

# Community Health Needs Assessment

CHI St. Alexius Health – Bismarck, ND  
2022



## Welcome

It is with great pleasure I share our 2022 Community Health Needs Assessment (CHNA) report with you. As a not-for-profit hospital, we conduct a CHNA once every three years to meet federal and state requirements.

A CHNA assists CHI St. Alexius Health's board of directors in understanding our communities' health needs and aids in developing strategies to meet them.

CHI St. Alexius Health is committed to creating healthier communities by strengthening the quality of life, health and well-being of the residents we serve. Also, we are dedicated to advancing population health through our participation in PrimeCare Select, a clinically integrated network.

Our Catholic Health Initiatives' vision is to live up to our name as "One CHI":

**Catholic:** *Living our Mission and Core Values*

**Health:** *Improving the health of the people and communities we serve.*

**Initiatives:** *Pioneering models and systems of care to enhance care delivery.*

Our community faces complex and challenging health issues. CHI St. Alexius Health recognizes the fact we must work collaboratively with local partners to address the needs within our local communities. Together we can imagine and provide better health.



Debra Molesky  
Market President/CEO

## Table of Contents

President’s Letter .....	2
Executive Summary.....	4
About St. Alexius Health Bismarck.....	10
Community Definition .....	11
Community Description.....	12
Socioeconomic Factors.....	14
Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA) .....	14
Community Need Index.....	15
Unique Community Characteristics .....	16
Assessment Process and Methods.....	17
Community and Stakeholder Survey.....	17
Secondary Data.....	18
Community Asset Mapping.....	19
Community Stakeholder Meeting .....	19
Assessment Data and Findings .....	21
Prioritized Description of Significant Community Health Needs .....	26
Resources Potentially Available to Address Needs .....	27
Impact of Actions Taken Since the Preceding CHNA .....	28
Next Steps – Strategic Implementation Plan.....	31
Dissemination Plan .....	32
Appendix.....	33
A. 2021 Community Health Survey Instrument.....	
B. County Health Rankings Summary Data- Burleigh and Morton County, ND .....	
C. Bismarck CHNA 2021 presentation .....	
D. Resources Potentially Available to Address Needs.....	

## Executive Summary

### Purpose

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

### Mission/Vision/Values

CHI St. Alexius Health's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with our mission.

**Mission:** *As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.*

**Vision:** *A healthier future for all - inspired by faith, driven by innovation, and powered by our humanity.*

**Values:** *Compassion*

- Care with listening, empathy, and love.
- Accompany and comfort those in need of healing.

*Inclusion*

- Celebrate each person's gifts and voice.
- Respect the dignity of all.

*Integrity*

- Inspire trust through honesty.
- Demonstrate Courage in the face of inequity.

*Excellence*

- Serve with fullest passion, creativity, and stewardship.
- Exceed expectations of others and ourselves.

*Collaboration*

- Commit to the power of working together.
- Build and nurture meaningful relationships.

### Community Health Collaborative Core Group Members

- Erica Solseth, Interim Director, Foundation Office, CHI St. Alexius Health
- Sister Nancy Miller, OSB, Director of Mission Integration, CHI St. Alexius Health

- Renae Moch, MBA FACMPE, Public Health Director, Bismarck-Burleigh Public Health
- Erin Ourada, MPH, REHS/RS, Administrator, Custer Health
- Marnie Walth, Senior Legislative Affairs Specialist, Sanford Health

It is with gratitude that CHI St. Alexius Health recognizes the community stakeholders who participated in planning efforts, facilitated discussions and assisted with prioritizing needs identified through the assessment process. Gratitude is extended to the Burleigh and Morton County residents who assisted in survey completion and all others who supported these efforts in any way throughout the assessment process. Together we can create a healthier community.

### **Community Definition**

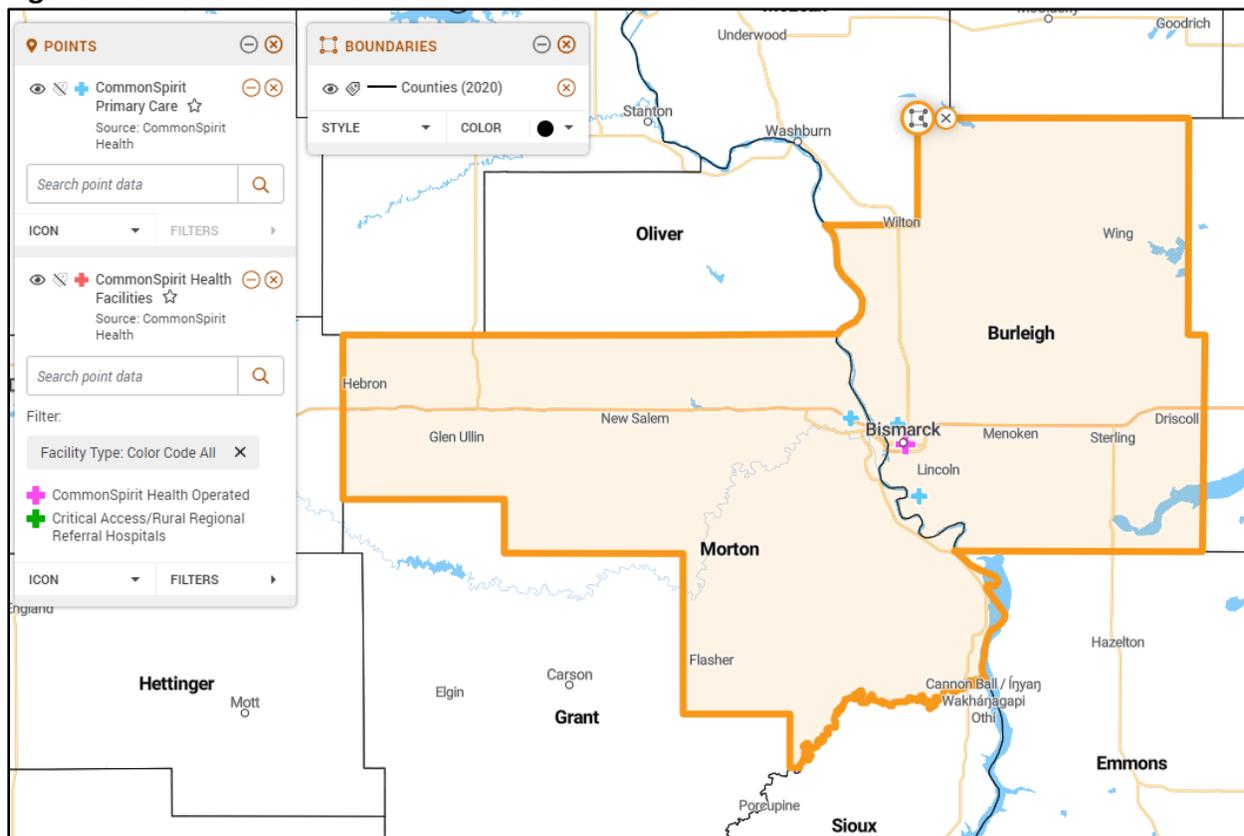
The residents of the cities of Bismarck and Mandan and their surrounding areas are the primary sources of patients served by CHI St. Alexius Health. Bismarck is the capital of North Dakota and the county seat of Burleigh County. The U.S. Census population estimate for Bismarck in 2020 was 73,622 people and 98,458 for Burleigh County. Bismarck is the second most populous city in the state of North Dakota. The city of Mandan is directly across the Missouri River from Bismarck. The U.S. Census population estimate for Mandan in 2020 was 24,206 people. Morton County has a population estimate of 33,291 people. Bismarck and Mandan make up the core of the Bismarck-Mandan Metropolitan Statistical Area.

As a hub of retail and health care, Bismarck is the economic center of south central North Dakota and north central South Dakota. Bismarck has received national recognition and stands out as an emerging community by being listed on the following: Forbes Best Small Places for Business and Careers, Milken Institute’s Best Small Cities, and CNN Money’s list of top 100 places to live in the nation. Bismarck-Burleigh County serves as home to higher education facilities such as the University of Mary, Bismarck State College and United Tribes Technical College, in addition to several of the state’s top businesses.

The majority of CHI Health St. Alexius Bismarck’s patients reside in Burleigh (where the hospital is located) and Morton Counties and therefore comprise the CHNA service area, which also includes the accordant zip codes:

- Burleigh County - 58477, 58494, 58501, 58502, 58503, 58504, 58505, 58506, 58507, 58521, 58532, 58558, 58560, 58572
- Morton County - 58520, 58535, 58554, 58563, 58566, 58631, 58638

**Figure 1. CHI St. Alexis Bismarck CHNA Service Area**



### **Assessment Process and Methods**

CHI St. Alexis Health collaborated with Bismarck-Burleigh Public Health, Custer Health and Sanford Health to complete a Community Health Needs Assessment in 2021 for the Burleigh-Morton County area. With assistance from North Dakota State University (NDSU) Center for Social Research, a community survey was distributed throughout Burleigh and Morton counties. The survey structure aligned with the social determinants of health and contained a combination of scored responses and open-ended questions. Survey responses were collected between December 2020 and February 2021. A total of 933 of respondents completed the survey.

Members of the community were asked a series of questions through an online survey designed in partnership with health experts and public health officials to understand the needs of the community. Respondents were asked a series of questions specific to their health care access, health care quality, barriers to care, travel to care, and insurance. The survey was sent to a sample of Burleigh and Morton County populations secured through Qualtrics, a qualified vendor. The full set of questions is available in the appendix.

To further promote community involvement the survey was also sent to community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations.

CHI St. Alexius Health sourced secondary data on a range of community health indicators, including, but not limited to: population demographics, socioeconomic factors, health status (including chronic disease and poor mental health prevalence) and health outcomes (mortality). Community health data was analyzed to discern variation from benchmarks (including comparison to peer counties, North Dakota and the U.S.) and identify notable multi-year trends in the data.

### **Process and Criteria to Identify and Prioritize Significant Health Needs**

The Center for Social Research at NDSU was retained to develop the initial community health needs list for each community and builds upon their involvement during the previous cycle. The following methodology was used to develop the significant health needs presented later in the report:

- Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities.
- To identify community health care needs, each community's score by question was compared to the average stratified composite of the comparative group. For example, if the composite stratified system-wide average score is 4 and an individual community's average response was 2.5, that would suggest an issue of concern and a potential community health care need to be highlighted in the summary findings.
- Upon determination of a potential strength or need, County Health Rankings (<https://www.countyhealthrankings.org/>) and responses from open-ended questions provided additional insights into the drivers of the respective needs.
- A similar methodology was also used to provide additional insights into findings from County Health Rankings data with relevant health needs highlighted in the survey findings.
- Health needs identified through either the survey or County Health Rankings data, but not both were also included in the findings.

Seven health needs were identified by survey responses and County Health Rankings: Healthy Living, Access to Affordable Health Care, Access to Health Care Providers, Mental Health, Long-term Care, Public Transportation, and Affordable Housing.

Community stakeholders were invited to attend a presentation of the findings of the CHNA. On Wednesday, May 26, 2021 Community Health Stakeholders met virtually to view survey findings. Facilitated discussion took place in small groups. Topics discussed were the survey results and feedback on prioritization of needs.

## **Significant Health Needs**

The significant health needs prioritized by community health stakeholders, with 1 being most important and 7 being the least important:

### **1. Mental Health**

The ratio of mental health providers to population is 1:350 (Burleigh) and 2,860:1 (Morton). Bismarck adults average about 3.7 mentally unhealthy days each month. The suicide rate is 16 per 100,000 population (Burleigh) and 19 per 100,000 population (Morton).

### **2. Healthy Living (Chronic Health Issues/Access to Healthy Food)**

The adult obesity rate is 32% (Burleigh) and 36% (Morton). The percentage of the population receiving Supplemental Nutrition Assistance Program (SNAP) benefits is 4.5% (Burleigh) and 5.8% (Morton).

### **3. Access to Affordable Health Care**

Regarding routine checkups, 15% of 2021 community health survey respondents in the Bismarck area had not been to a physician or provider for a routine checkup in the past year (which is similar to comparison markets). When asked why, the second leading concern was cost and the inability to afford care (25%), behind COVID-19 concerns (34%).

### **4. Affordable Housing**

Eleven percent of Bismarck households have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing facilities). Nine percent of Bismarck households are severely housing cost burdened; spending at least 50% of their household income on housing costs (rent or mortgage).

### **5. Access to Health Care Providers**

One in three 2021 community health survey respondents in the CHNA service area reported traveling outside of their community to receive health care services in the past three years. The ratio of primary care physicians to population is 1:930 (Burleigh) and 1:2,240 (Morton).

### **6. Public Transportation**

Five percent (5.17%) of Burleigh County households and 2.98% of Morton County households lack a motor vehicle. Community health survey respondents in the Bismarck area rated community access to daily transportation as less than good (average score=2.95), citing limited bus routes (when available), inconvenient hours of operation, long wait times, and general confusion on how to use public transit.

### **7. Long-term Care**

One in five 2021 community health survey respondents from Bismarck rated the quality of long-term care, nursing homes, and senior housing as poor or fair (21%), citing staffing shortages, a lack of trained staff, and a lack of caring and compassionate staff in long-term facilities, resulting in a lower level of patient care.

**Resources Potentially Available**

The CHNA process identified community resources potentially available to help address significant health needs. These resources are mentioned in places throughout the body of the report and listed in Appendix D.

**Adoption, Availability and Comments**

This community health needs assessment report was adopted by the CHI St. Alexius Health Board of Directors in June 2022. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request through the Mission Integration office. Written comments on this report can be submitted to the Mission Integration office, 900 East Broadway Avenue, Bismarck, ND 58506 or by email to Sister Nancy Miller at: [nancy.miller900@commonspirit.org](mailto:nancy.miller900@commonspirit.org).

## **About St. Alexius Health Bismarck**

CHI St. Alexius Health is a member of Catholic Health Initiatives, which is a part of CommonSpirit Health.

CHI St. Alexius Health, founded in 1885 to care for the health needs of the people of the region, supports the Catholic health ministry's commitment to improve the health of our communities and provide quality and compassionate health care. CHI St. Alexius Health Bismarck is an acute care medical center offering a full line of inpatient and outpatient services, including primary and specialty physician clinics, home health and hospice services, durable medical equipment services, and a fitness and human performance center. Besides the main campus located in Bismarck, North Dakota, CHI St. Alexius Health owns and operates hospitals and clinics in Garrison and Turtle Lake, North Dakota. CHI St. Alexius Health also manages the hospital and clinics owned by Mobridge Regional Hospital in Mobridge, South Dakota. CHI St. Alexius Health also owns and operates family care clinics in Bismarck, Mandan, Minot and Washburn. Since its founding, CHI St. Alexius Health Bismarck has been dedicated to serving the residents of central and western North Dakota, northern South Dakota and eastern Montana.

CHI St. Alexius Health is a Roman Catholic organization whose sponsors are the Benedictine Sisters of Annunciation Monastery, Bismarck, North Dakota. As a Catholic Institution within the Diocese of Bismarck, we abide by the Ethical and Religious Directives of Catholic Health Care Services as promulgated by the United States Conference of Catholic Bishops.

CHI St. Alexius Health is committed to building on its strengths in providing faith-based care to better serve communities in the region through enhanced services and improved coordination of care. Our partnerships ensure a viable, innovative, high quality care for everyone who enters under our arch.

Believing that everyone should have access to high quality, affordable health care, we work toward creating the highest value health care delivery models. We are dedicated to serving all patients who need our care. Approximately half of our medical services are for Medicare patients and patients in other government programs.

## **Purpose and Goals of CHNA**

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

CHI Health and our local hospitals make significant investments each year in our local communities to ensure we meet our Mission of creating healthier communities. A Community Health Needs Assessment (CHNA) is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.

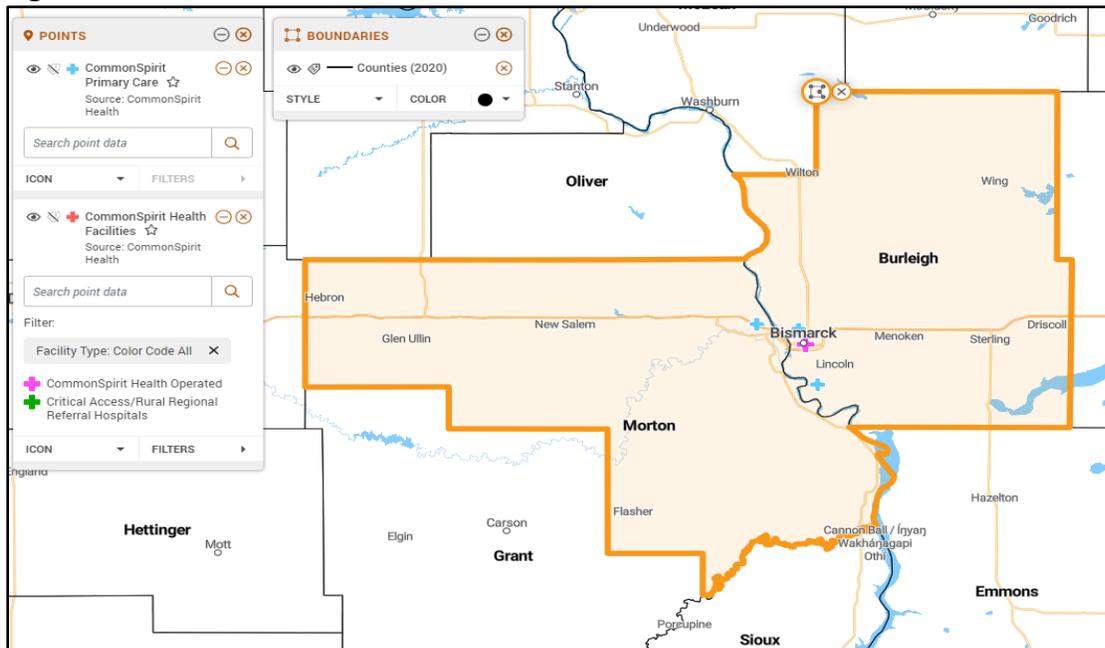
**The goals of this CHNA are to:**

1. Identify areas of high need that impact the health and quality of life of residents in the communities served by CHI Health.
2. Ensure that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
3. Set priorities and goals to improve these high need areas using evidence as a guide for decision making.
4. Ensure compliance with section 501(r) of the Internal Revenue Code for not-for-profit hospitals under the requirements of the Affordable Care Act.

**Community Definition**

This CHNA report covers the counties of Burleigh and Morton, North Dakota, an area that was determined by the collaborative core group as representing the communities they serve. Zip codes within CHI St. Alexius Health Bismarck’s service area include: Burleigh County: 58477, 58494, 58501, 58502, 58503, 58504, 58505, 58506, 58507, 58521, 58532, 58558, 58560, 58572; Morton County: 58520, 58535, 58554, 58563, 58566, 58631 and 58638.

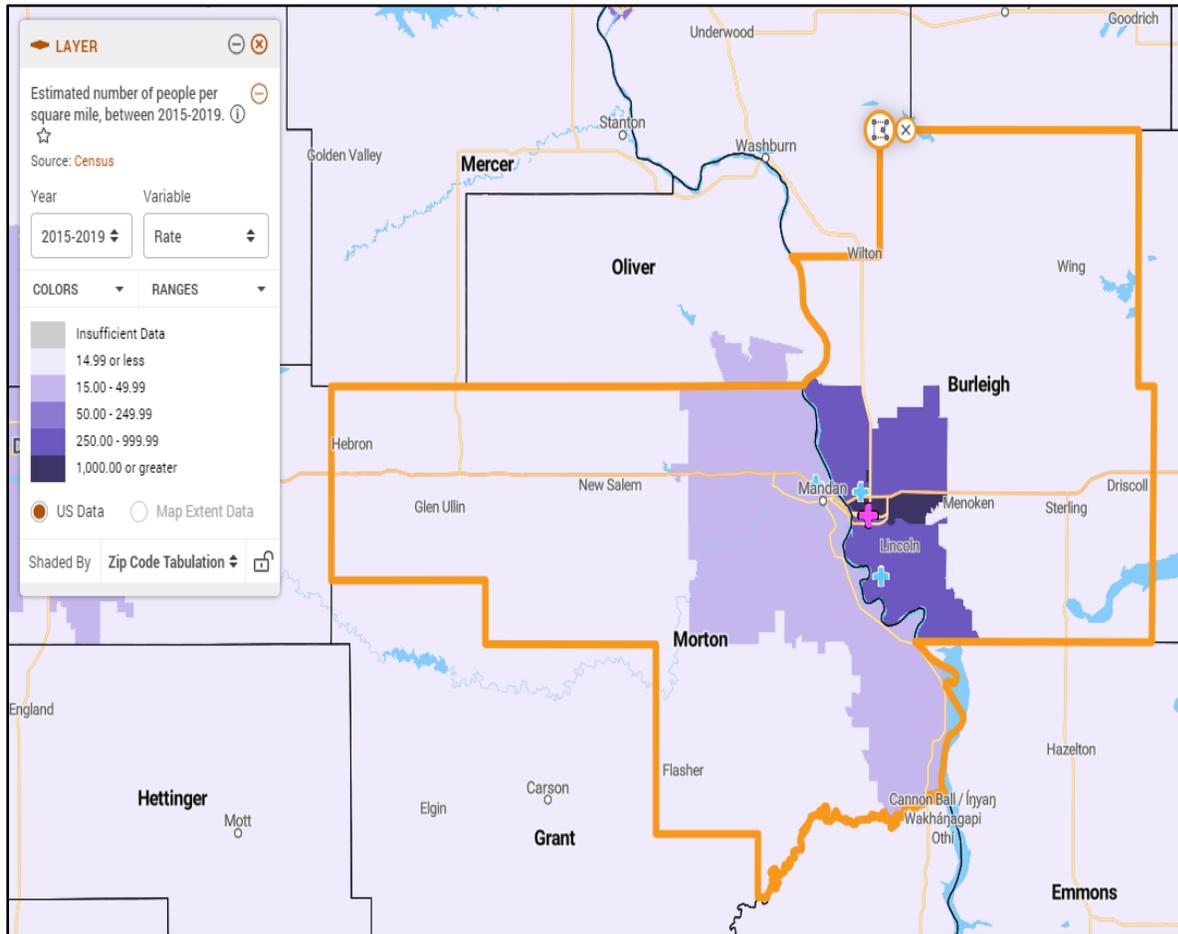
**Figure 1. CHI St. Alexius Bismarck CHNA Service Area<sup>1</sup>**



<sup>1</sup> Policy Map. Accessed 6.15.22. <https://commonspirit.policymap.com>

The residents of the cities of Bismarck and Mandan and their surrounding areas are the primary sources of patients served by CHI St. Alexius Health. Bismarck is the capital of North Dakota and the county seat of Burleigh County. The U.S. Census population estimate for Bismarck in 2020 was 73,622 people and 98,458 for Burleigh County. Bismarck is the second most populous city in the state of North Dakota. The city of Mandan is directly across the Missouri River from Bismarck. The U.S. Census population estimate for Mandan in 2020 was 24,206 people. Morton County has a population estimate of 33,291 people. Bismarck and Mandan make up the core of the Bismarck-Mandan Metropolitan Statistical Area.

**Figure 2. Population Density in Persons per Square Mile, Burleigh and Morton Counties<sup>2</sup>**



**Community Description**

Population Table 1 below describes the population of the city of Bismarck and the two counties within the defined CHNA service area, compared to the state of North Dakota and the U.S. Burleigh and Morton Counties are more racially homogenous (non- Hispanic White) than the city of Bismarck, North Dakota and the U.S. Morton County is significantly more rural than Burleigh County (31.9%, 18.6% respectively), but less so than North Dakota overall (40.1%). The

<sup>2</sup> U.S. Census Bureau. 2015- 2019 Population Estimates. Accessed on 6.15.22 through PolicyMap.

percentage of the population over the age of 65 years is similar across counties, the state of North Dakota and U.S.<sup>3,4</sup>

**Table 1. Community Demographics- Bismarck, Burleigh & Morton Counties, North Dakota, U.S.**

	Bismarck, ND	Burleigh Cty	Morton Cty	North Dakota	United States
Total Population <sup>3</sup>	74,138	98,933	190,604	774,948	331,893,745
Population per square mile (density) <sup>3</sup>	1,986.5	49.8	14.3	9.7	87.4
Total Land Area (sq. miles) <sup>3</sup>	30.84	1,632.65	1,926.27	69,000.8	3,531,905.43
Rural vs. Urban <sup>4</sup>		18.6% (Rural)	31.9% (Rural)	40.1% (Rural)	19.1% (Rural)
Age <sup>3</sup>					
% below 18 years of age	22.2%	23.3%	23.1%	23.6%	22.3%
% 65 and older	17.3%	16.6%	17.0%	15.7%	16.5%
Gender <sup>3</sup>					
% Female	50.8%	49.9%	49.5%	48.8%	50.8%
Race <sup>3</sup>					
% White alone	87.9%	90.4%	92.2%	86.9%	76.3%
% Black or African American alone	2.8%	2.4%	1.3%	3.4%	13.4%
% American Indian and Alaskan Native alone	4.4%	4.3%	3.8%	5.6%	1.3%
% Asian alone	.8%	.9%	.5%	1.7%	5.9%
% Native Hawaiian/Other Pacific Islander alone	.1%	.1%	.1%	.1%	.2%
% Two or More Races	3.3%	1.9%	2.2%	1.8%	2.8%
% Hispanic or Latino	2.4%	2.8%	4.1%	4.1%	18.5%
% White alone, not Hispanic or Latino	86.8%	88.2%	88.8%	83.7%	60.1%

<sup>3</sup> U.S. Census Bureau Quick Facts (population estimates V2021). Accessed 6.6.22.

<sup>4</sup> US Census Bureau, Decennial Census. 2010. Source geography: Tract. Accessed 6.6.22.

## Socioeconomic Factors

Table 2 below shows key socioeconomic factors known to influence health including household income, poverty, unemployment rates and educational attainment for the community served by the hospital. As seen below, Burleigh County has a higher graduation rate (90.7%) and Morton County has a lower rate (84.6%) than the state and national average. Both counties have fewer uninsured adults under 65 years of age (5.6% in Burleigh, 6.3% in Morton County) than North Dakota (8.1%) and the U.S. (10.2%).

**Table 2: Socioeconomic Factors- Bismarck, Burleigh & Morton Counties, North Dakota, U.S.**

	Bismarck, ND	Burleigh Cty	Morton Cty	North Dakota	United States
<b>Income Rates</b>					
Median Household Income <sup>3</sup>	\$67,629	\$72,974	\$72,778	\$65,315	\$64,994
<b>Poverty Rates</b>					
Persons in Poverty <sup>3</sup>	8.4%	8.6%	8.3%	10.2%	11.4%
Children in Poverty <sup>5</sup>		6.76%	6.66%	11.12%	17.48%
<b>Employment Rate</b>					
Unemployment Rate <sup>6</sup>		2.8%	3.7%	3.3%	3.8%
<b>Education/Graduation Rates</b>					
High School Graduation Rate <sup>7</sup>		90.7%	84.6%	86.3%	87.7%
% of Population Age 25+ with Bachelor's Degree or Higher <sup>5</sup>	36.9%	36.5%	27.3%	30.7%	32.9%
<b>Insurance Coverage</b>					
% of Persons without Health Insurance (under 65) <sup>5</sup>	6.5%	5.6%	6.3%	8.1%	10.2%
% of Uninsured Children (under the age of 18) <sup>5</sup>		5.0%	3.2%	7.3%	5.2%

## Health Professional Shortage Areas (HPSA) and Medically Underserved Areas (MUA)

The two county service area has 7 designated Health Professional Shortage Areas (HPSA) including primary care, dental health, mental health disciplines. The 7 designated HPSA have scores that range from six to 16 where the score range is zero to 26 (higher scores indicate an

<sup>5</sup> U.S. Census Bureau. American Community Survey. 2016-20. Source geography: Tract.

<sup>6</sup> U.S. Department of Labor. Bureau of Labor Statistics. 2022 - March. Source geography: County.

<sup>7</sup> U.S. Department of Education. EDData. Additional data analysis by Center for Applied Research and Engagement Systems- University of Missouri Extension. 2018-19. Source geography: School District.

increasingly greater health professional shortage). County specific designations can be seen in Table 3.

**Table 3. Health Professional Shortage Areas- Burleigh and Morton Counties, ND**

County (ND)	# of HPSA Designated Sites	Score Range*	Median Score
Burleigh	6	6- 16	11.5
Morton	1	14	14

\*Score range is zero to 26 where the higher the score, the greater the priority.

**Medically Underserved Area (MUA)**

The two county service area has three designated Medically Underserved Areas (MUA) for primary care. The MUA’s in the Burleigh and Morton Counties have scores that range from 47.8- 62, in which the lowest score (highest need) is zero; the highest score (lowest need) is 100. See Table 4 below for detail.

**Table 4. Medically Underserved Areas- Burleigh and Morton Counties, ND**

County (ND)	# of MUAs	Medical Underservice Scores*
Burleigh	1	62
Morton	2	59.9, 47.8

\*The lowest score (highest need) is zero; the highest score (lowest need) is 100.

**Community Need Index**

One tool used to assess health need is the Community Need Index (CNI). The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to healthcare access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores. The CNI Score for Burleigh and Morton Counties range from 1.4- 2.8 (lowest tiers of community need). Zip code 58554 in the city of Mandan (Morton County) has a CNI score of 2.8, with a corresponding population of 27,117. See the CNI Map for Burleigh and Morton Counties in Figure 3.



or better than any other in the country. The community of Bismarck is home to an innovative medical community, a vibrant energy industry, and a host of technical service companies.

### **Assessment Process and Methods**

CHI St. Alexius Health Bismarck, in coordination with Bismarck-Burleigh Public Health, Custer Health and Sanford Health developed a multi-faceted assessment program designed to identify the health concerns of residents in Burleigh and Morton Counties, including the city of Bismarck.

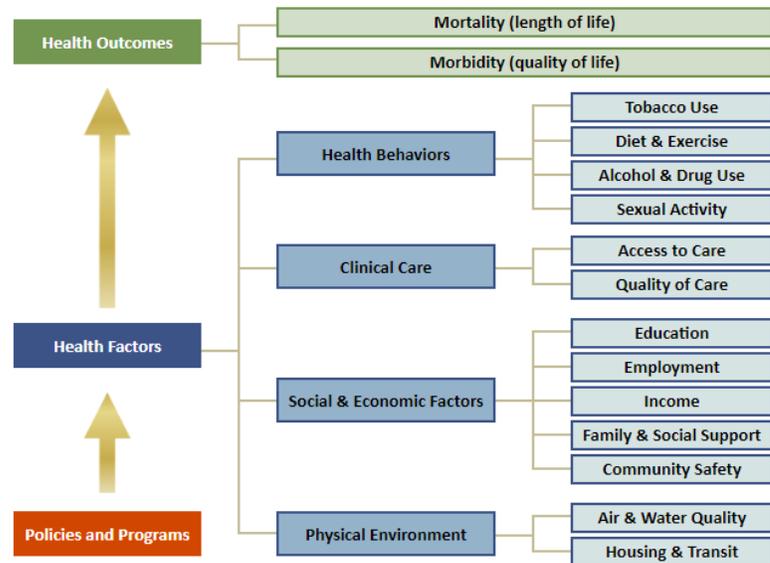
### **Community and Stakeholder Survey**

Members of the community were asked a series of questions through an online survey designed in partnership with health experts and public health officials to understand the needs of the community based upon the UW Population Health model. Each respondent was asked to rate community drivers from poor to excellent. Any response other than excellent was offered a follow up opportunity to comment on the reason. Respondents were also asked a series of questions specific to their health care access, health care quality, barriers to care, travel to care, and insurance. The survey was sent to a sample of Burleigh and Morton County residents secured through Qualtrics, a qualified vendor. The full set of questions is available in Appendix A.

To further promote community involvement, the survey was also sent to community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were asked to complete the instrument as a resident of the community and forward the survey to their respective populations for greater involvement. Survey data for the local community should be considered directional and best utilized with additional data. A total of 933 respondents from the CHNA area completed the survey.

## Secondary Data

The County Health Rankings report for North Dakota and the two counties serves as the main secondary data source for the community health needs assessment. Secondary data on a range of community health indicators, including, but not limited to: population demographics, socioeconomic factors, health status (including chronic disease and poor mental health prevalence) and health



County Health Rankings model © 2014 UWPHI

outcomes (mortality); was analyzed to discern variation from benchmarks (including comparison to peer counties, the State and U.S.) and identify notable trends in the data

See Appendix B. County Health Rankings Summary Data- Burleigh, Morton Counties, North Dakota and Appendix C. Bismarck CHNA 2021 presentation for health indicators that were reviewed and analyzed in the CHNA process.

## Health Needs Identification Methodology

The Center for Social Research at NDSU was retained to develop the initial community health needs list for each community and builds upon their involvement during the previous cycle. The following methodology was used to develop the significant health needs presented later in the report:

- Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities.
- To identify community health care needs, each community's score by question was compared to the average stratified composite of the comparative group. For example, if the composite stratified system-wide average score is 4 and an individual community's average response was 2.5, that would suggest an issue of concern and a potential community health care need to be highlighted in the summary findings.
- Upon determination of a potential strength or need, County Health Rankings (<https://www.countyhealthrankings.org/>) and responses from open-ended questions provided additional insights into the drivers of the respective needs.
- A similar methodology was also used to provide additional insights into findings from County Health Rankings data with relevant health needs highlighted in the survey findings.

- Health needs identified through either the survey or County Health Rankings data but not both were also included in the findings.

### **Community Asset Mapping**

The CHNA process identified community resources potentially available to help address significant health needs. Asset mapping was conducted to find the community resources available to address the identified needs. These resources are mentioned in places throughout the body of the report and listed in Appendix D.

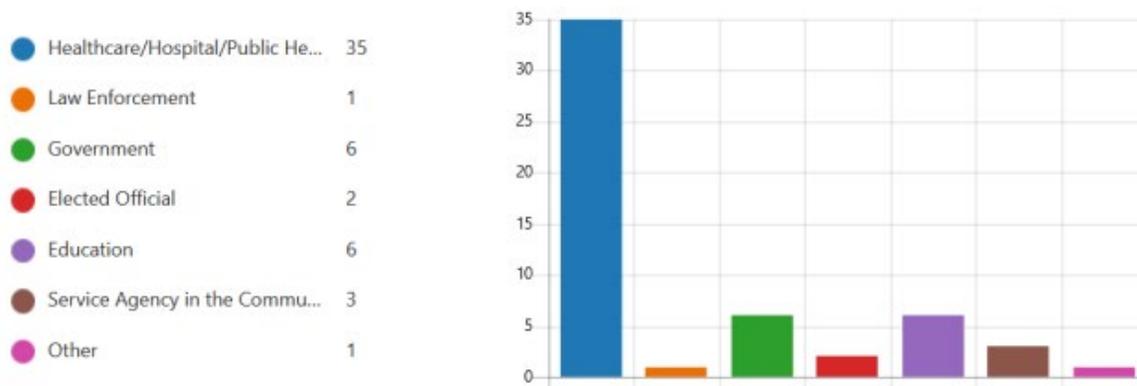
### **Community Stakeholder Meeting**

Community stakeholders were invited to attend a virtual meeting and presentation of the survey findings of the CHNA on May 26, 2021. A total of 54 individuals were present for the community health stakeholders meeting representing those who serve minority, at-risk, uninsured, and aging populations, as well as those affected by violence, including the following sectors/organizations:

- CHI St. Alexius Health
- Bismarck/Burleigh County Public Health
- North Dakota Public Health Association
- Custer Health
- Bismarck Environmental Health
- Sanford Health Bismarck
- Missouri Slope Areawide United Way
- Burleigh County Commission
- Burleigh County Housing Authority
- United Tribes Technical College
- Vulnerable Adult Protective Services
- North Dakota Department of Health
- North Dakota Native American Development Center & NATIVE Inc.
- City of Bismarck
- Mental Health America of North Dakota
- The BANQUET
- Bismarck Mayor
- Burleigh County Sheriff's Dept.
- Family Wellness Mandan
- Mid Dakota Clinic
- North Dakota State Legislature
- University of Mary
- Heartview Foundation
- West Central Human Services

## 1. Which category best describes who you represent?

[More Details](#)



Facilitated discussion took place in small groups. Topics discussed were the survey results and feedback on prioritization of needs. Each participant was asked to consider the needs identified that should be further developed into implementation strategies. Health needs identified during the previous cycle but not raised through the survey or County Health Rankings were also considered in small group sessions. The meeting served to inform the group of the findings, and also served as a catalyst to drive collaboration.

*The facilitated discussion sought to inform on several aspects:*

- What are the biggest challenges currently with these needs in the community?
- Does the community have gaps in services, access, outreach, etc.?
- Where can we have the greatest impact in addressing these needs?
- Which are most urgent in nature?
- Is there work being done on these needs?
- What are the resources currently not utilized within the community that could address this topic?
- Which fall within the purview of healthcare systems and public health and which do not? Can the non-healthcare needs be shared with other entities or organizations?
- Is there anything you consider an urgent need that we have not discussed?

At the end of the meeting, the respective organizations developed priorities and implementation strategies for their respective organizations based upon all factors, including primary and secondary data, input from the community stakeholder meeting, and scalability of current organizational programs and resources to address the identified needs efficiently and effectively. All identified needs not addressed in the implementation plan were shared with other community partners for action. Requests for survey data and other CHNA assets by public

health organizations, governmental bodies, and community partners were and continue to be supported.

CHI Health St. Alexius Bismarck invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received.

### Assessment Data and Findings

For a complete list of community health indicators reviewed in consideration of the CHNA for CHI Health St. Alexius Bismarck, please refer to the Appendix B- C. See also Table 6 for a summary of top health needs reviewed in consideration of the CHI Health St. Alexius Bismarck CHNA.

**Table 6. Top Health Needs Identified in Burleigh and Morton County, ND**

Health Need	Supporting Data and Rationale
<p><b>Access to Health Care/ Providers/ Long Term Care</b></p>	<p>From the 2021 community health survey (Bismarck responses):</p> <ul style="list-style-type: none"> <li>● 15% of respondents had not been to a physician or provider for a routine checkup in the past year</li> <li>● 15% of respondents indicated that they or a family member needed medical care in the past year but did not receive it</li> <li>● 30% of respondents reported traveling outside of their community to receive health care services in the past three years</li> <li>● 21% of respondents rated the quality of long-term care, nursing homes, and senior housing as poor or fair (21%), citing staffing shortages, a lack of trained staff, and a lack of caring and compassionate staff in long-term facilities, resulting in a lower level of patient care</li> </ul> <p>County Health Rankings (CHR)- Burleigh and Morton counties:</p> <ul style="list-style-type: none"> <li>● Ratio of primary care physicians to population: 1:930 (Burleigh) and 1:2,240 (Morton)</li> <li>● Ratio of dentists to population: 1:1,160 (Burleigh) and 1: 3,500 (Morton)</li> </ul>

<b>Cancer</b>	<ul style="list-style-type: none"> <li>● Age adjusted cancer mortality: 129.9 (Burleigh) and 154.7 (Morton) per 100,000 population; 142.1 (ND) and 149.4 (U.S.)</li> </ul>
<b>Chronic Disease</b>	<ul style="list-style-type: none"> <li>● Adult obesity rate: 32% (Burleigh) and 36% (Morton)</li> <li>● Physical inactivity (adults): 26% (Burleigh) and 28% (Morton)</li> <li>● Adult diabetes rate: 7.3% (Burleigh) and 9.2% (Burleigh); 8.4% (ND) and 9.0% (U.S.)</li> <li>● Medicare beneficiaries with heart disease: 25.6% (Burleigh) and 26.8% (Morton)</li> </ul>
<b>Injury</b>	<p>Age- adjusted unintentional injury deaths: 34.3 (Burleigh) and 38.9 (Morton) per 100,000 population; 45.1 (ND) and 50.4 (U.S.)</p>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>● Ratio of mental health providers to population: 1:350 (Burleigh) and 2,860:1 (Morton)</li> <li>● Suicide rate: 16 per 100,000 population (Burleigh) and 19 per 100,000 population (Morton)</li> <li>● Bismarck adults average about 3.7 mentally unhealthy days each month</li> </ul>
<b>Social Determinants (Access to Healthy Food, Affordable Housing, Public Transportation, etc.)</b>	<ul style="list-style-type: none"> <li>● 11% of Bismarck households have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing facilities)</li> <li>● 9% of Bismarck households spend at least 50% of their household income on housing costs</li> <li>● Households with no motor vehicle: 5.17% (Burleigh) and 2.98% (Morton)</li> <li>● Population receiving Supplemental Nutrition Assistance Program (SNAP) benefits: 4.5% (Burleigh) and 5.8% (Morton)</li> </ul>
<b>Substance Misuse</b>	<ul style="list-style-type: none"> <li>● Adult smoking rate: 17% (Burleigh) and 18% (Morton)</li> <li>● Excessive drinking: 22% (Burleigh) and 24% (Morton)</li> </ul>
<b>Violence</b>	<ul style="list-style-type: none"> <li>● Violent crime rate: 250 (Burleigh) and 223 (Morton) per 100,000 population</li> </ul>

## **Mental Health**

Mental health includes our emotional, psychological, and social well-being and affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

When CHNA respondents in the Bismarck area were asked which health care services they would like to see offered or improved in their community, most said behavioral and mental health services (64%) followed by addiction treatment (41%). According to CHR, adults in the Bismarck market average about 3.7 mentally unhealthy days each month and 11 % of adults average at least 14 days of mental distress per month. One of the most important measures of mental health within a community is suicide. CHR data indicate that there are 16 suicides for every 100,000 people in the Bismarck area.

Mental health is the largest single concern facing the community, according to individuals that participated in the May 26, 2021 stakeholder meeting. Participants felt very passionate about improving mental health in the community. Specifically improving the mental health of the pediatric population, as they struggle the most. There are limited transfer facilities available. There are not enough services for low to moderate mental health needs. Suicide and addiction was and continues to be a concern in the wake of the COVID pandemic. Additionally, community stakeholders noted the homeless have significant mental health needs that need to be addressed. Mental Health is an area that community leaders would like to tackle in the upcoming years. The group indicated mental health needs, obesity, and other chronic illnesses all impact healthy living.

## **Healthy Living (Chronic Health Issues/ Social Determinants of Health, including Access to Healthy Foods)**

Healthy living was identified as a top priority in the CHNA survey. Obesity is an issue that community leaders are also passionate about, citing that the community needs better nutritional education, more healthy food options, and better family wellness resources. Healthy people have better outcomes in many other measurable areas. For this reason, healthy living should be one of the priority health needs for the coming years.

## **Access to Affordable Health Care**

Access to affordable, quality health care is important to physical, social, and mental health. Health insurance, local care options, and a usual source of care help to ensure access to health care. Having access to care allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met.

In addition to chronic health issues, cost and the ability to afford needed health care was also a top health care concern that CHNA respondents and their families face on a regular basis. Regarding routine checkups, 15% of CHNA respondents in the Bismarck area had not been to a physician or provider for a routine checkup in the past year (which is similar to comparison markets). When asked why, the second leading concern was cost and the inability to afford care (25%), behind COVID-19 concerns (34%). In addition, 15% of CHNA respondents in the Bismarck area indicated that they or a family member needed medical care in the past year but did not receive it. When asked why, the main reason was due to cost and inability to pay for health care services (27%) followed by COVID-19 concerns (26%).

Access to affordable care was discussed in the community stakeholder meeting. Participants believed that it is a large issue facing the community. It was mentioned that many community members may be unaware of resources or aid available to them to assist with medical bills. Access to affordable care was also mentioned as a component to meeting the economic needs of the community, which includes other cost of living components in addition to access to affordable care.

### **Access to Health Care Providers**

While CHNA respondents in the Bismarck area rated their ability to access health care as fairly good (average score=3.80), when respondents were asked about the most important health care issues impacting their community, access to health care services and providers was their top concern (higher than COVID-19 and cost concerns). When the 6% of CHNA respondents who rated their access to health care as poor or fair were asked why they did so, the general theme among responses was long wait times for appointments and few physicians.

Nearly one in three CHNA respondents in the Bismarck area reported traveling outside of their community to receive health care services in the past three years (30%). When asked why, most of those who traveled for care indicated that they needed specialty care or the needed services were not available locally (65%), followed by 31% of respondents who traveled for better or higher quality care.

One in eight CHNA respondents in the Bismarck area indicated they do not currently have a primary care physician (13%) (which is slightly lower than the comparison group average). When asked which health care services they would like to see offered or improved in their community, one in five CHNA respondents in the Bismarck area said family medicine or primary care (21%) and cancer care (22%) – and 24% said dermatology. According to CHR, the Bismarck area has one primary care physician for every 1,080 people and one dentist for every 1,411 people (ratios which are similar to the comparison group average).

Access to healthcare providers is an important need in the community. Specifically, stakeholders identified dental care, dermatology, neurology, and pediatric care as areas of need in their community.

### **Affordable Housing**

There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it can be difficult to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school. This can, in turn, lead to increased stress levels and emotional strain.

CHNA respondents in the Bismarck area rated the availability of affordable housing in their community as less than good (average score=2.46) and lower than any other community health issue. When asked to explain why they rated community access to affordable housing the way they did, CHNA respondents suggested that housing prices in general far exceed average earnings in the community and that wages have not kept pace with the higher cost of living in the area. Respondents added that these higher prices are challenging for the middle class and unattainable for those with lower incomes (e.g., minimum wage).

CHR data suggest that 11% of households in the Bismarck area have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) and 9% of households spend at least 50% of their household income on housing costs – both rates are similar to the comparison group average.

Affordable housing is an area of concern within the community. Concern regarding affordable housing for homeless and mentally ill populations was specifically mentioned within the stakeholder meeting. Discussion during the meeting centered on the cost of the housing that is available, not necessarily the availability of housing. Affordable housing is connected to other issues, such as affordable health care and transportation, which would be addressed by improving economic conditions in the community.

### **Public Transportation**

Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and health care facilities, safely and reliably. Public transportation services play an important role for people who are unable to drive, people without access to personal vehicles, children, individuals with disabilities, and older adults.

CHNA respondents in the Bismarck area rated community access to daily transportation as less than good (average score=2.95). When asked to explain why they rated community access to daily transportation the way they did, CHNA respondents cited limited bus routes (when available), inconvenient hours of operation, long wait times, and general confusion on how to use public transit. Respondents also added that these challenges are compounded for older individuals and those with a disability.

Access to daily transportation is a need that was identified in the community, and stakeholders raised specific areas of concern. Getting to an appointment or traveling for basic health needs in general is very difficult with public transportation especially in the afternoon and transportation to and from rural communities is a challenge.

### **Long-Term Care**

Safe, quality, affordable housing is fundamental to a healthy life. Healthy homes can improve lives and provide a foundation of health for individuals and families, but unhealthy homes can just as easily undermine quality of life and even cause poor or substandard health. A safe, quality, and affordable home is paramount to healthy aging.

CHNA respondents in the Bismarck area rated the quality of long-term care, nursing homes, and senior housing as good (average score=3.22); however, the average score was the lowest among similar-sized markets – and one in five respondents rated the quality as poor or fair (21%). When respondents who rated the quality of long-term care, nursing homes, and senior housing as poor or fair were asked why they did so, responses referenced an overall staffing shortage, a lack of trained staff, and a lack of caring and compassionate staff in long-term facilities, resulting in a lower level of patient care. When CHNA survey respondents in the Bismarck area were asked which health care services they would like to see offered or improved in their community, one in five respondents said long-term care (21%).

Although important, long-term care was not discussed significantly by stakeholders during the meeting.

### **Prioritized Description of Significant Community Health Needs**

Seven health needs were identified by survey responses and County Health Rankings: Mental Health, Healthy Living, Access to Affordable Health Care, Affordable Housing, Access to Health Care Providers, Public Transportation, and Long-term Care. Primary and secondary data were analyzed to develop the top unmet needs. Stakeholders voted via an online poll to determine what top priorities would be further developed in implementation strategies.

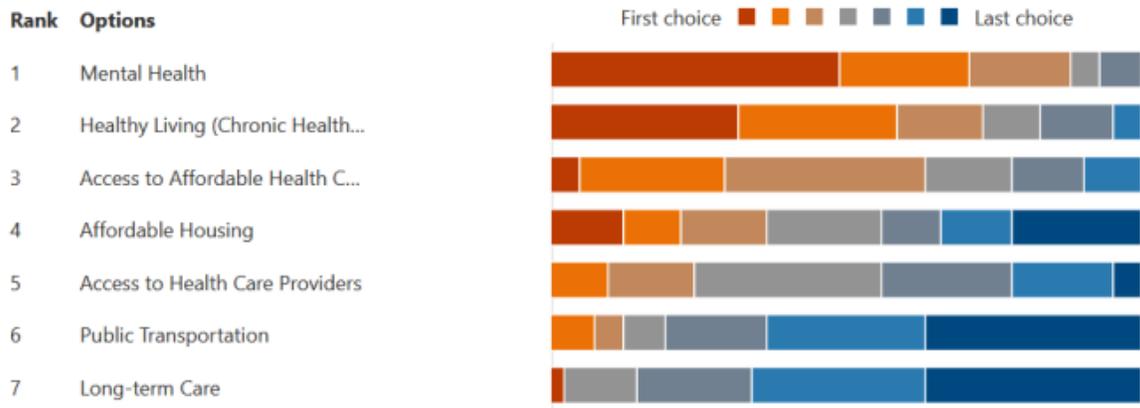
The final list of significant health needs prioritized by community health stakeholders, with 1 being most important and 7 being the least important:

1. Mental Health
2. Healthy Living (Chronic Health Issues/Access to Healthy Food)

3. Access to Affordable Health Care
4. Affordable Housing
5. Access to Health Care Providers
6. Public Transportation
7. Long-term Care

1. Please rank the following needs with 1 being the most important and 7 least important.

[More Details](#)



### Limitations of the Study

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in the community. A good faith effort was made to secure input from a broad base of the community. However, gaps in individual data sources may arise when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates. For example, these gaps may occur due to the difficulty in contacting them through the survey process.

To mitigate limitations, the CHNA evaluates community health from several perspectives: a stakeholder and community survey, meetings with community leaders that have special knowledge and expertise regarding populations, secondary data sources such as the U.S. Census Bureau and County Health Rankings, public comments from previous assessments, and institutional knowledge by those involved in health care. There was a good faith effort extended to engage all community representatives in the survey process.

### Resources Potentially Available to Address Needs

Appendix D contains resources potentially available in the community to address these needs.

## Impact of Actions Taken Since the Preceding CHNA

The previous CHNA for CHI Health St. Alexius Bismarck was conducted in 2019. Table 6 illustrates the progress and impact made on CHI Health St. Alexius Bismarck's previous implementation strategy to address community health needs.

**Table 7. FY20- 22 CHI Health St Alexius Bismarck Implementation Strategy Evaluation**

<b>Priority #1: Opioids</b>
<b>Goal:</b> Reduce opioid abuse and misuse in the Bismarck/Mandan area.
<b>Strategy &amp; Scope:</b> <ul style="list-style-type: none"><li>● Review current take-back policy</li><li>● Assess prescription usage</li><li>● Review literature on other programs</li><li>● Plan provider education programs</li><li>● Educate Patients</li></ul>
<b>Community Indicators:</b> <ul style="list-style-type: none"><li>● CHNA 2016-2018 - identified underage drug use and abuse as 4.12 by stakeholders.</li><li>● Drug use in general was 4.07.</li><li>● North Dakota statistics show that in 2018 there were 406,785 total opioid prescriptions written, 13, 177 drug related crimes and 44 babies born with NAS.</li><li>● CHNA 2018 - identified drug use and abuse to be 4.53 on a 5 point scale.</li><li>● In 2019, 38 preliminary drug overdose deaths and 103 receiving NARCAN doses through EMS services</li></ul>

**Key Activities:**

- Monitoring of opioid prescriptions
- Education of Providers
- Collaboration with St. Alexius Opioid Committee
- Measure current status of prescriptions in three settings: Clinic, In-Patient, Emergency Department
- Design workflows to assist providers in reducing opioid prescriptions

**Measures:**

- Opioid prescriptions were reduced in the three areas: Clinic, In-Patient and Emergency Department

**Related Activities:**

Participates in North Dakota’s Take Back Program to dispose of unused medications

Partner with other agencies such as Ministry on the Margins, United Way, Abused Adult Resources, etc.

**Priority #2: Food Insecurity**

**Goal:** Focus on educating dialysis patients, who live in their own home, about healthy nutrition/diet

Improve health of dialysis patients, improve the quality of foods consumed, increase access to and consumption of health foods among dialysis patients/patients with kidney disease and shorten dialysis time.

**Strategy & Scope:**

- Assess food hunger among dialysis patients
- Educate nurses and physicians on assessment of food insecurity
- Work with dietary, food pantries and families to simplify the process of obtaining appropriate foods

**Community Indicators:**

- 9% of surveyed adults report eating 4 servings of vegetables a day
- 10% of those surveyed reported that they were worried their food would run out before they were able to receive money to purchase additional food
- Disabled adults may be at a higher risk for food insecurity due to limited employment opportunities and healthcare-related expenses that reduce the income available to buy food

**Key Activities:**

- Provide fruits and vegetables for patients who find it difficult to shop or those on a limited budget
- Educate renal patients and families about the advantages of consuming fresh fruits and vegetables
- Provide recipes to stimulate renal dialysis patients to prepare fresh vegetables
- Giving Garden - Grow vegetables, harvest vegetables, give to patients each week

**Measures:**

- Self-report of vegetable usage
- Blood work results
- Duration of time for dialysis

**Priority #3: Domestic Violence**

**Goal:** Heighten awareness among healthcare providers in the area of domestic violence

Create a plan by which a person can seek help within our clinics

**Strategy & Scope:**

- Educate nurses on means of identifying signs of intimate partner violence
- Create a system in which an individual can indicate that she is in an abusive relationship
- Create policy

- Create a workflow to include process by which the woman can be separated and removed from the situation or given information which she can use when ready

**Community Indicators:**

- 4,674 new victims received services from 19 crisis intervention centers in ND
- 87% of the victims were women
- 17% of new victims were people with disabilities
- At least 3,794 children were directly impacted by these incidents
- At least 18% of the victims were under the age of 25
- At least 63% of victims served were physically abused
- At least 43% of cases, the abuser had a history of abusive behavior
- In 22% of cases, guns were used
- In 29% of cases, knives were used

**Key Activities:**

- Create a work flow to guide nurses to assist patients when they suspect abuse
- Update policy to support practice i.e.; partner must leave the room during assessment
- Create a plan by which the abused person can leave through another way
- Identify community support

**Measures:**

- Continued increase in participation in Prevention Summits
- Exceeded goals in training additional Community Outreach Leaders and Healthy Relationship Facilitators
- Deepened relationships with local agencies
- Continue to promote education/workshops for our associates to attend

**Next Steps – Strategic Implementation Plan**

The leadership of CHI Health St. Alexius Bismarck will convene a steering committee to prioritize the significant health needs identified through the CHNA and create an Implementation Strategy that outlines the hospital’s role and committed resources, anticipated impacts, key activities and requisite partners to make meaningful impact. Community input

from individuals representing those who serve minority, at-risk, uninsured, and aging populations, as well as those affected by violence will be incorporated throughout the development, implementation and evaluation of the Implementation Strategy that results from this CHNA.

### **Dissemination Plan**

The CHI Health St. Alexius Bismarck CHNA will be posted online at [www.chistalexiushealth.org/community-health-need-assessments](http://www.chistalexiushealth.org/community-health-need-assessments).

### **Written Comments**

CHI Health St. Alexius Bismarck invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the website where they are widely available to the public. No written comments have been received.

## **Appendix**

### **A. 2021 Community Health Survey Instrument**

Members of the community were asked a series of questions through an online survey designed in partnership with health experts and public health officials to understand the needs of the community based upon the UW Population Health model. The survey was sent to a sample of Burleigh and Morton County residents secured through Qualtrics, a qualified vendor. A total of 933 respondents from the CHNA area completed the survey.

## Screeners

### WHERE YOU LIVE

Please select the county in which you live.

*(Listed in alphabetical order)*

- |                                       |                                      |                                           |
|---------------------------------------|--------------------------------------|-------------------------------------------|
| <input type="radio"/> Becker, MN      | <input type="radio"/> Gregory, SD    | <input type="radio"/> Pipestone, MN       |
| <input type="radio"/> Beltrami, MN    | <input type="radio"/> Jackson, MN    | <input type="radio"/> Richland, ND        |
| <input type="radio"/> Brown, SD       | <input type="radio"/> Lincoln, SD    | <input type="radio"/> Redwood, MN         |
| <input type="radio"/> Brule, SD       | <input type="radio"/> Lyman, SD      | <input type="radio"/> Rock, MN            |
| <input type="radio"/> Buffalo, SD     | <input type="radio"/> Lyon, IA       | <input type="radio"/> Sioux, IA           |
| <input type="radio"/> Burleigh, ND    | <input type="radio"/> Lyon, MN       | <input type="radio"/> Steele, ND          |
| <input type="radio"/> Cass, ND        | <input type="radio"/> Mahnommen, MN  | <input type="radio"/> Traill, ND          |
| <input type="radio"/> Charles Mix, SD | <input type="radio"/> McCook, SD     | <input type="radio"/> Traverse, MN        |
| <input type="radio"/> Clay, MN        | <input type="radio"/> Minnehaha, SD  | <input type="radio"/> Tripp, SD           |
| <input type="radio"/> Clay, SD        | <input type="radio"/> Morton, ND     | <input type="radio"/> Turner, SD          |
| <input type="radio"/> Clearwater, MN  | <input type="radio"/> Murray, MN     | <input type="radio"/> Union, SD           |
| <input type="radio"/> Cottonwood, MN  | <input type="radio"/> Nobles, MN     | <input type="radio"/> Wilkin, MN          |
| <input type="radio"/> Day, SD         | <input type="radio"/> O'Brien, IA    | <input type="radio"/> Yellow Medicine, MN |
| <input type="radio"/> Deuel, SD       | <input type="radio"/> Otter Tail, MN | <input type="radio"/> None of the above   |
| <input type="radio"/> Edmunds, SD     | <input type="radio"/> Pennington, MN |                                           |

Please enter your 5-digit zip code.

What is your current age?

*(Use the slider below to select your current age.)*

0 10 20 30 40 50 60 70 80 90 100

Current Age:

## Community

### YOUR COMMUNITY

Overall, how would you rate the quality of HEALTH CARE available in your community?

Poor

Fair

Good

Very Good

Excellent

Don't Know

In your opinion, what is the most important HEALTH CARE issue your community faces?

How would you rate the quality of LONG TERM CARE, NURSING HOMES & SENIOR HOUSING services available in your community?

Poor

Fair

Good

Very Good

Excellent

Don't Know

Why did you rate LONG TERM CARE, NURSING HOMES & SENIOR HOUSING in your community as  $\{q://QID181/ChoiceGroup/SelectedChoices\}$ ?

How would you rate the quality of CHILDCARE, DAYCARE & PRE-SCHOOL services available in your community?

Poor

Fair

Good

Very Good

Excellent

Don't Know

**Why did you rate CHILDCARE, DAYCARE & PRE-SCHOOL in your community as**  
**`\${q://QID211/ChoiceGroup/SelectedChoices}`?**

**How would you rate the availability of AFFORDABLE HOUSING in your community?**

Poor

Fair

Good

Very Good

Excellent

Don't Know

**Why did you rate AFFORDABLE HOUSING in your community as**  
**`\${q://QID199/ChoiceGroup/SelectedChoices}`?**

**How would you rate the ability of residents to ACCESS DAILY TRANSPORTATION in your community?**

Poor

Fair

Good

Very Good

Excellent

Don't Know

**Why did you rate the ability of residents to ACCESS DAILY TRANSPORTATION as**  
**`\${q://QID200/ChoiceGroup/SelectedChoices}`?**

**How would you rate your community's EMPLOYMENT & ECONOMIC OPPORTUNITIES?**

Poor

Fair

Good

Very Good

Excellent

Don't Know

**Why did you rate your community's EMPLOYMENT & ECONOMIC OPPORTUNITIES as**  
**`\${q://QID201/ChoiceGroup/SelectedChoices}`?**

**How would you rate your community as being a SAFE place to live?**

Poor

Fair

Good

Very Good

Excellent

Don't Know

**Why did you rate SAFETY in your community as**  
**`\${q://QID202/ChoiceGroup/SelectedChoices}`?**

**How would you rate the ENVIRONMENTAL health of your community? (clean air, clean water, etc.)**

Poor

Fair

Good

Very Good

Excellent

Don't Know

**Why did you rate the ENVIRONMENTAL health of your community as**  
**`\${q://QID203/ChoiceGroup/SelectedChoices}`?**

**How would you rate the ability of residents to access HEALTHY & NUTRITIONAL FOODS in your community?**

Poor

Fair

Good

Very Good

Excellent

Don't Know

**Why did you rate the community's access to HEALTHY & NUTRITIONAL FOODS as**  
**`\${q://QID209/ChoiceGroup/SelectedChoices}`?**

**How would you rate the ability of residents to access PHYSICAL ACTIVITY & EXERCISE OPPORTUNITIES in your community?**

Poor

Fair

Good

Very Good

Excellent

Don't Know

Why did you rate the community's access to PHYSICAL ACTIVITY & EXERCISE OPPORTUNITIES as \${q://QID213/ChoiceGroup/SelectedChoices}?

## MAIN BLOCK

### YOUR HEALTH AND WELLNESS

Overall, how would you rate YOUR current state of health & wellness?

Poor

Fair

Good

Very Good

Excellent

What is the biggest HEALTH CARE concern you or your family face on a regular basis?

Are there any health care services that you would like to see OFFERED or IMPROVED in your community?

Yes

No

Please select the healthcare services you would like to see OFFERED or IMPROVED in your community.

*(select all that apply)*

Addiction Treatment

Behavioral Health / Mental Health

Cancer Care

General Surgery

Heart Care

Labor and Delivery

- |                                                                  |                                                          |
|------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Chiropractic Care                       | <input type="checkbox"/> Long Term Care / Nursing Homes  |
| <input type="checkbox"/> Dental Care                             | <input type="checkbox"/> Orthopedics and Sports Medicine |
| <input type="checkbox"/> Dermatology                             | <input type="checkbox"/> OBGYN / Womens' Care            |
| <input type="checkbox"/> Emergency / Trauma                      | <input type="checkbox"/> Pediatrics / Childrens' Care    |
| <input type="checkbox"/> Eye Services (Ophthalmology, Optometry) | <input type="checkbox"/> Walk-in / Urgent Care           |
| <input type="checkbox"/> Family Medicine / Primary Care          | <input type="checkbox"/> Other (please specify)          |
|                                                                  | <input type="text"/>                                     |

## YOUR HEALTH CARE USAGE

**Do you currently have a primary care physician or provider who you go to for general health issues?**

- Yes
- No

**How long has it been since you last visited a physician / provider for a routine check up or screening?**

- Within the past year
- Within the past 2 years
- Within the past 5 years
- More than 5 years ago
- Never

**What has kept you from having a routine check-up?**

*(select all that apply)*

- Cost / inability to pay
- COVID -19
- Don't feel welcomed or valued
- Don't have a primary care physician
- Don't have insurance

- My insurance is not accepted
- Lack of transportation
- Distance / lack of local providers
- Getting time off from work
- No child care
- Wait time for appointments are too long
- Clinic hours are not convenient
- Fear / I do not like going to the doctor
- Nothing / I do not need to see a doctor
- Other (Specify)

### How would you rate your current ability to ACCESS to healthcare services?

Poor

Fair

Good

Very Good

Excellent

### Why did you rate your current ability to ACCESS to healthcare services as $\{q://QID156/ChoiceGroup/SelectedChoices\}$ ?

### In the past year, did you or someone in your family need medical care, but did not receive the care needed?

- Yes
- No
- Unsure

### What are the reasons you or a family member did not receive the care needed?

*(select all that apply)*

- Cost / inability to pay
- COVID-19

- Don't feel welcomed or valued
- Don't have a primary care physician
- Don't have insurance
- My insurance is not accepted
- Lack of transportation
- Distance / lack of local providers
- Getting time off from work
- No child care
- Wait time for appointments are too long
- Clinic hours are not convenient
- Fear / I do not like going to the doctor
- Recovery time / not convenient
- Nothing / no reason
- Other (Specify)

## TRAVELING FOR CARE

**Have you or a member of your family TRAVELED to receive health care services outside of your community within the past 3 years?**

- Yes
- No

**Where did you travel to?**

*(If you traveled more than once, enter the most recent place you traveled to?)*

City:

State:

**What was the main reason you traveled for care?**

*(select all that apply)*

- Needed a specialist / service was not available locally
- Referred by a physician

- Better / higher quality of care
- Don't feel welcomed or valued by local providers
- Second opinion
- Medical emergency
- Immediate / faster appointment
- On vacation / traveling / snowbirds
- Cost or insurance coverage
- Military / VA
- Other (please specify)

## YOUR HEALTH INSURANCE

### Do you currently have health insurance?

- Yes
- No

### Please indicate the source of your health insurance coverage?

*(Select all that apply)*

- Employer (Your employer, spouse, parent, or someone else's employer)
- Individual (Coverage bought by you or your family)
- Federal Marketplace (Minnesota Care / Obamacare / Affordable Care Act)
- Medicare
- Medicaid
- Military (Tricare, Champus, VA)
- Indian Health Service (IHS)
- Other (please specify)

## DEMOGRAPHICS

## ABOUT YOU

### What is your biological sex?

- Male
- Female

### Do you, personally, identify as lesbian, gay, bisexual, transgender or queer?

- Yes
- No

### How many people live in your house, including yourself?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

People in household:

### How many children under age 18 currently live with you in your household?

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Children in  
household:

### Are you Spanish, Hispanic, or Latino in origin or decent?

- Yes
- No

### Choose one or more races that you consider yourself to be.

- American Indian or Alaska Native
- Asian
- Caucasian or White
- Native Hawaiian or Pacific Islander

Black or African American

Other

### What language is spoken most frequently in your home?

- English
- Arabic
- Chinese
- German
- Korean
- Native American (Dakota, Ojibwa, etc.)
- Napali
- Spanish
- Tamil
- Vietnamese
- Other

### What is your current marital status?

- Married
- Single, never married
- Unmarried couple living together
- Divorced
- Widowed
- Separated

### Which of the following best describes your current living situation?

- House (owned)
- Apartment or House (rental)
- Homeless
- Some other arrangement

**What is your primary mode of daily transportation?**

- Automobile/Truck (owned or leased)
- Public Transportation (bus / subway / rail)
- Online Ride Service (Uber / Lyft)
- Taxi Service
- Family, Friends or Neighbors
- Bicycle
- Walk
- I do not have a primary mode of daily transportation
- Other (specify)

**What is the highest level of school you have completed or the highest degree you have received?**

- Less than high school degree
- High school graduate (high school diploma or equivalent including GED)
- Some college but no degree
- Associate degree in college (2-year)
- Bachelor's degree in college (4-year)
- Master's degree
- Doctoral degree
- Professional degree (JD, MD)

**Your current employment status is best described as:**

- Employed (full-time)
- Employed (part-time)
- Self-employed
- Furloughed
- Not employed, looking for work
- Not employed, not looking for work
- Retired

Disabled or unable to work

### What is your total household income from all sources?

- |                                           |                                             |
|-------------------------------------------|---------------------------------------------|
| <input type="radio"/> Less than \$20,000  | <input type="radio"/> \$50,000 - \$74,999   |
| <input type="radio"/> \$20,000 - \$24,999 | <input type="radio"/> \$75,000 - \$99,999   |
| <input type="radio"/> \$25,000 - \$29,999 | <input type="radio"/> \$100,000 - \$199,999 |
| <input type="radio"/> \$30,000 - \$34,999 | <input type="radio"/> \$200,000 or more     |
| <input type="radio"/> \$35,000 - \$49,999 | <input type="radio"/> Prefer not to answer  |

Powered by Qualtrics



## B. County Health Rankings Summary Data- Burleigh and Morton County, ND

Burleigh County is ranked among the healthiest counties in North Dakota for both health outcomes and health factors (Highest 75%-100%). Morton County is ranked among the healthiest counties in North Dakota for health outcomes (Highest 75%-100%), and in the higher middle range of counties for health factors (Higher 50%-75%).

When viewing this document online, to view individual indicator definitions and additional details on the data, click on any indicator to be taken to its County Health Rankings web page. Otherwise, visit <https://www.countyhealthrankings.org>.

	North Dakota	Burleigh County	Morton County
<b>Health Outcomes</b>			
<b>Length of Life</b>			
Premature death	7,100	6,100	7,000
<b>Quality of Life</b>			
Poor or fair health	13%	13%	14%
Poor physical health days	3.1	3.1	3.2
Poor mental health days	3.7	3.3	3.4
Low birthweight	7%	6%	6%
<b>Health Factors</b>			
<b>Health Behaviors</b>			
Adult smoking	17%	17%	18%
Adult obesity	36%	32%	36%

	North Dakota	Burleigh County	Morton County
Food environment index	8.9	9.5	9.5
Physical inactivity	28%	26%	28%
Access to exercise opportunities	64%	70%	71%
Excessive drinking	24%	22%	24%
Alcohol-impaired driving deaths	41%	38%	38%
Sexually transmitted infections	509.1	457.0	449.6
Teen births	18	17	26
<b>Clinical Care</b>			
Uninsured	7%	6%	6%
Primary care physicians	1,290:1	930:1	2,240:1
Dentists	1,480:1	1,160:1	3,500:1
Mental health providers	470:1	350:1	2,860:1
Preventable hospital stays	3,553	3,942	5,022
Mammography screening	53%	57%	57%
Flu vaccinations	50%	59%	55%
<b>Social &amp; Economic Factors</b>			
High school completion	93%	94%	92%

	North Dakota	Burleigh County	Morton County
Some college	73%	78%	73%
Unemployment	5.1%	4.4%	5.1%
Children in poverty	11%	9%	9%
Income inequality	4.4	4.1	4.0
Children in single-parent households	19%	22%	15%
Social associations	15.9	15.7	12.8
Violent crime	258	250	223
Injury deaths	72	58	67
<b>Physical Environment</b>			
Air pollution - particulate matter	6.4	8.6	7.0
Drinking water violations	—	No	No
Severe housing problems	12%	10%	10%
Driving alone to work	81%	83%	85%
Long commute - driving alone	15%	10%	19%

### **C. Bismarck CHNA 2021 presentation**

Community stakeholders were invited to attend a virtual meeting and presentation of the community health survey findings of the CHNA on May 26, 2021. A total of 54 individuals were present for the community health stakeholders meeting representing those who serve minority, at-risk, uninsured, and aging populations, as well as those affected by violence.

# BURLEIGH-MORTON CHINA SURVEY

2021 SUMMARY FINDINGS

# METHODOLOGY

## Community Survey

Mixed Mode

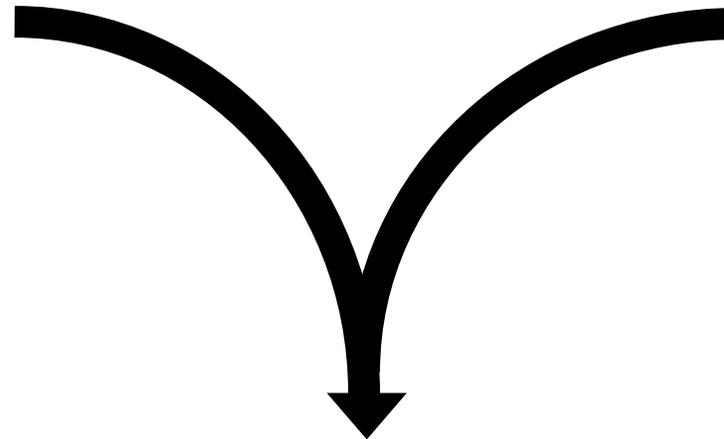
- Online panel
- Stakeholder distribution

Open December-February

787 Total Responses

Survey Structure

- Aligned to social determinants of health
- Combination scored responses and open-ended questions



2021 Health Needs  
Assessment

Research Partner: NDSU  
Center for Social Research

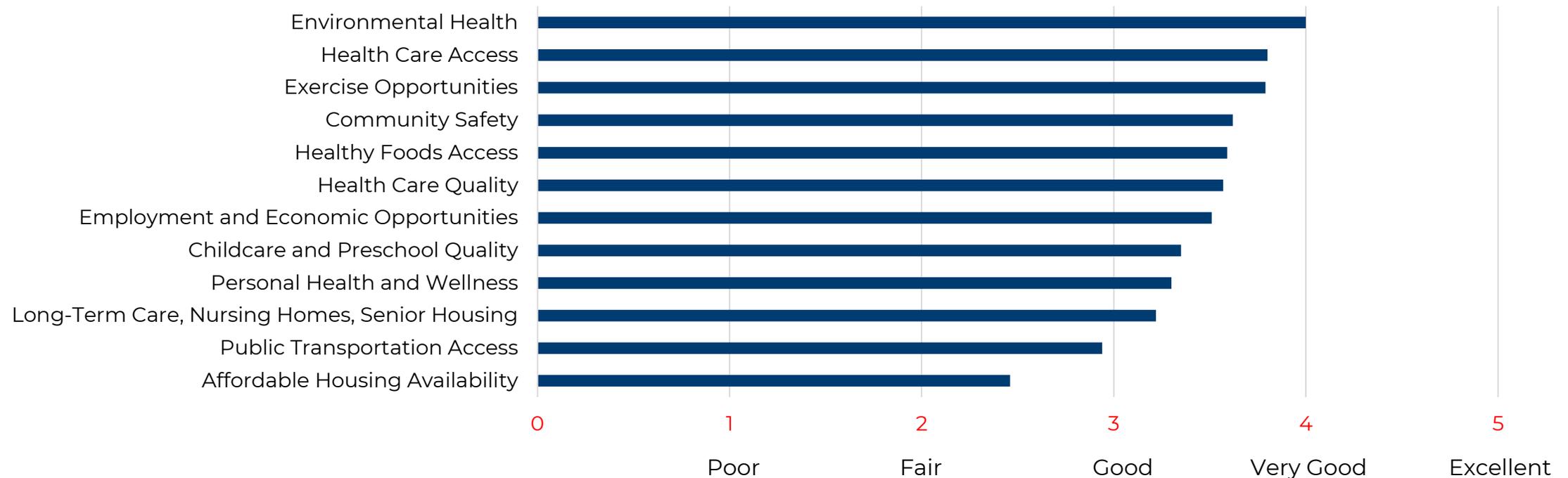
## County Health Rankings



- Overall health outcomes
- Length of life
- Quality of life
- Overall health factors
- Health behaviors
- Clinical care
- Social and economic factors
- Physical environment

# SUMMARY FINDINGS

- Most community health components rated “Good” to “Very Good”
- Burleigh County among healthiest in the state and Morton in the upper-middle range



# IDENTIFIED NEEDS

Seven health needs identified by survey responses and County Health Rankings:

- Healthy living
- Access to affordable health care
- Access to health care providers
- Mental health
- Long-term care
- Public transportation
- Affordable housing

# HEALTHY LIVING

Chronic health issues among the largest concerns

Specific conditions referenced:

- Obesity/overweight
- Diabetes

Healthy food options are available but cost limits access

## Health Outcomes

- 1/3 of adults are obese
- 9% of adults have diabetes

## Situational

- 5% are considered food insecure

## Lifestyle Choices

- 21% physically inactive
- 18% smoke
- 22% drink excessively

# ACCESS TO AFFORDABLE CARE

Cost and ability to afford care also among the largest concerns

15% of respondents did not receive a routine check up in 2020

- COVID
- Inability to afford

15% needed medical care but did not receive

- Inability to pay
- COVID

## Situational

- 6% are uninsured
- Burleigh unemployment rate of 2.4% and Morton at 3.0%

# ACCESS TO PROVIDERS

Respondents rated their personal access to care as “good” to “very good” (3.8/5.0)

but...

Rated the community’s access to services and providers as highest concern, above cost and COVID:

- Primary care, cancer care, dermatology

1/3 traveled outside the community for care in last three years

13% do not have a primary care provider

## Situational

- The community has 1 primary care provider for every 1,080 residents
- The community has 1 dentist for every 1,411 residents

# MENTAL HEALTH

Highest ranked services to offer or improve locally:

- Mental health: 61%\*
- Addiction treatment: 41%\*

## Health Outcomes

- Local adults average 3.7 mentally unhealthy days per month
- 11% of adults average 14 days of mental distress per month
- 16 suicides per 100,000

## Situational

- 1 mental health provider per 474 residents

\* Among those indicating a need

# SENIOR CARE

Overall, quality of long-term care, nursing home, and senior housing rated “good” (3.22/5)

One in five respondents rated “fair” or “poor”, due to staffing issues

One in five also noted long-term care as a service to be offered or improved locally

## Situational

- Burleigh unemployment rate of 2.4% and Morton at 3.0%

# PUBLIC TRANSPORTATION

Public transportation rated “fair” to “good” (2.94/5)

- Service area
- Hours of operation
- Wait times
- Confusion on how to use

Compounded for older residents and those with a disability

# AFFORDABLE HOUSING

Affordable housing rated “fair” (2.46/5)

Housing prices exceed wage earnings, particularly those earning minimum wage

## Situational

- 11% have severe housing problems
- Overcrowded
- High housing costs
- Lack of kitchen facilities
- Lack of plumbing facilities

9% spend half their income or more on housing

## D. Resources Potentially Available to Address Needs

Asset mapping was conducted by CHNA collaborators to find the community resources available to address significant health needs.

### Identified Community Health Need: Healthy Living

Local Asset Mapping	
<p><b>Drug, Alcohol &amp; Smoking resources:</b></p> <ul style="list-style-type: none"> <li>• ACS Crisis Residential</li> <li>• ADAPT, Inc.</li> <li>• Alcoholics Anonymous, (many locations to choose from)</li> <li>• Heartview Foundation</li> <li>• Lutheran Social Services</li> <li>• New Freedom Center</li> <li>• Pathways to Freedom</li> <li>• Sanford Health Behavioral Health</li> <li>• CHI St. Alexius, 900 E. Broadway Ave., Bismarck</li> <li>• Village Family Services</li> <li>• West Central Chemical Dependency Program</li> <li>• Whole Person Recovery Center</li> <li>• Bismarck Burleigh Public Health</li> <li>• Custer Health</li> <li>• First Link</li> <li>• Teen Challenge</li> <li>• Hope Manor</li> <li>• Bismarck-Mandan Face it Together</li> </ul>	<p><b>Children’s Obesity resources:</b></p> <ul style="list-style-type: none"> <li>• Bismarck Parks &amp; Recreation</li> <li>• Mandan Parks &amp; Recreation</li> <li>• Capitol Ice Complex</li> <li>• Cops &amp; Kids Fishing Program</li> <li>• MHA Nation</li> <li>• Native American Development Center</li> <li>• Aquastorm Swim Team</li> <li>• Bis-Man Tennis Association</li> <li>• Bismarck Midget Football</li> <li>• Bismarck Soccer League</li> <li>• Fast Pitch Softball</li> <li>• BLAST Program</li> <li>• Bobcats Youth Hockey</li> <li>• Boy Scouts</li> <li>• Girl Scouts</li> <li>• Charles Hall Youth Services</li> <li>• Dakota United Soccer Club</li> <li>• Great Plains Track &amp; Field</li> <li>• YMCA</li> <li>• VFW Sports Center</li> <li>• Legion Skating Rink</li> <li>• Tatley Skating Rink</li> </ul>
<p><b>Wellness Resources:</b></p> <ul style="list-style-type: none"> <li>•Sanford Health Dietitians</li> <li>• CHI St. Alexius Dietitians</li> <li>•Sanford Wellness Center Exercise Physiologist/specialists</li> <li>• Sanford Health Providers</li> <li>•CHI ST Alexius Providers</li> <li>•Gyms: <ul style="list-style-type: none"> <li>o Family Wellness/Sanford Wellness Center</li> <li>o Anytime Fitness</li> <li>o Anytime Fitness</li> <li>o Anytime Fitness</li> <li>o Planet Fitness</li> <li>o Verge Fitness</li> <li>o functional Fitness</li> <li>o Lincoln Fitness</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>•Gyms Cont.: <ul style="list-style-type: none"> <li>o FunFitLLC</li> <li>o CrossFit Tertiary</li> <li>o Big Muddy CrossFit</li> <li>o PDW Fitness</li> <li>o Bismarck Community Pool</li> <li>o Solidcore</li> <li>o Capital Racquet &amp; Fitness Center</li> <li>o McDowell Gym</li> <li>o Missouri Valley Family YMCA</li> <li>o Ice Dragon Brazilian Jiu-Jitsu and Kickboxing</li> <li>o Bismarck Brazilian Jiu-Jitsu</li> <li>o Soul Haven Studio</li> <li>o Sanford POWER Center</li> <li>o Proximal 50 Downtown</li> <li>o Proximal 50 Life Center</li> </ul> </li> </ul>

<p><b>Hunger/Healthy Food Resources:</b></p> <ul style="list-style-type: none"> <li>• Carrie’s Kids</li> <li>• United Way</li> <li>• Great Plains Food Bank</li> <li>• The Banquet at Trinity Lutheran Church</li> <li>• Spirit of Life Church Food Pantry</li> <li>• Ministry on the Margins</li> <li>• All Nations Assembly of God</li> <li>• Bismarck Emergency Food Pantry</li> <li>• Community Action Program</li> <li>• Corpus Christi Church</li> <li>• Crystal River Ministry Center</li> <li>• Faith Center</li> <li>• Helping Hands Food Pantry</li> <li>• Salvation Army</li> <li>• Hope on the Horizon</li> <li>• Love Your Neighbor Food Pantry</li> <li>• River of Hope</li> </ul>	<p><b>Hunger/Healthy Food Resources Cont.:</b></p> <ul style="list-style-type: none"> <li>• Heaven’s Helpers Soup Café</li> <li>• United Tribes Technical College Community Meal</li> <li>• Abundance of Grace Food Pantry</li> <li>• Riverside School</li> <li>• SNAP</li> <li>• WIC</li> <li>• Grocery Stores: <ul style="list-style-type: none"> <li>o Dan’s Supermarket, Bismarck (4)</li> <li>o Dan’s Supermarket, Mandan</li> <li>o BisMan Food Co-op</li> <li>o Asian Market</li> <li>o Walmart, Bismarck (2)</li> <li>o Walmart, Mandan</li> <li>o Walmart</li> <li>o Target</li> <li>o Sam’s Club</li> <li>o Cashwise Foods</li> </ul> </li> </ul>

**Identified Community Health Need: Affordable Health Care**

<b>Local Asset Mapping</b>	
<p><b>Affordable Insurance Coverage resources:</b></p> <ul style="list-style-type: none"> <li>• Sanford Health Plan</li> <li>• ND Department of Insurance</li> <li>• Medicaid – Burleigh Co. Human Services</li> <li>• Homeless Coalition</li> <li>• Prime Care Select</li> <li>• Bridging the Dental Gap</li> </ul>	<p><b>Affordable Prescription Drugs resources:</b></p> <ul style="list-style-type: none"> <li>• Prescription Connection</li> <li>• ND RX Card</li> <li>• ND Prescription Drug Repository Program</li> <li>• Needy Meds</li> <li>• Partnership for Prescription Assistance</li> <li>• ND Assn. for the Disabled</li> </ul>
<p><b>Affordable Healthcare Resources:</b></p> <ul style="list-style-type: none"> <li>• Northland Community Health Center Bismarck</li> <li>• N.D. Medicaid</li> <li>• Sanford Patient Navigators</li> <li>• Custer Family Planning</li> <li>• Joanne’s Clinic</li> <li>• UND Ctr. for Family Medicine</li> <li>• First Choice Clinic</li> <li>• Blue Cross Member Advocate Program</li> <li>• Caring for Children</li> <li>• Sanford’s Community Care Program</li> <li>• CHI St. Alexius’ Community Care Program</li> <li>• Jerene’s Wish/Warford Orthodontics</li> <li>• ND Assn. for the Disabled Bismarck</li> <li>• Experience Health ND (ND Dept. of Health)</li> </ul>	<p><b>Affordable Healthcare Resources Cont.:</b></p> <ul style="list-style-type: none"> <li>• Sanford’s Medical Home Program</li> <li>• Mid Dakota Clinic Medical Home Program</li> <li>• Sanford Case Managers/Social Workers/Parish Nurses</li> <li>• CHI St. Alexius Case Management/ Social Workers</li> <li>• Bridging the Dental Gap</li> <li>• Ronald McDonald Mobile Clinic</li> <li>• Bismarck-Burleigh Public Health</li> <li>• Custer Health</li> <li>• Aid, Inc.</li> <li>• Burleigh Co. Senior Adults</li> <li>• Burleigh Veterans Services</li> <li>• Prescription Connection</li> <li>• Salvation Army</li> </ul>

	<ul style="list-style-type: none"> <li>• United Tribes Technical College</li> </ul>
<p><b>Employment Resources:</b></p> <ul style="list-style-type: none"> <li>• Job Service North Dakota – Bismarck Workforce Center</li> <li>• Job Service North Dakota</li> <li>• Human Resources</li> <li>• Veterans Employment Services</li> <li>• Spherion</li> <li>• Dakota Staffing Solutions Inc,</li> <li>• Professional Employment Prctcs</li> <li>• National Medical Resources</li> <li>• Bakken Staffing</li> <li>• People Ready</li> <li>• Hirequest Direct of Bismarck</li> <li>• Burdick Job Corporation</li> <li>• Major Employers in descending order (2017): <ul style="list-style-type: none"> <li>o State of North Dakota</li> <li>o Sanford Health</li> <li>o Bismarck Public School</li> <li>o CHI St. Alexius</li> <li>o U.S. Government</li> <li>o City of Bismarck</li> <li>o Bismarck State College</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Major Employers Cont.:</li> <li>o Mandan Public School District</li> <li>o Aetna</li> <li>o University of Mary</li> <li>o Housing Industry Training</li> <li>o MDU Resources Group</li> <li>o Bobcat/Doosan Company</li> <li>o Missouri Slope Lutheran Care Center</li> <li>o Basin Electric Power Cooperative</li> <li>o Mid-Dakota Clinic</li> <li>o Dan’s Supermarkets</li> <li>o Missouri Valley YMCA</li> <li>o National Information Systems Cooperative (NISC)</li> <li>o Walmart</li> <li>o Burlington Northern Railroad</li> <li>o Cloverdale Foods</li> <li>o Burleigh County</li> <li>o Baptist Home</li> <li>o Scheels Sports</li> </ul>

### Identified Community Health Need: Access to Health Care Providers

Local Asset Mapping	
<p><b>Health Care Provider Resources:</b></p> <ul style="list-style-type: none"> <li>• Sanford Medical Center</li> <li>• CHI St. Alexius Health Bismarck Medical Center</li> <li>• Vibra Hospital of the Central Dakotas</li> <li>• Sanford Children’s Hospital</li> <li>• Sanford North Walk-in Clinic</li> <li>• CHI St. Alexius Health Century Family Clinic</li> <li>• Sanford Downtown Walk-in Clinic</li> <li>• Mid Dakota Clinic</li> <li>• Mid Dakota Clinic Gateway Mall Pediatrics</li> <li>• TODAY Clinic Primecare</li> <li>• Mid Dakota Clinic Center For Women</li> <li>• Sanford Fifth &amp; Broadway Clinic</li> <li>• CHI St. Alexius Health Pinehurst Clinic</li> </ul>	<p><b>Health Care Provider Resources Cont.:</b></p> <ul style="list-style-type: none"> <li>• Sanford East Interstate Ave Clinic</li> <li>• Mid Dakota Clinic Kirkwood Mall Clinic</li> <li>• Sanford South Clinic</li> <li>• Hughes J Md- St. Alexius Specialty Clinic</li> <li>• Northland Health Center</li> <li>• Mid Dakota Clinic</li> <li>• Sanford State Street Clinic</li> <li>• Sanford East Mandan Clinic</li> <li>• Sanford Clinic</li> <li>• Sanford North Mandan Clinic</li> <li>• Dermatologic Surgery/cosmetic And</li> <li>• Sanford North Dermatology Clinic</li> </ul>

## Identified Community Health Need: Mental Health

<b>Local Asset Mapping</b>	
<p><b>Drug, Alcohol &amp; Smoking resources:</b></p> <ul style="list-style-type: none"> <li>• Ideal Option</li> <li>• ACS Crisis Residential</li> <li>• ADAPT, Inc.</li> <li>• Alcoholics Anonymous,(many locations to choose from)</li> <li>• Heartview Foundation</li> <li>• Lutheran Social Services</li> <li>• New Freedom Center</li> <li>• Pathways to Freedom</li> <li>• Sanford Health Behavioral Health</li> <li>• CHI St. Alexius</li> <li>• Village Family Services</li> <li>• West Central CD Program</li> <li>• Whole Person Recovery Center</li> <li>• Bismarck Burleigh Public Health</li> <li>• Custer Health</li> <li>• First Link</li> <li>• Teen Challenge</li> <li>• Hope Manor</li> <li>• Bismarck-Mandan Face it Together</li> </ul>	<p><b>Mental Health/Behavioral Health resources:</b></p> <ul style="list-style-type: none"> <li>• Burleigh Co. Social Services</li> <li>• Dakota Boys &amp; Girls Ranch</li> <li>• CHI St. Alexius EAP</li> <li>• Mental Health Assn.</li> <li>• Partnerships Program (W Central Health Services Center)</li> <li>• Pride, Inc.</li> <li>• Sanford Health providers</li> <li>• CHI St. Alexius providers</li> <li>• The Village</li> <li>• West Central Human Service Center</li> <li>• Veterans Administration</li> <li>• Northland Community Health Center Bismarck</li> </ul> <p><b>Abuse of Prescription Drugs/Binge Drinking/Street Drugs resources:</b></p> <ul style="list-style-type: none"> <li>• Bismarck Police Dept.</li> <li>• Mandan Policy Dept.</li> </ul>

## Identified Community Health Need: Long Term Health

<b>Local Asset Mapping</b>	
<p><b>Resources for the Aging Population:</b></p> <ul style="list-style-type: none"> <li>• AARP</li> <li>• Burleigh Co. Social Services</li> <li>• Good Samaritan Home Care</li> <li>• Gracefully Aging</li> <li>• Long Term Care Association</li> <li>• Lutheran Social Services</li> <li>• Sanford Home Care</li> <li>• Meals on Wheels</li> <li>• Spectrum Home Care</li> <li>• Visiting Angels</li> <li>• Support Systems, Inc.</li> <li>• Missouri Slope Care Center</li> <li>• Enable</li> <li>• Volunteer Caregiver Exchange</li> <li>• Baptist Health Care Center</li> <li>• Protection &amp; Advocacy</li> <li>• AID Inc. (transportation)</li> </ul>	<p><b>Resources for the Aging Population Cont.:</b></p> <ul style="list-style-type: none"> <li>• Brandon Hts. Village</li> <li>• Crescent Manor</li> <li>• Edgewood Vista</li> <li>• Good Samaritan Society</li> <li>• Maple View East</li> <li>• Maple View North</li> <li>• Marillac Manor</li> <li>• Patterson Place</li> <li>• Primrose Retirement Community</li> <li>• St. Vincent's Care Center</li> <li>• St. Gabriel's Community</li> <li>• The Terrace</li> <li>• Touchmark</li> <li>• Valley View Heights</li> <li>• BBPH Home Health Program</li> <li>• CHI St Alexius Palliative Care</li> <li>• Custer Health</li> </ul>

<ul style="list-style-type: none"> <li>• Capital Area Transit (transport.)</li> </ul>	<ul style="list-style-type: none"> <li>• Alzheimer’s Assn.</li> <li>• Vulnerable Adults Aging Services</li> <li>• Vulnerable Adult Protective Service</li> </ul>
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### Identified Community Health Need: Public Transportation

Local Asset Mapping	
<b>Transportation Resources:</b> <ul style="list-style-type: none"> <li>• West River Transit</li> <li>• Bis-Man Transit</li> <li>• Standing Rock Public Transit</li> <li>• Bismarck Transportation Services</li> <li>•Uber, Mobile application-based service</li> <li>•Lyft, Mobile application-based service</li> </ul>	

### Identified Community Health Need: Affordable Housing

Local Asset Mapping	
<b>Homelessness resources:</b> <ul style="list-style-type: none"> <li>• Abused Adult Resource Center</li> <li>• Welcome House</li> <li>• AID, Inc.</li> <li>• Community Action Program</li> <li>• Salvation Army</li> <li>• Youthworks</li> <li>• Edwinton Place supportive housing</li> </ul>	<b>Low Income Housing:<sup>8</sup></b> <ul style="list-style-type: none"> <li>• Breton Hts. Apts.</li> <li>• Alberta Hts. Apts.</li> <li>• Park Century Apts.</li> <li>• Ithica Heights Apts.</li> <li>• Brandon Hts. Apts.</li> <li>• Westgate Apts.</li> <li>• Heritage Apts.</li> <li>• Century East Apts.</li> <li>• Calgary Apts.</li> <li>• Century East Apts. II &amp; II</li> <li>• Washington Hts. Apts.</li> </ul>
<b>Employment Resources:<sup>9</sup></b> <ul style="list-style-type: none"> <li>• Job Service North Dakota – Bismarck Workforce Center</li> <li>• Job Service North Dakota</li> <li>• Human Resources</li> <li>• Veterans Employment Services</li> <li>• Spherion</li> <li>• Dakota Staffing Solutions Inc.</li> <li>• Professional Employment Practices</li> <li>• National Medical Resources</li> </ul>	<b>Housing resources:</b> <ul style="list-style-type: none"> <li>• Burleigh Co. Housing Authority</li> <li>• Morton Co. Housing Authority</li> <li>• ND Housing Finance Agency</li> <li>• Standing Rock Housing Authority</li> <li>• Dakota Foundation</li> <li>• Community Action Program</li> <li>• Native American Development Center</li> <li>• ND Hsg. Finance Agency</li> <li>• Pam’s House</li> </ul>

<sup>8</sup> <https://affordablehousingonline.com/housing-search/North-Dakota/Bismarck>

<sup>9</sup> <http://bm da.org/about/major-employers/>

- Bakken Staffing
- People Ready
- Hirequest Direct of Bismarck
- Burdick Job Corporation
- Major Employers in descending order (2017):
  - o State of North Dakota
  - o Sanford Health
  - o Bismarck Public School
  - o CHI St. Alexius
  - o U.S. Government
  - o City of Bismarck
  - o Bismarck State College
  - o Mandan Public School District
  - o Aetna
  - o University of Mary
  - o Housing Industry Training
  - o MDU Resources Group
  - o Bobcat/Doosan Company
  - o Missouri Slope Lutheran Care Center
  - o Basin Electric Power Cooperative
  - o Mid-Dakota Clinic
  - o Dan's Supermarkets
  - o Missouri Valley YMCA
  - o National Information Systems Cooperative (NISC)
  - o Walmart's
  - o Burlington Northern Railroad
  - o Cloverdale Foods
  - o Burleigh County
  - o Baptist Home
  - o Scheels Sports

- New Awakenings Apts.
- VA Supportive Housing
- Supportive Housing for Veteran Families
- AID, Inc.
- Community Works
- Money Follows the Person Housing (ND Dept. of Human Services)
- Salvation Army
- Welcome House