Community Health Needs Assessment

CHI St. Alexius Health – Carrington, ND

Approved April 2025

NDSU Center for Social Research Report #121
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Acknowledgements

The CHNA process is a significant undertaking resulting from the vision and leadership of numerous individuals and governing bodies. It is important to acknowledge those who have dedicated time and energy to ensure that thoughtful planning and long-range strategic vision serve as the basis for policy and decision-making regarding community health needs.

Table of Contents

Executive Summary

Purpose

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by CHI St. Alexius Health Carrington. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's commitment to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHNA Collaborators

CHI St. Alexius Health Carrington contracted with North Dakota State University Center for Social Research to conduct the CHNA. The Center for Social Research developed community profiles and developed and conducted a community feedback survey that provided the foundation for this needs assessment. Other collaborators include Foster County Public Health Department.

Community Definition

CHI St. Alexius Health Carrington is located in Carrington, North Dakota. The hospital primarily serves Foster County, but also serves Eddy County. Foster and Eddy counties are considered the primary service area for this community health needs assessment. Foster County is a rural county located in east central North Dakota and has an estimated population of 3,388. Eddy County, located directly to the north of Foster County, has an estimated population of 2,345. CHI St. Alexius Health Carrington is the only hospital in Foster County and there are no hospitals in Eddy County.

Foster and Eddy counties are both designated as a Health Professional Shortage Area (HPSA) and as a Medically Underserved Area (MUA) by the United States Health Resources & Services Administration.

Assessment Process and Methods

Community health needs were assessed using secondary data from national and state sources and primary data gathered from community members during a two-month survey period. CHI St. Alexius Health Carrington solicited input from community organizations representing health, education, law enforcement, victim advocacy, social services, and the medically underserved to review and validate community health needs at a community input meeting held January 22, 2025.

Multiple data sources with various indicators that inform social considerations were compiled and analyzed. Data sources include but are not limited to County Health Rankings, the American Community Survey (ACS), the Bureau of Economic Analysis (BEA), and the Centers for Disease Control and Surveillance (CDC). All community level data were compared to state and national data for context. Community member input was solicited via an online survey and a community input meeting.

The survey was administered using a QR code for public distribution using various online and print media and a survey link that was distributed by hospital personnel. At least one public health organization was invited to participate in distribution of the community survey. Upon conclusion of the survey fielding period, data were compiled and analyzed. Survey data were analyzed using widely accepted standard descriptive statistics, such as measures of mean, median, and frequencies. Priority needs were identified as those issues with the greatest level of consensus among survey respondents.

CHI St. Alexius Health Carrington solicited feedback on survey findings at a community input meeting on January 22, 2025. A presentation that summarized the community profile and highlighted key survey findings was used to report and validate priority needs identified in the survey results and guide discussion of needs and priorities for community health planning.

Prioritized Significant Health Needs

Based on analysis of survey data the following items were identified as issues with the greatest degree of consensus among survey respondents. Secondary data are provided in support of findings as appropriate.

- **Mental health (anxiety, stress, depression).** The majority of respondents were concerned about mental health in their community; 42 percent were very concerned and 36 percent were somewhat concerned. A large majority of respondents were also concerned about suicide in their community; 45 percent were very concerned and 40 percent were somewhat concerned. While the majority of respondents expressed concern about mental health, 56 percent of respondents agreed when asked if their community has adequate mental health services; 30 percent disagreed. Even so, the ratio of residents per mental health care provider is substantially higher in Foster County (1,100:1) than statewide (420:1) or nationally (300:1).

  Mental health was a priority health need identified in the previous CHNA conducted in 2022. When asked about change from 2022, 51 percent of respondents indicated that mental health in their community was better and 11 percent indicated it was worse. Secondary data indicate that the number of poor mental health days per month in Foster County (3.8 days) was slightly lower than in North Dakota overall (4.0 days), but the number of poor mental health days per month in Eddy County (4.2 days) was slightly higher than the statewide average.

- **Substance misuse**. A substantial majority of respondents expressed concern about substance misuse in their community, including alcohol, prescription drugs, tobacco or vaping, and illicit or street drugs; 57 percent were very concerned and 29 percent were somewhat concerned. Alcohol use and misuse was a priority health need identified in the previous CHNA. When asked about change from 2022, 38 percent of respondents indicated alcohol use and misuse in their community has become better and 19 percent said it has worsened. The adult smoking rate in Foster County is similar to North Dakota overall (16 percent each) and the adult excessive drinking rate in Foster County (20 percent) is slightly lower than the North Dakota average (23 percent). In Eddy County, the adult smoking rate is higher than North Dakota overall (20 percent) and the adult excessive drinking rate is lower (18 percent).

- **Barriers to health care.** One-quarter of respondents (26 percent) indicated the price of prescription drugs, even with insurance, presented an extreme barrier to accessing health care and 49 percent said it was somewhat of a barrier. Sixty-seven percent of respondents cited concerns about confidentiality as a barrier to health care. Additionally, 20 percent of

respondents thought the price of health care services, even with insurance, presented an extreme barrier to accessing health care and 44 percent thought it presented somewhat of a barrier. This is particularly relevant given that the median household income in Foster County ($78,426) is slightly higher than in North Dakota overall ($73,959) and the poverty rate is lower (8.3 percent in Foster County compared to 10.8 percent in North Dakota overall). However, the median household income in Eddy County ($50,375) is substantially lower than the statewide median and the poverty rate (12.3 percent) is higher than the statewide average.

- **Psychological abuse and crime.** Seventy-eight percent of respondents were at least somewhat concerned about child abuse or neglect in their community. Respondents also expressed concerns about cyber bullying and emotional abuse. Forty-seven percent of respondents were very concerned about cyber bullying and 43 percent were very concerned about emotional abuse. In addition, 44 percent of respondents were very concerned about crime in their community and 30 percent were somewhat concerned.

During the January 22, 2025 community input meeting, attendees discussed survey findings, whether survey findings aligned with their perceptions of their communities' needs, and the demographics of survey respondents. Attendees agreed mental health was a major concern in the community. Additionally, care coordination, cyber bullying, and affordable housing were discussed.

Resources Potentially Available

Programs, resources, and organizations in the community that are potentially available to address significant health needs were identified by key informants giving input to this process. While not exhaustive, this list — which includes dozens of potential resources — draws on the experiences and knowledge base of those directly serving the community. A list of community resources can be found in a separate resource section later in the report.

Report Adoption, Availability, and Comments

This CHNA report was adopted by the CHI St. Alexius Health Carrington Board of Directors in April 2025. The report is widely available to the public on the hospital's web site, and a paper copy is available for inspection upon request at the Administration Office of CHI St. Alexius Health Carrington. Written comments on this report can be submitted via mail to CHI Health - The McAuley Fogelstrom Center, (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities); electronically at: https://forms.gle/KGRq62swNdQyAehX8; or by calling Ashley Carroll, Market Director, Community and Population Health, at: (402) 343-4548.

Community Definition

CHI St. Alexius Health Carrington is located in Carrington, North Dakota. The hospital primarily serves Foster County, but also serves Eddy County. The hospital identifies its service area as Foster County and Eddy County for this Community Health Needs Assessment, though it also serves portions of Stutsman, Wells, and Griggs counties.

CHI St. Alexius Health Carrington is the only hospital in Foster County, and there are no hospitals in Eddy County. Foster and Eddy counties are both designated as a Health Professional Shortage Area (HPSA) and as a Medically Underserved Area (MUA) by the United States Health Resources & Services Administration. Foster County is located in east central North Dakota and has a population of 3,388. Eddy County, located directly to the north of Foster County, has an estimated population of 2,345.

Figure A: CHI St. Alexius Health Carrington Community Health Needs Assessment Service Area
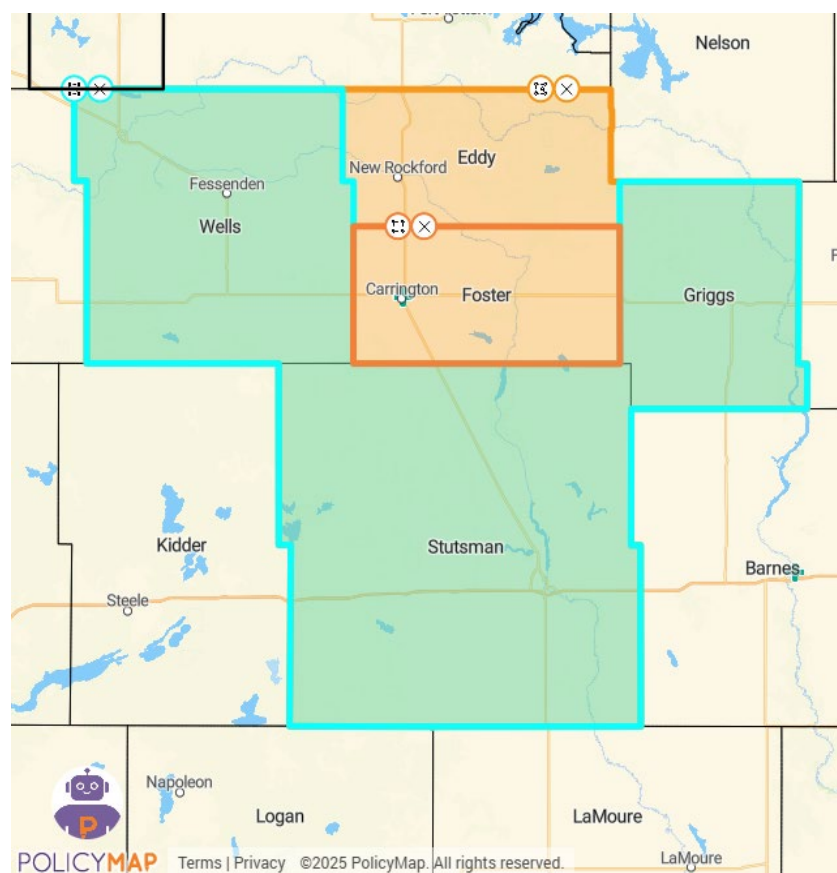
The following zip codes correspond to 80 percent of patient admissions to CHI St. Alexius Health Carrington: 58356 and 58421.

Core demographics for Foster and Eddy counties are summarized in Table 1.

Table 1. Core Demographic Summary, Foster and Eddy Counties, North Dakota		
Measure	**Foster County, ND**	**Eddy County, ND**
Community Description	Rural	Rural
Population	3,388	2,345
Racial and Ethnic Distribution		
White, non-Hispanic alone	94.6%	90.4%
American Indian and Alaska Native alone	1.0%	4.1%
Black or African American alone	0.5%	0.0%
Asian or Pacific Islander alone	0.6%	0.0%
Some other race alone	0.0%	0.4%
Two or more races	2.8%	4.5%
Hispanic Origin (of any race)	0.6%	2.7%
Median Household Income	$78,426	$50,375
Percent of Persons below Poverty Rate	8.3%	12.3%
Unemployment Rate	2.0%	2.9%
Percent Population with less than High School Diploma	5.7%	8.0%
Percent of People 5 and Older who are Non-English Speaking	0.6%	0.7%
Percent of People without Health Insurance	10.0%	10.0%
Percent of People with Medicaid	11.9%	17.3%
Health Professional Shortage Area	Yes	Yes
Medically Underserved Area	Yes	Yes
Number of Hospitals in the County	1 (CHI St. Alexius Health)	0

Hospital Description

Serving central North Dakota since 1916, CHI St. Alexius Health Carrington is a 25-bed critical access hospital and Level V Trauma Center with outpatient services, including two conveniently located rural health clinics in Carrington and New Rockford, ND. Services provided include Primary Care/Family Medicine, Surgical Care, Women's Health, Pediatrics, Radiology, Immunotherapy, Cardiology & Ear, Nose and Throat (ENT), Clinical Dietetics, Radiology, Lab, Sleep Diagnostics, and Rehabilitation.

CHI St. Alexius Health Carrington has achieved the Stroke Ready Hospital Certification from the Joint Commission and strives to deliver safe, quality, and compassionate health care. CHI St. Alexius Health Carrington has consistently been recognized as one of the top Critical Access Hospitals in the United States. CHI St. Alexius Health Carrington has been named:

- A United States Top 20 Critical Access Hospital in 2024, 2023, 2020, 2019, 2018, 2017, 2016, and 2014.
- A United States Top 100 Critical Access Hospital in 2025, 2024, 2023, 2022, 2020, 2019, 2018, 2017, 2016, 2015, 2014, and 2012.

Assessment Process and Methods

Community health needs were assessed using a two-pronged analysis approach: secondary data from national and state sources; and primary data gathered from community members during a two-month survey period. CHI St. Alexius Health Carrington solicited input from community organizations representing health, education, law enforcement, victim advocacy, social services, and the medically underserved to review and validate community health needs at a community input meeting held January 22, 2025. For the purposes of analysis, the primary community was considered the county where the hospital is located.

Secondary data: community profiles

Community profiles are an integral part of assessing community health needs. To get a complete sense of the community multiple data sources with various indicators that inform social considerations were compiled and analyzed. Data sources include but are not limited to County Health Rankings, the American Community Survey (ACS), the Bureau of Economic Analysis (BEA), and the Centers for Disease Control and Surveillance (CDC). All community level data were compared to state and national data for context.

Primary data: health needs survey and community discussion

To help supplement secondary data sources, community member input was solicited via an online survey and a community input meeting. The online survey was administered using the Qualtrics online survey platform from August 12 to October 16, 2024. The survey was administered using a QR code for public distribution using various online and print media and a survey link that was distributed by hospital personnel. At least one public health organization was invited to participate in the distribution of the community survey. The survey tool can be found in Appendix B.

The survey solicited feedback on respondents' perceptions of various issues and topics in six broad categories: people in my community, services in my community, concerns in my community, concerns about violence, medical services, and barriers to care. Survey data were analyzed using widely accepted standard descriptive statistics, such as measures of mean, median, and frequencies. Priority needs were identified as those issues with the greatest level of consensus among survey respondents. Survey findings are detailed later in this assessment. The questionnaire can be found in Appendix B and detailed results in Appendix C.

Community Input

CHI St. Alexius Health Carrington solicited feedback on survey findings at a community input meeting held on January 22, 2025. A presentation that summarized the community profile and highlighted key survey findings was used to report and validate priority needs identified in the survey results, as well as guide discussion of needs and priorities for community health improvement planning. During the community input meeting, attendees discussed survey findings, whether the survey findings aligned with their perceptions of their community's needs, and the demographics of survey respondents. During the meeting, attendees agreed that mental health was a major concern in the community. Additionally, care coordination, cyber bullying, and affordable housing were discussed. The attendees agreed on prioritizing mental health and cyber bullying as community health needs to be addressed. There were 18 attendees, including representatives from:

- Trinity Lutheran
- Foster County Public Health
- CHI St. Alexius Health Carrington
- Foster County Auditor/Treasurer
- Carrington Dental Care
- Carrington Chamber & Economic Development Corporation
- ND Highway Patrol
- Carrington Police Department
- Foster County Sheriff's Office
- Open Prairie Health
- Carrington Drug
- CHI Health at Home & Hospice
- CHI Health at Home
- Advance in Recovery

The hospital invited written comments on the most recent CHNA report and Implementation Strategy, both in the documents and on the website where they are widely available to the public. No written comments have been received.

CHI St. Alexius Health Carrington collaborated with Foster County Public Health. CHI St. Alexius Health Carrington contracted with the North Dakota State University Center for Social Research to conduct the CHNA. The Center for Social Research developed community profiles and developed and conducted a community feedback survey that provided the foundation for this needs assessment.

Assessment Data and Findings

The following sections provide a detailed community profile of Foster and Eddy Counties and survey results.

Community Profile

Foster County is a rural county in east central North Dakota. The county seat and largest city is Carrington. With 3,388 residents, Foster County is North Dakota's 32nd most populous county. Eddy County is also a rural county in east central North Dakota, directly to the north of Foster County. The county seat is New Rockford. With 2,345 residents, Eddy County is North Dakota's 39th most populous county. Both counties are home to proportionally more adults aged 65 and older than North Dakota and the United States as a whole. Like most of North Dakota, Foster County's racial composition is largely white. Eddy County's racial composition is also largely white, but with a notable

American Indian and Alaska Native population, as much of the northern part of the county is encompassed by the southern part of the Spirit Lake Dakota Reservation. The median household income in Foster County is higher than in North Dakota and the nation overall, whereas the median household income in Eddy County is substantially lower than both the statewide and national medians. At the same time, the median home value and costs associated with home ownership and home rental in both counties are lower than they are in North Dakota and the nation overall. Both counties have higher percentages of householders living alone and households with residents aged 65 and older than North Dakota overall. Foster County's poverty rate is lower than both the statewide and national average, whereas the poverty rate in Eddy County is higher than the statewide average and roughly on par with the national average.

Foster County's adult smoking rate (16 percent) is roughly in line with the statewide and national average, whereas Eddy County's rate is higher than both (20 percent, compared to 16 percent in North Dakota and 15 percent in the United States). The adult obesity rate in both counties is higher than the statewide and national average. The adult excessive drinking rate in Foster County (20 percent) is lower than North Dakota overall (23 percent), but higher than the national average (18 percent). In Eddy County, the adult excessive drinking rate is 18 percent, which is the same as the national average. The leading cause of death in 2021 for both counties was malignant neoplasms. The annual flu shot rate in Foster County is slightly lower than North Dakota overall, but slightly higher than the national average; whereas the annual flu shot rate in Eddy County is much lower than both the statewide and national average. The ratio of residents to primary care physicians and mental health care providers in Foster County is substantially higher than the ratio in North Dakota and the United States; however, the ratio of residents to dentists in Foster County is lower than both North Dakota and the nation. Although data estimating the ratio of residents to primary care physicians and mental health care providers in Eddy County were not available, the ratio of residents to dentists in Eddy County is lower than the ratio in North Dakota and the U.S. overall.

Foster and Eddy counties face relatively moderate to relatively high risk of loss due to winter weather and ice storms, with Foster County also facing relatively moderate risk of loss due to cold wave. However, both counties' overall risk due to natural hazards is very low. Foster County's social vulnerability is rated as very low and its community resilience is rated as very high, whereas Eddy County's social vulnerability and community resilience are both rated as relatively moderate. These factors combined give both Foster and Eddy counties a very low National Risk Index Score.

Community Demographics
The American Community Survey's (ACS) most recent five-year estimate of Foster County's population is 3,388, making it the state's 32nd most populous county. Eddy County's population is 2,345, making it the state's 39th most populous county. About 1 in 5 residents in both counties are under the age of 18 and about 1 in 4 are aged 65 and older (Table 2). The racial composition for both counties is largely non-Hispanic white (94.6 percent in Foster County and 90.4 percent in Eddy County), but Eddy County has a larger than average (4.1 percent) percentage of American Indian and Alaska Native residents due to the presence of the Spirit Lake Dakota Reservation in the northern part of the county. Less than 1 percent of each county's population speaks English less than very well (Table 1). Foster County's gender split is roughly even at 49.5 percent female and 50.5 percent male, whereas Eddy County is skewed slightly male (52.2 percent male and 47.8 percent female).

Table 2. Population Estimates, Foster and Eddy Counties, ND, North Dakota, and the United States, by Age, Race/Ethnicity, and Sex (2022)

Age Group	Foster Population	Foster Percentages	ND Percentages	US Percentages
0-4	190	5.6%	6.7%	5.7%
5-17	553	16.3%	16.9%	16.4%
18-24	197	5.8%	11.3%	9.4%
25-44	751	22.2%	27.1%	26.6%
45-64	894	26.4%	22.2%	25.3%
65 and older	803	23.7%	15.9%	16.5%
Total	*3,388*	*100.0%*	*100.0%*	*100.0%*
Race and Ethnicity*				
White, non-Hispanic alone	3,206	94.6%	83.0%	58.9%
American Indian and Alaska Native	33	1.0%	4.7%	0.8%
Asian alone	2	0.1%	1.6%	5.8%
Black or African American alone	16	0.5%	3.2%	12.5%
Native Hawaiian and Pacific Islander alone	18	0.5%	0.2%	0.2%
Some other race alone	0	0.0%	1.4%	6.0%
Two or more races	94	2.8%	4.4%	8.8%
Hispanic Origin (of any race)	19	0.6%	4.3%	18.7%
Sex				
Female	1,676	49.5%	48.6%	50.4%
Male	1,712	50.5%	51.4%	49.6%
Total	*3,388*	*100.0%*	*100.0%*	*100.0%*
Age Group	**Eddy Population**	**Eddy Percentages**	**ND Percentages**	**US Percentages**
0-4	152	6.5%	6.7%	5.7%
5-17	355	15.1%	16.9%	16.4%
18-24	128	5.5%	11.3%	9.4%
25-44	503	21.4%	27.1%	26.6%
45-64	558	23.8%	22.2%	25.3%
65 and older	649	27.7%	15.9%	16.5%
Total	*2,345*	*100.0%*	*100.0%*	*100.0%*
Race and Ethnicity*				
White, non-Hispanic alone	2,121	90.4%	83.0%	58.9%
American Indian and Alaska Native	96	4.1%	4.7%	0.8%
Asian alone	0	0.0%	1.6%	5.8%
Black or African American alone	0	0.0%	3.2%	12.5%
Native Hawaiian and Pacific Islander alone	1	0.0%	0.2%	0.2%
Some other race alone	9	0.4%	1.4%	6.0%
Two or more races	106	4.5%	4.4%	8.8%
Hispanic Origin (of any race)	63	2.7%	4.3%	18.7%
Sex				
Female	1,120	47.8%	48.6%	50.4%
Male	1,225	52.2%	51.4%	49.6%
Total	*2,345*	*100.0%*	*100.0%*	*100.0%*

*Overlapping racial/ethnic categories mean that the percentages will not total to 100% of the population.
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Estimates from the ACS indicate that there are 1,492 households in Foster County with an average of 2.2 persons per household, and 1,077 households in Eddy County with an average of 2.1 persons per household. The median household income in Foster County is $78,426, which is slightly higher than the median household income in both North Dakota ($73,959) and the nation ($75,149); however, the median household income in Eddy County ($50,375) is substantially lower than North Dakota and the nation overall (Table 3). Roughly 3 in 4 households in Foster County (78.3 percent) and 69.5 percent of households in Eddy County are owner-occupied. In Foster County the median owner costs are $1,355 per month including the mortgage, compared to $1,019 in Eddy County. Median rent in Foster County is $710 per month compared to $555 in Eddy County. Both median owner costs and median rent are lower in Foster and Eddy counties than in North Dakota and the United States overall. About 1 in 3 households in Foster County (33.9 percent) and 43.1 percent of households in Eddy County are occupied by householders living alone. Roughly 1 in 4 households in Foster County and 1 in 5 households in Eddy County have children in residence (Table 4). The percentages of householders living alone, households with residents aged 65 and older, and householders aged 65 and older living alone are higher in Foster and Eddy counties than in North Dakota and the United States overall.

Table 3. Household Demographics, Foster and Eddy Counties, ND, North Dakota, and the United States (2022)

Item	Foster County	Eddy County	North Dakota	United States
Total households	1,492	1,077	320,038	125,736,353
Owner-occupied housing rate	78.3%	69.5%	63.2%	64.8%
Average household size (persons per household)	2.2	2.1	2.3	2.6
Median value of owned-occupied housing	$160,300	$108,400	$232,500	$281,900
Median monthly owner costs (with mortgage)	$1,355	$1,019	$1,653	$1,828
Median monthly owner costs (without mortgage)	$546	$446	$551	$584
Median gross rent	$710	$555	$912	$1,268
Median household income	$78,426	$50,375	$73,959	$75,149

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table 4. Household Characteristics, Foster and Eddy Counties, ND, North Dakota, and the United States (2022)

Household Characteristics	Foster County Households	Percent of Foster County Households*	Percent of ND Households*	Percent of U.S. Households*
Households with children aged 0-17	394	26.4%	27.8%	30.2%
Households with adults aged 65+	532	35.7%	26.7%	30.8%
Householders living alone	506	33.9%	33.2%	28.3%
Householders aged 65+ living alone	214	14.3%	11.8%	11.5%
Household Characteristics	Eddy County Households	Percent of Eddy County Households*	Percent of ND Households*	Percent of U.S. Households*
Households with children aged 0-17	232	21.5%	27.8%	30.2%
Households with adults aged 65+	443	41.1%	26.7%	30.8%
Householders living alone	464	43.1%	33.2%	28.3%
Householders aged 65+ living alone	229	21.3%	11.8%	11.5%

*Overlapping household characteristics mean that the percentages of households will not total to 100% of the total number of households. Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Estimates from the ACS indicate that there are 1,808 adults in the workforce in Foster County and 1,105 adults in the workforce in Eddy County. The largest industries in Foster County by percentage of the workforce employed are educational services, health care, and social assistance; manufacturing; retail; and agriculture, forestry, fishing, hunting, and mining which account for 21.0 percent, 12.6 percent, 11.9 percent, and 11.0 percent, respectively (Table 5). These are also the top four industries in Eddy County, accounting for 27.1 percent, 8.1 percent, 11.9 percent, and 17.6 percent of the county's workforce respectively. In 2023, the three largest employers in Foster County were Dakota Growers Pasta Company, Carrington Public School District, and CHI St. Alexius Health Carrington. The three largest employers in Eddy County were Lutheran Home of the Good Shepherd, North American Bison LLC, and New Rockford-Sheyenne School District (NDLMI 2024).

Table 5. Employment by Industry, Foster and Eddy Counties, ND (2022)		
	Foster County	
Sector	Estimated Workers	Percent of Workforce
Educational services, health care and social assistance	379	21.0%
Manufacturing	227	12.6%
Retail	215	11.9%
Agriculture, forestry, fishing, hunting, and mining	198	11.0%
Transportation and warehousing, and utilities	109	6.0%
Construction	104	5.8%
Public administration	98	5.4%
Other	478	26.4%
Total workforce	*1,808*	*100.0%*
	Eddy County	
Sector	Estimated Workers	Estimated Workers
Educational services, health care and social assistance	299	27.1%
Agriculture, forestry, fishing, hunting, and mining	194	17.6%
Retail	131	11.9%
Manufacturing	89	8.1%
Construction	82	7.4%
Arts, entertainment, recreation, accommodation and food service	59	5.3%
Other	251	22.7%
Total workforce	*1,105*	*100.0%*
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.		

The poverty rate in Foster County is 8.3 percent, which is lower than the poverty rate in North Dakota (10.8 percent) and the nation (12.5 percent) (Table 6). About 6 percent of children in Foster County live below the poverty line compared to 11.3 percent statewide and 16.7 percent nationally. Less than 10 percent of school-aged children in Foster County are eligible for free or reduced-price school lunch, which is lower than North Dakota overall (23.2 percent) and the nation (50.8 percent). The poverty rate in Eddy County is 12.3 percent, which is slightly higher than the poverty rate in North Dakota and roughly on par with the national average. About 10 percent of children in Eddy County live below the poverty line and 22.8 percent of school-aged children are eligible for free or reduced-price school lunch.

Table 6. Poverty Characteristics, Foster and Eddy Counties, ND, North Dakota, and the United States (2022)				
Poverty Characteristics	**Foster County Estimate**	**Foster County Percent***	**North Dakota Percent***	**United States Percent***
All persons below poverty level (% of total population)	274	8.3%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	755	23.0%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	43	5.8%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	107	15.2%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	59	9.1%	23.2%	50.8%
Poverty Characteristics	**Eddy County Estimate**	**Eddy County Percent***	**North Dakota Percent***	**United States Percent***
All persons below poverty level (% of total population)	275	12.3%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	790	35.4%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	48	10.2%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	78	13.5%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	79	22.8%	23.2%	50.8%
*Differing populations and overlapping categories mean that percentages will not total to 100%. Sources: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates; 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.				

Most adults in both Foster and Eddy counties aged 25 and older (64.6 percent in Foster; 62.1 percent in Eddy) have at least some college experience. About 1 in 5 adults in Foster County (22.4 percent) and 26.9 percent of adults in Eddy County have attained a bachelor's degree or higher, both of which are lower than North Dakota (31.4 percent) and the nation overall (34.3 percent). Fewer than one in 10 residents aged 25 and older in either county did not complete high school (5.7 percent in Foster and 8.0 percent in Eddy), compared to 6.5 percent in North Dakota and 10.9 percent nationwide (Table 7).

Table 7. Educational Attainment for Persons Aged 25 and Older, Foster and Eddy Counties, ND, North Dakota, and the United States (2022)				
Level of Education Attained	Foster County Estimate	Foster County Percent of Population 25 and Older	North Dakota Percent of Population 25 and Older	United States Percent of Population 25 and Older
Less than high school	139	5.7%	6.5%	10.9%
High school diploma or GED	728	29.7%	26.1%	26.4%
Some college or Associate's degree	1,033	42.2%	36.0%	28.5%
Bachelor's degree	459	18.8%	22.3%	20.9%
Graduate or professional degree	89	3.6%	9.1%	13.4%
Total population aged 25 and older	*2,448*	*100.0%*	*100.0%*	*100.0%*
Level of Education Attained	Eddy County Estimate	Eddy County Percent of Population 25 and Older	North Dakota Percent of Population 25 and Older	United States Percent of Population 25 and Older
Less than high school	136	8.0%	6.5%	10.9%
High school diploma or GED	512	29.9%	26.1%	26.4%
Some college or Associate's degree	602	35.2%	36.0%	28.5%
Bachelor's degree	341	19.9%	22.3%	20.9%
Graduate or professional degree	119	7.0%	9.1%	13.4%
Total population aged 25 and older	*1,710*	*100.0%*	*100.0%*	*100.0%*
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Community Health Factors and Outcomes

As of 2021, 16 percent of adult residents in Foster County and 20 percent of adult residents in Eddy County smoked cigarettes, compared to 16 percent of North Dakotans and 15 percent of Americans overall (Table 8). The adult obesity rate in Foster County (37 percent) is similar to statewide average (36 percent) and slightly higher than national rate (34 percent), whereas the adult obesity rate in Eddy County (41 percent) is higher than both the statewide and national average. Adults in Foster County were slightly less likely to report a lack of physical activity outside of work (23 percent) than in North Dakota overall (25 percent), but were on par with the national average (23 percent), whereas adults in Eddy County were slightly more likely to report a lack of physical activity outside of work (27 percent) than adults in North Dakota and the U.S. overall, on average. Although the percentage of adults who reportedly engage in excessive drinking is slightly lower in Foster County than it is in North Dakota (20 percent compared to 23 percent), it is slightly higher than the national average (18 percent). The percentage of adults in Eddy County who reportedly engage in excessive drinking is 18 percent. The prevalence of Foster County residents reporting poor mental health days in the past month (3.8 days) is slightly lower than the statewide prevalence (4.0 days) and the national average (4.8 days). Eddy County residents reported an average of 4.2 poor mental health days in the past month.

Table 8. Health Behaviors, Foster and Eddy Counties, ND, North Dakota, and the United States (2021)

Health Behavior	Foster County	Eddy County	North Dakota	United States
Adult Smoking	16%	20%	16%	15%
Adult Obesity	37%	41%	36%	34%
Adult Excessive Drinking	20%	18%	23%	18%
Alcohol-Impaired Driving Deaths	-	100%	39%	26%
Physical Inactivity[1]	23%	27%	25%	23%
Access to Exercise Opportunities[2]	69%	64%	76%	84%
Poor Mental Health Days[3]	3.8	4.2	4.0	4.8

Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.
[1]Physical Inactivity refers to the percent of adults who report participating in no physical activity outside of work.
[2]Access to Exercise Opportunities refers to the percent of adults who report living close to a park or recreation facility.
[3]The average number of self-reported mentally unhealthy days in the past 30 days.

The leading cause of death for residents under age 75 in both Foster and Eddy counties was malignant neoplasms; however, due to the small population of both counties, the data available for cause of death are neither complete nor reliable (Table 9). Life expectancy in Foster County is 77.9 years, which is just slightly lower than life expectancy in North Dakota (78.1 years) and only slightly higher than life expectancy nationwide (77.6 years), whereas life expectancy in Eddy County is substantially lower at 72.5 years (County Health Rankings & Roadmaps, 2024).

Table 9. Leading Causes of Death in Foster and Eddy Counties, ND, Residents Under Age 75 (2019-2021)

County	Cause of Death	Deaths	Rate Per 100,000 Population Under 75
Foster County, ND	Malignant Neoplasms	10	Unreliable[1]
Eddy County, ND	Malignant Neoplasms	13	Unreliable[1]

Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute..
[1]Crude rates per 100,000 population under 75 are unreliable due to the small number of deaths.

The rate of people under age 65 without health insurance in Foster and Eddy counties is similar to the statewide and national averages. In Foster and Eddy counties, 10 percent of people under the age of 65 did not have health insurance, compared with 9 percent of all North Dakotans and 10 percent nationally (Table 10).

The annual flu shot rate in Foster County is 47 percent, which is two percentage points lower than the statewide rate (49 percent) and one percentage point higher than the national average (46 percent). The annual flu shot rate in Eddy County is much lower at 23 percent.

The Food Environment Index is a measure of food security and access to healthy foods with a ranking system ranging from 0 (worst) to 10 (best). Foster County's Food Environment Index score was 9.4, which is higher than North Dakota's score of 9.1 and the national score of 7.7 (Table 10). Eddy County's Food Environment Index score was 8.1.

Table 10. Other Health Factors, Foster and Eddy Counties, ND, North Dakota, and the United States				
Description of Factor	Foster County	Eddy County	ND	U.S.
Uninsured Rate, 2021	10%	10%	9%	10%
Medicaid Coverage, 2022	13.0%	17.3%	11.9%	20.4%
Unemployment Rate, 2022	2.1%	2.9%	2.0%	3.7`%
Low Birthweight Rate, 2016-2022	4%	8%	7%	8%
Annual Mammogram Rate, 2021[1]	55%	59%	53%	43%
Annual Flu Shot Rate, 2021[2]	47%	23%	49%	46%
Food Environment Index, 2019-2021[3]	9.4	8.1	9.1	7.7

Sources: US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program, 2021; The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics, 2022; Map the Meal Gap, Feeding America, 2021; The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2021
[1]Percentage of female Medicare enrollees who received an annual mammogram.
[2]Percent of Medicare enrollees who received an annual flu shot.
[3]The Food Environment Index is a measure of food environment that combines food insecurity rates with rates of access to healthy foods. It is scored on a scale from 0 (worst) to 10 (best).

The ratio of Foster County residents to primary care physicians is substantially higher than the ratio of residents to physicians statewide and nationally. The ratio of residents to primary care physicians in Foster County is 3,360:1, compared to a ratio of 1,290:1 in North Dakota and 1,330:1 nationally. Similarly, the ratio of residents to mental health care providers in Foster County is 1,100:1, compared to 420:1 in North Dakota and 300:1 nationally. However, the ratio of residents to dentists in Foster County is much lower than the ratio statewide and nationally (Table 11). Data are unavailable for the ratio of residents to primary care physicians and mental health care providers in Eddy County; however, the ratio of residents to dentists in Eddy County is 770:1. Foster and Eddy counties are both designated as a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA) by the United States Health Resources & Services Administration.

Table 11. Number of Residents Per Health Care Provider in Foster and Eddy Counties, ND, North Dakota, and the United States				
Type of Provider	Foster County	Eddy County	ND	U.S.
Primary Care Physicians, 2021	3,360:1	-	1,290:1	1,330:1
Mental Health Care Providers, 2024	1,100:1	-	420:1	300:1
Dentists, 2022	840:1	770:1	1,420:1	1,360:1

Sources: Health Resources & Services Administration, Area Health Resource Files; CMS, National Provider Identification Registry.

National Risk Index

The Federal Emergency Management Agency (FEMA) administers the National Risk Index, a dataset and tool that estimates the risk level for natural disasters at the county level. A county's Risk Index is calculated using three metrics: Expected Annual Loss, Social Vulnerability, and Community Resilience. A community's exposure to and ability to cope with hazardous conditions can have a substantial impact on factors that inform community health outcomes, such as the strain on that community's health care system and its ability to make sure that residents have access to essential goods and services in times of crisis.

Overall, the National Risk Index rating for both Foster County and Eddy County is Very Low. This indicates a strong general preparedness for and ability to recover from natural and manmade hazards. About 38 percent of North Dakota counties have a lower National Risk Index score than

Foster County and 18.2 percent of counties nationally have a lower score, whereas 18.9 percent of North Dakota counties and 9.8 percent of counties nationally have a lower score than Eddy County (Table 12).

Table 12. National Risk Index Percentiles for Foster and Eddy Counties, ND when compared to North Dakota Counties and U.S. Counties (2024)		
Foster County		
Index	**Percentile within North Dakota**	**U.S. Percentile**
Expected Annual Loss	41.5	23.6
Social Vulnerability	17.0	4.1
Community Resilience	81.1	86.6
National Risk Index	*37.7*	*18.2*
Eddy County		
Index	**Percentile within North Dakota**	**U.S. Percentile**
Expected Annual Loss	15.1	9.2
Social Vulnerability	86.8	42.6
Community Resilience	35.8	52.7
National Risk Index	*18.9*	*9.8*
Note: The Risk Index can be read as "37.7% of counties in North Dakota have a lower Risk Index than Foster County; 18.2% of U.S. counties have a lower Risk Index than Foster County." Sources: FEMA, National Risk Index; CDC/ATSDR Social Vulnerability Index 2022; University of South Carolina's Hazards and Vulnerability Research Institute (HVRI)'s Baseline Resilience Indicators for Communities (HVRI BRIC).		

Expected Annual Loss

Expected Annual Loss scores are calculated by combining a community's exposure to natural hazards, annualized frequency of hazards, and the historic loss ratio for various natural hazards. Both Foster and Eddy counties' overall Expected Annual Loss is rated as Very Low overall on a five-point scale: Very Low, Relatively Low, Relatively Moderate, Relatively High, and Very High (NRI 2024). However, both counties face relatively moderate to relatively high risk of loss due to winter weather and ice storms, with Foster County also facing relatively moderate risk of loss due to cold wave. Foster County's expected annual loss is higher than 41.5 percent of North Dakota counties and 23.6 percent of counties nationally, whereas Eddy County's expected annual loss is higher than 15.1 percent of North Dakota counties and 9.2 percent of counties nationally.

Social Vulnerability Index

Social vulnerability is a concept related to a community's ability to prepare for and respond to hazardous events. A community's social vulnerability is gauged using the Social Vulnerability Index (SVI) (ATSDR) (CDC, 2024): an aggregated index of 16 socioeconomic factors categorized into four themes: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type/transportation. SVI is a nationally recognized measure of a location's social vulnerability, and therefore its ability to prepare for and respond to disasters. While the SVI technically is a measure of ability to respond to natural disasters and aid emergency planning, the index is an accepted tool to gauge overall community socioeconomic well-being. A higher SVI indicates a higher vulnerability to hazard.

Foster County's Social Vulnerability is rated Very Low, with a higher social vulnerability than 17 percent of North Dakota counties and 4 percent of counties nationally. Eddy County's Social Vulnerability is rated Relatively Moderate, with a higher social vulnerability score than 86.8 percent of North Dakota counties and 42.6 percent of counties nationally. For a more thorough breakdown of Foster and Eddy counties' Social Vulnerability see Appendix A.

Community Resilience

A community's Community Resilience score is defined as its ability to prepare for, withstand, and recover from hazardous events (Cutter et al. 2014). Categories considered in the compilation of scores include Human Well-Being, Economy, Infrastructure, Governance, Community Capacity, and Environment. Foster County's Community Resilience ranking is Very High and Eddy County's is Relatively Moderate. Foster county has higher community resilience than 81.1 percent of North Dakota counties and 86.6 percent of counties nationally. Eddy County has higher community resilience than 35.8 percent of North Dakota counties and 52.7 percent of counties nationally.

Community Health Survey Analysis

The survey solicited feedback on respondents' perceptions of various issues and topics in six broad categories: people in my community, services in my community, concerns in my community, concerns about violence, medical services, and barriers to care. Survey data were analyzed using widely accepted standard descriptive statistics, such as measures of mean, median, and frequencies. Priority needs were identified as those issues with the greatest level of consensus among survey respondents. Detailed survey findings can be found in Appendix C.

Demographics

Fifty-three people responded to the survey for the Carrington facility with the majority (23 respondents) from Foster County. The mean age of respondents was 43 years and 84 percent of respondents were female. Ninety-two percent of respondents identified as white and 11 percent identified as Latine or Hispanic. Respondents had high levels of education; 37 percent had a bachelor's degree and 8 percent had a graduate or professional degree. Eighty-six percent of respondents were married or in a domestic partnership and the remaining 14 percent were single. Two-thirds (67 percent) of respondents were employed full time and 20 percent were employed part time. Most respondents (86 percent) lived in households with two to four people and 12 percent lived in households with five people or more. Nearly all (96 percent) respondents said their households had reliable internet. Twenty-nine percent of respondents had an estimated household income of $25,000 to $49,999 and 26 percent had a household income of $15,000 to $24,999.

Findings

When asked about the people in their community, at least two-thirds of respondents agreed there is a sense of civic responsibility and engagement in their community (70 percent) and that the people in their community have a shared vision and community goals (67 percent). Just over half (57 percent) agreed that people feel welcome and accepted in their community and 55 percent agreed that the community is culturally diverse; about one quarter (24 percent) disagreed that the community is culturally diverse (Figure 1).

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Figure 1. People in My Community, Community Health Needs Assessment, 2024
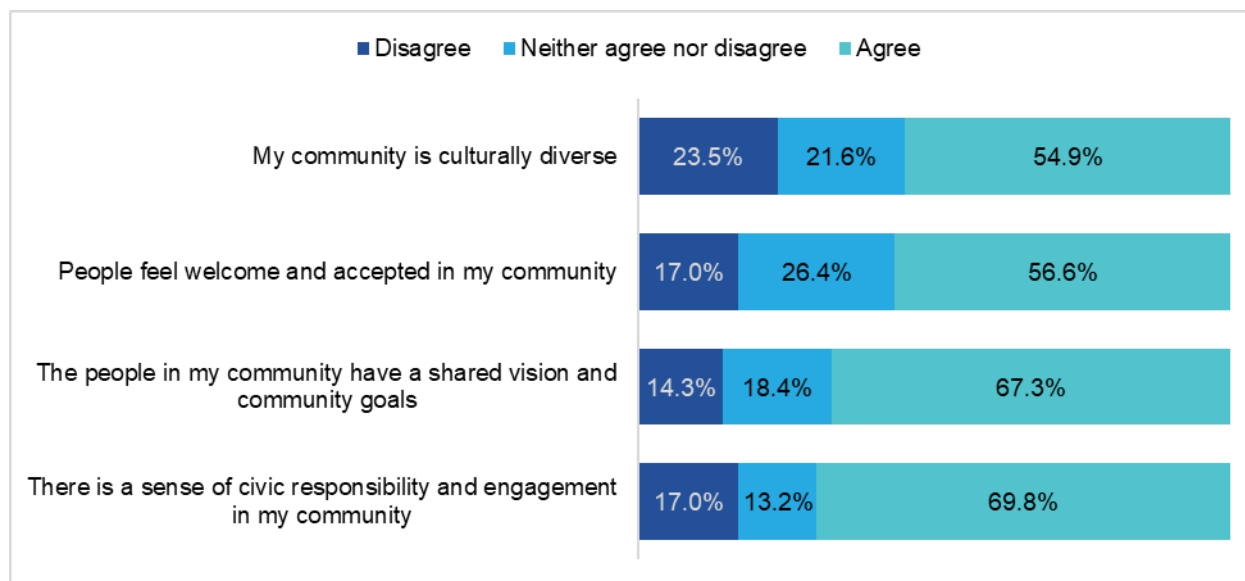
Respondent n: 49-53.

When addressing concerns in their community, the greatest concern to respondents was affordable housing. Nearly one-third (31 percent) of respondents disagreed when asked if their community has enough affordable housing for everyone who needs it; however, 51 percent agreed with this statement. Similarly, 29 percent of respondents disagreed that their community has adequate access to healthy and affordable foods and 58 percent agreed with this statement. Overall, most respondents indicated their community is well-provisioned with quality education, employment opportunities, and other services (Figure 2).

Figure 2. Services in My Community, Community Health Needs Assessment, 2024
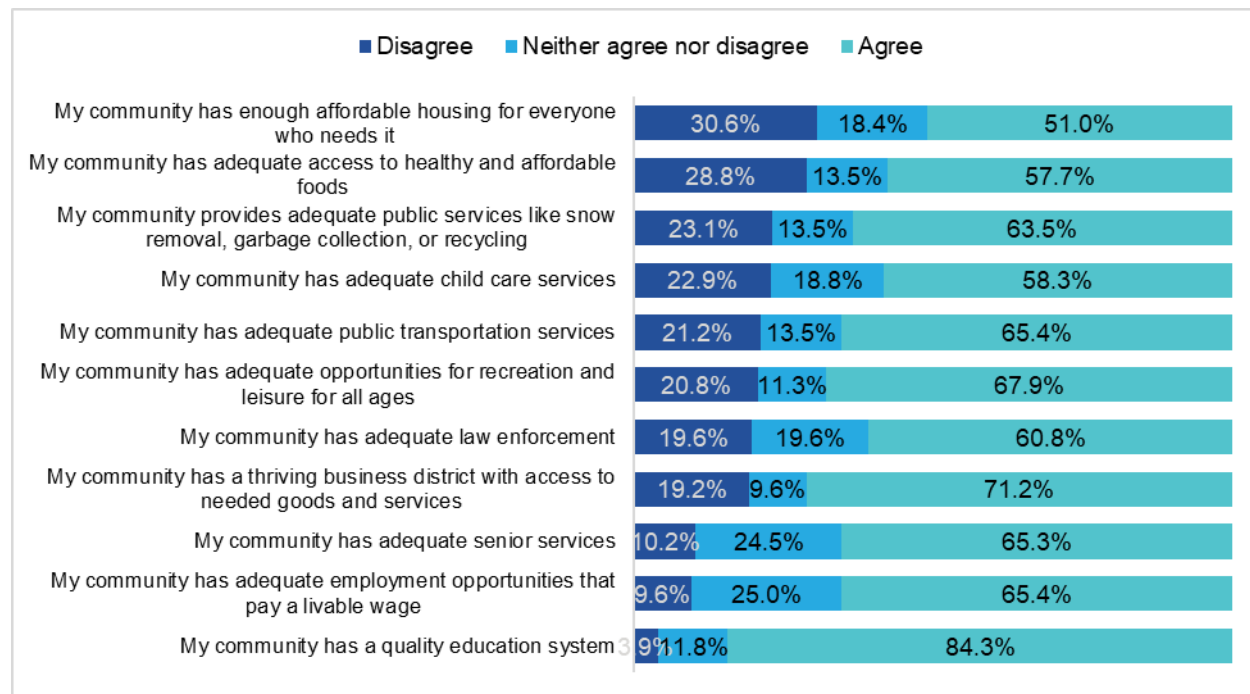
Respondent n: 48-53.

More respondents were very concerned over substance misuse in their community than all other concerns. When asked about a series of potential concerns in their community, 57 percent of respondents were very concerned about substance misuse, including alcohol, prescription drugs, tobacco or vaping, and illicit or street drugs; 29 percent were somewhat concerned and 12 percent were slightly concerned. Suicide also ranked highly as a concern among respondents; 45 percent were very concerned about suicide in their community, 40 percent were somewhat concerned, and 13 percent were slightly concerned. While obesity as a community concern was very concerning to fewer respondents than some other issues, it was at least slightly concerning to *all* respondents, as was mental health (including stress, anxiety, and depression). Forty-two percent of respondents were very concerned about mental health and 36 percent were somewhat concerned about this issue (Figure 3).

Figure 3. Concerns in My Community, Community Health Needs Assessment, 2024
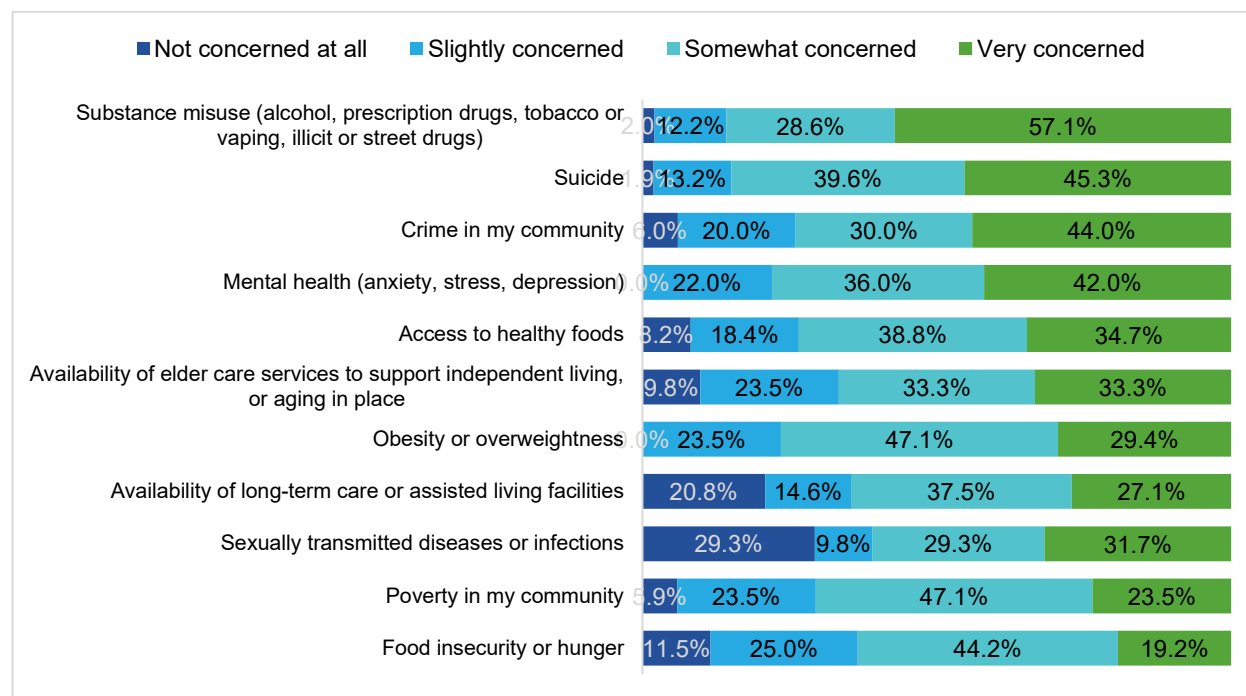
Respondent n: 41-53.

Respondents were concerned about several types of violence in their community. Nearly half (47 percent) of respondents were very concerned about cyber bullying and 33 percent were somewhat concerned about this issue. Forty-three percent of respondents were very concerned about emotional abuse (including intimidation or isolation) and 43 percent were somewhat concerned. All respondents expressed some level of concern for child abuse or neglect in their community (28 percent were very concerned, 50 percent were somewhat concerned, and 22 percent were slightly concerned). Even gun violence, which had the highest percentage of those who were not concerned at all (16 percent), was an issue with which 34 percent of respondents were very concerned (Figure 4).

Figure 4. Violence Concerns in My Community, Community Health Needs Assessment, 2024
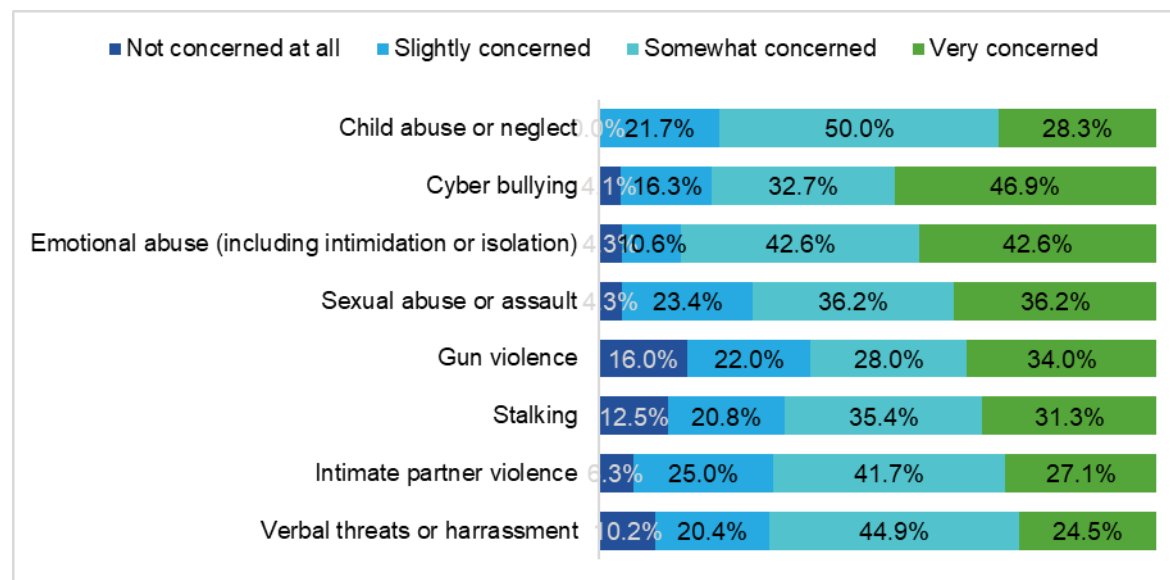
Respondent n: 46-50.

When asked about the medical services in their community, respondents were generally quite positive. Eighty-seven percent of respondents agreed they can easily navigate the health care system, 81 percent agreed they have adequate vision care, and 81 percent agreed they have adequate dental care providers in their community. However, 56 percent of respondents indicated the community has adequate mental health services; 30 percent disagreed with this statement (Figure 5). Although two-thirds (66 percent) of respondents agreed the community has adequate primary care providers and nurses and 95 percent of respondents have a primary care doctor, only 53 percent of respondents said they had an annual physical exam in the past year (Appendix C).

Figure 5. Medical Services in My Community, Community Health Needs Assessment, 2024
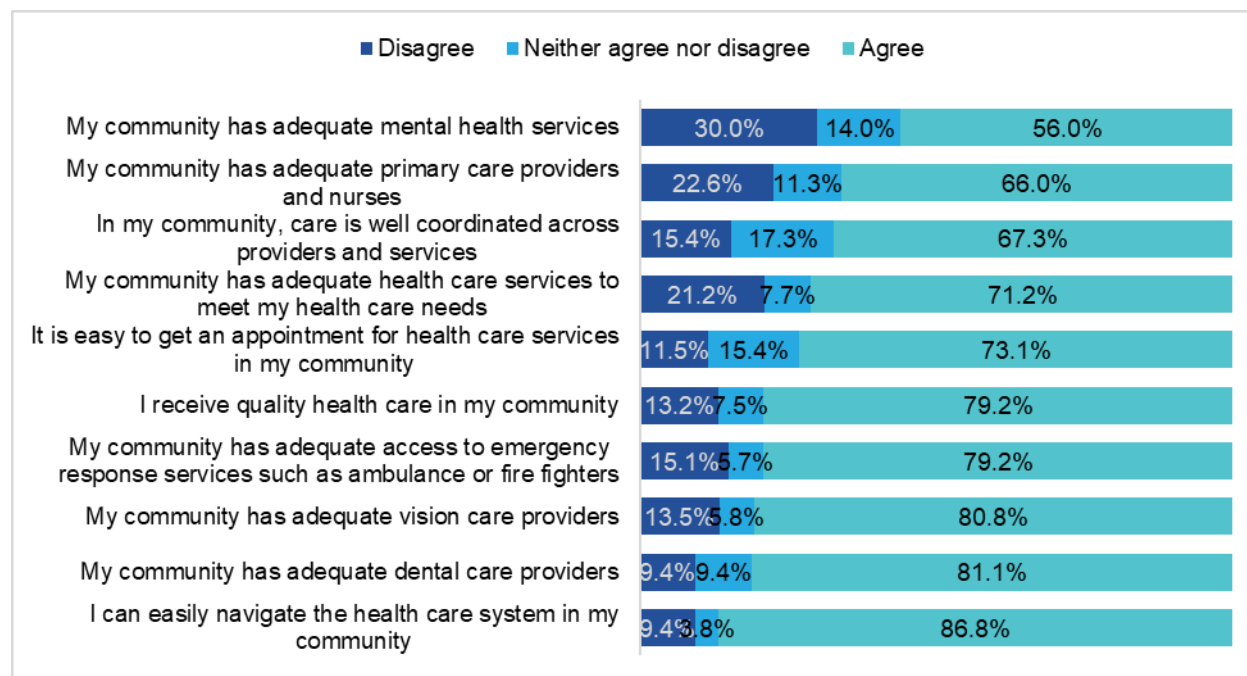
Respondent n: 50-53.

Respondents agreed there are some existing barriers to seeking medical care in the community. One-quarter of respondents (26 percent) indicated the price of prescription drugs, even with insurance, presented an extreme barrier and 49 percent indicated it was somewhat of a barrier. Additionally, 20 percent of respondents thought the price of health care services, even with insurance, presented an extreme barrier to seeking care and 44 percent thought it presented somewhat of a barrier. Twenty-four percent of respondents said concerns about confidentiality presented an extreme barrier to seeking care and 43 percent thought confidentiality was somewhat of a barrier. While nearly half (49 percent) of respondents thought that scheduling health care services within clinic hours was not a barrier at all, 25 percent saw scheduling issues as an extreme barrier (Figure 6). This dichotomy suggests a subset of respondents for whom seeking medical care is fairly straightforward, with few barriers, if any.

Figure 6. Barriers to Accessing Health Care, Community Health Needs Assessment, 2024
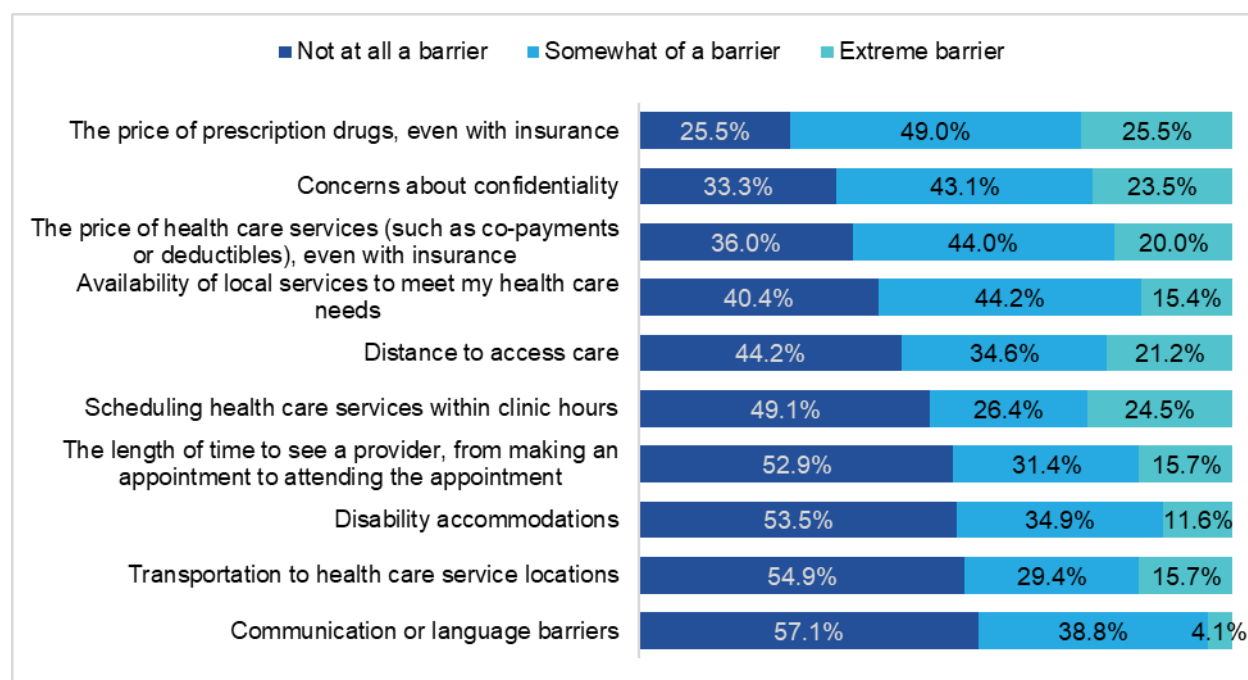
Respondent n: 43-53.

When asked about the issues identified in the previous CHNA report from 2022, respondents saw some improvement in all four identified issues. Fifty-seven percent of respondents thought the issue of enough child daycare services has improved since 2022 and 51 percent of respondents thought mental health for all ages has improved. While 44 percent of respondents saw improvement in the ability to retain primary care providers, 36 percent said this issue is the same and 20 percent said it has worsened. Forty-four percent of respondents thought alcohol use and misuse in the community is the same as in 2022, 38 percent said it has improved, and 19 percent said alcohol use and misuse has worsened (Figure 7).

Figure 7. Previous CHNA Issues, Community Health Needs Assessment, 2024
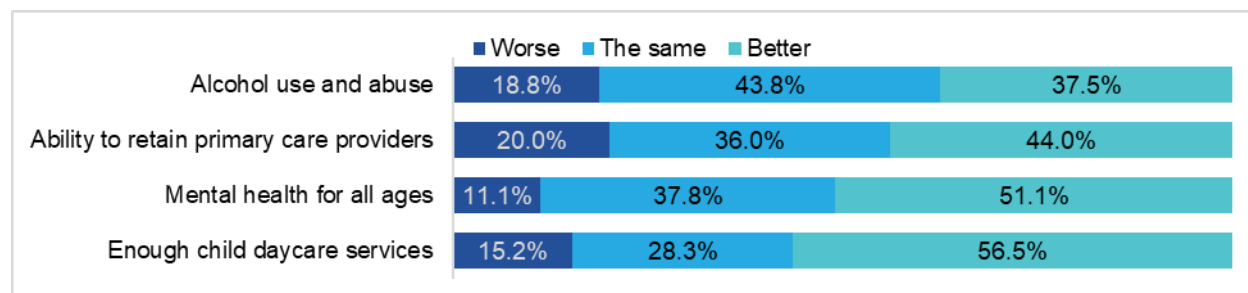
Respondent n: 45-53.

When looking for health information, nearly two-thirds (65 percent) of respondents said they receive health information from health care professionals, 46 percent said they receive information from their primary care provider, and 33 percent said they use internet sources (respondents could select as many sources as they chose) (Appendix C).

Nearly one-quarter (23 percent) of respondents indicated they had moved to the community in the past year. When these newcomers were asked about community issues, they expressed little difficulty in enrolling their children for school; however, 36 percent of newcomers said it was very difficult to find a job and 9 percent said it was somewhat difficult to find a job. Finding child care was at least somewhat difficult for 30 percent of newcomer respondents and finding health care was somewhat difficult for 33 percent of newcomer respondents (Figure 8). This issue is at odds with the overwhelming agreement that the local health care system is easy to navigate, suggesting that perhaps those new to the area may need more guidance than long-time residents.

Figure 8. Community Newcomer Issues, Community Health Needs Assessment, 2024
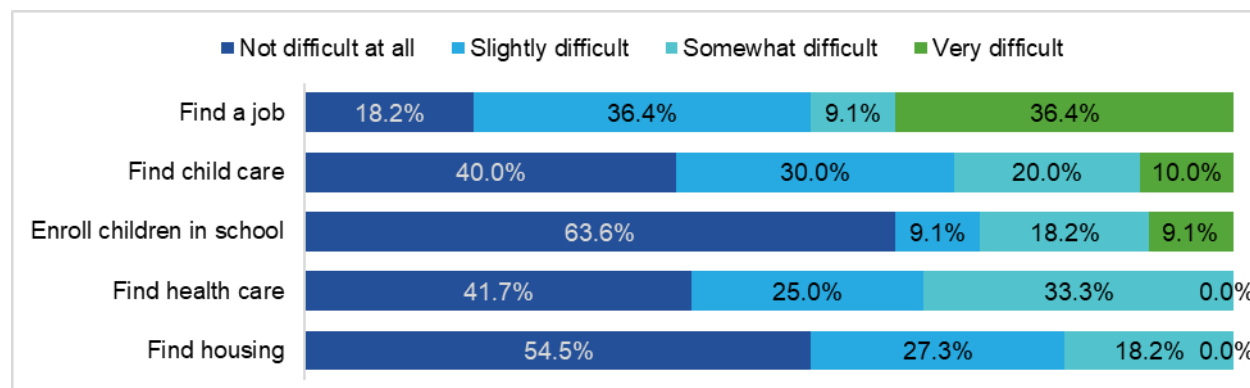
Respondent n: 10-12.

Congruent with respondents' concern over affordable housing in the area, 14 percent of respondents said that in the past month, they slept either outside, in a shelter, in their car, at a family member or friend's house, or in a place not meant for sleeping. Thirty-nine percent said that it was at least slightly difficult to pay for heating, housing, or medical care (Figure 9). With 60 percent of respondents disclosing an income of less than $50,000 per year, these findings may indicate a gap in accessible resources for residents with lower incomes.

Figure 9. Difficulty in Paying for Heat, Housing, or Medical Care; Community Health Needs Assessment, 2024
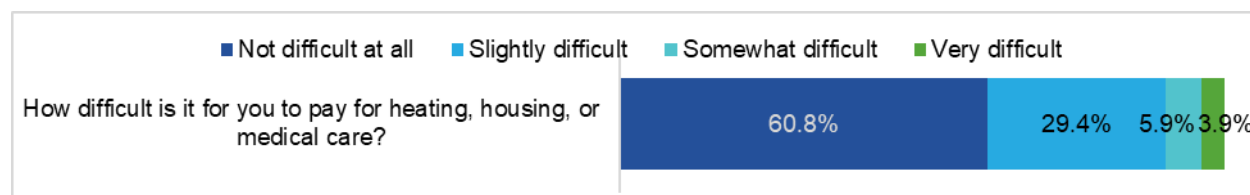
Respondent n: 51.

Significant Community Health Needs

Based on analysis of survey data the following were identified as issues with the greatest degree of consensus among survey respondents. Secondary data are provided in support of these issues.

- **Mental health (anxiety, stress, depression).** The majority of respondents were concerned about mental health in their community; 42 percent were very concerned and 36 percent were somewhat concerned. A large majority of respondents were also concerned about suicide in their community; 45 percent were very concerned and 40 percent were somewhat concerned. While the majority of respondents expressed concern about mental health, 56 percent of respondents agreed when asked if their community has adequate mental health services; 30 percent disagreed. Even so, the ratio of residents per mental health care provider is substantially higher in Foster County (1,100:1) than statewide (420:1) or nationally (300:1).

  Mental health was a priority health need identified in the previous CHNA conducted in 2022. When asked about change from 2022, 51 percent of respondents indicated that mental health in their community was better and 11 percent indicated it was worse. Secondary data indicate that the number of poor mental health days per month in Foster County (3.8 days) was slightly lower than in North Dakota overall (4.0 days), but the number of poor mental health days per month in Eddy County (4.2 days) was slightly higher than the statewide average.

- **Substance misuse**. A substantial majority of respondents expressed concern about substance misuse in their community, including alcohol, prescription drugs, tobacco or vaping, and illicit or street drugs; 57 percent were very concerned and 29 percent were somewhat concerned. Alcohol use and misuse was a priority health need identified in the previous CHNA. When asked about change from 2022, 38 percent of respondents indicated alcohol use and misuse in their community has become better and 19 percent said it has worsened. The adult smoking rate in Foster County is similar to North Dakota overall (16 percent each) and the adult excessive drinking rate in Foster County (20 percent) is slightly lower than the North Dakota average (23 percent). In Eddy County, the adult smoking rate is higher than North Dakota overall (20 percent) and the adult excessive drinking rate is lower (18 percent).

- **Barriers to health care.** One-quarter of respondents (26 percent) indicated the price of prescription drugs, even with insurance, presented an extreme barrier to accessing health care and 49 percent said it was somewhat of a barrier. Sixty-seven percent of respondents cited concerns about confidentiality as a barrier to health care. Additionally, 20 percent of respondents thought the price of health care services, even with insurance, presented an extreme barrier to accessing health care and 44 percent thought it presented somewhat of a barrier. This is particularly relevant given that the median household income in Foster County ($78,426) is slightly higher than in North Dakota overall ($73,959) and the poverty rate is lower (8.3 percent in Foster County compared to 10.8 percent in North Dakota overall). However, the median household income in Eddy County ($50,375) is substantially lower than the statewide median and the poverty rate (12.3 percent) is higher than the statewide average.

- **Psychological abuse and crime.** Seventy-eight percent of respondents were at least somewhat concerned about child abuse or neglect in their community. Respondents also expressed concerns about cyber bullying and emotional abuse. Forty-seven percent of respondents were very concerned about cyber bullying and 43 percent were very concerned

about emotional abuse. In addition, 44 percent of respondents were very concerned about crime in their community and 30 percent were somewhat concerned.

During the January 22, 2025 community input meeting, attendees discussed survey findings, whether the survey findings aligned with their perceptions of community needs, and the demographics of survey respondents. Attendees discussed mental health, the need for affordable housing, cyber bullying, and the need for improved care coordination.

Resources Potentially Available to Address Needs

Resources, programs, and organizations potentially available to address the significant health needs were identified by key informants giving input to this process. While not exhaustive, this list — which includes dozens of potential resources — draws on the experiences and knowledge base of those directly serving the community.

Mental Health Agencies
- Open Prairie Health
- 988 Suicide and Crisis Hotline
- Advance in Recovery
- Flatland Psychiatry

Hospice Agencies
- CHI Health at Home
- Jamestown Medical Center Home Health & Hospice

Nursing Homes
- Golden Acres Nursing Home/Assisted Living – Carrington
- Cooperstown Medical Center
- St. Alexius Medical Center Nursing Home – Harvey
- Lutheran Home of the Good Shepherd – New Rockford

Senior Services
- Carrington Senior Citizens Center
- Eddy County Senior Services
- Griggs County Senior Services
- James River Senior Services
- Wells-Sheridan County Senior Services
- McHenry Senior Services
- Glenfield Senior Services

Public Health Services
- Foster County Public Health
- Eddy County Public Health
- Griggs County Public Health
- Wells County Public Health
- Stutsman County Public Health

Home and Community Based Services
- Foster & Eddy County Services for The Disabled and Elderly
- Wells County Services for The Disabled and Elderly
- Griggs County Services for The Disabled and Elderly
- Stutsman County Services for The Disabled and Elderly

Medical Transportation
- Faith In Action
- South Central Transit

Homeless Services
- Homeless Coalition – Bismarck
- Salvation Army, Jamestown & Fargo

Food Assistance
- Carrington's Daily Bread Food Pantry
- Leevers

Other Community Resources
- Options
- Interagency Program for Assistive Tech.
- ND DHS, Regional Human Services Center
- ND Aging and Disability Resource Link
- Life Alert

Impact of Actions Taken Since Preceding CHNA
2023-2025 Community Health Implementation Strategy

Health Need: Ability to retain primary care providers and nurses in our rural community

	Health Need: Ability to retain primary care providers and nurses in our rural community
Anticipated Impact (Goal)	To retain primary care providers and nurses in the CHI St Alexius Health Carrington hospital and clinic
Strategy or Program	**Summary Description**
1.	• Advertise job openings beyond the normal market: Provide an advertising strategy that reaches beyond the normal range of job openings in the state of North Dakota. • Coordinate videos on social media for public viewing: Have employee promote the facility in social media videos to show the environment in which the employee work. **FY23 Actions and Impact:** Continued to advertise, and reached out to higher education locations to recruit. To retain current staff, we have performed market adjustments so that our wages are fair and competitive. We have increased sign on bonuses to help attract new staff. **Measures:** There are no measures to report. **FY24 Actions and Impact:** Continued to advertise, and reached out to higher education locations to recruit. Talent Acquisition routinely attends job fairs to recruit. Social media blasts on current job openings. To retain current staff, we have performed market adjustments so that our wages are fair and competitive. We have increased sign-on bonuses to help attract new staff. **Measures:** There are no measures to report. **FY25:** Pending report
Planned Resources	The resources are a grant from University of North Dakota Center for Rural Health and using the facility's social media pages effectively for the intent of retaining and attracting health care professionals
Planned Collaborators	University of North Dakota Center for Rural Health and CHI St. Alexius Health, Carrington

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Health Need: Mental health for all ages (includes depression/anxiety/suicide/stress)

	Health Need: Mental health for all ages (includes depression/anxiety/suicide/stress)
Anticipated Impact (Goal)	To provide mental health education for children and adults
Strategy or Program	**Summary Description**
2.	• Implement a Coaching Boys Into Men Program with area coaches: To provide a space for middle school and high school boy athletes to hear about the importance of mental health. To educate boy athletes in proper social boundaries. • Implement a female version of Coaching Boys Into Men with area coaches (this program is currently being developed): To provide a space for middle school and high school girl athletes to hear about the importance of mental health. To educate girl athletes in proper social boundaries. **FY23 Actions and Impact:** The strategies above were not implemented in 2023. The mission director leading these strategies departed his position, and with limited staff to take over this work, no progress was made. We are hopeful that we will be able to partner with others in our area to be able to provide these strategies in 2024. **Measures:** There are no measures to report. **FY24 Actions and Impact:** The mission director leading these strategies departed his position, and with limited staff to take over this work. We are hopeful that we will be able to partner with others in our area to be able to continue to provide these strategies in 2025. We implemented a mental health fair for all ages to bring awareness to the community offering activities and promotional items. **Measures:** We measured attendance for roughly 150 people at the Mental Health Fair. **FY25:** Pending report
Planned Resources	*Coaching Boys into Men* program from CHI Violence Prevention of North Dakota
Planned Collaborators	CHI Violence Prevention of North Dakota, CHI St. Alexius Health, Carrington, and Foster County Public Health

References

Centers for Disease Control and Prevention. (2024). *CDC/ATSDR SVI: Fact sheet*. Centers for Disease Control and Prevention. https://www.atsdr.cdc.gov/placeandhealth/svi/fact_sheet/fact_sheet.html

County Health Rankings & Roadmaps (2024). *Foster County, North Dakota*. County Health Rankings & Roadmaps. https://www.countyhealthrankings.org/health-data/north-dakota/Foster?year=2024

Cutter, S. L., Ash, K. D., & Emrich, C. T. (2014). The geographies of community disaster resilience. *Global Environmental Change*, *29*, 65–77. https://doi.org/10.1016/j.gloenvcha.2014.08.005

National Risk Index. (2024). *Foster County, North Dakota*. Federal Emergency Management Agency. https://hazards.fema.gov/nri/

North Dakota Labor Market Information (2024). *North Dakota Largest Employers.* North Dakota Job Service. https://www.ndlmi.com/vosnet/gsipub/documentView.aspx?docid=682

Appendices

Appendix A: CDC/ATSDR Social Vulnerability Index 2022 for Foster and Eddy Counties, ND

CDC/ATSDR Social Vulnerability Index 2022
FOSTER COUNTY, NORTH DAKOTA

Overall Social Vulnerability [1]

Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2022) County Map depicts the Overall Social Vulnerability of all the variables to provide a comprehensive assessment of social vulnerability of communities, at all the census tract level, within a specified extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. CDC/ATSDR SVI 2022 groups sixteen census-derived factors into four themes that summarize the

Agency for Toxic Substances and Disease Registry

Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 – FOSTER COUNTY, NORTH DAKOTA

CDC/ATSDR SVI Themes

Socioeconomic Status [5]

Household Characteristics [6]

Racial and Ethnic Minority Status [7]

Housing Type/Transportation [8]

CDC/ATSDR Social Vulnerability Index 2022
EDDY COUNTY, NORTH DAKOTA
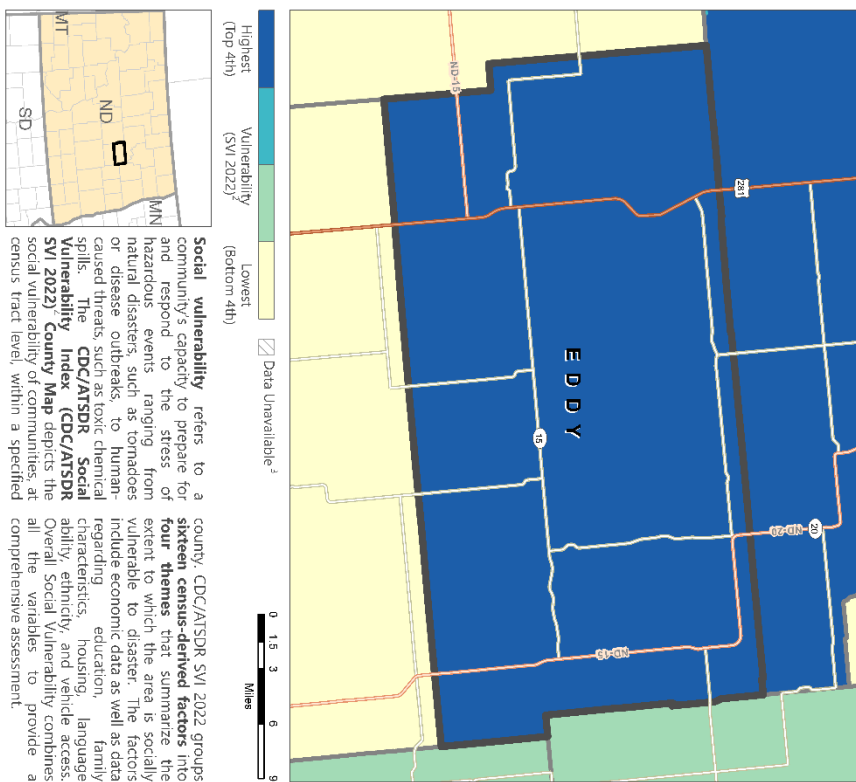
Overall Social Vulnerability Index 2022

Overall Social Vulnerability[1]

Vulnerability (SVI 2022)[2]

Highest (Top 4th)

Lowest (Bottom 4th)

Data Unavailable[3]

0 1.5 3 6 9 Miles

Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2022) County Map** depicts the social vulnerability of communities, at all the variables to provide a census tract level, within a specified comprehensive assessment.

county. CDC/ATSDR SVI 2022 groups **sixteen census-derived factors** into **four themes** that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines

ATSDR
Agency for Toxic Substances and Disease Registry

GRASP
Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 – EDDY COUNTY, NORTH DAKOTA

CDC/ATSDR SVI Themes

Socioeconomic Status[5]

Household Characteristics[6]

Racial and Ethnic Minority Status[7]

Housing Type/Transportation[8]

Highest (Top 4th)

Vulnerability (SVI 2022)[2]

Lowest (Bottom 4th)
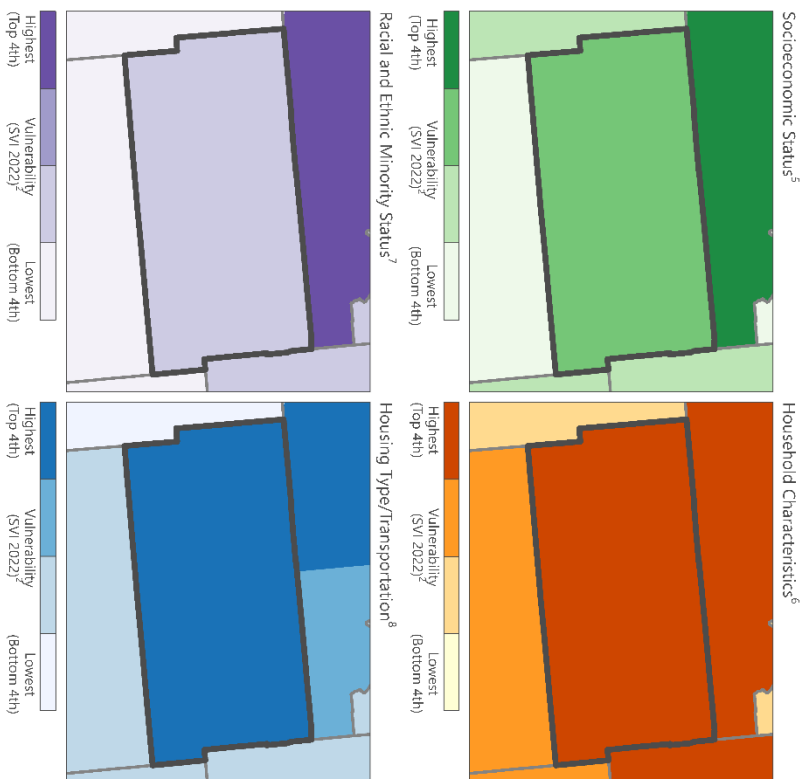
Appendix B: Survey Instrument

Please note: the instrument below has been formatted to allow for mail completion and may look slightly different than presented online. The questions are the same.

COMMUNITY HEALTH NEEDS ASSESSMENT 2024

Every three years, we conduct a Community Health Needs Assessment (CHNA) to better understand health and well-being at individual and community levels. This survey will ask you a few questions about the challenges in your community, and how you think they should be approached. It will also ask a few questions about you, so we can understand more about your individual experiences as they relate to your health and well-being. There are no wrong answers to these questions, and your answers are anonymous. Your name will not be on any reports, and your answers will be grouped with those from other people who respond.

This survey will take about 10 minutes to complete. Your participation is voluntary. If you do not want to participate at all, or if you do not want to answer a particular question, that's okay. If you choose to do the survey, your answers will be kept anonymous and confidential and will be used only to answer questions related to the purpose of this study. What we learn from the survey will be used to plan communication strategies to help people in your community.

You have the option to include your email address in a gift card prize draw! Simply complete the survey, include your email address at the end, and return the survey to us for your chance to win!

Your contact information will not be used for any other purpose than the prize draw. It will not be used in analysis or reporting.

If you have any trouble with any question, please refer to the following resources:

Center for Social Research		
Nancy Hodur	nancy.hodur@ndsu.edu	(701) 231-8621
Kaeleigh Schroeder	kaeleigh.schroeder@ndsu.edu	
Avi Slone	avram.slone@ndsu.edu	
CommonSpirit Healthy Communities liaison		
Ashley Carroll	ashley.carroll@commonspirit.org	

Completing the survey means that you give your consent to participate in this Community Health Needs Assessment.

What is your zip code?

What is the state where you live?

What is the county where you live?

Please indicate your level of agreement for each of the following statements about the people in your community.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	I don't know
My community is culturally diverse	○	○	○	○	○	○
People feel welcome and accepted in my community	○	○	○	○	○	○
There is a sense of civic responsibility and engagement in my community	○	○	○	○	○	○
The people in my community have a shared vision and community goals	○	○	○	○	○	○

Is there anything you would like to add about the people in your community?

Please indicate your level of agreement for each of the following statements about services in your community.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	I don't know
My community has adequate opportunities for recreation and leisure for all ages	○	○	○	○	○	○
My community has a thriving business district with access to needed goods and services	○	○	○	○	○	○
My community provides adequate public services like snow removal, garbage collection, or recycling	○	○	○	○	○	○
My community has adequate child care services	○	○	○	○	○	○
My community has adequate senior services	○	○	○	○	○	○
My community has a quality education system	○	○	○	○	○	○
My community has adequate public transportation services	○	○	○	○	○	○
My community has adequate employment opportunities that pay a livable wage	○	○	○	○	○	○
My community has adequate law enforcement.	○	○	○	○	○	○
My community has enough affordable housing for everyone who needs it	○	○	○	○	○	○
My community has adequate access to healthy and affordable foods	○	○	○	○	○	○

Is there anything you would like to add about services in your community?

How concerned are you about each of the following in your community?

	Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	I don't know	Not applicable to my community
Substance misuse (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs)	○	○	○	○	○	○
Mental health (anxiety, stress, depression)	○	○	○	○	○	○
Suicide	○	○	○	○	○	○
Access to healthy foods	○	○	○	○	○	○
Food insecurity, hunger	○	○	○	○	○	○
Poverty in my community	○	○	○	○	○	○
Sexually transmitted diseases	○	○	○	○	○	○
Crime in my community	○	○	○	○	○	○
Availability of long-term care or assisted living facilities	○	○	○	○	○	○
Availability of elder care services to support independent living, or aging in place	○	○	○	○	○	○
Obesity or overweightness	○	○	○	○	○	○
Negative effects of social media	○	○	○	○	○	○

Are there other issues in your community that you are concerned about?

How concerned are you about the following types of violence in your community?

	Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	I don't know	Not applicable to my community
Cyber bullying	○	○	○	○	○	○
Child abuse or neglect	○	○	○	○	○	○
Intimate partner violence	○	○	○	○	○	○
Emotional abuse (including: intimidation, isolation, verbal threats, economic abuse/withholding funds)	○	○	○	○	○	○
Sexual abuse or assault	○	○	○	○	○	○
Stalking	○	○	○	○	○	○
Verbal threats or harassment	○	○	○	○	○	○
Gun violence	○	○	○	○	○	○

Are there other types of violence in your community that you are concerned about?

Please indicate your level of agreement with the following issues related to medical services in your community.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	I don't know
It is easy to get an appointment for health care services in my community	O	O	O	O	O	O
My community has adequate primary care providers and nurses	O	O	O	O	O	O
My community has adequate health care services to meet my health care needs	O	O	O	O	O	O
My community has adequate dental care providers	O	O	O	O	O	O
My community has adequate vision care providers	O	O	O	O	O	O
My community has adequate mental health services	O	O	O	O	O	O
My community has adequate access to emergency response services such as ambulance or fire fighters	O	O	O	O	O	O
I can easily navigate the health care system in my community	O	O	O	O	O	O
I receive quality health care in my community	O	O	O	O	O	O
In my community, care is well-coordinated across providers and services	O	O	O	O	O	O

Do you have any other concerns about access to health care services in your community?

NDSU CENTER FOR SOCIAL RESEARCH

Which preventative health care measures have you received in the last year? Select all that apply.

- ☐ Vaccinations
- ☐ Annual physical exam
- ☐ Mammogram
- ☐ Colonoscopy
- ☐ Blood pressure or cholesterol screening

- ☐ Counseling for tobacco use, alcohol use, weight loss, or behavioral health
- ☐ Depression screening
- ☐ STD/STI screening
- ☐ Vision exam
- ☐ Dental exam/annual checkup

To what degree are each of the following a barrier to your ability to access health care services?

	Not at all a barrier	Somewhat of a barrier	Extreme barrier	I don't know
Transportation to health services locations	○	○	○	○
Availability of local services to meet my health care needs	○	○	○	○
Ability to see the same provider over time	○	○	○	○
Scheduling health care services within clinic hours	○	○	○	○
The price of prescription drugs, even with insurance	○	○	○	○
The price of health care services (such as co-payments or deductibles), even with health insurance	○	○	○	○
Communication or language barriers	○	○	○	○
Difficulty using or accessing technology to communicate with provider or system	○	○	○	○
Concerns about confidentiality	○	○	○	○
Disability accommodations	○	○	○	○
Health insurance coverage	○	○	○	○
The length of time to see a provider, from making an appointment to attending the appointment	○	○	○	○
Distance to access care	○	○	○	○

Are there other barriers to your ability to access health care in your community?

NDSU CENTER FOR SOCIAL RESEARCH

Do you currently have a primary care doctor?

- □ Yes
- □ No
- □ Prefer not to respond

Where do you find out about health information? Select all that apply.

- □ Primary care provider
- □ Other health care providers
- □ Public health professionals
- □ Internet sources
- □ Word of mouth
- □ Advertising, such as TV commercials
- □ My employer
- □ Newspaper
- □ Radio
- □ Other (please specify

_____

_____)

What type of health insurance coverage do you currently have? Select all that apply.

- □ Commercial private health insurance (coverage purchased by you or your employer)
- □ Medicare
- □ Medicaid etc.)
- □ Indian Health Service (IHS)
- □ Military (Tricare, Champus, VA)
- □ Other (please specify) _____
- □ No health insurance (**GO TO Q3.7)**
- □ Prefer not to say

Why do you NOT have health insurance? Select all that apply.
   DO NOT RESPOND IF YOU DO HAVE HEALTH INSURANCE

- □ Too expensive
- □ Too difficult or complex to obtain health insurance
- □ I have a pre-existing condition that is not covered
- □ I am healthy and do not need insurance
- □ I do not qualify for Medicaid
- □ I was disenrolled from Medicaid
- □ Another reason (please specify) _____
- □ Prefer not to say

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

Did you move to your community in the past year?

- □ Yes
- □ No (**GO TO Q4.3)**
- □ Prefer not to respond (**GO TO Q4.3**)

How difficult was it to do the following?

	Not difficult at all	Slightly difficult	Somewhat difficult	Very difficult	I don't know/I'm not sure	Not applicable to me
Enroll children in school	○	○	○	○	○	○
Find housing	○	○	○	○	○	○
Find healthcare	○	○	○	○	○	○
Find a job	○	○	○	○	○	○
Find childcare	○	○	○	○	○	○

Have you experienced discrimination in the past 12 months?

- □ Yes
- □ No (**GO TO Q4.6**)
- □ Prefer not to respond (**GO TO Q4.6**)

In what area(s) have you experienced discrimination? Select all that apply.

- □ Race
- □ Ethnicity
- □ Sex
- □ Gender identity
- □ Sexual orientation
- □ Age
- □ Weight
- □ Disability
- □ Religion
- □ Another area (specify: _____)
- □ Prefer not to say

In which of the following situations did you experience discrimination? Select all that apply.

- □ Applying for a job
- □ At a job, work or my place of employment
- □ Receiving medical care
- □ Looking for housing
- □ Applying for a credit card, bank loan, or mortgage
- □ Shopping at a store or eating at a restaurant
- □ Applying for social services or public assistance
- □ Interacting with the police
- □ Appearing in court
- □ Another area (specify)_____
- □ Prefer not to say

How difficult is it for you to pay for heating, housing, or medical care?

- □ Not difficult at all
- □ Slightly difficult
- □ Somewhat difficult
- □ Very difficult
- □ I don't know/I'm not sure

In the last month, have you had to sleep outside, in a shelter, in your car, at a family member or friend's house, or in a place not meant for sleeping?

- □ Yes
- □ No
- □ Prefer not to say

What is your age?

What is your gender?

- □ Male
- □ Female
- □ Non-binary/third gender
- □ Other (please describe: _____)
- □ Prefer not to say

Which one of these groups best represents your race? Select all that apply.

- □ American Indian or Alaska Native
- □ Black or African American
- □ Asian
- □ Native Hawaiian or Pacific Islander
- □ Two or more races
- □ White
- □ Other (please describe:_____)

Do you identify as Hispanic, Latine, or of Spanish origin?

- □ Yes
- □ No
- □ Prefer not to say

What is your estimated household income?

- □ Less than $15,000
- □ $15,000 - $24,999
- □ $25,000 - $49,999
- □ $50,000 - $74,999
- □ $75,000 - $99,999
- □ $100,000 - $149,999
- □ $150,000 and over

- □ Prefer not to say

What is the highest level of education you have completed?

- ☐ Less than 9th Grade
- ☐ 9th to 12th Grade, no diploma
- ☐ High school graduate or equivalent
- ☐ Some college, no degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Prefer not to say

Which of these categories best describes your employment status?

- ☐ Employed full time
- ☐ Employed part time
- ☐ Unemployed
- ☐ Retired
- ☐ Student
- ☐ Disabled
- ☐ Prefer not to say

What is your marital status?

- ☐ Single
- ☐ Married or in a domestic partnership
- ☐ Divorced or separated
- ☐ Widowed
- ☐ Prefer not to say

How many people live in your household? Use numbers only. If you live alone, put "1".

Do you have access to reliable internet in your home?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

How did you access this survey?

- ☐ Hospital or public health website
- ☐ Hospital or public health social media page (e.g., Facebook)
- ☐ Hospital or public health employee directly
- ☐ Economic development website or social media
- ☐ Church bulletin
- ☐ Other website or social media page (please specify) _____
- ☐ Newsletter (please specify from where) _____
- ☐ Newspaper advertisement
- ☐ Word of mouth
- ☐ Direct email (please specify from where) _____
- ☐ Another way (please specify) _____

Please provide any additional comments you think we could use to improve the delivery of health care in your community. If you need more space, please attach additional paper.

If you would like to enter our prize drawing, please write your email address below!

Thanks for completing our survey!
We appreciate your time, and your responses will help inform health care decisions in your community.

If you entered your name to be included in our draw, we'll contact the winners BY EMAIL once the survey has closed. Good luck!

Appendix C: Survey Frequencies

Completing the survey means that you give your consent to participate in this Community Health Needs Assessment.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I consent	53	100.0%	100.0%	100.0%

What is your zip code?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		24	45.3%	45.3%	45.3%
	58103	1	1.9%	1.9%	47.2%
	58201	5	9.4%	9.4%	56.6%
	58418	1	1.9%	1.9%	58.5%
	58421	18	34.0%	34.0%	92.5%
	58445	1	1.9%	1.9%	94.3%
	58476	1	1.9%	1.9%	96.2%
	58501	1	1.9%	1.9%	98.1%
	78645	1	1.9%	1.9%	100.0%
	Total	53	100.0%	100.0%	

What is the state in which you live?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	North Dakota	53	100.0%	100.0%	100.0%

What is the county where you live in North Dakota?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Barnes	7	13.2%	13.5%	13.5%
	Benson	11	20.8%	21.2%	34.6%
	Foster	23	43.4%	44.2%	78.8%
	Grand Forks	7	13.2%	13.5%	92.3%
	Stutsman	1	1.9%	1.9%	94.2%
	Wells	3	5.7%	5.8%	100.0%
	Total	52	98.1%	100.0%	
Missing	System	1	1.9%		
Total		53	100.0%		

People in Your Community

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement for each of the following statements about the people in your community. - My community is culturally diverse	Count	3	9	11	26	2	51
	Row N %	5.9%	17.6%	21.6%	51.0%	3.9%	100.0%
Please indicate your level of agreement for each of the following statements about the people in your community. - People feel welcome and accepted in my community	Count	3	6	14	21	9	53
	Row N %	5.7%	11.3%	26.4%	39.6%	17.0%	100.0%
Please indicate your level of agreement for each of the following statements about the people in your community. - There is a sense of civic responsibility and engagement in my community	Count	1	8	7	18	19	53
	Row N %	1.9%	15.1%	13.2%	34.0%	35.8%	100.0%
Please indicate your level of agreement for each of the following statements about the people in your community. - The people in my community have a shared vision and community goals	Count	1	6	9	17	16	49
	Row N %	2.0%	12.2%	18.4%	34.7%	32.7%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: People in your community - My community is culturally diverse	Count	12	11	28	51
	Row N %	23.5%	21.6%	54.9%	100.0%
RECODE: People in your community - People feel welcome and accepted in my community	Count	9	14	30	53
	Row N %	17.0%	26.4%	56.6%	100.0%
RECODE: People in your community - There is a sense of civic responsibility and engagement in my community	Count	9	7	37	53
	Row N %	17.0%	13.2%	69.8%	100.0%
RECODE: People in your community - The people in my community have a shared vision and community goals	Count	7	9	33	49
	Row N %	14.3%	18.4%	67.3%	100.0%

Services in Your Community

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate opportunities for recreation and leisure for all ages	Count	1	10	6	22	14	53
	Row N %	1.9%	18.9%	11.3%	41.5%	26.4%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has a thriving business district with access to needed goods and services	Count	4	6	5	22	15	52
	Row N %	7.7%	11.5%	9.6%	42.3%	28.8%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community provides adequate public services like snow removal, garbage collection, or recycling	Count	1	11	7	17	16	52
	Row N %	1.9%	21.2%	13.5%	32.7%	30.8%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate child care services	Count	3	8	9	17	11	48
	Row N %	6.3%	16.7%	18.8%	35.4%	22.9%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate senior services	Count	1	4	12	15	17	49
	Row N %	2.0%	8.2%	24.5%	30.6%	34.7%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has a quality education system	Count	0	2	6	19	24	51
	Row N %	0.0%	3.9%	11.8%	37.3%	47.1%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate public transportation services	Count	3	8	7	22	12	52
	Row N %	5.8%	15.4%	13.5%	42.3%	23.1%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate employment opportunities that pay a livable wage	Count	3	2	13	14	20	52
	Row N %	5.8%	3.8%	25.0%	26.9%	38.5%	100.0%
	Count	4	6	10	12	19	51

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate law enforcement	Row N %	7.8%	11.8%	19.6%	23.5%	37.3%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has enough affordable housing for everyone who needs it	Count	7	8	9	15	10	49
	Row N %	14.3%	16.3%	18.4%	30.6%	20.4%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate access to healthy and affordable foods	Count	6	9	7	16	14	52
	Row N %	11.5%	17.3%	13.5%	30.8%	26.9%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Services in your community - My community has adequate opportunities for recreation and leisure for all ages	Count	11	6	36	53
	Row N %	20.8%	11.3%	67.9%	100.0%
RECODE: Services in your community - My community has a thriving business district with access to needed goods and services	Count	10	5	37	52
	Row N %	19.2%	9.6%	71.2%	100.0%
RECODE: Services in your community - My community provides adequate public services like snow removal, garbage collection, or recycling	Count	12	7	33	52
	Row N %	23.1%	13.5%	63.5%	100.0%
RECODE: Services in your community - My community has adequate child care services	Count	11	9	28	48
	Row N %	22.9%	18.8%	58.3%	100.0%
RECODE: Services in your community - My community has adequate senior services	Count	5	12	32	49
	Row N %	10.2%	24.5%	65.3%	100.0%
RECODE: Services in your community. - My community has a quality education system	Count	2	6	43	51
	Row N %	3.9%	11.8%	84.3%	100.0%
RECODE: Services in your community. - My community has adequate public transportation services	Count	11	7	34	52
	Row N %	21.2%	13.5%	65.4%	100.0%
RECODE: Services in your community. - My community has adequate employment opportunities that pay a livable wage	Count	5	13	34	52
	Row N %	9.6%	25.0%	65.4%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Services in your community. - My community has adequate law enforcement	Count	10	10	31	51
	Row N %	19.6%	19.6%	60.8%	100.0%
RECODE: Services in your community. - My community has enough affordable housing for everyone who needs it	Count	15	9	25	49
	Row N %	30.6%	18.4%	51.0%	100.0%
RECODE: Services in your community. - My community has adequate access to healthy and affordable foods	Count	15	7	30	52
	Row N %	28.8%	13.5%	57.7%	100.0%

Community Concerns

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about each of the following in your community? - Substance misuse (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs)	Count	1	6	14	28	49
	Row N %	2.0%	12.2%	28.6%	57.1%	100.0%
How concerned are you about each of the following in your community? - Mental health (anxiety, stress, depression)	Count	0	11	18	21	50
	Row N %	0.0%	22.0%	36.0%	42.0%	100.0%
How concerned are you about each of the following in your community? - Suicide	Count	1	7	21	24	53
	Row N %	1.9%	13.2%	39.6%	45.3%	100.0%
How concerned are you about each of the following in your community? - Access to healthy foods	Count	4	9	19	17	49
	Row N %	8.2%	18.4%	38.8%	34.7%	100.0%
How concerned are you about each of the following in your community? - Food insecurity or hunger	Count	6	13	23	10	52
	Row N %	11.5%	25.0%	44.2%	19.2%	100.0%
How concerned are you about each of the following in your community? - Poverty in my community	Count	3	12	24	12	51
	Row N %	5.9%	23.5%	47.1%	23.5%	100.0%
How concerned are you about each of the following in your community? - Sexually transmitted diseases or infections	Count	12	4	12	13	41
	Row N %	29.3%	9.8%	29.3%	31.7%	100.0%
	Count	3	10	15	22	50

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about each of the following in your community? - Crime in my community	Row N %	6.0%	20.0%	30.0%	44.0%	100.0%
How concerned are you about each of the following in your community? - Availability of long-term care or assisted living facilities	Count	10	7	18	13	48
	Row N %	20.8%	14.6%	37.5%	27.1%	100.0%
How concerned are you about each of the following in your community? - Availability of elder care services to support independent living, or aging in place	Count	5	12	17	17	51
	Row N %	9.8%	23.5%	33.3%	33.3%	100.0%
How concerned are you about each of the following in your community? - Obesity or overweightness	Count	0	12	24	15	51
	Row N %	0.0%	23.5%	47.1%	29.4%	100.0%

Violence Concerns in Community

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about the following types of violence in your community? - Cyber bullying	Count	2	8	16	23	49
	Row N %	4.1%	16.3%	32.7%	46.9%	100.0%
How concerned are you about the following types of violence in your community? - Child abuse or neglect	Count	0	10	23	13	46
	Row N %	0.0%	21.7%	50.0%	28.3%	100.0%
How concerned are you about the following types of violence in your community? - Intimate partner violence	Count	3	12	20	13	48
	Row N %	6.3%	25.0%	41.7%	27.1%	100.0%
How concerned are you about the following types of violence in your community? - Emotional abuse (including intimidation or isolation)	Count	2	5	20	20	47
	Row N %	4.3%	10.6%	42.6%	42.6%	100.0%
How concerned are you about the following types of violence in your community? - Sexual abuse or assault	Count	2	11	17	17	47
	Row N %	4.3%	23.4%	36.2%	36.2%	100.0%
	Count	6	10	17	15	48

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about the following types of violence in your community? - Stalking	Row N %	12.5%	20.8%	35.4%	31.3%	100.0%
How concerned are you about the following types of violence in your community? - Verbal threats or harassment	Count	5	10	22	12	49
	Row N %	10.2%	20.4%	44.9%	24.5%	100.0%
How concerned are you about the following types of violence in your community? - Gun violence	Count	8	11	14	17	50
	Row N %	16.0%	22.0%	28.0%	34.0%	100.0%

Medical Services in Your Community

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement with the following issues related to medical services in your community. - It is easy to get an appointment for health care services in my community	Count	1	5	8	15	23	52
	Row N %	1.9%	9.6%	15.4%	28.8%	44.2%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate primary care providers and nurses	Count	4	8	6	18	17	53
	Row N %	7.5%	15.1%	11.3%	34.0%	32.1%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate health care services to meet my health care needs	Count	3	8	4	16	21	52
	Row N %	5.8%	15.4%	7.7%	30.8%	40.4%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate dental care providers	Count	2	3	5	16	27	53
	Row N %	3.8%	5.7%	9.4%	30.2%	50.9%	100.0%

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		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate vision care providers	Count	2	5	3	19	23	52
	Row N %	3.8%	9.6%	5.8%	36.5%	44.2%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate mental health services	Count	8	7	7	12	16	50
	Row N %	16.0%	14.0%	14.0%	24.0%	32.0%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate access to emergency response services such as ambulance or fire fighters	Count	2	6	3	22	20	53
	Row N %	3.8%	11.3%	5.7%	41.5%	37.7%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - I can easily navigate the health care system in my community	Count	2	3	2	22	24	53
	Row N %	3.8%	5.7%	3.8%	41.5%	45.3%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - I receive quality health care in my community	Count	2	5	4	19	23	53
	Row N %	3.8%	9.4%	7.5%	35.8%	43.4%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - In my community, care is well coordinated across providers and services	Count	2	6	9	12	23	52
	Row N %	3.8%	11.5%	17.3%	23.1%	44.2%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Medical services in your community. - It is easy to get an appointment for health care services in my community	Count	6	8	38	52
	Row N %	11.5%	15.4%	73.1%	100.0%
RECODE: Medical services in your community. - My community has adequate primary care providers and nurses	Count	12	6	35	53
	Row N %	22.6%	11.3%	66.0%	100.0%
RECODE: Medical services in your community. - My community has adequate health care services to meet my health care needs	Count	11	4	37	52
	Row N %	21.2%	7.7%	71.2%	100.0%
RECODE: Medical services in your community. - My community has adequate dental care providers	Count	5	5	43	53
	Row N %	9.4%	9.4%	81.1%	100.0%
RECODE: Medical services in your community. - My community has adequate vision care providers	Count	7	3	42	52
	Row N %	13.5%	5.8%	80.8%	100.0%
RECODE: Medical services in your community. - My community has adequate mental health services	Count	15	7	28	50
	Row N %	30.0%	14.0%	56.0%	100.0%
RECODE: Medical services in your community. - My community has adequate access to emergency response services such as ambulance or fire fighters	Count	8	3	42	53
	Row N %	15.1%	5.7%	79.2%	100.0%
RECODE: Medical services in your community. - I can easily navigate the health care system in my community	Count	5	2	46	53
	Row N %	9.4%	3.8%	86.8%	100.0%
RECODE: Medical services in your community. - I receive quality health care in my community	Count	7	4	42	53
	Row N %	13.2%	7.5%	79.2%	100.0%
RECODE: Medical services in your community. - In my community, care is well coordinated across providers and services	Count	8	9	35	52
	Row N %	15.4%	17.3%	67.3%	100.0%

Last CHNA Needs

		Much worse	Somewhat worse	About the same	Somewhat better	Much better	Total
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? - Mental health for all ages	Count	1	4	17	19	4	45
	Row N %	2.2%	8.9%	37.8%	42.2%	8.9%	100.0%
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? - Ability to retain primary care providers	Count	3	7	18	9	13	50
	Row N %	6.0%	14.0%	36.0%	18.0%	26.0%	100.0%
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? - Enough child daycare services	Count	1	6	13	13	13	46
	Row N %	2.2%	13.0%	28.3%	28.3%	28.3%	100.0%
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? - Alcohol use and abuse	Count	4	5	21	13	5	48
	Row N %	8.3%	10.4%	43.8%	27.1%	10.4%	100.0%

		Worse	The same	Better	Total
RECODE: Previous issues - Mental health for all ages	Count	5	17	23	45
	Row N %	11.1%	37.8%	51.1%	100.0%
RECODE: Previous issues - Ability to retain primary care providers	Count	10	18	22	50
	Row N %	20.0%	36.0%	44.0%	100.0%
RECODE: Previous issues - Enough child daycare services	Count	7	13	26	46
	Row N %	15.2%	28.3%	56.5%	100.0%
RECODE: Previous issues - Alcohol use and abuse	Count	9	21	18	48
	Row N %	18.8%	43.8%	37.5%	100.0%

Preventative Health Care Measures

Multiple Response				
	Valid		Missing	
	N	Percent	N	Percent
MRQ5.1[a]	53	100.0%	0	0.0%

MRQ5.1 Frequencies		Responses		Percent of Cases
		N	Percent	
MRQ5.1[a]	Which of the following preventative health care measures have you received in the last year? Vaccinations	40	23.1%	75.5%
	Which of the following preventative health care measures have you received in the last year? Annual physical exam	28	16.2%	52.8%
	Which of the following preventative health care measures have you received in the last year? Mammogram	21	12.1%	39.6%
	Which of the following preventative health care measures have you received in the last year? Colonoscopy	6	3.5%	11.3%
	Which of the following preventative health care measures have you received in the last year? Blood pressure or cholesterol screening	21	12.1%	39.6%
	Which of the following preventative health care measures have you received in the last year? Counseling for tobacco use, alcohol dependency, weight loss, behavioral health	5	2.9%	9.4%
	Which of the following preventative health care measures have you received in the last year? Depression screening	6	3.5%	11.3%
	Which of the following preventative health care measures have you received in the last year? STD/STI Screening	4	2.3%	7.5%
	Which of the following preventative health care measures have you received in the last year? Vision exam or annual checkup	20	11.6%	37.7%
	Which of the following preventative health care measures have you received in the last year? Dental exam or annual checkup	22	12.7%	41.5%
Total		173	100.0%	326.4%
a. Dichotomy group tabulated at value 1.				

		Not at all a barrier	Somewhat of a barrier	Extreme barrier	Total
To what degree are each of the following issues a barrier to your ability to access health care services? - Transportation to health care service locations	Count	28	15	8	51
	Row N %	54.9%	29.4%	15.7%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Distance to access care	Count	23	18	11	52
	Row N %	44.2%	34.6%	21.2%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Concerns about confidentiality	Count	17	22	12	51
	Row N %	33.3%	43.1%	23.5%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Availability of local services to meet my health care needs	Count	21	23	8	52
	Row N %	40.4%	44.2%	15.4%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Communication or language barriers	Count	28	19	2	49
	Row N %	57.1%	38.8%	4.1%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Disability accommodations	Count	23	15	5	43
	Row N %	53.5%	34.9%	11.6%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Scheduling health care services within clinic hours	Count	26	14	13	53
	Row N %	49.1%	26.4%	24.5%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - The length of time to see a provider, from making an appointment to attending the appointment	Count	27	16	8	51
	Row N %	52.9%	31.4%	15.7%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - The price of prescription drugs, even with insurance	Count	13	25	13	51
	Row N %	25.5%	49.0%	25.5%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - The price of health care services (such as co-payments or deductibles), even with insurance	Count	18	22	10	50
	Row N %	36.0%	44.0%	20.0%	100.0%

Do you currently have a primary care doctor?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	46	86.8%	95.8%	95.8%
	No	2	3.8%	4.2%	100.0%
	Total	48	90.6%	100.0%	
Missing	Prefer not to respond	3	5.7%		
	System	2	3.8%		
	Total	5	9.4%		
Total		53	100.0%		

Multiple Response					
Case Summary					
	Cases				
	Valid		**Missing**		**Total**	

	N	**Percent**	**N**	**Percent**	**N**	**Percent**
MRQ5.5[a]	52	98.1%	1	1.9%	53	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ5.5 Frequencies		**Responses**		**Percent of Cases**
		N	**Percent**	
MRQ5.5[a]	Where do you find out about health information? Other health care professionals	34	27.9%	65.4%
	Where do you find out about health information? Primary care provider	24	19.7%	46.2%
	Where do you find out about health information? Public health professionals	15	12.3%	28.8%
	Where do you find out about health information? Internet sources	17	13.9%	32.7%
	Where do you find out about health information? Word of mouth (including family and friends)	14	11.5%	26.9%
	Where do you find out about health information? Advertising, such as TV commercials	6	4.9%	11.5%
	Where do you find out about health information? My employer	2	1.6%	3.8%
	Where do you find out about health information? Newspaper	6	4.9%	11.5%
	Where do you find out about health information? Radio	3	2.5%	5.8%
	Where do you find out about health information? Other source	1	0.8%	1.9%
Total		122	100.0%	234.6%
a. Dichotomy group tabulated at value 1.				

Multiple Response						
Case Summary						
	Cases					
	Valid		**Missing**		**Total**	
	N	**Percent**	**N**	**Percent**	**N**	**Percent**
MRQ5.6[a]	52	98.1%	1	1.9%	53	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ5.6 Frequencies				
		Responses		**Percent of Cases**
		N	**Percent**	
MRQ5.6[a]	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Insurance through employer (either your own or a family member's)	26	42.6%	50.0%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Private health insurance (coverage purchased by you)	11	18.0%	21.2%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Government program (Medicare, Medicaid, etc.)	13	21.3%	25.0%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Indian Health Service (IHS)	2	3.3%	3.8%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Military (Tricare, Champus, VA)	2	3.3%	3.8%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Other (please specify)	1	1.6%	1.9%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Prefer not to say	6	9.8%	11.5%
Total		61	100.0%	117.3%
a. Dichotomy group tabulated at value 1.				

SOCIAL HARDSHIP AND DISCRIMINATION

Did you move to your community in the past year?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	22.6%	23.1%	23.1%
	No	40	75.5%	76.9%	100.0%
	Total	52	98.1%	100.0%	
Missing	Prefer not to respond	1	1.9%		
Total		53	100.0%		

		Not difficult at all	Slightly difficult	Somewhat difficult	Very difficult	Total
How difficult was it to do the following things? - Enroll children in school	Count	7	1	2	1	11
	Row N %	63.6%	9.1%	18.2%	9.1%	100.0%
How difficult was it to do the following things? - Find housing	Count	6	3	2	0	11
	Row N %	54.5%	27.3%	18.2%	0.0%	100.0%
How difficult was it to do the following things? - Find health care	Count	5	3	4	0	12
	Row N %	41.7%	25.0%	33.3%	0.0%	100.0%
How difficult was it to do the following things? - Find a job	Count	2	4	1	4	11
	Row N %	18.2%	36.4%	9.1%	36.4%	100.0%
How difficult was it to do the following things? - Find child care	Count	4	3	2	1	10
	Row N %	40.0%	30.0%	20.0%	10.0%	100.0%

Have you experienced discrimination in the past 12 months?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	11.3	11.3	11.3
	No	47	88.7	88.7	100.0
	Total	53	100.0	100.0	

Multiple Response						

Case Summary						
	Cases					
	Valid		**Missing**		**Total**	
	N	**Percent**	**N**	**Percent**	**N**	**Percent**
MRQ6.4[a]	6	11.3%	47	88.7%	53	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ6.4 Frequencies				
		Responses		**Percent of Cases**
		N	**Percent**	
MRQ6.4[a]	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Race	1	12.5%	16.7%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Sex	2	25.0%	33.3%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Age	1	12.5%	16.7%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Religion	1	12.5%	16.7%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Prefer not to respond	3	37.5%	50.0%
Total		8	100.0%	133.3%
a. Dichotomy group tabulated at value 1.				

Multiple Response						

Case Summary						
	Cases					
	Valid		**Missing**		**Total**	
	N	**Percent**	**N**	**Percent**	**N**	**Percent**
MRQ6.5[a]	6	11.3%	47	88.7%	53	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ6.5 Frequencies

		Responses		Percent of Cases
		N	Percent	
MRQ6.5[a]	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Applying for a job	1	8.3%	16.7%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice At a job, work or my place of employment	2	16.7%	33.3%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Looking for housing	1	8.3%	16.7%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Applying for a credit card, mortgage, or bank loan	1	8.3%	16.7%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Shopping at a store or eating at a restaurant	1	8.3%	16.7%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Applying for social services or public assistance	1	8.3%	16.7%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Interacting with the police	1	8.3%	16.7%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Another area (please specify)	1	8.3%	16.7%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Prefer not to respond	3	25.0%	50.0%
Total		12	100.0%	200.0%

a. Dichotomy group tabulated at value 1.

How difficult is it for you to pay for heating, housing, or medical care?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not difficult at all	31	58.5%	60.8%	60.8%
	Slightly difficult	15	28.3%	29.4%	90.2%
	Somewhat difficult	3	5.7%	5.9%	96.1%
	Very difficult	2	3.8%	3.9%	100.0%
	Total	51	96.2%	100.0%	
Missing	I don't know	1	1.9%		
	System	1	1.9%		
	Total	2	3.8%		
Total		53	100.0%		

In the last month, have you had to sleep outside, in a shelter, in your car, at a family member or friend's house, or in a place not meant for sleeping?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	13.2%	14.3%	14.3%
	No	42	79.2%	85.7%	100.0%
	Total	49	92.5%	100.0%	
Missing	Prefer not to respond	3	5.7%		
	System	1	1.9%		
	Total	4	7.5%		
Total		53	100.0%		

Statistics		
What is your age? - Select your age on the slider		
N	Valid	49
	Missing	4
Mean		45.3061
Median		43.0000

RECODE: Age		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18 to 34 years	10	18.9%	20.4%	20.4%
	35 to 44 years	19	35.8%	38.8%	59.2%
	45 to 64 years	12	22.6%	24.5%	83.7%
	65 to 84 years	8	15.1%	16.3%	100.0%
	Total	49	92.5%	100.0%	
Missing	System	4	7.5%		
Total		53	100.0%		

What is your gender? - Selected Choice		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	8	15.1%	15.7%	15.7%
	Female	43	81.1%	84.3%	100.0%
	Total	51	96.2%	100.0%	
Missing	Prefer not to say	1	1.9%		
	System	1	1.9%		
	Total	2	3.8%		
Total		53	100.0%		

Multiple Response

Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ7.3[a]	52	98.1%	1	1.9%	53	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ7.3 Frequencies		Responses		Percent of Cases
		N	Percent	
MRQ7.3[a]	Which of these groups best represents your race? Select all that apply. - Selected Choice White	48	90.6%	92.3%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Black or African American	1	1.9%	1.9%
	Which of these groups best represents your race? Select all that apply. - Selected Choice American Indian or Alaska Native	2	3.8%	3.8%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Asian	1	1.9%	1.9%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Prefer not to say	1	1.9%	1.9%
Total		53	100.0%	101.9%
a. Dichotomy group tabulated at value 1.				

Do you identify as Hispanic, Latine, or of Spanish origin?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	9.4%	11.1%	11.1%
	No	40	75.5%	88.9%	100.0%
	Total	45	84.9%	100.0%	
Missing	Prefer not to say	5	9.4%		
	System	3	5.7%		
	Total	8	15.1%		
Total		53	100.0%		

What is your estimated annual household income?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than $15,000	2	3.8%	4.8%	4.8%
	$15,000 - $24,999	11	20.8%	26.2%	31.0%
	$25,000 - $49,999	12	22.6%	28.6%	59.5%
	$50,000 - $74,999	4	7.5%	9.5%	69.0%
	$75,000 - $99,999	7	13.2%	16.7%	85.7%
	$100,000 - $149,999	2	3.8%	4.8%	90.5%
	$150,000 and over	4	7.5%	9.5%	100.0%
	Total	42	79.2%	100.0%	
Missing	Prefer not to say	10	18.9%		
	System	1	1.9%		
	Total	11	20.8%		
Total		53	100.0%		

What is the highest level of education you have completed?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	9th to 12th Grade, no diploma	4	7.5%	7.7%	7.7%
	High school graduate or equivalency	10	18.9%	19.2%	26.9%
	Some college, no degree	10	18.9%	19.2%	46.2%
	Associate's degree	5	9.4%	9.6%	55.8%
	Bachelor's degree	19	35.8%	36.5%	92.3%
	Graduate or professional degree	4	7.5%	7.7%	100.0%
	Total	52	98.1%	100.0%	
Missing	System	1	1.9%		
Total		53	100.0%		

Which of these categories best describes your employment status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Employed full time	33	62.3%	67.3%	67.3%
	Employed part time	10	18.9%	20.4%	87.8%
	Unemployed	2	3.8%	4.1%	91.8%
	Retired	4	7.5%	8.2%	100.0%
	Total	49	92.5%	100.0%	
Missing	System	4	7.5%		
Total		53	100.0%		

What is your marital status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	6	11.3%	13.6%	13.6%
	Married or in a domestic partnership	38	71.7%	86.4%	100.0%
	Total	44	83.0%	100.0%	
Missing	Prefer not to say	8	15.1%		
	System	1	1.9%		
	Total	9	17.0%		
Total		53	100.0%		

Statistics

How many people live in your household? Use numbers only. If you live alone, put "1".		
N	Valid	49
	Missing	4
Mean		3.7143
Median		3.0000

RECODE: How many people live in your household?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 person	1	1.9%	2.0%	2.0%
	2 to 4 people	42	79.2%	85.7%	87.8%
	5 or more people	6	11.3%	12.2%	100.0%
	Total	49	92.5%	100.0%	
Missing	System	4	7.5%		
Total		53	100.0%		

Do you have access to reliable internet in your home?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	48	90.6%	96.0%	96.0%
	No	2	3.8%	4.0%	100.0%
	Total	50	94.3%	100.0%	
Missing	Prefer not to respond	2	3.8%		
	System	1	1.9%		
	Total	3	5.7%		
Total		53	100.0%		

How did you get access to this survey, or survey link? - Selected Choice		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hospital or public health website	21	39.6%	41.2%	41.2%
	Hospital or public health social media page (e.g. Facebook)	10	18.9%	19.6%	60.8%
	Hospital or public health employee directly	3	5.7%	5.9%	66.7%
	Economic development website or social media page	4	7.5%	7.8%	74.5%
	Other website or social media page (please specify)	8	15.1%	15.7%	90.2%
	Newsletter (please specify from where)	1	1.9%	2.0%	92.2%
	Newspaper advertisement	2	3.8%	3.9%	96.1%
	Word of mouth	1	1.9%	2.0%	98.0%
	Direct email (please specify from where)	1	1.9%	2.0%	100.0%
	Total	51	96.2%	100.0%	
Missing	System	2	3.8%		
Total		53	100.0%		

Distribution Channel

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	anonymous	43	81.1%	81.1%	81.1%
	qr	10	18.9%	18.9%	100.0%
	Total	53	100.0%	100.0%	