

Community Health Needs Assessment

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



NDSU Center for Social Research Report #122
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Acknowledgements

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

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Table of Contents

Executive Summary	4
Purpose	4
CommonSpirit Health Commitment and Mission Statement	4
CHNA Collaborators	4
Community Definition	4
Assessment Process and Methods	4
Prioritized Significant Health Needs	5
Resources Potentially Available	6
Report Adoption, Availability, and Comments	6
Community Definition	6
Hospital Description	8
Assessment Process and Methods	8
Secondary data: community profiles	8
Primary data: health needs survey and community discussion	8
Community Input	9
Assessment Data and Findings	10
Community Profile	10
Community Demographics	10
Community Health Factors and Outcomes	14
National Risk Index	15
Community Health Survey Analysis	17
Demographics	17
Findings	17
Significant Community Health Needs	26
Resources Potentially Available to Address Needs	28
Impact of Actions Taken Since Preceding CHNA	29
2023-2025 Community Health Implementation Strategy	29
Health Need: Affordable Housing	29
Health Need: Behavioral Health	32
Health Need: Child care/Youth Concerns	35
Health Need: Elder Concerns	38
Health Need: Availability of Specialists	41
References	43
Appendices	44
Appendix A: CDC/ASTDR Social Vulnerability Index 2022 for Williams County, ND	44
Appendix B: Survey Instrument	45
Appendix C: Survey Frequencies	57

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 Williston. 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 Williston 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. Upper Missouri District Health collaborated with CHI St. Alexius Health Williston on this CHNA.

Community Definition

CHI St. Alexius Health Williston is located in Williston, North Dakota. The hospital primarily serves Williams County where Williston is located. Williams County is also home to the Tioga Medical Center located in Tioga, North Dakota. Williams County is designated as a Health Professional Shortage Area (HPSA) and a low income Medically Underserved Area (MUA) by the United States Health Resources & Services Administration. Williams County is a semi-rural county located in northwestern North Dakota and has an estimated population of 39,076.

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 Williston solicited input from community organizations representing health, education, law enforcement, victim advocacy, social services, and the medically underserved to review and validate community health needs at a community input meeting held January 23, 2025.

Multiple data sources with various indicators that inform social considerations were compiled and analyzed. Data sources included 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. Upon conclusion of the survey fielding period, data were compiled and analyzed. Survey data were analyzed using widely accepted

standard descriptive statistics, such as measures of mean, median, and frequencies. Priority needs were identified as those issues with the greatest level of consensus among survey respondents.

CHI St. Alexius Health Williston solicited feedback on survey findings at a community input meeting held January 23, 2025. A presentation that summarized the community profile and highlighted key survey findings was used to report and validate priority needs identified in the survey results and guide discussion of needs and priorities for community health planning.

Prioritized Significant Health Needs

Based on 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.

- **Substance misuse.** Respondents expressed strong concern for substance misuse and mental health in their community. Ninety-seven percent of respondents were at least somewhat concerned about substance misuse (alcohol, prescription drugs, tobacco or vaping, and illicit or street drugs). Seventy-three percent said they were very concerned about substance misuse, 20 percent were somewhat concerned, and 5 percent were slightly concerned about this issue. The prevalence of adult excessive drinking in Williams County (25 percent) was higher than in North Dakota (23 percent) and the nation overall (18 percent). The prevalence of alcohol-impaired driving deaths in Williams County (54 percent) was substantially higher than in North Dakota (39 percent) and twice the national average (26 percent).
- **Mental health and suicide.** Nearly all respondents (99 percent) were at least slightly concerned about mental health (anxiety, stress, depression) in their community. Seventy-one percent of respondents were very concerned about mental health, 21 percent were somewhat concerned, and 7 percent were slightly concerned. Nearly all respondents (97 percent) were also at least slightly concerned about suicide; 53 percent were very concerned about suicide. Eighty-one percent of respondents disagreed when asked if their community has adequate mental health services. Depression and anxiety as well as the availability of mental health services were both identified as priority health needs during the previous CHNA conducted in 2022. When asked about change since 2022, 54 percent of respondents thought depression or anxiety has worsened and 39 percent thought it is the same. While most residents indicated they did not believe the community has adequate mental health services, when asked if this issue has changed since 2022, 31 percent said the availability of mental health services has improved and 25 percent thought it has worsened. The number of residents per mental health care provider in Williams County is slightly higher (750:1) than North Dakota overall (450:1).
- **Children's issues.** Nearly all respondents (96 percent) expressed at least a slight concern for child abuse or neglect; 44 percent were very concerned, 33 percent were somewhat concerned, and 19 percent were slightly concerned about this issue. Nearly all respondents (94 percent) were also concerned about cyber bullying. Cyber bullying was very concerning for 48 percent of respondents, somewhat concerning for 28 percent, and slightly concerning for 17 percent of respondents. Furthermore, 59 percent of respondents disagreed when asked if their community has adequate child care services. Access to child care and quality school resources were identified as a priority health need during the previous CHNA in 2022. Roughly a third of respondents indicated that the availability of quality school resources and the availability of child care services has worsened since 2022 (36 and 33 percent, respectively). Half of respondents that recently moved to the community (50 percent) indicated it was either

somewhat or very difficult to find child care and 62 percent indicated it was either somewhat or very difficult to enroll children in school. Williams County has a higher percentage of households with children under the age of 18 (32.6 percent) than North Dakota overall (27.8 percent).

- **Availability of services.** Seventy-seven percent of respondents disagreed when asked if their community has enough affordable housing for everyone who needs it, 68 percent disagreed when asked if their community has adequate public transportation services, and 52 percent disagreed when asked if their community has adequate access to healthy and affordable foods. While the median household income in Williams County (\$86,139) is higher than North Dakota overall (\$73,959), the median home value, ownership costs, and median rent in Williams County are higher as well.

Resources Potentially Available

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

Report Adoption, Availability, and Comments

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

Community Definition

CHI St. Alexius Health Williston is located in Williston, North Dakota at 1301 15th Ave. West, Williston, ND 58801. The hospital primarily serves Williams County where Williston is located. Williams County is also home to the Tioga Medical Center in Tioga, North Dakota. Williams County is designated as a Health Professional Shortage Area (HPSA) and a low income Medically Underserved Area (MUA) by the United States Health Resources & Services Administration. Williams County is a semi-rural county located in northwestern North Dakota and has an estimated population of 39,076. Williams County is considered the primary service area for this community health needs assessment.

The following zip codes correspond to 80 percent of admissions to CHI St. Alexius Health Williston: 58801, 58802, and 58854.

Figure A: CHI St. Alexius Health Williston Community Health Needs Assessment Service Area



Core demographics for Williams County are summarized in Table 1.

Table 1. Core Demographic Summary, Williams County North Dakota	
Measure	Williams County, ND
Community Description	Semi-rural
Population	39,076
<i>Racial and Ethnic Distribution</i>	
White, non-Hispanic alone	76.8%
American Indian and Alaska Native alone	2.1%
Black or African American alone	5.2%
Asian or Pacific Islander alone	1.2%
Some other race alone	4.5%
Two or more races	6.3%
Hispanic Origin (of any race)	9.5%
Median Household Income	\$86,139
Percent of Persons below Poverty Rate	7.4%
Unemployment Rate	2.3%
Percent Population with less than High School Diploma	9.2%
Percent of People 5 and Older who are Non-English Speaking	3.0%
Percent of People without Health Insurance	12.0%
Percent of People with Medicaid	7.5%
Health Professional Shortage Area	Yes
Medically Underserved Area	Yes
Number of Hospitals in the County	2

Hospital Description

CHI St. Alexius Health Williston, a 25-bed Critical Access Hospital, has a rich history spanning over a century. Its origins can be traced back to the 1918 Flu Pandemic, which highlighted the need for a dedicated community hospital.

Driven by the vision of Dr. E.J. Hagan, Sr., Fr. E.P. O'Neil, and Mr. W.S. Davidson, Sr., the community rallied behind the idea of establishing a hospital with consistent services and dedicated staff. The Sisters of Mercy answered the call, arriving in Williston in 1920 to establish Mercy Hospital, initially housed in the La Due Court apartment building.

The hospital quickly grew, adding a wing in 1929 and a four-story modern building in 1953. It continued to serve the community at its original downtown location until 1973, when the need for a larger, more modern facility became apparent.

The current facility opened in 1974 and has undergone numerous renovations and expansions, becoming a 150-bed hospital by 1985. In 2008, Mercy Medical Center transitioned to Critical Access Hospital designation, adapting to changes in health care utilization and reimbursement.

Despite its Critical Access Hospital status, the medical center offers a comprehensive range of outpatient services, providing a level of care typically found in larger cities. Key services include Level IV Trauma, Women's Health, General Surgery, Oncology, General Medicine, and Cardiac Rehab. In 2016, Mercy Medical Center became St. Alexius Health Williston Medical Center, reflecting its affiliation with Catholic Health Initiatives (CHI).

In 2018, CHI merged with Dignity Health to form CommonSpirit Health, further strengthening its commitment to providing quality health care. CHI St. Alexius Health Williston continues to evolve, investing in new technology and expanding its services to better serve the community.

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 Williston solicited input from community organizations representing health, education, law enforcement, victim advocacy, social services, and the medically underserved to review and validate community health needs at a community input meeting held January 23, 2025.

Secondary data: community profiles

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

Primary data: health needs survey and community discussion

To help supplement secondary data sources, community member input was solicited via an online survey and a community input meeting. The online survey was administered using the Qualtrics online survey platform from August 12 to October 16, 2024. The survey was administered using a QR code for public distribution using various online and print media and a survey link that was distributed by

hospital personnel. At least one public health organization was invited to participate in the distribution of the community survey. The survey tool can be found in Appendix B.

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

Community Input

CHI St. Alexius Health Williston solicited feedback on survey findings at a community input meeting held January 23, 2025. A presentation that summarized the community profile and highlighted key survey findings was used to report and validate priority needs identified in the survey results, as well as guide discussion of needs and priorities for community health improvement planning. During the community input meeting, attendees discussed survey findings, whether the survey findings aligned with their perceptions of their community's needs, and the demographics of survey respondents.

There were 23 attendees, including representatives from:

- Upper Missouri District Health
- MedQuest Home Medical
- Williams County Sheriff's Office
- North Star Human Service Zone
- Williston Senior Center
- Faith Methodist Church
- Williston State College
- Williams County
- Northwest Human Service Center
- Williston Economic Development
- Centre Inc.
- ND District 1 Williston
- Connect Us Therapy

CHI St. Alexius Health Williston collaborated with Upper Missouri District Health. CHI St. Alexius Health Williston 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.

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.

Assessment Data and Findings

The following sections provide a detailed community profile and survey results.

Community Profile

Williams County is a semi-rural county in northwestern North Dakota. The county seat and largest city is Williston. With 39,076 residents, Williams County is North Dakota's fifth most populous county. It is home to proportionally more children and fewer adults aged 65 and older than North Dakota and the United States as a whole. Like most of North Dakota, the racial composition in Williams County is largely white. However, there is a higher percentage of Hispanic and Black residents in Williams County than in North Dakota overall. The median household income and median home value in Williams County are higher than they are in North Dakota, as are the costs associated with home ownership and rent. The poverty rate in Williams County is lower than both the statewide and national averages.

Williams County has higher rates of adult obesity and excessive drinking than North Dakota and the nation overall. In addition, the rate of alcohol-impaired driving deaths in Williams County is substantially higher than in North Dakota and twice the national average. The leading causes of death in 2021 for Williams County were malignant neoplasms, diseases of the heart, accidents, COVID-19, and intentional self-harm. Williams County has a lower annual flu shot rate than both North Dakota and the nation. There are more residents per primary care provider, mental health care provider, and dentist in Williams County than in North Dakota and the nation.

Despite some risk of loss due to cold and winter weather, the overall risk due to natural hazards in Williams County is relatively low. Williams County's social vulnerability is rated as Relatively Moderate and its community resilience is rated as Relatively High. These factors combined give Williams County a Relatively Low National Risk Index Score.

Community Demographics

The American Community Survey's (ACS) most recent five-year estimate of Williams County's population is 39,076, making it the state's fifth most populous county. Nearly 30 percent of the population in Williams County is under the age of 18 and 10 percent is aged 65 and older (Table 2). The county's racial composition is largely white (76.8 percent) but does have a sizable Black population (5.2 percent). About 10 percent are Hispanic and 3 percent of the population speaks English less than very well (Table 1). The county's gender split is skewed male; 54.1 percent are male and 45.9 percent are female.

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

Item	Williams County Population	Williams County Percentages	North Dakota Percentages	United States Percentages
Age Group				
0-4	3,470	8.9%	6.7%	5.7%
5-17	8,052	20.6%	16.9%	16.4%
18-24	3,157	8.1%	11.3%	9.4%
25-44	12,971	33.2%	27.1%	26.6%
45-64	7,689	19.7%	22.2%	25.3%
65 and older	3,737	9.6%	15.9%	16.5%
<i>Total</i>	39,076	100.0%	100.0%	100.0%
Race and Ethnicity*				
White, non-Hispanic alone	30,008	76.8%	83.0%	58.9%
American Indian and Alaska Native alone	826	2.1%	4.7%	0.8%
Asian alone	420	1.1%	1.6%	5.8%
Black or African American alone	2,030	5.2%	3.2%	12.5%
Native Hawaiian and Pacific Islander alone	29	0.1%	0.2%	0.2%
Some other race alone	1,739	4.5%	1.4%	6.0%
Two or more races	2,453	6.3%	4.4%	8.8%
Hispanic Origin (of any race)	3,702	9.5%	4.3%	18.7%
Sex				
Female	17,942	45.9%	48.6%	50.4%
Male	21,134	54.1%	51.4%	49.6%
<i>Total</i>	39,076	100.0%	100.0%	100.0%
*Overlapping racial/ethnic categories mean that the percentages will not total to 100% of the population. Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Estimates from the ACS indicate that there are 15,599 households in Williams County with an average of 2.5 persons per household. Median household income is \$86,139 in Williams County, which is higher than the median household income in North Dakota (\$73,959) and the nation (\$75,149) (Table 3). Just over half (53.7 percent) of households in Williams County are owner-occupied. The median home value in Williams County is \$255,000 and median monthly owner costs are \$1,747 per month including the mortgage – both of which are higher than the statewide medians and lower than the national medians. Median rent in Williams County is \$1,097 per month, which is also higher than the statewide median but lower than the national median rent. In Williams County, 31.9 percent of households are occupied by householders living alone, 32.6 percent have children in residence, and 8.9 percent are occupied by a householder aged 65 and older living alone (Table 4).

Table 3. Household Demographics, Williams County, ND, North Dakota, and the U.S. (2022)

Item	Williams County	North Dakota	United States
Total households	15,599	320,038	125,736,353
Owner-occupied housing rate	53.7%	63.2%	64.8%
Average household size (persons per household)	2.5	2.3	2.6
Median value of owned-occupied housing	\$255,000	\$232,500	\$281,900
Median monthly owner costs (with mortgage)	\$1,747	\$1,653	\$1,828
Median monthly owner costs (without mortgage)	\$512	\$551	\$584
Median gross rent	\$1,097	\$912	\$1,268
Median household income	\$86,139	\$73,959	\$75,149

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

Table 4. Household Characteristics, Williams County, ND, North Dakota, and the U.S. (2022)

Household Characteristics	Williams County Households	Percent of Williams County Households*	Percent of North Dakota Households*	Percent of United States Households*
Households with children aged 0-17	5,088	32.6%	27.8%	30.2%
Households with adults aged 65+	2,842	18.2%	26.7%	30.8%
Householders living alone	4,981	31.9%	33.2%	28.3%
Householders aged 65+ living alone	1,392	8.9%	11.8%	11.5%

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

Estimates from the ACS indicate that there are 20,312 adults in the workforce in Williams County. The largest industries in the county by percentage of the workforce employed are agriculture, forestry, fishing, hunting, and mining; educational services, health care, and social assistance; and retail, which account for 22.3 percent, 22.2 percent, and 9.1 percent, respectively (Table 5). Other industries that employ substantial portions of the county's workforce include arts, entertainment, recreation, accommodation, and food service; transportation, warehousing, and utilities; and construction. In 2023, the county's two largest employers were Williston Basin School District and Nabors Drilling Technologies U.S.A., Inc (NDLMI 2024).

Table 5. Employment by Industry, Williams County, ND (2022)

Sector	Estimated Workers	Percent of Workforce
Agriculture, forestry, hunting, fishing, and mining	4,532	22.3%
Educational services, health care, and social assistance	4,501	22.2%
Retail	1,839	9.1%
Arts, entertainment, recreation, accommodation, and food service	1,729	8.5%
Transportation, warehousing, and utilities	1,601	7.9%
Construction	1,233	6.1%
Other	4,877	24.0%
Total workforce	20,312	100.0%

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

The poverty rate in Williams County is 7.4 percent, which is lower than the poverty rate in North Dakota overall (10.8 percent) and nationally (12.5 percent) (Table 6). About 7.9 percent of children in Williams County live below the poverty line compared to 11.3 percent statewide and 16.7 percent nationally. Fourteen percent of school-aged children in Williams County are eligible for free or reduced-price school lunch, which is lower than in North Dakota overall (23.2 percent) and the national average (50.8 percent).

Table 6. Poverty Characteristics, Williams County, ND, North Dakota, and United States (2022)

Poverty Characteristics	Williams County Estimate	Williams County Percent*	North Dakota Percent*	United States Percent*
All persons below poverty level (% of total population)	2,865	7.4%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	8,164	21.1%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	907	7.9%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	387	10.9%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	915	14.0%	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

Most residents in Williams County aged 25 and older (59.4 percent) have at least some college experience; 24.5 percent have attained a bachelor's degree or higher. This is lower than in North Dakota and nationally, where 31.4 percent and 34.3 percent of the population aged 25 and older, respectively, have at least a bachelor's degree. About 1 in 10 (9.2 percent) residents ages 25 and older in Williams County did not complete high school, which is higher than in North Dakota overall (6.5 percent) but lower than the national average (10.9 percent) (Table 7).

Table 7. Educational Attainment for Persons Aged 25 and Older, Williams County, ND, North Dakota, and United States (2022)

Level of Education Attained	Williams County Estimate	Williams 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	2,239	9.2%	6.5%	10.9%
High school diploma or GED	7,658	31.4%	26.1%	26.4%
Some college or Associate's degree	8,523	34.9%	36.0%	28.5%
Bachelor's degree	4,410	18.1%	22.3%	20.9%
Graduate or professional degree	1,567	6.4%	9.1%	13.4%
<i>Total population aged 25 and older</i>	<i>24,397</i>	<i>100.0%</i>	<i>100.0%</i>	<i>100.0%</i>

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

Community Health Factors and Outcomes

As of 2021, 16 percent of adult residents in Williams County smoked cigarettes, which is similar to 16 percent of North Dakotans and 15 percent of Americans overall (Table 8). The adult obesity rate in Williams County (38 percent) is higher than the North Dakota average (36 percent) and the national average (34 percent). Adults in Williams County were slightly more likely to report a lack of physical activity outside of work (26 percent) than adults in North Dakota overall (25 percent) and the nation (23 percent). The percentage of adults who reportedly engage in excessive drinking is higher in Williams County (25 percent) than it is in North Dakota (23 percent) and the nation (18 percent) – and the rate of alcohol-impaired driving deaths (54 percent) is substantially higher than in North Dakota (39 percent) and twice the national average (26 percent). Most adults in Williams County (82 percent) report easy access to exercise opportunities, compared to 76 percent in North Dakota and 84 percent nationally. The prevalence of Williams County residents reporting poor mental health days in the past month (3.6 days) is lower than averages in North Dakota (4.0 days) and the nation (4.8 days).

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

Health Behavior	Williams County	North Dakota	United States
Adult Smoking	16%	16%	15%
Adult Obesity	38%	36%	34%
Adult Excessive Drinking	25%	23%	18%
Alcohol-Impaired Driving Deaths	54%	39%	26%
Physical Inactivity ¹	26%	25%	23%
Access to Exercise Opportunities ²	82%	76%	84%
Poor Mental Health Days ³	3.6	4.0	4.8

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

Leading causes of death for residents under age 75 in 2021 for Williams County were malignant neoplasms, diseases of the heart, accidents, COVID-19, and intentional self-harm (Table 9). Life expectancy in Williams County is 78.0 years, which is similar to the life expectancy in North Dakota overall (78.1 years) and slightly higher than the national life expectancy (77.6 years) (County Health Rankings & Roadmaps, 2024).

Table 9. Leading Causes of Death in Williams County, ND Residents Under Age 75 (2019-2021)

Cause of Death	Deaths	Rate Per 100,000 Population Under 75
Malignant Neoplasms	71	64.3
Diseases of the heart	64	58.0
Accidents	48	43.5
COVID-19	30	27.2
Intentional self-harm	26	23.5

Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.

In Williams County, 12 percent of people under the age of 65 did not have health insurance, compared with 9 percent of all North Dakotans and 10 percent nationwide (Table 10).

The flu vaccination rate in Williams County is lower than in North Dakota and the nation overall. The annual flu shot rate in Williams County is 41 percent, which is eight percentage points lower than the statewide rate (49 percent) and five percentage points lower than the national rate (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). Williams County's Food Environment Index score was 9.0, which is slightly 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, Williams County, ND, North Dakota, and United States			
Description of Factor	Williams County	North Dakota	United States
Uninsured Rate, 2021	12%	9%	10%
Medicaid Coverage, 2022	7.5%	11.9%	20.4%
Unemployment Rate, 2022	2.3%	2.1%	3.7%
Low Birthweight Rate, 2016-2022	6%	7%	8%
Annual Mammogram Rate, 2021 ¹	40%	53%	43%
Annual Flu Shot Rate, 2021 ²	41%	49%	46%
Food Environment Index, 2019-2021 ³	9.0	9.1	7.7
Sources: US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program, 2021; The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics, 2022; Map the Meal Gap, Feeding America, 2021; The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2021			
¹ Percentage of female Medicare enrollees who received an annual mammogram.			
² Percent of Medicare enrollees who received an annual flu shot.			
³ The Food Environment Index is a measure of food environment that combines food insecurity rates with rates of access to healthy foods. It is scored on a scale from 0 (worst) to 10 (best).			

The ratios of Williams County residents to primary care providers, mental health care providers, and dentists are each higher than the ratios in North Dakota and the nation overall (Table 11).

Table 11. Number of Residents Per Health Care Provider in Williams County, ND, North Dakota, and the United States			
Type of Provider	Williams County	North Dakota	United States
Primary Care Physicians, 2021	2,260:1	1,290:1	1,330:1
Mental Health Care Providers, 2024	710:1	420:1	300:1
Dentists, 2022	1,590:1	1,420:1	1,360:1
Sources: Health Resources & Services Administration, Area Health Resource Files; CMS, National Provider Identification Registry.			

National Risk Index

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

Overall, Williams 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. Even so, 90.6 percent of North Dakota counties have a lower National Risk Index score than Williams County and 71.8 percent of counties nationally have a lower score (Table 12).

Table 12. National Risk Index Percentiles for Williams County, ND when compared to North Dakota Counties and U.S. Counties (2024)

Index	Percentile within North Dakota	U.S. Percentile
Expected Annual Loss	88.7	70.7
Social Vulnerability	88.7	44.9
Community Resilience	60.4	69.0
<i>National Risk Index</i>	<i>90.6</i>	<i>71.8</i>

Note: The Risk Index can be read as "90.6% of counties in North Dakota have a lower Risk Index than Williams County; 71.8% of U.S. counties have a lower Risk Index than Williams 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. Williams 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 risk of hazard and expected annual loss due to cold wave and ice storm, and relatively high risk of hazard and expected annual loss due to winter weather. Williams County's expected annual loss is higher than 88.7 percent of North Dakota counties and 70.7 percent of counties nationally.

Social Vulnerability Index

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

Williams County's Social Vulnerability is rated as Relatively Moderate. Williams County has higher social vulnerability than 88.7 percent of North Dakota counties and 44.9 percent of counties nationally. For a more thorough breakdown of Williams 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 BRIC scores include Human Well-Being, Economy, Infrastructure, Governance, Community Capacity, and Environment. Williams County's Community Resilience ranking is Relatively High. Williams County has higher community resilience than 60.4 percent of North Dakota counties and 69.0 percent of counties nationally. While the county is somewhat vulnerable to hazardous weather conditions, community resilience indicators suggest the county is relatively 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 C.

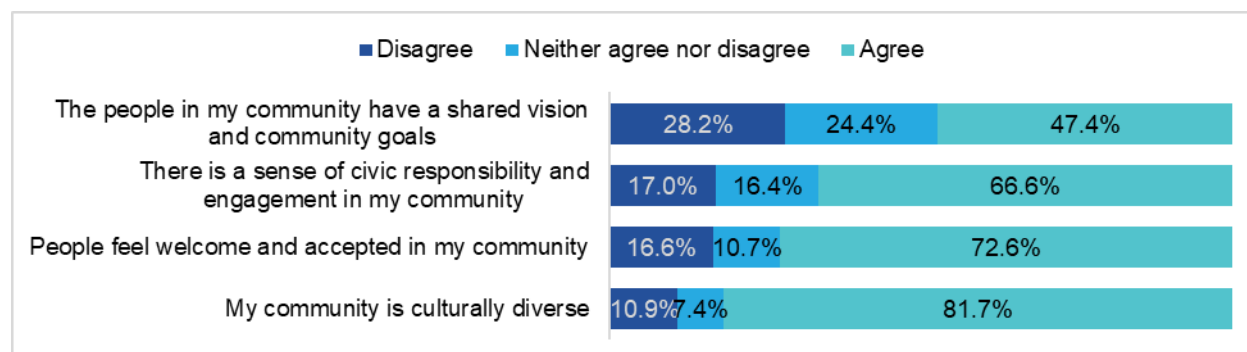
Demographics

There were 314 respondents to the CHI St. Alexius Health Williston CHNA survey. The average age of respondents was 47 years and 82 percent were female. Eighty-nine percent of respondents identified as white, 6 percent identified as Asian, and 4 percent as American Indian or Alaska Native. Over half (59 percent) of respondents reported an annual household income of \$100,000 or more and 56 percent reported their highest level of education as a bachelor's or graduate degree. Seventy-four percent of respondents were employed full-time, 13 percent were retired, and 10 percent were employed part-time.

Findings

Respondents were asked about the people in their community and many had positive feedback; 82 percent agreed that their community is culturally diverse, 73 percent agreed that people feel welcome and accepted in their community, and 67 percent agreed there is a sense of civic responsibility and engagement in their community. However, less than half (47 percent) agreed that the people in their community have a shared vision and community goals; 28 percent disagreed with this statement (Figure 1).

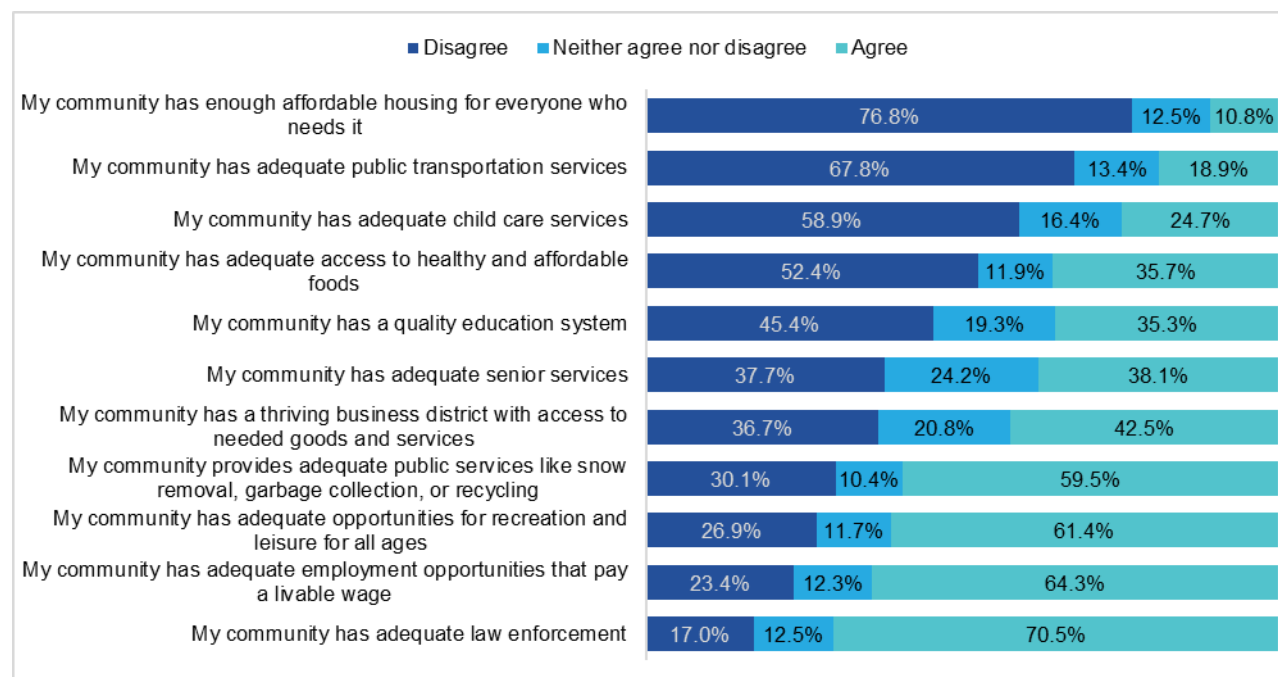
Figure 1. People in My Community, Community Health Needs Assessment, 2024



Respondent n: 305-311.

Most respondents (71 percent) agreed their community has adequate law enforcement and about two-thirds (64 percent) agreed their community has adequate employment opportunities that pay a livable wage. Even so, 77 percent of respondents disagreed their community has enough affordable housing for everyone who needs it. Two-thirds (68 percent) disagreed their community has adequate public transportation services, 59 percent disagreed their community has adequate child care services, and 52 percent disagreed the community has adequate access to healthy and affordable foods (Figure 2).

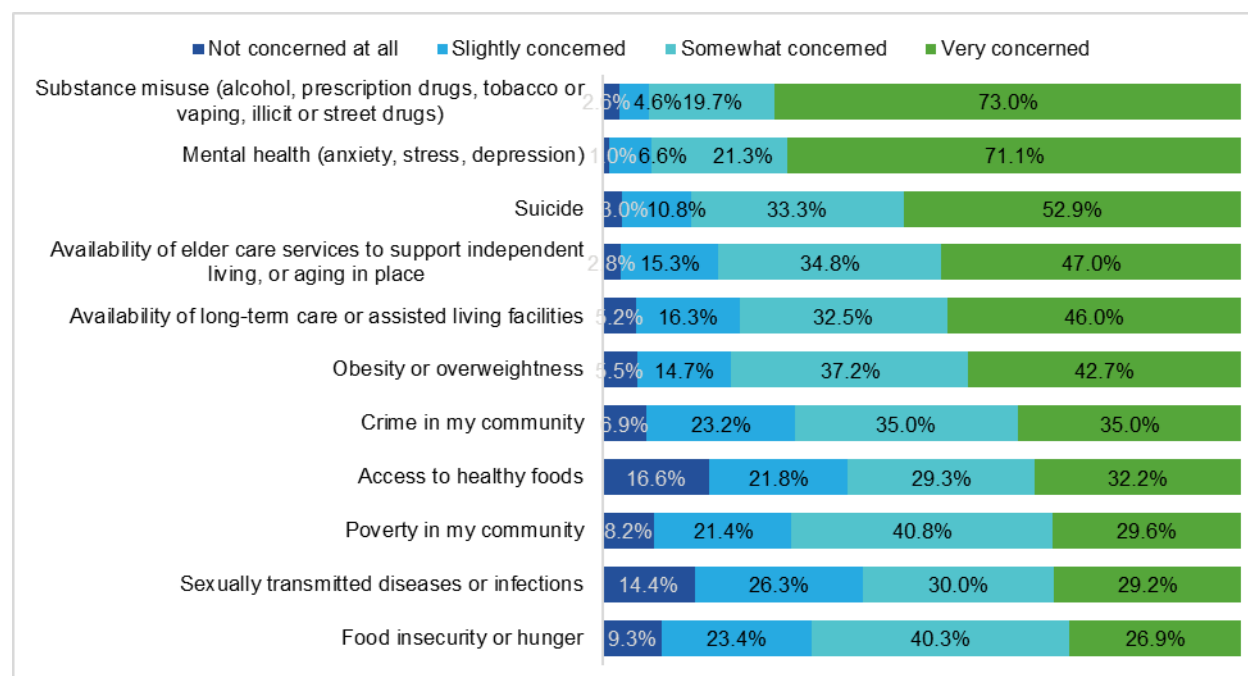
Figure 2. Services in My Community, Community Health Needs Assessment, 2024



Respondent n: 281-311.

Respondents expressed strong concern for substance misuse and mental health in their community; 73 percent said they were very concerned about substance misuse, 20 percent were somewhat concerned, and 5 percent were slightly concerned about this issue. Seventy-one percent of respondents were very concerned about mental health (anxiety, stress, depression), 21 percent were somewhat concerned, and 7 percent were slightly concerned. Similarly, nearly all respondents were at least slightly concerned about suicide (53 percent were very concerned about this issue) and about the availability of elder care services to support independent living (47 percent were very concerned about this issue) (Figure 3).

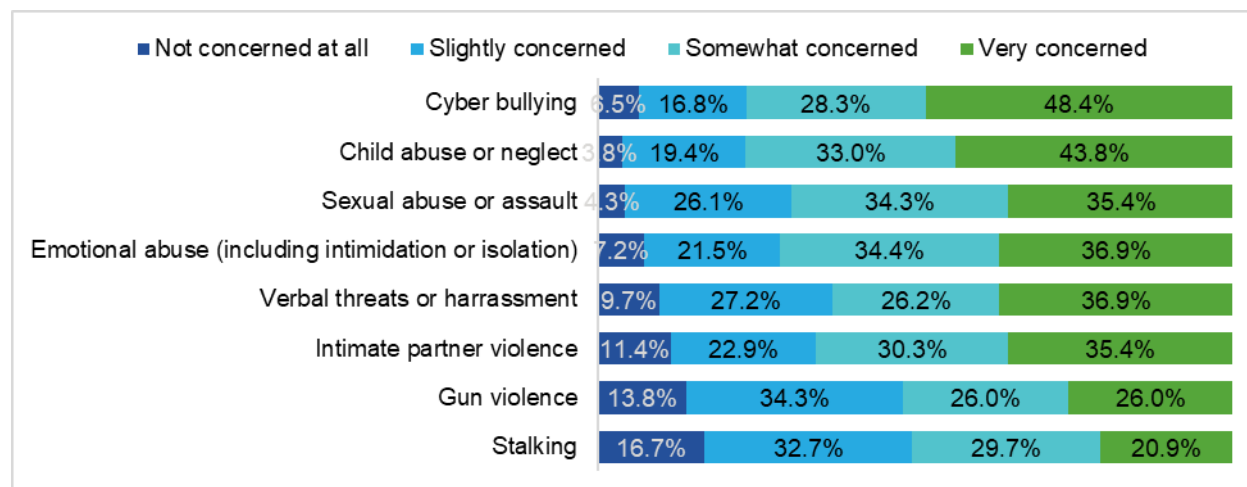
Figure 3. Concerns in My Community, Community Health Needs Assessment, 2024



Respondent n: 243-307.

When asked specifically about violence concerns in the community, nearly all respondents expressed at least slight concern for child abuse or neglect; 44 percent were very concerned, 33 percent were somewhat concerned, and 19 percent were slightly concerned about this issue. Cyber bullying was very concerning for 48 percent of respondents, with 28 percent somewhat concerned and 17 percent slightly concerned. Just over one-third (35 percent) of respondents were very concerned about sexual abuse or assault, 34 percent somewhat concerned, and 26 percent slightly concerned about this issue. Although stalking had the highest percentage of respondents who said they were not at all concerned about this issue (17 percent), it was still very concerning to 21 percent of respondents (Figure 4).

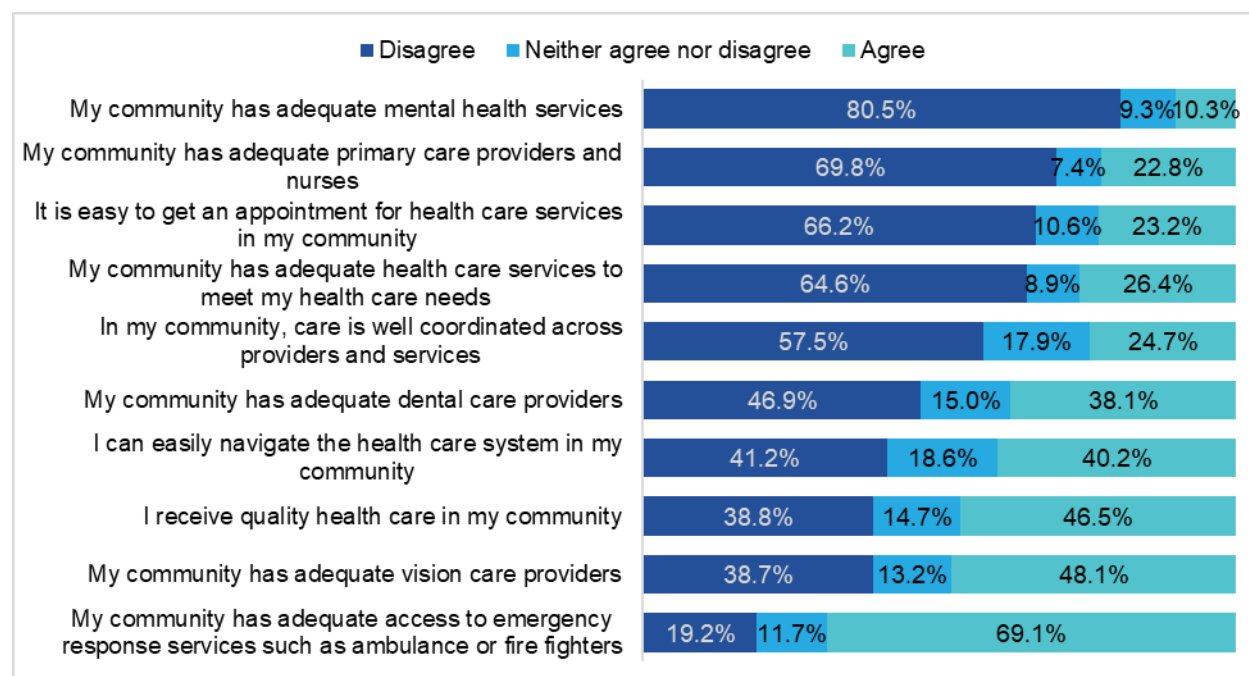
Figure 4. Violence Concerns in My Community, Community Health Needs Assessment, 2024



Respondent n: 263-289.

More than two-thirds (69 percent) of respondents agreed their community has adequate access to emergency response services (such as ambulance), but many disagreed about the adequacy of other medical services. Eighty-one percent of respondents disagreed their community has adequate mental health services, 70 percent disagreed their community has adequate primary care providers and nurses, 66 percent disagreed that it is easy to get an appointment for health care services in their community, 65 percent disagreed the community has adequate health care services to meet their health care needs, and 58 percent disagreed that health care is well coordinated across providers and services (Figure 5).

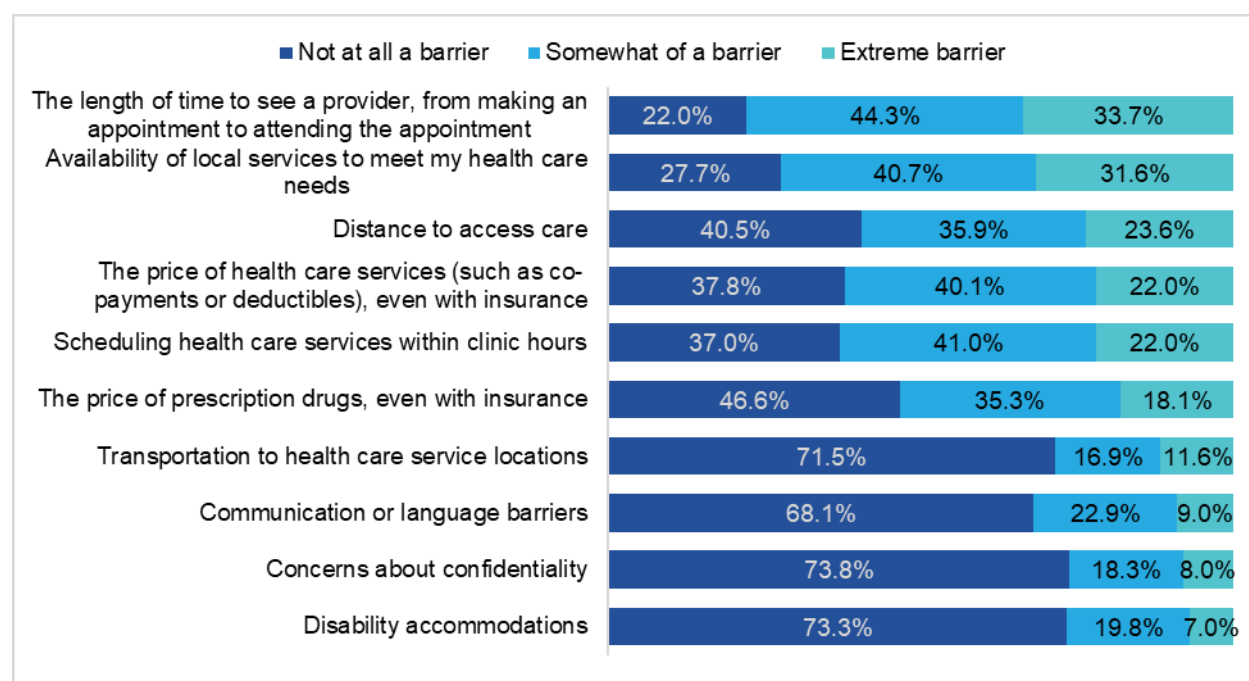
Figure 5. Medical Services in My Community, Community Health Needs Assessment, 2024



Respondent n: 302-311.

When asked about barriers to accessing health care services, the greatest barrier was the length of time from making an appointment to attending the appointment; this was at least somewhat of a barrier for 78 percent of respondents and 34 percent considered it an extreme barrier. Similarly, the availability of local services to meet health care needs was considered an extreme barrier for 32 percent of respondents and somewhat of a barrier for 41 percent of respondents. The distance to access care was at least somewhat of a barrier for 60 percent of respondents and scheduling health care services within clinic hours was considered at least somewhat of a barrier for 63 percent of respondents. Sixty-two percent of respondents considered the price of health care services, even with insurance, to be at least somewhat of a barrier to accessing health care services (Figure 6).

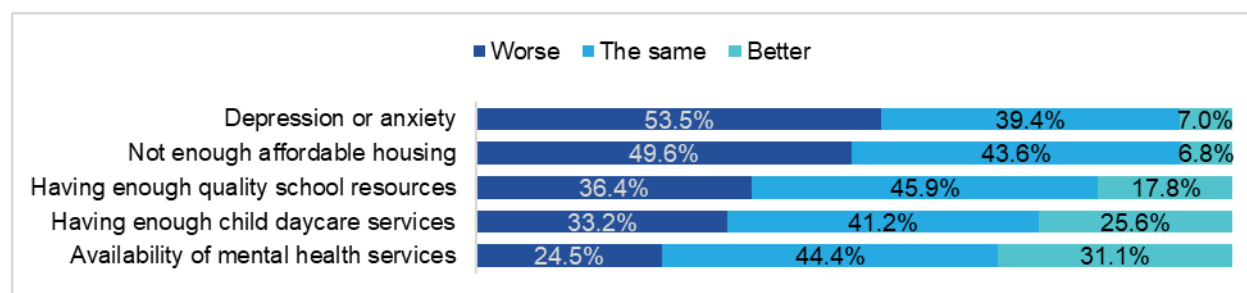
Figure 6. Barriers to Accessing Health Care, Community Health Needs Assessment, 2024



Respondent n: 258-309.

Respondents were asked about their perceptions of issues prioritized in the previous CHNA cycle conducted in 2022, and whether those issues were perceived to have improved, stayed the same, or worsened since then. While 81 percent of respondents disagreed that their community has adequate mental health services, when asked if this issue has changed since 2022, 31 percent said the availability of mental health services has improved, 44 percent said the availability of mental health services has stayed the same, and 25 percent thought it has worsened. Forty-six percent thought that having enough quality school resources is the same as in 2022 and a similar percentage (41 percent) thought having enough child daycare services is the same as in 2022. Half of respondents (50 percent) thought having enough affordable housing has worsened since 2022 (44 percent thought this issue is the same). Half of respondents (54 percent) thought depression or anxiety has worsened and 39 percent thought it is the same (Figure 7).

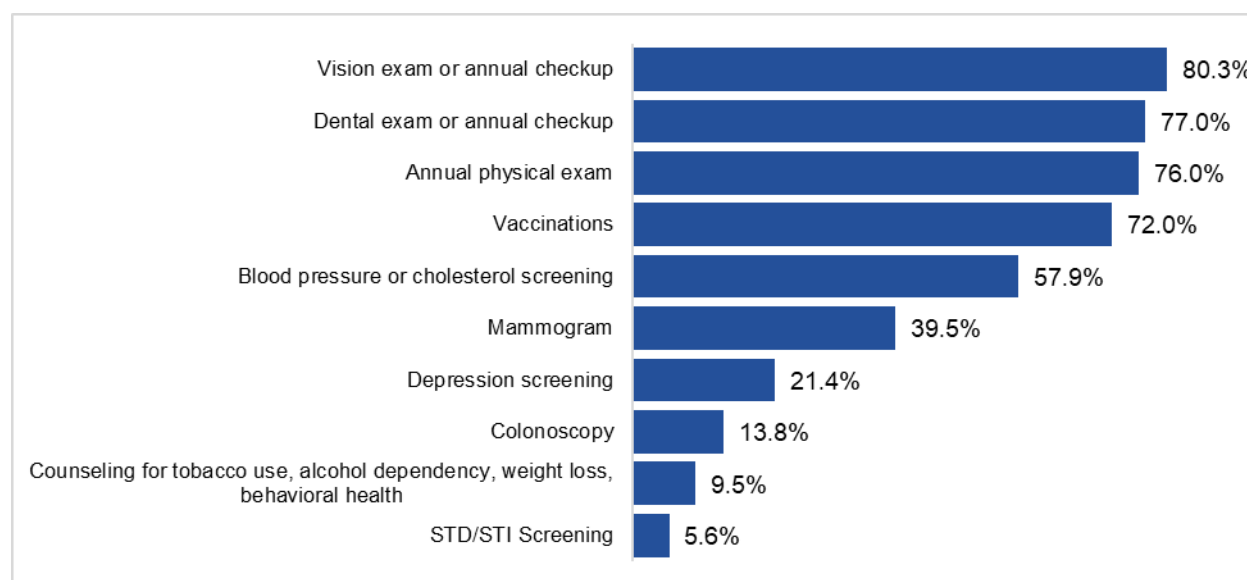
Figure 7. Perceptions of Previous CHNA Issues, Community Health Needs Assessment, 2024



Respondent n: 258-309.

In the past year, 80 percent of respondents received a vision exam, 77 percent received a dental exam, 76 percent received an annual physical exam, and 72 percent received a vaccination (Figure 8).

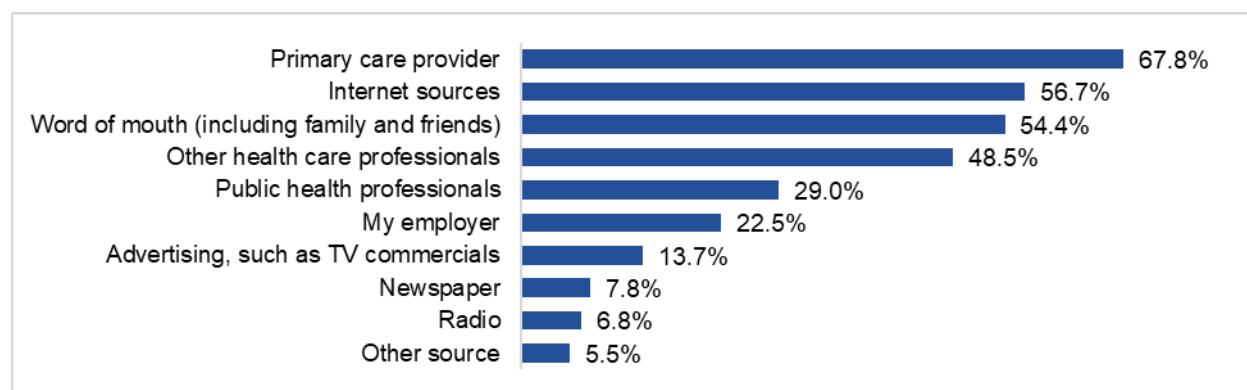
Figure 8. Preventative Health Care Services in the Past 12 Months, Community Health Needs Assessment, 2024



Respondent n: 304.

Eighty-one percent of respondents have a primary care doctor and 68 percent of respondents receive their health information from a primary care provider. Fifty-seven percent of respondents get their health information from internet sources and 54 percent rely on word of mouth, such as friends and family (Figure 9).

Figure 9. Sources of Health Information, Community Health Needs Assessment, 2024

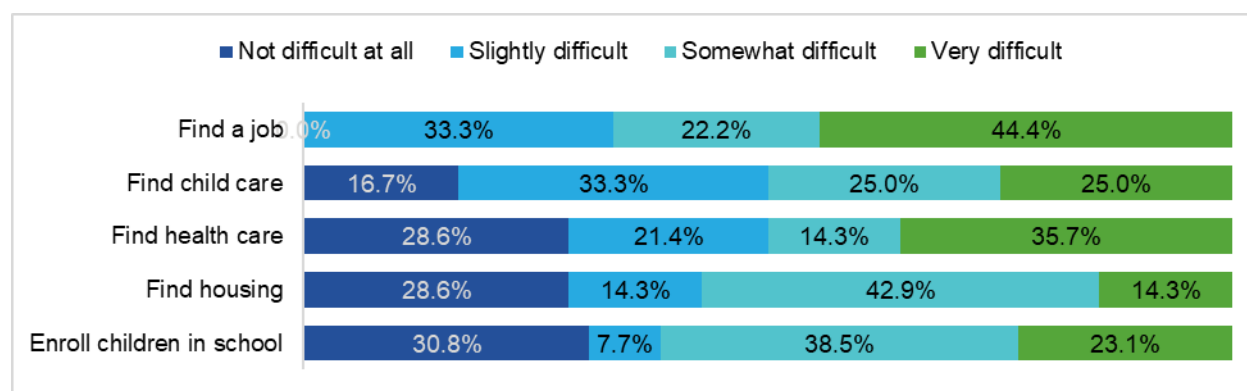


Respondent n: 307.

Most (83 percent) respondents have health insurance through an employer and 14 percent have insurance through a government program such as Medicaid (Appendix C).

Very few respondents indicated that they had moved to their community in the past year (5 percent). All of these newcomers reported at least some level of difficulty finding a job. Finding child care was at least slightly difficult for 83 percent of respondents (25 percent said it was very difficult) and 36 percent reported finding health care as very difficult. Finding housing was not difficult at all for 29 percent of respondents, and enrolling children in school, while very difficult for 23 percent of respondents, was not difficult at all for 31 percent of respondents (Figure 10).

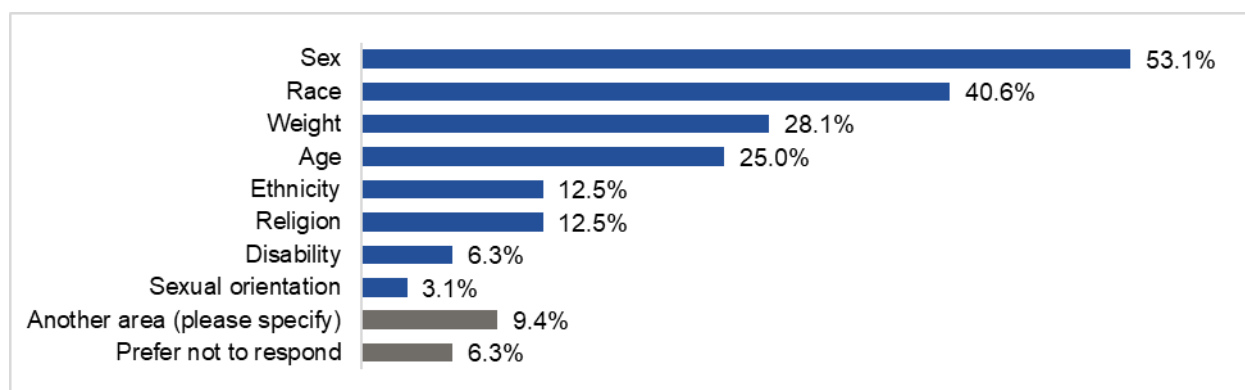
Figure 10. Difficulty of Community Newcomer Tasks, Community Health Needs Assessment, 2024



Respondent n: 7-14.

Eleven percent of respondents reported experiencing discrimination in the past 12 months; over half (53 percent) reported being discriminated against based on their sex and 41 percent experienced discrimination based on their race (Figure 11).

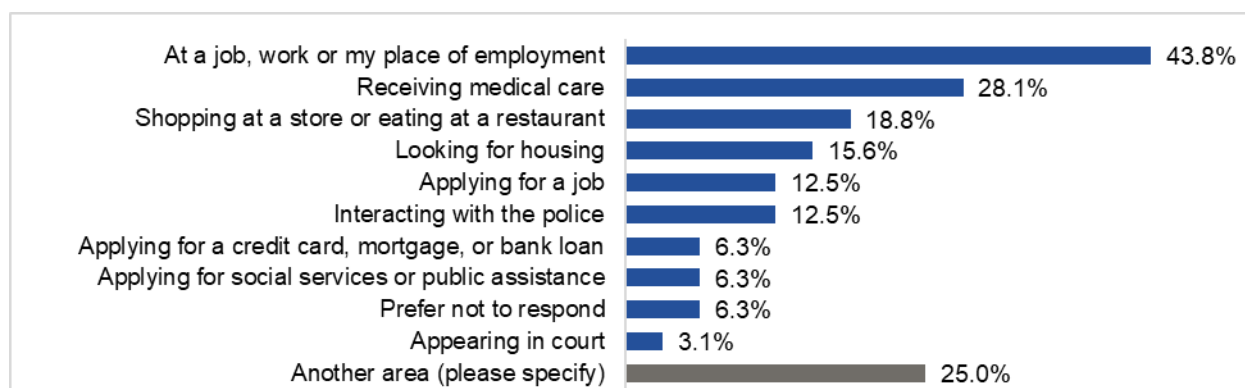
Figure 11. Areas of Discrimination, Community Health Needs Assessment, 2024



Respondent n: 32.

The most common situations in which respondents experienced discrimination involved places of employment (44 percent), while receiving medical care (28 percent), and while shopping at a store or eating at a restaurant (19 percent) (Figure 12).

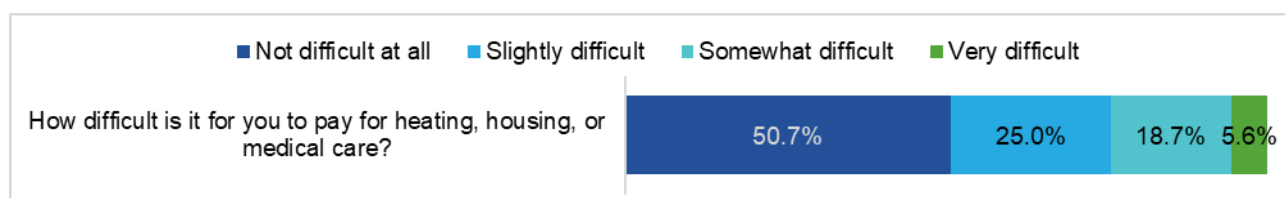
Figure 12. Situations of Discrimination, Community Health Needs Assessment, 2024



Respondent n: 32.

Nearly half (49 percent) of respondents cited at least slight difficulty paying for heating, housing, or medical care; 25 percent said it was slightly difficult, 19 percent said it was somewhat difficult, and 6 percent said it was very difficult (Figure 13).

Figure 13. Degree of Difficulty Paying for Necessities, Community Health Needs Assessment, 2024



Respondent n: 284.

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.

- Substance misuse.** Respondents expressed strong concern for substance misuse and mental health in their community. Ninety-seven percent of respondents were at least somewhat concerned about substance misuse (alcohol, prescription drugs, tobacco or vaping, and illicit or street drugs). Seventy-three percent said they were very concerned about substance misuse, 20 percent were somewhat concerned, and 5 percent were slightly concerned about this issue. The prevalence of adult excessive drinking in Williams County (25 percent) was higher than in North Dakota (23 percent) and the nation overall (18 percent). The prevalence of alcohol-impaired driving deaths in Williams County (54 percent) was substantially higher than in North Dakota (39 percent) and twice the national average (26 percent).
- Mental health and suicide.** Nearly all respondents (99 percent) were at least slightly concerned about mental health (anxiety, stress, depression) in their community. Seventy-one percent of respondents were very concerned about mental health, 21 percent were somewhat concerned, and 7 percent were slightly concerned. Nearly all respondents (97 percent) were also at least slightly concerned about suicide; 53 percent were very concerned about suicide. Eighty-one percent of respondents disagreed when asked if their community has adequate mental health services. Depression and anxiety as well as the availability of mental health services were both identified as priority health needs during the previous CHNA conducted in 2022. When asked about change since 2022, 54 percent of respondents thought depression or anxiety has worsened and 39 percent thought it is the same. While most residents indicated they did not believe the community has adequate mental health services, when asked if this issue has changed since 2022, 31 percent said the availability of mental health services has improved and 25 percent thought it has worsened. The number of residents per mental health care provider in Williams County is slightly higher (750:1) than North Dakota overall (450:1).
- Children's issues.** Nearly all respondents (96 percent) expressed at least a slight concern for child abuse or neglect; 44 percent were very concerned, 33 percent were somewhat concerned, and 19 percent were slightly concerned about this issue. Nearly all respondents (94 percent) were also concerned about cyber bullying. Cyber bullying was very concerning for 48 percent of respondents, somewhat concerning for 28 percent, and slightly concerning for 17 percent of respondents. Furthermore, 59 percent of respondents disagreed when asked if their community has adequate child care services. Access to child care and quality school resources were identified as a priority health need during the previous CHNA in 2022. Roughly a third of respondents indicated that the availability of quality school resources and the availability of child care services has worsened since 2022 (36 and 33 percent, respectively). Half of respondents that recently moved to the community (50 percent) indicated it was either somewhat or very difficult to find child care and 62 percent indicated it was either somewhat or very difficult to enroll children in school. Williams County has a higher percentage of households with children under the age of 18 (32.6 percent) than North Dakota overall (27.8 percent).
- Availability of services.** Seventy-seven percent of respondents disagreed when asked if their community has enough affordable housing for everyone who needs it, 68 percent disagreed

when asked if their community has adequate public transportation services, and 52 percent disagreed when asked if their community has adequate access to healthy and affordable foods. While the median household income in Williams County (\$86,139) is higher than North Dakota overall (\$73,959), the median home value, ownership costs, and median rent in Williams County are higher as well.

During the January 23, 2025 community input meeting, attendees discussed survey findings, whether the survey findings aligned with their perceptions of community needs, and the demographics of survey respondents. During the meeting, attendees expressed frustration about the lack of a local voice (such as a community newspaper) that might be used to disseminate news of positive work that stakeholders do in the community. Social media, which is more commonly used among community members, was noted as not always a positive replacement. Additionally, attendees discussed the difficulties around generating community involvement in the transient worker population; Williston has a high percentage of contract employees who stay for short periods of time and may not be inclined to lend time and energy to long-term community-based solutions.

Attendees noted that while Williston has a number of high-paying jobs in the energy sector, this may skew income data and misrepresent the average resident's ability to pay for household necessities in the community, which can be expensive as a result of scarcity (child care and housing were cited as examples). Interestingly, conversation around public transportation raised the issue of students using taxis to get home from school, thus creating periods of scarcity that impact other residents. Other points of discussion included communication barriers for Eastern European residents and social media's impact on mental health across all ages.

Resources Potentially Available to Address Needs

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

Addiction

Ideal Option

Adults

F5 Project

Counseling

Choice Recovery

Montgomery

Playworks child and family

Rachelle Eldred

Summit

Williston Rehabilitation Counseling and Therapy

Disability Services

NDAD

Domestic Violence

Williston Family Crisis Shelter

Education

Adult Learning Center

Food

Community Action

Community Connections

First Lutheran Church

GIFT Faith United Methodist Church

North Star Human Service Zone

The Shepards Table

Williston Food Pantry

Housing/Utilities

Community Action Partnership

Low Income Home Energy Assistance Program

ND Housing Stability Services

Williston Housing Authority

Community Options Williston

In Home Help

Home Helpers

Home Instead

Mercy Home Care

Mental Health

Bakken Behavioral Health Associates

Connect Us Therapy

Milestone Health Partners

North West Human Services Center

Pharmacy

G&G Pharmacy

ND Health Mart

Service Drug

Thrifty White

Rehabilitation Services

Vocational Rehabilitation

Williston Speech Therapy

Senior Services

Bethel Lutheran Nursing & Rehabilitation

Commodity Supplemental Food Program

Williston Senior Services Center

Transportation

North West Public Transit

Veterans Services

Williams County Veterans Services

Williston VA Clinic

Chatter Pediatric Therapy

Youth Services

Eckert Youth Homes

Family Voices of North Dakota

Healing Hearts Therapy


Healthy Families ND

Gloria Dei Church

Impact of Actions Taken Since Preceding CHNA

2023-2025 Community Health Implementation Strategy


Health Need: Affordable Housing

 Health Need #1: Affordable Housing (Availability of resources to help elderly stay in their homes, Not enough affordable housing)	
Goal and Anticipated Impact	The hospital will work with interested community organizations and our patients to help bridge the gap between their health and the social determinant of health “shelter” through coordination with current shelters, resources, and cities to make more “affordable” housing available in the community.
Strategy	Key Activities
1.1 City/County Code Review	<p>1.1.1 Review of the current city/county code to see if there are barriers to affordable housing developments being created in the community. Work will be done to ensure barriers are eliminated and education is provided to decision makers on what the issues are in regard to development</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Worked with County administration on identifying barriers to affordable housing development in the community and working to change ordinances to help with said development. Additional work has been done to help identify developers who may be interested in developing affordable housing in the community. Meetings and conversations have been had to see what additional changes may need to be made to make this type of development more attractive. <p>FY23 Measures</p> <ul style="list-style-type: none"> Creation of the Affordable Housing workgroup to help discuss and navigate these concerns. Scheduling of an Affordable Housing Development series of presentations this fall in the county to encourage this development (to be reported for FY24). <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Worked with County administration on identifying barriers to affordable housing development in the community and working to change ordinances to help with said development. Additional work has been done to help identify developers who may be interested in developing affordable housing in the community. County has hosted a few open houses and informational sessions regarding the need for affordable housing development in the city and county. <p>FY24 Measures</p> <ul style="list-style-type: none"> Quarterly workgroup meetings regarding this topic. <p>FY25: Results Pending</p>
1.2 Coordination and Communication	<p>1.2.1</p> <ul style="list-style-type: none"> Improve coordination between entities through a common touchpoint in the community for resources and information as to resources and programs available, including budgeting/finance education. Designate owner of resource list to keep information current.

	<p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Several one-on-one meetings to gauge the interest in participating in the workgroup and establish a baseline of services in the Williston area. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Quarterly meetings with the CHNA Affordable Housing Workgroup. Additionally, work with the local human service center's community coalition. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25: Results Pending</p>
1.3 Development Programs	<p>1.3.1</p> <ul style="list-style-type: none"> Review/update and promotion of available city and county programs, or the addition of new programs, that may encourage the development of more affordable housing in the community, whether that be lower priced homes, tiny homes, etc. Compile and promote program information from financial institutions, Stark Development, and Single Room Occupancy Unit Program. <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> See 1.1.1. <p>FY23 Measures</p> <ul style="list-style-type: none"> See 1.1.1. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> See 1.1.1. <p>FY24 Measures</p> <ul style="list-style-type: none"> See 1.1.1. <p>FY25: Results Pending</p>
1.4 Homeless/Transitional/ Supportive Housing Shelter	<p>1.4.1 Assessment of the feasibility of a shelter of some kind in the Williston area.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Established the need for a shelter of some sort in the Williston area. Started to pursue accurate data collection to pursue efforts similar to what is occurring in Dickinson with their transitional and supportive housing shelter work. Our President, Garrick Hyde established a good working relationship with the local Methodist Church that has a program we will encourage to apply for the Community Health Improvement Grant program to help house those in need in the community. <p>FY23 Measures</p> <ul style="list-style-type: none"> Movement toward better data collection on the homeless population and its needs in the Williston area (to be reported in FY24). <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Community Health Improvement Grant provided to First Methodist Church

	<p>to help those in need of housing in the community. This was successful, but we hope to improve the services with additional funding in the coming FY25 and plan to apply for a MMF planning grant to move forward on discussions regarding an operational plan for a homeless development in Williston.</p> <p>FY24 Measures</p> <ul style="list-style-type: none"> Quarterly meetings regarding the topic. <p>FY25: Results Pending</p>
	<p>1.4.2 Invest in community organizations focused on Affordable Housing through the implementation of the Community Health Improvement Grant (CHIG) program.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Activity created in FY24. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Awarded a CHIG to Out in Faith. The nonprofit provides short term housing to individuals and families in Williston, NE and Williams County, ND. Out in Faith also provides formula, diapers, and hygiene items to families with young children. <p>FY24 Measures</p> <ul style="list-style-type: none"> CHIG funds awarded (1/1/24-12/31/24): \$31,132
Planned Resources	<ul style="list-style-type: none"> Staff time and collaboration with community leaders. Potential use of Mission and Ministry Funds (Will apply in FY23 for Planning dollars) Potential city funding for purchase/renovation/operations of shelter in start-up phase.
Planned Collaborators	<ul style="list-style-type: none"> CHI St. Alexius Health City of Williston Williams County Local parishes Northwest Human Service Center North Dakota Legislature Districts 1, 2, 23, 26

Health Need: Behavioral Health


	Health Need #2: Behavioral Health (Alcohol use and abuse, Adults, Drug use and abuse, youth and adult, Depression/anxiety – All Ages)
Goal and Anticipated Impact	Work toward bridging the gap in behavioral health services through a community initiative that brings inpatient and outpatient options to the area while also addressing staffing and facility shortages in the region.
Strategy	Key Activities
2.1 Staffing/Recruitment Programs	<p>2.1.1</p> <ul style="list-style-type: none"> Staffing is an identified critical need and legislation or local match dollars for scholarship and tuition reimbursement programs should be leveraged to encourage individuals to go into the behavioral health field. Career Builders Program consider simplification of program Challenge Grants and associated amount of available funds Rural Health Grant – translate into legislation for possible expansion to application for behavioral health Address barriers to reciprocity for behavioral health providers licensed in other states to become licensed to practice in ND. <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Working with both Williston State College and the State of North Dakota we have identified and established some positive class and degree offerings through WSC to “grow our own” in Williston. WSC has since added the class and degrees through a partnership with the University of Mary and those credentials in various disciplines can now have the classes necessary to become licensed addiction counselors and other behavioral health licenses. We have also been able to identify individuals in the community that can provide the clinical hours for these individuals to become licensed. It is not at the level or the number we would like, but it is a step in the right direction. We continue this work. <p>FY23 Measures</p> <ul style="list-style-type: none"> Future data will include the number of enrollees in these various programs at WSC. Measures to be reported in FY24 reporting. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Establishment of a Behavioral Health tract for a variety of BH-related careers at Williston State College through coordination and collaboration with the college for 24-25 academic year. This includes case management careers, substance abuse counseling, etc. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25: Results Pending</p>
2.2 Inpatient Behavioral Health	<p>2.2.1</p> <ul style="list-style-type: none"> Continue work toward bringing ten inpatient beds to CHI St. Alexius Health in Williston. This work will be funded in cooperation with CommonSpirit, local, county, and state government. Analyze need for juvenile placement.

	<p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Working with state legislators and the Midwest Division (now Central Region) in Omaha we were able to work toward and secure grant funding of over \$2 million dollars for the renovation of an existing, unused unit in the current hospital into a 10-bed inpatient acute behavioral health unit at the hospital. Preliminary architectural work has begun. <p>FY23 Measures</p> <ul style="list-style-type: none"> Qualifying to apply for the funds (over \$2 million) <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Working with state legislators and the Midwest Division (now Central Region) in Omaha we were able to work toward and secure grant funding of over \$2 million dollars for the renovation of an existing, unused unit in the current hospital into a 10-bed inpatient acute behavioral health unit at the hospital. Preliminary architectural work has begun. This development continues and is moving forward to the full architectural phase with the home of work beginning in Q3 or Q4 of FY25. <p>FY24 Measures</p> <ul style="list-style-type: none"> Qualified for the funds. Meetings with community and organizational leaders to move forward on providing this service line. <p>FY25: Results Pending</p>
2.3 Outpatient Behavioral Health	<p>2.3.1</p> <ul style="list-style-type: none"> Cooperative agreements and arrangements with care sites to ensure patients and customers are getting appropriate care and are referred to the appropriate place the first time as opposed to a trial-and-error approach. Review opportunities to bring outpatient options to the CHI clinic in Williston to improve availability of care. Analyze availability and need for juvenile services. <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Working with local stakeholders like Northwest Human Service Center on Behavioral Health Integration in the community. Leadership also began working toward a partnership with Senior Life Solutions which would help provide geriatric psychiatry services in house and help coordinate care once patients are discharged. <p>FY23 Measures</p> <ul style="list-style-type: none"> Establishment of a behavioral health workgroup. Individual one-on-one meetings throughout the year to build relationships and identify opportunities to collaborate. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Working with local stakeholders like Northwest Human Service Center on Behavioral Health Integration in the community. Leadership continues to work toward a partnership with Senior Life Solutions which would help provide geriatric psychiatry services in house and help coordinate care once patients are discharged. <p>FY24 Measures</p> <ul style="list-style-type: none"> Quarterly behavioral health workgroup meetings. Individual one-on-one meetings throughout the year to build relationships and identify opportunities to collaborate. <p>FY25: Results Pending</p>

<p>2.4 Behavioral Health Professionals Education Programming</p>	<p>2.4.1</p> <ul style="list-style-type: none"> • Coordination with Williston State College, the North Dakota University System, and the State of North Dakota to meet the needs through the development of educational programs that will provide staff for behavioral health. • Internship and job shadowing programs for individuals to see if they'd like to pursue a career in behavioral health. • Explore existing and identify new clinical training opportunities. <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • See 2.1.1. <p>FY23 Measures</p> <ul style="list-style-type: none"> • See 2.1.1. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • See 2.1.1. <p>FY24 Measures</p> <ul style="list-style-type: none"> • See 2.1.1. <p>FY25: Results Pending</p>
<p>2.5 Coordination and Communication</p>	<p>2.5.1 Improve coordination between entities through a common touchpoint in the community for resources and information as to resources and programs available.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • Working with local stakeholders to identify barriers and redundancies in services as well as opportunities for collaboration. Established a behavioral health workgroup. Individual one-on-one meetings throughout the year were held to build relationships and identify opportunities to collaborate. <p>FY23 Measures</p> <ul style="list-style-type: none"> • No measures to report. Metrics will be identified and begin to be reported in FY2024. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • Working with local stakeholders to identify barriers and redundancies in services as well as opportunities for collaboration. Established a behavioral health workgroup. Individual one-on-one meetings throughout the year were held to build relationships and identify opportunities to collaborate. <p>FY24 Measures</p> <ul style="list-style-type: none"> • No measures to report. <p>FY25: Results Pending</p>
<p>Planned Resources</p>	<ul style="list-style-type: none"> • Staff time and collaboration with community leaders. Financial support when deemed appropriate. • The hospital will also provide community health educators, outreach communications, and program management support for these initiatives.

Planned Collaborators	<ul style="list-style-type: none"> • CHI St. Alexius Health City of Williston Williams County Local parishes • Northwest Human Service Center • North Dakota Legislature Districts 1, 2, 23, 26 Williston State College • State of North Dakota • North Dakota University System
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Health Need: Child care/Youth Concerns

 Health Need #3: Childcare/Youth Concerns (Alcohol use and abuse, Youth and Adult, Depression/anxiety – All Ages, Having enough child daycare services, Having enough quality school resources)	
Goal and Anticipated Impact	Provide additional childcare capacity in Williston through the renewal and utilization of grant programs and/or helping eliminate barriers to opening childcare centers, including staffing. Help support youth related activities that create an atmosphere free of judgment/bullying in our schools.
Strategy	Key Activities
3.1 Daycare Development	<p>3.1.1 Continued support of the daycare center opened with the assistance of CHI St. Alexius Williston in the fall of 2022 on our campus.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • In August 2022 we saw the opening of a new daycare located right off of our campus which was the result of a significant investment on our behalf and that of the community. We donated an old building the Sisters of Mercy used to live in and were able to renovate the space into a daycare that serves 65 children. Williston State is offering childcare education programming and also job shadowing opportunities through early childhood development classes at e high school and CTE. <p>FY23 Measures</p> <ul style="list-style-type: none"> • Opening of the 65-child daycare center. Establishment of the workgroup to address these needs. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • No work in this area in FY24 following the opening of the daycare center in the fall of 2022. <p>FY24 Measures</p> <ul style="list-style-type: none"> • No measures to report. <p>FY25: Results Pending</p>
3.2 Childcare Programs	<p>3.2.1</p> <ul style="list-style-type: none"> • Encourage the development, renewal and continuation of community and state-based grant programs to enable individuals to open new or expand existing daycare facilities to increase capacity. • Incentives focused specifically on bringing buildings up to code. • Regulatory and code review for efficiencies. <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • See 3.1.1.

	<p>FY23 Measures</p> <ul style="list-style-type: none"> See 3.1.1. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> See 3.1.1. <p>FY24 Measures</p> <ul style="list-style-type: none"> See 3.1.1. <p>FY25: Results Pending</p>
3.3 Early Childhood Education	<p>3.3.1</p> <ul style="list-style-type: none"> Coordination with Williston State College to meet the needs through the development of educational programs that will provide staff for daycare centers. Development of programs that will incentivize individuals to participate in these programs through scholarships or tuition reimbursement Education – shadow and internship work to gain on the job experience with school credit prior to graduation <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> See 3.1.1. <p>FY23 Measures</p> <ul style="list-style-type: none"> See 3.1.1. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> See 3.1.1. <p>FY24 Measures</p> <ul style="list-style-type: none"> See 3.1.1. <p>FY25: Results Pending</p>
3.4 Youth Programming	<p>3.4.1</p> <ul style="list-style-type: none"> Coordination across agencies that work directly with youth, whether that be the school system, parks and recreation, or local clubs to bring additional programming to the area that may not currently be offered. Work toward improving current offerings or reassess the effectiveness of them. Early release/closed day after school programming opportunities. <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> The workgroup was established and is working to identify different programs that could be brought online. Still working to fill out the workgroup with all of those who may be impactful on the work. Have determined a monthly cadence for meetings will be the most successful as there is so much to do. We identified there is a significant number of adolescents in our community that do not feel like they “belong” or feel “lonely” because of their interests. Conversation turned to how we reach them and give them a sense of connectedness, not only to the community, but to other people. A lot of good groundwork is being laid. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report.

	<p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> The workgroup was established and is working to identify different programs that could be brought online. Still working to fill out the workgroup with all of those who may be impactful on the work. Have determined a monthly cadence for meetings will be the most successful as there is so much to do. We identified there is a significant number of adolescents in our community that do not feel like they “belong” or feel “lonely” because of their interests. Conversation turned to how we reach them and give them a sense of connectedness, not only to the community, but to other people. A lot of good groundwork is being laid. Working with local domestic violence coalition on some training that could be provided in the middle and high school regarding intentional decision making in relationships and life. <p>FY24 Measures</p> <ul style="list-style-type: none"> Quarterly Youth Concerns Workgroup meetings. <p>FY25: Results Pending</p>
3.5 Coordination and Communication	<p>3.5.1 Leverage community presence of all organizations to publicize and promote the activities currently ongoing and active in the community to address this need to increase visibility and demonstrate the commitment to addressing it.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Working with local stakeholders to identify barriers and redundancies in services as well as opportunities for collaboration. Establishment of workgroup and meetings being held. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Working with local stakeholders to identify barriers and redundancies in services as well as opportunities for collaboration. Establishment of workgroup and meetings being held. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25: Results Pending</p>
Planned Resources	<ul style="list-style-type: none"> Staff time and collaboration with community leaders. Financial support when deemed appropriate. The hospital will also provide community health educators, outreach communications, and program management support for these initiatives.
Planned Collaborators	<ul style="list-style-type: none"> CHI St. Alexius Health City of Williston Williams County Local parishes Northwest Human Service Center North Dakota Legislature Districts 1, 2, 23, 26 Williston State College State of North Dakota North Dakota University System Williston Public Schools Area school districts

Health Need: Elder Concerns


	Health Need #4: Elder Concerns (Ability to retain primary care providers in the community, Availability of resources to help elderly stay in their homes, Long-term/nursing home care options, Not enough affordable housing)
Goal and Anticipated Impact	Help elderly members of the community address the various needs they are faced with, including, but not limited to mental health services, transportation, cost of housing, etc.
Strategy	Key Activities
4.1 Transportation	<p>4.1.1</p> <ul style="list-style-type: none"> • Increase opportunities for transportation in the community for those who can no longer operate, or cannot afford to have a vehicle of their own. • Assessment feasibility of route structure and potential expansion of route. • Ensure accessibility of transportation and qualifications/proper training of transportation staff. • Look into the possibility of transportation vouchers for the less fortunate so they can get to medical appointments, shopping and employment opportunities. <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • In conversations with workgroup members, we have established that the local transportation options are adequate for the elderly population, however usage is not as high as it could be because public transit is seen, anecdotally, as giving up one's freedom. When the elderly stop driving themselves, they truly see themselves as "old" and therefore resist utilizing it. Continual education needs to be completed. <p>FY23 Measures</p> <ul style="list-style-type: none"> • Establishment of workgroup and meetings being held. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • In conversations with workgroup members, we have established that the local transportation options are adequate for the elderly population. • Outside of elderly populations transportation needs have been identified in the behavioral health realm to transport to placement after discharge. Brainstorming over solutions has taken place but no long-term solution at this time is available. <p>FY24 Measures</p> <ul style="list-style-type: none"> • Quarterly workgroup meetings. <p>FY25: Results Pending</p>
4.2 Employment/Volunteer Opportunities	<p>4.2.1</p> <ul style="list-style-type: none"> • Assessment of current and new opportunities for employment for the aged population in Williston to allow livable wages to support themselves and their families • Assessment of current and new opportunities for volunteering for the aged population in Williston • Providing support for the elderly to have a quality of life that respects their dignity.

	<p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> CHNA Elder Workgroup is working to identify and consolidate information on these types of opportunities in the community. In the meantime, the hospital continues to have a robust volunteer community with 30-45 elderly who come and volunteer for a number of different things in the hospital. We have discussed a community wide effort to increase participation in the adopt a grandparent program that is run in some of the long-term care locations as well. <p>FY23 Measures</p> <ul style="list-style-type: none"> Establishment of workgroup and meetings being held. 30-45 volunteers were engaged. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> CHNA Elder Workgroup is working to identify and consolidate information on these types of opportunities in the community. In the meantime, the hospital continues to have a robust volunteer community with 65 elderly who come and volunteer for a number of different things in the hospital. <p>FY24 Measures</p> <ul style="list-style-type: none"> Quarterly workgroup meetings. 65 volunteers were engaged. <p>FY25: Results Pending</p>
4.3 Care Coordination and Communication	<p>4.3.1</p> <ul style="list-style-type: none"> Leverage community presence of all organizations to publicize and promote the activities currently ongoing and active in the community to address this need to increase visibility and demonstrate the commitment to addressing it. Cooperative agreements and arrangements with care sites to ensure patients and customers are getting appropriate care and are referred to the appropriate place the first time as opposed to a trial-and-error approach. <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Working with local stakeholders to identify barriers in services as well as opportunities for collaboration. There is an increasing need for geriatric psych. Began developing a relationship with Senior Life Solutions as a potential inpatient and outpatient link for this in the community. <p>FY23 Measures</p> <ul style="list-style-type: none"> Establishment of quarterly workgroup meetings with regular attendees as well as organization to organization meetings with the hospital and partners in the community on integrating care. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Working with local stakeholders to identify barriers in services as well as opportunities for collaboration. There is an increasing need for geriatric psych. Considering Senior Life Solutions as a potential inpatient and outpatient link for this in the community. <p>FY24 Measures</p> <ul style="list-style-type: none"> Quarterly workgroup meetings <p>FY25: Results Pending</p>

<p>4.4 Recruitment and Retention Programs for Long-term Nursing and Behavioral Health</p>	<p>4.4.1</p> <ul style="list-style-type: none"> Staffing is an identified critical need and legislation or local match dollars for scholarship and tuition reimbursement programs should be leveraged to encourage individuals to go into the long-term nursing and behavioral health field. Recruitment initiatives and programs to incentivize moving to North Dakota. International recruitment programs. <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> WSC provides a number of opportunities for job shadowing and education that will help with staffing long-term care in the future, but retention is an identified issue. Meeting with legislators during the FY24 session regarding potential for tuition assistance and scholarship opportunities. Brainstorming and idea sharing were prioritized in FY23. <p>FY23 Measures</p> <ul style="list-style-type: none"> Establishment of workgroup and meetings being held. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> WSC provides a number of opportunities for job shadowing and education that will help with staffing long-term care in the future, but retention is an identified issue. Meeting with legislators during the FY24 session regarding potential for tuition assistance and scholarship opportunities. <p>FY24 Measures</p> <ul style="list-style-type: none"> Establishment of workgroup and meetings being held. <p>FY25: Results Pending</p>
<p>4.5 Education Programming for Health Professional</p>	<p>4.5.1</p> <ul style="list-style-type: none"> Coordination with Williston State College to meet the needs through the development of educational programs that will provide staff for long-term care. Education – shadow and internship work to gain on the job experience with school credit prior to graduation Explore education options for non-traditional students at the post high school level. Seek area employers to assist in clinical training opportunities. <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Worked with CTE and WSC to identify additional areas where we can bring programming on board that could assist with long-term nursing home and assisted living care sites. <p>FY23 Measures</p> <ul style="list-style-type: none"> Establishment of workgroup and meetings being held. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Worked with CTE and WSC to identify additional areas where we can bring programming on board that could assist with long-term nursing home and assisted living care sites. <p>FY24 Measures</p> <ul style="list-style-type: none"> Establishment of workgroup and meetings being held.

	FY25: Results Pending
Planned Resources	<ul style="list-style-type: none"> • Staff time and collaboration with community leaders. Financial support when deemed appropriate. • The hospital will also provide community health educators, outreach communications, and program management support for these initiatives. Hospital and clinic may also be able to provide community outreach to the homebound or nursing homes to help expand care.
Planned Collaborators	<ul style="list-style-type: none"> • CHI St. Alexius Health City of Williston • Williams County Local parishes • Northwest Human Service Center • North Dakota Legislature Districts 1, 2, 23, 26 Williston State College • Bethel Lutheran Nursing Home

Health Need: Availability of Specialists

 Health Need #5: Availability of Specialists	
Goal and Anticipated Impact	Bring specialists to the community that meet the needs of the community and are financially sustainable long-term.
Strategy	Key Activities
5.1 Recruitment and Retention	<p>5.1.1</p> <ul style="list-style-type: none"> • Improvements and efficiencies in the recruitment process will be analyzed. • Development of a “local prospects” list that focuses on those individuals most likely to remain in Williston or be interested in visiting Williston long-term. • Build a sustainable culture among providers that encourages retention. <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> • Working to build out a “community needs” feasibility list for different provider disciplines and analyzing the feasibility of bringing those services online, acknowledging that even if the need is identified does not mean that it is sustainable. <p>FY23 Measures</p> <ul style="list-style-type: none"> • Number of new providers recruited may begin to be reported in FY24. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> • Working to build out a “community needs” feasibility list for different provider disciplines and analyzing the feasibility of bringing those services online, acknowledging that even if the need is identified does not mean that it is sustainable. <p>FY24 Measures</p> <ul style="list-style-type: none"> • Five new providers started in FY24. Working to recruit OBGYN and ENT actively as well as additional surgeons. <p>FY25: Results Pending</p>

5.2 Coordination and Communication	<p>5.2.1 Coordination with CHI and Sanford to not duplicate efforts and provide services that do not lead to redundancy, but enhance the overall care picture of Williston and the region.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Continual conversations with Sanford, Trinity Health, and independent providers, on who may be coming on or offline in terms of providers in the community to help identify opportunities or potential redundancies. <p>FY23 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Continual conversations with Sanford, Trinity Health, and independent providers, on who may be coming on or offline in terms of providers in the community to help identify opportunities or potential redundancies. <p>FY24 Measures</p> <ul style="list-style-type: none"> No measures to report. <p>FY25: Results Pending</p>
5.3 Scholarship and Tuition Programs	<p>5.3.1 Support and development of scholarship and tuition reimbursement programs that incent providers to come to and practice in Williston and the surrounding area.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Worked with local and state legislators and the NDHA to ensure current programs stayed in place or were expanded at the recent legislative session in 2023. <p>FY23 Measures</p> <ul style="list-style-type: none"> Programs were maintained. No additional measures to report. <p>FY24 Actions and Impact</p> <ul style="list-style-type: none"> Worked with local and state legislators and the NDHA to ensure current programs stayed in place or were expanded at the recent legislative session in 2023 and 2025. <p>FY24 Measures</p> <ul style="list-style-type: none"> Programs were maintained. No additional measures to report. <p>FY25: Results Pending</p>
5.4 Identify Community Needs	<p>5.4.1 Ongoing efforts to identify areas that make financial success to bring to the community in terms of care and are sustainable long-term.</p> <p>FY23 Actions and Impact</p> <ul style="list-style-type: none"> Ongoing assessment by leadership on the feasibility of various programs being brought online and recruitment activities being activated. <p>FY23 Measure</p> <ul style="list-style-type: none"> Ongoing recruitment activities for OB, Urology, and ENT providers as well as others. No additional measures to report. <p>FY24 Actions and Impact</p>

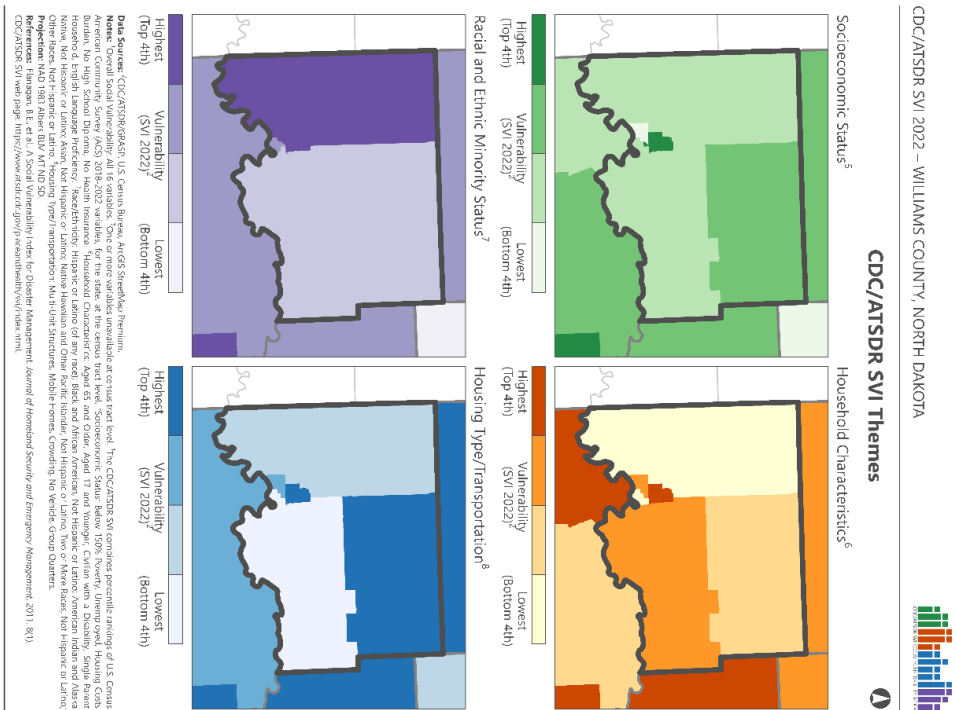
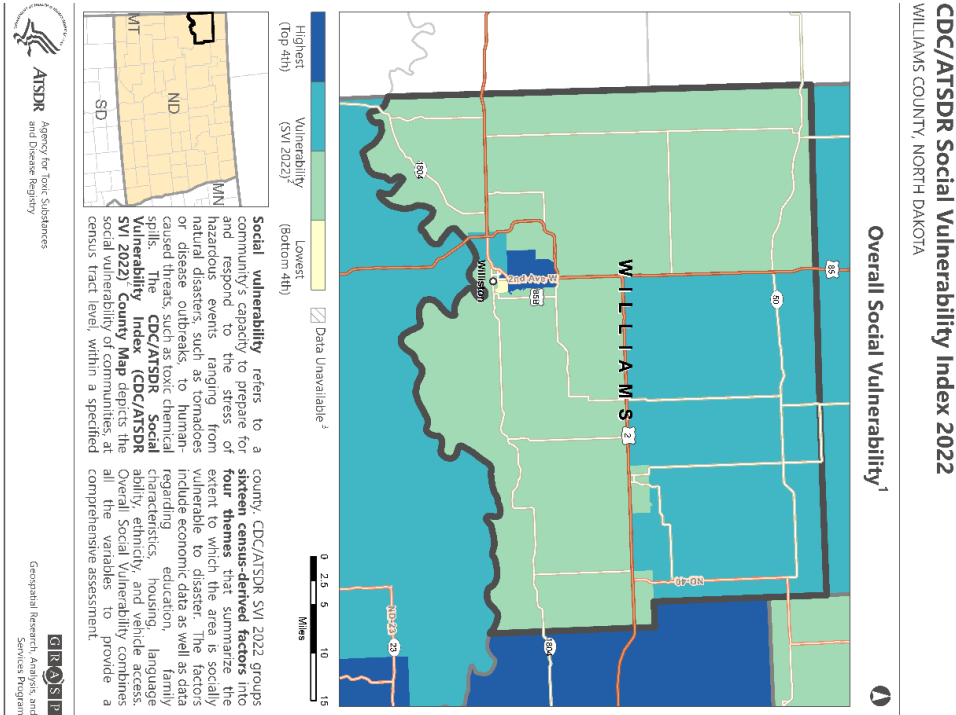
	<ul style="list-style-type: none"> Ongoing assessment by leadership on the feasibility of various programs being brought online and recruitment activities being activated. <p>FY24 Measures</p> <ul style="list-style-type: none"> Ongoing recruitment activities for OB, Urology, and ENT providers as well as others. <p>FY25: Results Pending</p>
Planned Resources	<ul style="list-style-type: none"> Staff time and collaboration with community leaders. Financial support when deemed appropriate.
Planned Collaborators	<ul style="list-style-type: none"> CHI St. Alexius Health Sanford Health Community Leaders Business Leaders Williston State College

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Appendices

Appendix A: CDC/ASTDR Social Vulnerability Index 2022 for Williams County, ND



Appendix B: Survey Instrument

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

COMMUNITY HEALTH NEEDS ASSESSMENT 2024

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

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

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

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

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

Center for Social Research

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CommonSpirit Healthy Communities liaison

Ashley Carroll	ashley.carroll@commonspirit.org
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Completing the survey means that you give your consent to participate in this Community Health Needs Assessment.

What is your zip code?

What is the state where you live?

What is the county where you live?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

- | | |
|--|---|
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Counseling for tobacco use, alcohol use, weight loss, or behavioral health |
| <input type="checkbox"/> Annual physical exam | <input type="checkbox"/> Depression screening |
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> STD/STI screening |
| <input type="checkbox"/> Colonoscopy | <input type="checkbox"/> Vision exam |
| <input type="checkbox"/> Blood pressure or cholesterol screening | <input type="checkbox"/> Dental exam/annual checkup |

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

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

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.

- | | |
|--|---|
| <input type="checkbox"/> Primary care provider | <input type="checkbox"/> My employer |
| <input type="checkbox"/> Other health care providers | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Public health professionals | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Internet sources | <input type="checkbox"/> Other (please specify _____) |
| <input type="checkbox"/> Word of mouth | |
| <input type="checkbox"/> 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**)
☐ 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

- | | |
|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Gender identity | <input type="checkbox"/> Another area (specify: _____) |
| <input type="checkbox"/> Sexual orientation | |
| <input type="checkbox"/> Age | <input type="checkbox"/> Prefer not to say |

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

- | | |
|---|--|
| <input type="checkbox"/> Applying for a job | <input type="checkbox"/> Applying for social services or public assistance |
| <input type="checkbox"/> At a job, work or my place of employment | <input type="checkbox"/> Interacting with the police |
| <input type="checkbox"/> Receiving medical care | <input type="checkbox"/> Appearing in court |
| <input type="checkbox"/> Looking for housing | <input type="checkbox"/> Another area (specify) _____ |
| <input type="checkbox"/> Applying for a credit card, bank loan, or mortgage | |
| <input type="checkbox"/> Shopping at a store or eating at a restaurant | <input type="checkbox"/> 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.

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other (please describe: _____) |
| <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | |
| <input type="checkbox"/> Two or more races | |

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

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

What is your estimated household income?

- | | |
|--|--|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$75,000 - \$99,999 |
| <input type="checkbox"/> \$15,000 - \$24,999 | <input type="checkbox"/> \$100,000 - \$149,999 |
| <input type="checkbox"/> \$25,000 - \$49,999 | <input type="checkbox"/> \$150,000 and over |
| <input type="checkbox"/> \$50,000 - \$74,999 | <input type="checkbox"/> Prefer not to say |

What is the highest level of education you have completed?

- | | |
|---|--|
| <input type="checkbox"/> Less than 9th Grade | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> 9th to 12th Grade, no diploma | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school graduate or equivalent | <input type="checkbox"/> Graduate or professional degree |
| <input type="checkbox"/> Some college, no degree | <input type="checkbox"/> Prefer not to say |

Which of these categories best describes your employment status?

- | | |
|---|--|
| <input type="checkbox"/> Employed full time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Employed part time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 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) _____
- ☐ Newsletter (please specify from where) _____
- ☐ Newspaper advertisement
- ☐ Word of mouth
- ☐ Direct email (please specify from where) _____
- ☐ Another way (please specify) _____

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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

.....

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

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

Appendix C: Survey Frequencies

Completing the survey means that you give your consent to participate in this Community Health Needs Assessment.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I consent	314	100.0%	100.0%	100.0%

What is your zip code?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		43	13.7%	13.7%	13.7%
	58001	1	0.3%	0.3%	14.0%
	58702	1	0.3%	0.3%	14.3%
	58763	1	0.3%	0.3%	14.6%
	58801	242	77.1%	77.1%	91.7%
	58801-5405	1	0.3%	0.3%	92.0%
	58802	3	1.0%	1.0%	93.0%
	58830	2	0.6%	0.6%	93.6%
	58831	1	0.3%	0.3%	93.9%
	58843	8	2.5%	2.5%	96.5%
	58845	1	0.3%	0.3%	96.8%
	58849	6	1.9%	1.9%	98.7%
	58852	2	0.6%	0.6%	99.4%
	58853	1	0.3%	0.3%	99.7%
	59212	1	0.3%	0.3%	100.0%
	Total	314	100.0%	100.0%	

What is the state in which you live?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	North Dakota	314	100.0%	100.0%	100.0%

What is the county where you live in North Dakota?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Burke	3	1.0%	1.0%	1.0%
	McKenzie	2	0.6%	0.6%	1.6%
	Williams	309	98.4%	98.4%	100.0%
Total		314	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 each of the following statements about the people in your community. - My community is culturally diverse	Count	12	22	23	106	148	311
	Row N %	3.9%	7.1%	7.4%	34.1%	47.6%	100.0%
Please indicate your level of agreement for each of the following statements about the people in your community. - People feel welcome and accepted in my community	Count	16	35	33	145	78	307
	Row N %	5.2%	11.4%	10.7%	47.2%	25.4%	100.0%
Please indicate your level of agreement for each of the following statements about the people in your community. - There is a sense of civic responsibility and engagement in my community	Count	21	31	50	134	69	305
	Row N %	6.9%	10.2%	16.4%	43.9%	22.6%	100.0%
Please indicate your level of agreement for each of the following statements about the people in your community. - The people in my community have a shared vision and community goals	Count	26	61	75	115	31	308
	Row N %	8.4%	19.8%	24.4%	37.3%	10.1%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: People in your community - My community is culturally diverse	Count	34	23	254	311
	Row N %	10.9%	7.4%	81.7%	100.0%
RECODE: People in your community - People feel welcome and accepted in my community	Count	51	33	223	307
	Row N %	16.6%	10.7%	72.6%	100.0%
RECODE: People in your community - There is a sense of civic responsibility and engagement in my community	Count	52	50	203	305
	Row N %	17.0%	16.4%	66.6%	100.0%
RECODE: People in your community - The people in my community have a shared vision and community goals	Count	87	75	146	308
	Row N %	28.2%	24.4%	47.4%	100.0%

Services in Your Community

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate opportunities for recreation and leisure for all ages	Count	32	51	36	120	69	308
	Row N %	10.4%	16.6%	11.7%	39.0%	22.4%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has a thriving business district with access to needed goods and services	Count	39	74	64	101	30	308
	Row N %	12.7%	24.0%	20.8%	32.8%	9.7%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community provides adequate public services like snow removal, garbage collection, or recycling	Count	37	56	32	115	69	309
	Row N %	12.0%	18.1%	10.4%	37.2%	22.3%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate child care services	Count	69	100	47	53	18	287
	Row N %	24.0%	34.8%	16.4%	18.5%	6.3%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate senior services	Count	46	60	68	79	28	281
	Row N %	16.4%	21.4%	24.2%	28.1%	10.0%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has a quality education system	Count	61	78	59	74	34	306
	Row N %	19.9%	25.5%	19.3%	24.2%	11.1%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate public transportation services	Count	120	88	41	46	12	307
	Row N %	39.1%	28.7%	13.4%	15.0%	3.9%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has	Count	29	43	38	110	88	308
	Row N %	9.4%	14.0%	12.3%	35.7%	28.6%	100.0%

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
adequate employment opportunities that pay a livable wage							
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate law enforcement	Count	14	38	38	102	113	305
	Row N %	4.6%	12.5%	12.5%	33.4%	37.0%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has enough affordable housing for everyone who needs it	Count	118	110	37	24	8	297
	Row N %	39.7%	37.0%	12.5%	8.1%	2.7%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate access to healthy and affordable foods	Count	61	102	37	80	31	311
	Row N %	19.6%	32.8%	11.9%	25.7%	10.0%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Services in your community - My community has adequate opportunities for recreation and leisure for all ages	Count	83	36	189	308
	Row N %	26.9%	11.7%	61.4%	100.0%
RECODE: Services in your community - My community has a thriving business district with access to needed goods and services	Count	113	64	131	308
	Row N %	36.7%	20.8%	42.5%	100.0%
RECODE: Services in your community - My community provides adequate public services like snow removal, garbage collection, or recycling	Count	93	32	184	309
	Row N %	30.1%	10.4%	59.5%	100.0%
RECODE: Services in your community - My community has adequate child care services	Count	169	47	71	287
	Row N %	58.9%	16.4%	24.7%	100.0%
RECODE: Services in your community - My community has adequate senior services	Count	106	68	107	281
	Row N %	37.7%	24.2%	38.1%	100.0%
RECODE: Services in your community. - My community has a quality education system	Count	139	59	108	306
	Row N %	45.4%	19.3%	35.3%	100.0%
RECODE: Services in your community. - My community has adequate public transportation services	Count	208	41	58	307
	Row N %	67.8%	13.4%	18.9%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Services in your community. - My community has adequate employment opportunities that pay a livable wage	Count	72	38	198	308
	Row N %	23.4%	12.3%	64.3%	100.0%
RECODE: Services in your community. - My community has adequate law enforcement	Count	52	38	215	305
	Row N %	17.0%	12.5%	70.5%	100.0%
RECODE: Services in your community. - My community has enough affordable housing for everyone who needs it	Count	228	37	32	297
	Row N %	76.8%	12.5%	10.8%	100.0%
RECODE: Services in your community. - My community has adequate access to healthy and affordable foods	Count	163	37	111	311
	Row N %	52.4%	11.9%	35.7%	100.0%

Community Concerns

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about each of the following in your community? - Substance misuse (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs)	Count	8	14	60	222	304
	Row N %	2.6%	4.6%	19.7%	73.0%	100.0%
How concerned are you about each of the following in your community? - Mental health (anxiety, stress, depression)	Count	3	20	64	214	301
	Row N %	1.0%	6.6%	21.3%	71.1%	100.0%
How concerned are you about each of the following in your community? - Suicide	Count	9	32	99	157	297
	Row N %	3.0%	10.8%	33.3%	52.9%	100.0%
How concerned are you about each of the following in your community? - Access to healthy foods	Count	51	67	90	99	307
	Row N %	16.6%	21.8%	29.3%	32.2%	100.0%
How concerned are you about each of the following in your community? - Food insecurity or hunger	Count	27	68	117	78	290
	Row N %	9.3%	23.4%	40.3%	26.9%	100.0%
How concerned are you about each of the following in your community? - Poverty in my community	Count	24	63	120	87	294
	Row N %	8.2%	21.4%	40.8%	29.6%	100.0%
	Count	35	64	73	71	243

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about each of the following in your community? - Sexually transmitted diseases or infections	Row N %	14.4%	26.3%	30.0%	29.2%	100.0%
How concerned are you about each of the following in your community? - Crime in my community	Count	21	71	107	107	306
	Row N %	6.9%	23.2%	35.0%	35.0%	100.0%
How concerned are you about each of the following in your community? - Availability of long-term care or assisted living facilities	Count	15	47	94	133	289
	Row N %	5.2%	16.3%	32.5%	46.0%	100.0%
How concerned are you about each of the following in your community? - Availability of elder care services to support independent living, or aging in place	Count	8	44	100	135	287
	Row N %	2.8%	15.3%	34.8%	47.0%	100.0%
How concerned are you about each of the following in your community? - Obesity or overweightness	Count	16	43	109	125	293
	Row N %	5.5%	14.7%	37.2%	42.7%	100.0%

Violence Concerns in Community

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about the following types of violence in your community? - Cyber bullying	Count	18	47	79	135	279
	Row N %	6.5%	16.8%	28.3%	48.4%	100.0%
How concerned are you about the following types of violence in your community? - Child abuse or neglect	Count	11	56	95	126	288
	Row N %	3.8%	19.4%	33.0%	43.8%	100.0%
How concerned are you about the following types of violence in your community? - Intimate partner violence	Count	31	62	82	96	271
	Row N %	11.4%	22.9%	30.3%	35.4%	100.0%
How concerned are you about the following types of violence in your	Count	20	60	96	103	279
	Row N %	7.2%	21.5%	34.4%	36.9%	100.0%

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
community? - Emotional abuse (including intimidation or isolation)						
How concerned are you about the following types of violence in your community? - Sexual abuse or assault	Count	12	73	96	99	280
	Row N %	4.3%	26.1%	34.3%	35.4%	100.0%
How concerned are you about the following types of violence in your community? - Stalking	Count	44	86	78	55	263
	Row N %	16.7%	32.7%	29.7%	20.9%	100.0%
How concerned are you about the following types of violence in your community? - Verbal threats or harassment	Count	27	76	73	103	279
	Row N %	9.7%	27.2%	26.2%	36.9%	100.0%
How concerned are you about the following types of violence in your community? - Gun violence	Count	40	99	75	75	289
	Row N %	13.8%	34.3%	26.0%	26.0%	100.0%

Medical Services in Your Community

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement with the following issues related to medical services in your community. - It is easy to get an appointment for health care services in my community	Count	110	96	33	52	20	311
	Row N %	35.4%	30.9%	10.6%	16.7%	6.4%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate primary care providers and nurses	Count	112	105	23	58	13	311
	Row N %	36.0%	33.8%	7.4%	18.6%	4.2%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate health care services to meet my health care needs	Count	106	97	28	69	14	314
	Row N %	33.8%	30.9%	8.9%	22.0%	4.5%	100.0%

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate dental care providers	Count	75	69	46	81	36	307
	Row N %	24.4%	22.5%	15.0%	26.4%	11.7%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate vision care providers	Count	54	66	41	99	50	310
	Row N %	17.4%	21.3%	13.2%	31.9%	16.1%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate mental health services	Count	164	79	28	25	6	302
	Row N %	54.3%	26.2%	9.3%	8.3%	2.0%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate access to emergency response services such as ambulance or fire fighters	Count	30	29	36	111	101	307
	Row N %	9.8%	9.4%	11.7%	36.2%	32.9%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - I can easily navigate the health care system in my community	Count	66	62	58	85	40	311
	Row N %	21.2%	19.9%	18.6%	27.3%	12.9%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - I receive quality health care in my community	Count	58	63	46	98	47	312
	Row N %	18.6%	20.2%	14.7%	31.4%	15.1%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - In my community, care is well coordinated across providers and services	Count	91	86	55	57	19	308
	Row N %	29.5%	27.9%	17.9%	18.5%	6.2%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Medical services in your community. - It is easy to get an appointment for health care services in my community	Count	206	33	72	311
	Row N %	66.2%	10.6%	23.2%	100.0%
	Count	217	23	71	311

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Medical services in your community. - My community has adequate primary care providers and nurses	Row N %	69.8%	7.4%	22.8%	100.0%
RECODE: Medical services in your community. - My community has adequate health care services to meet my health care needs	Count	203	28	83	314
	Row N %	64.6%	8.9%	26.4%	100.0%
RECODE: Medical services in your community. - My community has adequate dental care providers	Count	144	46	117	307
	Row N %	46.9%	15.0%	38.1%	100.0%
RECODE: Medical services in your community. - My community has adequate vision care providers	Count	120	41	149	310
	Row N %	38.7%	13.2%	48.1%	100.0%
RECODE: Medical services in your community. - My community has adequate mental health services	Count	243	28	31	302
	Row N %	80.5%	9.3%	10.3%	100.0%
RECODE: Medical services in your community. - My community has adequate access to emergency response services such as ambulance or fire fighters	Count	59	36	212	307
	Row N %	19.2%	11.7%	69.1%	100.0%
RECODE: Medical services in your community. - I can easily navigate the health care system in my community	Count	128	58	125	311
	Row N %	41.2%	18.6%	40.2%	100.0%
RECODE: Medical services in your community. - I receive quality health care in my community	Count	121	46	145	312
	Row N %	38.8%	14.7%	46.5%	100.0%
RECODE: Medical services in your community. - In my community, care is well coordinated across providers and services	Count	177	55	76	308
	Row N %	57.5%	17.9%	24.7%	100.0%

Last CHNA Needs

		Much worse	Somewhat worse	About the same	Somewhat better	Much better	Total
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? – Availability of mental health services	Count	41	22	114	69	11	257
	Row N %	16.0%	8.6%	44.4%	26.8%	4.3%	100.0%
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? – Having enough quality school resources	Count	39	49	111	39	4	242
	Row N %	16.1%	20.2%	45.9%	16.1%	1.7%	100.0%
	Count	42	41	103	54	10	250

		Much worse	Somewhat worse	About the same	Somewhat better	Much better	Total
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? – Having enough child daycare services	Row N %	16.8%	16.4%	41.2%	21.6%	4.0%	100.0%
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? – Not enough affordable housing	Count	54	70	109	15	2	250
	Row N %	21.6%	28.0%	43.6%	6.0%	0.8%	100.0%
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? - Depression or anxiety	Count	32	44	56	9	1	142
	Row N %	22.5%	31.0%	39.4%	6.3%	0.7%	100.0%

		Worse	The same	Better	Total
RECODE: Previous issues - Availability of mental health services	Count	63	114	80	257
	Row N %	24.5%	44.4%	31.1%	100.0%
RECODE: Previous issues - Having enough quality school resources	Count	88	111	43	242
	Row N %	36.4%	45.9%	17.8%	100.0%
RECODE: Previous issues – Having enough child daycare services	Count	83	103	64	250
	Row N %	33.2%	41.2%	25.6%	100.0%
RECODE: Previous issues - Not enough affordable housing	Count	124	109	17	250
	Row N %	49.6%	43.6%	6.8%	100.0%
RECODE: Previous issues - Depression or anxiety	Count	76	56	10	142
	Row N %	53.5%	39.4%	7.0%	100.0%

Preventative Health Care Measures

Multiple Response						
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ5.1 ^a	304	100.0%	10	0.0%	314	100.0%

MRQ5.1 Frequencies				
		Responses		Percent of Cases
		N	Percent	
MRQ5.1 ^a	Which of the following preventative health care measures have you received in the last year? Vaccinations	219	15.9%	72.0%
	Which of the following preventative health care measures have you received in the last year? Annual physical exam	231	16.8%	76.0%
	Which of the following preventative health care measures have you received in the last year? Mammogram	120	8.7%	39.5%
	Which of the following preventative health care measures have you received in the last year? Colonoscopy	42	3.1%	13.8%
	Which of the following preventative health care measures have you received in the last year? Blood pressure or cholesterol screening	176	12.8%	57.9%
	Which of the following preventative health care measures have you received in the last year? Counseling for tobacco use, alcohol dependency, weight loss, behavioral health	29	2.1%	9.5%
	Which of the following preventative health care measures have you received in the last year? Depression screening	65	4.7%	21.4%
	Which of the following preventative health care measures have you received in the last year? STD/STI Screening	17	1.2%	5.6%
	Which of the following preventative health care measures have you received in the last year? Vision exam or annual checkup	244	17.7%	80.3%
	Which of the following preventative health care measures have you received in the last year? Dental exam or annual checkup	234	17.0%	77.0%
Total		1377	100.0%	453.0%
a. Dichotomy group tabulated at value 1.				

Barriers to Care

		Not at all a barrier	Somewhat of a barrier	Extreme barrier	Total
To what degree are each of the following issues a barrier to your ability to access health care services? - Transportation to health care service locations	Count	203	48	33	284
	Row N %	71.5%	16.9%	11.6%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Distance to access care	Count	122	108	71	301
	Row N %	40.5%	35.9%	23.6%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Concerns about confidentiality	Count	222	55	24	301
	Row N %	73.8%	18.3%	8.0%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Availability of local services to meet my health care needs	Count	85	125	97	307
	Row N %	27.7%	40.7%	31.6%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Communication or language barriers	Count	205	69	27	301
	Row N %	68.1%	22.9%	9.0%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Disability accommodations	Count	189	51	18	258
	Row N %	73.3%	19.8%	7.0%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Scheduling health care services within clinic hours	Count	113	125	67	305
	Row N %	37.0%	41.0%	22.0%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - The length of time to see a provider, from making an appointment to attending the appointment	Count	68	137	104	309
	Row N %	22.0%	44.3%	33.7%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - The price of prescription drugs, even with insurance	Count	144	109	56	309
	Row N %	46.6%	35.3%	18.1%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - The price of health care services (such as co-payments or deductibles), even with insurance	Count	115	122	67	304
	Row N %	37.8%	40.1%	22.0%	100.0%

Do you currently have a primary care doctor?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	253	80.6%	81.4%	81.4%
	No	58	18.5%	18.6%	100.0%
	Total	311	99.0%	100.0%	
Missing	Prefer not to respond	3	1.0%		
Total		314	100.0%		

Multiple Response						
Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ5.5 ^a	307	97.8%	7	2.2%	314	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ5.5 Frequencies				
		Responses		Percent of Cases
		N	Percent	
MRQ5.5 ^a	Where do you find out about health information? Other health care professionals	149	15.5%	48.5%
	Where do you find out about health information? Primary care provider	208	21.7%	67.8%
	Where do you find out about health information? Public health professionals	89	9.3%	29.0%
	Where do you find out about health information? Internet sources	174	18.1%	56.7%
	Where do you find out about health information? Word of mouth (including family and friends)	167	17.4%	54.4%
	Where do you find out about health information? Advertising, such as TV commercials	42	4.4%	13.7%
	Where do you find out about health information? My employer	69	7.2%	22.5%
	Where do you find out about health information? Newspaper	24	2.5%	7.8%
	Where do you find out about health information? Radio	21	2.2%	6.8%
	Where do you find out about health information? Other source	17	1.8%	5.5%
Total		960	100.0%	312.7%
a. Dichotomy group tabulated at value 1.				

Multiple Response						
Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ5.6 ^a	313	99.7%	1	0.3%	314	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ5.6 Frequencies				
		Responses		Percent of Cases
		N	Percent	
MRQ5.6 ^a	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Insurance through employer (either your own or a family member's)	260	73.4%	83.1%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Private health insurance (coverage purchased by you)	24	6.8%	7.7%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Government program (Medicare, Medicaid, etc.)	45	12.7%	14.4%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Indian Health Service (IHS)	6	1.7%	1.9%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Military (Tricare, Champus, VA)	6	1.7%	1.9%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Other (please specify)	7	2.0%	2.2%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice No health insurance	1	0.3%	0.3%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Prefer not to say	5	1.4%	1.6%
Total		354	100.0%	113.1%
a. Dichotomy group tabulated at value 1.				

SOCIAL HARDSHIP AND DISCRIMINATION

Did you move to your community in the past year?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	4.8%	4.8%	4.8%
	No	298	94.9%	95.2%	100.0%
	Total	313	99.7%	100.0%	
Missing	System	1	0.3%		
Total		314	100.0%		

		Not difficult at all	Slightly difficult	Somewhat difficult	Very difficult	Total
How difficult was it to do the following things? - Enroll children in school	Count	2	1	3	1	7
	Row N %	28.6%	14.3%	42.9%	14.3%	100.0%
How difficult was it to do the following things? - Find housing	Count	4	3	2	5	14
	Row N %	28.6%	21.4%	14.3%	35.7%	100.0%
How difficult was it to do the following things? - Find health care	Count	4	1	5	3	13
	Row N %	30.8%	7.7%	38.5%	23.1%	100.0%
How difficult was it to do the following things? - Find a job	Count	2	4	3	3	12
	Row N %	16.7%	33.3%	25.0%	25.0%	100.0%
How difficult was it to do the following things? - Find child care	Count	0	3	2	4	9
	Row N %	0.0%	33.3%	22.2%	44.4%	100.0%

Have you experienced discrimination in the past 12 months?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	32	10.2%	11.3%	11.3%
	No	252	80.3%	88.7%	100.0%
	Total	284	90.4%	100.0%	
	Prefer not to respond	12	3.8%		
	System	18	5.7%		
	Total	30	9.6%		
Total		314	100.0%		

Multiple Response						
Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ6.4 ^a	32	10.2%	282	89.8%	314	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ6.4 Frequencies				
		Responses		Percent of Cases
		N	Percent	
MRQ6.4 ^a	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Race	13	20.6%	40.6%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Ethnicity	4	6.3%	12.5%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Sex	17	27.0%	53.1%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Sexual orientation	1	1.6%	3.1%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Age	8	12.7%	25.0%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Weight	9	14.3%	28.1%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Disability	2	3.2%	6.3%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Religion	4	6.3%	12.5%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Another area (please specify)	3	4.8%	9.4%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Prefer not to respond	2	3.2%	6.3%
Total		63	100.0%	196.9%
a. Dichotomy group tabulated at value 1.				

Multiple Response						
Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ6.5 ^a	32	10.2%	289	89.8%	314	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ6.5 Frequencies				
		Responses		Percent of Cases
		N	Percent	
MRQ6.5 ^a	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Applying for a job	4	7.0%	12.5%
	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	14	24.6%	43.8%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Receiving medical care	9	15.8%	28.1%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Looking for housing	5	8.8%	15.6%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Applying for a credit card, mortgage, or bank loan	2	3.5%	6.3%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Shopping at a store or eating at a restaurant	6	10.5%	18.8%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Applying for social services or public assistance	2	3.5%	6.3%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Interacting with the police	4	7.0%	12.5%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Appearing in court	1	1.8%	3.1%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Another area (please specify)	8	14.0%	25.0%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Prefer not to respond	2	3.5%	6.3%
	Total	57	100.0%	178.1%
a. Dichotomy group tabulated at value 1.				

How difficult is it for you to pay for heating, housing, or medical care?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not difficult at all	144	45.9%	50.7%	50.7%
	Slightly difficult	71	22.6%	25.0%	75.7%
	Somewhat difficult	53	16.9%	18.7%	94.4%
	Very difficult	16	5.1%	5.6%	100.0%
	Total	284	90.4%	100.0%	
Missing	I don't know	1	0.3		
	Prefer not to respond	9	2.9		
	System	20	6.4		
	Total	30	9.6		
Total		314	100.0%		

In the last month, have you had to sleep outside, in a shelter, in your car, at a family member or friend's house, or in a place not meant for sleeping?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	0.3%	0.3%	0.3%
	No	292	93.0%	99.7%	100.0%
	Total	293	93.3%	100.0%	
Missing	Prefer not to respond	2	0.6%		
	System	19	6.1%		
	Total	21	6.7%		
Total		314	100.0%		

Statistics		
What is your age? - Select your age on the slider		
N	Valid	280
	Missing	34
Mean		47.2929
Median		45.0000

RECODE: Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 18 years	4	1.3%	1.4%	1.4%
	18 to 34 years	55	17.5%	19.6%	21.1%
	35 to 44 years	80	25.5%	28.6%	49.6%
	45 to 64 years	103	32.8%	36.8%	86.4%
	65 to 84 years	36	11.5%	12.9%	99.3%
	85 years and older	2	0.6%	0.7%	100.0%
Total		280	89.2%	100.0%	
Missing	System	34	10.8%		
Total		314	100.0%		

What is your gender? - Selected Choice					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	51	16.2%	17.6%	17.6%
	Female	239	76.1%	82.4%	100.0%
	Total	290	92.4%	100.0%	
Missing	Prefer not to say	6	1.9%		
	System	18	5.7%		
	Total	24	7.6%		
Total		314	100.0%		

Multiple Response						
Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ7.3 ^a	308	98.1%	6	1.9%	314	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ7.3 Frequencies				
		Responses		Percent of Cases
		N	Percent	
MRQ7.3 ^a	Which of these groups best represents your race? Select all that apply. - Selected Choice White	273	85.3%	88.6%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Black or African American	3	0.9%	1.0%
	Which of these groups best represents your race? Select all that apply. - Selected Choice American Indian or Alaska Native	13	4.1%	4.2%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Asian	17	5.3%	5.5%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Native Hawaiian or Pacific Islander	1	0.3%	0.3%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Other (please describe)	2	0.6%	0.6%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Prefer not to say	11	3.4%	3.6%
Total		320	100.0%	103.9%
a. Dichotomy group tabulated at value 1.				

Do you identify as Hispanic, Latine, or of Spanish origin?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	1.3%	1.4%	1.4%
	No	288	91.7%	98.6%	100.0%
	Total	292	93.0%	100.0%	
Missing	Prefer not to say	13	4.1%		
	System	9	2.9%		
	Total	22	7.0%		
Total		314	100.0%		

What is your estimated annual household income?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than \$15,000	0	0.0%	0.0%	0.0%
	\$15,000 - \$24,999	4	1.3%	1.5%	1.5%
	\$25,000 - \$49,999	24	7.6%	9.3%	10.8%
	\$50,000 - \$74,999	41	13.1%	15.8%	26.6%
	\$75,000 - \$99,999	37	11.8%	14.3%	40.9%
	\$100,000 - \$149,999	80	25.5%	30.9%	71.8%
	\$150,000 and over	73	23.2%	28.2%	100.0%
	Total	259	82.5%	100.0%	
Missing	Prefer not to say	43	13.7%		
	System	12	3.8%		
	Total	55	17.5%		
Total		314	100.0%		

What is the highest level of education you have completed?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	9th to 12th Grade, no diploma	4	1.3%	1.4%	1.4%
	High school graduate or equivalency	17	5.4%	5.9%	7.2%
	Some college, no degree	46	14.6%	15.9%	23.1%
	Associate's degree	60	19.1%	20.7%	43.8%
	Bachelor's degree	96	30.6%	33.1%	76.9%
	Graduate or professional degree	67	21.3%	23.1%	100.0%
	Total	290	92.4%	100.0%	
Missing	Prefer not to say	14	4.5%		
	System	10	3.2%		
	Total	24	7.6%		
Total		314	100.0%		

Which of these categories best describes your employment status?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Employed full time	209	66.6%	74.4%	74.4%
	Employed part time	29	9.2%	10.3%	84.7%
	Unemployed	3	1.0%	1.1%	85.8%
	Retired	37	11.8%	13.2%	98.9%
	Student	1	0.3%	0.4%	99.3%
	Disabled	2	0.6%	0.7%	100.0%
	Total	281	89.5%	100.0%	
Missing	Prefer not to say	4	1.3%		
	System	29	9.2%		
	Total	33	10.5%		
Total		314	100.0%		

What is your marital status?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	45	14.3%	14.9%	14.9%
	Married or in a domestic partnership	213	67.8%	70.5%	85.4%
	Divorced or separated	30	9.6%	9.9%	95.4%
	Widowed	14	4.5%	4.6%	100.0%
	Total	302	96.2%	100.0%	
Missing	Prefer not to say	9	2.9%		
	System	3	1.0%		
	Total	12	3.8%		
Total		314	100.0%		

Statistics		
How many people live in your household? Use numbers only. If you live alone, put "1".		
N	Valid	310
	Missing	4
Mean		2.7645
Median		2.0000

RECODE: How many people live in your household?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 person	48	15.3%	15.5%	15.5%
	2 to 4 people	229	72.9%	73.9%	89.4%
	5 or more people	33	10.5%	10.6%	100.0%
	Total	310	98.7%	100.0%	
Missing	System	4	1.3%		
Total		314	100.0%		

Do you have access to reliable internet in your home?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	301	95.9%	97.1%	97.1%
	No	9	2.9%	2.9%	100.0%
	Total	310	98.7%	100.0%	
Missing	System	4	1.3%		
Total		314	100.0%		

How did you get access to this survey, or survey link? - Selected Choice					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hospital or public health website	69	22.0%	22.3%	22.3%
	Hospital or public health social media page (e.g. Facebook)	30	9.6%	9.7%	31.9%
	Hospital or public health employee directly	60	19.1%	19.4%	51.3%
	Economic development website or social media page	12	3.8%	3.9%	55.2%
	Other website or social media page (please specify)	28	8.9%	9.0%	64.2%
	Newsletter (please specify from where)	6	1.9%	1.9%	66.1%
	Newspaper advertisement	2	0.6%	0.6%	66.8%
	Word of mouth	6	1.9%	1.9%	68.7%
	Direct email (please specify from where)	55	17.5%	17.7%	86.5%
	Another way (please specify)	42	13.4%	13.5%	100.0%
	Total	310	98.7%	100.0%	
Missing	System	4	1.3%		
Total		314	100.0%		

Distribution Channel		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	anonymous	302	96.2%	96.2%	96.2%
	qr	12	3.8%	3.8%	100.0%
	Total	314	100.0%		