Community Health Needs Assessment

2019

Williston Service Area, North Dakota

Kylie Nissen, BBA, Senior Program Coordinator

Lynette Dickson, MS, RD, LRD. Associate Director

Shawn Larson, BA, Project Coordinator

Center *for* Rural Health

University of North Dakota

School of Medicine & Health Sciences

Table of Contents

Executive Summary 3

Overview and Community Resources 4

Assessment Process 10

Demographic Information 15

Survey Results 21

Findings of Key Informant Interviews and Community Meeting 40

Priority of Health Needs 42

Next Steps – Strategic Implementation Plan 44

Appendix A – Survey Instrument 46

Appendix B – County Health Rankings Model 52

Appendix C – Prioritization of Community's Health Needs 63

Appendix D – Survey "Other" Responses 64

This project was supported, in part, by the Federal Office of Rural Health, Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), Medicare Rural Flexibility Hospital Grant program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

Executive Summary

To help inform future decisions and strategic planning, CHI St. Alexius Health, Williston Medical Center (WMC) conducted a community health needs assessment (CHNA) in 2018/2019, the previous CHNA having been conducted in 2016. The Center for Rural Health (CRH) at the University of North Dakota School of Medicine & Health Sciences (UNDSMHS) facilitated the assessment process, which solicited input from area community members and healthcare professionals as well as analysis of community health-related data.

To gather feedback from the community, residents of the area were given the opportunity to participate in a survey. There were 345 WMC service area residents who completed the survey. Additional information was collected through five key informant interviews with community members. The input from the residents, who primarily reside in Williams County, represented the broad interests of the communities in the service area. Together with secondary data gathered from a wide range of sources, the survey presents a snapshot of the health needs and concerns in the community.

With regard to demographics, Williams County's population from 2010 to 2017 increased 48.9%. The average number of residents under age 18 (27.9%) for Williams County is higher than the state average (23.3%). The percentage of residents ages 65 and older is about 5.2% lower for both Williams County (9.8%) than the North Dakota average (15.0%), and the rate of education is slightly higher for the county (92.3%) than the North Dakota average (92.0%). The median household income in Williams County ($90,080) is significantly higher than the state average for North Dakota ($55,322).

Data compiled by County Health Rankings show Williams County is doing better than North Dakota in health outcomes/factors for 9 categories. The county is performing poorly relative to the rest of the state in 15 outcome/factor categories.

Of the 82 potential community and health needs set forth in the survey, the 345 WMC service area residents who completed the survey indicated the following 10 needs as the most important:

- Ability to get appointments for health services within 48 hours
- Alcohol use and abuse – youth and adult
- Availability of mental health services
- Availability of resources to help the elderly stay in their homes
- Depression/anxiety – youth and adult
- Drug use and abuse – youth and adult
- Extra hours for appointments, such as evening and weekends
- Having enough child daycare services
- Having enough quality school resources
- Not enough affordable housing

The survey also revealed the biggest barriers to receiving healthcare (as perceived by community members). They included not able to get an appointment/limited hours (N=139), not enough providers (MD, DO, NP, PA) (N=117), and not enough evening or weekend hours (N=100).

When asked what the best aspects of the community were, respondents indicated the top community assets were:

- Active faith community
- Family-friendly
- Job/economic opportunities
- Local events and festivals
- People are friendly, helpful, and supportive
- Year-round access to fitness opportunities

Input from community leaders, provided via key informant interviews, and the community focus group echoed many of the concerns raised by survey respondents. Concerns emerging from these sessions were:

- Alcohol use and abuse – youth and adult
- Assisted living options
- Availability of mental health services
- Depression/anxiety – adult
- Drug use and abuse (including prescription drug abuse) – youth and adult
- Having enough child daycare services

Overview and Community Resources

With assistance from the CRH at the UNDSMHS, the CHI St. Alexius Health, WMC completed a CHNA of the WMC service area. The hospital identifies its service area as Williams County. Many community members and stakeholders worked together on the assessment.

Williston is located in the northwest corner of North Dakota, just 60 miles from the Canadian border and 18 miles from the Montana border. Its economy is based primarily on the oil and gas industry, agriculture, and the service sector. It is the sixth largest city in North Dakota with a population of 25,586 as of July 1, 2018.

Williston is a small town with many amenities that has experienced amazing and positive growth in the last few years. The U.S. Census Bureau characterized it as the "Fastest Growing Micropolitan Area" in 2014. Brisk growth has also made it a city with virtually no unemployment and a per capita income of over $40,000.

In response to this growth, a new airport is under construction north of the city. Williston Basin International Airport (XWA) is projected to open in 2019 at an estimated price tag of $265 million.

Despite record growth and the surge in the oil industry, the Williston area remains a very attractive place to live due, in part, to the people, the sense of community, and the many outdoor attractions and activities available. A nationally ranked golf course is just minutes away, as is the Lewis and Clark State Park, the North

Unit of the Theodore Roosevelt State Park, and Forts Buford and Union historical sites.

Western North Dakota is one of the country's premier deer and game bird hunting regions, and Lake Sakakawea located 16 miles east of Williston, is the largest man-made reservoir in the nation and is a top fishery for walleye and northern pike. In fact, Field and Stream ranked the area around Williston twice in the top 50 of 2014 "The Official 100 Next Best Places to Hunt and Fish in the U.S."

The Babe Ruth World Series returned to Williston in 2016. Williston last hosted the series in 2013, with more than 40,000 fans attending. Games are played in Williston's Ardean Aafedt Stadium, which began as the home of a minor league team, the Williston Oilers, in the early 1950s,. It now plays host to local high school and legion baseball, and whenever possible, the Babe Ruth World Series.

Williston Parks and Recreation constructed a 225,000 square feet recreational and fitness center that opened in January of 2014. The Williston Area Recreation Center (ARC) contains meeting rooms, exercise rooms, free weight area, cardio and weight machine area, four basketball courts, an indoor track, an indoor walking track, three indoor tennis courts, an indoor turf field, three swimming pools, golf simulator, racquetball courts, and a large childcare center complete with indoor playground equipment. In addition, the Raymond Family Center also features racquetball courts, basketball courts, meeting rooms, dressing rooms, and a multi-purpose/ice arena—home to Williston State College's championship hockey teams.

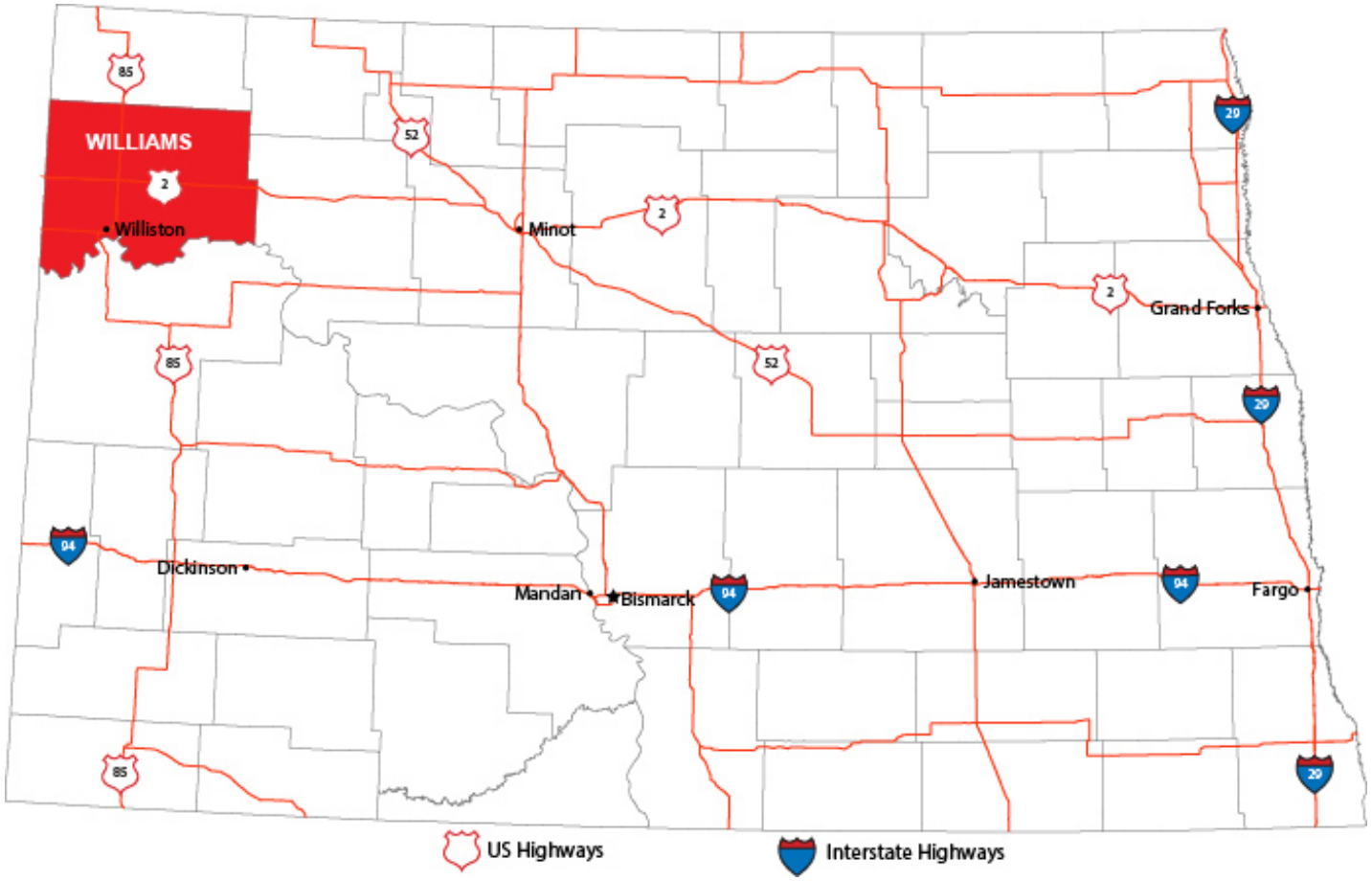
An Olympic-sized iced rink at the fairgrounds just north of the city limits is home to the Williston Coyotes and local teams sponsored by the Williston Basin Skating Club. Next door to that rink is a curling center managed by the Williston Basin Curling Club.

Williston also has a skate park and 11 city parks that offer an abundance of facilities for softball, baseball, tennis, sand volleyball, horseshoes, basketball, fishing, as well as walking trails, playground equipment, picnic shelters, and a band amphitheater.

In addition to CHI St. Alexius Health WMC, other hospitals are located in the service area. Specifically, other critical access hospitals are located in Crosby, Tioga, and Watford City, North Dakota, as well as Poplar, Sidney, and Wolf Point, Montana. Indian Health Service also maintains a service unit in Roosevelt County, Montana, with facilities in Poplar and Wolf Point.

Other healthcare facilities and services in the North Dakota portion of the area include, a 168-bed nursing home in Williston, a 19-bed basic care and rehabilitation center in Williston, a 71-bed basic care facility in Williston, a 42-bed nursing home in Crosby, a 16-bed basic care facility in Crosby, a 47-bed nursing home in Watford City, a 9-bed basic care facility in Watford City, a 30-bed nursing home in Tioga, and several independent living communities for seniors. In addition to the pharmacy at CHI St. Alexius Health WMC, there are four retail pharmacies in Williston; retail pharmacies are also located in Crosby, Tioga, and Watford City. On the Montana side, other healthcare facilities include a 40-bed assisted living facility in Sidney, an eight-bed assisted living facility in Savage, a 93-bed long-term care facility in Sidney, and a 60-bed long-term care facility in Wolf Point.

Figure 1: Williams County



CHI St. Alexius Health, Williston Medical Center

CHI St Alexius Health, WMC (formerly known as Mercy Medical Center) is a 25-bed critical access hospital located in Williston, North Dakota. It serves an estimated 70,000 people from Western North Dakota and Eastern Montana. With 450 employees, CHI St Alexius Health, WMC is one of the largest employers in the region.

Mercy Hospital was founded in 1920 by the Sisters of Mercy to provide quality healthcare for the whole person regardless of socioeconomic status, race, or ability to pay. Since then, CHI St Alexius Health, WMC has become a regional medical center offering a range of services including cancer treatment, emergency services, outpatient clinics, home health, hospice, surgery, maternity and women's health services, rehabilitation therapies, and wellness programs.

The Sisters of Mercy (Omaha Region) were one of the founding members of Catholic Health Initiatives, a nonprofit, faith-based health system formed in 1996 through the consolidation of four Catholic health systems. CHI expresses its mission each day by creating and nurturing healthy communities in the hundreds of sites across the nation where it provides care.

Catholic Health Initiatives offers expertise, convenience, resources, and best in class care across a wide range of services and locales. They are the third-largest nonprofit health system in the nation, offering care in 18 states through 100 hospitals and clinics, including three academic health centers and major teaching hospitals as well as 29 critical-access facilities, community health-service organizations, and nursing colleges.

In 2018 Catholic Health Initiatives:

- Provided $1.14 billion in financial assistance and community benefits; $2.1 billion when including the cost of unpaid Medicare.
- Managed $20.5 billion in total assets, with $15 billion in total annual operating revenues.

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges them to emphasize human dignity and social justice as they create healthier communities.

Services offered locally by CHI St. Alexius Health, WMC include:

General and Acute Services

- Allergy and immunology
- Anesthesiology
- Blood pressure checks
- Cancer treatment
- Cardiology
- Cardiac rehab
- Clinics
- Emergency room
- Gynecology
- Hemodialysis
- Home health/hospice
- Hospital (acute care)
- Infusion therapy
- Interventional pain management
- Midwifery
- Nephrology (visiting specialist)
- Neurology
- Nutrition counseling
- Obstetrics
- Oncology (visiting specialist)
- Orthopedics
- Otolaryngology—ENT
- Pediatrics
- Pharmacy
- Physicals: annuals, D.O.T., sports & insurance
- Plastic surgery
- Podiatry
- Prenatal care
- Pulmonary rehab
- Spiritual care
- Sports medicine
- Surgical services—biopsies
- Surgical Services—inpatient
- Surgical services—outpatient
- Urology
- Wound care

General and Acute Services

- Cardiology
- Family practice
- General surgery
- Internal medicine
- Neurology
- Nutrition counseling
- Obstetrics/Gynecology
- Oncology center (outpatient radiation and infusion)
- Orthopedics
- Otolaryngology—ENT
- Pediatrics
- Plastic surgery
- Podiatry
- Urology
- Wellness
- Women's health

Screening/Therapy Services

- Chronic disease management
- Holter monitoring
- Laboratory services
- Lower extremity circulatory assessment
- Occupational physicals
- Occupational therapy
- Pediatric services
- Physical therapy
- Respiratory care
- Sleep studies
- Social services
- Speech therapy

Radiology Services

- CT scan
- DEXA bone density scan
- Digital mammography (3D)
- Echocardiograms
- EKG
- General x-ray
- Interventional radiology
- MRI
- Nuclear medicine
- PET scan (mobile unit)
- Stereotactic biopsy
- Stress testing
- Ultrasound

Laboratory Services

- Hematology
- Blood bank
- Blood typing
- Chemistry
- Clot times
- Cultures and sensitivity testing
- Pathology
- Urine testing

Hospital Services to Community

- Cancer support group
- Diabetic support group
- Grief support group
- Healthy families
- Childbirth 101 classes
- Bringing Baby Home
- Baby basics
- Breastfeeding class
- Car seat class
- MedQuest home medical equipment
- Memorial services
- Wellness blood draws

Services offered by OTHER providers/organizations

- Addiction counseling (outpatient)
- Ambulance
- Assisted living
- Audiology
- Blood drives
- Chiropractic services
- Dental services
- Health spa
- Massage therapy
- Mental health (outpatient)
- Ophthalmology
- Optometric/vision services
- Oral surgery
- Orthodontics
- Podiatry
- Skilled nursing

- Cancer support group
- Diabetic support group
- Grief support group
- Healthy families
- Childbirth 101 classes
- Bringing Baby Home
- Baby basics
- Breastfeeding class
- Car seat class
- MedQuest home medical equipment
- Memorial services
- Wellness blood draws

- Addiction counseling (outpatient)
- Ambulance
- Assisted living
- Audiology
- Blood drives
- Chiropractic services
- Dental services
- Health spa
- Massage therapy
- Mental health (outpatient)
- Ophthalmology
- Optometric/vision services
- Oral surgery
- Orthodontics
- Podiatry
- Skilled nursing

Assessment Process

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

A CHNA benefits the community by:

1) Collecting timely input from the local community members, providers, and staff;

2) Providing an analysis of secondary data related to health-related behaviors, conditions, risks, and outcomes;

3) Compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan;

4) Engaging community members about the future of healthcare; and

5) Allowing the community hospital to meet the federal regulatory requirements of the Affordable Care Act, which requires not-for-profit hospitals to complete a CHNA at least every three years, as well as helping the local public health unit meet accreditation requirements.

This assessment examines health needs and concerns in Williston, North Dakota and the immediate service area of CHI St Alexius Health, WMC in Williams County, including the communities of Grenora, Alamo, Ray, Epping, and Trenton.

The CRH, in partnership with WMC, facilitated the CHNA process. Community representatives met regularly in-person, by telephone conference, and email. A CHNA liaison was selected locally, who served as the main point of contact between the CRH and Williston. A steering committee (see Figure 2) was formed that was responsible for planning and implementing the process locally. Representatives from the CRH met and corresponded regularly by teleconference and/or via the eToolkit with the CHNA liaison.

The community group (described in more detail below) provided in-depth information and informed the assessment process in terms of community perceptions, community resources, community needs, and ideas for improving the health of the population and healthcare services. There were 20 people, representing a cross section demographically, who attended the first focus group meeting. The meeting was highly interactive with good participation. WMC staff were in attendance as well, but largely played a role of listening and learning.

Figure 2: Steering Committee

David Brostuen	CHI St Alexius Health Williston Medical Center, manager
Duane Noeske	Williston Junior High, principal
Erin Bustad	Upper Missouri District Health, RN
Heather Wheeler	Williston Public School, board member
Jacqueline Schwan	CHI St Alexius Primary Clinic, RN lead
JaVayne Oyloe	Williams County Upper Missouri Health, district director
Jessica Dusseault	Sincere Smiles Dental, hygienist
Joan Mainwaring	Williston American State Bank VP & Real Estate, loan manager
Lori Hahn	CHI St Alexius Health WMC, VP of patient care
Lori Neumann	CHI St Alexius Health WMC, administrative assist
Mark Bekkedahl	CHI St Alexius Health WMC, director
Pat Greenfield	Williams County MedQuest, manager
Patti Stewart	CHI St Alexius Health WMC, director
Phyllis Stokke	Retired RN
Rheanda Axtman	CHI St Alexius Health WMC, manager
Trina Knibbs	CHI Health at Home - Williams County, RN care coordinator

The original survey tool was developed and used by the CRH. In order to revise the original survey tool to ensure the data gathered met the needs of hospitals and public health, the CRH worked with the North Dakota Department of Health's public health liaison. CRH representatives also participated in a series of meetings that garnered input from the state's health officer, local North Dakota public health unit professionals, and representatives from North Dakota State University.

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

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

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

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

Community Group

A community group consisting of 20 community members was convened and first met on September 18, 2018. During this first community group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about the community, and served as a focus group. Focus group topics included community assets and challenges, the general health needs of the community, community concerns, and suggestions for improving the community's health.

The community group met again on December 18, 2018 with 11 community members in attendance. At this second meeting the community group was presented with survey results, findings from key informant interviews and the focus group, and a wide range of secondary data relating to the general health of the population in Williams County. The group was then tasked with identifying and prioritizing the community's health needs.

Members of the community group represented the broad interests of the community served by WMC. They included representatives of the health community, business community, education community, the faith community, law enforcement community, and retirees. Not all members of the group were present at both meetings.

Interviews

One-on-one interviews with five key informants were conducted in person in Williston on September 17 and 18, 2018. Representatives from the CRH conducted the interviews. Interviews were held with selected members of the community who could provide insights into the community's health needs.

Topics covered during the interviews included the general health needs of the community, the general health of the community, community concerns, delivery of healthcare by local providers, awareness of health services offered locally, barriers to receiving health services, and suggestions for improving collaboration within the community.

Survey

A survey was distributed to solicit feedback from the community and was not intended to be a scientific or statistically valid sampling of the population. It was designed to be an additional tool for collecting qualitative data from the community at large – specifically, information related to community-perceived health needs. A copy of the survey instrument is included in Appendix A.

The community member survey was distributed to various residents of Williams County, which are all included in the WMC service area.

The survey tool was designed to:

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

Specifically, the survey covered the following topics:

- Residents' perceptions about community assets;
- Broad areas of community and health concerns;

- Awareness of local health services;
- Barriers to using local healthcare;
- Basic demographic information;
- Suggestions to improve the delivery of local healthcare; and
- Suggestions for capital improvements.

To promote awareness of the assessment process, the project utilized Facebook promotions and ads in the local Shopper (containing information for accessing the survey online); in addition, emails (with links to the survey) were shared with hospital and district health staff; as well as employees of the City of Williston and Williston State College.

WMC had 150 paper copies of the community member survey available. Surveys were also distributed to MedQuest in Williston and at a booth at the Breast Cancer Awareness Fashion Show that was held in Williston.

To help ensure anonymity, included with each survey was a postage-paid return envelope to the CRH. The survey period ran from September 18 to October 9, 2018. Of the 150 paper surveys available, no completed paper surveys were returned.

However, area residents also were given the option of completing an online version of the survey, which was emailed to the WMC staff, the city of Williston staff, and Williston State College staff. The survey link was also available on WMC's Facebook page. There were a total of 345 online surveys completed. Two of the online respondents used the QR code to complete the survey. The 345 community member surveys completed, equates to a 1.3% response rate. This response rate is lower than desired rate (13% is the goal rate) for this type of unsolicited survey methodology.

Secondary Data

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

Social Determinants of Health

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

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

Healthy People 2020, (https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health) illustrates that health and healthcare, while vitally important, play only one small role (approximately 20%) in the overall health of individuals and ultimately of a community. Social and community context, education, economic stability, neighborhood and built environment play a much larger part (80%) in impacting health outcomes. Therefore, as needs or concerns were raised through this CHNA process, it was imperative to keep in mind how they impact the health of the community and what solutions can be implemented. See Figure 3.

Figure 3: Social Determinants of Health

Figure 4 (Henry J. Kaiser Family Foundation, https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/), provides examples of factors that are included in each of the social determinants of health categories that lead to health outcomes.

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

Figure 4: Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF
HENRY J. KAISER FAMILY FOUNDATION

Demographic Information

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

Table 1: Williams County: Information and Demographics

	Williams County	North Dakota
Population (2017)	33,349	755,393
Population change (2010-2017)	48.9%	12.3%
People per square mile (2010)	10.8	9.7
Persons 65 years or older (2016)	9.8%	15.0%
Persons under 18 years (2016)	27.9%	23.3%
Median age (2016 est.)	32.0	35.2
White persons (2016)	86.9%	87.5%
Non-English speaking (2016)	5.3%	5.6%
High school graduates (2016)	92.3%	92.0%
Bachelor's degree or higher (2016)	22.5%	28.2%
Live below poverty line (2016)	6.8%	10.7%
Persons without health insurance, under age 65 years (2016)	7.6%	8.1%

(From 2010 Census/2017 American Community Survey; more recent estimates used where available)

Source: https://www.census.gov/quickfacts/fact/table/ND,US/INC910216#viewtop and https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml#

As the population of North Dakota has grown in recent years, Williams County also saw an increase in population since 2010. The U.S. Census Bureau estimates show that Williams County's population increased from 22,398 (2010) to 33,349 (2017).

County Health Rankings

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

The data used in the 2017 County Health Rankings are pulled from more than 20 data sources and then are compiled to create county rankings. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, such as 1 or 2, are considered to be the "healthiest." Counties are ranked on both health outcomes and health factors. Following is a breakdown of the variables that influence a county's rank.

A model of the 2017 County Health Rankings – a flow chart of how a county's rank is determined – is found in Appendix B. For further information, visit the County Health Rankings website at www.countyhealthrankings.org.

Health Outcomes

- Length of life
- Quality of life

Health Factors

- Health behavior
  - Smoking
  - Diet and exercise
  - Alcohol and drug use
  - Sexual activity

Health Factors (continued)

- Clinical care
  - Access to care
  - Quality of care
- Social and Economic Factors
  - Education
  - Employment
  - Income
  - Family and social support
  - Community safety
- Physical Environment
  - Air and water quality
  - Housing and transit

Table 2 summarizes the pertinent information gathered by County Health Rankings as it relates to Williams County. It is important to note that these statistics describe the population of a county, regardless of where county residents choose to receive their medical care. In other words, all of the following statistics are based on the health behaviors and conditions of the county's residents, not necessarily the patients and clients of CHI St. Alexius Health, WMC or of any particular medical facility.

For most of the measures included in the rankings, the County Health Rankings' authors have calculated the "Top U.S. Performers" for 2017. The Top Performer number marks the point at which only 10% of counties in the nation do better, i.e., the 90th percentile or 10th percentile, depending on whether the measure is framed positively (such as high school graduation) or negatively (such as adult smoking).

Williams County rankings within the state are included in the summary following. For example, Williams County ranks 11th out of 49 ranked counties in North Dakota on health outcomes and 45th on health factors. The measures marked with a bullet point (•) are those where a county is not measuring up to the state rate/percentage; a asterisk (*) indicates that the county is faring better than the North Dakota average but is not meeting the U.S. Top 10% rate on that measure. Measures that are not marked with a bullet or asterisk but are marked with a plus sign (+) indicate that the county is doing better than the U.S. Top 10%.

The data from County Health Rankings shows that Williams County is doing better than many counties in the rest of the state on all but one of the outcomes, landing at or above rates for other North Dakota counties. In fact, the county is doing better in all but one area when compared to the U.S. top 10% ratings. The only outcome where Williams County does not meet the U.S. Top 10% ratings is the number of premature deaths.

On health factors, Williams County performs below the North Dakota average for counties in several areas.

Data compiled by County Health Rankings show Williams County is doing better than North Dakota in health outcomes and factors for the following indicators:

- poor or fair health
- poor physical health days
- poor mental health days
- low birth weight
- food environment index
- uninsured

- unemployment severe housing problems

Outcomes and factors in which Williams County was performing poorly relative to the rest of the state include:

- premature death
- adult smoking
- adult obesity
- physical inactivity
- excessive drinking
- preventable hospital stays
- diabetic monitoring
- mammography screening
- alcohol-impaired driving deaths
- sexually-transmitted infections
- teen birth rate
- primary care physicians
- mental health providers
- violent crime
- injury deaths

Table 2: Selected Measures from County Health Rakings 2018 - Williams County

+ Meeting or exceeding U.S. top 10% performers

***** Not meeting U.S. top 10% performers

• Not meeting North Dakota average

	Williams County	U.S. Top 10%	North Dakota
Ranking: Outcomes	**11th**		**(of 49)**
Premature death	7,900 •*	5,200	6,600
Poor or fair health	12% +	12%	13%
Poor physical health days (in past 30 days)	2.9 +	3.0	3.0
Poor mental health days (in past 30 days)	3.0 +	3.0	3.3
Low birth weight	5% +	6%	6%
Ranking: Factors	**45th**		**(of 49)**
Health Behaviors			
Adult smoking	20% •*	14%	19%
Adult obesity	35% •*	26%	31%
Food environment index (10=best)	9.5 +	8.4	8.4
Physical inactivity	26% •*	19%	23%
Access to exercise opportunities	67% *	91%	66%
Excessive drinking	26% •*	12%	25%
Alcohol-impaired driving deaths	55% •*	13%	47%
Sexually transmitted infections	672.4 •*	145.5	477.1
Teen birth rate	48 •*	17	27
Clinical Care			
Uninsured	8% +	8%	9%
Primary care physicians	1,690:1 •*	1,040:1	1,280:1
Dentists	1,600:1 *	1,320:1	1,630:1
Mental health providers	1,100:1 •*	360:1	640:1
Preventable hospital stays	56 •*	36	46
Diabetic monitoring (% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring)	82% •*	91%	87%
Mammography screening (% of Medicare enrollees ages 67-69 receiving screening)	59% •*	71%	69%
Social and Economic Factors			
Unemployment	2.2% +	3.3%	2.7%
Children in poverty	9% +	12%	12%
Income inequality	4.2 *	3.7	4.4
Children in single-parent households	22% *	21%	27%
Violent crime	469 •*	62	26
Injury deaths	104 •*	53	66
Physical Environment			
Air pollution – particulate matter	7.2 *	6.7	7.5
Drinking water violations	Yes *	NA	
Severe housing problems	8% +	9%	11%

Source: http://www.countyhealthrankings.org/app/north-dakota/2018/rankings/outcomes/overall

Children's Health

The National Survey of Children's Health touches on multiple intersecting aspects of children's lives. Data are not available at the county level; listed below is information about children's health in North Dakota. The full survey includes physical and mental health status, access to quality healthcare, and information on the child's family, neighborhood, and social context. Data is from 2016-17. More information about the survey is found at www.childhealthdata.org/learn/NSCH.

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

Table 3: Selected Measures Regarding Children's Health (For children aged 0-17 unless noted otherwise)

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

Source: http://childhealthdata.org/browse/data-snapshots/nsch-profiles?geo=1&geo2=36&rpt=16

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

- Obese or overweight children ages 10-17;
- Children with health insurance;
- Preventive primary care and dentist visits;
- Developmental/behavioral screening for children 10 months to 5 years of age;
- Children who have received needed mental healthcare; and

- Children living in smoking households.

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

The data show that Williams County is performing more poorly than the North Dakota average on all of the examined measures except the percentage of the population who are Supplemental Nutrition Assistance Program (SNAP) recipients and the 4-year high school graduation rate. The most marked difference was on the measure of licensed child care capacity (over 11% lower rate in Williams County).

Table 4: Selected County-Level Measures Regarding children's Health

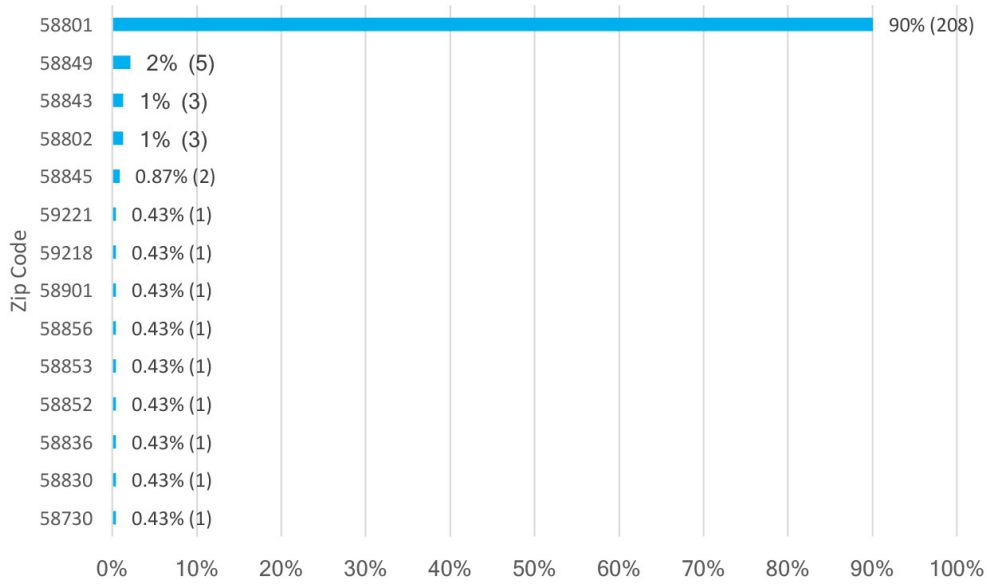
	Williams County	North Dakota
Uninsured children (% of population age 0-18), 2016	**7.5%**	9.0%
Uninsured children below 200% of poverty (% of population), 2016	27.2%	41.9%
Medicaid recipient (% of population age 0-20), 2017	23.9%	28.3%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	**1.4%**	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2017	13.5%	20.1%
Licensed childcare capacity (% of population age 0-13), 2018	**30.5%**	41.9%
4-Year High School Cohort Graduation Rate, 2017	83.4%	87.0%

Source: https://datacenter.kidscount.org/data#ND/5/0/char/0

Survey Results

As noted previously, 345 community members completed the survey in communities throughout the counties in the WMC service area. The survey requested that respondents list their home zip code. While not all respondents provided a zip code, 230 did, revealing that the large majority of respondents (91%, N=208) lived in Williston. These results are shown in Figure 5.

Figure 5: Survey Respondents' Home Zip Code
Total respondents: 230



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

Survey Demographics

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

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

- 28% (N=71) were age 55 or older.
- The majority (87%, N=224) were female.
- More than half of the respondents (63%, N=161) had a bachelor's degree or higher.
- The number of those working full time (81%, N=207) was over 29 times higher than those who were retired (2.75%, N=7).
- 91% (N=231) of those who reported their ethnicity/race were white/Caucasian.
- 13% of the population (N=29) had household incomes of less than $50,000.

Figures 6 through 12 show these demographic characteristics. It illustrates the range of community members' household incomes and indicates how this assessment took into account input from parties who represent the varied interests of the community served, including a balance of age ranges, those in diverse work situations, and community members with lower incomes.

Figure 6: Age Demographics of Survey Respondents
Total respondents = 257

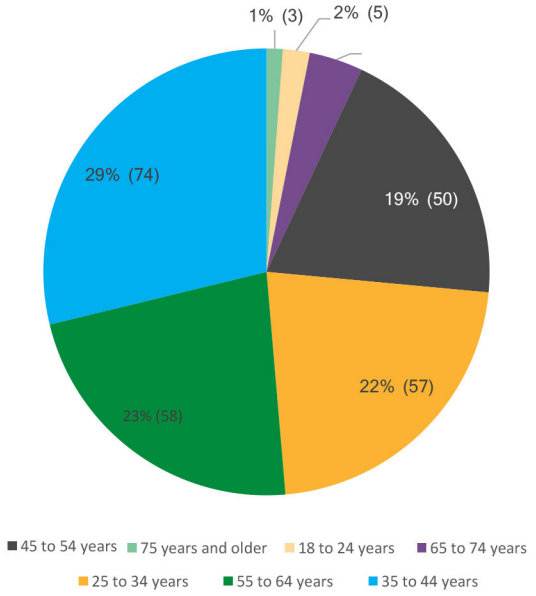


Figure 7: Do You Work for the Hospital, Clinic or Public Health Unit?
Total respondents = 256

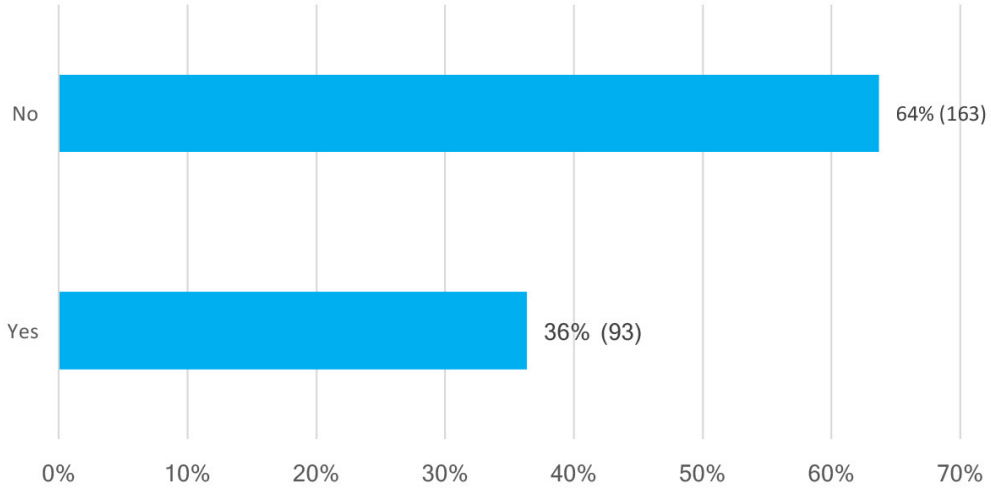


Figure 8: Gender Demographics of Survey Respondents
Total respondents = 257

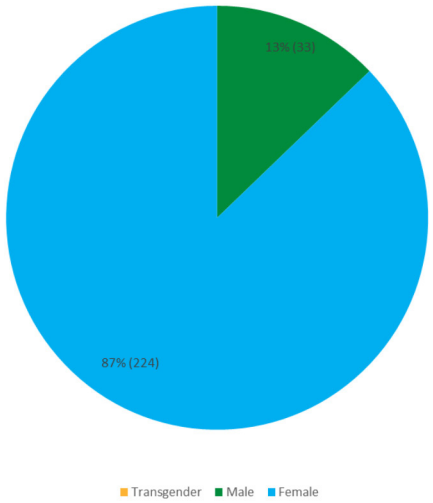


Figure 9: Educational Level Demographics of Survey Respondents
Total respondents =254

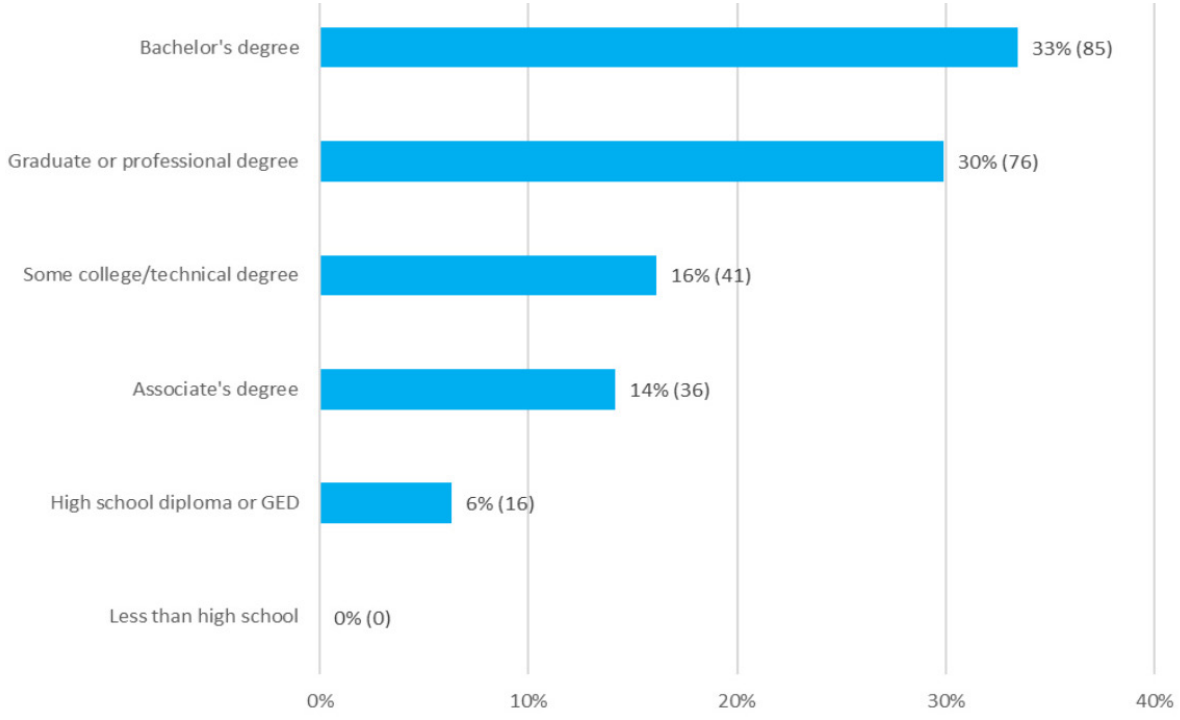
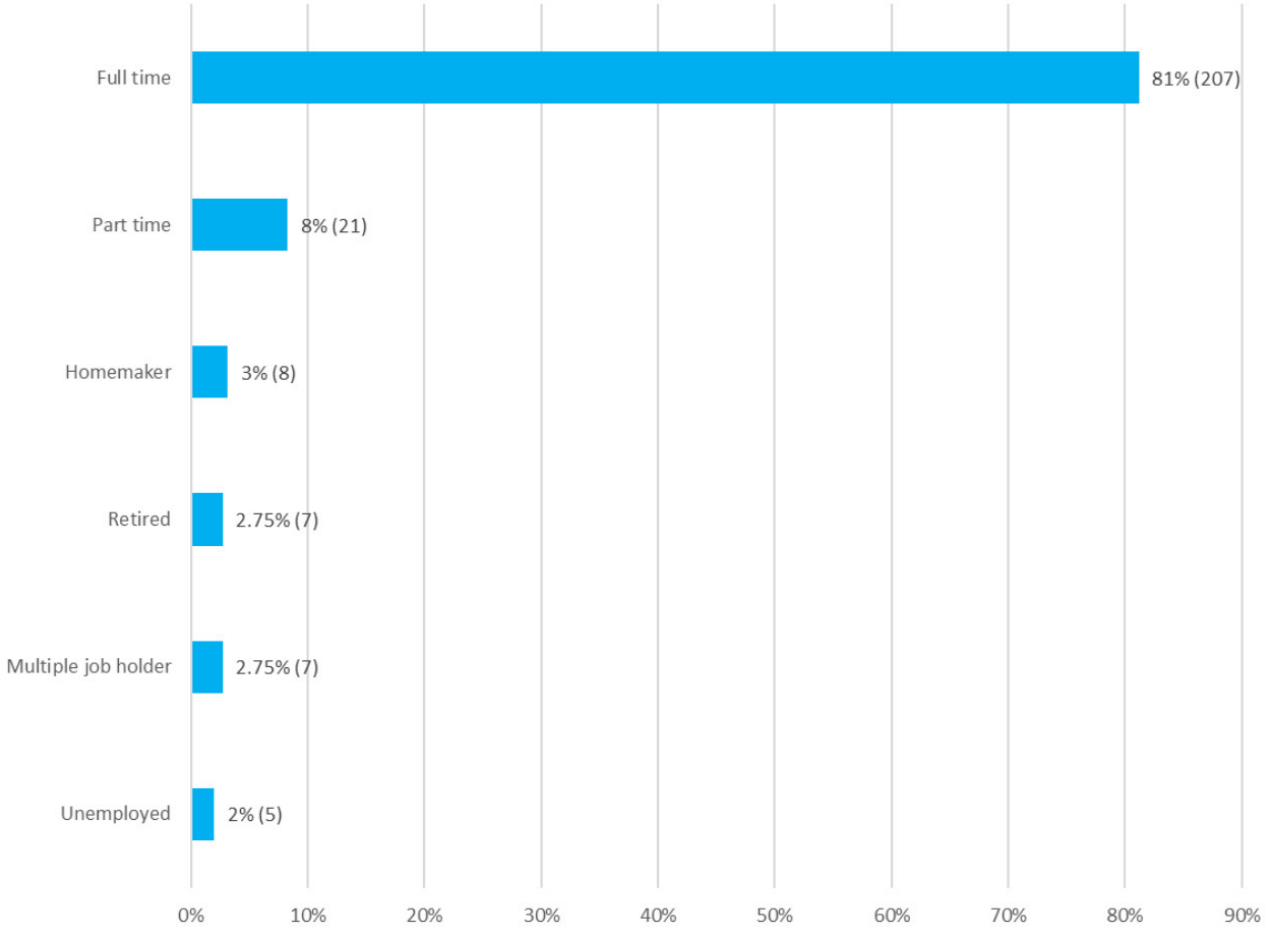
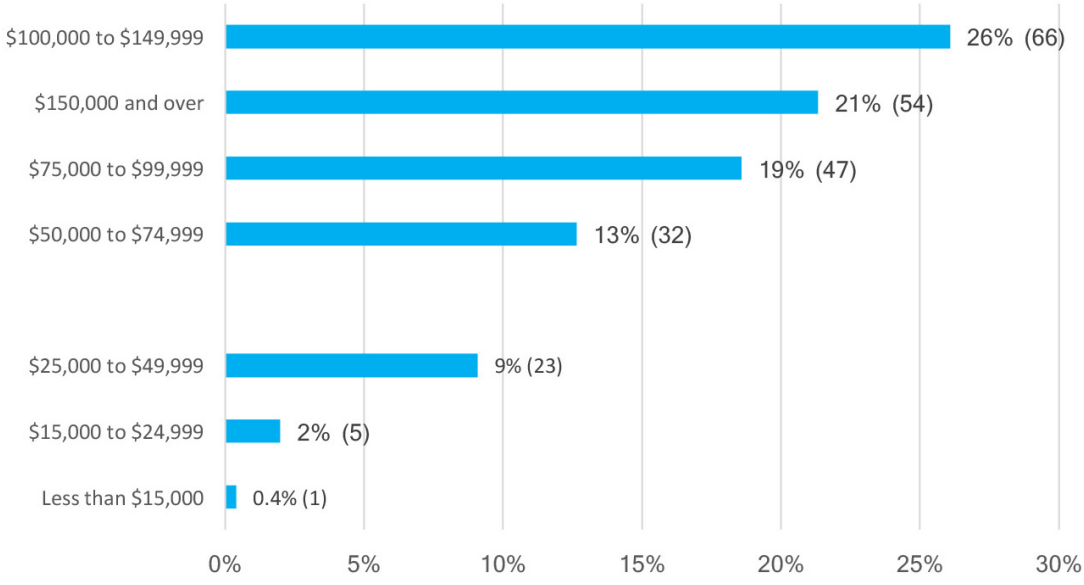


Figure 10: Employment Status Demographics of Survey Respondents
Total respondents = 255



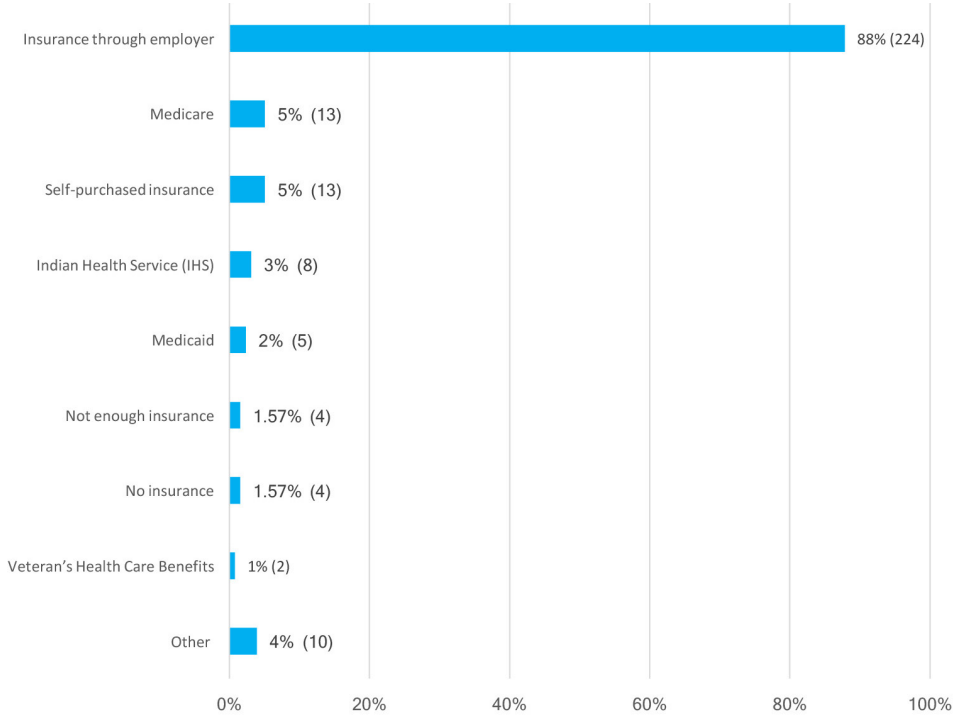
Of those who provided a household income, 2.4% (N=6) community members reported a household income of less than $25,000. Forty-seven percent (N=120) indicated a household income of $100,000 or more. This information is show in Figure 10.

Figure 11: Household Income Demographics of Survey Respondents
Total respondents = 228



Community members were asked about their health insurance status, which is often associated with whether people have access to healthcare. Of the respondents, 3% (N=8) reported having no health insurance or being under-insured. The most common insurance types were insurance through one's employer (N=224), followed by self-purchased (N=13) and Medicare (N=13).

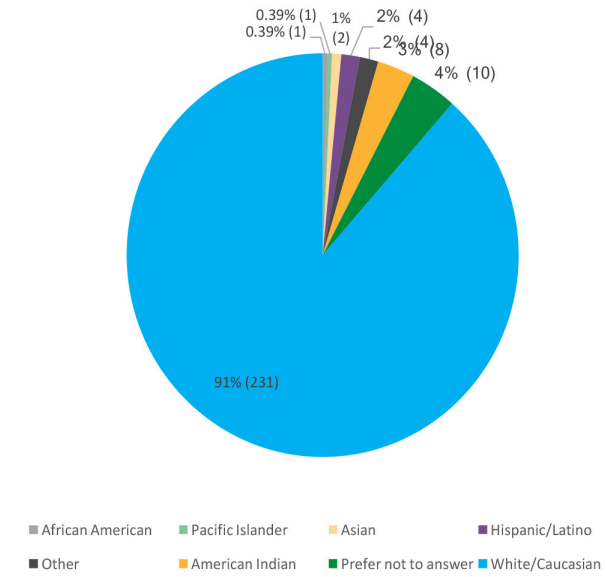
Figure 12: Health Insurance Coverage Status of Survey Respondents
Total respondents = 283



Other sources of insurance included being insured through their spouse, on a parent's insurance plan, and health insurance through their denomination.

As shown in Figure 12, nearly all of the respondents were white/Caucasian (91%). This was in-line with the race/ethnicity of the overall population of Williams County; the U.S. Census indicates that 86.9% of the population is white in Williams County.

Figure 13: Race/Ethnicity Demographics of Survey Respondents
Total respondents = 261



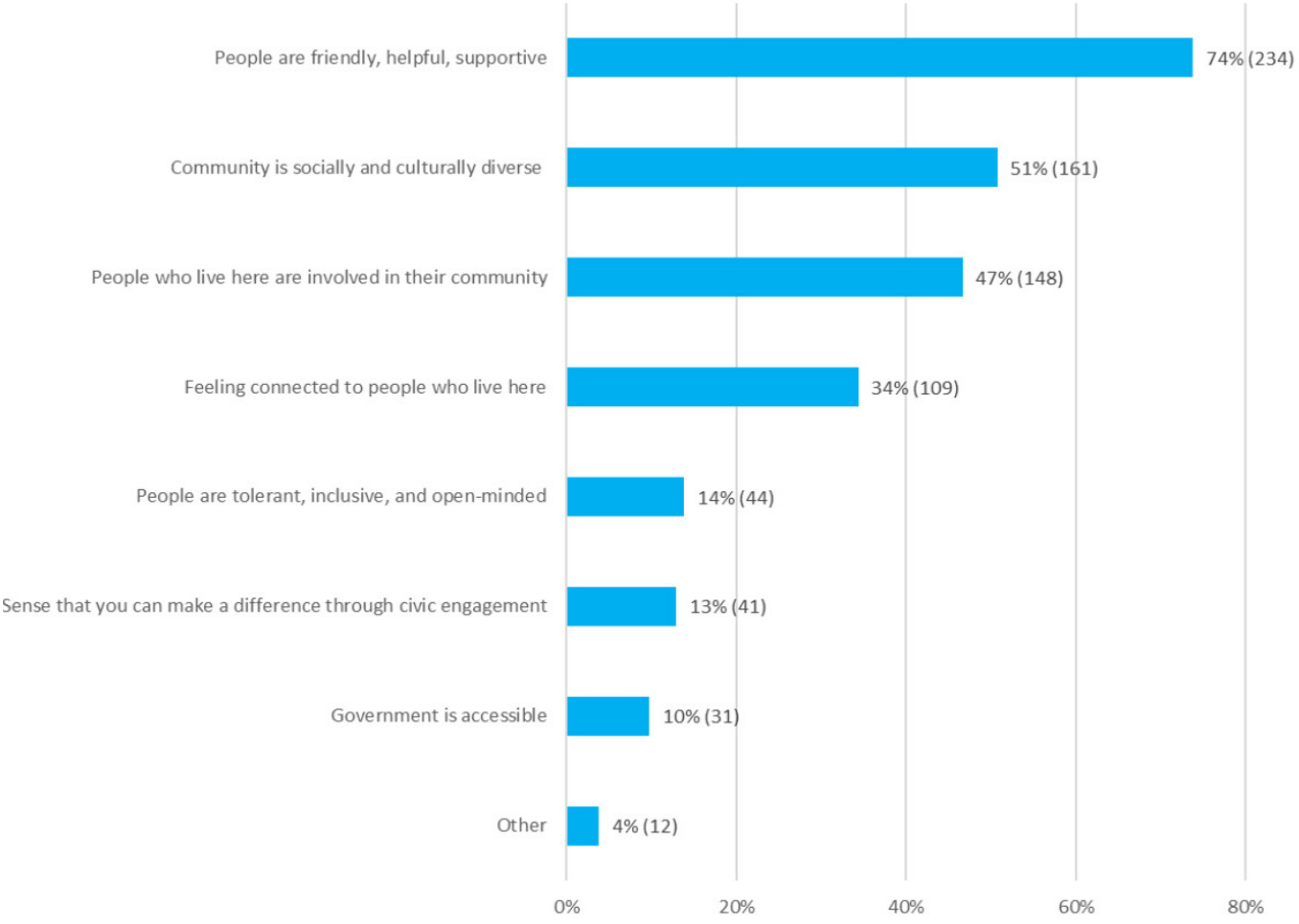
Community Assets and Challenges

Survey-respondents were asked what they perceived as the best things about their community in four categories: people, services and resources, quality of life, and activities. In each category, respondents were given a list of choices and asked to pick the three best things. Respondents occasionally chose less than three or more than three choices within each category. If more than three choices were selected, their responses were not included. The results indicate there is consensus (with at least 180 respondents agreeing) that community assets include:

- People are friendly, helpful, supportive (N=234);
- Job/economic opportunities (N=211);
- Year-round access to fitness opportunities (N=185);
- Family friendly (N=181); and
- Local events and festivals (N=180).

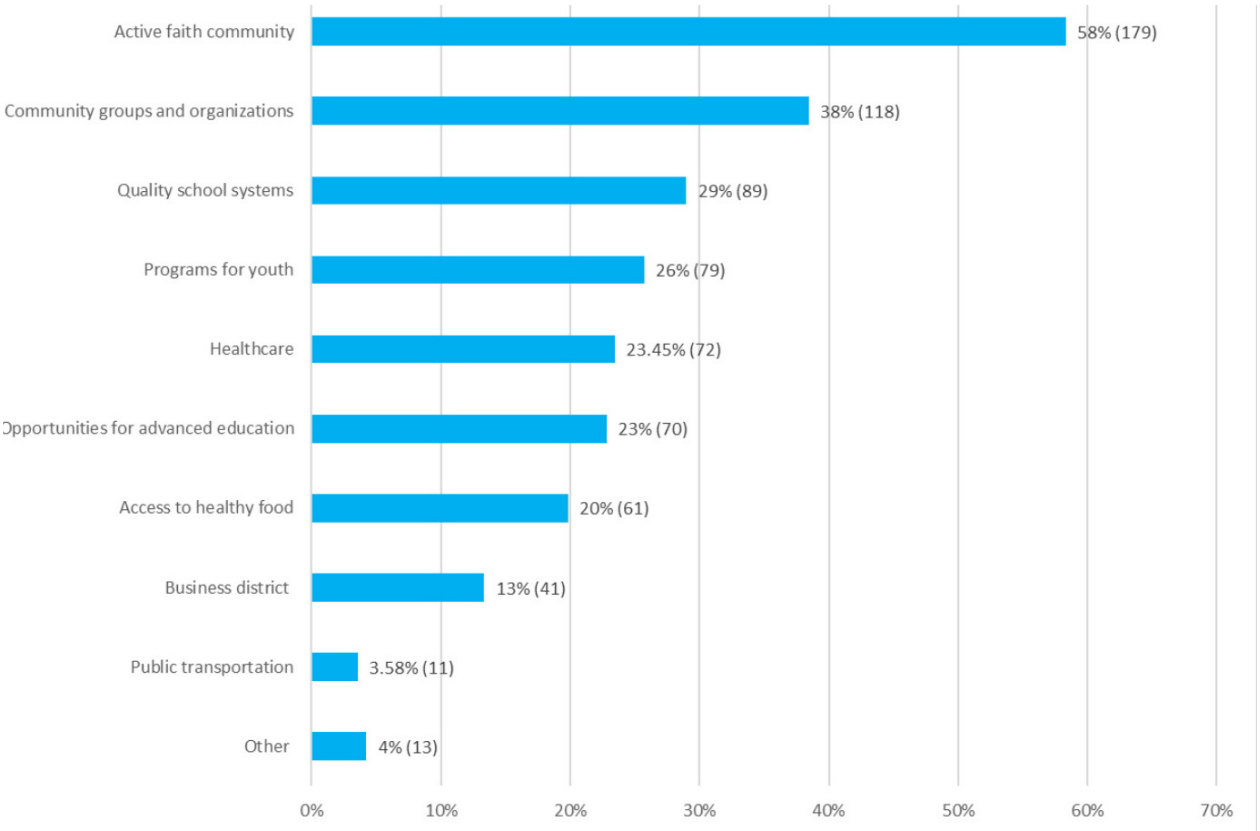
Figures 13 to 16 illustrate the results of these questions.

Figure 14: Best Things about the PEOPLE in Your Community
Total responses = 780



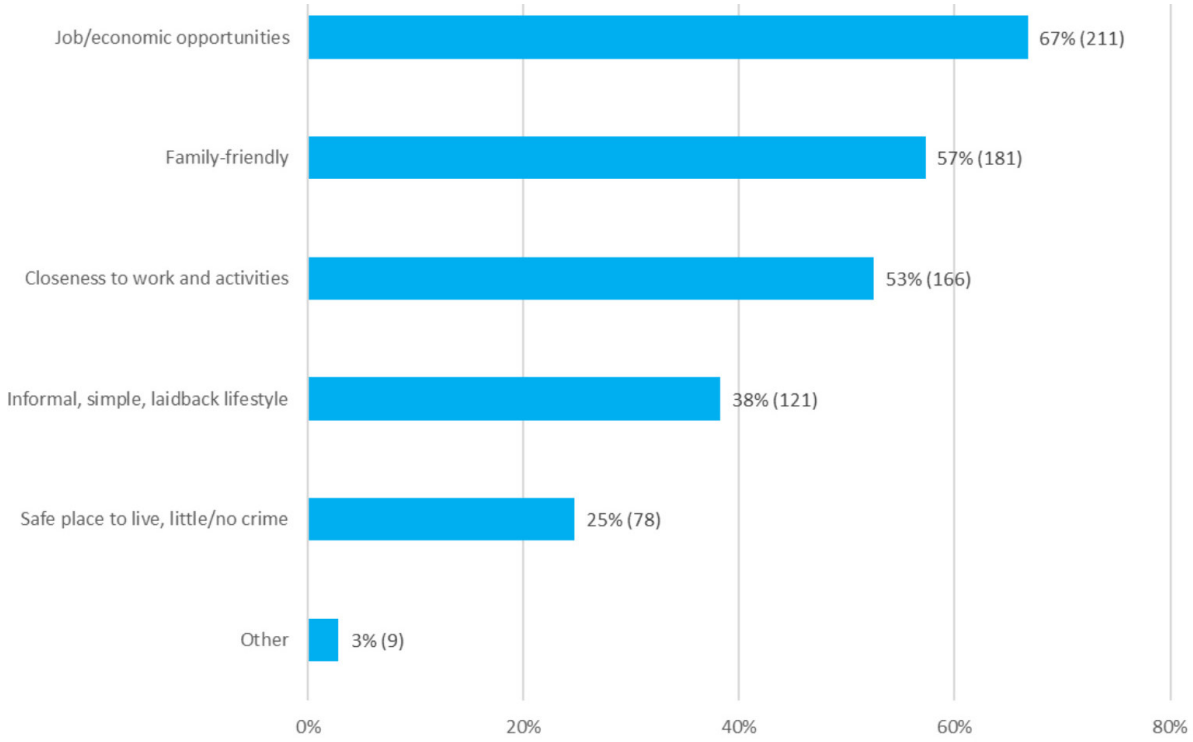
Popular answers for "Other" praised the people of the community, stating that they are extremely generous in supporting one another, especially during hard times. However, some believe there is nothing particularly notable about the people.

Figure 15: Best Things about the SERVICES AND RESOURCES in Your Community
Total responses = 733



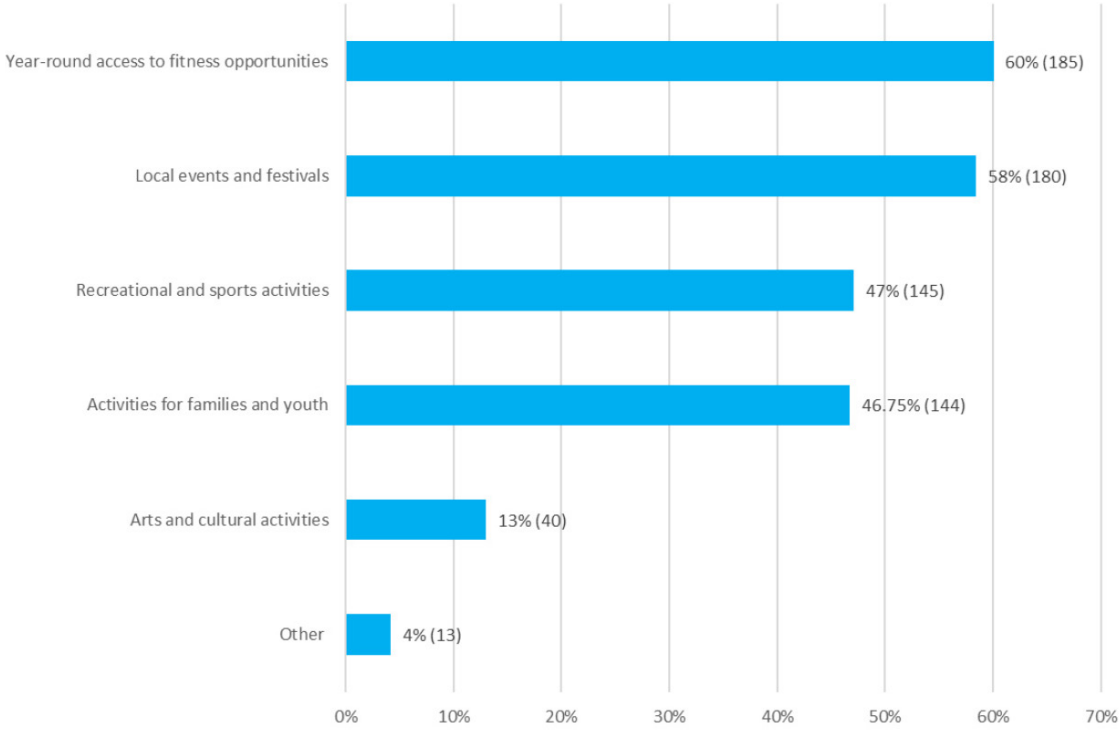
Many responses in the "Other" category either felt that none of the options accurately reflected the best things about the services and resources in their community, with a few simply stating "nothing." There were also concerns of the lack of resources in this section.

Figure 16: Best Things about the QUALITY OF LIFE in Your Community
Total responses = 766



A few of the "Other" responses focused on the outdoor recreation aspect of the community, to include activities for kids and families as well as hunting and fishing. Several respondents positively highlighted the rural lifestyle and access to healthier lifestyle due to gyms and other exercise facilities.

Figure 17: Best Thing about the ACTIVITIES in Your Community
Total responses = 707



In the "Other" section, some reported that they felt that hunting and fishing were the best things, as well as outdoor recreation in general.

Community Concerns

At the heart of this community health assessment was a section on the survey asking survey respondents to review a wide array of potential community and health concerns in five categories and pick their top three concerns. The five categories of potential concerns were:

- Community/environmental health
- Availability/delivery of health services
- Youth population
- Adult population
- Senior population

With regard to responses about community challenges, the most highly voiced concerns (those having at least 100 respondents) were:

- Alcohol use and abuse – adults (N=174)
- Drug use and abuse – youth (N=169)
- Not enough affordable housing (N=138)
- Having enough child daycare services (N=135)

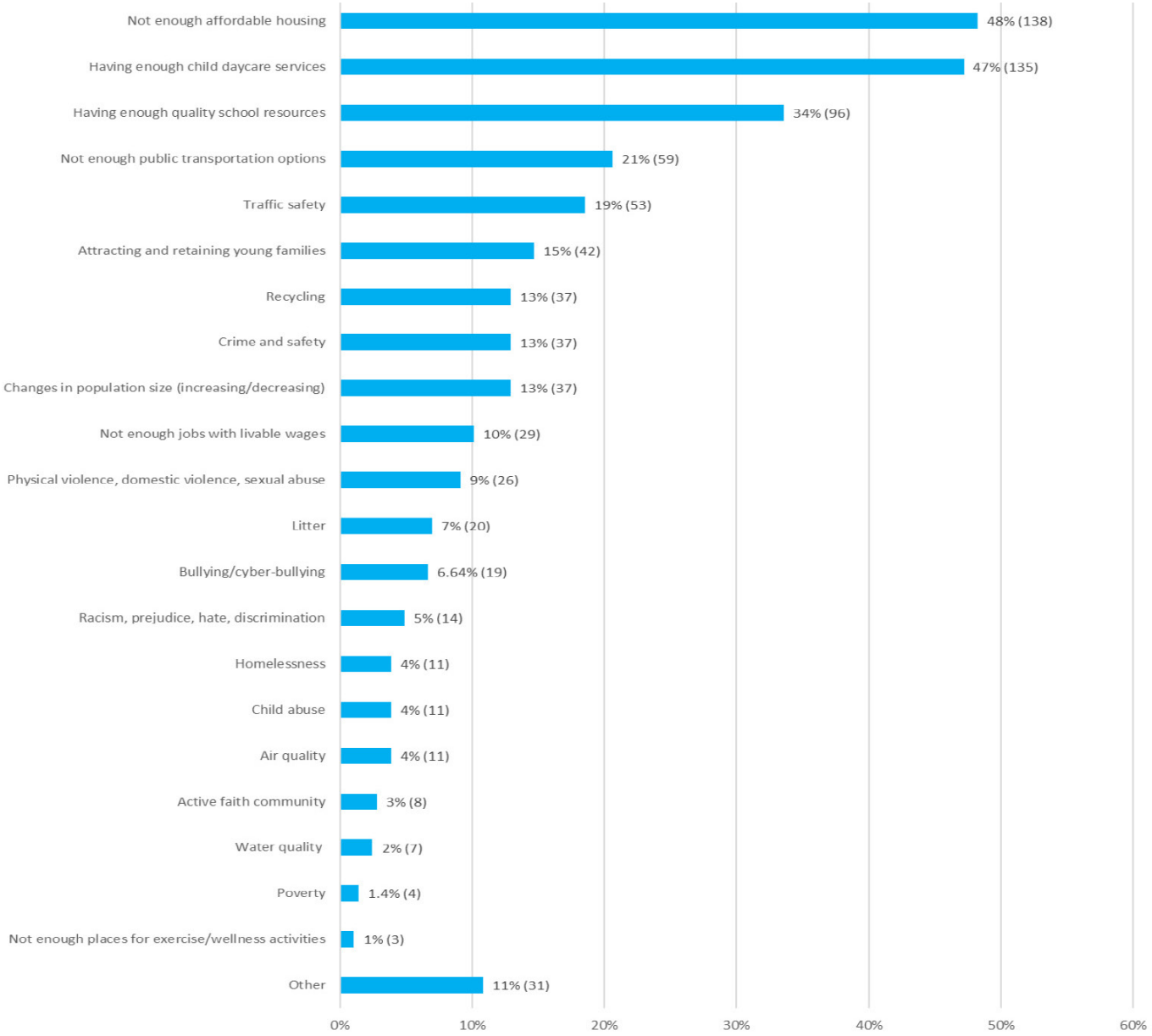
- Alcohol use and abuse – youth (N=124)
- Ability to get appointments for health services within 48 hours – (N=113)
- Availability of mental health services (N=109)
- Depression/anxiety – adults (N=101)

The other issues that had at least 55 votes included:

- Availability of resources to help the elderly stay in their homes (N=98)
- Having enough quality school resources (N=96)
- Extra hours for appointments, such as evenings and weekends – (N=94)
- Depression/anxiety – youth (N=93)
- Cost of long-term/nursing home care (N=93)
- Ability to meet needs of older population (N=74
- Stress – adult (N=67)
- Ability to retain primary care providers (N=66)
- Quality of elderly care (N=61)
- Not enough public transportation options (N=59)
- Availability of specialists – adult (N=57)

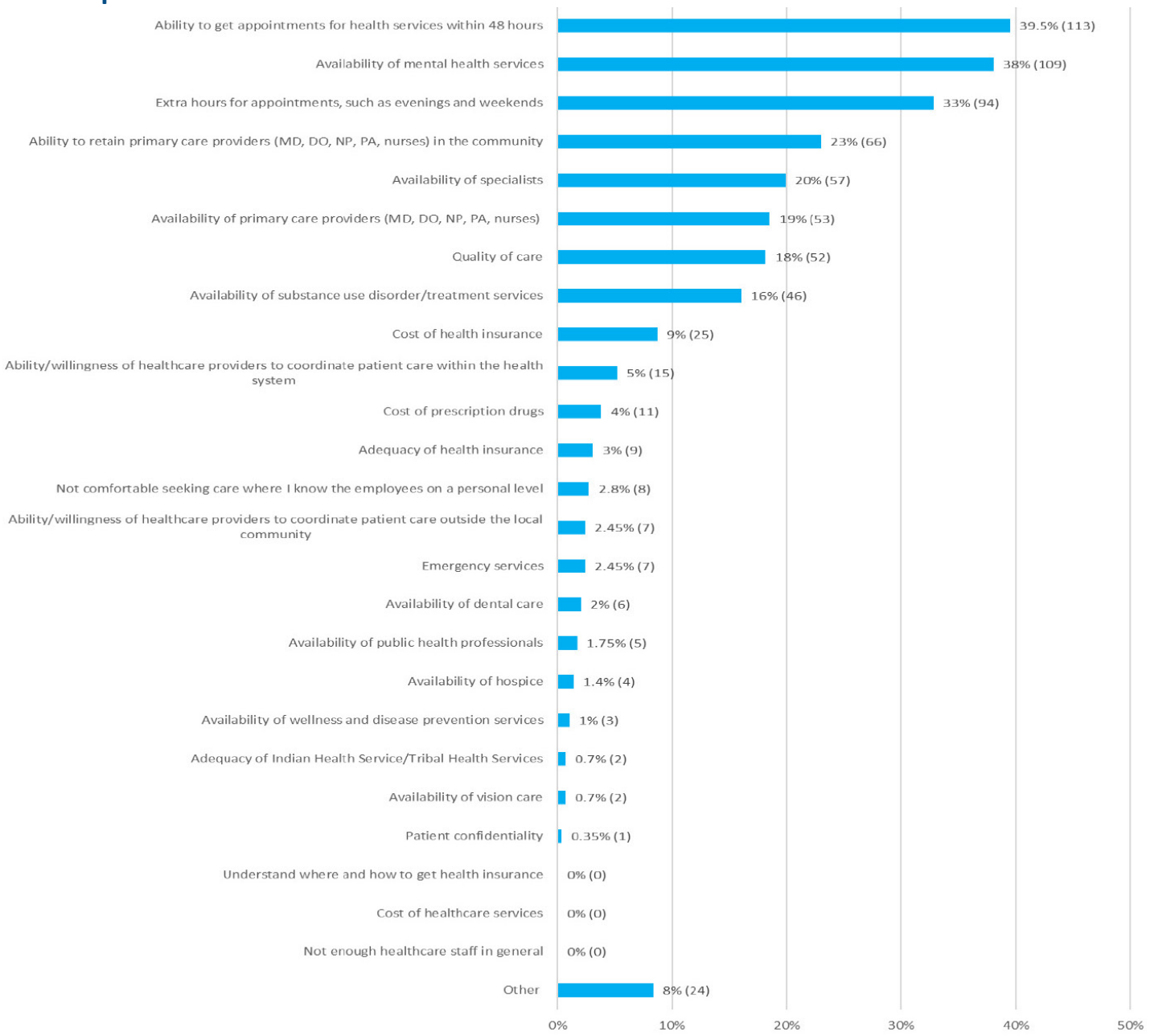
Figures 17 through 27 illustrate these results.

Figure 18: Community/Environmental Health Concerns
Total responses = 286



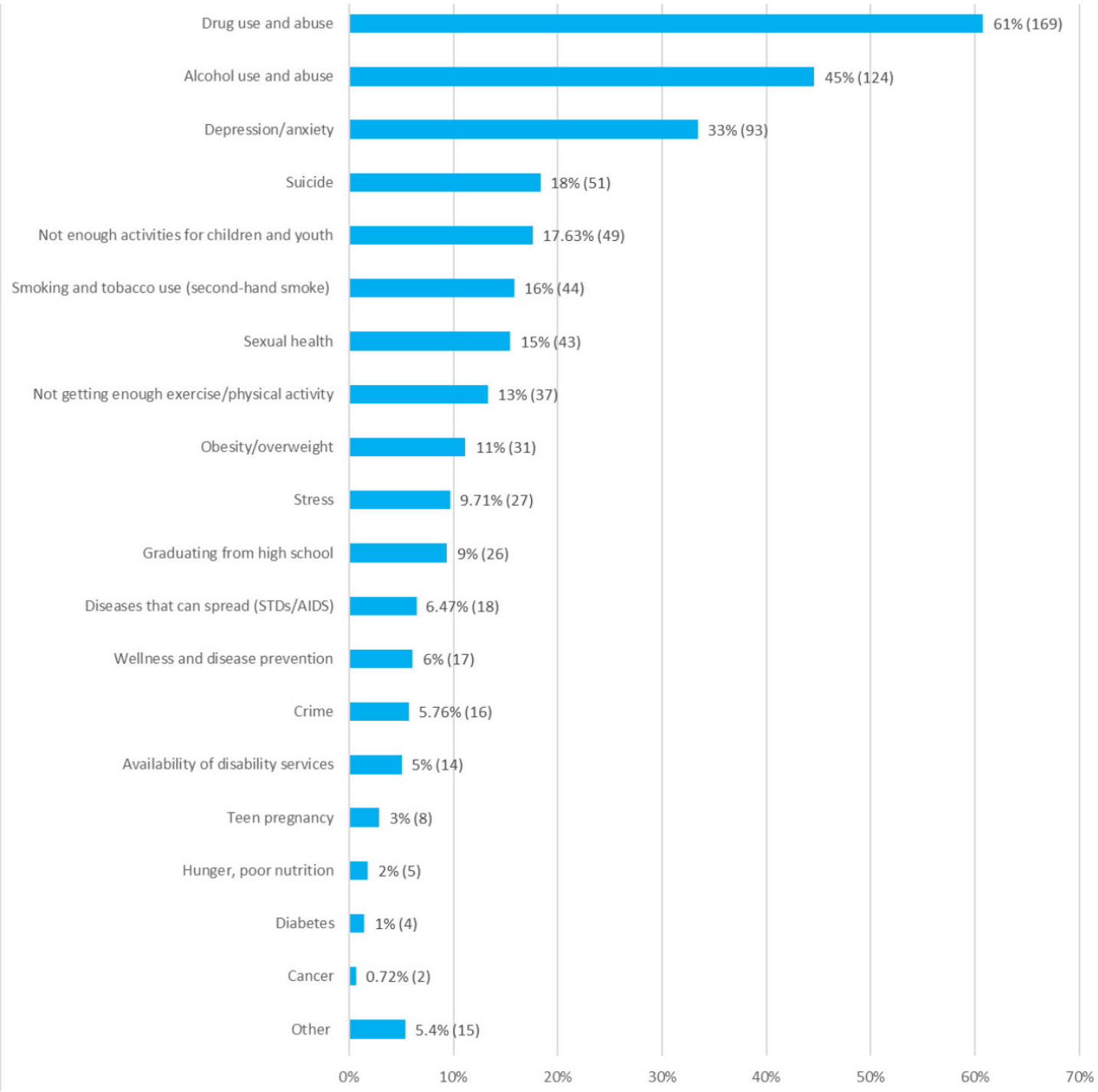
The high cost of living was the most frequent response in the "Other" category by a large margin. Other answers pointed to a concern over the quality of healthcare in the area (as well as mental health services), a lack of restaurants and retail stores, and the ability to retain families.

Figure 19: Availability/Delivery of Health Services Concerns
Total responses = 286



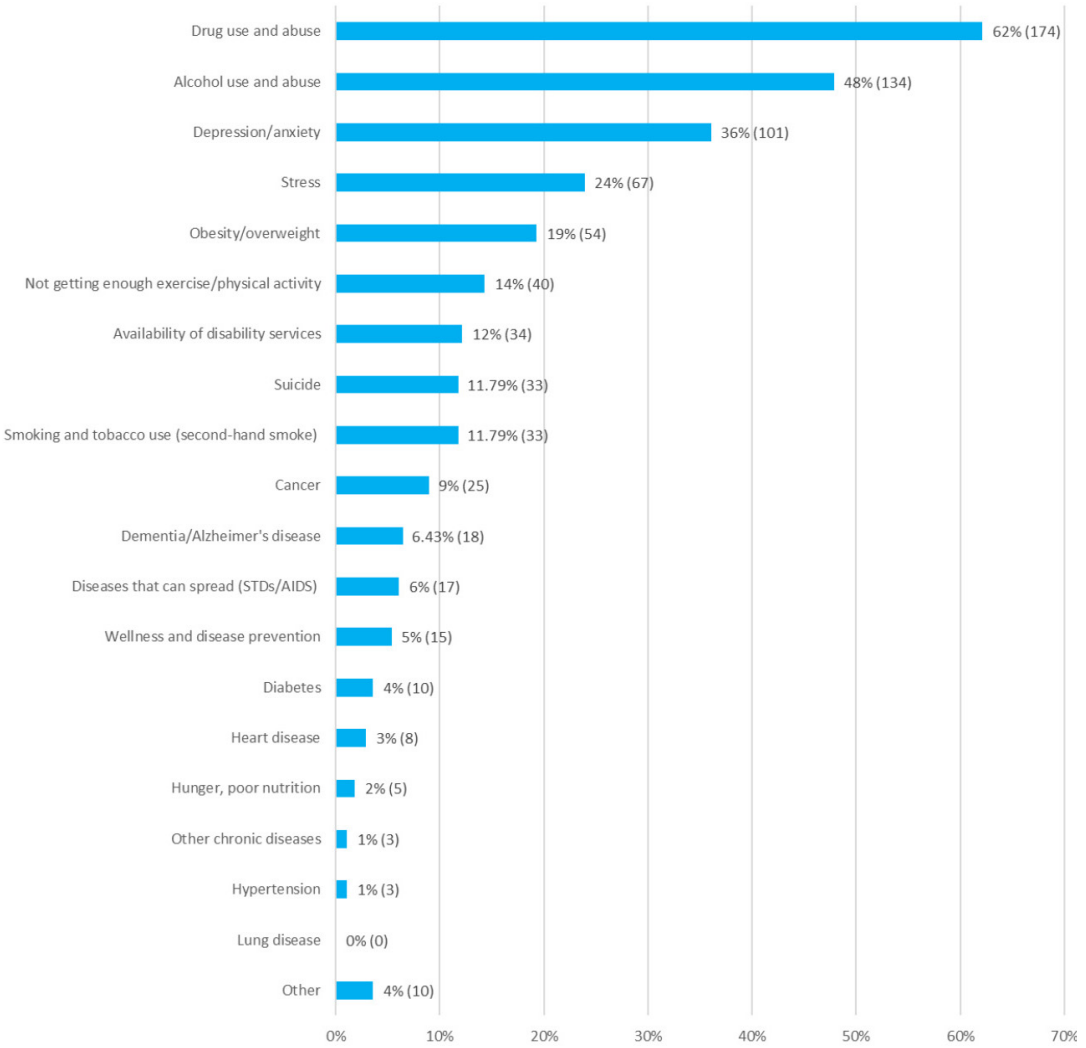
The majority of concerns in the "Other" section were over the competency of providers and overall quality of healthcare, citing a lack of ability to handle specific trauma situations, among others. A need for an urgent care clinic was also stressed. The necessity for a dermatologist and inpatient mental health services were also mentioned.

Figure 20: Youth Population Health Concerns
Total responses = 278



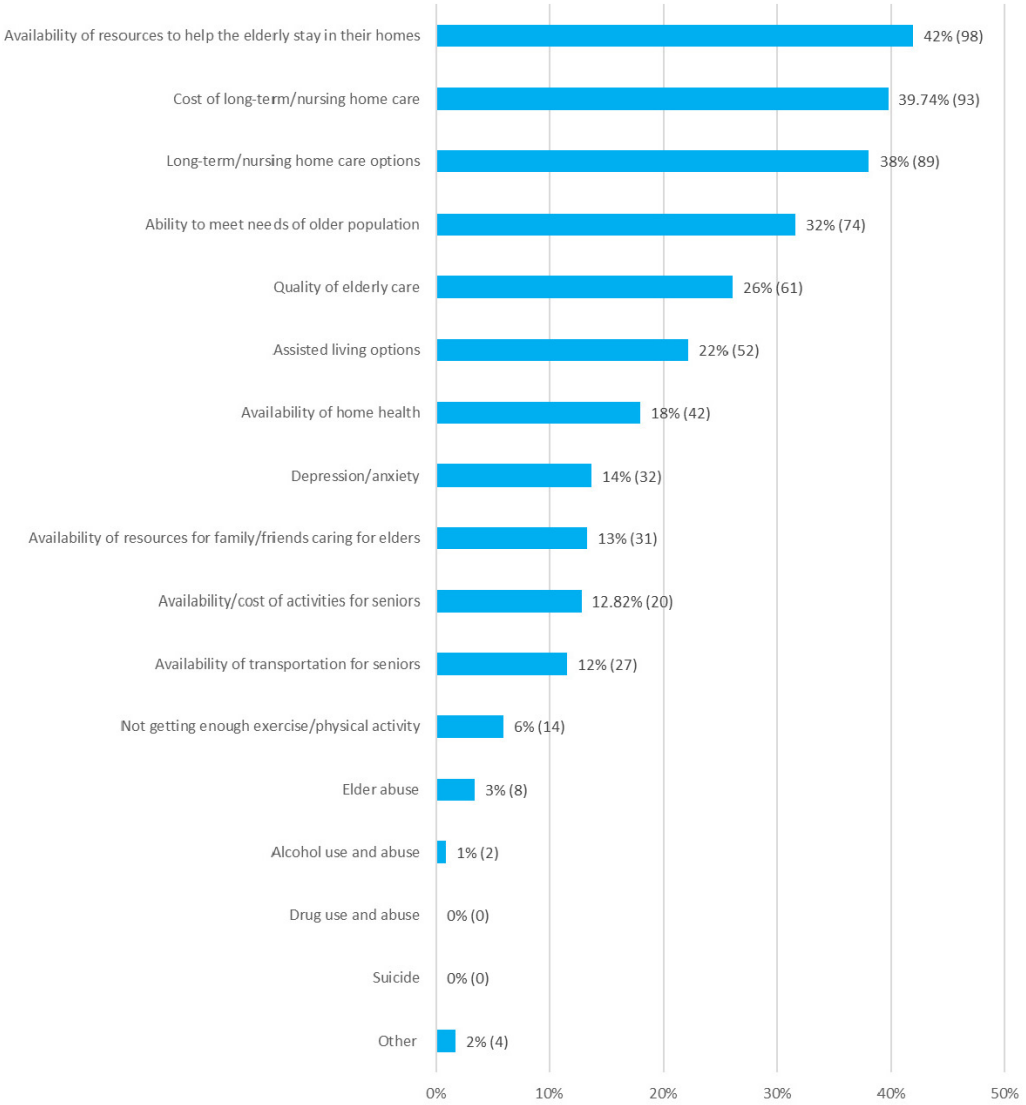
Concerns over bullying (including cyber-bullying) showed up frequently in the "Other" category. Respondents also felt that the youth population should be having less "screen time," and also showed concern over the amount of children growing up in broken or abusive homes. Overall mental health was also mentioned.

Figure 21: Adult Population Concerns
Total responses = 280



Tied into some of the top responses, the "Other" answers included concerns over not only local services but of the overall mental health issues. Bullying and crime were also mentioned, as well as feelings of isolation, and lack of good healthcare.

Figure 22: Senior Population Concerns
Total responses = 234



Responses for the "Other" category included elders being taken advantage of and the increased cost of housing/rent and prescriptions, which has also caused many seniors to leave the area.

Respondents were asked an open-ended question on what they felt was the single biggest issue facing their community. In what would be a common theme throughout the survey, the lack of mental health services was cited as the most problematic issue in the community. Respondents heavily focused on wages not keeping up with increasing housing/rent. Most felt that due to the rapid population growth of the area, the cost of living has egregiously increased, but local services (healthcare, retail, etc.) have not been able to keep up with demand. As such, the community has had difficulty retaining families and quality healthcare providers.

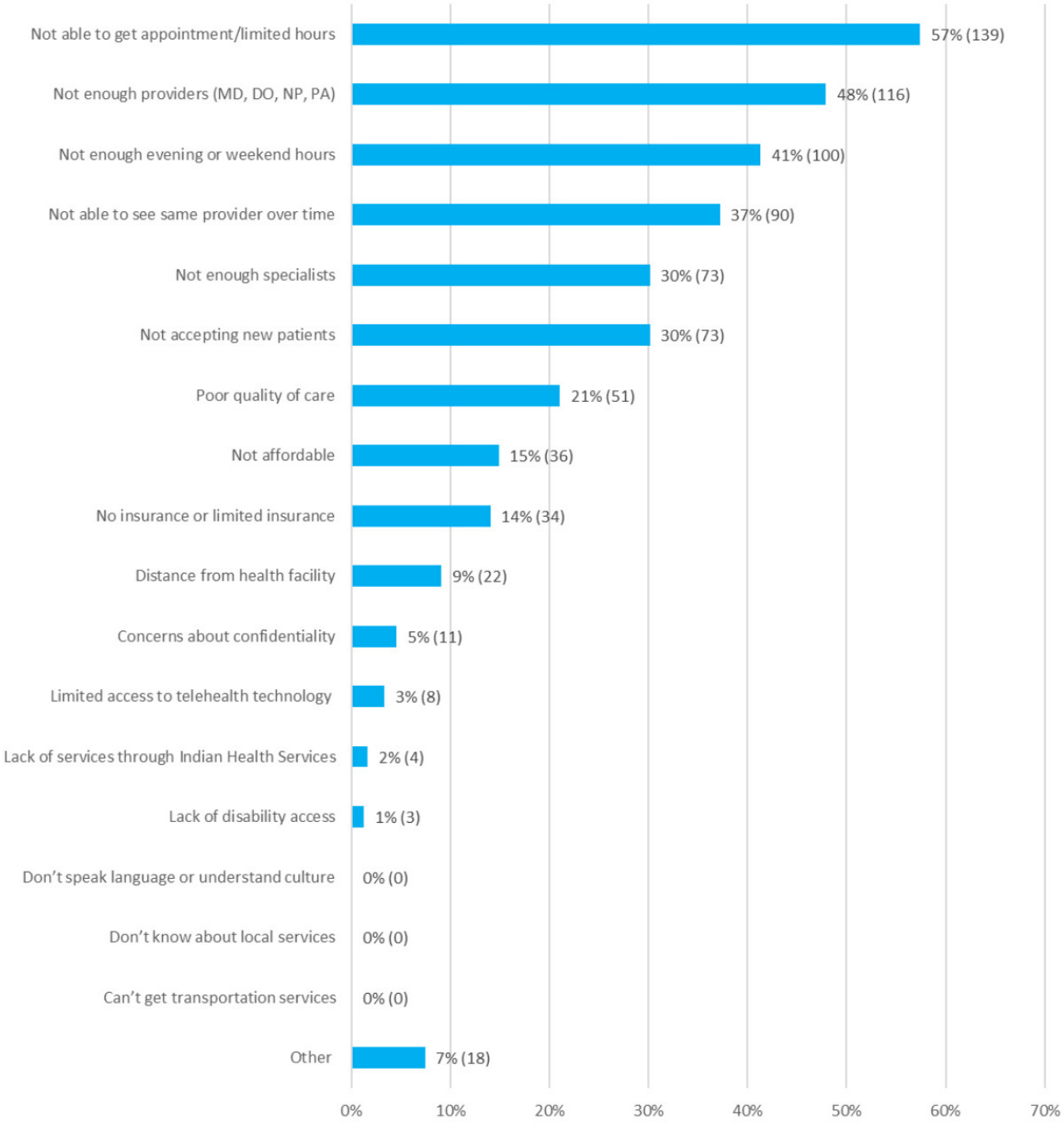
Tied into the population growth, many respondents were concerned about the public education system, specifically overcrowding in classes (and the schools in general). Substance abuse and treatment was also a notable response, as well as adequacy and access to more child care/daycare facilities.

Delivery of Healthcare

The survey asked residents what they see as barriers that prevent them, or other community residents, from receiving healthcare. The most prevalent barrier perceived by residents was not being able to get appointments/limited hours (N=139), with the next highest being not enough providers (MD, DO, NP, PA) (N=116). After these, the next most commonly identified barriers were not enough evening or weekend hours (N=100), not being able to see the same provider over time (N=90) and not enough specialists (N=73). The majority of concerns indicated in the "Other" category were in about concerns over a lack of qualified providers, inability to get time off and getting providers approved according to insurance companies.

Figure 23 illustrates these results.

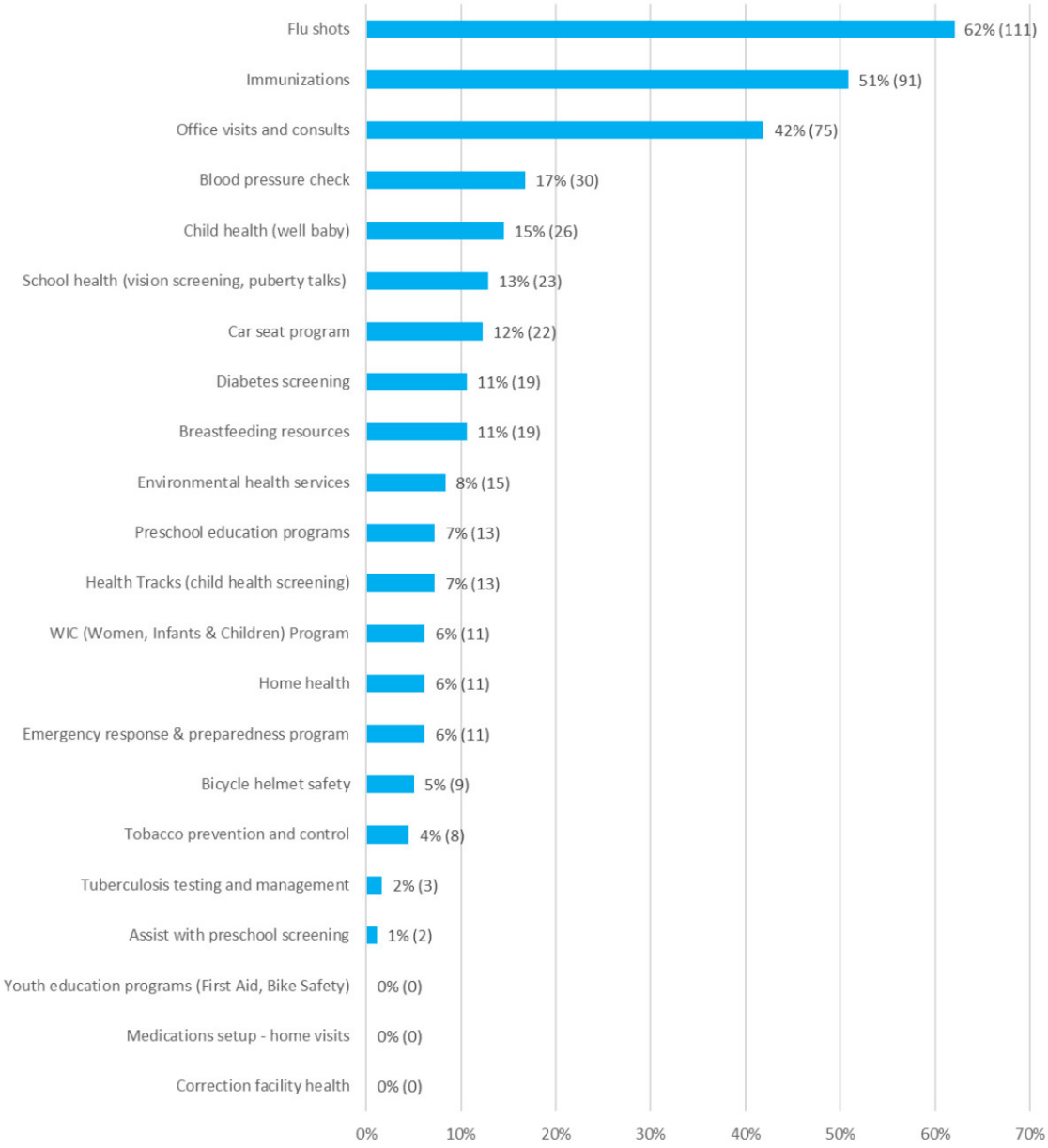
Figure 23: Perceptions about Barriers to Care
Total responses = 242



Many responses in the "Other" category seemed to be concerned with the qualifications and competency of the physicians and overall manner of staff. The rest pointed towards difficulties in making appointments, consistency in which providers they see, and lack of mental health services.

Considering a variety of healthcare services offered by Williams County Public Health (WCPH), respondents were asked to indicate if they were aware that the healthcare service is offered though WCPH and to also indicate what, if any, services they or a family member have used at WCPH, at another public health unit, or both (See Figure 24).

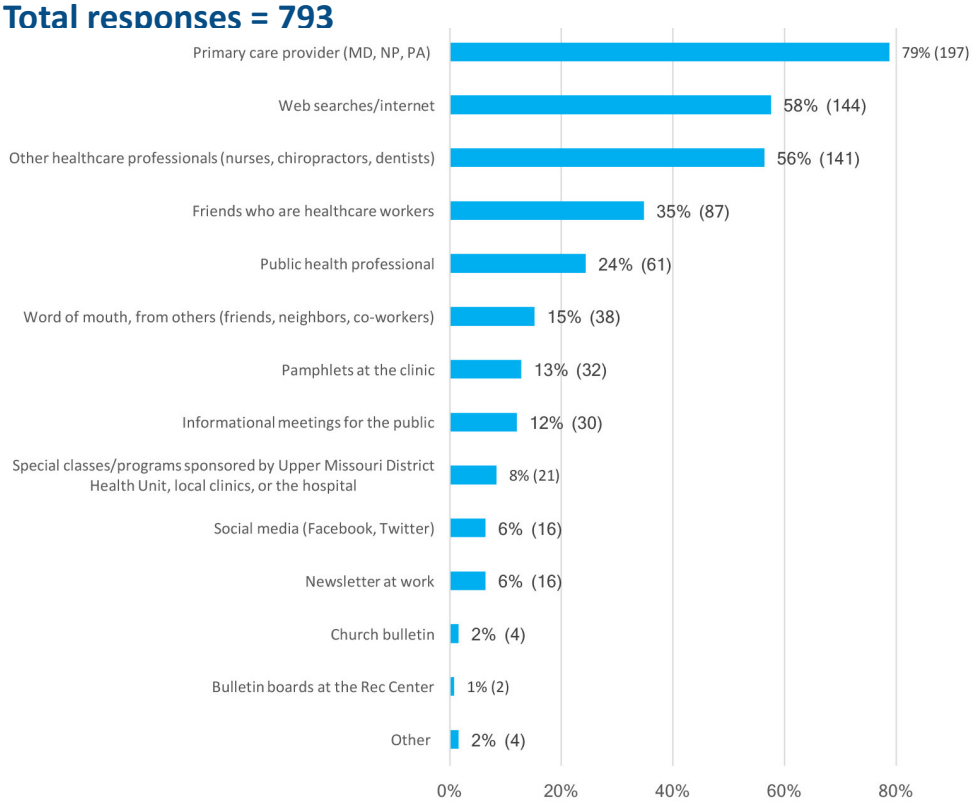
Figure 24: Awareness and Utilization of Public Health Services



In an open-ended question, respondents were asked what specific healthcare services, if any, they think should be added locally. The one response that heavily stood out from the rest was the need to add mental health services. Most respondents also felt that an after-hours clinic, or extended and weekend hours, is greatly needed, as well as the addition of an urgent care clinic. Substance abuse/prevention treatment and counseling also factored notably into the responses.

Respondents were asked where they go to for trusted health information. Primary care providers (N=197) received the highest response rate, followed by web/internet searches (N=144), and then other healthcare professionals (N=141).

Figure 25: Where do you turn for trusted health information
Total responses = 793

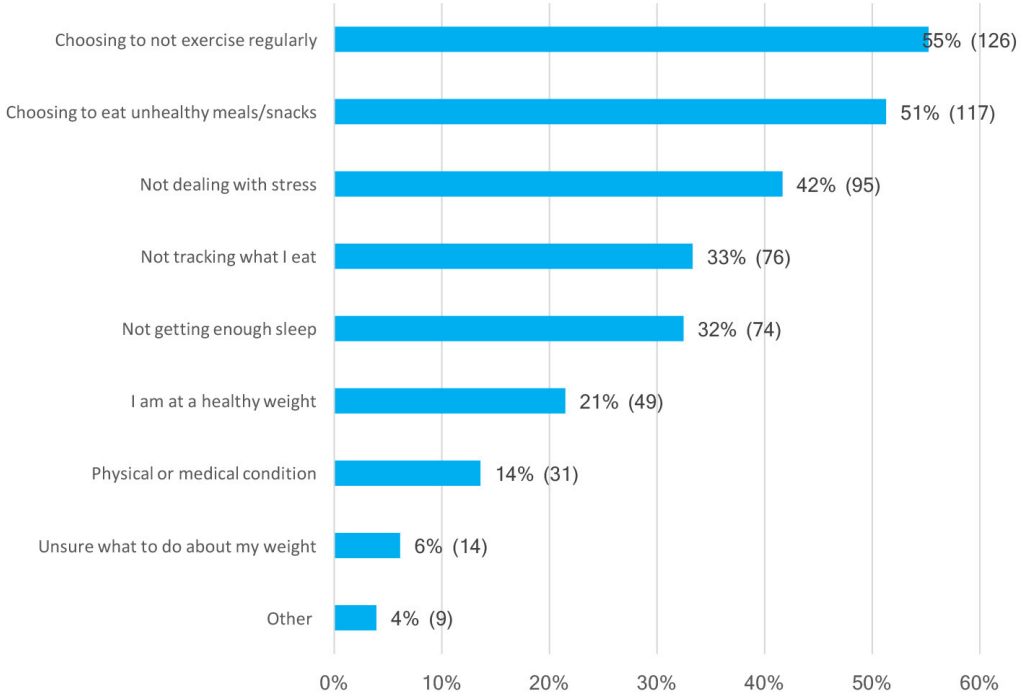


Several of the "Other" responses for finding trusted health information included healthcare professionals outside of Williston, blogs and other medical publications, and friends/relatives who work in healthcare.

Elective questions were added to the Williston-area survey that focused on being a healthy community.

The first question asked respondents what keeps them from reaching their healthy weight. Figure 28 illustrates these results.

Figure 26: What keeps you from your healthy weight?
Total Respondents = 591



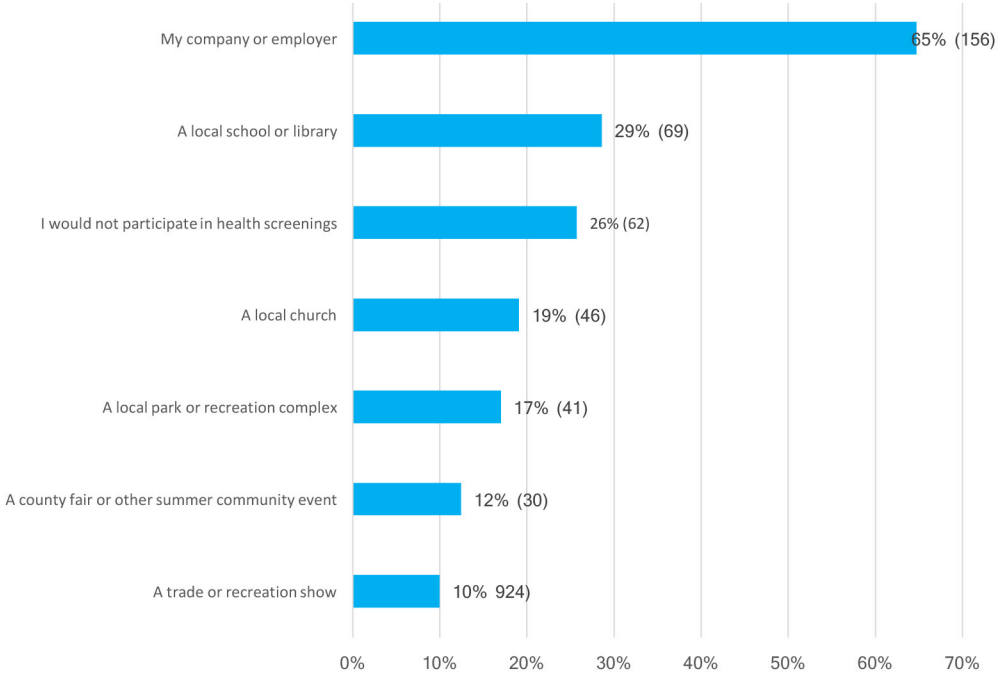
Some of the "Other" responses, when asked what keeps respondents from their healthy weight, included too many work hours, lack of adult activities and organizations, and depression.

In an open-ended question, respondents were asked what positive changes they were willing to make to improve their health.

Most respondents were willing to exercise more regularly and practice healthier eating habits. Stress-reduction activities and working through depression were also listed, as well as accessing counselors/trainers. When asked what kinds of resources would aid in those changes, affordable gyms and exercise classes, as well as having access to healthier foods, were the top choices.

Most respondents reported that they would be willing to participate in health screenings if held at their place of employment (see Figure 29).

Figure 27: I would participate in health screenings if held at…?



When asked what a healthy community looks like to them, respondents provided a view of a community that is active and engaged; a community with positive mental and physical well-being, and one in which the citizens work together and are happy. More specific to healthcare, respondents thought being able to make timely appointments and having a wide variety of options for healthcare services were important for a healthy community.

The final question on the survey asked respondents to share concerns and suggestions to improve the delivery of local healthcare.

A majority of responses stated concerns about the overall quality of healthcare. Several respondents were dissatisfied with the services provided by physicians, including their manner and attitude towards their patients, even prompting suggestions of continued education for doctors and nurses. However, the concern over the lack of staff, leading to inability to set up appointments in a timely manner, was also an issue that they would like to see addressed. Many respondents are frustrated with the community's inability to retain physicians in quantity and quality. However, some praised the staff, considering the resources they have to work with.

While the addition of physicians was often mentioned, the community seems to be divided on the addition of specialists. While the majority seemed to think that there was too much of a focus on them, a significant amount requested more specialists. Still, the need for an increased amount of family physicians was a common request.

As stated before, a common theme throughout the survey was the concern over the lack of mental health services, and was also heavily mentioned here, something affecting both youth and adult populations. The lack of substance abuse treatment/prevention training and rehabilitation facilities also weighs on the community.

The need for extended and weekend hours is a very important issue to the community. A large amount of people voiced concerns over the inability to make medical appointments, largely due to work or other commitments, and feel that adding hours would greatly improve the overall health of the community. Many respondents suggested adding a walk-in or urgent-care clinic. A clinic for issues not severe enough for the ER, but requiring more immediate attention than a wait for an appointment allows.

Findings from Key Informant Interviews & the Community Meeting

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

Generally, overarching issues that developed during the interviews and community meeting can be grouped into four categories (listed in alphabetical order):

- Alcohol use and abuse
- Availability of mental health and substance use disorder treatment services
- Drug use and abuse
- Having enough child daycare services

To provide context for the identified needs, the following are some of the comments made by those interviewed about these issues:

Alcohol Use and Abuse

- This is and always has been a problem
- Problem for all ages
- Need substance abuse (including alcohol) treatment locally

Availability of mental health and substance use disorder treatment services

- The mental health system is broke. From the top leadership in the state pushing alternatives to incarceration, there are more mental health issues than other issues and law enforcement isn't given anywhere to send them – there aren't mental health services available to send them to. There is a program to lessen incarceration and increasing probation, but there aren't places for the people to go for mental health and substance abuse facilities and treatment centers to send them to, so they are pushed back into the community without the treatment.
- Lack of mental health services – human services work in a triaging system now and do a lot of referrals
- Emergent mental health need
- Mental health services and daycare are needed for recruitment and retention

Drug Use and Abuse

- Drug use and abuse – need substance treatment facilities/services
- Issue with the youth and adult populations
- Substance abuse and mental health go hand-in-hand and that affects law enforcement

Having enough child daycare services

- Availability of quality daycare. Lots of dissatisfaction with the quality
- Childcare is a top concern
- Daycare is needed for recruitment and retention
- Primary care, mental health, childcare are top concerns
- Primary care – need daycare to keep the providers

Community Engagement and Collaboration

Key informants and focus group participants were asked to weigh in on community engagement and collaboration of various organizations and stakeholders in the community. Specifically, participants were asked, "On a scale of 1 to 5, with 1 being no collaboration/community engagement and 5 being excellent collaboration/community engagement, how would you rate the collaboration/engagement in the community among these various organizations?" This was not intended to rank services provided. They were presented with a list of 13 organizations or community segments to rank. According to these participants, the hospital, pharmacy, public health, and other long-term care (including nursing homes/assisted living) are the most engaged in the community. The averages of these rankings (with 5 being "excellent" engagement or collaboration) were:

- Emergency services, including ambulance and fire (4.25)
- Law enforcement (4.25)
- Faith-based (4.0)
- Hospital (healthcare system) (4.0)
- Public health (4.0)
- Business and industry (3.75)
- Economic development organizations (3.75)
- Pharmacy (3.75)
- Social services (3.75)
- Human services agencies (3.5)
- Schools (3.5)
- Clinics not affiliated with the main health system (3.25)
- Long-term care, including nursing homes and assisted living (3.25)
- Other local health providers, such as dentists and chiropractors (3.25)Indian Health Services (2.5)
- Tribal health (2.25)

Priority of Health Needs

A Community Group met on December 18, 2018. There were 11 community members who attended the meeting. Representatives from the CRH presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the survey results (including perceived community assets and concerns, and barriers to care), and findings from the key informant interviews.

Following the presentation of the assessment findings, and after considering and discussing the findings, all members of the group were asked to identify what they perceived as the top four community health needs. All of the potential needs were listed on large poster boards and each member was given four stickers to place next to each of the four needs they considered the most significant.

The results were totaled and the concerns most often cited were:

- Ability to get appointments for health services within 48 hours (7 votes)
- Availability of mental health services (7 votes)
- Ability to retain primary care providers (7 votes)
- Extra hours for appointments, such as evenings and weekends (6 votes)
- Having enough child daycare services (6 votes)

From those top five priorities, each person put one sticker on the item they felt was the most important. The rankings were:

1. Extra hours for appointments, such as evenings and weekends (6 votes)
2. Ability to retain primary care providers (3 votes)
3. Availability of mental health services (2 votes)
4. Ability to get appointments for health services within 48 hours (0 votes)
5. Having enough child daycare services (0 votes)

Following the prioritization process during the second meeting of the Community Group and key informants, the number one identified need was to have extra hours for appointments. A summary of this prioritization is found in Appendix C.

Comparison of Needs Identified Previously

Top Needs Identified 2016 CHNA Process	Top Needs Identified 2019 CHNA Process
Adult drug use and abuse	Ability to get appointments for health services within 48 hours
Availability of mental health services	Availability of mental health services
Availability of substance abuse/ treatment services	Availability of primary care providers
Youth mental health	Extra hours for appointments, such as evenings and weekends
	Having enough child daycare services

The only common need the current process had with 2016 was for the availability of mental health services.

Hospital and Community Projects and Programs Implemented to Address Needs 2016

In response to the needs identified in the 2016 CHNA process, the following actions were taken:

Need 1: Availability of mental health services – CHI St Alexius Health Williston continues efforts to recruit psychiatrists to the Williston area. It is difficult and there are no colleagues in the area. There are also continuing efforts to recruit advanced practice clinicians with mental health training, which are equally difficult to recruit. The clinic provides access to E-Psych for inpatients and outpatients, and are working at improving access and availability for these services.

Need 2: Availability of substance abuse/treatment services – The medical center supported Williams County's efforts to evaluate, apply and qualify for the Heartview Foundation Screening and Recovery Grant. The plan also included sharing leaders to support community coalition in implementing the program if selected. CHI St Alexius Health Williston committed hospital and clinic resources to ensure the success of the program. Screening and Recovery Grant Selection considerations are:

- Unmet behavioral health needs in the area
- Distance from existing behavioral health services
- Population to insure sufficient referrals for a small Screening and Recovery Center
- Community support (loan forgiveness, stipends)
- Partnership agreements for Behavioral Health Points of Entry
- Co-location arrangements with other stakeholders
- Available or potential community funding for start-up and ongoing costs
- Staffing potential (professionals interested in returning to the area and/or field placements of behavioral health students)
- Supporting staff (interest in paid or volunteer recovery coaches)
- Cost of living, housing availability, spouse employment opportunities
- Office space & technology support/Internet infrastructure
- Assistance in helping residents in obtaining health coverage

Unfortunately, the application was denied.

Need 3: Increase access to healthcare for the greater Williston Community – In the last three years, the medical center has recruited several primary care providers and has lost a few. Since 2016, they have recruited two family practice advanced practice clinicians (APCs) and signed two emergency room APCs. Recruitment for primary care providers is still a priority. CHI St Alexius Health Williston has been successful in recruiting specialists. Starting in 2016, they added a cardiologist, a plastic surgeon, a general surgeon and an anesthesiologist. They continue recruiting efforts for a fourth general surgeon and an APC for neurology. They expanded hours (7:30 am - 5:30 pm for now) in some of the CHI St Alexius Health Williston outpatient service areas. In other areas, they do so on an as needed basis for providers who wish to accommodate their patients.

Need 4: Improve consistency of Emergency Department Services - They strengthened the emergency room provider schedule by forming a new physician group and recruiting additional providers to that group. They do not feel that staffing is a problem anymore. In addition, consistency, quality, and patient satisfaction scores have improved significantly.

The 2016 implementation plan for CHI St. Alexius Health, WMC is posted on the CHI St. Alexius Health's website at https://www.chistalexiushealth.org/about-us/community-health-assessments.

Next Steps – Strategic Implementation Plan

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

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

Community Benefit Report

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

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

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

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

What Are Community Benefits?

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

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

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

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

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

Appendix A – CHNA Survey Instrument

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

CHI St. Alexius Health
Williston Medical Center

www.umdhu.org

Williston Area Health Survey

CHI St. Alexius Health Williston and Upper Missouri District Health Unit are interested in hearing from you about community health concerns.

The focus of this effort is to:

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

Scan here to take the survey!

If you prefer, you may take the survey online at http://tinyurl.com/WillistonArea18 or by scanning on the QR Code at the right.

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

Surveys will be accepted through October 9, 2018. Your opinion matters – thank you in advance!

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

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

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

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

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

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

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

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

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

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

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

- ☐ Active faith community
- ☐ Attracting and retaining young families
- ☐ Not enough jobs with livable wages, not enough to live on
- ☐ Not enough affordable housing
- ☐ Poverty
- ☐ Changes in population size (increasing or decreasing)
- ☐ Crime and safety, adequate law enforcement personnel
- ☐ Water quality (well water, lakes, streams, rivers)
- ☐ Air quality
- ☐ Litter (amount of litter, adequate garbage collection)
- ☐ Having enough child daycare services
- ☐ Having enough quality school resources
- ☐ Not enough places for exercise and wellness activities
- ☐ Not enough public transportation options, cost of public transportation
- ☐ Racism, prejudice, hate, discrimination
- ☐ Traffic safety, including speeding, road safety, seatbelt use, and drunk/distracted driving
- ☐ Physical violence, domestic violence, sexual abuse
- ☐ Child abuse
- ☐ Bullying/cyber-bullying
- ☐ Recycling
- ☐ Homelessness
- ☐ Other (please specify) _____

6. Considering the **AVAILABILITY/DELIVERY OF HEALTH SERVICES** in your community, concerns are (choose up to THREE):

- ☐ Ability to get appointments for health services within 48 hours.
- ☐ Extra hours for appointments, such as evenings and weekends
- ☐ Availability of primary care providers (MD,DO,NP,PA) and nurses
- ☐ Ability to retain primary care providers (MD,DO,NP,PA) and nurses in the community
- ☐ Availability of public health professionals
- ☐ Availability of specialists
- ☐ Not enough health care staff in general
- ☐ Availability of wellness and disease prevention services
- ☐ Availability of mental health services
- ☐ Availability of substance use disorder/treatment services
- ☐ Availability of hospice
- ☐ Availability of dental care
- ☐ Availability of vision care
- ☐ Emergency services (ambulance & 911) available 24/7
- ☐ Ability/willingness of healthcare providers to work together to coordinate patient care within the health system.
- ☐ Ability/willingness of healthcare providers to work together to coordinate patient care outside the local community.
- ☐ Patient confidentiality (inappropriate sharing of personal health information)
- ☐ Not comfortable seeking care where I know the employees at the facility on a personal level
- ☐ Quality of care
- ☐ Cost of health care services
- ☐ Cost of prescription drugs
- ☐ Cost of health insurance
- ☐ Adequacy of health insurance (concerns about out-of-pocket costs)
- ☐ Understand where and how to get health insurance
- ☐ Adequacy of Indian Health Service or Tribal Health Services
- ☐ Other (please specify) _____

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

- ☐ Alcohol use and abuse
- ☐ Drug use and abuse (including prescription drug abuse)
- ☐ Smoking and tobacco use, exposure to second-hand smoke
- ☐ Cancer
- ☐ Diabetes
- ☐ Depression/anxiety
- ☐ Stress
- ☐ Suicide
- ☐ Not enough activities for children and youth
- ☐ Teen pregnancy
- ☐ Sexual health
- ☐ Diseases that can spread, such as sexually transmitted diseases or AIDS
- ☐ Wellness and disease prevention, including vaccine-preventable diseases
- ☐ Not getting enough exercise/physical activity
- ☐ Obesity/overweight
- ☐ Hunger, poor nutrition
- ☐ Crime
- ☐ Graduating from high school
- ☐ Availability of disability services
- ☐ Other (please specify) _____

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

- ☐ Alcohol use and abuse
- ☐ Drug use and abuse (including prescription drug abuse)
- ☐ Smoking and tobacco use, exposure to second-hand smoke
- ☐ Cancer
- ☐ Lung disease (i.e. emphysema, COPD, asthma)
- ☐ Diabetes
- ☐ Heart disease
- ☐ Hypertension
- ☐ Dementia/Alzheimer's disease
- ☐ Other chronic diseases: _____
- ☐ Depression/anxiety
- ☐ Stress
- ☐ Suicide
- ☐ Diseases that can spread, such as sexually transmitted diseases or AIDS
- ☐ Wellness and disease prevention, including vaccine-preventable diseases
- ☐ Not getting enough exercise/physical activity
- ☐ Obesity/overweight
- ☐ Hunger, poor nutrition
- ☐ Availability of disability services
- ☐ Other (please specify) _____

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

- ☐ Ability to meet needs of older population
- ☐ Long-term/nursing home care options
- ☐ Assisted living options
- ☐ Availability of resources to help the elderly stay in their homes
- ☐ Availability/cost of activities for seniors
- ☐ Availability of resources for family and friends caring for elders
- ☐ Quality of elderly care
- ☐ Cost of long-term/nursing home care
- ☐ Availability of transportation for seniors
- ☐ Availability of home health
- ☐ Not getting enough exercise/physical activity
- ☐ Depression/anxiety
- ☐ Suicide
- ☐ Alcohol use and abuse
- ☐ Drug use and abuse (including prescription drug abuse)
- ☐ Availability of activities for seniors
- ☐ Elder abuse
- ☐ Other (please specify) _____

10. What single issue do you feel is the biggest challenge facing your community?

_____

_____

Delivery of Healthcare

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

- ☐ Blood pressure checks
- ☐ Breastfeeding resources
- ☐ Car seat program
- ☐ Emergency preparedness/ emergency response services
- ☐ Environmental health services (mold inspection, sewer, health hazard abatement)
- ☐ Family planning (STD & HIV testing)
- ☐ Flu shots
- ☐ Foot care
- ☐ Foreign travel immunizations
- ☐ Immunizations
- ☐ Newborn home visits/clinic
- ☐ Nutrition education
- ☐ School health- health education and resources to the schools
- ☐ Tobacco prevention and control
- ☐ Tuberculosis testing and management
- ☐ WIC (Women, Infants & Children) Program

12. What specific healthcare services, if any, do you think should be added locally?

_____

_____

13. What **PREVENTS** community residents from receiving healthcare? (Choose ALL that apply)

- ☐ Can't get transportation services
- ☐ Concerns about confidentiality
- ☐ Distance from health facility
- ☐ Don't know about local services
- ☐ Don't speak language or understand culture
- ☐ Lack of disability access
- ☐ Lack of services through Indian Health Services
- ☐ Limited access to telehealth technology (patients seen by providers at another facility through a monitor/TV screen)
- ☐ No insurance or limited insurance
- ☐ Not able to get appointment/limited hours
- ☐ Not able to see same provider over time
- ☐ Not accepting new patients
- ☐ Not affordable
- ☐ Not enough providers (MD, DO, NP, PA)
- ☐ Not enough evening or weekend hours
- ☐ Not enough specialists
- ☐ Poor quality of care
- ☐ Other (please specify) _____

14. What does a healthy community look like to you?

_____

_____.

15. What keeps you from your healthy weight? (Check ALL that apply)

- ☐ Choosing to eat unhealthy meals and snacks
- ☐ Choosing to not exercise regularly
- ☐ Unsure what to do about my weight
- ☐ Not tracking what I eat
- ☐ Not getting enough sleep
- ☐ Not dealing with stress
- ☐ Physical or medical condition
- ☐ I am at a healthy weight
- ☐ Other: _____

16. What positive changes are you willing to make to improve your health?

_____

_____

17. What kinds of resources would help you make those changes?

_____

_____

18. I would participate in health screenings if held at… (Check ALL that apply)

- ☐ A local school or library
- ☐ A local church
- ☐ A local park or recreation complex
- ☐ A trade or recreation show
- ☐ A county fair or other summer community event
- ☐ My company or employer
- ☐ I would not participate in health screenings

19. Where do you turn for trusted health information, such as information about healthy activities or about improving your health? (Choose ALL that apply)

- ☐ Bulletin boards at the Rec Center
- ☐ Church bulletin
- ☐ Friends who are health care workers
- ☐ Informational meetings for the public: ex. "Lunch and Learn"
- ☐ Internet/Web searches (WebMD, Mayo Clinic, Healthline, etc.)
- ☐ Newsletter at work
- ☐ Other health care professionals (nurses, chiropractors, dentists, etc.)
- ☐ Pamphlets at the clinic
- ☐ Primary care provider (doctor, nurse practitioner, physician assistant)
- ☐ Public health professional
- ☐ Social media (Facebook, Twitter)
- ☐ Special classes and programs sponsored by Upper Missouri District Health Unit, local clinics, or the hospital
- ☐ Word of mouth, from others (friends, neighbors, co-workers, etc.)
- ☐ Other (please specify) _____

Demographic Information: Please tell us about yourself.

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

☐ Yes ☐ No

21. Health insurance or health coverage status (choose ALL that apply):

- ☐ Indian Health Service (IHS)
- ☐ Insurance through employer
- ☐ Self-purchased insurance
- ☐ Medicaid
- ☐ Medicare
- ☐ No insurance
- ☐ Veteran's Healthcare Benefits
- ☐ Other (please specify) _____

22. Age:

- ☐ Less than 18 years
- ☐ 18 to 24 years
- ☐ 25 to 34 years
- ☐ 35 to 44 years
- ☐ 45 to 54 years
- ☐ 55 to 64 years
- ☐ 65 to 74 years
- ☐ 75 years and older

23. Highest level of education:

- ☐ Less than high school
- ☐ High school diploma or GED
- ☐ Some college/technical degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree

24. Gender:

- ☐ Female
- ☐ Male
- ☐ Transgender

25. Employment status:

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

26. Your zip code: _____

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

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

28. Annual household income before taxes:

- ☐ Less than $15,000
- ☐ $15,000 to $24,999
- ☐ $25,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 to $149,999
- ☐ $150,000 and over
- ☐ Prefer not to answer

29. Overall, please share concerns and suggestions to improve the delivery of local healthcare.

_____

_____

Thank you for assisting us with this important survey!

Appendix B – County Health Rankings Explained

Source: http://www.countyhealthrankings.org/

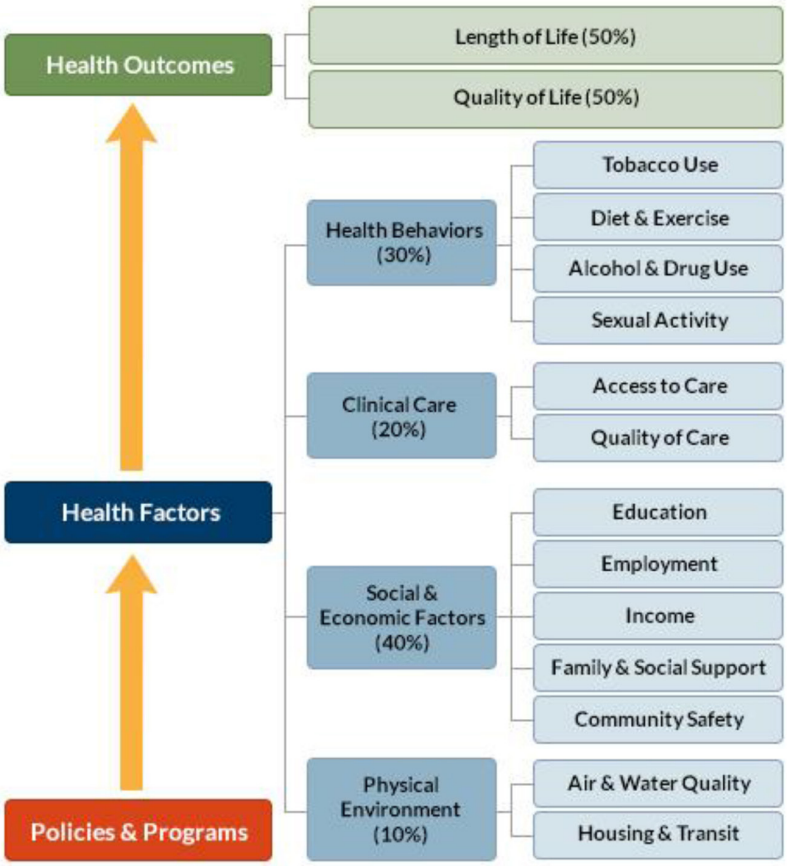
Methods

The County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.

What is Ranked

The County Health Rankings are based on counties and county equivalents (ranked places). Any entity that has its own Federal Information Processing Standard (FIPS) county code is included in the Rankings. We only rank counties and county equivalents within a state. The major goal of the Rankings is to raise awareness about the many factors that influence health and that health varies from place to place, not to produce a list of the healthiest 10 or 20 counties in the nation and only focus on that.

Ranking System



The County Health Rankings model (shown above) provides the foundation for the entire ranking process.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state. We calculate and rank eight summary composite scores:

1. **Overall Health Outcomes**
2. Health Outcomes – **Length of life**
3. Health Outcomes – **Quality of life**
4. **Overall Health Factors**
5. Health Factors – **Health behaviors**
6. Health Factors – **Clinical care**
7. Health Factors – **Social and economic factors**
8. Health Factors – **Physical environment**

Data Sources and Measures

The County Health Rankings team synthesizes health information from a variety of national data sources to create the Rankings. Most of the data used are public data available at no charge. Measures based on vital statistics, sexually transmitted infections, and Behavioral Risk Factor Surveillance System (BRFSS) survey data were calculated by staff at the National Center for Health Statistics and other units of the Centers for Disease Control and Prevention (CDC). Measures of healthcare quality were calculated by staff at The Dartmouth Institute.

Data Quality

The County Health Rankings team draws upon the most reliable and valid measures available to compile the Rankings. Where possible, margins of error (95% confidence intervals) are provided for measure values. In many cases, the values of specific measures in different counties are not statistically different from one another; however, when combined using this model, those various measures produce the different rankings.

Calculating Scores and Ranks

The County Health Rankings are compiled from many different types of data. To calculate the ranks, they first standardize each of the measures. The ranks are then calculated based on weighted sums of the standardized measures within each state. The county with the lowest score (best health) gets a rank of #1 for that state and the county with the highest score (worst health) is assigned a rank corresponding to the number of places we rank in that state.

Health Outcomes and Factors

Source: http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank

Health Outcomes

Premature Death (YPLL)

Premature death is the years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost, whereas a person who dies at age 65 contributes 10 years of life lost to a county's YPLL. The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 U.S. population.

Reason for Ranking

Measuring premature mortality, rather than overall mortality, reflects the County Health Rankings' intent to focus attention on deaths that could have been prevented. Measuring YPLL allows communities to target resources to high-risk areas and further investigate the causes of premature death.

Poor or Fair Health

Self-reported health status is a general measure of health-related quality of life (HRQoL) in a population. This measure is based on survey responses to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor?" The value reported in the County Health Rankings is the percentage of adult respondents who rate their health "fair" or "poor." The measure is modeled and age-adjusted to the 2000 U.S. population. Please note that the methods for calculating this measure changed in the 2016 Rankings.

Reason for Ranking

Measuring HRQoL helps characterize the burden of disabilities and chronic diseases in a population. Self-reported health status is a widely used measure of people's health-related quality of life. In addition to measuring how long people live, it is important to also include measures that consider how healthy people are while alive.

Poor Physical Health Days

Poor physical health days is based on survey responses to the question: "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" The value reported in the County Health Rankings is the average number of days a county's adult respondents report that their physical health was not good. The measure is age-adjusted to the 2000 U.S. population. Please note that the methods for calculating this measure changed in the 2016 Rankings.

Reason for Ranking

Measuring health-related quality of life (HRQoL) helps characterize the burden of disabilities and chronic diseases in a population. In addition to measuring how long people live, it is also important to include measures of how healthy people are while alive – and people's reports of days when their physical health was not good are a reliable estimate of their recent health.

Poor Mental Health Days

Poor mental health days is based on survey responses to the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" The value reported in the County Health Rankings is the average number of days a county's adult respondents report that their mental health was not good. The measure is age-adjusted to the 2000 U.S. population. Please note that the methods for calculating this measure changed in the 2016 Rankings.

Reason for Ranking
Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represents an important facet of health-related quality of life.

Low Birth Weight
Birth outcomes are a category of measures that describe health at birth. These outcomes, such as low birthweight (LBW), represent a child's current and future morbidity — or whether a child has a "healthy start" — and serve as a health outcome related to maternal health risk.

Reason for Ranking
LBW is unique as a health outcome because it represents multiple factors: infant current and future morbidity, as well as premature mortality risk, and maternal exposure to health risks. The health associations and impacts of LBW are numerous.

In terms of the infant's health outcomes, LBW serves as a predictor of premature mortality and/or morbidity over the life course.[1] LBW children have greater developmental and growth problems, are at higher risk of cardiovascular disease later in life, and have a greater rate of respiratory conditions.[2-4]

From the perspective of maternal health outcomes, LBW indicates maternal exposure to health risks in all categories of health factors, including her health behaviors, access to healthcare, the social and economic environment the mother inhabits, and environmental risks to which she is exposed. Authors have found that modifiable maternal health behaviors, including nutrition and weight gain, smoking, and alcohol and substance use or abuse can result in LBW.[5]

LBW has also been associated with cognitive development problems. Several studies show that LBW children have higher rates of sensorineural impairments, such as cerebral palsy, and visual, auditory, and intellectual impairments.[2,3,6] As a consequence, LBW can "impose a substantial burden on special education and social services, on families and caretakers of the infants, and on society generally."[7]

Health Factors

Adult Smoking
Adult smoking is the percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime. Please note that the methods for calculating this measure changed in the 2016 Rankings.

Reason for Ranking
Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.

Adult Obesity
Adult obesity is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.

Reason for Ranking
Obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status.[1,2]

Food Environment Index

The food environment index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment:

1) Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than 1 mile. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.

2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey.

More information on each of these can be found among the additional measures.

Reason for Ranking

There are many facets to a healthy food environment, such as the cost, distance, and availability of healthy food options. This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket; there is strong evidence that food deserts are correlated with high prevalence of overweight, obesity, and premature death.[1-3] Supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores.[4]

Additionally, access in regards to a constant source of healthy food due to low income can be another barrier to healthy food access. Food insecurity, the other food environment measure included in the index, attempts to capture the access issue by understanding the barrier of cost. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality.[5,6] In addition to asking about having a constant food supply in the past year, the module also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. It is important to have adequate access to a constant food supply, but it may be equally important to have nutritious food available.

Physical Inactivity

Physical inactivity is the percentage of adults age 20 and over reporting no leisure-time physical activity. Examples of physical activities provided include running, calisthenics, golf, gardening, or walking for exercise.

Reason for Ranking

Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Inactivity causes 11% of premature mortality in the United States, and caused more than 5.3 million of the 57 million deaths that occurred worldwide in 2008.[1] In addition, physical inactivity at the county level is related to healthcare expenditures for circulatory system diseases.[2]

Access to Exercise Opportunities

Change in measure calculation in 2018: Access to exercise opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Parks include local, state, and national parks. Recreational facilities include YMCAs as well as businesses identified by the following Standard Industry Classification (SIC) codes and include a wide variety of facilities including gyms, community centers, dance studios and pools: 799101, 799102, 799103, 799106, 799107, 799108, 799109, 799110, 799111, 799112, 799201, 799701, 799702, 799703, 799704, 799707, 799711, 799717, 799723, 799901, 799908, 799958, 799969, 799971, 799984, or 799998.

Individuals who:

- reside in a census block within a half mile of a park or
- in urban census blocks: reside within one mile of a recreational facility or

- in rural census blocks: reside within three miles of a recreational facility
- are considered to have adequate access for opportunities for physical activity.

Reason for Ranking
Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. The role of the built environment is important for encouraging physical activity. Individuals who live closer to sidewalks, parks, and gyms are more likely to exercise.[1-3]

Excessive Drinking
Excessive drinking is the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average. Please note that the methods for calculating this measure changed in the 2011 Rankings and again in the 2016 Rankings.

Reason for Ranking
Excessive drinking is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. [1] Approximately 80,000 deaths are attributed annually to excessive drinking. Excessive drinking is the third leading lifestyle-related cause of death in the United States.[2]

Alcohol-Impaired Driving Deaths
Alcohol-impaired driving deaths is the percentage of motor vehicle crash deaths with alcohol involvement.

Reason for Ranking
Approximately 17,000 Americans are killed annually in alcohol-related motor vehicle crashes. Binge/heavy drinkers account for most episodes of alcohol-impaired driving.[1,2]

Sexually Transmitted Infection Rate
Sexually transmitted infections (STI) are measured as the chlamydia incidence (number of new cases reported) per 100,000 population.

Reason for Ranking
Chlamydia is the most common bacterial STI in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain.[1,2] STIs are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, infertility, and premature death.[3] STIs also have a high economic burden on society. The direct medical costs of managing sexually transmitted infections and their complications in the U.S., for example, was approximately 15.6 billion dollars in 2008.[4]

Teen Births
Teen births are the number of births per 1,000 female population, ages 15-19.

Reason for Ranking
Evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a STI, both of which can result in adverse health outcomes for mothers, children, families, and communities. A systematic review of the sexual risk among pregnant and mothering teens concludes that pregnancy is a marker for current and future sexual risk behavior and adverse outcomes [1]. Pregnant teens are more likely than older women to receive late or no prenatal care, have eclampsia, puerperal endometritis, systemic infections, low birthweight, preterm delivery, and severe neonatal conditions [2, 3]. Pre-term delivery and low birthweight babies have increased risk of child developmental delay, illness, and mortality [4]. Additionally, there are strong ties between teen birth and poor socioeconomic, behavioral, and mental outcomes. Teenage women who bear a child are much less likely to achieve an education level at or beyond high school, much

more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress [5-7].

Uninsured

Uninsured is the percentage of the population under age 65 that has no health insurance coverage. The Small Area Health Insurance Estimates uses the American Community Survey (ACS) definition of insured: Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans: Insurance through a current or former employer or union, insurance purchased directly from an insurance company, Medicare, Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability, TRICARE or other military healthcare, Indian Health Services, VA or any other type of health insurance or health coverage plan? Please note that the methods for calculating this measure changed in the 2012 Rankings.

Reason for Ranking

Lack of health insurance coverage is a significant barrier to accessing needed healthcare and to maintaining financial security.

The Kaiser Family Foundation released a report in December 2017 that outlines the effects insurance has on access to healthcare and financial independence. One key finding was that "Going without coverage can have serious health consequences for the uninsured because they receive less preventative care, and delayed care often results in serious illness or other health problems. Being uninsured can also have serious financial consequences, with many unable to pay their medical bills, resulting in medical debt."[1]

Primary Care Physicians

Primary care physicians is the ratio of the population to total primary care physicians. Primary care physicians include non-federal, practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. Please note this measure was modified in the 2011 Rankings and again in the 2013 Rankings.

Reason for Ranking

Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.[1,2]

Dentists

Dentists are measured as the ratio of the county population to total dentists in the county.

Reason for Ranking

Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss. Although lack of sufficient providers is only one barrier to accessing oral healthcare, much of the country suffers from shortages. According to the Health Resources and Services Administration, as of December 2012, there were 4,585 Dental Health Professional Shortage Areas (HPSAs), with 45 million people total living in them.[1]

Mental Health Providers

Mental health providers is the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental healthcare. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure.

Reason for Ranking

Thirty percent of the population lives in a county designated as a Mental Health Professional Shortage Area. As the mental health parity aspects of the Affordable Care Act create increased coverage for mental health services, many anticipate increased workforce shortages.

Preventable Hospital Stays
Preventable hospital stays is the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. Ambulatory care-sensitive conditions include: convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration. This measure is age-adjusted.

Reason for Ranking
Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care.

Diabetes Monitoring
Diabetes monitoring is the percentage of diabetic fee-for-service Medicare patients ages 65-75 whose blood sugar control was monitored in the past year using a test of their glycated hemoglobin (HbA1c) levels.

Reason for Ranking
Regular HbA1c monitoring among diabetic patients is considered the standard of care. It helps assess the management of diabetes over the long term by providing an estimate of how well a patient has managed his or her diabetes over the past two to three months. When hyperglycemia is addressed and controlled, complications from diabetes can be delayed or prevented.

Mammography Screening
Mammography screening is the percentage of female fee-for-service Medicare enrollees age 67-69 that had at least one mammogram over a two-year period.

Reason for Ranking
Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women.[1] A physician's recommendation or referral—and satisfaction with physicians—are major factors facilitating breast cancer screening. The percent of women ages 40-69 receiving a mammogram is a widely endorsed quality of care measure.

Unemployment
Unemployment is the percentage of the civilian labor force, age 16 and older, that is unemployed but seeking work.

Reason for Ranking
The unemployed population experiences worse health and higher mortality rates than the employed population.[1-4] Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality, especially suicide.[5] Because employer-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to healthcare.

Children in Poverty
Children in poverty is the percentage of children under age 18 living in poverty. Poverty status is defined by family; either everyone in the family is in poverty or no one in the family is in poverty. The characteristics of the family used to determine the poverty threshold are: number of people, number of related children under 18, and whether or not the primary householder is over age 65. Family income is then compared to the poverty threshold; if that family's income is below that threshold, the family is in poverty. For more information, please see Poverty Definition and/or Poverty.

In the data table for this measure, we report child poverty rates for black, Hispanic and white children. The rates for race and ethnic groups come from the American Community Survey, which is the major source of data used by the Small Area Income and Poverty Estimates to construct the overall county estimates. However, estimates for race and ethnic groups are created using combined five year estimates from 2012-2016.

Reason for Ranking
Poverty can result in an increased risk of mortality, morbidity, depression, and poor health behaviors. A 2011 study found that poverty and other social factors contribute a number of deaths comparable to leading causes of death in the U.S. like heart attacks, strokes, and lung cancer.[1] While repercussions resulting from poverty are present at all ages, children in poverty may experience lasting effects on academic achievement, health, and income into adulthood. Low-income children have an increased risk of injuries from accidents and physical abuse and are susceptible to more frequent and severe chronic conditions and their complications such as asthma, obesity, and diabetes than children living in high income households.[2]

Beginning in early childhood, poverty takes a toll on mental health and brain development, particularly in the areas associated with skills essential for educational success such as cognitive flexibility, sustained focus, and planning. Low income children are more susceptible to mental health conditions like ADHD, behavior disorders, and anxiety which can limit learning opportunities and social competence leading to academic deficits that may persist into adulthood.[2,3] The children in poverty measure is highly correlated with overall poverty rates.

Income Inequality
Income inequality is the ratio of household income at the 80th percentile to that at the 20th percentile, i.e., when the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20% of households have higher incomes, and the 20th percentile is the level of income at which only 20% of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum. Please note that the methods for calculating this measure changed in the 2015 Rankings.

Reason for Ranking
Income inequality within U.S. communities can have broad health impacts, including increased risk of mortality, poor health, and increased cardiovascular disease risks. Inequalities in a community can accentuate differences in social class and status and serve as a social stressor. Communities with greater income inequality can experience a loss of social connectedness, as well as decreases in trust, social support, and a sense of community for all residents.

Children in Single-Parent Households
Children in single-parent households is the percentage of children in family households where the household is headed by a single parent (male or female head of household with no spouse present). Please note that the methods for calculating this measure changed in the 2011 Rankings.

Reason for Ranking
Adults and children in single-parent households are at risk for adverse health outcomes, including mental illness (e.g. substance abuse, depression, suicide) and unhealthy behaviors (e.g. smoking, excessive alcohol use).[1-4] Self-reported health has been shown to be worse among lone parents (male and female) than for parents living as couples, even when controlling for socioeconomic characteristics. Mortality risk is also higher among lone parents.[4,5] Children in single-parent households are at greater risk of severe morbidity and all-cause mortality than their peers in two-parent households.[2,6]

Violent Crime Rate
Violent crime is the number of violent crimes reported per 100,000 population. Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, rape, robbery, and aggravated assault. Please note that the methods for calculating this measure changed in the 2012 Rankings.

Reason for Ranking
High levels of violent crime compromise physical safety and psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors, such as exercising outdoors. Additionally, exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and may contribute to obesity prevalence.[1] Exposure to chronic stress also contributes to the

increased prevalence of certain illnesses, such as upper respiratory illness, and asthma in neighborhoods with high levels of violence.[2]

Injury Deaths

Injury deaths is the number of deaths from intentional and unintentional injuries per 100,000 population. Deaths included are those with an underlying cause of injury (ICD-10 codes *U01-*U03, V01-Y36, Y85-Y87, Y89).

Reason for Ranking

Injuries are one of the leading causes of death; unintentional injuries were the 4th leading cause, and intentional injuries the 10th leading cause, of U.S. mortality in 2014.[1] The leading causes of death in 2014 among unintentional injuries, respectively, are: poisoning, motor vehicle traffic, and falls. Among intentional injuries, the leading causes of death in 2014, respectively, are: suicide firearm, suicide suffocation, and homicide firearm. Unintentional injuries are a substantial contributor to premature death. Among the following age groups, unintentional injuries were the leading cause of death in 2014: 1-4, 5-9, 10-14, 15-24, 25-34, 35-44.[2] Injuries account for 17% of all emergency department visits, and falls account for over 1/3 of those visits.[3]

Air Pollution-Particulate matter

Air pollution-particulate matter is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air.

Reason for Ranking

The relationship between elevated air pollution (especially fine particulate matter and ozone) and compromised health has been well documented.[1,2,3] Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects.[1] Long-term exposure to fine particulate matter increases premature death risk among people age 65 and older, even when exposure is at levels below the National Ambient Air Quality Standards.[3]

Drinking Water Violations

Change in measure calculation in 2018: Drinking water violations is an indicator of the presence or absence of health-based drinking water violations in counties served by community water systems. Health-based violations include Maximum Contaminant Level, Maximum Residual Disinfectant Level and Treatment Technique violations. A "Yes" indicates that at least one community water system in the county received a violation during the specified time frame, while a "No" indicates that there were no health-based drinking water violations in any community water system in the county. Please note that the methods for calculating this measure changed in the 2016 Rankings.

Reason for Ranking

Recent studies estimate that contaminants in drinking water sicken 1.1 million people each year. Ensuring the safety of drinking water is important to prevent illness, birth defects, and death for those with compromised immune systems. A number of other health problems have been associated with contaminated water, including nausea, lung and skin irritation, cancer, kidney, liver, and nervous system damage.

Severe Housing Problems

Severe housing problems is the percentage of households with at least one or more of the following housing problems:

- housing unit lacks complete kitchen facilities;
- housing unit lacks complete plumbing facilities;
- household is severely overcrowded; or

- household is severely cost burdened.

Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income.

Reason for Ranking

Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries and poor childhood development.

Appendix C – Prioritization of Community's Health Needs

Community Health Needs Assessment

Williston, North Dakota

Ranking of Concerns

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

	Priorities	Most Important
COMMUNITY/ENVIRONMENTAL HEALTH CONCERNS		
Not enough affordable housing	1	
Having enough child daycare services	6	**0**
Having enough quality school resources	3	
Not enough public transportation options	1	
Changes in population size	0	
AVAILABILITY/DELIVERY OF HEALTH SERVICES CONCERNS		
Ability to get appointments for health services within 48 hours	7	**0**
Availability of mental health services	7	**2**
Extra hours for appointments, such as evenings and weekends	6	**6**
Ability to retain primary care providers (MD, DO, NP, PA)	7	**3**
Availability of substance use disorder/treatment services	0	
Availability of specialists	0	
YOUTH POPULATION HEALTH CONCERNS		
Drug use and abuse (including prescription drugs)	0	
Alcohol use and abuse	0	
Depression/anxiety	0	
Not enough activities for children and youth	0	
Suicide	3	
ADULT POPULATION HEALTH CONCERNS		
Drug use and abuse (including prescription drugs)	0	
Alcohol use and abuse	0	
Depression/anxiety	0	
Stress	0	
Obesity/overweight	1	
SENIOR POPULATION HEALTH CONCERNS		
Availability of resources to help elderly stay in their homes	0	
Cost of long-term/nursing home care	0	
Long-term/nursing home options	0	
Ability to meet needs of older population	0	
Assisted living options	1	
Availability/cost of activities for seniors	0	
Quality of elder care	0	

Appendix D – Survey "Other" Responses

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

1. Considering the PEOPLE in your community, the best things are: "Other" responses:
    - Abundant jobs
    - Area community events
    - Closed off and alone
    - Community really comes together during hard times for others
    - I don't live in Williston yet
    - Nothing
    - People are nice enough
    - People here are EXTREMELY generous when it comes to supporting those in need
    - There are plenty of opportunities that could happen
2. Considering the SERVICES AND RESOURCES in your community, the best things are: "Other" responses:
    - All of these are untrue
    - None of the above
    - Nothing
    - Open space
    - Recreational activities
    - The community is fairly mediocre on all these fronts
    - There are no resources here. Healthcare is horrible and you should travel out of town for it.
    - We don't hardly have public transportation, our schools are a mess, what programs for youth, access to healthy food not even and healthcare you have to wait for an appointment and if you require a specialist that means a four or more hour drive
3. Considering the QUALITY OF LIFE in your community, the best things are: "Other" responses:
    - Activities for kids and families
    - Closeness to the oilfield
    - Nothing
    - Rural lifestyle
    - Access to a healthier lifestyle through exercise places
    - Outdoor recreation
    - Hunting and fishing
4. Considering the ACTIVITIES in your community, the best things are: "Other" responses:
    - Hunting, fishing
    - Needs improvement
    - Nothing
    - Rec center and summer events
    - Fishing access
    - Limited access for hiking. All private land.
    - None of these things fit

- Number and frequency of activities
- There is a massive lack of art and cultural activities
- Wildlife, hiking, outdoor rec

Community Concerns:

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

5. Considering the COMMUNITY /ENVIRONMENTAL HEALTH in your community, concerns are: "Other" responses:

- Attracting and retaining doctors
- Cost of living is too high
- Drug and alcohol abuse
- Drugs and alcohol problems lack resources for referrals
- Everything is way too expensive
- Food is too expensive
- Good medical options
- Jacking rent prices up
- Keeping families here
- Lack of mental health services
- Lack of psych care
- Limited hospital resources
- Local politics and healthcare
- Not enough foster homes
- No restaurants
- No shopping or restaurants
- Quality healthcare
- Ridiculous cost of living
- Wages not increasing everywhere as fast as the price of living

6. Considering the AVAILABILITY/DELIVERY OF HEALTH SERVICES in your community, concerns are: "Other" responses:

- Ability of ER to handle oil and gas trauma
- Arrogant doctors that are stupid
- Inpatient mental health services
- Lack of competent healthcare professionals
- Lack of walk-in services
- Lack of urgent care
- Lack of a lot of essential services, like residential treatment facilities
- Needs a dermatologist
- No after-hours urgent care other than ER
- Williston lacks a lot of essential services, including residential treatment facilities and many others. People are driving long distances for things that are normally available in a community of this size.
- Your doctor to assist you at hospital (to have rights to see you)
- All of the above, only allowing the ability to select three when nearly all of these could be checked makes this survey inaccurate
- Hospital not equipped for trauma care--serious/life-threatening injuries/illness require transportation hundreds of miles away from Williston
- Overall concerns about the quality of the care and lack of staffing at the local hospital and clinics
- Qualifications of medical providers in some cases is questionable

8. Considering the YOUTH POPULATION in your community, concerns are: "Other" responses:

- Being told by administrators that "you may as well drop out now"
- Being brought up in broken/abusive, chemical dependent homes
- Bullying
- Cyber bullying
- Distracted driving
- Mental health
- No local four-year college
- Not enough involved parents, too many broken homes
- Too much screen time
- Traffic
- Vaping risks

9. Considering the ADULT POPULATION in your community, concerns are: "Other" responses:

- Bullying
- Crime
- Distracted driving
- Feelings of isolation
- Lack of good healthcare
- Medical specialist
- Mental health
- No local higher education
- Poor weather in daylight hours in winter months

10. Considering the SENIOR POPULATION in your community, concerns are: "Other" responses:

- Cost of housing/living
- Cost of rent and prescriptions for elderly
- Elders being taken advantage of
- Many seniors left the area due to increased/high cost of living and housing costs

11. What single issue do you feel is the biggest challenge facing your community?

- Accepting the growth in the community/change, as a community in general. As a community, we need to accept the fact the growth is here to stay and families are planting roots.
- Addiction
- Addiction counseling
- Adequate government funding for the fluctuating population and issues of roads, schools, etc., due to oil activity in the region, along with the need for additional shopping facilities
- Affordable non assisted living such as The Manor.
- Alcohol and drug abuse and all the things that come with it. No mental health and substance abuse programs here locally--must go 2 or more hours away for psychiatric and substance abuse care.
- Almost every business and organization serving the public is understaffed: healthcare, education, daycare, social services, grocery and department stores, restaurants, etc., Especially for entry-level workers, but also for those with specialized training (teachers, nurses, etc.,). That brings a level of stress to the community as existing workers take on more hours and responsibilities.
- Attracting and keeping young families
- Attracting and maintaining a younger population due to not having access to shopping and restaurants without having to drive several hours or pay additional costs to shop online.
- Availability of primary healthcare when needed
- Bottom of the barrel professionals

- Bringing more business and people to work on different activities not only for the oil companies
- By far the inability to care for our addicted population
- Child care
- Clinic hours in the evening and on weekends to help ease the burden on ER to take care of true emergencies.
- Cost of healthcare
- Crime
- Daycare
- Definitely quality healthcare
- Diversity and opportunities.
- Drug abuse
- Drug and alcohol abuse
- Drugs and housing
- Education and the facilities we offer education in
- Education elementary and high school. Class sizes are too large. Schools are not in good condition! They have not been kept up!
- Encouraging involvement in activities and engaging new members to the community
- Enough personnel to meet community needs (across all service categories)
- Explosive population growth, resources not keeping up
- Getting great quality healthcare
- Having our older persons living alone with little-to-no help, and having no financial means to take care of themselves
- Healthcare-not enough walk-in clinics and long waits for appointments
- Healthcare
- High cost of housing; apartment rent as well as home prices
- High cost of living
- Hiring and retaining quality primary care physicians and as I listen to the news regarding physicians, I am hearing the same going on there as what happened to medical care in Williston after CHI took over. Sidney and Billings, Montana seem to be where people from this area are going now. Three months for an appointment at CHC in Williston is driving people out of town. If you can't hire quality physicians then don't send a warm body because that is ruining the reputation of CHC and CHI.
- Housing cost for first time home buyers
- Housing costs and crime rates
- I feel that the single biggest challenge our community faces is providing adequate care for our aging population. There are very few choices and even fewer choices that are affordable to the general elderly population.
- I feel that we need an Urgent Care/Walk in clinic. We just have the ER and trying to get into the clinic for an appointment is difficult. This would really free up our ER.
- I feel the outreach clinic would be utilized more now than it was before it closed in Grenora.
- I think our community needs more mental health resources for families who are seeking assistance for both youth and adults.
- Illicit drug use among adolescents and adults
- Increasing population and lack of adequate medical resources. We need urgent care facilities to accommodate shift workers in the evening and on weekends and reduce unnecessary visits to the ER.
- Infrastructure cannot keep up with growth
- Interacting with immigrants, primarily Africans
- Keeping doctors.
- Lack of a 4 year college/higher education.
- Lack of addiction treatment/residential services

- Lack of adequate mental health specialists and facilities.
- Lack of good medical care and the surprise billing practices of the local hospital, and lack of decent care for women.
- Lack of medical care
- Lack of mental healthcare
- Lack of mental health help
- Lack of mental health services and option for individuals of all ages in crisis and long-term care/ assistance
- Lack of mental health services to include addictions
- Lack of quality, timely healthcare
- Lack of stability with our healthcare providers, they move often, we don't have enough of them, we need an urgent care that is open weekends and nights, we need to attract better doctors
- Lack of trauma care at hospital; poor care/misdiagnosis at the ER
- Lack of urgent and non-urgent healthcare—not enough providers for population
- Lack of wanting to grow the town for the younger population moving in
- Limited access to mental/behavioral healthcare
- Living expenses
- Maybe we should consider a virtual school for some of the students in high school or people that want to Home school more. That would be a great option to help with school buildings.
- Maybe if there was a business that did grocery shopping and essentials for the elderly that did not get around so well.
- Make more BASIC building block decisions, necessary needs - cut out the extra bologna until we have all the basics. Over spending on stuff not needed is what has got everyone upset.
- Managing the growth…keeping retail and services growing at an equal pace as the population
- Managing the over-stressed impact of the oil boom
- Mental health and drug dependence services
- Mental health services are needed in our area. Our mental help services are lacking as we need additional providers
- More access to urgent care
- Need to practice balanced living
- No behavioral/mental health facilities
- Non-English speaking population makes it difficult to understand each other, as well as difficult to express culture rules and ideas
- Not enough healthcare providers
- Not enough quality space for children education
- Not enough retail shopping
- Not having enough space in our schools
- Obesity
- Our community needs to learn/interact with different cultures that have become part of our home. Williston supports people as a community- but we need to blend and make everyone welcome to join.
- Our hospital in its current state stinks. No primary doctors are allowed privileges in this hospital. You lose valuable patient history when we have to deal with internists, that do not know you, and you have a long wait time to be seen in ER, or they wait too long to send you to a hospital out of town. We need a (walk in) Clinic that is open on the weekends/evenings to leave the ER open for emergency's.
- Over-crowding in the schools
- Overall population growth and what that is doing to the cost/availability of child care and the quality of education
- Poor education system
- Primary care access/need better hours in the clinic
- Public health and safety

- Public transportation and connectivity between sidewalks/bike paths
- Quality nursing home care. Too many issues ignored or swept under rug
- Quality of elderly
- Rapid growth and lack of services
- Rapid growth and not being able to keep up even with things slowing down in the oil field
- Recruitment and retention of employees, especially in healthcare and education
- Retaining locals in the community
- Ridiculous cost of living
- School system
- Seeing a doctor quickly for issues
- Shallow relationships, lead to loneliness. Lack of willingness to progress.
- Stress
- Substance/drug abuse and all that goes with it (crime, medical etc.)
- That the local hospital, CHI ST. Alexius Williston is ONLY a level IV Trauma center. Everyone makes excuses for why this is. Those excuse makers also point to agreements for transportation of the sick and injured to hospitals that can handle very grievous injuries as a way of deflecting calls for this very real and large problem to be fixed. Those excuses and agreements are feeble and point to a dysfunctional thought process. This is a crisis waiting to happen. Should a substantial mass casualty event happen there could be a significant loss of life because the hospital and transport companies would be overwhelmed and hard pressed to move the patients fast enough to a hospital that could treat those that had suffered an oil and gas injury (i.e.: burns, closed head injuries, loss of limbs). It's, in my opinion, THE most public health concern facing Williston. I am disheartened regularly that no one (city council, hospital board) has spearheaded a campaign to fix this potential public health crisis.
- The community is very transient, and I see many broken families. This has a huge impact on the children's well-being, and some of these children have impacted my children in negative ways. In the past year, we have encountered two different 6-year old boys that are sexually active and these boys have done things to my younger son. Both incidents were separate, and I cannot figure out how 6-year olds know this stuff, or have access to this information. We keep a good eye on our kids, but these boys made us realize that they are determined to get younger children alone to do weird things. One of the boys also did something to my neighbor's daughter. Social services and their trained child interviewers were not able to help. We did not call social services the second time. Instead, we went to the parents. I also volunteer every Sunday at my church, and I can tell you that I see so many broken families. These families need help to learn how to raise their children in a healthy environment. I also think families need help to learn how to keep their children safe from sexual abuse and to keep them safe from the internet.
- The cost of living here - not necessarily even monetarily. The costs can't always be measured when you're thinking on an individual level.
- The healthcare facilities are extremely poor and the nearest other choices are more than an hour away
- The infrastructure of the city and county is suffering from the increase in our population.
- The lack of mental health services including an inpatient option for children and adults. This is very lacking and always changing.
- The public is not informed enough of the issues that are going on in our community.
- There's nothing affordable to do here for families - Reasonably priced restaurants, winter skiing, indoor activity parks (i.e., decent movie theater, trampoline park, indoor water parks, etc.)
- This is a growing community and don't enough activities for our kids during the winter months. Also we don't have affordable resources to keep our seniors independent or in their homes. Most seniors I know cannot afford $27 an hour for a caregiver to assist with laundry and bathing, also the assisted living facilities charge $1800 a month and that is just an apartment with 2 meals a day 5 days a week with no assistance for housekeeping or bathing tasks.
- Transients with drug abuse
- Vitamin D acknowledgement. Can we add the option to screen it during the 3 monthly blood screenings at CHI? Vitamin D affects the body in many ways and most people are deficient.
- We are growing so quickly that infrastructure cannot keep up, mostly with the school system
- We need an after-hours clinic. Have to be able to have doctors available for that care. I do appreciate

what our doctors and nurses are doing, but they are stretched too thin.
- We need more adult, family, and child activities throughout the year.
- We need recycling and composting
- Williston's boom bust economy, with extra high labor during boom, and lack of access to capital during lows, has seemingly kept key investments on indefinite hold. We don't have the retail you'd expect for a community of this size. We don't have the retail you'd expect for a community half this size. We don't have a residential treatment facility. There's little to no access for psychiatric care. People are driving to Minot for shoes, for healthcare, for all kinds of essentials. It's crazy that you cannot even buy a pair of decent shoes here.

Delivery of Healthcare

14. What specific healthcare services, if any, do you think should be added locally?

- 24-hour urgent care for non-emergency issues
- A family planning clinic
- Ability to check homes for contaminants that may be making families sick
- Affordable after-hours walk-in clinic
- Alcohol and drug prevention and care; glasses/contacts and hearing aids for children and adults
- Availability of primary care physicians
- Availability of occupational speech therapy and speech therapists for all ages
- Birth control for low-income women
- Dermatology
- Early development
- Expand lactation education resources
- Free financial counseling for families in need
- Funding needed for public health—very underfunded
- Immunizations clinics for general public
- Inpatient mental health
- Locally accessible mental healthcare
- Med set up/home visits for elderly
- Mental healthcare
- Mental healthcare physicians
- Mental/behavioral health
- More education on medical marijuana
- More EMS workers
- More family practice physicians
- More services
- More specialists would be wonderful
- More wellness programs
- NICU baby follow ups
- Pediatric dentist
- Pediatric neurology clinic
- Psych
- Quality, responsible and reliable respite care in elderly homes. Visiting Angels fails to meet the mark
- Rehab and counseling for drug and alcohol
- Residential treatment facility, OB-GYN and other services commensurate with the size of Williston's community

- School nurses
- Sex clinics, like Planned Parenthood
- Vitamin D blood screening
- We need a functioning hospital—CHI Williston is a joke

16. What PREVENTS community residents from receiving healthcare? "Other" responses:

- Approved providers according to insurance company
- Arrogant doctors that are stupid
- At times cannot get through to clinic to make an appointment
- Can't get time off
- Competency of healthcare physicians
- Idiot providers
- Lack of mental health
- Limited doctors at hospital
- Most residents have switched to Sheridan Memorial Clinic for ease
- Rude staff

17. Where do you turn for trusted health information? "Other" responses:

- Blogs
- Daughter is a NP
- Educated professionals outside of Williston
- I also read Science Daily for a rundown on the latest health research

18. Overall, please share concerns and suggestions to improve the delivery of local healthcare.

- Articles in local newspapers, information from healthcare providers, healthcare fairs
- Attract provider and family to area; be prepared to offer what provider needs to practice their specialty
- Availability of appointments within a quicker timeframe
- Being able to recruit & retain quality healthcare professionals
- Certain providers are unfit to be doctors, making up work to justify their jobs
- Employer-provided healthcare doesn't always provide the best financial coverage and they aren't receptive to phone calls
- Evening and weekend clinic hours along with more preventative programs
- Expand public transportation system
- Get providers that know what they're doing
- Getting everybody coverage to mitigate out emergent services being utilized for maintenance problems
- Having more available urgent care, both facilities and hours
- Having more specialists based out of Williston, keeping food doctors and making the community attractive for people to work here
- Hire well-trained physicians that are from this area so it won't be a culture shock to them
- I think the staffing/patient ration at CHI in Williston—especially OB—is a concern
- I wish they would lower the rent on unit for rent and housing
- I wish to see local doctors in the ER and not some doctors that fly in just for their two-week shift
- Improve medical community regarding specialist care so people don't have to drive to Minot or Bismarck for cardio vascular care
- In order to get any special services, such as seeing a child psychiatrist, we need to travel to at least Minot, which isn't easy
- In the school system, we see children K-12 who are in need of mental health and trauma services beyond what the schools are capable of providing
- Increase number of providers, nurses and support staff

- Keeping the hospital staffed with every department so that you receive good care
- Less specialty doctors and more family doctors
- Less turnover and easier accessibility
- Listen to patients, retain quality staff, encourage continued education for doctors, nurses and staff
- Local healthcare is limited and a monopoly due to it being a critical access hospital
- Local hospital offers too many specialties that people are not interested in
- Make insurance available year-round
- My primary concern is the length of time it takes to see a health provider, even if you are an existing patient
- Need more healthcare options for working people in evenings and on weekends to depend less on ER visits
- Need more nursing staff so we do not have to transfer patients to other communities for their care
- Need more persons of quality to work in healthcare field from reception to healthcare providers
- Need more qualified staff at hospital for frontline jobs such as people that answer phones
- Need rehab and providers to care for alcohol and drug addicts
- Not enough MDs
- Our hospital needs more resources. My dad was in the ER last weekend; it was unbelievable to witness what our medical professionals have to deal with
- Please add Vitamin D to the blood screening as an option to pay extra if needed
- Please retain the providers that are here; after that, we can look to add providers to our community
- Some kind of consultation at a local clinic to help get you to the proper service provider instead of a trainee or specialist for a common ailment
- Stop trying to get so many specialty providers and work harder to get family providers
- The best thing that could happen is to get rid of CHI. The appointment desk needs a big overhaul!
- The doctors and nurses at the hospital are stupid. You should get rid of all of them and get new one
- The doctors at CHI are incompetent. The best thing that hospital could do is get rid of all of the specialty doctors and replace them with family doctors that know what they're doing.
- The hospital here is not somewhere I would go unless my death was imminent. I would rather drive 2 hours and get care.
- The hospital needs to put more effort into getting quality doctors and less effort into trying to get so many specialists.
- The local doctors don't know what they're doing. It seems like the hospital and clinics get the rejects that can't get jobs anywhere else!
- There are not enough mental health professionals (psychologist & psychiatrist) - especially for those who have addiction problems
- There is very little assistance for those who do not have insurance or who are homeless or have substance abuse issues, along with little assistance for those who are suffering from mental illness. I think if our local healthcare could focus in on addressing these issues, we could better serve our community and its needs.
- There needs to be more emphasis on retaining providers and staff
- We may have to increase the pay scale for all those employed in our city's healthcare to compensate for our city's remote area. We will then be able to entice these people to come to Williston. It is so important to have doctors and other medical personnel here to improve our growing city!
- We need additional providers and services in Williston. The care needs to coordinate better. For example, I ended up spending thousands of dollars getting a diagnosis for GERD, which was something I already knew about. Meanwhile the new symptoms went unaddressed for nearly eight months. Turned out, it was asthma. Which can be a complication of GERD. But I didn't need to spend all that money being told I had GERD when I knew it already. I needed someone to focus on the NEW symptoms. Then when I was sent for a colonoscopy, no one mentioned that I should at the same time have the stomach biopsied to ensure I didn't have the wrong gut bacteria until after the colonoscopy. The mistake was seemingly put back on me the patient to know about. I'm not a doctor, how would I know those two things can be done together at less expense? Just needs to be more communication between doctors I guess.

- We need more healthcare professionals here just to cover primary care as well has hospital and emergency care. We can't have after-hours clinics adding more stress to the primary care providers who are already working long hours unless we get more providers to spread the load.
- We need to be able to deliver healthcare in our community to all patients, without having to send them to a city that is 3-6 hours away. Recruiting more pediatric specialties, even if part time as visiting physicians would be beneficial to patients in the area.
- Women cannot get decent and affordable care, especially during pregnancy. There is a lack of affordable housing, lack of jobs that pay enough to live on, lack of daycare, lack of preschool, poor air/water quality, and it isn't safe here.