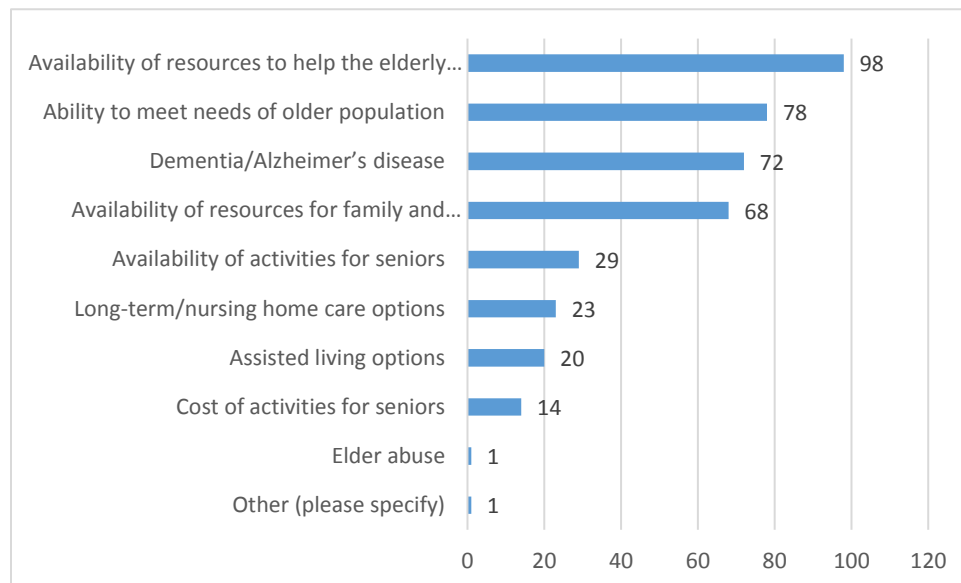
The final section of the survey addressed the delivery of health care. This looked at perceived barriers to care, and also asked respondents to assess hospital and public health services based on their awareness or use. This latter is particularly useful for the local institutions of health as it provides insight on how the public (clients, patients, customers) view the facility and the services. It presents opportunities for marketing of services that may need greater exposure.

The survey asked residents what they see as barriers that prevent them or others from receiving health care. The results show access to care factors to be predominant. The most prevalent barrier perceived by residents was no insurance or limited insurance (57 responses). This was followed by not enough doctors (48 responses), the distance from a health facility (27), not enough specialists (25), not enough evening or weekend hours (24), and not affordable (22). Perceptions of poor quality of care was only identified by 4 respondents. Sometimes access to care concerns present perceptions that the facility leadership may seek to address through public education. Presenting how the facility is

addressing the perceived barrier and/or how it plans to address it. Regardless, one of the benefits of the community health needs assessment is it provides the decision makers with evidence of perceptions that can be addressed.

Figure 18: Perceptions about Barriers to Care

Barrier	Value
No insurance or limited insurance	57
Not enough doctors	48
Distance from health facility	27
Not enough specialists	25
Not enough evening or weekend hours	24
Not affordable	22
Not able to see same provider over time	20
Don't know about local services	17
Concerns about confidentiality	15
Can't get transportation services	15
Not able to get appointment/limited hours	15
Other (please specify)	8
Limited access to telehealth technology (patients seen…	5
Poor quality of care	4
Not accepting new patients	4
Lack of disability access	3
Lack of services through Indian Health Service	1
Don't speak language or understand culture	0

The survey also solicited input about what *specialty care services* should be added locally, which received 220 responses. The most commonly requested specialty service was cardiology (74 responses). Other commonly requested services were orthopedics (45), dermatology (41), and pulmonology (39).

Measuring the public's awareness of hospital and public health services was also important. As was previously stated, such information assists the health facility in determining advertising and marketing. For this section we will only focus on those services or resources that were most problematic for the respondents. In other words, the services that they were least aware of or used the least. For the hospital, three questions were used. They will be aggregated. One question addressed general and acute care services; another question dealt with screening therapy services; the third focused on radiology. The services with the lowest level of recognition/use are listed below for the three categories:

Acute and general services:

- Acne treatment   10 responses
- Obstetrics   14
- Surgical services – biopsies   20
- Orthopedics   23
- Surgical services – outpatient   25
- Sports medicine   27
- Gynecology   30
- *(As a point of comparison the most recognized services were the clinic (146 responses) and the emergency room (111) and blood pressure checks (111)).*

Screening/therapy services:

- Lower extremity circulatory assessment   19 responses
- Holter monitoring   25
- Pediatric services   39
- Respite care   51
- *(As a point of comparison the most recognized services were laboratory services (129 responses), physical therapy (109), hospice care (89), and occupational therapy (86).*

Radiology services:

- Cartoid doppler exams   15 responses
- Echocardograms   50
- Dexa (bone) scan   61
- *(As a point of comparison the most recognized services were general x-ray (113 responses), digital mammography (mobile unit) (91), CT scan (90), and mammograms (85).*

Respondents were also asked about *other area/local health providers*. Ambulance led this field with 132 responses being aware of or having used this service. This was followed by first responders (106 responses), foot care (92), life flight (90), advanced life support ambulance intercept (90), poison control (31), and optometric/vision services (25).

Public health services were measured as well. The findings are below

Public health services:

- BabySafe program for new mothers and babies   0
- Alcohol prevention program   2
- Environmental health services (sewer, health hazard)   2
- Emergency preparedness and response program   4
- Radon test kit   5
- Preschool vision screening   5
- Worksite wellness program   5
- Home visits   5
- Head lice education   7
- Tobacco prevention and control program   10
- *(As a point of comparison the most recognized services were flu shots (100 responses), immunization – adult (55), immunization – children (31), and blood pressure screening/office visits (30).*

A final area of inquiry for the delivery of health care assessed sources of health information. Again, this section is particularly interested in barriers found in accessing care and services and also the public's awareness of services. Thus, how do people learn about health and health care services is instructive. In terms of where do people turn to for trusted health information, the survey revealed that, by a large margin, for trusted health information residents turned to a primary care provider (doctor, nurse practitioner, physician assistant) with about 140 responses. Other common sources of trusted health information are other health care professionals (nurses, chiropractors, dentists, etc.) at about 100 responses, word of mouth (60), web searches (55), and public health professional (over 40).

Figure 19: Sources of Trusted Health Information
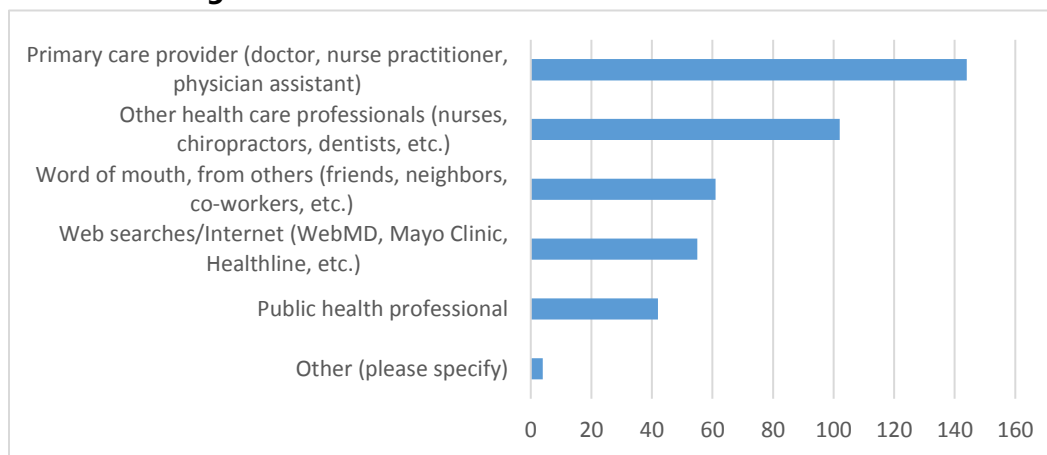
A slightly different question asked respondents to identify how they find out about local health services. The number one source was word of mouth (122 responses) followed by health care professionals (81), newspaper (75), and advertising (51). Social media had 31 responses.

Findings from Key Informant Interviews and Focus Groups

In addition to the community survey, which has been the source of primary data to this point (along with the secondary data from the County Health Rankings report), the community health needs assessment process employed two additional primary research methodologies. 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 an on-site focus group with over one dozen community members.

First, the key informant interview respondents were asked to comment on 1) the best things about McVille and 2) the major challenges facing McVille. Below are the themes that emerged from the content analysis, with some corroborating verbatim statements from key informants.

Best things about McVille:
- Caring
  - Everyone is willing to help anyone at any time.
  - We take care of each other with fundraisers and support.
  - They're always there to help you if you need it.
  - The people – everyone knows everyone, and everyone is concerned about everyone else.
- Size and location
  - A small tidy town.
  - Ruralness of the area helps to keep the riff-raff out.
  - We feel safe on the streets.
  - Right size.
- Services
  - We have all the basic services.
  - Having a hospital.
  - The businesses we have.
- Equity/Equality

- I feel comfortable here, everyone is treated the same.
- Welcoming place.
- A sense of volunteerism that isn't always prevalent in the urban areas.
- It is safe for everyone.

Major challenges facing McVille:
- Population
    - Very small county population.
    - Decreasing population.
    - No families moving in to sustain the economy.
- Age
    - People 75 and older moving to Grand Forks and Valley 4000 and you can't fault them as it is medically related.
    - High elderly population.
    - We don't see as many young people moving to the area.
- Services
    - Buy things but maybe not locally.
    - All the services are elsewhere so we have a trend of that happening.
- Providers
    - Keep providers, don't let them burn out.
    - Keeping a doctor on hand.
    - Have providers but people don't go to them because it is a very small town (leave for other services so they get medical care out of town too).
- Substance abuse
    - Drug problems.
    - High alcohol usage.
- Culture
    - Stubborn independent mindset, they wait for the last minute for medical care.
- Housing
    - Fixed up homes that are dilapidated.

Both key informants and the focus group participants were provided with a list of community and health concerns that were categorized as five themes. Each theme had 6-24 separate issues/concerns. The respondents were asked to select up to three *significant concerns* per thematic category. The findings are presented below:
- Community and environmental concerns
    - 10 respondents   Attracting and retaining young families

- o   8   Changes in population size
- o   8   Having enough child daycare services
- Health services concerns
    - o   7   Ability to retain doctors and nurses in the community
    - o   6   Availability of doctors and nurses
    - o   5   Not enough health care staff in general
    - o   5   Availability of dental care
- Physical, mental health, and substance abuse concerns
    - o   6   Depression
    - o   5   Obesity/overweight
    - o   5   Dementia/Alzheimer's disease
- Youth and children concerns
    - o   8   Youth obesity
    - o   7   Not enough activities for children and youth
    - o   7   Youth alcohol use and abuse
- Aging population concerns
    - o   8   Being able to meet the needs of the older population
    - o   5   Assisted living options
    - o   4   Availability/cost of activities for seniors

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:

Community Engagement/Collaboration
Scale of 1-5 (5 excellent)

(4.76) Emergency services, including ambulance and fire

(4.71) Long term care, including nursing homes and assisted living

(4.65) Law enforcement

(4.45) Hospital (Healthcare system)

(4.35) Business and industry

(4.32) Public Health

(4.18) Schools

(4.01) Faith Based Organizations

(3.81) Pharmacies

(3.61) Human services agencies

(3.48) Social Services

(3.43) Other local health providers, (i.e. dentists and chiropractors)

(3.00) Economic development organizations

Priority of Health Needs

A community group met on May 4, 2016. A representative from the CRH 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 and focus group.

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. For the final stage, meeting participants were provided with a single sticker which they could apply to what they perceived to be the most significant issue facing the community.

The community group members determined the significant health needs for McVille and Nelson County to be as follows:

- Attracting and retaining young families   (tied 1st)
- Jobs with livable wages   (tied 1st)
- Availability of mental health services   (tied 1st)
- Adequate childcare services   (4th)
- Emergency services (ambulance and 911)   (5th)

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

The community group then began the second portion of the meeting: strategic planning to identify ways to address the prioritized significant needs. Because of time constraints, the group did not cover all of the planning necessary to create a comprehensive improvement plan. The group will reconvene, review their work, make the determination for their focus, and develop goals and action items then. The CRHcould be available to assist them at a later date.

The community group used the remainder of their meeting to discuss EMS, particularly the issue of securing volunteers. A number of issues were discussed including the following: burnout, finding drivers, aging out of some volunteers, and finding childcare for volunteers who were on a run or involved with a transport to a tertiary hospital which may take the volunteer out of the community and away from home for multiple hours. Some preliminary solutions were raised and discussed that related to childcare options, identifying additional volunteers including drivers, and community promotion.

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 Needs Identified Previously

Top Needs Identified 2013 CHNA Process	Top Needs Identified 2016 CHNA Process
Emphasis on wellness/education & prevention	Emergency services (ambulance & 911)
Maintaining EMS	Adequate childcare services
Mental health	Availability of mental health services
Obesity & physical inactivity	Attracting and retaining young families

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 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 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 for 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 A – Paper Survey Instrument

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

NCHS | Nelson County Health System

Public Health
Prevent. Promote. Protect.
Nelson-Griggs District Health Unit

Nelson County Area Health Survey

Nelson County Health System and Nelson-Griggs District Health Unit are interested in hearing from you about community health concerns.

The focus of this effort is to:

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

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

Scan here to take the 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 Brad Gibbens at 701.777.2569.

Surveys will be accepted through March 25, 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) _____

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

Q5. What are the major challenges facing your community?

_____

_____

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

☐ 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 <u>THREE</u>):

☐ 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 <u>THREE</u>):

☐ 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 <u>THREE</u>):

☐ 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 <u>THREE</u>):

☐ 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. 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) _____

Q12. 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) _____

Delivery of Health Care

Q13. 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) _____

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

☐ Acne treatment
☐ Allergy, flu & pneumonia shots
☐ Blood pressure checks
☐ Cardiac rehab
☐ Clinic
☐ Emergency room
☐ Gynecology
☐ Hospital (acute care)

☐ Independent senior housing
☐ Mole/wart/skin lesion removal
☐ Nutrition counseling
☐ Obstetrics
☐ Orthopedics
☐ Pharmacy
☐ Physicals: annuals, D.O.T., sports & insurance

☐ Preventative medicine
☐ Sports medicine
☐ Surgical services – biopsies
☐ Surgical services – outpatient
☐ Swing bed services
☐ Telehealth
☐ Wound care

Q15. Considering **SCREENING/THERAPY SERVICES** at Nelson County Health System, which services are you aware of (or have you used in the past year)? (Choose <u>ALL</u> that apply)

- ☐ Chronic disease management
- ☐ Diabetic education
- ☐ Holter monitoring
- ☐ Hospice care
- ☐ Laboratory services
- ☐ Lower extremity circulatory assessment
- ☐ Occupational physicals
- ☐ Occupational therapy
- ☐ Pediatric services
- ☐ Physical therapy
- ☐ Respiratory care
- ☐ Respite care
- ☐ Sleep studies
- ☐ Social services

Q16. Considering **RADIOLOGY SERVICES** at Nelson County Health System, which services are you aware of (or have you used in the past year)? (Choose <u>ALL</u> that apply)

- ☐ Carotid doppler exams
- ☐ CT scan (mobile unit)
- ☐ Dexa (bone) scan
- ☐ Digital mammography (mobile unit)
- ☐ Echocardiograms
- ☐ EKG
- ☐ General x-ray
- ☐ Mammograms
- ☐ MRI (mobile unit)
- ☐ Ultrasound (mobile unit)

Q17. Considering services offered locally by **OTHER PROVIDERS/ORGANIZATIONS** at Nelson County Health System, which services are you aware of (or have you used in the past year)? (Choose <u>ALL</u> that apply)

- ☐ Advanced life support ambulance intercept
- ☐ Ambulance
- ☐ First responders
- ☐ Life flight
- ☐ Poison control
- ☐ Foot care

Q18. Considering the specialist care offered at Nelson County Health System, which additional services would you like to see offered? (Choose <u>ALL</u> that apply)

- ☐ Cardiologist
- ☐ Orthopedics
- ☐ Pulmonology
- ☐ Dermatology
- ☐ Other (please specify) _____

Q19. Which of the following **PUBLIC HEALTH SERVICES** provided by Nelson-Griggs District Health Unit have you or a family member used in the past year? (Choose <u>ALL</u> that apply)

- ☐ Alcohol prevention program
- ☐ BabySafe program for new mothers & babies
- ☐ Blood pressure screening/office visits
- ☐ Emergency preparedness and response program
- ☐ Environmental health services (sewer, health hazard abatement)
- ☐ Flu shots
- ☐ Head lice education
- ☐ Home visits
- ☐ Immunizations – adults
- ☐ Immunizations – children
- ☐ Information/referral to another agency on health issue
- ☐ Optometric/vision services
- ☐ PAF farm safety day
- ☐ Preschool vision screening
- ☐ Radon test kit
- ☐ School health (vision screening, educational talks, school immunizations)
- ☐ Tobacco prevention and control program
- ☐ Worksite wellness program

Q20. What specific health care services, if any, do you think should be added locally?

_____

_____

Q21. How do you find out about **LOCAL HEALTH SERVICES** that are available in your area? (Choose <u>ALL</u> 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.)
☐ Other (please specify)
_____

Q22. Where do you turn for trusted health information? (Choose <u>ALL</u> 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) _____

Q.23 An advanced care directive, also known as a living will, is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. Do you possess an advanced care directive?

☐ Yes ☐ No

Q24. Are you aware of Nelson County Health System's Foundation, which exists to financially support Nelson County Health System?

☐ Yes ☐ No

Q25. Have you supported the Nelson County Health System Foundation in any of the following ways? (Choose <u>ALL</u> that apply)

☐ Cash or stock gift
☐ Endowment gifts
☐ Memorial/Honorarium

☐ Planned gifts through wills, trusts or life insurance policies

☐ Other (please specify)
_____

Q26. Do you believe individuals in the community would financially support any of the following capital improvements by Nelson County Health System? (Choose <u>ALL</u> that apply)

☐ Emergency room renovations
☐ Security system installation
☐ 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)
_____

Demographic Information: Please tell us about yourself.

Q27. Do you work for the hospital, clinic, or public health unit?

☐ Yes ☐ No

Q28. Health insurance or health coverage status (choose <u>ALL</u> 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)
_____

Q29. 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

Q30. 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

Q31. Gender:

- ☐ Female
- ☐ Male
- ☐ Transgender

Q32. Employment status:

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

Q33. Your zip code: _____

Q34. Race/Ethnicity (choose ALL that apply):

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

Q35. 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

Q36. 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

County Health Rankings model © 2014 UWPHI
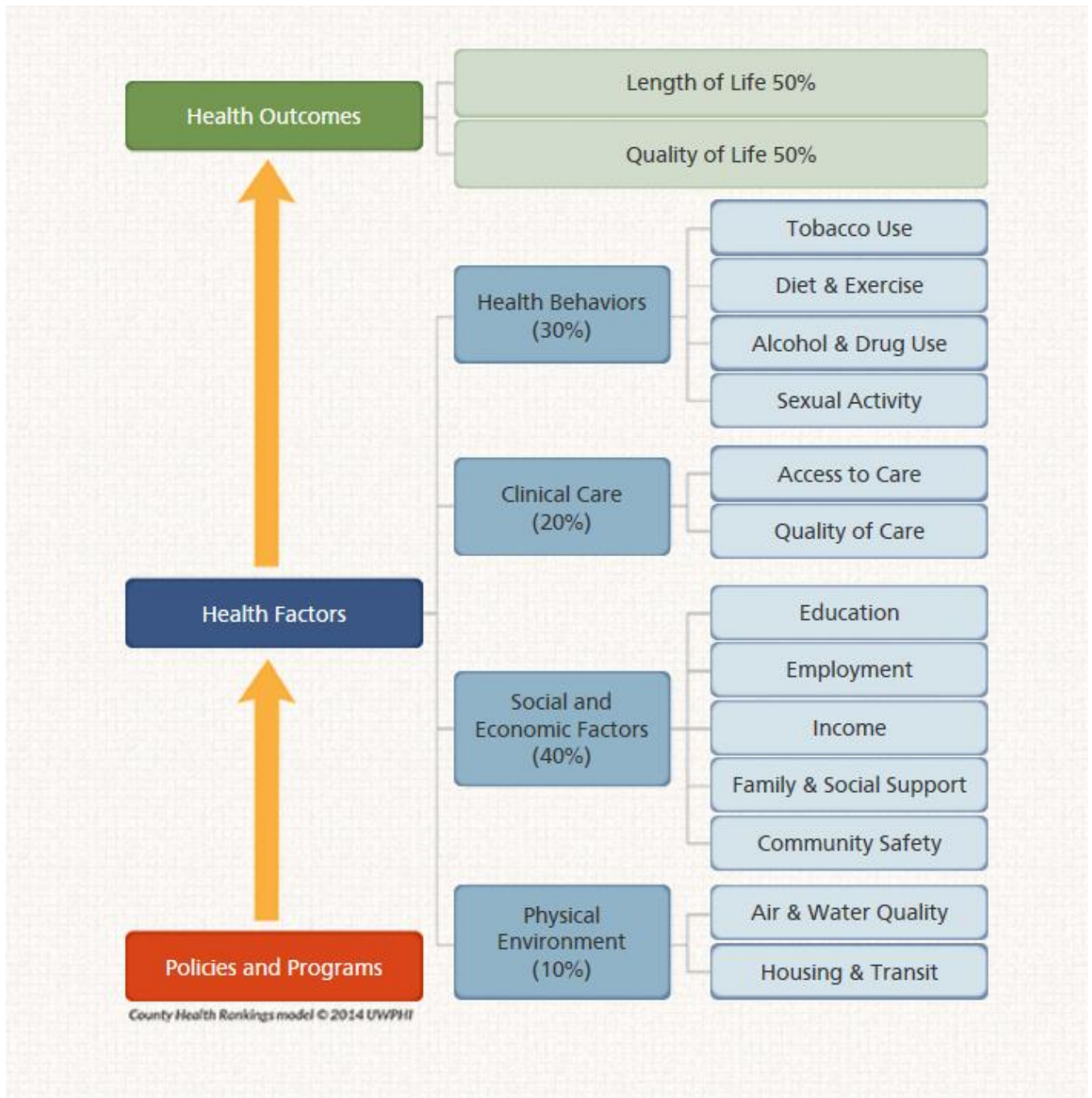
Appendix C – Prioritization of Community's Health Needs

Community Health Needs Assessment
McVille, 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 (MD, NP, PA)	2	
Cost of health insurance		
Cost of health care services	2	
Cost of prescription drugs	1	
AVAILABILITY OF HEALTH SERVICES		
Availability of dental care	1	
Availability of primary care providers (MD, NP, PA)	1	
Availability of specialists		
Availability of mental health services	3	1
MENTAL HEALTH AND SUBSTANCES ABUSE		
Adult alcohol use and abuse		
Youth alcohol use and abuse	2	
Adult drug use and abuse		
Youth drug use and abuse	1	
SAFETY/ENVIRONMENTAL HEALTH		
Emergency services (ambulance & 911)	4	4
Traffic safety		
Crime and safety	1	
Public transportation (options & cost)		
AGING POPULATION		
Availability of resources to help the elderly stay in their homes	3	
Ability to meet the needs of the older population		
Dementia/Alzheimer's Disease		
Availability of resources for family and friends caring for elders		
COMMUNITY HEALTH		
Attracting and retaining young families	3	1
Jobs with livable wages	3	1
Adequate childcare services	5	2
Change in population size	2	
PHYSICAL HEALTH		
Cancer		
Obesity/overweight	2	
Diabetes		
Heart disease		