

# Community Health Needs Assessment

CHI St. Alexius Health – Garrison, ND Approved April 2025



**NDSU Center for Social Research** Report #115 Prepared by Nancy Hodur, Kaeleigh Schroeder, and Avram Slone

### 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 thoughtful planning and long-range strategic vision serve as the basis for policy and decision-making regarding community health needs.

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### **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 Garrison. 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 Garrison 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. Other collaborators included CHI St Alexius Health Turtle Lake, CHI St. Alexius Health Bismarck, and Northland Health Centers.

#### **Community Definition**

CHI St. Alexius Health Garrison is located in Garrison, North Dakota. The hospital primarily serves McLean County, but also serves northern Mountrail County and southern Ward County. McLean County is also home to CHI St. Alexius Health Turtle Lake. There is a hospital in Minot (Ward County); however, it is outside the service area for CHI St. Alexius Health, and there are no hospitals in Mountrail County. The primary service area for this community health needs assessment is McLean County, North Dakota.

McLean and Mountrail counties are designated a Health Professional Shortage Area (HPSA) and two townships in Mountrail are designated as a Medically Underserved Area (MUA) by the United States Health Resources & Services Administration. McLean County is located in west central North Dakota and has a population of 9,781.

#### 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 Garrison 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 December 16, 2024.

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,

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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 Garrison solicited feedback on survey findings at a community input meeting on December 16, 2024. 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.

### Prioritized Significant Health Needs

Based on an 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 findings.

- Mental health (anxiety, stress, depression). The vast majority respondents (91 percent) were concerned about mental health in their community. Further, 55 percent of respondents disagreed when asked if their community has adequate mental health services. The ratio of population to mental health care providers in McLean County (2,460:1) is substantially higher than in North Dakota (420:1) and the nation overall (300:1).
- Substance misuse. Nearly all respondents (94 percent) were concerned about substance misuse in their community (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs); 61 percent were very concerned and 21 percent were somewhat concerned. In addition, 42 percent of respondents indicated they believe drug use and misuse has worsened since the previous CHNA was conducted in 2022, and 35 percent said they believe alcohol use and misuse has worsened since then. The adult smoking rate in McLean County (17 percent) is higher than the rate in North Dakota (16 percent) and the nation (15 percent).
- **Community services.** Half of respondents (55 percent) disagreed when asked if their community has adequate child care services, 53 percent disagreed when asked if their community has adequate affordable housing, and 46 disagreed when asked if their community has adequate public transportation services.
- **Obesity or overweightness**. Two-thirds (67 percent) of respondents were either very concerned or somewhat concerned about obesity or overweightness in their community. The adult obesity rate is higher in McLean County (41 percent) than in North Dakota (36 percent) and the nation overall (34 percent). In addition, access to exercise opportunities are lower in McLean County (39 percent) than in North Dakota (76 percent) and the nation (84 percent). Seventy-three percent of respondents agreed when asked if their community has adequate access to healthy and affordable food.
- Affordability of health care services and prescription drugs. Sixty-three percent of respondents indicated the price of prescription drugs, even with insurance, was either somewhat of a barrier (44 percent) or an extreme barrier (19 percent) to accessing prescription drugs. Forty-eight percent of respondents indicated the price of medical services, even with health insurance, was either somewhat of a barrier (36 percent) or an extreme barrier (13 percent) to health care services.
- Affordable housing. Fifty-three percent of respondents disagreed when asked if their community has enough affordable housing for everyone who needs it. However, the median value of owner-occupied homes and housing costs in McLean County were similar to North Dakota overall. The median rent in McLean County is lower than the statewide median, \$776 per month compared to \$912 per month, respectively.

During the December 16, 2024 community input meeting, attendees discussed survey findings, whether survey findings aligned with their perceptions of their community's needs, and the demographics of survey respondents. Attendees agreed that the results of the survey reflected current community issues. Those present indicated that the health care they receive in their community was satisfactory and that community residents are accustomed to traveling for medical care. Garrison is 50 minutes away from the nearest large community of Minot.

#### **Resources Potentially Available**

Resources, programs, and organizations in the community that are 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. This 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 Board of Directors in April 2025. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at the Administration Office of CHI St. Alexius Health Garrison. 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) – or electronically at

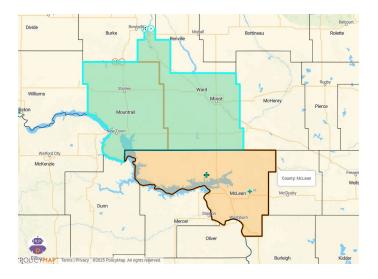
<u>https://forms.gle/KGRq62swNdQyAehX8</u> – or by calling Ashley Carroll, Market Director, Community and Population Health, at (402) 343-4548.

### **Community Definition**

CHI St. Alexius Health Garrison is located in Garrison, North Dakota. The hospital primarily serves McLean County, but also serves northern Mountrail County and southern Ward County. McLean County is also home to CHI St. Alexius Health Turtle Lake. There is a hospital in Minot (Ward County); however, it is outside the service area for CHI St. Alexius Health Garrison, and there are no hospitals in Mountrail County. The primary service area for this community health needs assessment is McLean County, North Dakota.

McLean and Mountrail counties are designated as Health Professional Shortage Areas (HPSA) and two townships in Mountrail are designated as a Medically Underserved Area (MUA) by the United States Health Resources & Services Administration. McLean County is located in west central North Dakota and has a population of 9,781.

#### Figure A: CHI St. Alexius Health Garrison Service Area



The following zip codes correspond to 80 percent of patient admissions to CHI St. Alexius Health Garrison: 58540, 58531, and 58779.

Core demographics for McLean County are summarized in Table 1.

Measure	McLean County, ND
Community Description	Rural
Population	9,781
Racial and Ethnic Distribution	
White, Non-Hispanic alone	87.7%
American Indian and Alaska Native alone	6.4%
Black or African American alone	0.4%
Asian or Pacific Islander alone	1.1%
Some other race alone	1.0%
Two or more races	2.9%
Hispanic Origin (of any race)	2.7%
Median Household Income	\$80,556
Percent of Persons Below Poverty Rate	6.9%
Unemployment Rate	3.1%
Percent Population with less than High School Diploma	6.8%
Percent of People 5 and Older who are Non-English Speaking	1.0%
Percent of People without Health Insurance	10.0%
Percent of People with Medicaid	8.7%
Health Professional Shortage Area	Yes
Medically Underserved Area	Yes
Number of Hospitals in the County	2

### **Hospital Description**

CHI St. Alexius Health Garrison, a vital health care provider in Garrison, North Dakota, has been serving the community since 1952. This comprehensive health care facility encompasses a 22-bed critical access hospital, a 26-bed skilled nursing facility, a rural health clinic, and a newly remodeled 24-hour emergency department. Specialty services include Orthopedics, Surgery, and Cardiology.

The hospital offers a wide range of outpatient services, including physical therapy, radiology, laboratory services, cardiac rehabilitation, and IV treatments. This comprehensive approach ensures that residents of Garrison and surrounding rural communities have access to a variety of health care needs without having to travel far.

The hospital's commitment to serving the community extends beyond providing quality health care. It adheres to a policy of not denying services due to the inability to pay, offering a discounted/sliding fee schedule based on family size and income. This ensures that everyone in the community has access to the care they need, regardless of their financial situation.

CHI St. Alexius Health Garrison's dedication to providing compassionate and excellent care is evident in its professional and caring staff. The hospital's commitment to serving the community, its comprehensive services, and its dedication to accessibility make it a vital resource for the residents of Garrison and surrounding areas.

### 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 Garrison on 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 December 16, 2024.

### 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 questionnaire can be found in Appendix C.

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 selected by identifying 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 C and detailed results in Appendix D.

### Community Input

A presentation that summarized the community profile and highlighted key survey findings was used to report priority needs identified in survey results, guide discussion of needs and priorities, and provide the framework for identification of community health needs. During the December 16, 2024 community input meeting, attendees discussed survey findings, whether the survey findings aligned with their perceptions of their communities' needs, and the demographics of survey respondents. Attendees agreed that the results of the survey reflected current community issues. However, those present indicated the health care they receive in their community was satisfactory. Meeting participants indicated community residents are accustomed to traveling for medical care. Garrison is 50 minutes away from the nearest large community of Minot. There were 17 attendees, including representatives from:

- First District Health Unit
- Garrison Fire Department
- McClean County Independent newspaper
- TruCommunity Bank

- Garrison City Council
- Chase Pharmacy
- BNC National Bank
- Garrison Public School
- CHI St. Alexius Health

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 Turtle Lake collaborated with CHI St. Alexius Health Garrison on this community health needs assessment. 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 and survey results. Secondary data for Mountrail and Ward counties are available in Appendix B.

#### **Community Profile**

McLean County is a rural county in west central North Dakota. The county seat in McLean County is Washburn and its largest city is Garrison. With 9,781 residents, McLean County is North Dakota's 15<sup>th</sup> most populous county. Like most of North Dakota, McLean County's racial composition is largely white, but there is a substantial American Indian population as well. The median household income in McLean County is higher than the median in North Dakota and the nation overall; however, home values are lower, as are the costs associated with home rental and ownership. McLean County's poverty rate is lower than both the statewide and national average.

McLean County has higher rates of adult smoking and adult obesity than the United States and North Dakota on average. The adult excessive drinking rate in McLean County is lower than the statewide average, 19 percent in McLean County compared to 23 percent statewide; however, half of all driving deaths involve alcohol. The county's leading causes of death in 2021 were malignant neoplasms, diseases of the heart, and accidents. McLean County has a lower annual flu shot rate than both North Dakota and the nation. McLean County has substantially more people per primary care physician, mental health care provider, and dentist than North Dakota and the nation overall.

McLean County faces relatively moderate to very high risk of loss due to various winter weather conditions including ice storms and strong winds. However, McLean County's overall risk due to natural hazards is relatively low. McLean County's social vulnerability is rated as very low. McLean County's community resilience is rated as very high. These factors combined give McLean County a relatively low National Risk

Index Score, a score which is worse than most North Dakota counties but better than the average for counties nationally.

#### **Community Demographics**

The American Community Survey's (ACS) most recent five-year estimate of McLean County's population is 9,781, making it the state's 15<sup>th</sup> most populous county. About 1 in 5 residents in McLean County are under the age of 18, and 1 in 4 are aged 65 and older (Table 2). The county's racial composition is largely non-Hispanic white (87.7 percent). The American Indian/Alaska Native population in McLean County comprised 6.4 percent of total population, which is slightly higher than the statewide average of 4.7 percent. The county's gender split is skewed slightly male, at 48.1 percent female and 51.9 percent male.

Table 2. Population Estimates, McLean County, ND, North Dakota, and United States, by Age, Race/Ethnicity. and Sex (2022)

	McLean	McLean	North Dokota	United
14	County	County	North Dakota	States
Item	Population	Percentages	Percentages	Percentages
Age Group				
0-4	523	5.3%	6.7%	5.7%
5-17	1,614	16.5%	16.9%	16.4%
18-24	551	5.6%	11.3%	9.4%
25-44	2,028	20.7%	27.1%	26.6%
45-64	2,657	27.2%	22.2%	25.3%
65 and older	2,408	24.6%	15.9%	16.5%
Total	9,781	100.0%	100.0%	100.0%
Race and Ethnicity*				
White, Non-Hispanic alone	8,582	87.7%	83.0%	58.9%
American Indian and Alaska Native				
alone	628	6.4%	4.7%	0.8%
Asian alone	83	0.8%	1.6%	5.8%
Black or African American alone	40	0.4%	3.2%	12.5%
Native Hawaiian and Pacific Islander				
alone	32	0.3%	0.2%	0.2%
Some other race alone	93	1.0%	1.4%	6.0%
Two or more races	281	2.9%	4.4%	8.8%
Hispanic Origin (of any race)	261	2.7%	4.3%	18.7%
Sex				
Female	4,705	48.1%	48.6%	50.4%
Male	5,076	51.9%	51.4%	49.6%
Total	9,781	100.0%	100.0%	100.0%

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

Estimates from the ACS indicate that there are 4,176 households in McLean County with an average of 2.3 persons per household. Median household income is \$80,556 in McLean County, which is higher than the median household income for North Dakota (\$73,959) and the nation overall (\$75,149) (Table 3).

About 83 percent of households are owner-occupied and median owner costs are \$1,537 per month including the mortgage. Median rent in McLean County is \$766 per month. Both median owner costs and median rent are lower in McLean County than in North Dakota and the United States overall. About 1 in 4 households are occupied by householders living alone and about 1 in 4 households have children in residence (Table 4). The percentage of householders living alone, households with residents aged 65 and older living alone in McLean County are generally in line with averages for North Dakota and the U.S. overall.

Table 3. Household Demographics, McLean County, ND, North Dakota, and United States (2022)				
McLean North Unit				
Item	County	Dakota	States	
Total households	4,176	320,038	125,736,353	
Owner-occupied housing rate	82.9%	63.2%	64.8%	
Average household size (persons per household)	2.3	2.3	2.6	
Median value of owned-occupied housing	\$222,100	\$232,500	\$281,900	
Median monthly owner costs (with mortgage)	\$1,537	\$1,653	\$1,828	
Median monthly owner costs (without mortgage)	\$534	\$551	\$584	
Median gross rent	\$766	\$912	\$1,268	
Median household income	\$80,556	\$73,959	\$75,149	
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Table 4. Household Characteristics, McLean County, ND, North Dakota, and United States (2022)					
	Percent ofPercent ofPercertMcLeanMcLeanNorthUnitedCountyCountyDakotaStated				
Household Characteristics	Households	Households*	Households*	Households*	
Households with children aged 0-17	1,153	27.6%	27.8%	30.2%	
Households with adults aged 65+	1,609	38.5%	26.7%	30.8%	
Householders living alone	1,114	26.7%	33.2%	28.3%	
Householders aged 65+ living alone	507	12.1%	11.8%	11.5%	
*Overlapping household characteristics mean that the percentages of households will not total to 100% of the total number of households.					

\*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 there are 4,493 adults in the workforce in McLean County. The largest industries in the county by percentage of the workforce are educational services, health care, and social assistance; agriculture, forestry, fishing, hunting, and mining; and transportation and warehousing, and utilities, which account for 23.2 percent, 18.5 percent, and 9.8 percent, respectively (Table 5). Other industries that employ substantial portions of the county's workforce include retail; construction; public administration; and arts, entertainment, recreation, accommodation, and food service. In 2023, the county's three largest employers were The Falkirk Mining Co., CHI St. Alexius Health Garrison, and the Garrison School District (NDLMI 2024).

Table 5. Employment by Industry, McLean County, ND (2022)			
Sector	Estimated Workers	Percent of Workforce	
Educational services, health care and social assistance	1,044	23.2%	
Agriculture, forestry, fishing, hunting and mining	830	18.5%	
Transportation and warehousing, and utilities	439	9.8%	
Retail	337	7.5%	
Construction	313	7.0%	
Public administration	279	6.2%	
Arts, entertainment, recreation, accommodation and food			
service	276	6.1%	
Other	975	21.7%	
Total workforce	4,493	100.0%	
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year e	estimates.	,	

The poverty rate in McLean County is 6.9 percent, which is higher than the poverty rate in North Dakota (10.8 percent) and the nation overall (12.5 percent) (Table 6). Less than 1 in 10 (7.6 percent) children in McLean County live below the poverty line compared to 11.3 percent statewide and 16.7 percent nationally. One in five school-aged children in McLean County are eligible for free or reduced-price school lunch (20.6 percent), which is slightly lower than North Dakota overall (23.2 percent) and much lower than the national average (50.8 percent).

Table 6. Poverty Characteristics, McLean County, ND, North Dakota, and United States (2022)				
Poverty Characteristics	McLean County Estimate	McLean County Percent*	North Dakota Percent*	United States Percent*
All persons below poverty level (% of total population)	661	6.9%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	1,677	17.4%	24.7%	28.8%
Children 0-17 below poverty level (% of children 0-17)	161	7.6%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	136	5.8%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	362	20.6%	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 residents in McLean County aged 25 and older have at least some college experience (61 percent); 22.2 percent have attained at least a bachelor's degree. This is lower than in North Dakota and the nation overall, where 31.4 percent and 34.3 percent of the population aged 25 and older, respectively, have at least a bachelor's degree. Fewer than one in 10 residents aged 25 and older in McLean County did not complete high school (6.8 percent), which is higher than in North Dakota (6.5 percent) but lower than the national average (10.9 percent) (Table 7).

Dakota, and United States (2022)					
		McLean County	North Dakota	United States	
	McLean	Percent of	Percent of	Percent of	
	County	Population 25	Population 25	Population 25	
Level of Education Attained	Estimate	and Older	and Older	and Older	
Less than high school	481	6.8%	6.5%	10.9%	
High school diploma or GED	2,283	32.2%	26.1%	26.4%	
Some college or Associate's degree	2,751	38.8%	36.0%	28.5%	
Bachelor's degree	1,294	18.2%	22.3%	20.9%	
Graduate or professional degree	284	4.0%	9.1%	13.4%	
Total population aged 25 and older	7,093	100.0%	100.0%	100.0%	
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.					

Table 7. Educational Attainment for Persons Aged 25 and Older, McLean County, ND, North

#### **Community Health Factors and Outcomes**

As of 2021, McLean County has a slightly higher prevalence of adult cigarette smokers than in the U.S. and North Dakota overall; 17 percent of adult residents of McLean County smoke cigarettes compared to 16 percent of North Dakotans and 15 percent of Americans overall (Table 8). The adult obesity rate in McLean County (41 percent) is also higher than the rate in North Dakota and the nation overall (36 percent and 34 percent, respectively). Adults in McLean County were equally likely to report a lack of physical activity outside of work when compared to North Dakota overall (25 percent each), and slightly more likely when compared to the national average (23 percent). Although the percentage of adults who reportedly engage in excessive drinking is lower in McLean County than it is in North Dakota (19 percent compared to 23 percent, respectively), it is higher than the national average (18 percent) - and 50 percent of all driving deaths involve alcohol. About 4 in 10 adult residents of McLean County report that they have access to exercise opportunities (39 percent), which is much lower than North Dakota overall (76 percent) and the national average (84 percent).

The prevalence of McLean County residents reporting poor mental health days in the past month (3.7 days) is lower than North Dakota overall (4.0 days) and the national average (4.8 days).

Health Behavior	McLean County	North Dakota	United States	
Adult Smoking	17%	16%	15%	
Adult Obesity	41%	36%	34%	
Adult Excessive Drinking	19%	23%	18%	
Alcohol-Impaired Driving Deaths	50%	39%	26%	
Physical Inactivity <sup>1</sup>	25%	25%	23%	
Access to Exercise Opportunities <sup>2</sup>	39%	76%	84%	
Poor Mental Health Days <sup>3</sup>	3.7	4.0	4.8	
Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. <sup>1</sup> Physical Inactivity refers to the percent of adults who report participating in no physical activity outside of work.				

#### Table 8. Health Behaviors, McLean County, ND, North Dakota, and the United States (2021)

<sup>2</sup>Access to Exercise Opportunities refers to the percent of adults who report living close to a park or recreation facility. <sup>3</sup>The average number of self-reported mentally unhealthy days in the past 30 days.

Leading causes of death for residents under age 75 in McLean County were malignant neoplasms and diseases of the heart, followed by accidents (Table 9). Life expectancy in McLean County is 77.6 years. This is lower than the life expectancy in North Dakota (78.1 years) but similar to the national average (77.6 years) (County Health Rankings & Roadmaps, 2024).

Table 9. Leading Causes of Death in McLean County, ND Residents Under Age 75 (2019-2021)				
Cause of Death	Deaths	Rate Per 100,000 Population Under 75		
Malignant Neoplasms	41	158.6		
Diseases of the heart	36	139.3		
Accidents <sup>1</sup>	13	Unreliable		
Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. <sup>1</sup> 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 McLean County is similar to the rate in North Dakota and the nation overall. In McLean County, 10 percent of people under the age of 65 did not have health insurance, compared with 10 percent of all North Dakotans and 9 percent nationally (Table 10).

The annual flu shot rate in McLean County is 41 percent, which is eight percentage points lower than the North Dakota rate overall (49 percent) and five percentage points lower than the national average (46 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). The McLean County Food Environment Index score was 8.7, which is lower than North Dakota's score of 9.1 but higher than the national score of 7.7 (Table 10).

Table 10. Other Health Factors, McLean County, ND, North Dakota, and United States				
Description of Factor	McLean County	North Dakota	United States	
Uninsured Rate, 2021	10%	9%	10%	
Medicaid Coverage, 2022	8.7%	11.9%	20.4%	
Unemployment Rate, 2022	3.1%	2.1%	3.7%	
Low Birthweight Rate, 2016-2022	6%	7%	8%	
Annual Mammogram Rate, 2021 <sup>1</sup>	48%	53%	43%	
Annual Flu Shot Rate, 2021 <sup>2</sup>	41%	49%	46%	
Food Environment Index, 2019-2021 <sup>3</sup>	8.7	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

<sup>1</sup>Percentage of female Medicare enrollees who received an annual mammogram. <sup>2</sup>Percent of Medicare enrollees who received an annual flu shot. <sup>3</sup>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 McLean County residents to primary care physicians, mental health care providers, and dentists is higher for each type of provider when compared to North Dakota and the nation overall (Table 11). McLean County is designated as a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA) by the United States Health Resources & Services Administration. McLean County is also served by CHI St. Alexius Health Garrison.

#### Table 11. Number of Residents Per Health Care Provider in McLean County, ND, North Dakota, and the United States

	McLean	North	United
Type of Provider	County	Dakota	States
Primary Care Physicians, 2021	3,270:1	1,290:1	1,330:1
Mental Health Care Providers, 2024	2,460:1	420:1	300:1
Dentists, 2022	3,270:1	1,420:1	1,360:1
Sources: Health Resources & Services Administration, Area Health Re	source Files CMS Natio	nal Provider Identificatio	n 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, McLean County's National Risk Index rating is Relatively Low. This indicates a fairly strong general preparedness for and ability to recover from natural and manmade hazards. Although 77.4 percent of North Dakota counties have a lower National Risk Index score than McLean County, 54.2 percent of counties nationally have a lower score (Table 12).

Table 12. National Risk Index Percentiles for McLean County, ND when compared to North Dakota Counties and U.S. Counties (2024)					
Index	Percentile within North Dakota	U.S. Percentile			
Expected Annual Loss	75.5	57.3			
Social Vulnerability	20.8	4.9			
Community Resilience	73.6	80.6			
National Risk Index	77.4	54.2			

Note: The Risk Index can be read as "77.4% of counties in North Dakota have a lower Risk Index than McLean County; 54.2% of U.S. counties have a lower Risk Index than McLean 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. McLean County's overall Expected Annual Loss is rated as Relatively Low overall on a five-point scale: Very Low, Relatively Low, Relatively Moderate, Relatively High, and Very High (NRI 2024). However, the county faces very high winter weather hazards. Expected annual loss caused by ice storms, strong winds, winter weather,

and cold waves is also rated either relatively moderate or relatively high. McLean County's expected annual loss is higher than 75.5 percent of North Dakota counties and 57.3 percent of counties nationally (Table 12).

#### 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.

McLean County's Social Vulnerability is rated Very Low. Overall, McLean County has higher social vulnerability than 20.8 percent of North Dakota counties and 4.9 percent of counties nationally. For a more thorough breakdown of McLean County's 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. McLean County's Community Resilience ranking is Very High. McLean County has higher community resilience than 73.6 percent of North Dakota's 53 counties and 80.6 percent of counties nationally. Community resilience indicators suggest the county is well-prepared to respond to hazardous events.

### Community Health Survey Analysis

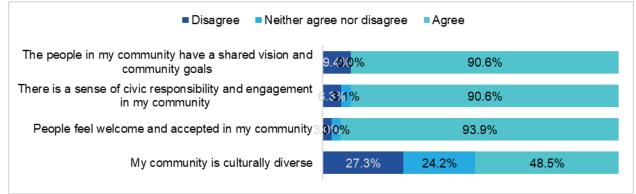
The survey solicited feedback on respondents' perceptions of various issues and topics in six broad categories: people in my community, services in my community, concerns in my community, concerns about violence, medical services, and barriers to care. Survey data were analyzed using widely accepted 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 D.

#### **Respondent Demographics**

Thirty-three community members responded to the CHNA survey, all from McLean County. With an average age of 54 years, the respondent cohort was slightly older than the county population; 54 percent of respondents were aged 45 to 64 years and 23 percent were aged 65 to 84 years. Eighty-one percent of respondents were female and 94 percent of respondents identified as white. More than three-quarters (78 percent) of respondents lived in households with two to four people. Most respondents (83 percent) were employed full-time, 10 percent were employed part-time, and 7 percent were retired. Survey respondents tended to be more educated than county residents on average; 25 percent of respondents had a graduate or professional degree and 21 percent had a bachelor's degree. Nearly all (89 percent) respondents had an annual household income of \$50,000 or more; 39 percent had an annual income of \$100,000 or more. Eighty-one percent of respondents were married or in a domestic partnership and 13 percent were single. Nearly all (97 percent) said they had reliable internet in their household.

#### Findings

When asked about the people in their community, respondents were positive about community cohesion; 94 percent of respondents agreed that people feel welcome and accepted in their community, 91 percent agreed that people in their community have a shared vision and community goals, and 91 percent agreed that there is a sense of civic responsibility and engagement in their community. Forty-nine percent of respondents agreed that their community is culturally diverse; 27 percent disagreed with this statement and 24 percent neither agreed nor disagreed (Figure 1).



#### Figure 1. People in My Community, Community Health Needs Assessment, 2024

Respondent n: 32-33.

While respondents were positive about some aspects of available community services, other services appeared lacking; 55 percent of respondents disagreed that their community has adequate child care and 53 percent disagreed there is enough affordable housing for everyone who needs it. Nearly all respondents (91 percent) indicated their community has a quality education system; similarly, 88 percent agreed their community has a thriving business district with access to needed goods and services (Figure 2).

■ Disagree  ■ Neither ag	ree nor disagree	Agree	
My community has adequate child care services	54.8%	6.5	38.7%
My community has enough affordable housing for everyone who needs it	53.1%	1	5.6% 31.3%
My community has adequate public transportation services	45.5%	6 <mark>.1%</mark>	48.5%
My community has adequate law enforcement	33.3%	24.2%	42.4%
My community has adequate opportunities for recreation and leisure for all ages	27.3% 3. <mark>0%</mark>		69.7%
My community has adequate employment opportunities that pay a livable wage	25.0% <mark>12.5</mark>	%	62.5%
My community has adequate access to healthy and affordable foods	21.2% <mark>6.1%</mark>		72.7%
My community has adequate senior services	12.5% 15.6%		71.9%
My community provides adequate public services like snow removal, garbage collection, or recycling	12.5% <mark>12.5%</mark>	7	75.0%
My community has a thriving business district with access to needed goods and services	.16 <mark>.1%</mark>	87.9	%
My community has a quality education system3	<mark>16.3%</mark>	90.69	%

#### Figure 2. Services in My Community, Community Health Needs Assessment, 2024

#### Respondent n: 31-33.

When asked about a series of issues in their community, respondents were most concerned about substance misuse (including alcohol, tobacco and vaping, and prescription and illicit drugs); nearly two-thirds (61 percent) were very concerned about this issue and 21 percent were somewhat concerned. Forty-six percent of respondents were very concerned about mental health (anxiety, stress, and depression) and 27 percent were somewhat concerned about this issue. Respondents were least concerned about the availability of long-term care or assisted living facilities; 58 percent of respondents said they were not concerned at all about this issue. Thirty-five percent of respondents said they were not concerned at all about this issue or infections; however, 42 percent said they were slightly concerned about this issue (Figure 3).

Not concerned at all	Slightly concerned	Some	ewhat con	cerned	■Very con	cerned
Substance misuse (alcohol, pres vaping, illicit or str		.1% <mark>12.1</mark> %	<mark>6 21.2%</mark>		60.6	%
Mental health (ar	nxiety, stress, depression)	9.1% <mark>18</mark>	.2%	27.3%	4	15.5%
Availability of elder care services to su or aging in pla		9.7%	32.3%	2	29.0%	29.0%
	Poverty in my community	13.8%	34.59	%	41.49	% <mark>10</mark> .
C	besity or overweightness	16.7%	16.7%	23.3%		43.3%
	Suicide	16.7%	23.3%	26	.7%	33.3%
	Food insecurity or hunger	16.7%	36.	7%	40.	.0% 6 <mark>.</mark>
	Crime in my community	18.2%	27.3	%	39.4%	15.2
	Access to healthy foods	28.1	% 2	21.9%	34.4%	15.6
Sexually transmit	ted diseases or infections	34	.6%	4	2.3%	7.7% 15.4
Availability of long-term care	or assisted living facilities		57.6%		15.2%	18.2% <mark>9.</mark> ′

#### Figure 3. Concerns in My Community, Community Health Needs Assessment, 2024

Respondent n: 26-33.

When asked about concerns around violence in their community, respondents expressed the most concern around cyber bullying; 34 percent of respondents were very concerned about this issue, 28 percent were somewhat concerned, and 25 percent were slightly concerned. While fewer respondents were very concerned (13 percent) with child abuse or neglect, 50 percent were somewhat concerned about this issue and 28 percent were slightly concerned. Respondents were least concerned with stalking; 36 percent were not concerned at all about this issue and 32 percent of respondents were at least somewhat concerned (Figure 4).

#### Figure 4. Violence Concerns in My Community, Community Health Needs Assessment, 2024

Not concerned at all Slightly concer	ned s	omewhat co	oncerned Ver	y concerned
Cyber bullying	12.5%	25.0%	28.1%	34.4%
Emotional abuse (including intimidation or isolation)	16.7%	26.7%	33.3%	23.3%
Intimate partner violence	13.3%	23.3%	43.3%	20.0%
Child abuse or neglect	9.4%	28.1%	50.0%	6 12.5%
Verbal threats or harrassment	26.7	% 23	3.3% 30.0	)% 20.0%
Sexual abuse or assault	16.7%	33.3	% 30.0	)% 20.0%
Stalking	35	5.5%	32.3%	16.1% 16.1%
Gun violence		46.9%	18.8%	21.9% 12.5%

Respondent n: 30-32.

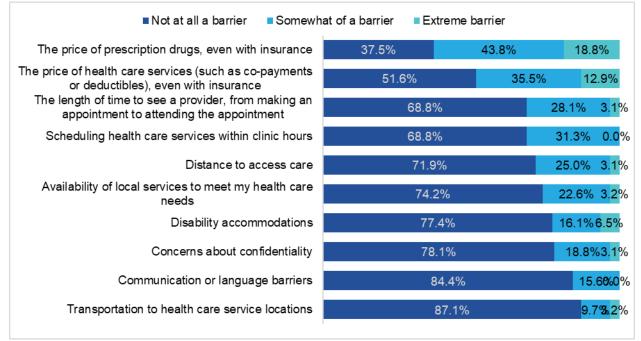
Respondents were very positive about the adequacy of medical services in their community. No respondents disagreed with the statements that the community has adequate access to emergency response services, or that the community has adequate primary care providers. Ninety-four percent of providers agreed with the statements that it is easy to get an appointment for health care in their community and that they receive quality health care. The only statement with significant disagreement was regarding mental health services; 55 percent of respondents disagreed that their community has adequate mental health services (Figure 5).

#### Figure 5. Medical Services in My Community, Community Health Needs Assessment, 2024

■ Disagree ■ Neither ag	ree nor dis	agree	Agree		
My community has adequate mental health services		54.8%	10	6.1%	29.0%
My community has adequate dental care providers	18.8%	15.6%		65.6%	
My community has adequate vision care providers	9.4% <mark>12.5</mark> 9	%	78	.1%	
My community has adequate health care services to meet my health care needs	9.4% <mark>9.4%</mark>		81.3	3%	
In my community, care is well coordinated across providers and services	.3% <mark>9.4%</mark>		84.4	%	
I can easily navigate the health care system in my community	.3% <mark>9.4%</mark>		84.4	%	
It is easy to get an appointment for health care services in my community	.0. <mark>0</mark> %		93.8%		
I receive quality health care in my community3	<mark>3.</mark> 2%		93.5%		
My community has adequate access to emergency response services such as ambulance or fire fighters	9.4%		90.6%	)	
My community has adequate primary care providers and nurses	0%19.2%		73.	1%	

Respondent n: 31-32.

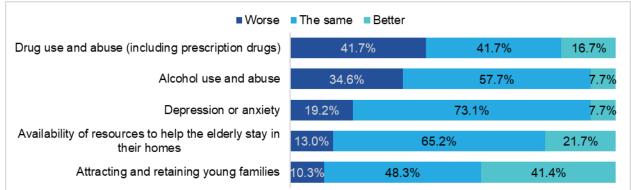
With respect to barriers to seeking care, the price of care was the largest barrier to care for respondents. The price of prescription drugs, even with insurance, presented an extreme barrier to care for 19 percent of respondents and somewhat of a barrier for 44 percent of respondents. Likewise, the price of health care services, even with insurance, presented an extreme barrier for 13 percent of respondents and somewhat of a barrier for 36 percent of respondents (Figure 6).



#### Figure 6. Barriers to Accessing Health Care, Community Health Needs Assessment, 2024

Respondents were asked to evaluate the issues flagged in the 2022 CHNA, of which there were five. At least half of respondents said there was no change in alcohol use and misuse in the community (58 percent), depression or anxiety in the community (73 percent), and the availability of resources to help elderly residents stay in their homes (65 percent). Forty-one percent of respondents indicated that attracting and retaining young families has improved since 2022 and 48 percent indicated there was no change. However, 42 percent of respondents thought drug use and misuse (including prescription drugs) is worse than in 2022 and 42 percent indicated this issue has not changed (Figure 7).

#### Figure 7. Previous CHNA Issues, Community Health Needs Assessment, 2024

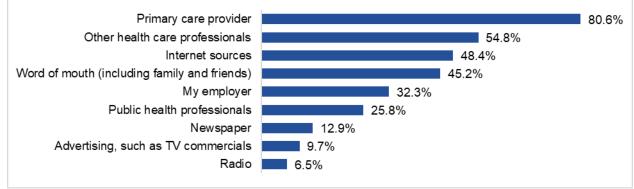


Respondent n: 23-29.

Respondent n: 31-32.

Although respondents spoke highly of the medical services in their community, not all respondents had a primary care doctor; 88 percent of respondents said they had a primary care provider and 72 percent of respondents had received an annual physical exam in the past year. Sixty-nine percent of respondents had a vision exam or annual checkup in the past year and the same percentage had a dental exam or annual checkup in the past year.

When asked to select all the sources they use to find out about health information, 81 percent of respondents said they received their information from a primary care provider, 55 percent said they received information from other health care professionals, and 26 percent said they received information from public health professionals. Nearly half (48 percent) of respondents used the internet and 45 percent used word of mouth, including friends and family (Figure 8).



#### Figure 8. Sources of Health Information, Community Health Needs Assessment, 2024

Respondent n: 31. Respondents were permitted to select more than one response.

No respondents said they had slept outside, in a shelter, in their car, at a family member or friend's house, or in a place otherwise not meant for sleeping in the past month. However, 45 percent of respondents said it was at least slightly difficult for them to pay for heating, housing, or medical care (Appendix D).

### Significant Community Health Needs

Based on an 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 findings.

- Mental health (anxiety, stress, depression). The vast majority respondents (91 percent) were concerned about mental health in their community. Further, 55 percent of respondents disagreed when asked if their community has adequate mental health services. The ratio of population to mental health care providers in McLean County (2,460:1) is substantially higher than in North Dakota (420:1) and the nation overall (300:1).
- **Substance misuse.** Nearly all respondents (94 percent) were concerned about substance misuse in their community (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs); 61 percent were very concerned and 21 percent were somewhat concerned. In addition, 42 percent of respondents indicated they believe drug use and misuse has worsened since the previous CHNA was conducted in 2022, and 35 percent said they believe alcohol use and misuse has worsened since then. The adult smoking rate in McLean County (17 percent) is higher than the rate in North Dakota (16 percent) and the nation (15 percent).
- **Community services.** Half of respondents (55 percent) disagreed when asked if their community has adequate child care services, 53 percent disagreed when asked if their community has adequate affordable housing, and 46 disagreed when asked if their community has adequate public transportation services.
- **Obesity or overweightness**. Two-thirds (67 percent) of respondents were either very concerned or somewhat concerned about obesity or overweightness in their community. The adult obesity rate is higher in McLean County (41 percent) than in North Dakota (36 percent) and the nation overall (34 percent). In addition, access to exercise opportunities are lower in McLean County (39 percent) than in North Dakota (76 percent) and the nation (84 percent). Seventy-three percent of respondents agreed when asked if their community has adequate access to healthy and affordable food.
- Affordability of health care services and prescription drugs. Sixty-three percent of respondents indicated the price of prescription drugs, even with insurance, was either somewhat of a barrier (44 percent) or an extreme barrier (19 percent) to accessing prescription drugs. Forty-eight percent of respondents indicated the price of medical services, even with health insurance, was either somewhat of a barrier (36 percent) or an extreme barrier (13 percent) to health care services.
- Affordable housing. Fifty-three percent of respondents disagreed when asked if their community has enough affordable housing for everyone who needs it. However, the median value of owner-occupied homes and housing costs in McLean County were similar to North Dakota overall. The median rent in McLean County is lower than the statewide median, \$776 per month compared to \$912 per month, respectively.

During the December 16, 2024 community input meeting, attendees discussed survey findings, whether survey findings aligned with their perceptions of their community's needs, and the demographics of survey respondents. Attendees agreed that the results of the survey reflected current community issues. However, those present indicated the health care they receive in their community was satisfactory. Meeting participants indicated community residents are accustomed to traveling for medical care. Garrison is 50 minutes away from the nearest large community of Minot.

### Resources Potentially Available to Address Needs

Programs, resources, and organizations in the community that are potentially available to address the significant health needs were identified by key informants giving input to this process. While not exhaustive, the list draws on the experiences and knowledge base of those directly serving our community. The following potential partners may be useful resources as CHI St. Alexius Health Garrison strives to meet community needs.

Resource	Type of Service
Benedictine Living Center	Nursing Facility
Chase Pharmacy Garrison/Washburn	Pharmacy
City of Garrison	Governmental/social services
Decoteau Trauma Therapy	Mental Health
Deeter Dental	Dental
First District Health Clinic - Garrison	Primary care
First District Health Clinic - Washburn	Primary care
GARC-Garrison Food Pantry	Food
Garrison Family Clinic	Primary care
Garrison Fire Department	Public safety
Garrison Memorial Nursing Facility	Nursing Facility
Garrison Police Department	Non-Emergency
Great Plains Food Bank Sr. Program	Food
Lakeview Chiropractic	Specialty care
Mclean County Sheriff Department	Public safety
Meals on Wheels - Washburn	Food
McLean County Resource Center	Food, domestic violence
ND Department of Health & Human Services	Mclean Social Service
North Dakota Housing Program	Housing
Optometrist	Vision
The Meadows	Assisted Living

### Impact of Actions Taken Since Preceding CHNA

2023-2025 Community Health Implementation Strategy

Health Need: Availability of resources to help the elderly stay in their homes

Heal	th Need: Availability of Resources to help the elderly stay in their home
Strategy	
or	Summary Description
Program	
Strategy 1.1	Investigate existing resources available within the county that provide assistance to the elderly population.
Strategy 1.2	Become an advocate to our elderly population by supplying information about the availability of resources either within our county or our own hospital. FY2023 Key Activities:
	<ol> <li>We planned to work with the North Dakota Department of Human Services to identify Qualified Service Providers (QSP) agencies in our region, however due to the current lack of resources this will be addressed in the coming fiscal year.</li> <li>We planned to hold a Fall Prevention Program in our community, however the program will not launch until FY2024.</li> </ol>
	<ol> <li>We planned to promote respite care and adult day care at the hospital, however due to the current lack of resources, this will be addressed in the coming fiscal year.</li> <li>Explore adding QSP services to our community. We have begun to explore mental health services for our long-term care patients and community members. A financial and legal review is being conducted. Space has been designated for this service (the</li> </ol>
	<ul> <li>old convent space).</li> <li>5. Provide information on available programs, Meals on Wheels, MedicAlert systems, Veteran Services in McLean County. Resources for this were stopped during the pandemic and new information has yet to be developed.</li> </ul>
	FY23 Measures:
	1. No measures to report.
	<ol> <li>No program was held this year but is planned for next year.</li> <li>No program to report</li> </ol>
	<ol> <li>No measures to report.</li> <li>Planning continues with financial and legal review as well as analysis of space.</li> </ol>
	<ol> <li>Action is being evaluated to determine best steps to effectively serve the community.</li> </ol>
	FY2024 Key Activities:
	<ol> <li>Due to the current lack of resources we have been working internally with CHI Home Health to provide necessary assistance to the elderly.</li> </ol>
	<ol> <li>We held a Fall Prevention Program in our community on September 12, 2023.</li> <li>We planned to promote respite care and adult day care at the hospital, however it became unrealistic for us since staffing needs are too great.</li> </ol>
	<ol> <li>We are in the process of adding QSP services to our community. A contract has been drawn up and we anticipate a start date of April 1, 2025.</li> <li>We provided information on available programs, such as Meals on Wheels, MedicAlert evictores. Veters a Veters in Medicae County through our clinic.</li> </ol>
	systems, Veteran Services in McLean County, through our clinic. <b>FY24 Measures:</b>
	1- 5. No measures to report on activities listed above.
	They do have the capability to do telehealth visits in their home due to the pandemic. Health at
Anticipated Impact	Home came to the medical staff meeting to inform medical providers of the services they provide to keep patients in their homes
Planned Collaboration	Information will be made available in conjunction with Health at Home, Meals on Wheels, MedicAlert, First District Health, and Veteran Services.

# Health Need: Depression/Anxiety

Strategy or Program	Summary Description
Strategy 2.1:	Identify depression/anxiety early.
Strategy 2.2:	Adequately treat patients who have depression and anxiety
	<ul> <li>FY2023 Key Activities: <ol> <li>All clinic and hospital patients are assessed for depression and anxiety at visits.</li> <li>Offer treatment for depression and anxiety to diagnosed patients.</li> <li>Offer referrals to Mental Health or Employee Assistance professionals.</li> <li>Educate the public at health fairs and other community events as available.</li> </ol> </li> <li>FY23 Measures: <ol> <li>Work is in progress to assess ALL patients. Measures will begin to be reported in FY2024.</li> <li>Obtained virtual psychiatrist but limited services available for depression and anxiety.</li> <li>We are exploring tracking Employee Assistance Program referrals, but will not be sharing this information publicly.</li> <li>Data is unavailable at time of reporting regarding attendance at public events where information on the hospital and its services were provided.</li> </ol> </li> <li>FY2024 Key Activities: <ol> <li>All clinic and hospital patients were assessed for depression and anxiety at visits.</li> <li>Offer eferrals to Mental Health or Employee Assistance professionals.</li> <li>Educated the public at health fairs and other community events as available.</li> </ol> </li> <li>FY2024 Key Activities: <ol> <li>All clinic and hospital patients were assessed for depression and anxiety at visits.</li> <li>Offer eferrals to Mental Health or Employee Assistance professionals.</li> <li>Educated the public at health fairs and other community events as available.</li> </ol> </li> <li>FY24 Measures: <ol> <li>% of patients screened: at or near 100%.</li> </ol> </li> <li>Obtained virtual psychiatrist, but limited services available for depression and anxiety. Nonprofit Organization available to refer patients to.</li> <li>We are exploring tracking Employee Assistance Program referrals, but will not be sharing this information publicly.</li> <li>Health fair participants: 150</li> </ul>
Anticipated	Increased awareness of available services for treatment of mental health issues including
mpact	depression and anxiety.

# Health Need: Address alcohol and drug use and abuse

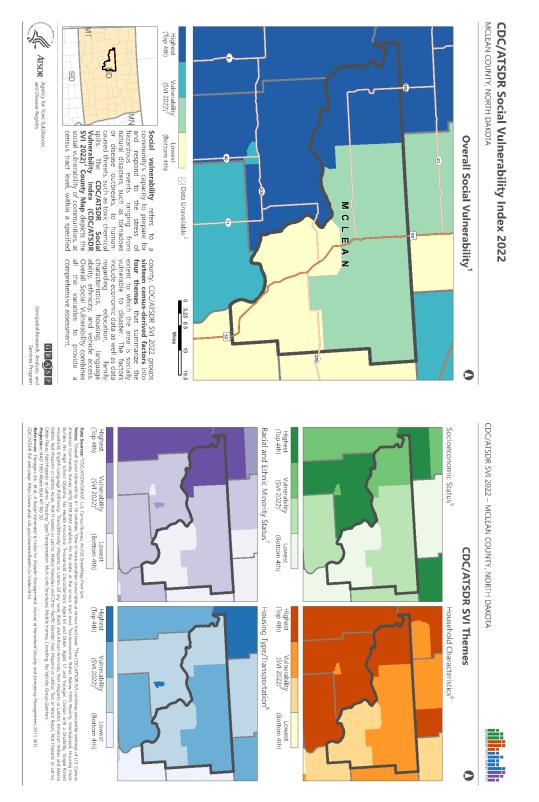
Healt	n Need: Alcohol/Drug use and abuse
Strategy or Program	Summary Description
Strategy 3.1:	Increase the awareness of the dangers of drug use and abuse in our community. Help secure services for people in need of alcohol and drug treatment.
Strategy 3.2:	<ul> <li>FY2023 Key Activities: <ol> <li>We planned to use our website, Facebook and other social media outlets to educate the public on issues concerning excessive alcohol use and abuse, however due to a lack of resources, this did not occur.</li> <li>Clinic and hospital patients are assessed for alcohol and drug use.</li> </ol> </li> <li>FY23 Measures: <ol> <li>No measures to report.</li> <li>ALL patients are assessed for mental health and substance usage/abuse.</li> </ol> </li> <li>FY2024 Key Activities: <ol> <li>We are using our website, Facebook and other social media outlets to educate the public on issues concerning excessive alcohol use and abuse.</li> <li>Clinic and hospital patients are assessed for alcohol and drug use.</li> </ol> </li> <li>FY2024 Key Activities: <ol> <li>We are using our website, Facebook and other social media outlets to educate the public on issues concerning excessive alcohol use and abuse.</li> <li>Clinic and hospital patients are assessed for alcohol and drug use.</li> </ol> </li> <li>FY24 Measures: <ol> <li>No measures to report. Social media was utilized this past year to raise awareness of drug use and abuse.</li> <li>ALL patients are assessed for mental health and substance usage/abuse.</li> </ol> </li> </ul>
Anticipated Impact	Improve services provided to community members that suffer from alcohol and/or drug abuse through collaboration with public health, the local school, and information provided at health fairs.
Planned Collaboration	CHI St. Alexius Health Garrison will work in collaboration with Public Health, local school with information to educate the public on the issues with excessive alcohol and drug use.

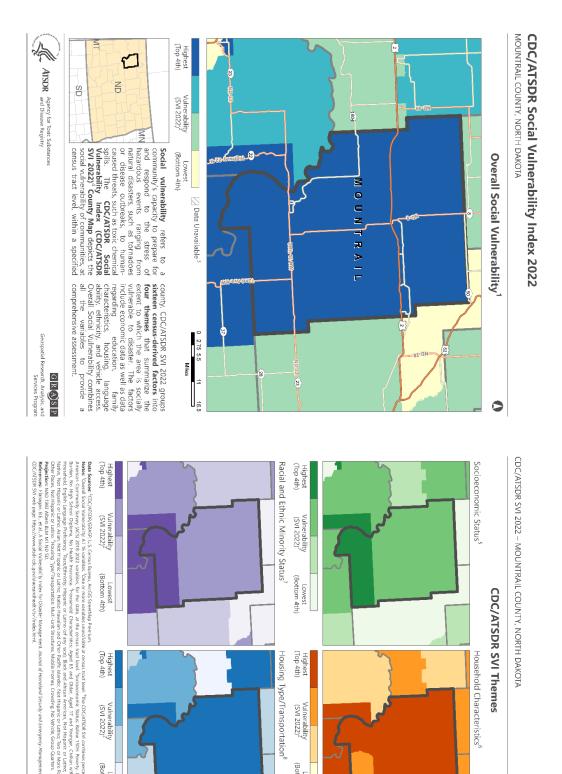
### References

- Centers for Disease Control and Prevention. (2024). CDC/ATSDR SVI: Fact sheet. Centers for Disease Control and Prevention. <u>https://www.atsdr.cdc.gov/placeandhealth/svi/fact\_sheet/fact\_sheet.html</u>
- County Health Rankings & Roadmaps (2024). *McLean County, North Dakota*. County Health Rankings & Roadmaps. <u>https://www.countyhealthrankings.org/health-data/north-dakota/mclean?year=2024</u>
- Cutter, S. L., Ash, K. D., & Emrich, C. T. (2014). The geographies of community disaster resilience. *Global Environmental Change*, 29, 65–77. <u>https://doi</u>.org/10.1016/j.gloenvcha.2014.08.005
- National Risk Index. (2024). *McLean County, North Dakota*. Federal Emergency Management Agency. <u>https://hazards.fema.gov/nri/</u>
- North Dakota Labor Market Information (2024). *North Dakota Largest Employers*. North Dakota Job Service. <u>https://www.ndlmi.com/vosnet/gsipub/documentView.aspx?docid=682</u>

### Appendices

Appendix A: CDC/ATSDR Social Vulnerability Index 2022 for McLean, Mountrail, and Ward Counties, ND





Lowest (Bottom 4th)

2025

Lowest (Bottom 4th)

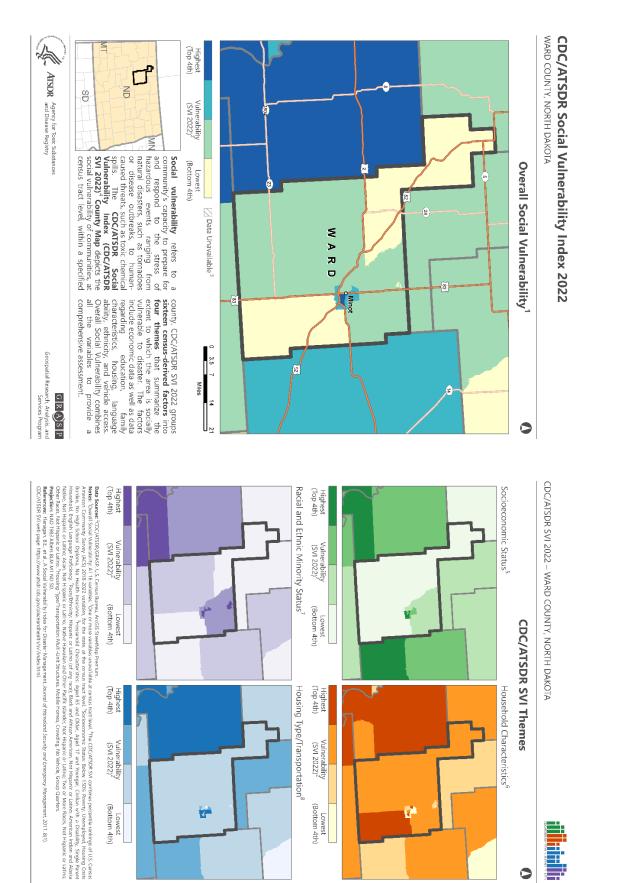
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CDC/ATSDR SVI

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Lowest (Bottorn 4th)

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Lowest (Bottom 4th)

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### Appendix B: Secondary Data Profiles for Mountrail and Ward Counties

Table 1: Population Estimates, Mountrail County, ND, North Dakota, and United States, by Age, Race/Ethnicity, and Sex (2022)					
Age Group	Mountrail County Population	Mountrail County Percentages	North Dakota Percentages	United States Percentages	
0-4	824	8.5%	6.7%	5.7%	
5-17	1,919	19.9%	16.9%	16.4%	
18-24	755	7.8%	11.3%	9.4%	
25-44	2,663	27.6%	27.1%	26.6%	
45-64	2,294	23.8%	22.2%	25.3%	
65 and older	1,193	12.4%	15.9%	16.5%	
Total	9,648	100.0%	100.0%	100.0%	
Race and Ethnicity*					
White, Non-Hispanic alone	5,498	57.0%	83.0%	58.9%	
American Indian and Alaska Native alone	2,946	30.5%	4.7%	0.8%	
Asian alone	69	0.7%	1.6%	5.8%	
Black or African American alone	179	1.9%	3.2%	12.5%	
Native Hawaiian and Pacific Islander alone	12	0.1%	0.2%	0.2%	
Some other race alone	255	2.6%	1.4%	6.0%	
Two or more races	435	4.5%	4.4%	8.8%	
Hispanic Origin (of any race)	880	9.1%	4.3%	18.7%	
Sex					
Female	4,582	47.5%	48.6%	50.4%	
Male	5,066	52.5%	51.4%	49.6%	
Total	9,648	100.0%	100.0%	100%	

#### Community Demographic Tables for Mountrail County, ND

\*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.

Table 2: Household Demographics, Mountrail County, ND, North Dakota, and United States (2022)					
Item	Mountrail County	North Dakota	United States		
Total households	3,539	320,038	125,736,353		
Owner-occupied housing rate	60.6%	63.2%	64.8%		
Average household size (persons per household)	2.69	2.3	2.6		
Median value of owned-occupied housing	\$205,000	\$232,500	\$281,900		
Median monthly owner costs (with mortgage)	\$1,583	\$1,653	\$1,828		
Median monthly owner costs (without mortgage)	\$438	\$551	\$584		
Median gross rent	\$929	\$912	\$1,268		
Median household income	\$81,886	\$73,959	\$75,149		
Source: U.S. Census Bureau, 2018-2022 American Communit	y Survey (ACS) 5-year est	imates.			

Table 3: Household Characteristics, Mountrail County, ND, North Dakota, and United States (2022)						
Mountrail County Households	Percent of Mountrail County Households*	Percent of North Dakota Households*	Percent of United States Households*			
1,121	31.7%	27.8%	30.2%			
871	24.6%	26.7%	30.8%			
1,162	32.8%	33.2%	28.3%			
275	7.8%	11.8%	11.5%			
	Mountrail           County           Households           1,121           871           1,162           275	Mountrail County         Percent of Mountrail County           Households         Households*           1,121         31.7%           871         24.6%           1,162         32.8%           275         7.8%	Mountrail County HouseholdsPercent of Mountrail County Households*Percent of North Dakota Households*1,12131.7%27.8%87124.6%26.7%1,16232.8%33.2%			

\*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.

Table 4: Employment by Industry, Mountrail County, ND (2022)					
Sector	Estimated Workers	Percent of Workforce			
Educational services, health care and social assistance	882	20.1%			
Agriculture, forestry, fishing, hunting, and mining	651	14.8%			
Retail	461	10.5%			
Arts, entertainment, recreation, accommodation and food service	411	9.4%			
Transportation, warehousing, and utilities	325	7.4%			
Public administration	325	7.4%			
Construction	274	6.2%			
Finance and insurance	263	6.0%			
Other	795	18.1%			
Total workforce	4,387	100.0%			

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

Table 5: Poverty Characteristics, Mountrail County, ND, North Dakota, and United States (2022)					
Poverty Characteristics	Mountrail County Estimate	Mountrail County Percent*	North Dakota Percent*	United States Percent*	
All persons below poverty level (% of total population)	1,182	12.4%	10.8%	12.5%	
All persons below 200% poverty level (% of total population)	2,991	31.3%	24.7%	28.8%	
Children aged 0-17 below poverty level (% of children 0-17)	374	13.8%	11.3%	16.7%	
Adults aged 65 and older below poverty level (% of adults 65 and older)	119	10.3%	9.1%	10.0%	
Eligible recipients of free or reduced-price school lunch	744	33.6%	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.

Table 6: Educational Attainment for Persons Aged 25 and Older, Mountrail County, ND, North Dakota, and United States (2022)

Estimate	of Population 25 and Older	Population 25 and Older	Percent of Population 25 and Older
683	11.1%	6.5%	10.9%
1,954	31.8%	26.1%	26.4%
2,119	34.5%	36.0%	28.5%
927	15.1%	22.3%	20.9%
467	7.6%	9.1%	13.4%
6,150	100.0%	100.0%	100.0%
	683         1,954         2,119         927         467         6,150	Estimateand Older68311.1%1,95431.8%2,11934.5%92715.1%4677.6%6,150100.0%	Estimateand Olderand Older68311.1%6.5%1,95431.8%26.1%2,11934.5%36.0%92715.1%22.3%4677.6%9.1%

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

#### Table 7: Health Behaviors, Mountrail County, ND, North Dakota, and the United States (2021)

Health Behavior	Mountrail County	North Dakota	United States
Adult Smoking	21%	16%	15%
Adult Obesity	45%	36%	34%
Adult Excessive Drinking	22%	23%	18%
Alcohol-Impaired Driving Deaths	46%	39%	26%
Physical Inactivity <sup>1</sup>	29%	25%	23%
Access to Exercise Opportunities <sup>2</sup>	75%	76%	84%
Poor Mental Health Days <sup>3</sup>	4.3	4.0	4.8

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

#### Table 8: Leading Causes of Death in Mountrail County, ND Residents Under Age 75 (2019-2021)

Deaths	Rate Per 100,000 Population Under 75
47	160
31	105.5
23	78.3
20	68.1
16	Unreliable
	31 23 20

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

Table 9: Other Health Factors, Mountrail County, ND, North Dakota, and United States					
Health Factor	Mountrail County	North Dakota	United States		
Uninsured Rate, 2021	16%	9%	10%		
Medicaid Coverage, 2022	16.4%	11.9%	20.4%		
Unemployment Rate, 2022	1.5%	2%	4%		
Low Birthweight Rate, 2016-2022	6%	7%	8%		
Annual Mammogram Rate, 2021 <sup>1</sup>	37%	53%	43%		
Annual Flu Shot Rate, 2021 <sup>2</sup>	41%	49%	46%		
Food Environment Index, 2019-2021 <sup>3</sup>	9.1	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; NDHHS COVID-19 Vaccine Dashboard; CDC COVIDVaxView

<sup>1</sup>Percentage of female Medicare enrollees who received an annual mammogram.

<sup>2</sup>Percent of Medicare enrollees who received an annual flu shot.

<sup>3</sup>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).

## Table 10: Number of Residents Per Health Care Provider in Mountrail County, ND, North Dakota, and the United States

Type of Provider	Mountrail County	North Dakota	United States	
Primary Care Physicians, 2021	1,920:1	1,290:1	1,330:1	
Mental Health Care Providers, 2024	1,560:1	420:1	300:1	
Dentists, 2022	1,550:1	1,420:1	1,360:1	
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Sources: Health Resources & Services Administration, Area Health Resource Files; CMS, National Provider Identification Registry.

# Table 11: National Risk Index Percentiles for Mountrail County, ND when compared to North Dakota Counties and U.S. Counties (2024)

Index	Percentile within North Dakota	U.S. Percentile
Expected Annual Loss	50.9	31.0
Social Vulnerability	94.3	61.3
Community Resilience	17.0	36.6
National Risk Index	64.2	37.3

Note: The Risk Index can be read as "64.2% of counties in North Dakota have a lower Risk Index than Mountrail County; 37.2% of U.S. counties have a lower Risk Index than Mountrail 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).

#### Community Demographic Tables for Ward County, ND

	Ward County	Ward County	North Dakota	United States
Age Group	Population	Percentages	Percentages	Percentages
0-4	5,038	7.2%	6.7%	5.7%
5-17	11,572	16.6%	16.9%	16.4%
18-24	8,511	12.2%	11.3%	9.4%
25-44	21,148	30.4%	27.1%	26.6%
45-64	14,044	20.2%	22.2%	25.3%
65 and older	9,219	13.3%	15.9%	16.5%
Total	69,532	100.0%	100.0%	100.0%
Race and Ethnicity*				
White, Non-Hispanic alone	56,538	81.3%	83.0%	58.9%
American Indian and Alaska	899	1.3%	4.7%	0.8%
Native alone	099	1.370	4.770	0.0%
Asian alone	1,141	1.6%	1.6%	5.8%
Black or African American	2,997	4.3%	3.2%	12.5%
alone	2,991	4.570	5.270	12.570
Native Hawaiian and Pacific	73	0.1%	0.2%	0.2%
Islander alone	10	0.170	0.270	0.270
Some other race alone	1,454	2.1%	1.4%	6.0%
Two or more races	4,924	7.1%	4.4%	8.8%
Hispanic Origin (of any race)	4,691	6.7%	4.3%	18.7%
Sex				
Female	33,089	47.6%	48.6%	50.4%
Male	36,443	52.4%	51.4%	49.6%
Total	69,532	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.

#### Table 2: Household Demographics, Ward County, ND, North Dakota, and United States (2022)

Item	Ward County	North Dakota	United States	
Total households	28,351	320,038	125,736,353	
Owner-occupied housing rate	61.2%	63.2%	64.8%	
Average household size (persons per household)	2.4	2.3	2.6	
Median value of owned-occupied housing	\$249,800	\$232,500	\$281,900	
Median monthly owner costs (with mortgage)	\$1,749	\$1,653	\$1,828	
Median monthly owner costs (without mortgage)	\$611	\$551	\$584	
Median gross rent	\$1,005	\$912	\$1,268	
Median household income	\$78,143	\$73,959	\$75,149	
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Table 3: Household Characteristics, Ward County, ND, North Dakota, and United States (2022)							
Household Characteristics	Ward County Households	Percent of Ward County Households*	Percent of North Dakota Households*	Percent of United States Households*			
Households with children aged 0-17	7,922	27.9%	27.8%	30.2%			
Households with adults aged 65 and older	6,499	22.9%	26.7%	30.8%			
Householders living alone	9,109	32.1%	33.2%	28.3%			
Householders aged 65 and older living alone	2,959	10.4%	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.

Table 4: Employment by Industry, Ward County, ND (2022)		
Sector	Estimated Workers	Percent of Workforce
Educational services, health care and social assistance	8,772	25.7%
Retail	4,493	13.1%
Agriculture, forestry, fishing, hunting, and mining	2,975	8.7%
Construction	2,597	7.6%
Arts, entertainment, recreation, accommodation and food service	2,512	7.4%
Professional, scientific, technical, administrative, and waste management services	2,300	6.7%
Transportation, warehousing, and utilities	2,097	6.1%
Public administration	1,910	5.6%
Other	6,514	19.1%
Total workforce	34,170	100.0%

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Table 5: Poverty Characteristics, Ward County, ND, North Dakota, and United States (2022)							
Poverty Characteristics	Ward County Estimate	Ward County Percent*	North Dakota Percent*	United States Percent*			
All persons below poverty level (% of total population)	6.127	9.0%	10.8%	12.5%			
All persons below 200% poverty level (% of total population)	14,326	21.1%	22.8%	28.2%			
Children aged 0-17 below poverty level (% of children 0-17)	901	5.5%	11.3%	16.7%			
Adults aged 65 and older below poverty level (% of adults 65 and older)	977	11.1%	9.1%	10.0%			
Eligible recipients of free or reduced-price school lunch	2,313	22.0%	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.

Table 6: Educational Attainment for Persons Aged 25 and Older, Ward County, ND, North Dakota, and United States (2022)

Level of Education Attained	Ward County Estimate	Ward 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	2,639	5.9%	6.5%	10.9%
High school diploma or GED	762	28.8%	26.1%	26.4%
Some college or Associate's degree	15,919	35.8%	36.0%	28.5%
Bachelor's degree	9,023	20.3%	22.3%	20.9%
Graduate or professional degree	4,034	9.1%	9.1%	13.4%
Total population aged 25 and older	44,411	100.0%	100.0%	100.0%
Source: U.S. Census Bureau, 2018-2022 Am	erican Commu	hity Survey (ACS) 5-	vear estimates	

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

### Table 7: Health Behaviors, Ward County, ND, North Dakota, and the United States (2021)

Health Behavior	Ward County	North Dakota	United States
Adult Smoking	16%	16%	15%
Adult Obesity	38%	36%	34%
Adult Excessive Drinking	24%	23%	18%
Alcohol-Impaired Driving Deaths	23%	39%	26%
Physical Inactivity <sup>1</sup>	26%	25%	23%
Access to Exercise Opportunities <sup>2</sup>	86%	76%	84%
Poor Mental Health Days <sup>3</sup>	3.6	4.0	4.8

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

### Table 8: Leading Causes of Death in Ward County, ND Residents Under Age 75 (2019-2021)

Cause of Death	Deaths	Rate Per 100,000 Population Under 75
Malignant Neoplasms	156	80.7
Diseases of the heart	109	56.4
Accidents	85	44
COVID-19	66	34.2
Intentional self-harm	39	20.2
Source: 2024 County Health Rankings & Roadmaps, a pro	gram of the Unive	rsity of Wisconsin Population Health Institute.

Table 9: Other Health Factors, Ward County, ND, North Dakota, and United States							
Description of Factor	Ward County	North Dakota	United States				
Uninsured Rate, 2021	10%	9%	10%				
Medicaid Coverage, 2022	9.3%	11.9%	20.4%				
Unemployment Rate, 2022	2.3%	2%	4%				
Low Birthweight Rate, 2016-2022	6%	7%	8%				
Annual Mammogram Rate, 2021 <sup>1</sup>	53%	53%	43%				
Annual Flu Shot Rate, 2021 <sup>2</sup>	54%	49%	46%				
Food Environment Index, 2019-2021 <sup>3</sup>	8.9	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 <sup>1</sup>Percentage of female Medicare enrollees who received an annual mammogram.

<sup>2</sup>Percent of Medicare enrollees who received an annual flu shot.

<sup>3</sup>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).

# Table 10: Number of Residents Per Health Care Provider in Ward County, ND, North Dakota, and the United States

Type of Provider	Ward County	North Dakota	United States
Primary Care Physicians, 2021	1,280:1	1,290:1	1,330:1
Mental Health Care Providers, 2024	330:1	420:1	300:1
Dentists, 2022	1,190:1	1,420:1	1,360:1
Sources: Health Resources & Services Administration	on, Area Health Resource	Files; CMS, National Pr	ovider Identification

Registry.

# Table 11: National Risk Index Percentiles for Ward County, ND when compared to North Dakota Counties and U.S. Counties (2024)

Index	Percentile within North Dakota	U.S. Percentile
Expected Annual Loss	92.5	77.7
Social Vulnerability	75.5	25.2
Community Resilience	79.2	84.9
National Risk Index	92.5	75.6

Note: The Risk Index can be read as "92.5% of counties in North Dakota have a lower Risk Index than Ward County; 75.6% of U.S. counties have a lower Risk Index than Ward 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).

### Appendix C: 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 lia	lison	
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.

			Neither			
	Strongly Disagree	Somewhat Disagree	Agree nor Disagree	Somewhat Agree	Strongly Agree	l 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	Somewha t Disagree	Neither Agree nor Disagree	Somewha t Agree	Strongly Agree	l 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						П
services						
My community has a quality education		П		П	п	
system						
My community has adequate public						
transportation services						
My community has adequate employment						
opportunities that pay a livable wage						
My community has adequate law		П		П		П
enforcement.			Ц			
My community has enough affordable	П	Π		Π	Π	
housing for everyone who needs it		Ц		Ц	Ц	Ц
My community has adequate access to						
healthy and affordable foods		Ц		Ц	Ц	Ц

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 concerne d at all	Slightly concerned	Somewhat concerned	Very concerned	l 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?

Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	l don't know	Not applicable to my community
	concerned at all	concerned at allSlightly concerned□□□□□□□□□□□□□□□□□□□□□□□□□□□□	concerned at allSlightly concernedSomewhat concerned□□	concerned at allSlightly concernedSomewhat concernedVery concerned□□	concerned at allSlightly concernedSomewhat concernedVery 

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

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.

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

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

### 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	l 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?

)

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

### 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

- Disability
- □ Religion
- □ 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

#### 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) \_\_\_\_\_\_
- Newspaper advertisement
- $\hfill\square$  Word of mouth
- Direct email (please specify from where) \_\_\_\_\_\_
- Another way (please specify) \_\_\_\_\_\_

□ Disabled

□ Student

Prefer not to say

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 D: 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	33	100.0%	100.0%	100.0%		

What is your zip code?									
		Frequency	Percent	Valid Percent	Cumulative Percent				
Valid		9	27.3%	27.3%	27.3%				
	58531	2	6.1%	6.1%	33.3%				
	58540	20	60.6%	60.6%	93.9%				
	58549	1	3.0%	3.0%	97.0%				
	58779	1	3.0%	3.0%	100.0%				
	Total	33	100.0%	100.0%					

What is the state in which you live?								
		Frequency	Percent	Valid Percent	Cumulative Percent			
Valid	North Dakota	33	100.0%	100.0%	100.0%			

What is the county where you live in North Dakota?							
		Frequency	Percent	Valid Percent	Cumulative Percent		
Valid	McLean	33	100.0%	100.0%	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	Count	4	5	8	11	5	33
each of the following statements about the people in your community My community is culturally diverse	Row N %	12.1%	15.2%	24.2%	33.3%	15.2%	100.0%
Please indicate your level of agreement for	Count	1	0	1	16	15	33
each of the following statements about the people in your community People feel welcome and accepted in my community	Row N %	3.0%	0.0%	3.0%	48.5%	45.5%	100.0%
Please indicate your level of agreement for	Count	1	1	1	13	16	32
each of the following statements about the people in your community There is a sense of civic responsibility and engagement in my community	Row N %	3.1%	3.1%	3.1%	40.6%	50.0%	100.0%
Please indicate your level of agreement for	Count	2	1	0	18	11	32
each of the following statements about the people in your community The people in my community have a shared vision and community goals	Row N %	6.3%	3.1%	0.0%	56.3%	34.4%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: People in your community - My community is	Count	9	8	16	33
culturally diverse	Row N %	27.3%	24.2%	48.5%	100.0%
RECODE: People in your community - People feel welcome	Count	1	1	31	33
and accepted in my community	Row N %	3.0%	3.0%	93.9%	100.0%
RECODE: People in your community - There is a sense of	Count	2	1	29	32
civic responsibility and engagement in my community	Row N %	6.3%	3.1%	90.6%	100.0%
RECODE: People in your community - The people in my	Count	3	0	29	32
community have a shared vision and community goals	Row N %	9.4%	0.0%	90.6%	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	Count	3	6	1	8	15	33
each of the following statements about services in your community My community has adequate opportunities for recreation and leisure for all ages	Row N %	9.1%	18.2%	3.0%	24.2%	45.5%	100.0%
Please indicate your level of agreement for	Count	0	2	2	14	15	33
each of the following statements about services in your community My community has a thriving business district with access to needed goods and services	Row N %	0.0%	6.1%	6.1%	42.4%	45.5%	100.0%
Please indicate your level of agreement for	Count	0	4	4	11	13	32
each of the following statements about services in your community My community provides adequate public services like snow removal, garbage collection, or recycling	Row N %	0.0%	12.5%	12.5%	34.4%	40.6%	100.0%
Please indicate your level of agreement for	Count	3	14	2	7	5	31
each of the following statements about services in your community My community has adequate child care services	Row N %	9.7%	45.2%	6.5%	22.6%	16.1%	100.0%
Please indicate your level of agreement for	Count	1	3	5	15	8	32
each of the following statements about services in your community My community has adequate senior services	Row N %	3.1%	9.4%	15.6%	46.9%	25.0%	100.0%
Please indicate your level of agreement for	Count	0	1	2	12	17	32
each of the following statements about services in your community My community has a quality education system	Row N %	0.0%	3.1%	6.3%	37.5%	53.1%	100.0%
Please indicate your level of agreement for	Count	6	9	2	11	5	33
each of the following statements about services in your community My community has adequate public transportation services	Row N %	18.2%	27.3%	6.1%	33.3%	15.2%	100.0%

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement for	Count	1	7	4	14	6	32
each of the following statements about	Row	3.1%	21.9%	12.5%	43.8%	18.8%	100.0%
services in your community My community	N %						
has adequate employment opportunities that pay a livable wage							
Please indicate your level of agreement for	Count	5	6	8	10	4	33
each of the following statements about	Row	15.2%	18.2%	24.2%	30.3%	12.1%	100.0%
services in your community My community	N %						
has adequate law enforcement							
Please indicate your level of agreement for	Count	7	10	5	6	4	32
each of the following statements about	Row	21.9%	31.3%	15.6%	18.8%	12.5%	100.0%
services in your community My community	N %						
has enough affordable housing for everyone							
who needs it							
Please indicate your level of agreement for	Count	2	5	2	14	10	33
each of the following statements about	Row	6.1%	15.2%	6.1%	42.4%	30.3%	100.0%
services in your community My community	N %						
has adequate access to healthy and							
affordable foods							

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Services in your community - My community	Count	9	1	23	33
has adequate opportunities for recreation and leisure for	Row N %	27.3%	3.0%	69.7%	100.0%
all ages					
RECODE: Services in your community - My community	Count	2	2	29	33
has a thriving business district with access to needed	Row N %	6.1%	6.1%	87.9%	100.0%
goods and services					
RECODE: Services in your community - My community	Count	4	4	24	32
provides adequate public services like snow removal,	Row N %	12.5%	12.5%	75.0%	100.0%
garbage collection, or recycling					

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Services in your community - My community	Count	17	2	12	31
has adequate child care services	Row N %	54.8%	6.5%	38.7%	100.0%
RECODE: Services in your community - My community	Count	4	5	23	32
has adequate senior services	Row N %	12.5%	15.6%	71.9%	100.0%
RECODE: Services in your community My community	Count	1	2	29	32
has a quality education system	Row N %	3.1%	6.3%	90.6%	100.0%
RECODE: Services in your community My community	Count	15	2	16	33
has adequate public transportation services	Row N %	45.5%	6.1%	48.5%	100.0%
RECODE: Services in your community My community	Count	8	4	20	32
has adequate employment opportunities that pay a livable wage	Row N %	25.0%	12.5%	62.5%	100.0%
RECODE: Services in your community My community	Count	11	8	14	33
has adequate law enforcement	Row N %	33.3%	24.2%	42.4%	100.0%
RECODE: Services in your community My community	Count	17	5	10	32
has enough affordable housing for everyone who needs it	Row N %	53.1%	15.6%	31.3%	100.0%
RECODE: Services in your community My community	Count	7	2	24	33
has adequate access to healthy and affordable foods	Row N %	21.2%	6.1%	72.7%	100.0%

### **Community Concerns**

		Not concerned	Slightly	Somewhat	Very	Total
		at all	concerned	concerned	concerned	
How concerned are you about each of	Count	2	4	7	20	33
the following in your community? -	Row N	6.1%	12.1%	21.2%	60.6%	100.0%
Substance misuse (alcohol, prescription	%					
drugs, tobacco or vaping, illicit or street						
drugs)						
How concerned are you about each of	Count	3	6	9	15	33
the following in your community? -	Row N	9.1%	18.2%	27.3%	45.5%	100.0%
Mental health (anxiety, stress,	%					
depression)						
	Count	5	7	8	10	30

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about each of the following in your community? - Suicide	Row N %	16.7%	23.3%	26.7%	33.3%	100.0%
How concerned are you about each of	Count	9	7	11	5	32
the following in your community? - Access to healthy foods	Row N %	28.1%	21.9%	34.4%	15.6%	100.0%
How concerned are you about each of	Count	5	11	12	2	30
the following in your community? - Food insecurity or hunger	Row N %	16.7%	36.7%	40.0%	6.7%	100.0%
How concerned are you about each of	Count	4	10	12	3	29
the following in your community? - Poverty in my community	Row N %	13.8%	34.5%	41.4%	10.3%	100.0%
How concerned are you about each of	Count	9	11	2	4	26
the following in your community? - Sexually transmitted diseases or infections	Row N %	34.6%	42.3%	7.7%	15.4%	100.0%
How concerned are you about each of	Count	6	9	13	5	33
the following in your community? - Crime in my community	Row N %	18.2%	27.3%	39.4%	15.2%	100.0%
How concerned are you about each of	Count	19	5	6	3	33
the following in your community? - Availability of long-term care or assisted living facilities	Row N %	57.6%	15.2%	18.2%	9.1%	100.0%
How concerned are you about each of	Count	3	10	9	9	31
the following in your community? - Availability of elder care services to support independent living, or aging in place	Row N %	9.7%	32.3%	29.0%	29.0%	100.0%
How concerned are you about each of	Count	5	5	7	13	30
the following in your community? - Obesity or overweightness	Row N %	16.7%	16.7%	23.3%	43.3%	100.0%

### Violence Concerns in Community

		Not concerned	Slightly	Somewhat	Very	Total
		at all	concerned	concerned	concerned	
How concerned are you about the	Count	4	8	9	11	32
following types of violence in your community? - Cyber bullying	Row N %	12.5%	25.0%	28.1%	34.4%	100.0%
How concerned are you about the	Count	3	9	16	4	32
following types of violence in your community? - Child abuse or neglect	Row N %	9.4%	28.1%	50.0%	12.5%	100.0%
How concerned are you about the	Count	4	7	13	6	30
following types of violence in your community? - Intimate partner violence	Row N %	13.3%	23.3%	43.3%	20.0%	100.0%
How concerned are you about the	Count	5	8	10	7	30
following types of violence in your community? - Emotional abuse (including intimidation or isolation)	Row N %	16.7%	26.7%	33.3%	23.3%	100.0%
How concerned are you about the	Count	5	10	9	6	30
following types of violence in your community? - Sexual abuse or assault	Row N %	16.7%	33.3%	30.0%	20.0%	100.0%
How concerned are you about the	Count	11	10	5	5	31
following types of violence in your community? - Stalking	Row N %	35.5%	32.3%	16.1%	16.1%	100.0%
How concerned are you about the	Count	8	7	9	6	30
following types of violence in your community? - Verbal threats or harassment	Row N %	26.7%	23.3%	30.0%	20.0%	100.0%
How concerned are you about the	Count	15	6	7	4	32
following types of violence in your community? - Gun violence	Row N %	46.9%	18.8%	21.9%	12.5%	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	Count	0	2	0	12	18	32
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	Row N %	0.0%	6.3%	0.0%	37.5%	56.3%	100.0%
Please indicate your level of	Count	1	1	1	14	15	32
agreement with the following issues related to medical services in your community My community has adequate primary care providers and nurses	Row N %	3.1%	3.1%	3.1%	43.8%	46.9%	100.0%
Please indicate your level of	Count	2	1	3	11	15	32
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	Row N %	6.3%	3.1%	9.4%	34.4%	46.9%	100.0%
Please indicate your level of	Count	2	4	5	8	13	32
agreement with the following issues related to medical services in your community My community has adequate dental care providers	Row N %	6.3%	12.5%	15.6%	25.0%	40.6%	100.0%
Please indicate your level of	Count	3	0	4	9	16	32
agreement with the following issues related to medical services in your community My community has adequate vision care providers	Row N %	9.4%	0.0%	12.5%	28.1%	50.0%	100.0%
Please indicate your level of	Count	7	10	5	6	3	31
agreement with the following issues related to medical services in your	Row N %	22.6%	32.3%	16.1%	19.4%	9.7%	100.0%

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
community My community has							
adequate mental health services							
Please indicate your level of	Count	0	0	3	4	25	32
agreement with the following issues	Row N %	0.0%	0.0%	9.4%	12.5%	78.1%	100.0%
related to medical services in your							
community My community has							
adequate access to emergency							
response services such as							
ambulance or fire fighters							
Please indicate your level of	Count	0	2	3	8	19	32
agreement with the following issues	Row N %	0.0%	6.3%	9.4%	25.0%	59.4%	100.0%
related to medical services in your							
community I can easily navigate the							
health care system in my community							
Please indicate your level of	Count	1	0	1	7	22	31
agreement with the following issues	Row N %	3.2%	0.0%	3.2%	22.6%	71.0%	100.0%
related to medical services in your							
community I receive quality health							
care in my community							
Please indicate your level of	Count	0	2	3	13	14	32
agreement with the following issues	Row N %	0.0%	6.3%	9.4%	40.6%	43.8%	100.0%
related to medical services in your							
community In my community, care							
is well coordinated across providers							
and services							

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Medical services in your community It is	Count	2	0	30	32
easy to get an appointment for health care services in	Row N %	6.3%	0.0%	93.8%	100.0%
my community					

		Disagree	Neither agree	Agree	Total
			nor disagree		
RECODE: Medical services in your community My	Count	2	1	29	32
community has adequate primary care providers and	Row N %	6.3%	3.1%	90.6%	100.0%
nurses					
RECODE: Medical services in your community My	Count	3	3	26	32
community has adequate health care services to meet	Row N %	9.4%	9.4%	81.3%	100.0%
my health care needs					
RECODE: Medical services in your community My	Count	6	5	21	32
community has adequate dental care providers	Row N %	18.8%	15.6%	65.6%	100.0%
RECODE: Medical services in your community My	Count	3	4	25	32
community has adequate vision care providers	Row N %	9.4%	12.5%	78.1%	100.0%
RECODE: Medical services in your community My	Count	17	5	9	31
community has adequate mental health services	Row N %	54.8%	16.1%	29.0%	100.0%
RECODE: Medical services in your community My	Count	0	3	29	32
community has adequate access to emergency	Row N %	0.0%	9.4%	90.6%	100.0%
response services such as ambulance or fire fighters					
RECODE: Medical services in your community I can	Count	2	3	27	32
easily navigate the health care system in my	Row N %	6.3%	9.4%	84.4%	100.0%
community					
RECODE: Medical services in your community I	Count	1	1	29	31
receive quality health care in my community	Row N %	3.2%	3.2%	93.5%	100.0%
RECODE: Medical services in your community In	Count	2	3	27	32
my community, care is well coordinated across	Row N %	6.3%	9.4%	84.4%	100.0%
providers and services					

### Last CHNA Needs

		Much worse	Somewhat worse	About the same	Somewhat better	Much better	Total
Three years ago, the last Community	Count	0	3	15	4	1	23
Health Needs Assessment identified the	Row N	0.0%	13.0%	65.2%	17.4%	4.3%	100.0%
following issues as community health needs. To what degree do you believe these issues have changed? - Mental health for all ages	%						
Three years ago, the last Community	Count	0	3	14	8	4	29
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	Row N %	0.0%	10.3%	48.3%	27.6%	13.8%	100.0%
Three years ago, the last Community	Count	0	5	19	1	1	26
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	Row N %	0.0%	19.2%	73.1%	3.8%	3.8%	100.0%
Three years ago, the last Community	Count	0	9	15	1	1	26
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	Row N %	0.0%	34.6%	57.7%	3.8%	3.8%	100.0%
Three years ago, the last Community	Count	0	10	10	3	1	24
Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? - Drug use and abuse (including prescription drugs)	Row N %	0.0%	41.7%	41.7%	12.5%	4.2%	100.0%

		Worse	The same	Better	Total
RECODE: Previous issues - Mental	Count	3	15	5	23
health for all ages	Row N %	13.0%	65.2%	21.7%	100.0%
RECODE: Previous issues - Ability to	Count	3	14	12	29
retain primary care providers	Row N %	10.3%	48.3%	41.4%	100.0%
RECODE: Previous issues - Enough child	Count	5	19	2	26
daycare services	Row N %	19.2%	73.1%	7.7%	100.0%
RECODE: Previous issues - Alcohol use	Count	9	15	2	26
and abuse	Row N %	34.6%	57.7%	7.7%	100.0%
RECODE: previous issues - Drug use and	Count	10	10	4	24
abuse (including prescription drugs)	Row N %	41.7%	41.7%	16.7%	100.0%

### Preventative Health Care Measures

Multiple Response						
	Valid	/alid Missing			Total	
	Ν	Percent	N	Percent	N	Percent
MRQ5.1ª	32	97.0%	1	3.0%	33	100.0%

		Response	s	Percent of	
		Ν	Percent	Cases	
MRQ5.1ª	Which of the following preventative health care measures have you received in the last year? Vaccinations	23	17.2%	71.9%	
	Which of the following preventative health care measures have you received in the last year? Annual physical exam	23	17.2%	71.9%	
	Which of the following preventative health care measures have you received in the last year? Mammogram	14	10.4%	43.8%	
	Which of the following preventative health care measures have you received in the last year? Colonoscopy	4	3.0%	12.5%	
	Which of the following preventative health care measures have you received in the last year? Blood pressure or cholesterol screening	18	13.4%	56.3%	

	Which of the following preventative health care measures have you	3	2.2%	9.4%
	received in the last year? Counseling for tobacco use, alcohol			
	dependency, weight loss, behavioral health			
	Which of the following preventative health care measures have you	5	3.7%	15.6%
	received in the last year? Depression screening			
	Which of the following preventative health care measures have you	22	16.4%	68.8%
	received in the last year? STD/STI Screening			
	Which of the following preventative health care measures have you	22	16.4%	68.8%
	received in the last year? Vision exam or annual checkup			
	Which of the following preventative health care measures have you	134	100.0%	418.8%
	received in the last year? Dental exam or annual checkup			
Total				
a. Dichotom	ny group tabulated at value 1.	·		·

### **Barriers to Health Services**

		Not at all a	Somewhat	Extreme	Total
		barrier	of a barrier	barrier	
To what degree are each of the following issues a barrier to your	Count	27	3	1	31
ability to access health care services? - Transportation to health care service locations	Row N %	87.1%	9.7%	3.2%	100.0%
To what degree are each of the following issues a barrier to your	Count	23	8	1	32
ability to access health care services? - Distance to access care	Row N %	71.9%	25.0%	3.1%	100.0%
To what degree are each of the following issues a barrier to your	Count	25	6	1	32
ability to access health care services? - Concerns about	Row N %	78.1%	18.8%	3.1%	100.0%
confidentiality					
To what degree are each of the following issues a barrier to your	Count	23	7	1	31
ability to access health care services? - Availability of local	Row N %	74.2%	22.6%	3.2%	100.0%
services to meet my health care needs					
To what degree are each of the following issues a barrier to your	Count	27	5	0	32
ability to access health care services? - Communication or	Row N %	84.4%	15.6%	0.0%	100.0%
language barriers					
To what degree are each of the following issues a barrier to your	Count	24	5	2	31
ability to access health care services? - Disability	Row N %	77.4%	16.1%	6.5%	100.0%
accommodations					

		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	Count	22	10	0	32
ability to access health care services? - Scheduling health care	Row N %	68.8%	31.3%	0.0%	100.0%
services within clinic hours					
To what degree are each of the following issues a barrier to your	Count	22	9	1	32
ability to access health care services? - The length of time to see	Row N %	68.8%	28.1%	3.1%	100.0%
a provider, from making an appointment to attending the					
appointment					
To what degree are each of the following issues a barrier to your	Count	12	14	6	32
ability to access health care services? - The price of prescription	Row N %	37.5%	43.8%	18.8%	100.0%
drugs, even with insurance					
To what degree are each of the following issues a barrier to your	Count	16	11	4	31
ability to access health care services? - The price of health care	Row N %	51.6%	35.5%	12.9%	100.0%
services (such as co-payments or deductibles), even with					
insurance					

Do you currently have a primary care doctor?									
		Frequency	Frequency	Percent	Valid Percent	Cumulative			
					Percent				
Valid	Yes	27	81.8%	87.1%	87.1%				
	No	4	12.1%	12.9%	100.0%				
	Total	31	93.9%	100.0%					
Missing	Prefer not to respond	2	6.1%						
Total		33	100.0%						

Multiple Response										
Case Summary	Case Summary									
	Cases	Cases								
	Valid		Missing	Missing		Total				
	Ν	Percent	N	Percent	N	Per	cent			
MRQ5.5 <sup>a</sup>	31	93.9%	2	6.1%	33	100	0.0%			
a. Dichotomy group tabulated at value 1.										

		Response	S	Percent of	
		Ν	Percent	Cases	
MRQ5.5ª	Where do you find out about health information? Other health care professionals	17	17.3%	54.8%	
	Where do you find out about health information? Primary care provider	25	25.5%	80.6%	
	Where do you find out about health information? Public health professionals	8	8.2%	25.8%	
	Where do you find out about health information? Internet sources	15	15.3%	48.4%	
	Where do you find out about health information? Word of mouth (including family and friends)	14	14.3%	45.2%	
	Where do you find out about health information? Advertising, such as TV commercials		3.1%	9.7%	
	Where do you find out about health information? My employer	10	10.2%	32.3%	
	Where do you find out about health information? Newspaper	4	4.1%	12.9%	
	Where do you find out about health information? Radio	2	2.0%	6.5%	
Total		98	100.0%	316.1%	

Multiple Response										
Case Summary										
	Cases	Cases								
	Valid		Missing			Total				
	Ν	Percent	N		Percent	N	Pe	cent		
MRQ5.6ª	33	100.0%	0		0.0%	33	100	).0%		
a. Dichotomy group ta	bulated at valu	ie 1.								

MRQ5.6 Frequencies			
	Responses		Percent of
	Ν	Percent	Cases

MRQ5.6 <sup>a</sup>	What type of health insurance coverage do you have? (Select all that	28	80.0%	84.8%
	apply) - Selected Choice Insurance through employer (either your own or a			
	family member's)			
	What type of health insurance coverage do you have? (Select all that	5	14.3%	15.2%
	apply) - Selected Choice Government program (Medicare, Medicaid, etc.)			
	What type of health insurance coverage do you have? (Select all that	1	2.9%	3.0%
	apply) - Selected Choice Military (Tricare, Champus, VA)			
	What type of health insurance coverage do you have? (Select all that	1	2.9%	3.0%
	apply) - Selected Choice No health insurance			
Total	•	35	100.0%	106.1%
a. Dichoto	my group tabulated at value 1.	•	•	•

		Responses		Percent of Cases
		Ν	Percent	
MRQ5.7ª	Why do you not have health insurance? Select all that apply - Selected Choice Too expensive	1	100.0%	100.0%
Total		1	100.0%	100.0%

### SOCIAL HARDSHIP AND DISCRIMINATION

Did you move to your community in the past year?						
		Frequency	Percent	Valid Percent	Cumulative	
					Percent	
Valid	Yes	1	3.0%	3.0%	3.0%	
	No	32	97.0%	97.0%	100.0%	
	Total	33	100.0%	100.0%		

		Not difficult at all	Slightly difficult	Somewhat difficult	Very difficult	Total
How difficult was it to do the following	Count	1	0	0	0	1
things? - Enroll children in school	Row N %	100.0%	0.0%	0.0%	0.0%	100.0%

How difficult was it to do the following	Count	0	1	0	0	1
things? - Find housing	Row N %	0.0%	100.0%	0.0%	0.0%	100.0%
How difficult was it to do the following	Count	0	1	0	0	1
things? - Find health care	Row N %	0.0%	100.0%	0.0%	0.0%	100.0%
How difficult was it to do the following	Count	0	1	0	0	1
things? - Find a job	Row N %	0.0%	100.0%	0.0%	0.0%	100.0%
How difficult was it to do the following	Count	0	1	0	0	1
things? - Find child care	Row N %	0.0%	100.0%	0.0%	0.0%	100.0%

Have you experienced discrimination in the past 12 months?						
		Frequency	Percent	Valid Percent	Cumulative	
					Percent	
Valid	Yes	2	6.1%	6.1%	6.1%	
	No	31	93.9%	93.9%	100.0%	
	Total	33	100.0%	100.0%		

Multiple Response	9					
Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ6.4ª	2	6.1%	31	93.9%	33	100.0%
a. Dichotomy group	tabulated at value	ue 1.	<u>.</u>			

		Respons	ses	Percent of
		Ν	Percent	Cases
MRQ6.4ª	In what areas have you experienced discrimination? Select all that apply Selected Choice Race	2	66.7%	100.0%
	In what areas have you experienced discrimination? Select all that apply Selected Choice Ethnicity	1	33.3%	50.0%
Total		3	100.0%	150.0%

Multiple Response						
Case Summary						i
	Cases					
	Valid		Missing		Total	
	Ν	Percent	N	Percent	N	Percent
MRQ6.5ª	2	6.1%	31	93.9%	33	100.0%
a. Dichotomy group ta	abulated at valu	ue 1.	1	•	ł	I

		Respons	ses	Percent of
		Ν	Percent	Cases
	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	1	33.3%	50.0%
	In which of the following situations did you experience discrimination? Select all that apply Selected Choice Applying for social services or public assistance	1	33.3%	50.0%
	In which of the following situations did you experience discrimination? Select all that apply Selected Choice Interacting with the police	1	33.3%	50.0%
Total		3	100.0%	150.0%

How difficult is it	for you to pay for heating, housing, o	r medical care?			
		Frequency	Percent	Valid Percent	Cumulative
					Percent
Valid	Not difficult at all	17	51.5%	54.8%	54.8%
	Slightly difficult	7	21.2%	22.6%	77.4%
	Somewhat difficult	4	12.1%	12.9%	90.3%
	Very difficult	3	9.1%	9.7%	100.0%
	Total	31	93.9%	100.0%	
Missing	System	2	6.1%		
Total		33	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	No	32	97.0%	100.0%	100.0%
Missing	System	1	3.0%		
Total		33	100.0%		

Statistics					
What is your age? - Select your age on the slider					
N	Valid	26			
	Missing	7			
Mean		54.0769			
Median		57.5000			

RECODE: Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18 to 34 years	3	9.1%	11.5%	11.5%
	35 to 44 years	3	9.1%	11.5%	23.1%
	45 to 64 years	14	42.4%	53.8%	76.9%
	65 to 84 years	6	18.2%	23.1%	100.0%
	Total	26	78.8%	100.0%	
Missing	System	7	21.2%		
Total		33	100.0%		

What is your gender? - Selected Choice							
		Frequency	Percent	Valid Percent	Cumulative Percent		
Valid	Male	6	18.2%	18.8%	18.8%		
	Female	26	78.8%	81.3%	100.0%		
	Total	32	97.0%	100.0%			
Missing	System	1	3.0%				
Total		33	100.0%				

<b>Case Summary</b>							
	Cases						
	Valid		Missing		-	Fotal	
	Ν	Percent	N	Percent		N	Percent
MRQ7.3ª	32	97.0%	1	3.0%	;	33	100.0%
a. Dichotomy gro	oup tabulated at valu	e 1.		L			
MRQ7.3 Freque	ncies						
					Respons	es	Percent of
					Ν	Percent	Cases
MRQ7.3ª	Which	of these groups best	st represents your race? Select all 30 88.2				93.8%
	that a	that apply Selected Choice White					
	Which	Which of these groups best represents your race? Select all			1	2.9%	3.1%
	that a	that apply Selected Choice Black or African American					
	Which	of these groups best	represents your ra	ace? Select all	1	2.9%	3.1%
	that a	that apply Selected Choice American Indian or Alaska Native					
		of these groups best	•	ace? Select all	1	2.9%	3.1%
	that a	pply Selected Choice	e Asian				
		Which of these groups best represents your race? Select all		1	2.9%	3.1%	
	that a	pply Selected Choice	e Prefer not to say	/			
Total					34	100.0%	

Do you identify as Hispanic, Latine, or of Spanish origin?							
		Frequency	Percent	Valid Percent	Cumulative		
Valid	No	30	90.9%	100.0%	Percent 100.0%		
Missing	Prefer not to say	1	3.0%				
	System	2	6.1%				
	Total	3	9.1%				
Total		33	100.0%				

What is your estin	nated annual household income?				
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than \$15,000	1	3.0%	3.6%	3.6%
	\$25,000 - \$49,999	2	6.1%	7.1%	10.7%
	\$50,000 - \$74,999	8	24.2%	28.6%	39.3%
	\$75,000 - \$99,999	6	18.25	21.4%	60.7%
	\$100,000 - \$149,999	7	21.25	25.0%	85.7%
	\$150,000 and over	4	12.1%	14.3%	100.0%
	Total	28	84.8%	100.0%	
Missing	Prefer not to say	2	6.1%		
	System	3	9.1%		
	Total	5	15.2%		
Total	·	33	100.0%		

What is the highest level of education you have completed?							
		Frequency	Percent	Valid Percent	Cumulative Percent		
Valid	High school graduate or equivalency	4	12.1%	12.5%	12.5%		
	Some college, no degree	4	12.1%	12.5%	25.0%		
	Associate's degree	9	27.3%	28.1%	53.1%		
	Bachelor's degree	7	21.2%	21.9%	75.0%		
	Graduate or professional degree	8	24.2%	25.0%	100.0%		
	Total	32	97.0%	100.0%			
Missing	System	1	3.0%				
Total	·	33	100.0%				

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Employed full time	24	72.7%	82.8%	82.8%
	Employed part time	3	9.1%	10.3%	93.1%
	Retired	2	6.1%	6.9%	100.0%
	Total	29	87.9%	100.0%	
Missing	System	4	12.1%		
Total	·	33	100.0%		

What is your marital status?							
		Frequency	Percent	Valid Percent	Cumulative Percent		
Valid	Single	4	12.1%	12.5%	12.5%		
	Married or in a domestic partnership	26	78.8%	81.3%	93.8%		
	Divorced or separated	1	3.0%	3.1%	96.9%		
	Widowed	1	3.0%	3.1%	100.0%		
	Total	32	97.0%	100.0%			
Missing	System	1	3.0%				
Total		33	100.0%				

Statistics		
How many people live in your hou	usehold? Use numbers only. If you live alone, put "1".	
N	Valid	32
	Missing	1
Mean	· · ·	2.7813
Median		2.0000

RECODE: How many people live in your household?							
		Frequency	Percent	Valid Percent	Cumulative Percent		
Valid	1 person	3	9.1%	9.4%	9.4%		
	2 to 4 people	25	75.8%	78.1%	87.5%		
	5 or more people	4	12.1%	12.5%	100.0%		
	Total	32	97.0%	100.0%			
Missing	System	1	3.0%				
Total	·	33	100.0%				

Do you have access to reliable internet in your home?							
		Frequency	Percent	Valid Percent	Cumulative Percent		
Valid	Yes	31	93.9%	96.9%	96.9%		
	No	1	3.0%	3.1%	100.0%		
	Total	32	97.0%	100.0%			
Missing	System	1	3.0%				
Total		33	100.0%				

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hospital or public health website	13	39.4%	40.6%	40.6%
	Hospital or public health social media page (e.g. Facebook)	1	3.0%	3.1%	43.8%
	Hospital or public health employee directly	12	36.4%	37.5%	81.3%
	Newsletter (please specify from where)	1	3.0%	3.1%	84.4%
	Direct email (please specify from where)	3	9.1%	9.4%	93.8%
	Another way (please specify)	2	6.1%	6.3%	100.0%
	Total	32	97.0%	100.0%	
Missing	System	1	3.0%		
Total		33	100.0%		

Distribution Channel					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	anonymous	20	60.6%	60.6%	60.6%
	qr	13	39.4%	39.4%	100.0%
	Total	33	100.0%	100.0%	

### Appendix E: Survey Open-Ended Responses

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

Can be cliques and stay in their own circles. There are a few hard-working individuals who donate a lot of their time and talents for the community.

Overall, it's a friendly community.

There is definitely a sense of community, family and faith.

We have wonderful volunteers for community projects. If someone is in need our community will pull together to help.

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

A recycling service would be great! Sidewalks around town and more stop signs. Also, walking trails.

Our community is great. If someone is in need we pull together to help.

The public transportation is nonexistent! It's very difficult for patients that don't drive to get to the clinic.

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

Drug use among all ages.

Prices of city water utility bills.

### Is there anything else you would like to add about health care services in your community?

A pediatric doctor and OBGYN would be big bonuses. Also, more counseling services for mental health, marriage, and pediatric.

our community does not have much for mental illness and depression for our school age kids. The grade school has so many that need it. the school does not have help for them.

Our community is lacking Diabetes nurse educators and nutritionist or dietician to assist in coordinating a meal plan for patients. Also, this community use to have specialist who would visit the family clinic at least once a month. Now patients have to travel at least an hour or more to see specialists.

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

Dental and vision are out of network so we often have to go to Minot or Bismarck.

My PCP is local and I am able to see my PCP promptly. But for specialty service such as dental and eye care (due to insurance coverage), and then other specialists such as oncologist, gynecologist, cardiologist etc. I have to drive far (55 to 90 miles or more) to see them.

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

A mental health therapist in town for kids. They have to go to Minot or Bismarck or Minot for a half hour appointment. They miss schol0 time/activities and the parents must get off work to take them. There is so much bullying in the grade school it is causing deep anguish for some. It is needed locally.

foot care

Hearing aid provider

Home health for the elderly

Mental Health

Mental health services

Mental health services and definitely addition counseling is needed.

Mental health; Pediatric; Obstetrics

Options for specialists to visit family care clinic at least once a month to open up opportunity for more people to be seen.

Pediatric and mental health

Pediatrics and OBGYN

substance abuse treatment

Women's health, endocrinology

# Please provide any additional comments you think we could use to improve the delivery of health care in your community.

Hospital and Clinic are great. CHI billing is horrible and needs to change.

Mental health services for kids!!!

There are some services, that middle aged people, with disabilities could use in the community but because of the lack of personal some of those services don't get offered to people in smaller communities.

There's a need a for diabetes nurse educators, mental health resources, and addiction counseling.