# Community Health Needs Assessment

## CHI St. Alexius Health Williston Medical Center Service Area

## Williston, North Dakota

# 2022

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The Board of Directors for CHI St Alexius Health Williston approved this Community Health Needs Assessment in April 2022.

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# Table of Contents



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# Executive Summary

To help inform future decisions and strategic planning, CHI St. Alexius Health Williston conducted a Community Health Needs Assessment (CHNA) in 2021, the previous CHNA having been conducted in 2019. The Center for Rural Health (CRH) at the University of North Dakota School of Medicine & Health Sciences (UNDSMHS) facilitated the assessment process, which solicited input from area community members and healthcare professionals as well as analysis of community health-related data.

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

With regard to demographics, Williams County's population from 2010 to 2019 increased by 67.8%. The average number of residents under age 18 (29.4%) for Williams County comes in 5.8 percentage points higher than the North Dakota average (23.6%). The percentage of residents, ages 65 and older, is 6.5% lower for Williams County (9.2%) than the North Dakota average (15.7%), and the rate of education is slightly lower for Williams County (90.5%) than the North Dakota average (92.6%). The median household income in Williams County ($87,161) is much higher than the state average for North Dakota ($64,894).

Data, compiled by County Health Rankings, show Williams County is doing better than North Dakota in health outcomes/factors for 15 categories.

Williams County, according to County Health Rankings data, is performing poorly relative to the rest of the state in 16 outcome/factor categories.

Of 106 potential community and health needs set forth in the survey, the 292 CHI St. Alexius Health Williston service area residents who completed the survey indicated the following 10 needs as the most important:

- Not enough affordable housing
- Having enough child daycare services
- Having enough quality school resources
- Ability to retain primary care providers in the community
- Availability of specialists
- Long term/nursing home care options
- Alcohol use and abuse – youth and adult
- Availability of resources to help the elderly stay in their homes
- Depression / anxiety – all ages
- Drug use and abuse – youth and adult

The survey also revealed the biggest barriers to receiving healthcare (as perceived by community members). They included not able to get appointment/limited hours (N=93), not enough specialists (N=90), and not enough providers (N=69).

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

- Job/economic opportunities
- Family-friendly
- People are friendly, helpful, and supportive
- Community groups and organizations
- People who live here are involved in their community
- Active faith community

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

- Having enough child daycare services
- Not enough healthcare staff in general
- Alcohol use and abuse – youth & adult
- Availability of mental health
- Depression/anxiety – all ages
- Not enough affordable housing
- Drug use and abuse – youth & adult
- Cost of long term/nursing home care
- Availability of home health

# Overview and Community Resources

With assistance from CRH at the UNDSMHS, CHI St. Alexius Health Williston completed a CHNA of their service area. The hospital identifies its service area as Williams County in its entirety. Zip codes in the Williston service area include: 58755, 58795, 58801, 58802, 58803, 58830, 58843, 58845, 58849, 58852, 58853, and 58856. Williston has a number of community assets and resources that are potentially available to address significant health needs. Many community members and stakeholders worked together on the assessment.

Williston is located in the northwest corner of North Dakota, just 60 miles from the Canadian border and 18 miles from the Montana border. Its economy is based primarily on the oil and gas industry, agriculture, and the service sector. It is the sixth largest city in North Dakota with an estimated population of 32,189 (2021, WorldPopulationReview.com).

Williston is a small town with many amenities that has experienced amazing and positive growth in the last few years. The U.S. Census Bureau characterized it as the "Fastest Growing Micropolitan Area" in 2014. Brisk growth has also made it a city with virtually no unemployment and a per capita income of over $43,500 (2019, Census.gov).


In response to this growth, a new airport was built north of the city. Williston Basin International Airport (XWA) opened in 2019 at an estimated price tag of $265 million.

Despite record growth and the ebb and flow of oil prices, the Williston area remains a very attractive place to live due in part to the people, the sense of community, and the many outdoor attractions and activities available here. A nationally ranked golf course is just minutes away as is the Lewis and Clark State Park, the North Unit of the Theodore Roosevelt State Park, and Forts Buford and Union historical sites.

Western North Dakota is one of the country's premiere deer and game bird hunting regions, and Lake Sakakawea, located 16 miles east of Williston, is one of the largest manmade reservoirs in the nation and is a top fishery for walleye and northern pike. In fact, the annual Abu Garcia Top 100 Places to Fish in the USA (March 2021) ranked Lake Sakakawea east of Williston 28th on their list!

The Babe Ruth World Series returns to Williston in 2022 (14 year old division). Williston last hosted the series in 2016 (and 2013) with more than 40,000 fans attending. Games are played in Williston's Ardean Aafedt Stadium, which began as the home of a minor league team in the early 1950s, the Williston Oilers. It now plays host to local high school and American Legion Baseball, and whenever possible, the Babe Ruth World Series!

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

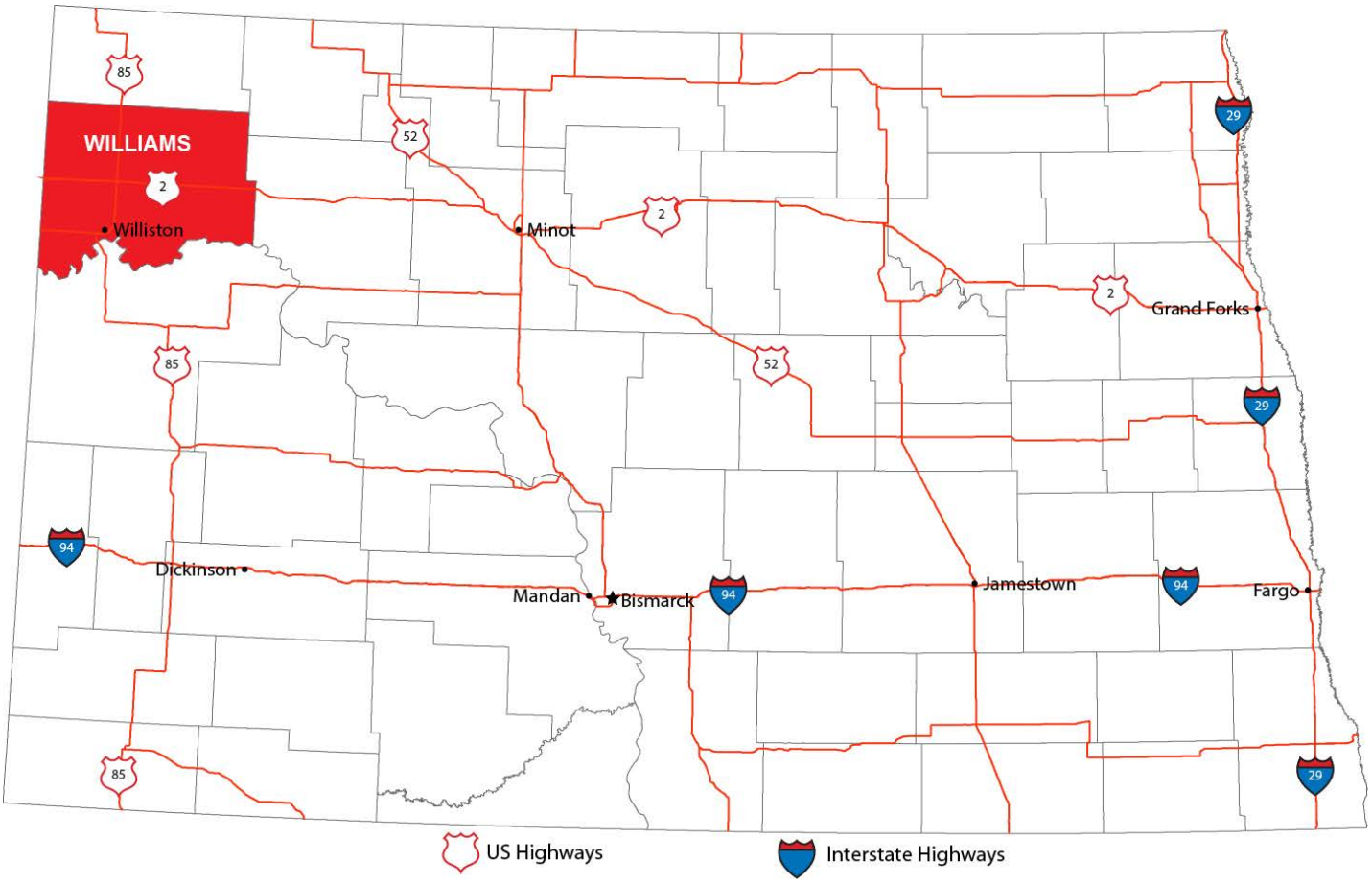
An Olympic-sized iced rink at the fairgrounds, just north of the city limits, is home to the Williston Coyotes and local teams, sponsored by the Williston Basin Skating Club. Next door to that rink is a curling center, managed by the Williston Basin Curling Club.

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

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

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

**Figure 1: Williams County, North Dakota**




## CHI St. Alexius Health Williston

CHI St. Alexius Health Williston (formerly known as Mercy Medical Center) is a 25-bed Critical Access Hospital (CAH) located in Williston, North Dakota. It serves an estimated 70,000 people from western North Dakota and eastern Montana. With 375 employees, CHI St. Alexius Health Williston is one of the largest employers in the region. The CAH Profile for CHI St. Alexis Health Williston, including a summary of hospital-specific information, is available in Appendix A.

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

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

Sensing an opportunity to improve and extend services, Catholic Health Initiatives and Dignity Health aligned their ministries in 2019 to form a more comprehensive ministry called CommonSpirit Health. Together, our commitment to serve the common good is delivered through the dedicated work of thousands of physicians, advanced practice clinicians, nurses, and staff and through clinical excellence, delivered across a system of hospitals and care centers now serving 21 states. With a large geographic footprint, representing diverse populations across the U.S. and a mission to serve the most vulnerable, CommonSpirit is a leader in advancing the shift from sick care to well care, and advocating for social justice.

Community Benefit: With its national office in Chicago and a team of approximately 150,000 employees and 25,000 physicians and advanced practice clinicians, CommonSpirit operates 139 hospitals and more than 1000 care sites across 21 states. In FY 2020, CommonSpirit had combined revenues of nearly $29.6 billion and provided $4.6 billion in charity care, community benefit, and unreimbursed government programs.

**Mission**
The mission of CommonSpirit Health is making 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**
Our vision is to provide a healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

**Values**
Our Values are what brings our Mission to life and allows for our Vision to become reality:
• Compassion • Inclusion • Integrity • Excellence • Collaboration

Services offered locally by CHI St. Alexius Health Williston include:

## General and Acute Services

- Allergy and immunology
- Anesthesiology
- Blood pressure checks
- Cancer treatment
- Cardiology
- Cardiac rehab
- Clinics
- Emergency room
- Gynecology
- Hemodialysis
- Home health/hospice
- Hospital (acute care)
- Infusion therapy
- Mole/wart/skin lesion removal
- Nephrology (visiting specialist)
- Neurology
- Nutrition counseling
- Obstetrics
- Oncology (visiting specialists)
- Orthopedics
- Pediatrics
- Pharmacy
- Physicals: annuals, D.O.T., sports, & insurance
- Prenatal care
- Pulmonary rehab
- Sports medicine
- Surgical services—biopsies
- Surgical services—inpatient
- Surgical services—outpatient
- Wound care

## Clinics

- Cardiology
- Family practice
- General surgery
- Internal medicine
- Neurology
- Nutrition counseling
- Obstetrics/gynecology
- Oncology center (outpatient radiation and infusion)
- Orthopedics
- Pediatrics
- Spiritual care
- Wellness
- Women's health

## Screening/Therapy Services

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

## Radiology Services

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

## Laboratory Services

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

**Hospital Services to Community**

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

**Services Offered by OTHER Providers/Organizations**

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

## Upper Missouri District Health Unit

Upper Missouri District Health Unit (UMDHU) provides public health services that encompass all residents, aged birth to end of life, in Divide, McKenzie, Mountrail, and Williams Counties. Services include environmental health, emergency preparedness, nursing services, WIC (women, infants, and children) program, ATOD prevention, and education services. Each of these programs provides a wide variety of services in order to accomplish the mission of public health, which is to assure that our community is a healthy place to live, and each person has an equal opportunity for optimal health.

UMDHU was founded and began offering sanitation and nursing services in Divide, McKenzie, and Williams Counties in 1947. It was the third public health unit formed in the state. Mountrail County joined the health unit in 1949. The central office is located in Williston; satellite offices are maintained in Crosby, Stanley, and Watford City (all are county seats).

Funding for public health services comes from a variety of funding sources. Programs and services are covered by county mill dollars, state funding, federal funding, donations, and fees for services. UMDHU applies for other funding that supports the mission. Services are available to all eligible UMDHU residents, including all age groups and economic status. UMDHU uses a sliding fee scale for some services, based on financial income.

**Mission**

The Upper Missouri District Health Unit, serving Northwestern North Dakota, promotes healthy lifestyles through health education, prevention and control of disease and the protection and enhancement of the environment.

UMDHU works to prevent illness and injury, promote healthy communities and offer protection of the environment keeping it clean, healthy and safe. Quality of life is improved and money is saved when illness and injury are prevented. Health Promotion goals are to develop public policy and programs to support healthy lifestyles and to encourage the public to practice healthy lifestyles. A clean and safe environment doesn't just happen. Assisting people to identify and prevent public health risks in their community is an important public health responsibility.

**Specific services that UMDHU provides are:**

- Blood pressure checks
- Breastfeeding consultation and resources
- Car seat program
- Emergency preparedness services-work with community partners as part of local emergency response team
- Environmental Health Services (water, sewer, health hazard abatement)
- Family planning
- Flu shots
- Home health – in-home nursing care
- Immunizations
- Medication setup — home visits
- Member of Child Protection Team and County Interagency Team
- Newborn home visits
- Nutrition education
- School health – vaccinations, health education and resource to the schools
- Preschool education programs
- Tobacco prevention and control
- Tuberculosis testing and management
- West Nile program — surveillance and education
- WIC (Women, Infants & Children) program
- Worksite Wellness – coordinator for county employees and Sheriff's Dept.

# Assessment Process

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

A CHNA benefits the community by:

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

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

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

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

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

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

CRH, in partnership with CHI St. Alexius Health Williston and Upper Missouri District Health Unit, facilitated the CHNA process. Community representatives met regularly in-person, by telephone conference, and email. A CHNA liaison was selected locally, who served as the main point of contact between CRH and CHI St. Alexius Health Williston. A steering committee (see Figure 2) was formed that was responsible for planning and implementing the process locally. Representatives from CRH met and corresponded regularly by teleconference and/or via the eToolkit with the CHNA liaison. The community group (described in more detail below) provided in-depth information and informed the assessment process in terms of community

resources, community needs, and ideas for improving the health of the population, and healthcare services. Twelve people, representing a cross section demographically, attended the focus group meeting. The meeting was highly interactive with good participation. CHI St. Alexius Health Williston staff and board members were in attendance as well, but largely played a role of listening and learning.

## Figure 2: Steering Committee

| | |
|---|---|
| Jessica Bingeman Vestal | Clinic PFAC, Patient Family Advisory Council |
| Jessica Lynn Beyer | Clinic PFAC Patient Family Advisory Council |
| Jackie Schwan | Clinic Manager, Craven Hagen Clinic |
| Dubi Cummings | Foundation Director, Mercy Medical Foundation |
| Janna Lutz | MedQuest Board Member, MedQuest board |
| Pat Greenfield | MedQuest Manager, MedQuest |
| Pat Axtman | PFAC, Patient Family Advisory Council |
| Marti Volz | Outpatient Director, CHI St. Alexius |
| Phyllis Stokke | PFAC, Patient Family Advisory Council |
| Javayne Oyloe | Director, Upper Missouri District Health Unit |
| Mark Bekkedahl | Manager, Mission Services, CHI St Alexius |
| Gina Kingstad | Executive Assistant, CHI St. Alexius |

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

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

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

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

Members of the community group and key informants represented the broad interests of the community, served by CHI St Alexius Health Williston and UMDHU. They included representatives of the health community, business community, law enforcement, education, faith community, and social service agencies. Not all members of the group were present at both meetings.

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

## Community Group

A community group, consisting of 18 community members, was convened and first met on August 26, 2021. During this first community group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about the community, and served as a focus group. Focus group topics included community assets and challenges, the general health needs of the community, community concerns, and suggestions for improving the community's health.

The community group met again via Zoom on September 13, 2021 with 11 community members in attendance. At this second meeting, the community group was presented with survey results, findings from key informant interviews and the focus group, and a wide range of secondary data, relating to the general health of the population in Williams County. The group was then tasked with identifying and prioritizing the community's health needs.

## Interviews

One-on-one interviews with five key informants were conducted via Zoom on August 12, 2021. A representative from CRH conducted the interviews. Interviews were held with selected members of the community who could provide insights into the community's health needs. Included among the informants were first responders with knowledge acquired through several years of direct experience in the community, including working with medically underserved, low income, and minority populations as well as with populations with mental health issues.

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

## Survey

A survey was distributed to solicit feedback from the community and was not intended to be a scientific or statistically valid sampling of the population. It was designed to be an additional tool for collecting qualitative data from the community at large – specifically, information related to community-perceived health needs. A copy of the survey instrument is included in Appendix C, and a full listing of direct responses, provided for the questions that included "Other" as an option, are included in Appendix G.

The community member survey was distributed to residents of Williams County, which are in the CHI St. Alexius Health Williston service area. The survey tool was designed to:

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

Specifically, the survey covered the following topics:

- Residents' perceptions about community assets;
- Broad areas of community and health concerns;
- Awareness of local health services;
- Barriers to using local healthcare;

- Basic demographic information;
- Suggestions to improve the delivery of local healthcare; and
- Suggestions for capital improvements.

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

Approximately over 300 community member surveys were available for distribution in Williams County. The surveys were distributed by community group members and at the Upper Missouri District Health Unit, CHI St. Alexius clinics, and MedQuest.

To help ensure anonymity, included with each survey was a postage-paid return envelope to CRH. In addition, to help make the survey as widely available as possible, residents also could request a survey by calling CHI St. Alexius Health Williston or UMDHU. The survey period ran from July 1, 2021 to July 31, 2021. Thirty-five completed paper surveys were returned.

Area residents were also given the option of completing an online version of the survey as with the last CHNA. The community offered residents numerous incentives, social media appeals, and print advertising to complete the survey. Two hundred fifty-seven online surveys were completed. Thirty-eight of those online respondents used the QR code to complete the survey. In total, counting both paper and online surveys, 292 community member surveys were completed, equating to a 4% response rate. This response rate is below the 13% response rate that is goal set for this type of unsolicited survey methodology and indicates an engaged community; however, this engagement response maybe a result of the pandemic.

## Secondary Data

Secondary data was collected and analyzed to provide descriptions of: (1) population demographics, (2) general health issues (including any population groups with particular health issues), and (3) contributing causes of community health issues. Data were collected from a variety of sources, including the United States Census Bureau; Robert Wood Johnson Foundation's County Health Rankings, which pulls data from 20 primary data sources (www.countyhealthrankings.org); the National Survey of Children's Health, which touches on multiple intersecting aspects of children's lives (www.childhealthdata.org/learn/NSCH); North Dakota KIDS COUNT, which is a national and state-by-state effort to track the status of children, sponsored by the Annie E. Casey Foundation (www.ndkidscount.org); and Youth Risk Behavior Surveillance System (YRBSS) data, which is published by the Centers for Disease Control and Prevention (https://www.cdc.gov/healthyyouth/data/yrbs/index.htm).

## Social Determinants of Health

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

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

There are numerous models that depict the social determinants of health. While the models may vary slightly in the exact percentages that they attribute to various areas, the discrepancies are often because some models have combined factors when other models have kept them as separate factors.

For Figure 3, data has been derived from the County Health Rankings model (https://www.countyhealthrankings.org/resources/county-health-rankings-model) and it illustrates that healthcare, while vitally important, plays only one small role (approximately 20%) in the overall health of individuals and ultimately of a community. Physical environment, social and economic factors, and health behaviors play a much larger part (80%) in impacting health outcomes. Therefore, as needs or concerns were raised through this Community Health Needs Assessment process, it was imperative to keep in mind how they impact the health of the community and what solutions can be implemented.

## Figure 3: Social Determinants of Health

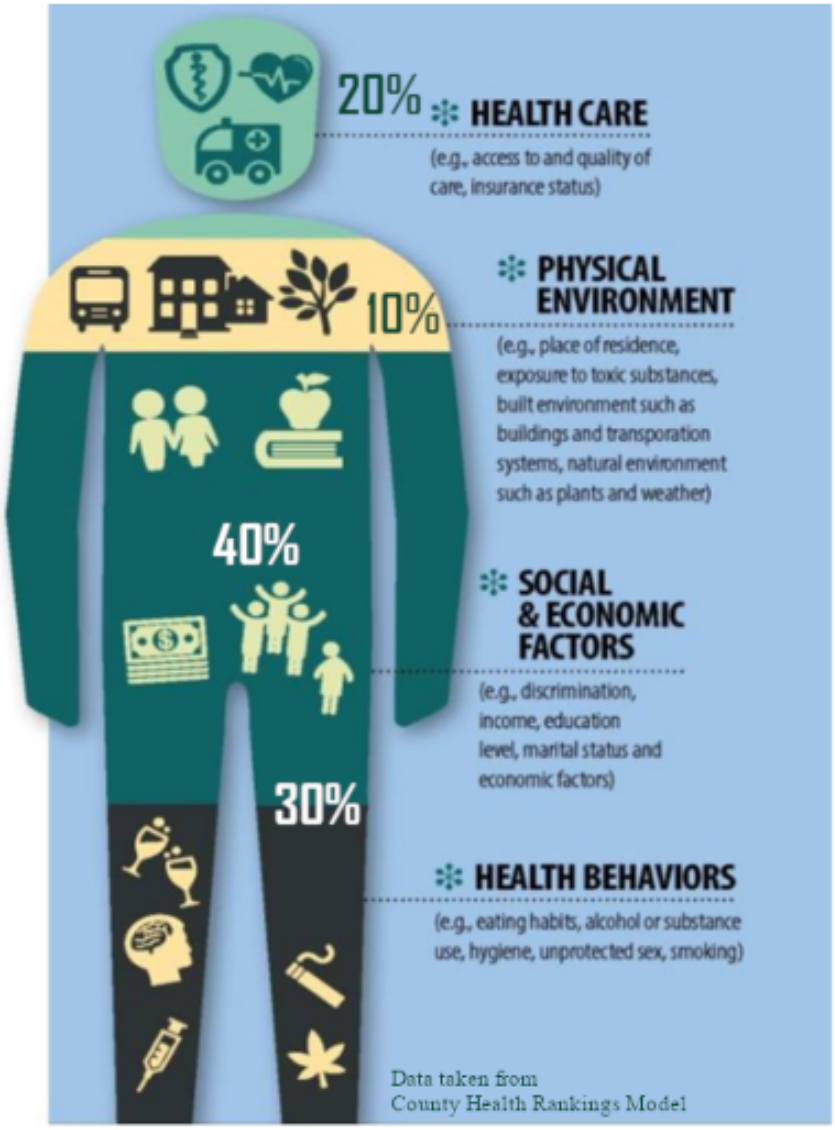
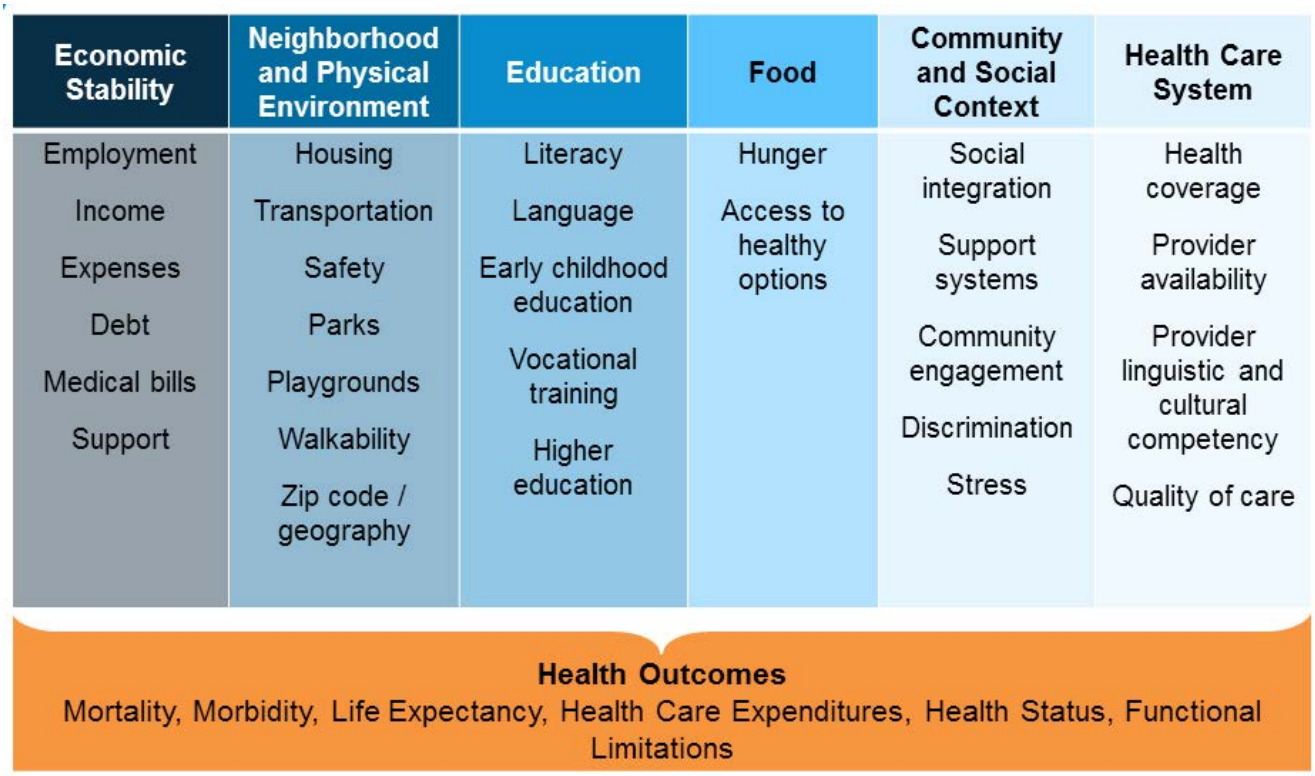



Figure 4 (Henry J. Kaiser Family Foundation, https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/), provides examples of factors that are included in each of the social determinants of health categories that lead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

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

## Figure 4: Social Determinants of Health




# Health Equity and COVID-19 Assessments for Upper Missouri District Health Unit, which includes Williams County

The COVID-19 pandemic has brought social and racial injustice and inequity to the forefront of public health. It has highlighted that health equity is still not a reality as COVID-19 has unequally affected many minority groups, putting them more at risk of getting sick and dying from COVID-19. Many factors, such as poverty and healthcare access, are intertwined and have a significant influence on the people's health and quality of life. "Essential workers" are those who conduct a range of operations and services in industries that are essential to ensure the continuity of critical functions in the United States, from keeping us safe, to ensuring food is available at markets, to taking care of the sick. A majority of these workers belong to and live within communities disproportionately affected by COVID-19. Essential workers are inherently at higher risk of being exposed to COVID-19 due to the nature of their work, and they are disproportionately representative of racial and ethnic minority groups.

Upper Missouri District Health Unit serves northwest North Dakota to promote healthy lifestyles through health education, prevention and control of disease and the protection and enhancement of the environment, including the counties of Divide, McKenzie, Mountrail, and Williams.

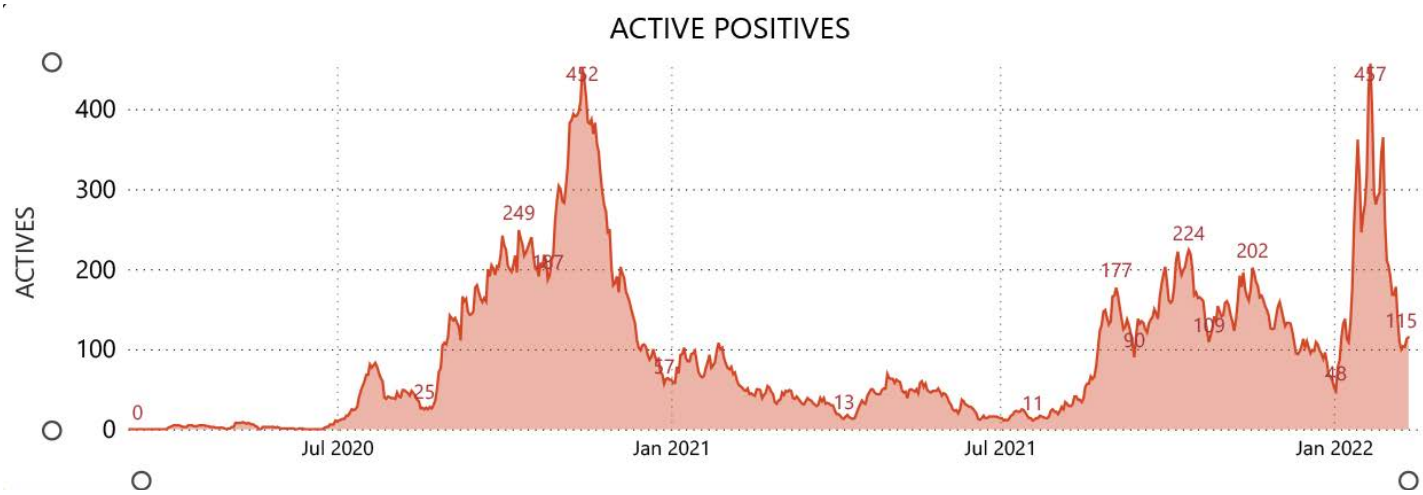
**Social Vulnerability Index**

A scale from 0 to 1, the Social Vulnerability Index (SVI), is a measure based on a variety of things such as: health, socioeconomic status, household composition, and ethnicity. It is used to determine how likely the population of an area will be affected by a public health emergency or other disaster. Public officials may use the SVI as a means to determine which areas need the most attention before, during, and after an emergency. The following list is the CDC SVI (2018) of the counties that make up the Upper Missouri District: Divide (.0334), McKenzie (.392), Mountrail (.375), Williams (.251). Mountrail and McKenzie have a ranking as mid-to-highly socially vulnerable, while Divide and Williams are ranked as mildly socially vulnerable.

**COVID-19 Vaccinations**
The following is a breakdown of all doses administered and percent of the population of Williams County that are fully vaccinated.

As of July 11, 2021, 15,185 of doses of vaccine had been administered, majority of which were Moderna brand (68.3%) followed by Pfizer (26.1%) and Janssen (5.6%). As of the same date, 29.4% of the population had been fully vaccinated.

**COVID-19 Cases**
Since the introduction of the COVID-19 vaccine, there has been a significant drop in the umber of COVID-19 cases in the District, since their peaks in the fall of 2020. The following graph shows the active number of cases in Williams County from March 2020 through June 2021.




Source: Williams County, North Dakota Coronavirus Cases (nd.gov)

**Transportation available in Williams County**

- Northwest Public Transit
- UMDHU will visit homebound as needed

A survey was conducted as well as group sessions and meetings with community leaders. Ideas from people surveyed on how to increase vaccine confidence included:

- Providing accurate information on possible vaccine harms, benefits
- Continue to spread the facts
- Posters where to get the vaccine
- Reassure people the vaccine is safe
- Engage influential leaders
- Incentives – lottery, free beer, free tank of gas, Minnesota Viking's tickets
- Involve students
- Involve tribal leaders
- Promote doing it for others/classmates/loved ones/family
- Try to work on CDC, WHO, and government to regain trust
- Provide long-term study data when available, be honest about side effects
- Be prepared for fall surge
- Find talking points that aren't mainstream. Not used in politics.
- Several people said they don't have any answers. Those who wanted the vaccine have received it.

**No big surprises in the opinions and insights of the community members were shared. Findings included:**

- Shared misinformation as fact, which include mark of the beast, magnetic, microchip in vaccine, mind altering/controls people, changes DNA, people will die from the vaccine, erratic menses, infertility, political not scientific, had the virus don't need the vaccine, COVID is not real, COVID is the same as flu
- Felt the vaccine was made too quickly
- Fear vaccine side effects more than the virus
- J&J being pulled from use and other industry shortcomings spooked some people
- Do not tell us what to do. Resist any mandates.
- History with tribes being the first in line/guinea pigs (smallpox)
- Bodies don't need vaccine
- Vaccines are for depopulation
- Fear drives people to vaccinate
- Education about and vaccine availability is not an issue
- Want to travel, see family, attend events will drive up vaccination rates
- Will vaccinate so they don't have to wear masks
- Protection of others is a motivator to vaccinate
- People are secretive about receiving the vaccine due to possible retribution
- Vaccinate from getting sick with COVID again

# Demographic Information

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

| | Williams County | North Dakota |
|---|---|---|
| Population (2019) | 37,589 | 762,062 |
| Population change (2010-2019) | 67.8% | 13.3% |
| People per square mile (2010) | 10.8 | 9.7 |
| Persons 65 years or older (2019) | 9.2% | 15.7% |
| Persons under 18 years (2019) | 29.4% | 23.6% |
| Median age (2019 est.) | 31.3 | 35.1 |
| White persons (2019) | 85.8% | 86.9% |
| High school graduates (2019) | 90.5% | 92.6% |
| Bachelor's degree or higher (2019) | 23.6% | 30.0% |
| Live below poverty line (2019) | 6.4% | 10.6% |
| Persons without health insurance, under age 65 years (2019) | 8.4% | 8.1% |
| Households with a broadband internet subscription (2019) | 75.9% | 80.7% |

Source: https://www.census.gov/quickfacts/fact/table/ND,US/INC910216#viewtop and https://data.census.gov/cedsci/profile?g=0400000US38&q=North%20Dakota

While the population of North Dakota has grown in recent years, Williams County has outpaced North Dakota's growth rate in population since 2010. The U.S. Census Bureau estimates show that Williams County's population increased from 22,399 (2010) to 37,589 (2019).

## County Health Rankings

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

The data, used in the 2021 County Health Rankings, are pulled from more than 20 data sources and then are compiled to create county rankings. Counties in each of the 50 states are ranked, according to summaries of a variety of health measures. Those counties, having high ranks, such as 1 or 2, are considered to be the "healthiest." Counties are ranked on both health outcomes and health factors. Following is a breakdown of the variables that influence a county's rank.

A model of the 2021 County Health Rankings – a flow chart of how a county's rank is determined – may be found in Appendix D. For further information, visit the County Health Rankings website at www.countyhealthrankings.org.

**Health Outcomes**
- Length of life
- Quality of life

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

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

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

For most of the measures included in the rankings, the County Health Rankings' authors have calculated the "Top U.S. Performers" for 2021. The Top Performer number marks the point at which only 10% of counties in the nation do better, i.e., the 90th percentile or 10th percentile, depending on whether the measure is framed positively (such as high school graduation) or negatively (such as adult smoking).

Williams County rankings within the state are included in the summary following. For example, Williams County ranks 12th out of 46 ranked counties in North Dakota on health outcomes and 28th on health factors. The measures, marked with a bullet point (•), are those where a county is not measuring up to the state rate/percentage; a square (■) indicates that the county is not meeting the U.S. Top 10% rate on that measure. Measures that are not marked with a colored shape but are marked with a plus sign (+) indicate that the county is doing better than the U.S. Top 10%.

The data from County Health Rankings show that Williams County is doing better than many counties, compared to the rest of the state on all but two of the outcomes, landing at or above rates for other North Dakota counties. However, like many North Dakota counties, Williams County is doing poorly in many areas when it comes to the U.S. Top 10% ratings. One particular outcome, where Williams County do not meet the U.S. Top 10% ratings, is the number of premature deaths.

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

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

- Poor or fair health
- Poor physical health days
- Poor mental health days
- Low birth weight
- Adult smoking
- Food environment index (10=best)
- Access to exercise opportunities
- Uninsured
- Preventable hospital stays
- Unemployment
- Children in poverty
- Income inequality
- Children in single-parent households
- Severe housing problems

Outcomes and factors in which Williston County were performing poorly, relative to the rest of the state, include:

- Premature death
- % poor or fair health
- Adult obesity
- Physical inactivity
- Excessive drinking
- Alcohol-impaired driving deaths
- Sexually transmitted infections
- Teen birth rate
- Primary care physicians
- Dentists
- Mental health providers
- Mammography screening
- Flu vaccinations
- Social associations
- Violent crime
- Injury deaths

## TABLE 2: SELECTED MEASURES FROM COUNTY HEALTH RANKINGS 2021 – WILLIAMS COUNTY

● = Not meeting North Dakota average

■ = Not meeting U.S. Top 10% Performers

**+** = Meeting or exceeding U.S. Top 10% Performers

*Blank values reflect unreliable or missing data*

| TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS* 2021 – WILLIAMS COUNTY | | | |
|---|---|---|---|
| | **Williams County** | **U.S. Top 10%** | **North Dakota** |
| **Ranking: Outcomes** | **12th** | | **(of 46)** |
| Premature death | 7,800 ■ ● | 5,400 | 6,600 |
| Poor or fair health | 15% ■ ● | 14% | 14% |
| Poor physical health days (in past 30 days) | 3.2 + | 3.4 | 3.2 |
| Poor mental health days (in past 30 days) | 3.6 + | 3.8 | 3.8 |
| Low birth weight | 5% + | 6% | 6% |
| **Ranking: Factors** | **28th** | | **(of 45)** |
| *Health Behaviors* | | | |
| Adult smoking | 20% ■ | 16% | 20% |
| Adult obesity | 38% ■ ● | 26% | 34% |
| Food environment index (10=best) | 9.5 + | 8.7 | 8.9 |
| Physical inactivity | 24% ■ ● | 19% | 23% |
| Access to exercise opportunities | 79% ■ | 91% | 74% |
| Excessive drinking | 25% ■ ● | 15% | 24% |
| Alcohol-impaired driving deaths | 46% ■ ● | 11% | 42% |
| Sexually transmitted infections | 626.7 ■ ● | 161.2 | 466.6 |
| Teen birth rate | 36 ■ ● | 12 | 20 |
| *Clinical Care* | | | |
| Uninsured | 8% ■ | 6% | 8% |
| Primary care physicians | 1,770:1 ■ ● | 1,030:1 | 1,300:1 |
| Dentists | 1,630:1 ■ ● | 1,210:1 | 1,510:1 |
| Mental health providers | 770:1 ■ ● | 270:1 | 510:1 |
| Preventable hospital stays | 3,134 ■ | 2,565 | 4,037 |
| Mammography screening (% of Medicare enrollees ages 65-74 receiving screening) | 42% ■ ● | 51% | 53% |
| Flu vaccinations (% of fee-for-service Medicare enrollees receiving vaccination) | 36% ■ ● | 55% | 50% |
| *Social and Economic Factors* | | | |
| Unemployment | 1.8% + | 2.6% | 2.4% |
| Children in poverty | 8% + | 10% | 11% |
| Income inequality | 3.8 ■ | 3.7 | 4.4 |
| Children in single-parent households | 18% ■ ● | 14% | 20% |
| Social associations | 13.9 ■ ● | 18.2 | 16.0 |
| Violent crime | 373 ■ ● | 63 | 258 |
| Injury deaths | 80 ■ ● | 59 | 71 |
| *Physical Environment* | | | |
| Air pollution – particulate matter | 7.2 ■ | 5.2 | 4.7 |
| Drinking water violations | Yes | | |

Source: http://www.countyhealthrankings.org/app/north-dakota/2021/rankings/outcomes/overall

## Children's Health

The National Survey of Children's Health touches on multiple intersecting aspects of children's lives. Data are not available at the county level; listed below is information about children's health in North Dakota. The full survey includes physical and mental health status, access to quality healthcare, information on the child's family, neighborhood, and social context. Data is from 2019. More information about the survey may be found at www.childhealthdata.org/learn/NSCH.

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

### TABLE 3: SELECTED MEASURES REGARDING CHILDREN'S HEALTH (For children ages 0-17 unless noted otherwise), 2019

| Health Status | North Dakota | National |
|---|---|---|
| Children born premature (3 or more weeks early) | 9.6% | 11.2% |
| Children 10-17 overweight or obese | 24.8% | 31.4% |
| Children 0-5 who were ever breastfed | 84.6% | 80.6% |
| Children 6-17 who missed 11 or more days of school | 3.9% | 4.5% |
| **Healthcare** | | |
| Children currently insured | 18.4% | 93.4% |
| Children who had preventive medical visit in past year | 75.4% | 19.0% |
| Children who had preventive dental visit in past year | 12.0% | 79.6% |
| Young children (10 mos.-5 yrs.) receiving standardized screening for developmental or behavioral problems | 1.2% | 10.4% |
| Children aged 2-17 with problems requiring counseling who received needed mental healthcare | 32.6% | 2.3% |
| **Family Life** | | |
| Children whose families eat meals together 4 or more times per week | 75.5% | 73.6% |
| Children who live in households where someone smokes | 15.3% | 14.4% |
| **Neighborhood** | | |
| Children who live in neighborhood with a park, sidewalks, a library, and a community center | 81.1% | 75.4% |
| Children living in neighborhoods with poorly kept or rundown housing | 9.1% | 13.3% |
| Children living in neighborhood that's usually or always safe | 97.4% | 95.0% |

Source: https://www.childhealthdata.org/browse/survey

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

- Children (1-17 years) who had a preventative dental visit in the past year
- Young children (9-35 mos.) receiving standardized screening for developmental problems
- Children who live in households where someone smokes

Table 4 includes selected county-level measures regarding children's health in North Dakota. The data come from North Dakota KIDS COUNT, a national and state-by-state effort to track the status of children, sponsored by the Annie E. Casey Foundation. KIDS COUNT data focuses on the main components of children's well-

being; more information about KIDS COUNT is available at www.ndkidscount.org. The measures highlighted in blue in the table are those in which the counties are doing worse than the state average. The year of the most recent data is noted.

The data show Williams County is performing better than the North Dakota average on all of the examined measures except on the 4-year high school graduation rate and the rate of victims of child abuse and neglect, requiring services, which is the most marked difference, compared to the North Dakota average (Williams County 24.26 vs North Dakota 9.98).

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

| | Williams County | North Dakota |
|---|---|---|
| Child food insecurity, 2019 | 7.1% | 9.6% |
| Medicaid recipient (% of population age 0-20), 2019 | 21.3% | 26.6% |
| Children enrolled in Healthy Steps (CHIP) (% of population age 0-18), 2020 | 1.1% | 1.6% |
| Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2020 | 11.0% | 16.9% |
| Licensed childcare capacity (# of children), 2020 | 966 | 36,701 |
| 4-year high school cohort graduation rate, 2019/2020 | 80.6% | 89.0% |
| Victims of child abuse and neglect requiring services (rate per 1,000 children ages 0-17), 2019 | 24.26 | 9.98 |

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

Another means for obtaining data on the youth population is through the Youth Risk Behavior Survey (YRBS). The YRBS was developed in 1990 by the Centers for Disease Control and Prevention (CDC) to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability and social problems among youth and adults in the United States. The YRBS was designed to monitor trends, compare state health risk behaviors to national health risk behaviors, and intended for use to plan, evaluate, and improve school and community programs. North Dakota began participating in the YRBS survey in 1995. Students in grades 7-8 and 9-12 are surveyed in the spring of odd years. The survey is voluntary and completely anonymous.

North Dakota has two survey groups, selected and voluntary. The selected school survey population is chosen, using a scientific sampling procedure, which ensures that the results can be generalized to the state's entire student population. The schools that are part of the voluntary sample, selected without scientific sampling procedures, will only be able to obtain information on the risk behavior percentages for their school and not in comparison to all the schools.

Table 5 depicts some of the YRBS data that has been collected in 2015, 2017, and 2019. They are further broken down by rural and urban percentages. The trend column shows a "=" for statistically insignificant change (no change), "↑" for an increased trend in the data changes from 2017 to 2019, and "↓" for a decreased trend in the data changes from 2017 to 2019. The final column shows the 2019 national average percentage. For a more complete listing of the YRBS data, see Appendix E.

## TABLE 5: Youth Risk Behavior Survey Results

North Dakota High School Survey
Rate Increase ↑, rate decrease ↓, or no statistical change = in rate from 2017-2019.

| | ND 2015 | ND 2017 | ND 2019 | ND Trend ↑, ↓, = | Rural ND Town Average | Urban ND Town Average | National Average 2019 |
|---|---|---|---|---|---|---|---|
| **Injury and Violence** | | | | | | | |
| % of students who rarely or never wore a seat belt (when riding in a car driven by someone else) | 8.5 | 8.1 | 5.9 | = | 8.8 | 5.4 | 6.5 |
| % of students who rode in a vehicle with a driver who had been drinking alcohol (one or more times during the 30 prior to the survey) | 17.7 | 16.5 | 14.2 | = | 17.7 | 12.7 | 16.7 |
| % of students who talked on a cell phone while driving (on at least one day during the 30 days before the survey) | NA | 56.2 | 59.6 | = | 60.7 | 60.7 | NA |
| % of students who texted or e-mailed while driving a car or other vehicle (on at least one day during the 30 days before the survey) | 57.6 | 52.6 | 53.0 | = | 56.5 | 51.8 | 39.0 |
| % of students who were in a physical fight on school property (one or more times during the 12 months before the survey) | 5.4 | 7.2 | 7.1 | = | 7.4 | 6.4 | 8.0 |
| % of students who experienced sexual violence (being forced by anyone to do sexual things [counting such things as kissing, touching, or being physically forced to have sexual intercourse] that they did not want to, one or more times during the 12 months before the survey) | NA | 8.7 | 9.2 | = | 7.1 | 8.0 | 10.8 |
| % of students who were bullied on school property (during the 12 months before the survey) | 24.0 | 24.3 | 19.9 | ↓ | 24.6 | 19.1 | 19.5 |
| % of students who were electronically bullied (includes texting, Instagram, Facebook, or other social media ever during the 12 months before the survey) | 15.9 | 18.8 | 14.7 | ↓ | 16.0 | 15.3 | 15.7 |
| % of students who made a plan about how they would attempt suicide (during the 12 months before the survey) | 13.5 | 14.5 | 15.3 | = | 16.3 | 16.0 | 15.7 |
| **Tobacco, Alcohol, and Other Drug Use** | | | | | | | |
| % of students who currently use an electronic vapor product (e-cigarettes, vape e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens at least one day during the 30 days before the survey) | 22.3 | 20.6 | 33.1 | ↑ | 32.2 | 31.9 | 32.7 |
| % of students who currently used cigarettes, cigars, or smokeless tobacco (on at least one day during the 30 days before the survey) | NA | 18.1 | 12.2 | **NA** | 15.1 | 10.9 | 10.5 |
| % of students who currently were binge drinking (four or more drinks for female students, five or more for male students within a couple of hours on at least one day during the 30 days before the survey) | NA | 16.4 | 15.6 | = | 17.2 | 14.0 | 13.7 |
| % of students who currently used marijuana (one or more times during the 30 days before the survey) | 15.2 | 15.5 | 12.5 | = | 11.4 | 14.1 | 21.7 |
| % of students who ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (counting drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet, one or more times during their life) | NA | 14.4 | 14.5 | = | 12.8 | 13.3 | 14.3 |
| **Weight Management, Dietary Behaviors, and Physical Activity** | | | | | | | |
| % of students who were overweight (>= 85th percentile but <95$^{th}$ percentile for body mass index) | 14.7 | 16.1 | 16.5 | = | 16.6 | 15.6 | 16.1 |
| % of students who had obesity (>= 95th percentile for body mass index) | 13.9 | 14.9 | 14.0 | = | 17.4 | 14.0 | 15.5 |
| % of students who did not eat fruit or drink 100% fruit juices (during the seven days before the survey) | 3.9 | 4.9 | 6.1 | = | 5.8 | 5.3 | 6.3 |
| % of students who did not eat vegetables (green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the seven days before the survey) | 4.7 | 5.1 | 6.6 | = | 5.3 | 6.6 | 7.9 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| % of students who drank a can, bottle, or glass of soda or pop one or more times per day (not including diet soda or diet pop, during the seven days before the survey) | 18.7 | 16.3 | 15.9 | = | 17.4 | 15.1 | 15.1 |
| % of students who did not drink milk (during the seven days before the survey) | 13.9 | 14.9 | 20.5 | ↑ | 14.8 | 20.3 | 30.6 |
| % of students who did not eat breakfast (during the seven days before the survey) | 11.9 | 13.5 | 14.4 | = | 13.3 | 14.1 | 16.seven |
| % of students who most of the time or always went hungry because there was not enough food in their home (during the 30 days before the survey) | NA | 2.seven | 2.8 | = | 2.1 | 2.9 | NA |
| % of students who were physically active at least 60 minutes per day on 5 or more days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the seven days before the survey) | NA | 51.5 | 49.0 | = | 55.0 | 22.6 | 55.9 |
| % of students who watched television 3 or more hours per day (on an average school day) | 18.9 | 18.8 | 18.8 | = | 18.3 | 18.2 | 19.8 |
| % of students who played video or computer games or used a computer three or more hours per day (for something that was not schoolwork on an average school day) | 38.6 | 43.9 | 45.3 | = | 48.3 | 45.9 | 46.1 |
| **Other** | | | | | | | |
| % of students who ever had sexual intercourse | 38.9 | 36.6 | 38.3 | = | 35.4 | 36.1 | 38.4 |
| % of students who had eight or more hours of sleep (on an average school night) | NA | 31.8 | 29.5 | = | 31.8 | 33.1 | NA |
| % of students who brushed their teeth on seven days (during the seven days before the survey) | NA | 69.1 | 66.8 | = | 63.0 | 68.2 | NA |

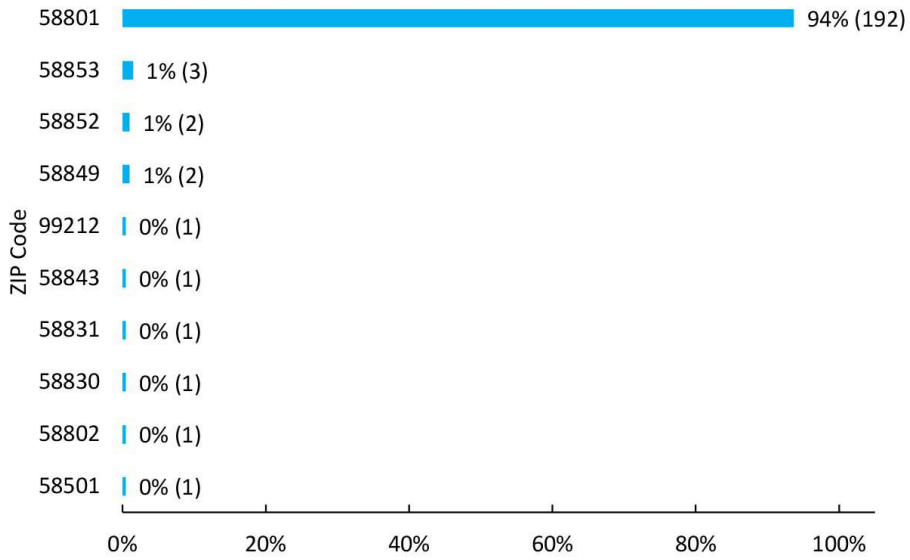
Sources: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm; https://www.nd.gov/dpi/districtsschools/safety-health/youth-risk-behavior-survey

# Survey Results

As noted previously, 292 community members completed the survey in communities throughout the counties in the WMC service area. For all questions that contained an "Other" response, all of those direct responses may be found in Appendix G. In some cases, a summary of those comments is additionally included in the report narrative. The "Total respondents" number under each heading indicates the number of people who responded to that particular question, and the "Total responses" number under the heading depicts the number of responses selected for that question (some questions allow for selection of more than one response).

The survey requested that respondents list their home zip code. While not all respondents provided a zip code, 205 did, revealing that a large majority of respondents (94%, N=192) lived in Williston. These results are shown in Figure 5.

### Figure 5: Survey Respondents' Home Zip Code
### Total respondents: 205




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

## Survey Demographics

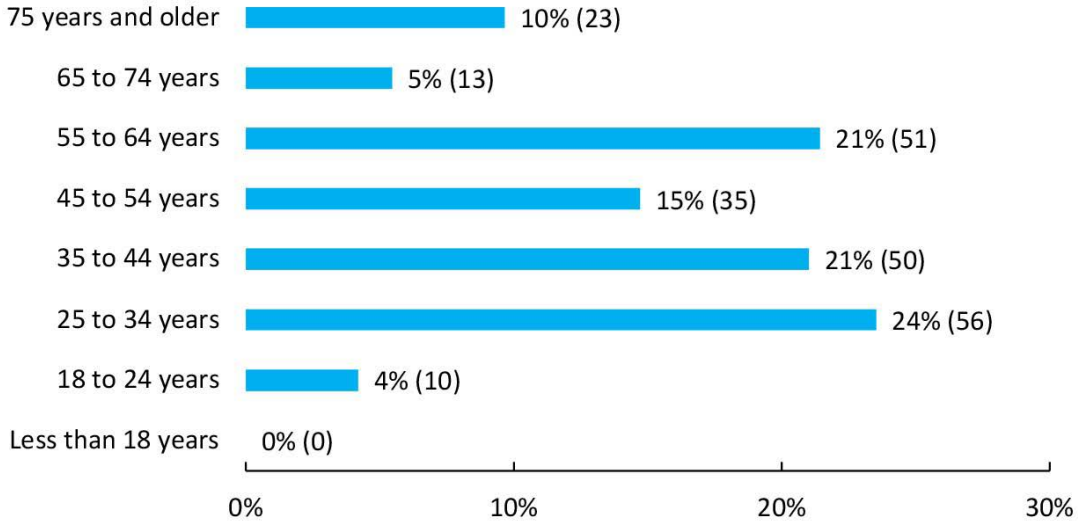
To better understand the perspectives, offered by survey respondents, survey-takers were asked a few demographic questions. Throughout this report, numbers (N) instead of just percentages (%) are reported because percentages can be misleading with smaller numbers. Survey respondents were not required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

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

- 36% (N=87) were age 55 or older.
- The majority (74%, N=177) were female.
- Slightly more than half of the respondents (53%, N=127) had bachelor's degrees or higher.
- The number of those working full time (62%, N=146) was just less than four times higher than those who were retired (17%, N=40).
- 91% (N=212) of those who reported their ethnicity/race were white/Caucasian.
- 27% of the population (N=36) had household incomes of less than $50,000.

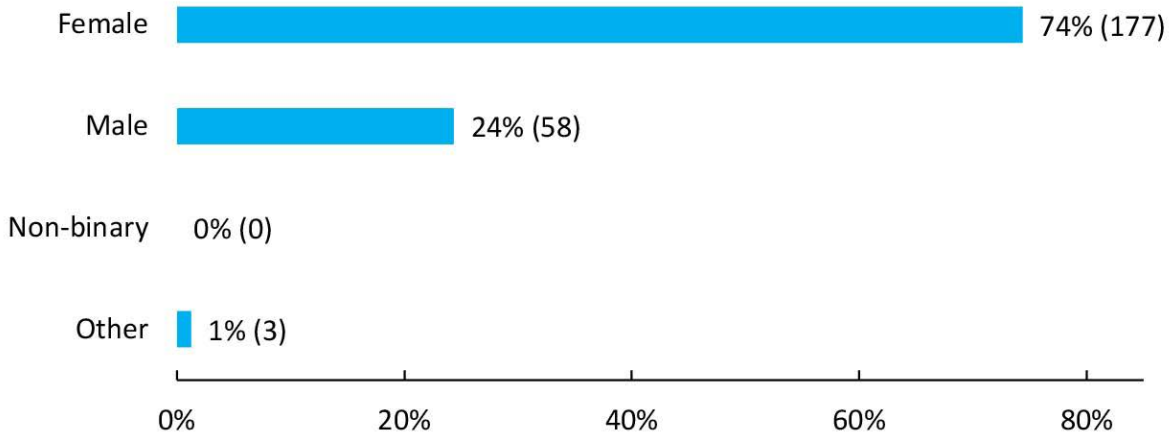
Figures 6 through 12 show these demographic characteristics. It illustrates the range of community members' household incomes and indicates how this assessment took into account input from parties who represent the varied interests of the community served, including a balance of age ranges, those in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

## Figure 6: Age Demographics of Survey Respondents
## Total respondents = 238



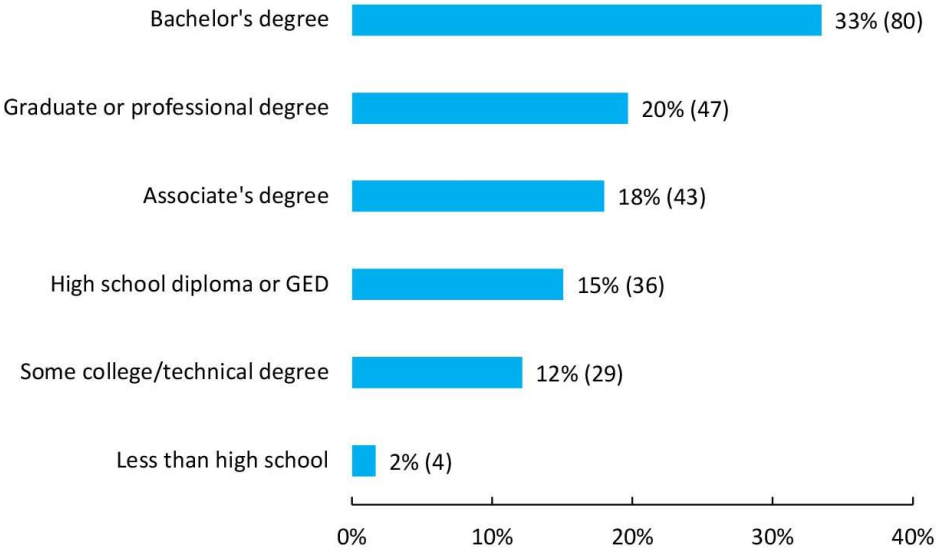

For the CHNA, children under age 18 are not questioned, using this survey method.

## Figure 7: Gender Demographics of Survey Respondents
## Total respondents = 238

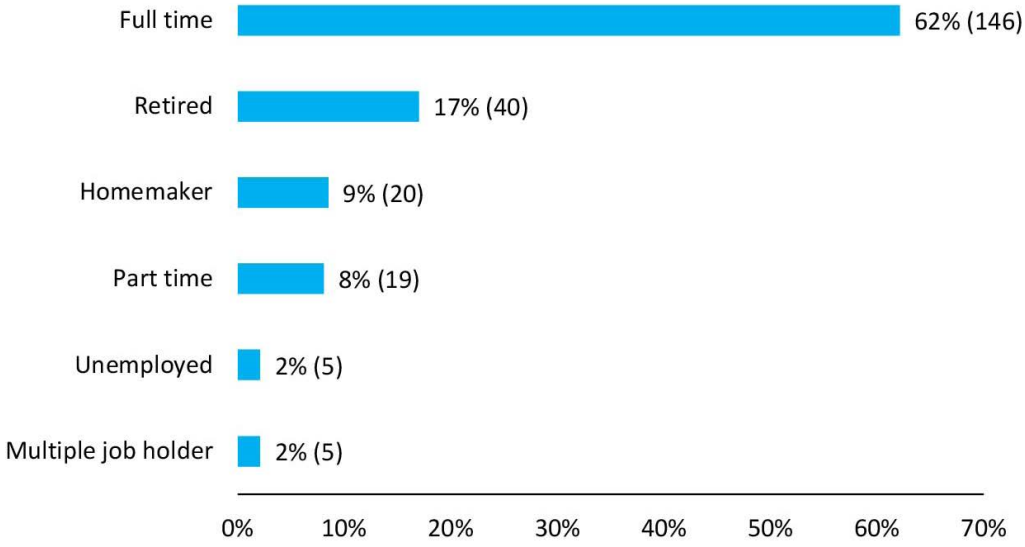



The three "other" responses were from respondents who opted not to disclose their gender.

## Figure 8: Educational Level Demographics of Survey Respondents
## Total respondents = 239

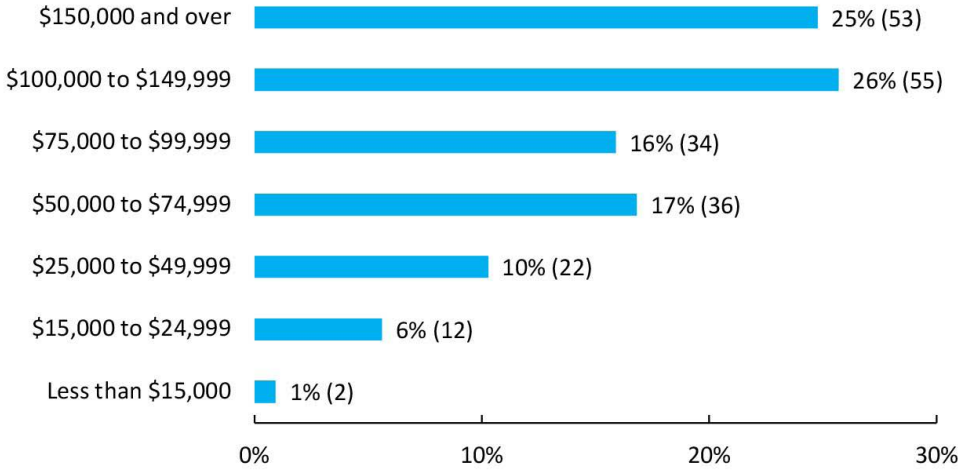



## Figure 9: Employment Status Demographics of Survey Respondents
## Total respondents = 235



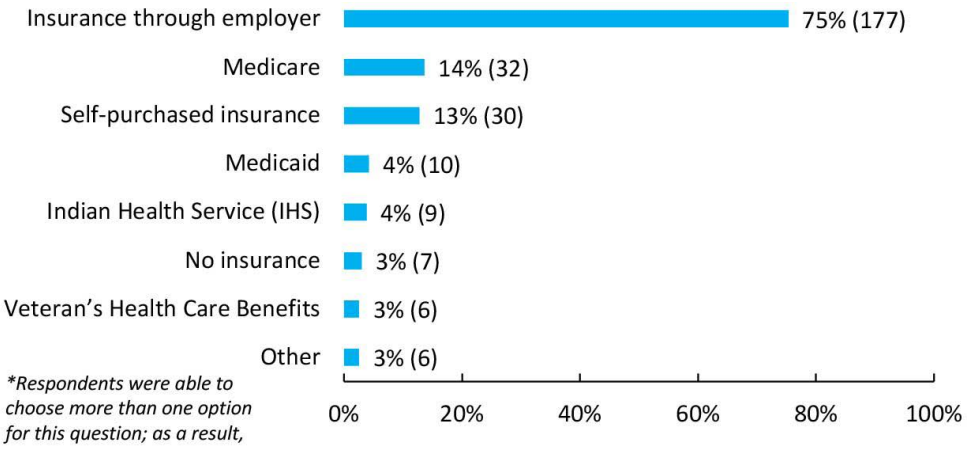
Of those who provided a household income, 7% (N=14) of community members reported a household income of less than $25,000. Fifty-one percent (N=108) indicated a household income of $100,000 or more. This information is shown in Figure 10.

## Figure 10: Household Income Demographics of Survey Respondents
## Total respondents = 214

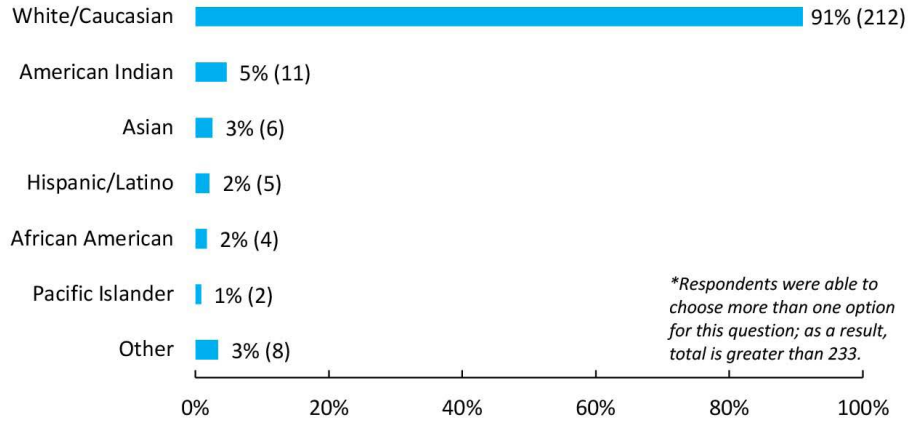



Community members were asked about their health insurance status, which is often associated with whether people have access to healthcare. Three percent (N=7) of the respondents reported having no health insurance. The most common insurance types were insurance through one's employer (N=177), followed by Medicare (N=32), and self-purchased (N=30).

## Figure 11: Health Insurance Coverage Status of Survey Respondents




## Figure 12: Race/Ethnicity Demographics of Survey Respondents
## Total respondents = 233*



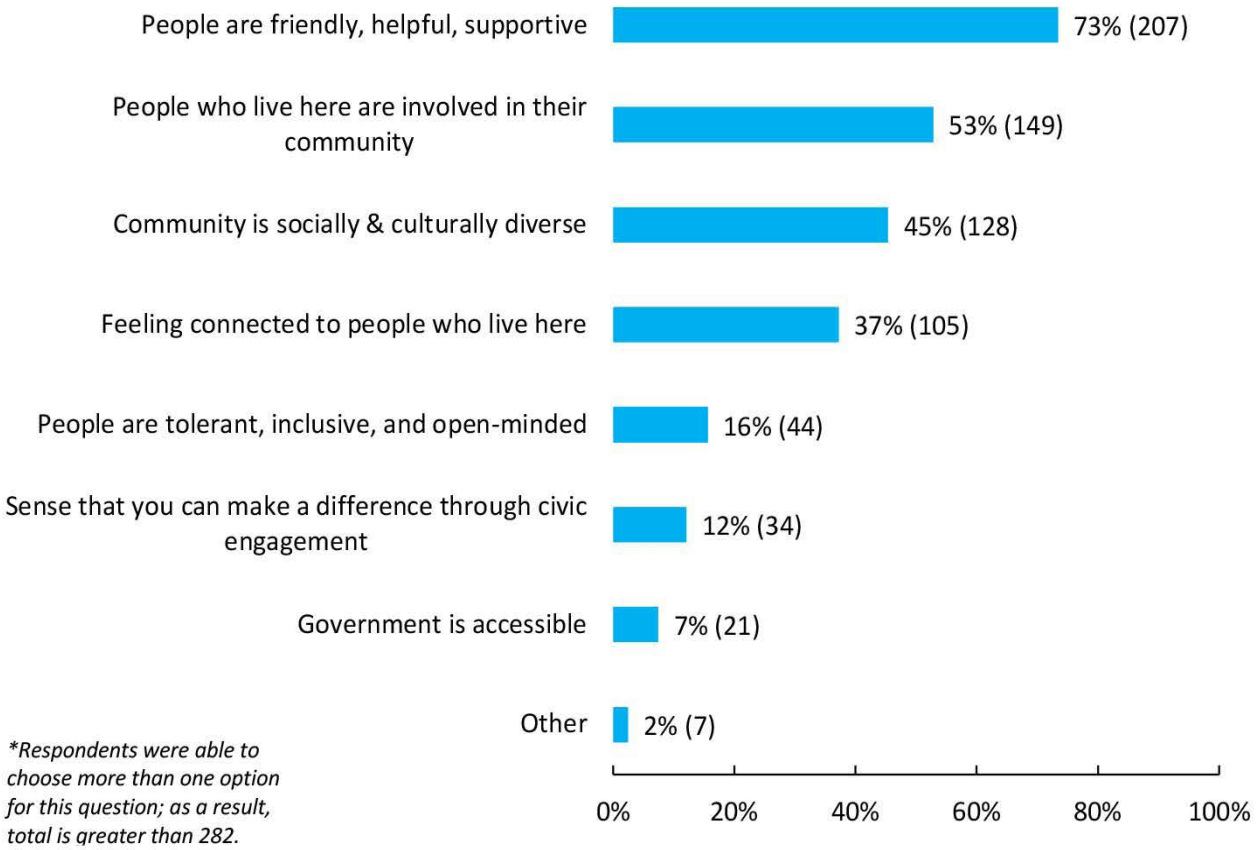
## Community Assets and Challenges

Survey-respondents were asked what they perceived as the best things about their community in four categories: people, services and resources, quality of life, and activities. In each category, respondents were given a list of choices and asked to pick the three best things. Respondents occasionally chose less than three, or more than three, choices within each category. If more than three choices were selected, their responses were not included. The results indicate there is consensus (with at least 143 respondents agreeing) that community assets include:

- People are friendly, helpful, supportive (N=207);
- Local events and festivities (N=160);
- Active faith community (N=156);
- Family-friendly (N=155);
- People who live here are involved in their community (N=149); and
- Job/economic opportunities (N=143).

Figures 13 to 16 illustrate the results of these questions.

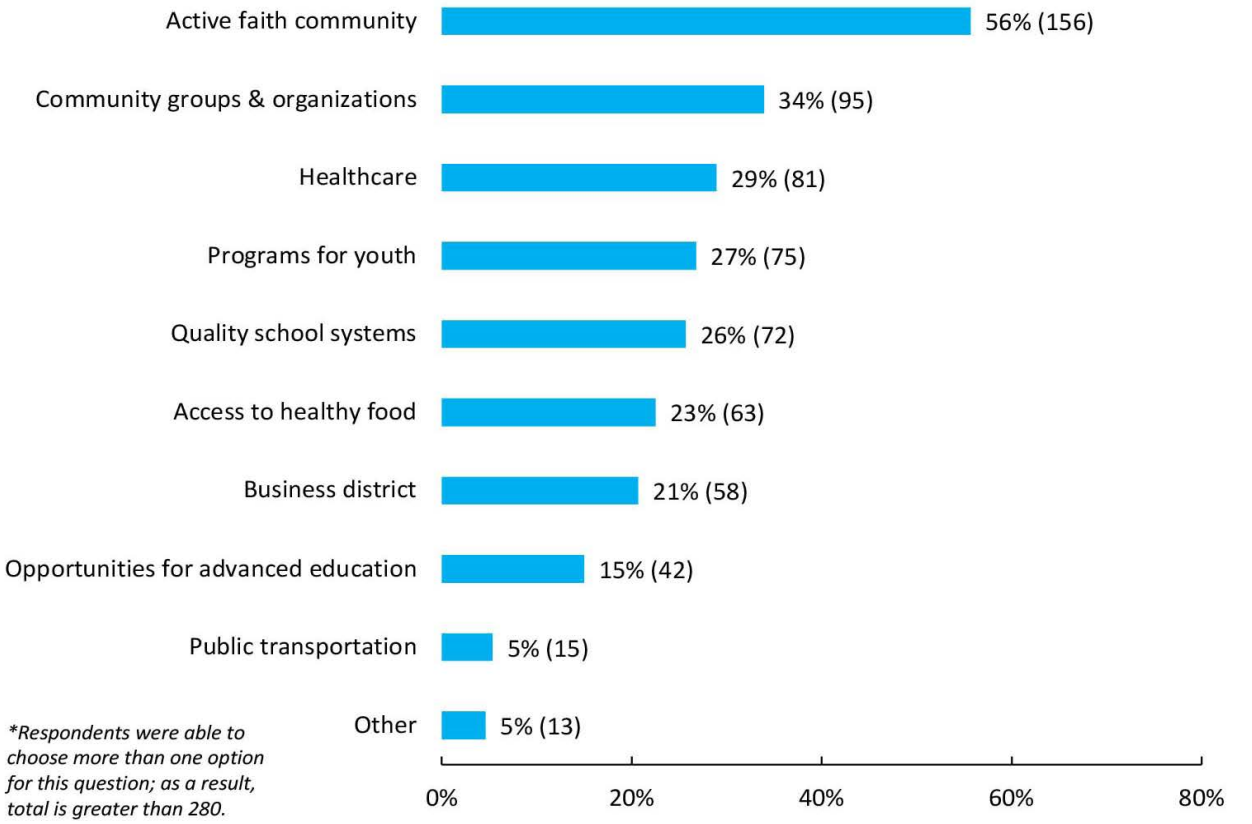
### Figure 13: Best Things About the PEOPLE in Your Community
### Total responses = 282*




**Respondents were able to choose more than one option for this question; as a result, total is greater than 282.*

Included in the "Other" category of the best things about the people was that it's a strong faith community, and there is a sense of family and community.

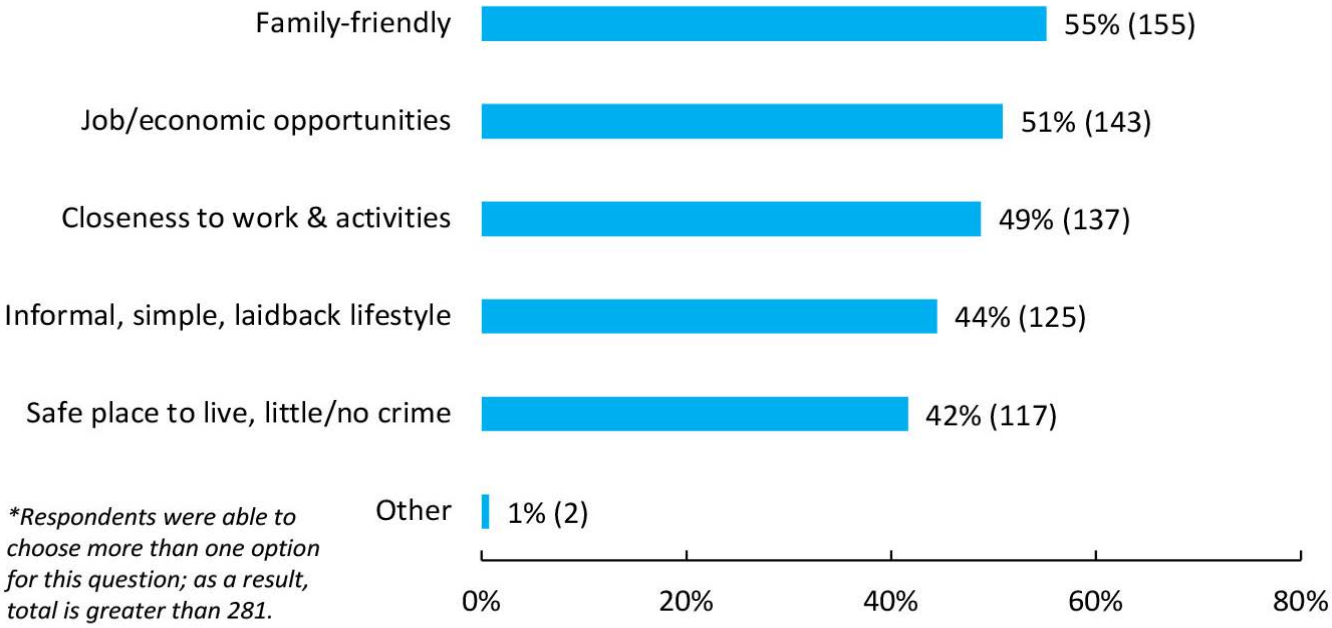
## Figure 14: Best Things About the SERVICES AND RESOURCES in Your Community
## Total responses = 280*




*Respondents were able to choose more than one option for this question; as a result, total is greater than 280.*

Respondents who selected "Other" specified that the best things about services and resources, included good restaurants and job opportunities. Some respondents stated that nothing of the services in the community was great, but they should have better transportation options for people who cannot drive.

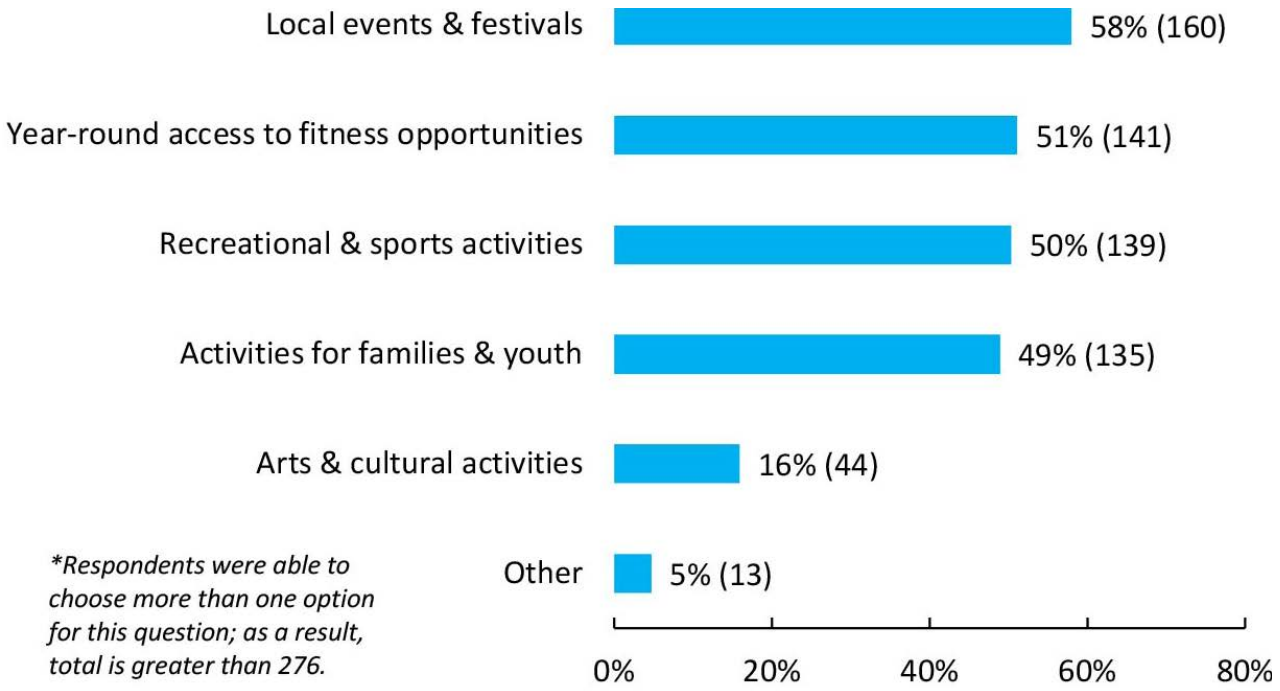
## Figure 15: Best Things About the QUALITY OF LIFE in Your Community
## Total responses = 281*




*Respondents were able to choose more than one option for this question; as a result, total is greater than 281.*

Of the two "Other" responses, regarding the best things about the quality of life in the community, one was positive, and one was negative. The positive comment stated modern reliable infrastructure, and the negative comment was regarding breathing in oilfield pollutants and poisoned by illegally disposed radioactive socks.

**Figure 16: Best Thing About the ACTIVITIES in Your Community**
**Total responses = 276***




**Respondents were able to choose more than one option for this question; as a result, total is greater than 276.*

Respondents who selected "Other" specified that the best things about the activities in the community, included area lakes, availability of public lands for recreation, and hunting opportunities. Other comments included there isn't much, need more activities, and more things for low-income families.

## Community Concerns

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

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

With regard to responses about community challenges, the most highly voiced concerns (those having at least 75 respondents) were:

- Drug use and abuse – adult (N=119)
- Not enough affordable housing (N=110)
- Alcohol use and abuse – adult (N=104)
- Depression/anxiety – youth (N=104)
- Drug use and abuse – youth (N=102)
- Alcohol use and abuse – youth (N=102)
- Ability to retain primary care providers (MD, DO, NP, PA, nurses) in the community (N=102)
- Availability of specialists (N=99)

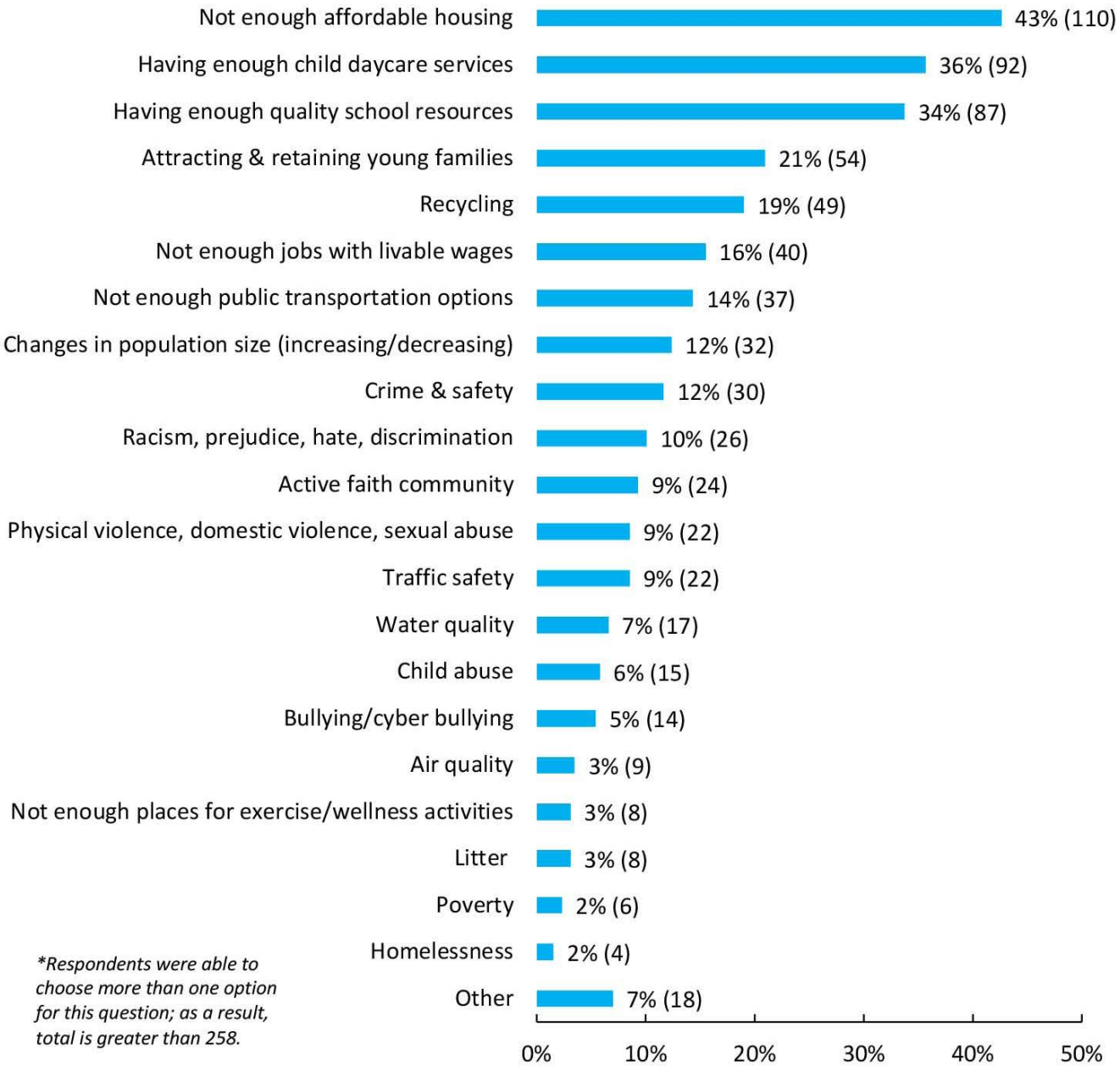
- Long-term/nursing home care options (N=98)
- Having enough child daycare services (N=92)
- Depression/anxiety – adult (N=91)
- Availability of mental health services (N=88)
- Having enough quality school resources (N=87)
- Availability of resources to help the elderly stay in their homes (N=85)
- Cost of long-term/nursing home care (N=78)

The other issues that had at least 50 votes, included:

- Extra hours for appointments (evenings/weekends) (N=71)
- Ability to get appointments for health services within 48 hours (N=65)
- Stress – adult (N=64)
- Assisted living options (N=64)
- Ability to meet needs of older population (N=61)
- Obesity/overweight – adult (N=58) and youth(N=57)
- Quality of elderly care (N=54)
- Attracting and retaining young families (N=54)
- Not enough healthcare staff in general (N=51)
- Availability of home health (N=50)
- Not getting enough exercise/physical activity (N=50)

Figures 17 through 21 illustrate these results.

## Figure 17: Community/Environmental Health Concerns
## Total responses = 258*



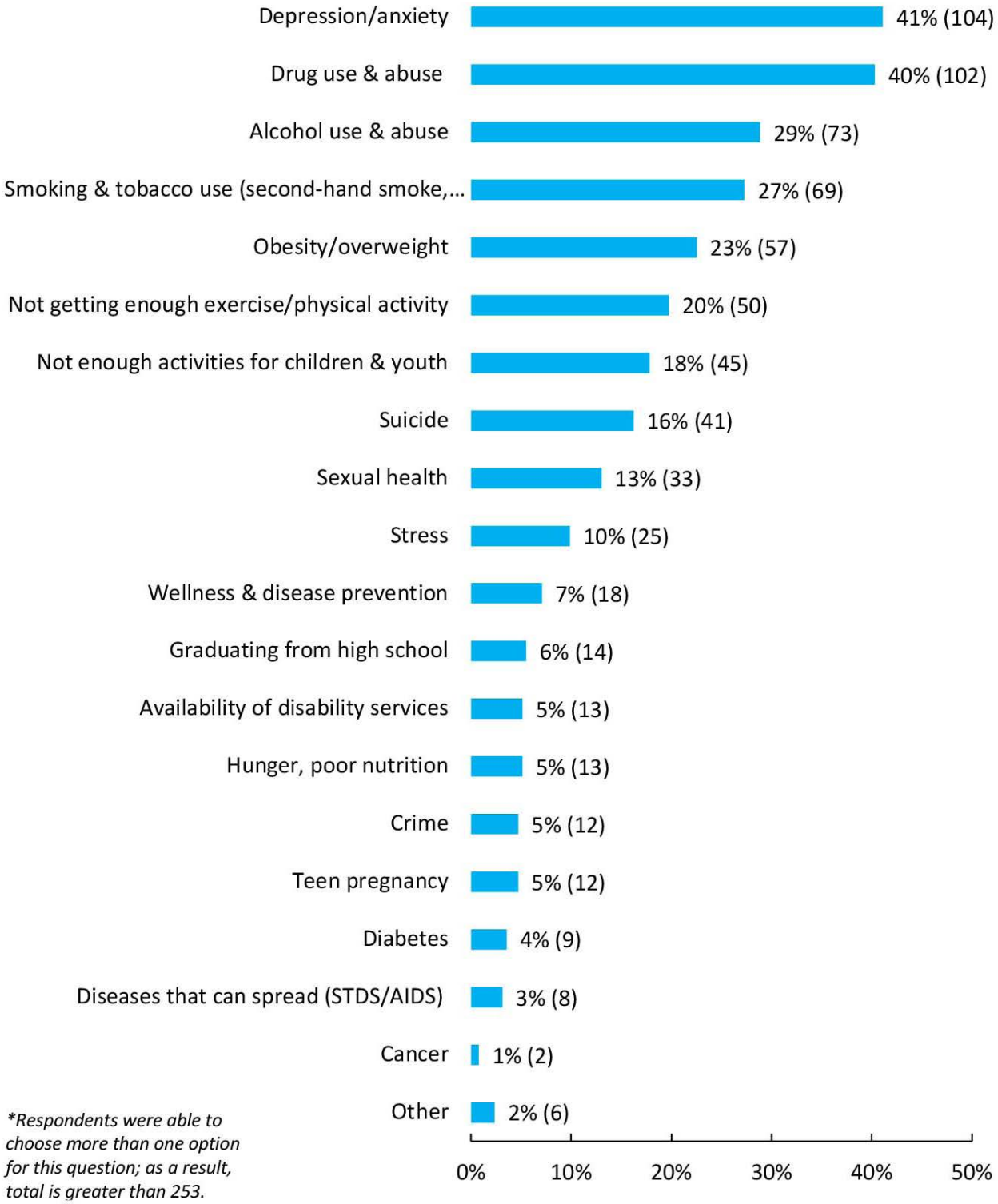

**Respondents were able to choose more than one option for this question; as a result, total is greater than 258.*

In the "Other" category for community and environmental health concerns, the following were listed: hospital needs updating in dialysis area, lack of quality healthcare services, lack of mental health services, need for public transportation, not enough quality housing, sales tax, a need for recycling trucks; there is a need for more shops and restaurants, and the community needs to build better schools.

## Figure 18: Availability/Delivery of Health Services Concerns
## Total responses = 260*


Respondents who selected "Other" identified concerns in the availability/delivery of health services stated accessibility to walk-in clinics as the most frequently listed concern. Additional concerns included minimal NICU services, no doctors, quality care in the emergency room, issues with billings, and local government needs to support the hospital.

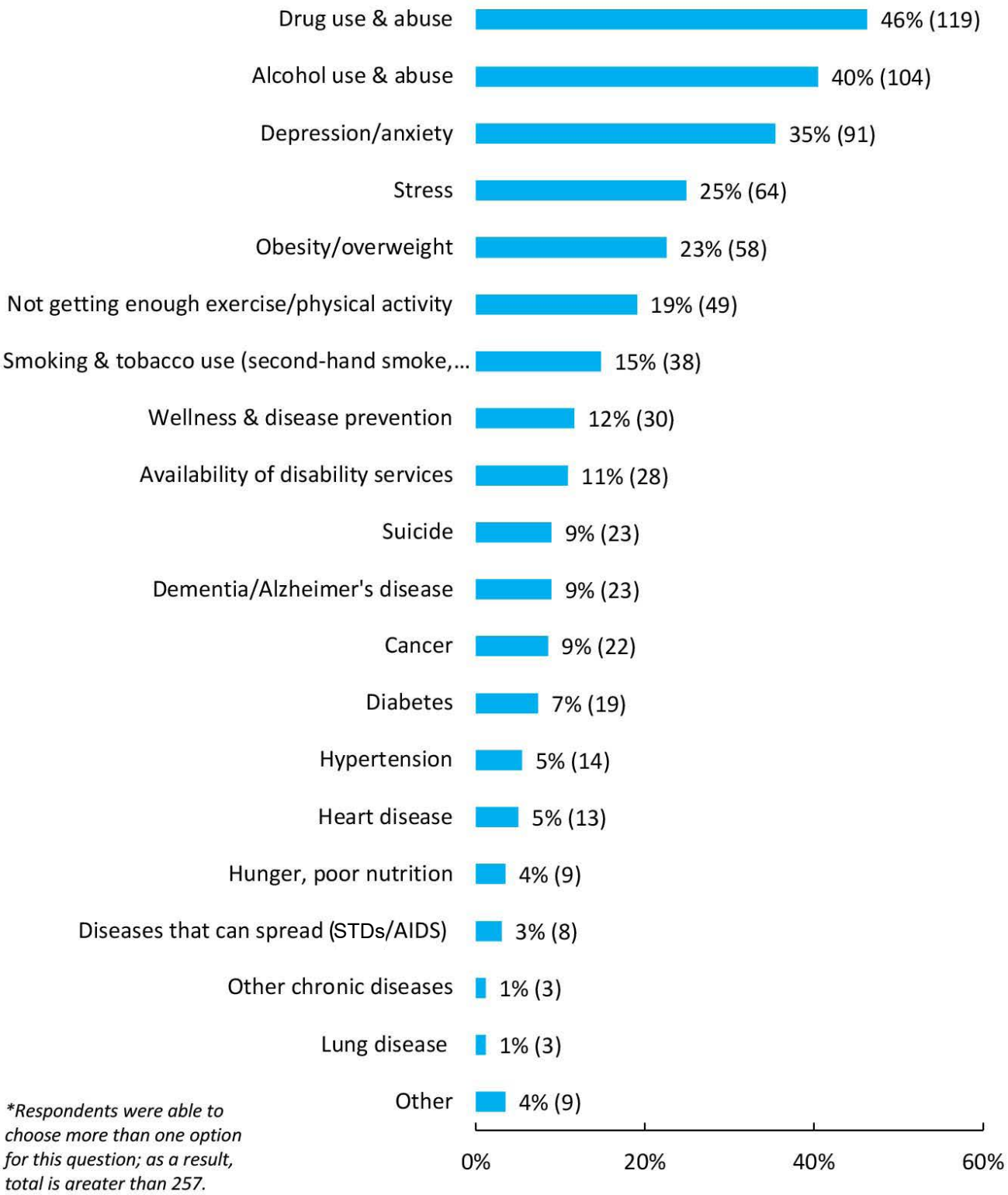
## Figure 19: Youth Population Health Concerns
## Total responses = 253*




**Respondents were able to choose more than one option for this question; as a result, total is greater than 253.*

Listed in the "Other" category for youth population concerns were lack of mental health services and a need for more low cost or free activities for kids.

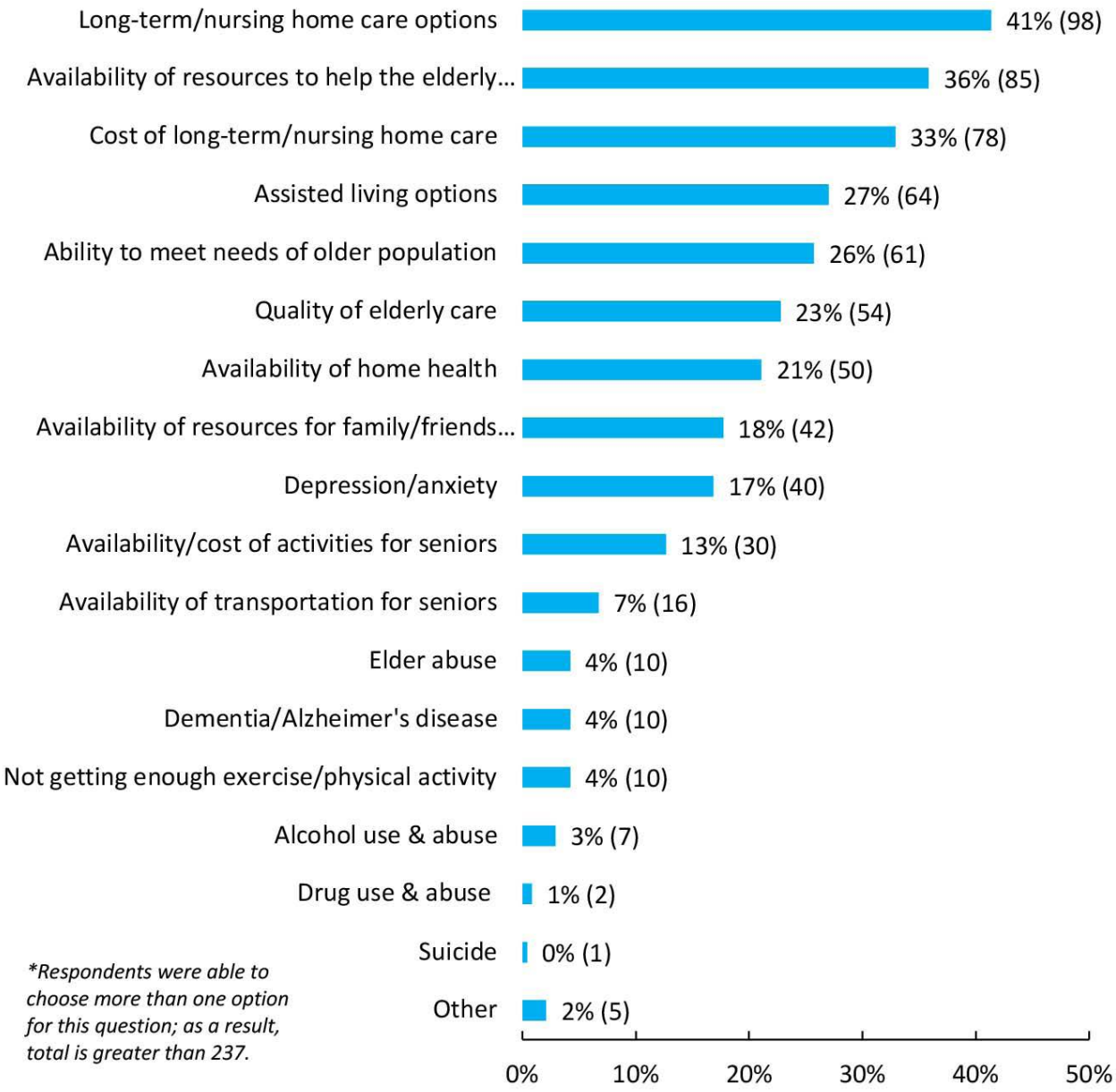
## Figure 20: Adult Population Concerns
## Total responses = 257*




**Respondents were able to choose more than one option for this question; as a result, total is areater than 257.*

Crime, food bank availability, lack of addiction services, lack of jobs (retail and other services), lack of providers, and lack of psychological health and support services were indicated in the "Other" category for adult population concerns.

## Figure 21: Senior Population Concerns
## Total responses = 237*




In the "Other" category, ability to retain staff at nursing homes, availability of hospice in rural areas, loneliness due to restrictions, and need for more low-income housing program for the elderly were indicated as concerns.

In an open-ended question, respondents were asked what single issue they feel is the biggest challenge, facing their community. Two categories emerged above all others as the top concerns:

1. Affordable housing;

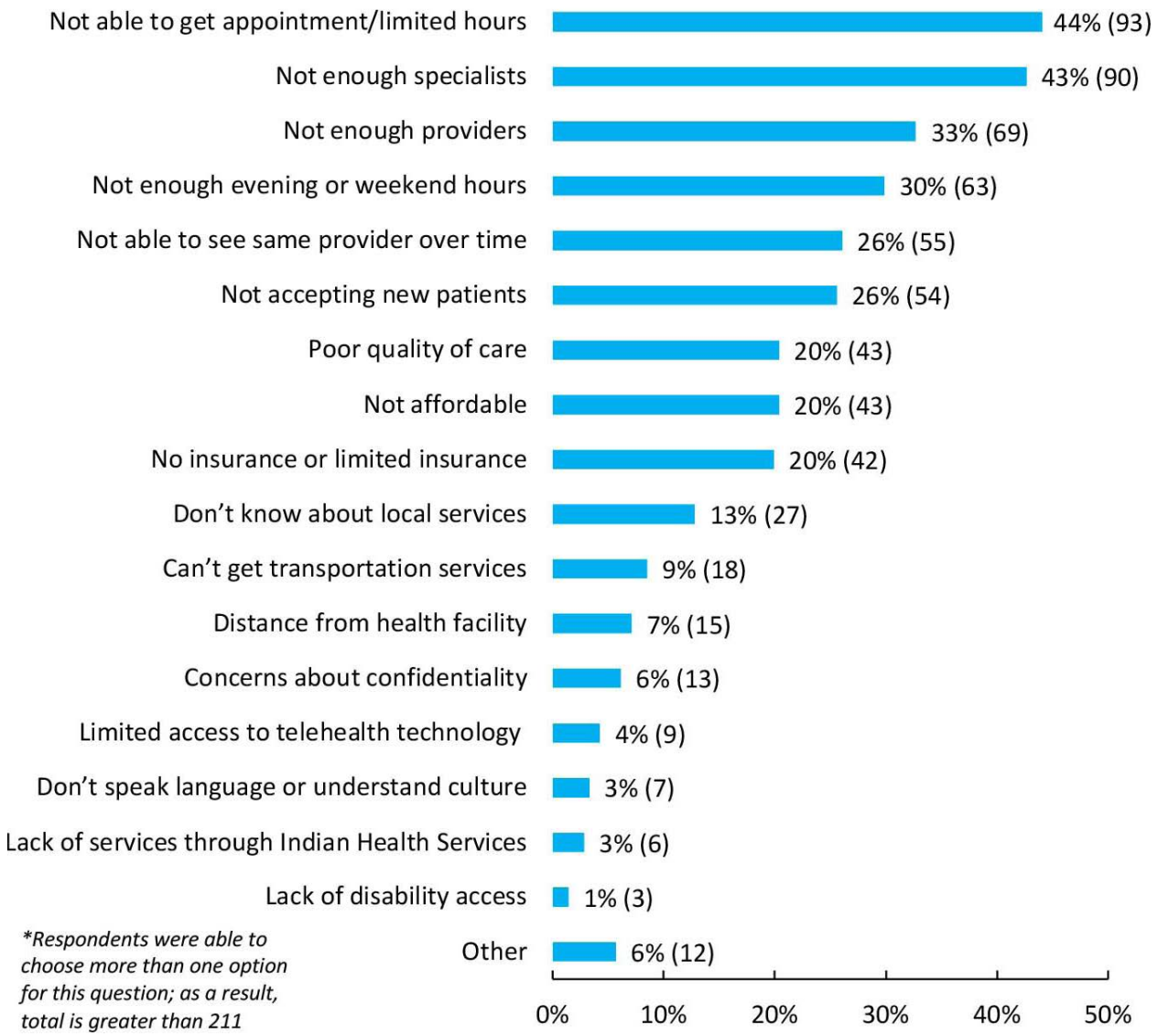
2. Lack of services and resources- including no afterhours/weekend clinics or urgent care

Other biggest challenges that were identified were mental health services, substance abuse services, having enough daycare providers, healthcare staffing, lack of activities for the family, ability to retain primary care providers, people in leadership- hospital leadership and city government, public transportation, and lack of help for the elderly.

## Delivery of Healthcare

The survey asked residents what they see as barriers that prevent them or other community residents from receiving healthcare. The most prevalent barrier perceived by residents not able to get appointment/limited hours (N=93) with the next highest being not enough specialists (N=90). After these items, the next most commonly identified barriers were not enough providers (N=69), not enough evening or weekend hours (N=63), and not able to see same provider over time (N=55). The majority of concerns indicated in the "Other" category were in regards to billing issues, lack of alternative medicine, and childcare barrier. Figure 22 illustrates these results.

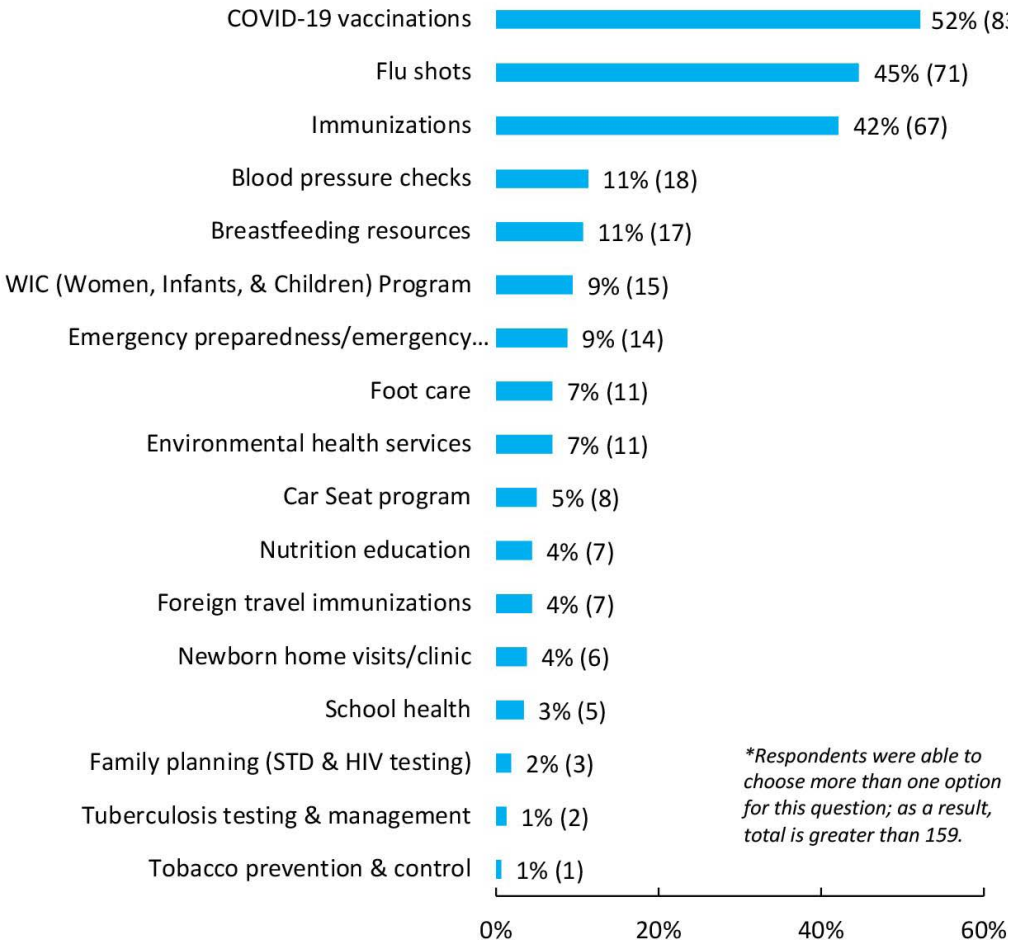
### Figure 22: Perceptions about Barriers to Care
### Total responses = 211*




**Respondents were able to choose more than one option for this question; as a result, total is greater than 211*

Considering a variety of healthcare services, offered by Upper Missouri District Health Unit (UMDHU), respondents were asked to indicate if they were aware that the healthcare service is offered though UMDHU and what, if any, services they or a family member have used at UMDHU (See Figure 23).

## Figure 23: Awareness and Utilization of Public Health Services (N=159)*




In an open-ended question, respondents were asked what specific healthcare services, if any, they think should be added locally. The number one desired service to add locally was mental health services. Other requested services included:

- Counseling services for children
- Addiction services/rehab
- Mental/behavioral health services (mentioned 31x)
- Evening and weekend urgent care
- Additional nursing home and hospice care
- More dentists who take Medicaid
- More access to specialists without leaving town
- Greater bed capacity, expansion of the ER, more primary care capacity
- An effective tobacco cessation program, need more support groups not just an online/phone service
- Lactation specialist
- Natural medicine/homeopathic options
- Psychiatrist/mental health professionals
- Mobile clinics (not for vaccination- actual clinics)

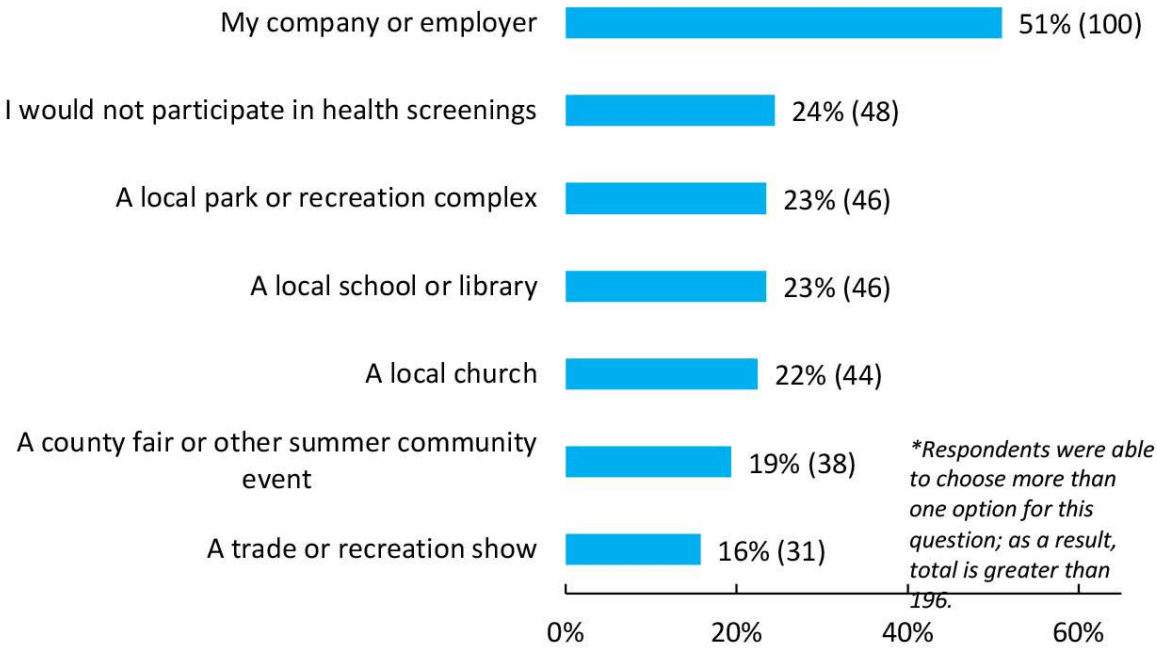
While not a service, many respondents indicated that they would like physicians/specialists added. One person indicated home visits for elderly immunizations should be put in place. Another person suggested professional speakers to talk to the community about health-related subjects and make it free to the public.

The key informant and focus group members felt that community members were aware of the majority of the health system and public health services. There were a number of services, where they felt the hospital should increase marketing efforts, including allergy services/testing, ENT, plastic surgery, screening and therapy services, and dermatology. A number of key informants stated that some of the services are not offered locally, such as mental health or what the hospital offers is very limited and believe it should specify what services are offered.

## Figure 24: Perceptions About Barriers to a Healthier Lifestyle
## Total responses = 224*

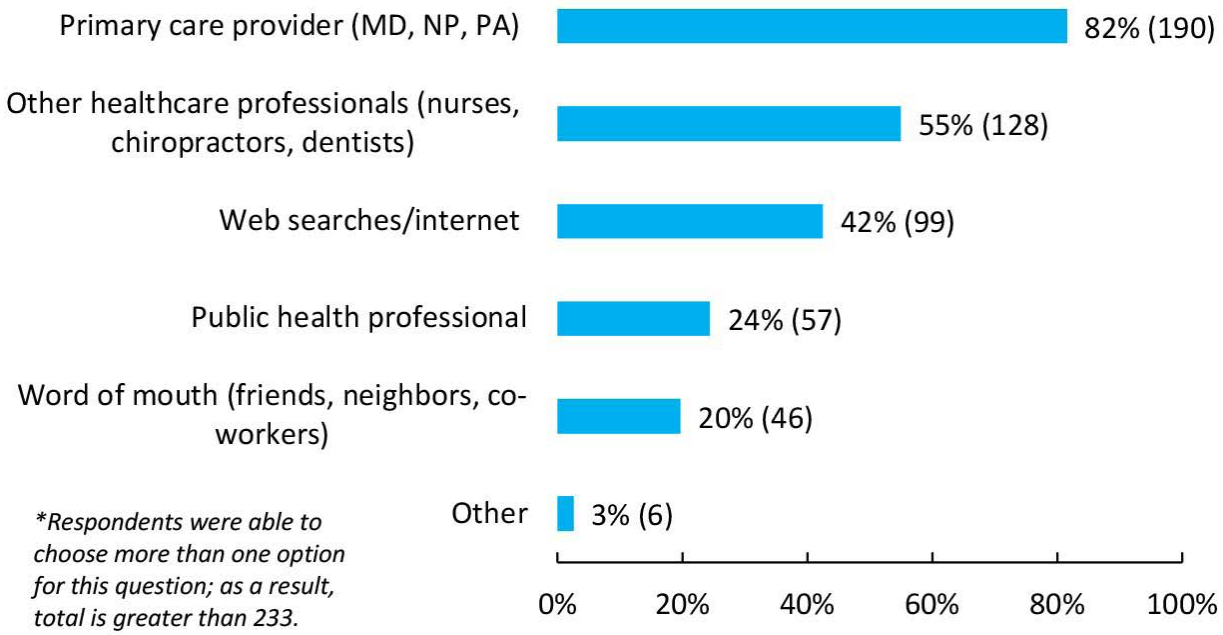

Listed in the "Other" category is cost of healthy food, hospital refusal to provide services, unemployment, lack of health insurance, lack of support for tobacco cessation, no time, unaffordable, harsh climate, and too busy.

## Figure 25: Where Health Screening Would be Attended
## Total responses = 196*



Respondents were asked where they go to for trusted health information. Primary care providers (N=190) received the highest response rate, followed by other healthcare professionals (N=128), and then web/Internet searches (N=99). Results are shown in Figure 26.

## Figure 26: Sources of Trusted Health Information
## Total responses = 233*




**Respondents were able to choose more than one option for this question; as a result, total is greater than 233.*

In the "Other" category, Mayo, surgeon, web searches from reputable sources, such as the CDC, and another hospital was listed as a source of trusted information.

The final question on the survey asked respondents to share concerns and suggestions to improve the delivery of local healthcare. The majority of responses focused on concern with the lack of mental health services. Respondents stated there are no services in the area, and most people, suffering for untreated illnesses, become involved with the law; law enforcement does not have the resources or training to help these people. It ends up being a cycle for both police and the person suffering, in and out of jail, never treating the mental health illness.

The next common suggestion respondents shared was the need for more specialty care providers. Multiple people noted having to travel for specialty care, such as pediatrics, urology, ENT, etc. There was also a desire for more holistic medicine and alternative approaches to healthcare.

Respondents commented they would like the city government to work and focus on the existing hospital and worry less about bringing in new entities. They would also like the government and community to work on updating the local schools, stating the buildings are very old and need either to be repaired or rebuilt .

Others believe that CHI St. Alexius Health Williston does a great job of identifying and delivering healthcare within its means and offers a wide variety of healthcare services.

# Findings from Key Informant Interviews & the Community Meeting

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

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

- Availability of mental health
- Depression/anxiety
- Having enough child daycare services
- Having enough quality school resources
- Not enough affordable housing

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

### Availability of mental health

Lack of mental health services, crisis care is really lacking

- There are almost no mental health services in the area
- There are a lot of mental health problems and substance abuse and there are no services in the area

### Depression/anxiety

- Huge issue in the area, lack of mental health services

### Having enough child daycare services

- Concern for a lot of families
- Lack of quality care, very hard to find
- People want to work, but are staying in poverty because they can't find care

### Having enough quality school resources

- Teachers are amazing, the buildings are old and dilapidated
- When the oil money came into the community, none of it was used on upgrading the schools

### Having enough affordable housing

- People have a hard time finding places to live
- Families are struggling with homelessness, providing food, and school supplies

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

- Emergency services, including ambulance and fire (4.25)
- Schools (4.25)
- Business and industry (4.0)
- Faith-based (4.0)
- Law enforcement (4.0)
- Hospital (healthcare system) (3.75)
- Public health (3.75)
- Economic development organizations (3.5)
- Clinics not affiliated with the main health system (3.25)
- Other local health providers, such as dentists and chiropractors (3.25)
- Social/human services (3.25)
- Long-term care, including nursing homes and assisted living (3.0)
- Pharmacy (3.0)
- Tribal Health/Indian Health Service (2.75)

# Priority of Health Needs

A community group met on September 14, 2021. Eleven community members attended the meeting. Representatives from CRH presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the survey results (including perceived community assets and concerns, and barriers to care), and findings from the key informant interviews.

Following the presentation of the assessment findings and after considering and discussing the findings, all members of the group were asked to identify what they perceived as the top four community health needs. All of the potential needs were listed in a Qualtrics survey, and each member was able to vote for their top four needs they considered the most significant.

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

- Availability of mental health services (11 votes)

- Having enough child daycare services (5 votes)
- Not enough affordable housing (4 votes)
- Depression/anxiety (4 votes)
- Having enough quality school resources (3 votes)

From those top four priorities, each person was able to vote once more in a Qualtrics survey on the item they felt was the most important. The rankings were:

1. Availability of mental health services (7 votes)
2. Having enough quality school resources (3 votes)
3. Not enough affordable housing (1 votes)
4. Having enough child daycare services (1 votes)
5. Depression/anxiety (1 votes)

Following the prioritization process during the second meeting of the community group and key informants, the number one identified need was the availability of mental health services. A summary of this prioritization may be found in Appendix F.

| Top Needs Identified 2019 CHNA Process | Top Needs Identified 2022 CHNA Process |
|---|---|
| Ability to get appointments for health services within 48 hours | Availability of mental health services |
| Availability of mental health services | Having enough quality school resources |
| Availability of primary care providers | Having enough child daycare services |
| Extra hours hour appointments, such as evenings and weekends | Not enough affordable housing |
| Having enough child daycare services | Depression/anxiety |

## Comparison of Needs Identified Previously

The current process identified a couple common needs from 2019. The need for "availability of mental health services" and "having enough child daycare services" were identified as top needs in both 2019 and 2021. The other needs identified in the 2019 CHNA were not a top need in the 2021 assessment.

CHI St. Alexius Health Williston 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.

Upon adoption of this CHNA report by the CHI St. Alexius Health Williston board vote, a notation will be documented in the board minutes reflecting the approval and then the report will be widely available to the public on the hospital's website and a paper copy will be available for inspection upon request at the hospital. Written comments on this report can be submitted to the CHI St. Alexius Health Williston at 1301 15th Ave West, Williston, North Dakota 58801.

# Hospital and Community Projects and Programs Implemented to Address Needs Identified in 2019

In response to the needs identified in the 2019 CHNA process, the following actions were taken:

Need 1: Ability to get Appointments for Health Services within 48 Hours – One of the items, shared by members of the Williston community and who participated in our 2019 Community Health Needs Assessment, was access to and availability of clinic appointments. In the fall of 2019, CHI St. Alexius Health Williston implemented "Need Care Now?" appointments. CHI St. Alexius Health Williston implemented a process for patients to call the primary care clinic in the morning and be seen by a provider (not necessarily their preferred provider) that same day. With this implementation, CHI St. Alexius Health Williston has been able to accommodate a very high percentage of calls each day, using this approach.

Need 2: Providing Extra Hours for Appointments – In September 2020, CHI St. Alexius Health Williston primary care clinic and outpatient lab extended its hours to 7:00am-5:30pm. Additionally, CHI St. Alexius Health Williston implemented Saturday clinics in 2020. CHI St. Alexius Health Williston have held Saturday well child and hypertension clinics. The clinics were very popular and were able to serve many patients who were unable to go to an appointment during regular business hours.

In 2020, CHI St. Alexius Health Williston has an afterhours (starting at 5:30 pm) patient line that our patients can call to speak with a nurse if they have a medical question. Patients simply call the clinic number, and a nurse will help the patient with their question, communicate the need for an appointment to the receptionists, and/or help call 911 if the issue is urgent/emergent.

COVID-19 pushed everyone to deliver care differently to accommodate patients efficiently and safely. We opened a "Respiratory Clinic," and its success led us to transition it to a "Walk-In Clinic," which has truly accelerated access to health care for our community

Need 3: Retaining Primary Care Providers – The community was concerned during the last CHNA process about the number of providers available and the turnover of providers. Increasing the number of physicians remains a very strong focus for CHI St Alexius Health Williston.

Another initiative for increasing opportunities for patient encounters has been to focus on recruitment and retention of providers. Since January of 2019, CHI St Alexius Health, Williston has recruited fourteen new physicians and advance practice clinicians to serve in the clinics. These new providers have helped staff these extra hours and provide more opportunities for patients to be seen in the clinics more quickly.

Related to these recruitments were the plans to strengthen the Emergency Department and Surgery Departments. Both were accomplished by contracting with organizations known for their excellence in these areas. In 2020, CHI St. Alexius Health Williston contracted with a nationally recognized Emergency Department group, Vituity, known for the high standards of care and customer service. In addition, early in 2021, CHI St. Alexius Health Williston contracted with CCI Anesthesia, who has earned a similarly high reputation for providing anesthesia services across the country. Both groups bring stability and consistency to the ministry here.

Need 4: Increased Child Daycare Services – Two strategies were advanced for the remaining community concern. CHI St. Alexius Health Williston believed they would be able to deliver on this concern in late 2019. CHI St. Alexius Health Williston encountered some very expensive challenges, as they pursued this plan. The costs involved in implementing new city codes for this residence made the plan unfeasible in 2019. CHI St. Alexius Health Williston's CEO kept returning to this issue and now anticipates being able to move ahead on this project. Funding has been secured and the Daycare will open later this summer (2022).

CHI St. Alexius Health Williston contacted and maintained a relationship with a local childcare provider and continued discussions, regarding expanding the childcare provider's services to an empty residence on CHI St. Alexius Health Williston campus.

Planning is in earnest to remodel the Sisters' residence on campus to accommodate the needs of the daycare.

When completed, the newly renovated home may be able to accommodate day care slots for more than forty children.

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

# Next Steps – Strategic Implementation Plan

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

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

## Community Benefit Report

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

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

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

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

## What Are Community Benefits?

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

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

- Improve access to healthcare services.
- Enhance health of the community.
- Advance medical or health knowledge.

- Relieve or reduce the burden of government or other community efforts.

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

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

# Appendix A – Critical Access Hospital Profile

## Critical Access Hospital Profile
## Spotlight on: Williston, North Dakota

# CHI St Alexius Health Williston Medical Center

### Quick Facts

**Administrator:**
Dan Bjerknes

**Chief of Medical Staff:**
Ashley Lemere, MD

**City Population:**
29,033 (2019 Estimate)[1]

**County Population:**
37,589 (2019 Estimate)[1]

**County Median Household Income:**
$87,161 (2019 Estimate)[1]

**County Median Age:**
31.5 (2019 Estimate)[1]

**Service Area Population:**
50,000

**Owned by:** CommonSpirit Health (Non-profit)

**Hospital Beds:** 25

**Trauma Level:** IV

**Critical Access Hospital Designation:** 2008

**Economic Impact on the Community[2]**

**Employment:**
Primary Impact– 354
Secondary Impact–156
Total Impact – 510

**Financial Impact:**
Primary – $32.5 Million
Secondary – $7 Million
Total - $39.5 Million

### Mission
As Common Spirit 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.

**County:** Williams
**Address:** 1301 15th Avenue West
Williston, ND 58801
**Phone:** (701) 774-7400
**Toll Free:** (800) 544-3579
**Web:** https://www.chistalexiushealth.org/williston

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

### Core 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.

### Services
- Acne treatment
- Allergy, Flu & pneumonia shots
- Anesthesiology
- Blood pressure checks
- Cancer treatment
- Cardiology
- Cardiac rehab
- Clinic
- Emergency room
- Gynecology
- Hemodialysis
- Home health/hospice
- Hospital (acute care)
- Mole/wart/skin lesion removal
- Nutrition counseling
- Obstetrics
- Oncology (visiting specialists)
- Orthopedics
- Nephrology (visiting specialist)
- Neurology
- Pediatrics
- Pharmacy
- Prenatal care
- Physicals: annuals, D.O.T., sports & insurance
- Pulmonary Rehab
- Sports medicine
- Surgical services—biopsies, inpatient, outpatient
- Screening/Therapy Services
- Radiology Services
- Laboratory Services

## Staffing

**Physicians: ..... 22**
**Nurse Practitioners: .....11**
**Physician Assistants: ..... 2**
**RNs: ..... 130**
**LPNs: ..... 19**
**Total Employees: ..... 419**

## Local Sponsors and Grant Funding Sources

- Center for Rural Health - SHIP Grant (Small Hospital Improvement Program)
- American Heart Association Stroke Grant
- North Dakota State Stroke Registry Grant
- North Dakota Critical Access Hospital 1358 Grant

## Sources


[1] US Census Bureau: American Factfinder; Community Facts

[2] Economic Impact 2020 Center for Rural Health Oklahoma State University and Center for Rural Health University of North Dakota

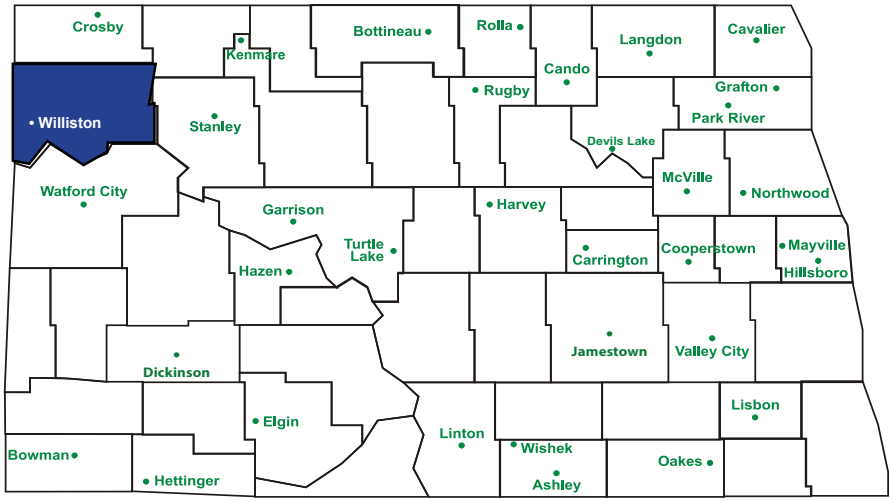

Updated 5//2021

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


This project is supported by the Medicare Rural Hospital Flexibility Grant Program and the State Office of Rural Health Grant Program at the Center for Rural Health, University of North Dakota School of Medicine & Health Sciences located in Grand Forks, North Dakota.


ruralhealth.und.edu

## North Dakota Critical Access Hospitals




## History

The 1918 Flu Pandemic overwhelmed local health care resources and underscored the need for a community hospital. Dr. E.J. Hagan, Sr. and Fr. E.P. O'Neil, pastor of St. Joseph's Church, and Mr. W.S. Davidson, Sr., a local banker were already dreaming and praying about creating a hospital with dedicated staff and consistent services. By 1920, they had persuaded many of Williston's citizens of this need.

The Sisters of Mercy agreed to the plan and four of their number travelled from Devils Lake to organize the ministry in Williston. On September 12, 1920, four Sisters of Mercy: Sr. Mary Camillus O'Brien (the Superior), and Sisters Mary Matilda Lansing, Patricia Gorman, and Aloysius Fitzpatrick arrived by train to start their new adventure. The community secured the La Due Court apartment building recently completed in 1917. The Sisters assumed the remainder of the debt and remodeled the building to make it practical as a hospital. The sisters purchased equipment, and gathered resources, quickly allowing the twenty bed Mercy Hospital to open on October 16, 1920!

By 1923, a formal Nursing School began; and in 1929, a wing was added to the hospital, which provided an additional thirty beds. In 1953, a four story modern building was adjoined to the existing structure to stretch the overworked hospital's capacity to 86 beds. The ministry matured and grew at the original downtown location until 1973. By that time, Williston was again at a crossroads, needing more hospital capacity, more technology, more staff, and in general one new modern hospital.

The present facility opened in 1974 and by 1985, with subsequent renovations and additions, became a 150-bed hospital.

Changes in healthcare utilization and reimbursement prompted fewer patient admissions and shorter stays, this, coupled with a shortage of staff, encouraged MMC's board to seek Critical Access Hospital designation in 2008. Though a Critical Access Hospital, the medical center enjoys a very complete menu of outpatient services, providing a variety of services usually only available in much larger cities. In 2016, Mercy Medical Center became St Alexius Health Williston Medical Center, and in 2018, Catholic Health Initiatives merged with Dignity Health to form CommonSpirit Health.

## Recreation/Other

Williston offers some of the most diverse hunting and fishing opportunities in the state. From Upland Game Birds, and Turkeys to Waterfowl, and Antelope to Moose, one can find a variety of reasons to be in the countryside in the fall. Year-round, one can also find a number of lakes and rivers, and reservoirs nearby to fish for Northern Pike, Walleye, Sauger, Perch, Bass, Catfish, Trout, and even Paddlefish—as well as a number of other species that are fun to catch, but rarely taken home.

Williston is also home to the largest recreation center in the state. The Williston ARC is a 250,000 square foot Community Center that contains a variety of sports venues all under one roof: tennis courts, golf simulator, soccer field, racquetball courts, swimming pools, water park, basketball courts, running tracks, weight rooms, and a variety of classrooms and public meeting spaces—including a huge child care center (with play area).

Williston has numerous parks, loads of softball and baseball fields, two golf courses, several shooting ranges, and two indoor Hockey arenas, and a Curling facility, too.

# Appendix B – Economic Impact Analysis

CHI St. Alexius Health

*Imagine better health.*℠

Williston Medical Center

## Economic Impact

A strong healthcare system helps attract and maintain local business and industrial growth. It also attracts and retains retirees. The Williston Medical Center creates jobs and contributes to the economy throughout Williams County. Our employees support the area businesses, and our presence brings in dollars to the local economy.

CHI St. Alexius Health – Williston Medical Center is a fully accredited Joint Commission, 25-bed critical access regional medical facility, located in Williston, the county seat of Williams County, North Dakota The hospital employs 490 people (2016 data). The Williston Medical Center provides comprehensive hospital and clinical services to the residents of Williams County, North Dakota.

The Williston Medical Center contributes to the health and wellness of local residents as well as the overall economic strength of Williams County. The hospital employs local residents who spend money in the Williams County area, which in turn generates a secondary economic impact. Increases or decreases in the size of the Williston Medical Center affects the medical health and economic health of the area. About every 3 jobs in the medical center creates another job with businesses in Williams County.

| Williston Medical Center Provides Jobs | |
|---|---|
| Williston Medical Center employees | 490 (2016) |
| Secondary employment created by Williston Medical Center | 152 |
| **Total direct and secondary employment impact** | **642** |
| Employment from construction project | 6 (2017) |
| Secondary employment created by construction project | 2 |
| Total impact from direct and secondary employment construction project | 8 |
| **Total direct and secondary employment impacts in Williams County** | **650** |

| Williston Medical Center Provides Income | |
|---|---|
| Direct labor income to Williston Medical Center employees | $43.7 million (2016) |
| Secondary Income from Williston Medical Center | $9 million per year |
| **Total labor income impacts** | **$52.7 million per year** |
| Direct labor income from construction | $503,000 |
| Secondary labor income to the business sector from construction | $121,000 |
| **Total direct and secondary income from construction** | **$624,000 (2017)** |
| **Total direct and secondary labor income impact in Williams County** | **$53 Million** |

*Economic Impact prepared by National Center for Rural Health Works Oklahoma State University*
*Using information from the longer report, the Center for Rural prepared this brief synopsis.*

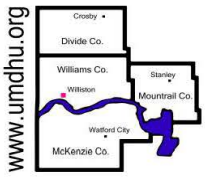
# Appendix C – CHNA Survey Instrument

## Appendix C – CHNA Survey Instrument

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

CHI St. Alexius Health

Williston Medical Center




**Williston Area Health Survey**

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

The focus of this effort is to:

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

If you prefer, you may take the survey online at https://tinyurl.com/Willistonarea21 or by scanning on the QR Code at the right.

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

***Surveys will be accepted through July 15, 2021. Your opinion matters – thank you in advance!***

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

_____

_____

## Delivery of Healthcare

11. Which of the following **SERVICES** provided by Upper Missouri District Health Unit have you or your family members used in the past year? (Choose ALL that apply)

- ☐ Blood pressure checks
- ☐ Breastfeeding resources
- ☐ Car seat program
- ☐ COVID-19 vaccinations
- ☐ Emergency preparedness/ emergency response services
- ☐ Environmental health services (mold inspection, sewer, health hazard abatement)
- ☐ Family planning (STD & HIV testing)
- ☐ Flu shots
- ☐ Foot care
- ☐ Foreign travel immunizations
- ☐ Immunizations
- ☐ Newborn home visits/clinic
- ☐ Nutrition education
- ☐ School health- health education and resources to the schools
- ☐ Tobacco prevention and control
- ☐ Tuberculosis testing and management
- ☐ WIC (Women, Infants & Children) Program

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

_____

_____

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

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

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

_____

_____

15. What keeps you from a healthier lifestyle? (Check ALL that apply)

- ☐ Choosing to eat unhealthy meals and snacks
- ☐ Choosing to not exercise regularly
- ☐ Unsure what to do about my weight
- ☐ Not tracking what I eat
- ☐ Not getting enough sleep
- ☐ Not understanding my health problem(s), or what I can do about them
- ☐ Not scheduling annual exams and wellness visits for
- ☐ Not dealing with stress
- ☐ Physical or medical condition
- ☐ I am at a healthy weight
- ☐ Not taking ownership of my chronic condition(s)
- ☐ Have concerns about vaccinations, particularly COVID-19 vaccination
- ☐ Other: _____

16. What positive changes are you willing (and ready) to make to improve your health?

_____

_____

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

_____

_____

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

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

19. Where do you turn for trusted health information? (Choose ALL that apply)

- ☐ Other healthcare professionals (nurses, chiropractors, dentists, etc.)
- ☐ Primary care provider (doctor, nurse practitioner, physician assistant)
- ☐ Public health professional
- ☐ Web searches/internet (WebMD, Mayo Clinic, Healthline, etc.)
- ☐ Word of mouth, from others (friends, neighbors, co-workers, etc.)
- ☐ Other (please specify): _____

**Demographic Information:** Please tell us about yourself.

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

- ☐ Yes
- ☐ No

21. How did you acquire the survey (or survey link) that you are completing?

- ☐ Hospital or public health website
- ☐ Hospital or public health social media page
- ☐ Hospital or public health employee
- ☐ Hospital or public health facility
- ☐ Economic development website or social media
- ☐ Other website or social media page (please specify): _____
- ☐ Newspaper advertisement
- ☐ Newsletter (if so, what one):_____
- ☐ Church bulletin
- ☐ Flyer sent home from school
- ☐ Flyer at local business
- ☐ Flyer in the mail
- ☐ Word of Mouth
- ☐ Direct email (if so, from what organization):_____
- ☐ Other (please specify): _____

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

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

23. Age:

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

24. Highest level of education:

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

25. Sex:

☐ Female
☐ Male
☐ Non-binary
☐ Other (please specify):
_____

26. Employment status:

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

27. Your zip code: _____

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

☐ American Indian
☐ African American
☐ Asian
☐ Hispanic/Latino
☐ Pacific Islander
☐ White/Caucasian
☐ Other: _____

29. Annual household income before taxes:

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

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

_____

_____

***Thank you for assisting us with this important survey!***

# Appendix D – County Health Rankings Explained

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

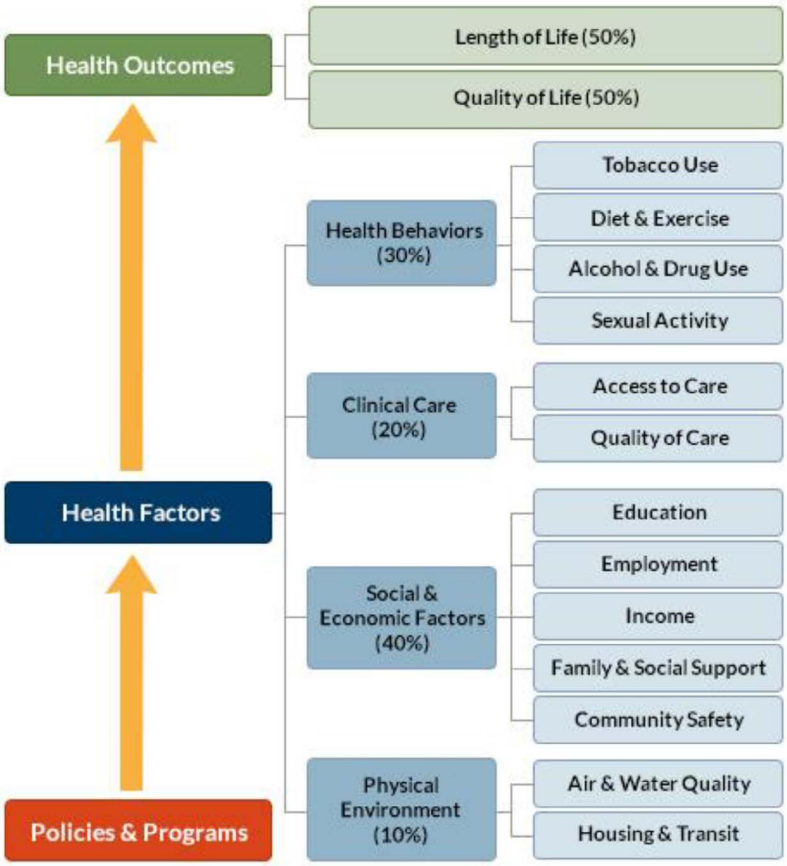
## Methods

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

## What is Ranked

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

## Ranking System



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

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

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

## Data Sources and Measures

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

## Data Quality

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

## Calculating Scores and Ranks

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

# Health Outcomes and Factors

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

## Health Outcomes

### Premature Death (YPLL)

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

*Reason for Ranking*

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

### Poor or Fair Health

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

*Reason for Ranking*

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

### Poor Physical Health Days

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

*Reason for Ranking*

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

### Poor Mental Health Days

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

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

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

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

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

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

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

## Health Factors

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

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

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

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

## Food Environment Index

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

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

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

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

### *Reason for Ranking*

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

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

## Physical Inactivity

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

### *Reason for Ranking*

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

## Access to Exercise Opportunities

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

Individuals who:

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

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

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

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

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

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

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

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

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

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

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

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

## Uninsured

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

### *Reason for Ranking*

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

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

## Primary Care Physicians

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

### *Reason for Ranking*

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

## Dentists

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

### *Reason for Ranking*

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

## Mental Health Providers

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

### *Reason for Ranking*

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

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

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

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

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

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

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

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

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

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

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

*Reason for Ranking*

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

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

## Income Inequality

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

*Reason for Ranking*

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

## Children in Single-Parent Households

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

*Reason for Ranking*

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

## Violent Crime Rate

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

*Reason for Ranking*

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

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

### Injury Deaths

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

*Reason for Ranking*

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

### Air Pollution-Particulate matter

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

*Reason for Ranking*

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

### Drinking Water Violations

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

*Reason for Ranking*

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

### Severe Housing Problems

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

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

- household is severely cost burdened.

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

### *Reason for Ranking*

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

# Appendix E – Youth Risk Behavior Survey

Youth Behavioral Risk Survey Results
North Dakota High School Survey
Rate Increase "↑" rate decrease "↓", or no statistical change = in rate from 2017-2019

| | ND 2015 | ND 2017 | ND 2019 | ND Trend ↑, ↓, = | Rural ND Town Average | Urban ND Town Average | National Average 2019 |
|---|---|---|---|---|---|---|---|
| **Injury and Violence** | | | | | | | |
| Percentage of students who rarely or never wore a seat belt (when riding in a car driven by someone else) | 8.5 | 8.1 | 5.9 | = | 8.8 | 5.4 | 6.5 |
| Percentage of students who rode in a vehicle with a driver who had been drinking alcohol (one or more times during the 30 prior to the survey) | 17.7 | 16.5 | 14.2 | = | 17.7 | 12.7 | 16.7 |
| Percentage of students who talked on a cell phone while driving (on at least one day during the 30 days before the survey, among students who drove a car or other vehicle) | NA | 56.2 | 59.6 | = | 60.7 | 60.7 | NA |
| Percentage of students who texted or e-mailed while driving a car or other vehicle (on at least one day during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey) | 57.6 | 52.6 | 53.0 | = | 56.5 | 51.8 | 39.0 |
| Percentage of students who never or rarely wore a helmet (during the 12 months before the survey, among students who rode a motorcycle) | NA | 20.6 | NA | **NA** | NA | NA | NA |
| Percentage of students who carried a weapon on school property (such as a gun, knife, or club on at least one day during the 30 days before the survey) | 5.2 | 5.9 | 4.9 | = | 6.2 | 4.2 | 2.8 |
| Percentage of students who were in a physical fight on school property (one or more times during the 12 months before the survey) | 5.4 | 7.2 | 7.1 | = | 7.4 | 6.4 | 8.0 |
| Percentage of students who experienced sexual violence (being forced by anyone to do sexual things [counting such things as kissing, touching, or being physically forced to have sexual intercourse] that they did not want to, one or more times during the 12 months before the survey) | NA | 8.7 | 9.2 | = | 7.1 | 8.0 | 10.8 |
| Percentage of students who experienced physical dating violence (one or more times during the 12 months before the survey, including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey) | 7.6 | NA | NA | **NA** | NA | NA | 8.2 |
| Percentage of students who have been the victim of teasing or name calling because someone thought they were gay, lesbian, or bisexual (during the 12 months before the survey) | NA | 11.4 | 11.6 | = | 12.6 | 11.4 | NA |
| Percentage of students who were bullied on school property (during the 12 months before the survey) | 24.0 | 24.3 | 19.9 | ↓ | 24.6 | 19.1 | 19.5 |
| Percentage of students who were electronically bullied (including being bullied through texting, Instagram, Facebook, or other social media during the 12 months before the survey) | 15.9 | 18.8 | 14.7 | ↓ | 16.0 | 15.3 | 15.7 |
| Percentage of students who felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey) | 27.2 | 28.9 | 30.5 | = | 31.8 | 33.1 | 36.7 |
| | ND 2015 | ND 2017 | ND 2019 | ND Trend ↑, ↓, = | Rural ND Town Average | Urban ND Town Average | National Average 2019 |
| Percentage of students who seriously considered attempting suicide (during the 12 months before the survey) | 16.2 | 16.7 | 18.8 | = | 18.6 | 19.7 | 18.8 |
| Percentage of students who made a plan about how they would attempt suicide (during the 12 months before the survey) | 13.5 | 14.5 | 15.3 | = | 16.3 | 16.0 | 15.7 |
| Percentage of students who attempted suicide (one or more times during the 12 months before the survey) | | | | | | | |
| **Tobacco Use** | | | | | | | |
| Percentage of students who ever tried cigarette smoking (even one or two puffs) | 35.1 | 30.5 | 29.3 | = | 32.4 | 23.8 | 24.1 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Percentage of students who smoked a whole cigarette before age 13 years (even one or two puffs) | NA | 11.2 | NA | **NA** | NA | NA | NA |
| Percentage of students who currently smoked cigarettes (on at least one day during the 30 days before the survey) | 11.7 | 12.6 | 8.3 | ↓ | 10.9 | 7.3 | 6.0 |
| Percentage of students who currently frequently smoked cigarettes (on 20 or more days during the 30 days before the survey) | 4.3 | 3.8 | 2.1 | ↓ | 2.3 | 1.7 | 1.3 |
| Percentage of students who currently smoked cigarettes daily (on all 30 days during the 30 days before the survey) | 3.2 | 3.0 | 1.4 | ↓ | 1.6 | 1.2 | 1.1 |
| Percentage of students who usually obtained their own cigarettes by buying them in a store or gas station (during the 30 days before the survey among students who currently smoked cigarettes and who were aged <18 years) | NA | 7.5 | 13.2 | = | 9.4 | 10.1 | 8.1 |
| Percentage of students who tried to quit smoking cigarettes (among students who currently smoked cigarettes during the 12 months before the survey) | NA | 50.3 | 54.0 | = | 52.8 | 51.4 | NA |
| Percentage of students who currently use an electronic vapor product (e-cigarettes, vape e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens at least one day during the 30 days before the survey) | 22.3 | 20.6 | 33.1 | ↑ | 32.2 | 31.9 | 32.7 |
| Percentage of students who currently used smokeless tobacco (chewing tobacco, snuff, or dip on at least one day during the 30 days before the survey) | NA | 8.0 | 4.5 | ↓ | 5.7 | 3.8 | 3.8 |
| Percentage of students who currently smoked cigars (cigars, cigarillos, or little cigars on at least one day during the 30 days before the survey) | 9.2 | 8.2 | 5.2 | ↓ | 6.3 | 4.3 | 5.7 |
| Percentage of students who currently used cigarettes, cigars, or smokeless tobacco (on at least one day during the 30 days before the survey) | | | | | | | |
| **Alcohol and Other Drug Use** | | | | | | | |
| Percentage of students who ever drank alcohol (at least one drink of alcohol on at least one day during their life) | 62.1 | 59.2 | 56.6 | = | 60.6 | 54.0 | NA |
| Percentage of students who drank alcohol before age 13 years (for the first time other than a few sips) | 12.4 | 14.5 | 12.9 | = | 16.4 | 13.2 | 15.0 |
| Percentage of students who currently drank alcohol (at least one drink of alcohol on at least one day during the 30 days before the survey) | 30.8 | 29.1 | 27.6 | = | 29.4 | 25.4 | 29.2 |
| Percentage of students who currently were binge drinking (four or more drinks of alcohol in a row for female students, five or more for male students within a couple of hours on at least one day during the 30 days before the survey) | NA | 16.4 | 15.6 | = | 17.2 | 14.0 | 13.7 |
| Percentage of students who usually obtained the alcohol they drank by someone giving it to them (among students who currently drank alcohol) | 41.3 | 37.7 | NA | **NA** | NA | NA | 40.5 |
| | ND 2013 | ND 2017 | ND 2019 | ND Trend ↑, ↓, = | Rural ND Town Average | Urban ND Town Average | National Average 2019 |
| Percentage of students who tried marijuana before age 13 years (for the first time) | 5.3 | 5.6 | 5.0 | = | 5.5 | 5.1 | 5.6 |
| Percentage of students who currently used marijuana (one or more times during the 30 days before the survey) | 15.2 | 15.5 | 12.5 | = | 11.4 | 14.1 | 21.7 |
| Percentage of students who ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (counting drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet, one or more times during their life) | NA | 14.4 | 14.5 | = | 12.8 | 13.3 | 14.3 |
| Percentage of students who were offered, sold, or given an illegal drug on school property (during the 12 months before the survey) | | | | | | | |
| Percentage of students who attended school under the influence of alcohol or other drugs (on at least one day during the 30 days before the survey) | NA | NA | NA | NA | NA | NA | NA |
| **Sexual Behaviors** | | | | | | | |
| Percentage of students who ever had sexual intercourse | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Percentage of students who had sexual intercourse before age 13 years (for the first time) | 2.6 | 2.8 | NA | NA | NA | NA | 3.0 |
| **Weight Management and Dietary Behaviors** | | | | | | | |
| Percentage of students who were overweight (>= 85th percentile but <95th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth chart) | 14.7 | 16.1 | 16.5 | = | 16.6 | 15.6 | 16.1 |
| Percentage of students who had obesity (>= 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth chart) | 13.9 | 14.9 | 14.0 | = | 17.4 | 14.0 | 15.5 |
| Percentage of students who described themselves as slightly or very overweight | 32.2 | 31.4 | 32.6 | = | 35.7 | 33.0 | 32.4 |
| Percentage of students who were trying to lose weight | NA | 44.5 | 44.7 | = | 46.8 | 45.5 | NA |
| Percentage of students who did not eat fruit or drink 100% fruit juices (during the seven days before the survey) | 3.9 | 4.9 | 6.1 | = | 5.8 | 5.3 | 6.3 |
| Percentage of students who ate fruit or drank 100% fruit juices one or more times per day (during the seven days before the survey) | NA | 61.2 | 54.1 | ↓ | 54.1 | 57.2 | NA |
| Percentage of students who did not eat vegetables (green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the seven days before the survey) | 4.7 | 5.1 | 6.6 | = | 5.3 | 6.6 | 7.9 |
| Percentage of students who ate vegetables one or more times per day (green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the seven days before the survey) | NA | 60.9 | 57.1 | ↓ | 58.2 | 59.1 | NA |
| Percentage of students who did not drink a can, bottle, or glass of soda or pop (such as Coke, Pepsi, or Sprite, not including diet soda or diet pop, during the seven days before the survey) | NA | 28.8 | 28.1 | = | 26.4 | 30.5 | NA |
| Percentage of students who drank a can, bottle, or glass of soda or pop one or more times per day (not including diet soda or diet pop, during the seven days before the survey) | 18.7 | 16.3 | 15.9 | = | 17.4 | 15.1 | 15.1 |
| Percentage of students who did not drink milk (during the seven days before the survey) | 13.9 | 14.9 | 20.5 | ↑ | 14.8 | 20.3 | 30.6 |
| Percentage of students who drank two or more glasses per day of milk (during the seven days before the survey) | NA | 33.9 | NA | NA | NA | NA | NA |
| Percentage of students who did not eat breakfast (during the seven days before the survey) | | | | | | | |
| Percentage of students who most of the time or always went hungry because there was not enough food in their home (during the 30 days before the survey) | NA | 2.7 | 2.8 | = | 2.1 | 2.9 | NA |
| | ND 2015 | ND 2017 | ND 2019 | ND Trend ↑, ↓, = | Rural ND Town Average | Urban ND Town Average | National Average 2019 |
| **Physical Activity** | | | | | | | |
| Percentage of students who were physically active at least 60 minutes per day on 5 or more days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the seven days before the survey) | | | | | | | |
| Percentage of students who watched television three or more hours per day (on an average school day) | 18.9 | 18.8 | 18.8 | = | 18.3 | 18.2 | 19.8 |
| Percentage of students who played video or computer games or used a computer three or more hours per day (counting time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media, for something that was not school work on an average school day) | 38.6 | 43.9 | 45.3 | = | 48.3 | 45.9 | 46.1 |
| **Other** | | | | | | | |
| Percentage of students who had eight or more hours of sleep (on an average school night) | NA | 31.8 | 29.5 | = | 31.8 | 33.1 | NA |

# Appendix F – Prioritization of Community's Health Needs

**Community Health Needs Assessment**
**Williston, North Dakota**
**Ranking of Concerns**

The top concerns for each of the five-topic area, based on the community survey results, were listed on flipcharts. The numbers below indicate the total number of votes by the people in attendance at the virtual second community meeting. The "Priorities" column lists the number of concerns indicating which areas are felt to be priorities. Each person was told to choose four items they felt were priorities on Williston survey part 1. After tallying the first round of votes, a second survey was given with the top five concerns from the first survey. The "Most Important" column shows the results of the second survey, with availability of mental health services receiving the highest votes, followed by having enough quality school resources.

| | Priorities | Most Important |
|---|---|---|
| **COMMUNITY/ENVIRONMENTAL HEALTH CONCERNS** | | |
| Not enough affordable housing | 4 | 1 |
| Having enough child daycare services | 5 | 1 |
| Having enough quality school resources | 3 | 3 |
| Attracting & retaining young families | 3 | |
| | | |
| **AVAILABILITY/DELIVERY OF HEALTH SERVICES CONCERNS** | | |
| Ability to retain primary care providers in the community | 2 | |
| Availability of specialists | 1 | |
| Availability of mental health services | 11 | 7 |
| Extra hours for appointments, such as evenings and weekends | 2 | |
| **CONCERNS FOR ALL AGES** | | |
| Depression/anxiety | 4 | 1 |
| Drug use and abuse (including prescription drugs) | 2 | |
| Alcohol use and abuse | 2 | |
| **YOUTH POPULATION HEALTH CONCERNS** | | |
| Smoking and tobacco use, exposure to second-hand smoke, juuling/vaping | 0 | |
| Activities for children and youth | 0 | |
| **ADULT POPULATION HEALTH CONCERNS** | | |
| *See all ages category | | |
| | | |
| **SENIOR POPULATION HEALTH CONCERNS** | | |
| Availability of resources to help elderly stay in their homes | 0 | |
| Cost of long-term/nursing home care | 1 | |
| Assisted living options | 0 | |
| Availability of home health | 0 | |
| | | |

# Appendix G – Survey "Other" Responses

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

1. Considering the PEOPLE in your community, the best things are: "Other" responses:
    - Family and a sense of community
    - I don't find any of these to be particularly true
    - I was born in Williston. Since the oil boom it has become so disheartening to see what has been changed about our town. A turning lane was not needed. To take out the road beside the Bar B Que (not what is there now) was one of a few that has happened. It seems me some one has been put in charge and they say " this is how we did it back home and it woks great so let's do it here!" The oil companies, where do I start! All the huge empty buildings! And they don't even have to pay taxes!!
    - People here are unhelpful, snobbish and downright rude
    - People put their town first
    - Strong faith community
    - Stuck up
2. Considering the SERVICES AND RESOURCES in your community, the best things are: "Other" responses:
    - All of these could be better and have more opportunities
    - Good restaurants to go to
    - I am a senior citizen. I don't know about these
    - I am not optimistic about the others
    - I don't feel any of these are really helpful
    - I don't find any of these to be particularly true
    - I've lived here for 23 years. This isn't a good community anymore. It's every citizen for themselves
    - Job's, everything else we need
    - None
    - None of the above
    - None of these things exist here
    - Our current hospital CHI is and has for some time let the people of Williston down, poor leadership, discontinued local hospital board, went to a regional leader who sucked at his job and we suffered for it at a time we needed a better hospital
    - Should have transportation for people that can't drive
3. Considering the QUALITY OF LIFE in your community, the best things are: "Other" responses:
    - If you like breathing oilfield pollutants and poisoned by illegally disposed radioactive socks, sure Williston is your community
    - Modern, reliable infrastructure
4. Considering the ACTIVITIES in your community, the best things are: "Other" responses:
    - A couple exceptions we have this beautiful lake Sakakawea that is being mis managed by the Army Corp of Engineers and has ruined a great opportunity for the area to enjoy a great natural recreational resource, because they have closed access of to it for camping, swimming etc
    - Availability of public lands for recreation
    - Could use more activities during hours that would accommodate working parents
    - Hunting/fishing

- I am struggling finding one let alone three for these categories. And I am typically a positive person. Williston is a challenging place to live. The city does very little to build community. Our church activities seem to be one positive in a city that is very challenging to live. People seem to have we/they attitude. Outsiders come here to work and then leave. City makes decisions without community involvement like paying Delta a subsidiary and paying for a new hospital Sanford without any subsidiaries to existing hospital are a couple examples
- Need more activities
- outdoor recreation such as hunting opportunities
- Proximity to many outdoor activities
- There isn't much
- There needs to be more for all ages
- We need more actives, more things to do in town
- We still need more for low income families. Most things for kids cost too much for everyone to enjoy them
- Youth sports clubs not ran through Williston Parks & Rec

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

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

- A hospital that stays current and involved in community. A dialysis in dingy basement. Facility that is old and unkempt and grounds filled with litter. Just a few examples
- Decisions made by public officials
- Healthcare
- Lack of healthcare services
- Lack of quality healthcare facilities
- Mental health resources
- Mental health services
- No adequate mental health facilities
- No real public transportation, zero school bussing, not enough children care for low income and single parents. Not enough services for low income families including housing
- Not enough late-night health care options
- Not enough places to shop for clothes, food etc. (need SAMS club and clothing stores)
- Not enough QUALITY affordable housing
- Not enough shopping
- Quality healthcare provider
- Sales tax
- Shopping, restaurants, building better schools
- We need a recycling truck along with the garbage truck
- We need more resources for the lower income families, not handouts, but help ups, fun stuff for kids

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

- Actually, being listened to by my doctor and not being discriminated against for not being Catholic
- Availability of transferring to higher level care. Very lacking in ability of hospital to do higher complexity cases without transferring (no inpatient specialists such as ENT, cardiology, nephrology, spotty orthopedic coverage, no on call dermatology, no hand specialist, no on call dentists, no emergent MRI capability)
- I have yet to talk with one person who has not had a screwed-up bill. Unbelievable the pains trying to straighten out a charge. The invoices only contain a date. No provider details. Sometimes multiple bills

for same day. Try to sort that out is near impossible with run around. Try calling is even worst. From a staffing level, if you are friends with admin, you can work any schedule you want or not at all and still get benefits and stay employed

- I would check many boxes here if I could, but simply put, the healthcare services available have not grown commensurately with the community's needs
- Knowing how to access available walk-in clinic appointments- mentioned 3 times
- Lack of actual Urgent Care/Walk In Clinics especially on the weekends
- Local government needs to help and support longstanding local health facility
- Many of the choices are concerns
- Minimal NICU services
- No doctors
- Quality care in the Emergency Room with dedicated knowledgeable staff
- We need to support our local hospital before we bring in & finance a new one

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

- Accessibility to mental health
- Mental health services
- Mental health/behavioral services
- Need more low cost or free activities
- Outdoor activities lacking for kids to enjoy
- The laws regarding children having more rights than tax paying citizens. The high school not taking care of our youth

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

- Crime
- Dying by themselves, being lonely and not reaching out for help.
- Feeling a sense of belonging and community
- Food bank availability
- Health care
- Lack of addiction services
- Lack of jobs, retail and other services
- Not being able to find a PCP that stays long enough to make a connection with. And mental health services, we need a provider HERE that doesn't just push pills and actually listens
- Psychological heath and support ie: treatment for schizophrenia

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

- Ability to retain staff at nursing homes
- Availability of Hospice in rural areas
- COVID restrictions preventing family (especially grandchildren) from seeing loved ones in Bethel. Causing loneliness.
- Having older people that have lost a spouse or family has moved away and don't have anyone looking after them or visiting with them. They are not taking care of themselves, whether they be able or not. There has to be a way of looking in on these people safely without taking advantage of them and have them trust that this is a good thing. Help them, take them to appointments and the grocery store or just out for lunch
- We need more low-income housing program to lower rent for elderly

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

- A more diverse economy
- Access to mental health resources for all residents.
- Access to specialty care

- Accessible healthcare that is timely. Need a 24 walk in clinic. And recycling!
- Activities/fitness classes for kids and adults that are outside of 8-5 so those who work fulltime can still enjoy activities without sacrificing work.
- Addiction and mental health
- Affordable housing, retail, restaurants, and not much for adults to do but go to bars
- Affordable mental health services
- Affordable mental healthcare access
- Alcohol abuse
- Alcohol and drug abuse
- Assisted living option
- Availability of mental health services
- Availability of specialized services and quality providers that will truly work to find answers to health issues outside of the norm.
- Better healthcare
- Care for the older population who want to stay in their homes and be adequately cared for.
- Caring for one another
- City government
- Communication and cooperation between our governmental entities
- Cost of assisted living facilities.
- Cost of living
- Creating a coordinate growth strategy amongst stakeholders to guide the City into the future. The City, County, School District, College, and other stakeholder agencies have created a strategy to grow and improve with the community and have executed to some degree. The only area where we continue to stand still or regress is healthcare. Services have not notably improved or increased in the past 10 years and it remains as hard or harder to obtain quality care and services within this community.
- Crime/violence
- Debt, cost of living housing.
- Doctors don't stay here- Have to go out of town to get specialist care and major surgeries
- Drug abuse
- Drugs.
- Emergency Care does not happen or help, they simply send you home with no answers or direction to go. Sometimes they send patients on to other facilities, I just wish they wouldn't take so long to send a patient.
- Enough teachers
- Excessive COVID restrictions in schools (extended mask wearing for our kids) and at Bethel.
- Filling jobs and more shopping options.
- Good Healthcare! Keeping good doctors. Local hospital care.
- Good Healthcare. Getting to see a doctor in a timely matter. Affordable healthcare.
- Good shopping stores and restaurants
- Having a unified plan regarding medical services. Political leadership has taken upon themselves to deliver healthcare without input from current medical providers.
- Having the support of the city for the current healthcare provider. With the mayor wasting the cities money on a new hospital to settle a grudge he had with CHI Division leadership.
- Healthcare
- Healthcare access is difficult. Sometimes it can be weeks until an appropriate individual can see you for just an initial visit. Billing of healthcare is problematic, at best. I have received bills before it went to my insurance several times.
- Healthcare and lack of recycling - we should have curbside pickup. Too many patients are transferred out of town due to limited healthcare and mental health services.

- Healthcare staffing
- Healthcare we have a very poor healthcare system.
- Healthcare.
- Healthcare. There needs to be a clinic after 5pm and open on the weekends. Not everyone can pay to go to the ER
- High cost of housing
- High cost of living
- Housing prices are way too high which makes it difficult for younger families to have a home. Not enough primary care physicians and specialists fir the community.
- I believe there should be very strict rules to everyone wear seatbelts
- I feel Williston is just not a kid friendly town the schools have no school nurses so if your child needs anything health related in the school you are relying on someone who is not qualified at all
- Lack of accessible and quality healthcare
- Lack of affordable mental health services.  Lack of alcohol and drug addiction services
- Lack of committed healthcare workers/specialists. Community/government resources for kids/families with health issues. Our 7 year old was recently diagnosed with T1D and we're on our own.
- Lack of healthcare specialists- oncology, cardiology, orthopedics, etc
- Lack of help for the elderly.
- Lack of mental health care and awareness for depression in students
- Lack of mental health services
- Lack of mental health support to all categories of the population
- Lack of options in healthcare- including doctors and up to date facilities
- Lack of services and resources. There's not enough medical, no urgent care or walk in clinics. Lack of specialists. Lack of retail and restaurants. Lack of public transportation.
- Lack of services for low income and single parent families. Lack of quality jobs for uneducated women. Lack of quality part time jobs. Lack of school bussing. Lack of reasonably priced housing. Lack of options and opportunities! A lack of.....period!
- Lack of shopping, restaurants, and mental health services
- Lack of support for local hospital
- Limited healthcare options. Having to drive multiple hours for specialists
- Livable wages and high cost of living.
- Local government
- Mental health services and the lack there of
- Mental health services to help with stress, mental health conditions, drug and alcohol use. People may be too afraid to seek help, so maybe more events to encourage use of resources.
- Mental health. We have only one provider that just pushes medications and doesn't listen.
- No addiction treatment center!
- No affordable housing
- No healthcare specialist
- Non- inclusiveness for all. (LGTBQIA community, BBIA community and so forth).
- Not enough care for seniors, don't care about their health , senior living, not worried about the balanced meals they get
- Not enough mental health services.
- Not having enough things for our families to do on the weekends and after hours. More family friendly restaurants and places to go with our youth
- Nothing for kids in middle school til 21 to do
- Nowhere to sleep
- Overpopulation

- People who are interested in growing Williston long term and those who are only here temporarily and who's going to pay for everything
- Practically every business and industry struggles with high staff turnover. Our workforce is so mobile, we all struggle with continuity
- Public transportation
- Public transportation for school age kids to engage in extra curricular activities
- Qualify schools: teachers and curriculum
- Quality of care!!!
- Radical political rhetoric and politicians who continue to pander to the radicals
- Recycling programs
- Retaining employees
- Retaining health care workers, and treating them fairly so they will want to stay
- Retaining MD's; not hiring a lot of PA's.
- Rising prices.
- Since I am in the middle of raising a teenager it would be activities for teenagers. Ages 15 and above. There is limited things in the town for them to do.
- Some decisions have been good, but most, we don't hear about, have not been good. If you go to a meeting and they don't agree, you don't get to talk. I thought they worked for the betterment of our city, not for their own wallet.
- Specialized healthcare
- Substance abuse
- Substance abuse, short and long term treatment options for both mental health and substance abuse issues. Also education to the kids in the community about substance abuse
- Terrible city council members, major is a drunk and makes poor choices.
- The city officials not being willing to work with local healthcare systems that are already in place.
- The cost of senior nursing home. They want your land and house and everything to care for the person.
- The cycle of mental health issues and transferring patients out of county. Need more services for inpatient and outpatient mental health.
- The drugs coming into our community
- The fact that our mayor and city officials think that we need a new clinic/hospital and are fully supporting this initiative, when they should be doing more to make Williston a desirable location to live/work in so the hospital we already have can succeed.
- The general cost of living particularly property taxes.
- The high cost of living for a town that offers very few amenities
- The hospital does a great shop in serving the needs here.
- The lack of support the local government shows the existing healthcare facilities is a concern. Rather than helping or collaborating with existing providers, they work to bring in new competitors who will offer the same services, making it more difficult to retain professionals and this does nothing to improve the mental health needs of the community because there is no talk to bring in these types of facilities or providers. Another thing that could greatly improve the ability to attract professional talent would be the community and local government pushing for support of renovating or building new schools!
- The mayor and his personal agenda.
- The people that run our city. They make decisions without listening to the community. They keep certain businesses out because of their businesses or family and friends businesses. They make decisions only on their personal needs.
- The political divide
- The proposed new hospital that I feel is not necessary.
- The relationship between city mayor and hospital president. We could have a thriving hospital where people are proud to work there and be associated with hospital but city constantly circumvents building relationship and hospital president and marketing seem to do nothing to promote hospital. It's like the hospital has just given up and resigned to closing its doors after the Sanford announcement. Which

the city, I my opinion, should not have had the authority to pay for the building without involving the community. Or other city decisions like subsidizing Delta or committing funds to a larger swimming pool when Harmon Park pool used to be thriving b

- They always say to "shop local" and there are no places to buy clothing, food. The shelves in the stores are never filled even if they are up stocking at night. The population has doubled in size and there are no new grocery stores or shoe stores, clothing, etc. City needs to focus on these instead of building their new town square.
- Too many at risk youth that have been brought up by ill-equipped parents.
- Under-age drinking, no seat belt use
- We definitely need some sort of mental health service here in Williston, an inpatient facility.
- We have discovered since moving here, when we have been without medical insurance we've had a VERY difficult time trying to maintain medications for my husband's schizophrenia. The medication is NOT expensive it's getting the PRESCRIPTION (having to see the psychiatrist again every 6 months, even though he's been told he has to take the medication for the rest of his life).
- We need shopping and good schools to keep and retain people.
- Women feeling safe going somewhere alone

## Delivery of Healthcare

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

- A good psychiatrist for mental health and an addiction treatment facility
- Additional nursing home and hospice care. More dentists who take Medicaid. More options for local care.
- Affordable dental
- Affordable mental health help
- Affordable mental healthcare access
- All kinds! I can't even see a rheumatologist in Williston without writing 2 months or more.
- All specialists possible, greater bed capacity, expansion of ER, more primary care capacity.
- Allergy specialist
- ALL--our current healthcare is lacking in every area, especially mental health
- Behavioral health
- Chronic pain mental health specialist
- Continue mom and baby care follow up services as well as breastfeeding counseling services
- ENT, more orthopedic, urology
- Even and weekend availability
- Family cetineites
- Food should be checked that chicken for one is well done
- Geriatric physician
- Health services - doctor specialist
- Home visits for elderly immunizations
- I think there should be a group for women who are pregnant/ or have children that could go to a class and each class they'd earn points and in return the points convert to money to where they parents could use them on anything their kids would need like stock piling diapers
- I want to know why our local leaders are not behind the medical services in our community that we already have? Why are they supporting Sanford Health? Why are they not promoting the existing health care in our community? Why are they not helping build a healthy community by supporting CHI? ONE PERSON's action should not prevent the support of the community's health care. What is best for the community? Will there be healthcare workers to work in the new clinics/hospital projected?
- Improve ER staffing- sad when people opt to go to Sidney, Watford City, or Tioga instead of here!
- Keep regular doctors

- Lack of healthcare specialists- oncology, cardiology, orthopedics, etc.
- Low cost health clinic with evenings and weekend appointments
- Mental health
- Mental health and addiction services
- Mental health and addiction treatment
- Mental health and substance abuse
- Mental health facilities, more specialty clinics
- Mental health providers
- Mental health resources and licensed professionals for mental health services
- Mental health services for children younger than 7
- Mental health. Easier access to therapy
- Mental health/drug addiction rehab
- Mobile clinics (not for vaccination-actual clinics)
- More access to specialists
- More access to specialists without going out of town
- More affordable dental care
- More communication and education on existing services including posting hours for Urgent Care instead of sign that says Open now yet not open! Misleading sign is just one example of poor communication
- More counseling services for children
- More lactation consultants
- More pediatricians
- More pediatrics, NICU
- More physicians with variety of knowledge especially diabetes
- More specialists in Williston
- NA
- NO idea I haven't needed to use
- None
- Orthopedics, urology, cardiac surgeon, other specialty services
- Pay healthcare staff that have been here for staying.
- Pediatric specialists!!!!!
- Professional speakers to talk to community about above subjects. Free to public. Good advertising.
- Psychiatric
- Specialists
- Substance abuse and more mental health
- Substance abuse treatment center, inpatient center
- The tobacco cessation program is not very effective We need more support groups not just an online service or a telephone service
- Urgent care, dentists that take Delta, ENT
- We need doctors real medical doctors
- Weekend urgent care
- Youth mental health ward or psych ward that families do not have to pay for

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

- Being discriminated against for not being Christian, being a woman, and not being white
- Billing situation described earlier. I prefer not to go to clinic or hospital since every time I go, I have to deal with multiple billing woes. And no one person can handle situation. Some questions are to outsource org, some facility, some provider. Most into a black hole

- I am able to obtain healthcare but must leave the community to go to Minot, Bismarck etc. to do so.
- I don't know
- I haven't had issues accessing healthcare
- Inability to keep providers do to lack or shopping dining and cultural activities
- Lack of alternative medicine/naturopathic doctors in area
- Many must travel to receive proper care
- No emphasis on natural health methods
- None apply I am able to receive all services
- Not being able to bring my child with me to my appointments
- None

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

- Pharmacist
- Colleagues
- Mayo
- Surgeon
- Web searches

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

- ...had to go out of town to get joint replacement cause no one here was qualified .....twice..
- A healthcare system who seem actively involved in community and knows what is going on at hospital versus being remote. And having single name for hospital than multiple names such as CHI. St Alexis. Mercy Hosp. Williston Hosp. Etc
- Accuracy of billing. Transparency of costs. Quality of care. Availability of professionals. Consistency in care.
- Aligning with governmental leaders who are making decisions based upon personal agenda. If another hospital is built, the quality if care will decrease.
- Availability of clinics opening on Saturdays and Sundays
- Being more aware of what's offered within the community.
- Better leadership at the hospital equals better care for the community.
- CHI needs to take better care of their employees!
- Community help with recruiting doctors and their families; update and expand current hospital to accommodate more providers;
- Continue to recruit ortho and urology as well as mental health and substance abuse treatment
- Don't let past behaviors with leaders of the community and health care stop promoting the medical facilities we already have in the community. Working together seem to be lacking.
- Every time I find a provider they end up leaving so now I don't do regular check ups.
- Get doctors who choose to be in Williston for a better reason than they can't get a job anywhere else. Someone who cares about this community, its people and its problems. There hasn't been a doctor that meets this criteria in Williston in over 50 years. I was born and raised here and I have seen more negative treatment here than anywhere on the planet.
- Great improvement over the years with being able to get an appointment for myself or my kids the same day I call if needed, but not always able to get in with my particular provider. More providers in all areas of healthcare are needed to prevent burnout. Flexible schedule and better pay?
- Have the local government support the current healthcare system
- I believe there should be more emphasis on more preventative health measures such as improving diet, getting exercise, taking vitamins and supplements
- I feel the hospital and its clinics have a variety of providers to meet the needs of the community.
- I have heard bad experiences about Williston health care
- I hear over and over how so many people don't trust our hospital here, they've had to go other places to get small things taken care of. That is concerning to me. We need to do better.

- I hope this survey is widely distributed and a legitimate effort is made to collect responses. I am skeptical any measurable change will occur, but would recommend partnership or sale of the local hospital to Sanford Health.
- I love the idea for Sanford, I'm just concerned on how it will be staffed. We can't even keep staffing at our own hospital. Why are we spending money to build a new one when we could've worked to improve the one that we have.
- I think our community could do a better job of supporting existing providers rather than recruiting Sanford to dilute available resources
- I would say one thing that would greatly benefit local healthcare would be after hours care. After hours urgent care so people don't need to resort to and overwork the emergency room staff
- If you go to Trinity Clinic you get great service. Hospital is not so much. The doctors don't listen and they rush you in and out. We need a better OB/GYN because Great Plains lacks and are way to expensive. No insurance and it is 600-900 per visit. Don't forget about ultra sounds and tests and all that too.
- In need of more local providers.
- I've been overall very disappointed in the healthcare available in Williston. Providers seem very rushed and impersonal, and the notable lack of specialists makes me nervous. I have been pregnant twice now since moving here and hate knowing that there are no resources to help me or my babies should something happen before 36 weeks gestation. Poor healthcare is one of my biggest concerns about living here and one of the reasons we don't hope to make Williston our forever home.
- Keep up the good work!
- Lack of support from city and county politicians. Support should be given to all health care providers not just one
- Let's start concentrating on updating g our schools, providing more shopping and entertainment, things that will attract and keep people here long term.
- Local doctors
- Local government should support existing local healthcare
- Local healthcare decisions being made by a corporate office in California. They're too far removed and we live in 2 different worlds.
- Local politicians need to engage staff at the local clinics and other healthcare facilities before unilaterally deciding to build their own clinic and hospital.
- Lower prices of meds as older folks need more and have less to pay all that. Also so health check where appt. serves food.
- Melanie is an INCREDIBLE nurse. She was so helpful, warm and loving. She made my father in laws stay in the swing bed enjoyable. Please let her know she is doing a great job!!
- More affordable care for the elderly, Resources for the People struggling with addiction and mental health issues, depression and suicide. A good Psychiatrist.
- More affordable options for healthcare services and more information on services available.
- More specialty doctors for our area to prevent a 2 hr drive to see a doctor
- NA
- Need to incentivize current and future employees to stay
- Never is easy to attract/keep healthcare specialists into a small market, but the need is escalating
- No consistent doctors. The billing system is horrible. Too confusing. High cost.
- Nothing.
- Only have the number of doctors we need to keep them here, make our community one that the families will want to come. Pay them what they need to stay. Give them the tools to make better decisions. We could have a great healthcare system if we let them have what they need. Listen to your doctors and nurses. who is coming in the ER and why. And then get it and fix it. Keep what we have but make it better.
- Our city wanting to build a hospital instead of other things
- Our community needs inpatient mental health services We also need support groups for all addictions not just for drugs and alcohol We have people who have overeating addictions smoking etc
- Our nurses, aides and staff do not make a livable wage on full time status. Wage does not match cost

of living in North Dakota; our CNA's make less than employees at Subway or Menards or many other places in town. If the wages were better, we would be fully staffed and better prepared to care for our patients; their needs would be met faster, less burnout due to overtime, etc.

- Recruit and retain, avoid exodus like a couple of years ago when several locals who returned to their home community left for better jobs elsewhere.
- RETAIN doctors (General and specialty)
- Stop degrading all health care facilities we have in Williston, we have great facilities throughout the community, adding a Sanford clinic/hospital is a slap in the face to all of us, I have been in health care for 30 years and what our major and city council are doing is pure hateful to us that have been working here and assisting patients within the clinics and hospital. As a life long resident and dedicated nurse Howard Klug slapped my work ethic along with all others in the face because he hates CHI, build your own then good luck retaining staff and providers, another stupid choice our local leaders are doing! Build a substance abuse inpatient facility and behavioral health facility, this town needs that more than anything, and keep it running long term, not just a couple years do it forever, don't let it fail city council members. Get what we truly need here, schools and substance and behavioral health inpatient centers.
- The corporate structure of the hospital system up here and there greed to make maximum profit vs. investing in the community and making better facilities to attract more medical professionals hurts this area greatly. Cut backs in staff. Not renovating or building new facilities. Lack of competition of other hospitals. Inability to attract specialists. So much needs to be improved from my point of view.
- The hospital in Williston is similar to walking into an ER county-run hospital thirty years ago. Hearing stories of CHI Williston hospital staff who have notices on their person to be taken anywhere but Williston. losing providers because chi refused to update or upgrade equipment. fear that anything done locally will result in further issues or missed diagnoses. just generally subpar care
- The hospital needs to catch up to the growth of the community.
- The upper Missouri health unit could return phone calls or emails requesting information
- There are way too many to mention. Everything in my community is lacking!!
- We are in desperate need of quality mental health services and supports that are culturally competent.
- We have a lot of young families in Williston. Many have moved here and have little family support. Assuring support services continue with budget challenges should be a priority. Small investment to have a significant impact in our community.
- We just don't have enough local options. It's always a trip to Minot or Bismarck for anything out of the ordinary. Limited mental health care.
- We need mobile clinics. We need to drive TO the rural people, not have them drive to us.
- We need more doctors
- We need more services available particularly in behavioral health, with weekend and evening hours available
- We need to provide more local care.
- Williston hospital is a joke as is their clinic. Ill travel 2 hours east before I go to the ER here. Craven Hagan has no quality doctors. I'll stick with Trinity or Sanford when it comes to town
- Williston needs more MENTAL HEALTH ACCESS...for those with OR WITHOUT INSURANCE
- Williston needs to have healthcare services comparable to communities of its size. Aberdeen South Dakota is a community similar in size to Williston, and they have access to two hospitals, neurosurgery, cardiothoracic surgery and Cath Lab, full-scale orthopedics, neurology, oncology, urology, pulmonary medicine, real intensive care, inpatient rehabilitation, as well as a host of other services. The simple fact of the matter is that the state of healthcare in Williston is a joke. CHI Williston has no interest in serving the community and is a joke by the provider. They are governed by an organization thousands of miles away, in a different state in a skyscraper, they have no understanding how rural Prairie healthcare works. They have no idea that a community like Williston needs access to burn medicine new to the oil industry, that we need access to trauma surgeons due to car accidents and agricultural industries, that we need access to dermatology and oncology due to skin cancer rates in our outdoorsman, they don't understand that we need access to pediatric services because many of our students are unable to travel as they have difficulty getting excused absences from school. They do not understand that many people delay healthcare due to travel concerns with winter roads. They do not understand that the Williston community needs access to inpatient psychiatric care, as well as outpatient care due to many mental health problems our community faces due to high stress careers in our local economy. We also need medical professionals that are capable and competent, due to our isolation, we often get providers who can't find a job anywhere else and our community suffers in the meantime. We need a medical team that

actually knows what they're doing that has a real understanding of the needs of the care of the patients in our community. To summarize, we need more services, better providers, better care, and modern facilities that suit the needs and the challenges of healthcare in Western North Dakota

- You violate hippa, give poor service to non-Catholics, women, and minorities. This hospital has killed hundreds of people because your doctors and nurses don't know basic healthcare. This hospital is a death trap and I would rather drive to Bismarck or Sidney for medical services.