



2017 Community Health Assessment

Wishek Area

North Dakota

Lynette Dickson, MS

Kylie Nissen, BBA

Julie Reiten



Center for Rural Health

University of North Dakota
School of Medicine & Health Sciences



Public Health

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Central Valley Health District

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Executive Summary

To help inform future decisions and strategic planning, Wishek Hospital Clinic Association (WHCA) conducted a community health needs assessment (CHNA). The Center for Rural Health (CRH) at the University of North Dakota School of Medicine and Health Sciences 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. One hundred forty-seven WHCA service area residents completed the survey. Additional information was collected through seven key informant interviews with community leaders. The input

from the residents, who primarily reside in McIntosh 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, McIntosh County's population from 2010 to 2016 decreased 5.4%. The average of residents under age 18 (18.2%) is nearly 5 percentage points lower than the North Dakota average (22.8%). The percentage of residents ages 65 and older is considerably higher (31.1%) than the North Dakota average (14.2%), and the rates of education are lower than the North Dakota averages. The median household income in McIntosh County (\$42,277) is lower than the state average for North Dakota (\$57,181).

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

- poor or fair health
- poor physical health days
- poor mental health days
- food environment index
- excessive drinking
- alcohol-impaired driving deaths
- sexually transmitted infections
- children in single-parent households
- violent crime, air pollution
- drinking water violations
- severe housing problems

Factors in adult obesity which McIntosh County was performing poorly relative to the rest of the state include:

- physical inactivity
- access to exercise opportunities
- income inequality
- number of uninsured
- number of primary care physicians
- number of dentists
- number of preventable hospital stays
- diabetic screening
- mammography screening
- unemployment
- children in poverty
- income inequality
- injury deaths

Of 82 potential community and health needs set forth in the survey, the 147 WHCA service area residents who completed the survey indicated the following seven needs as the most important:

1. Ability to recruit and retain primary care providers (doctor, nurse practitioner, physician assistant)

2. Cancer
3. Jobs with livable wages
4. Attracting and retaining young families
5. Availability of resources to help the elderly stay in their homes
6. Cost of health insurance
7. Availability of primary care providers (doctor, nurse practitioner, physician assistant)

The survey also revealed the biggest barriers to receiving healthcare (as perceived by community members). They included not enough doctors (N=36), not able to see same provider over time (N=35), and not enough evening or weekend hours (N=26).

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

- Safe place to live, little/no crime
- Family-friendly, good place to raise kids
- People are friendly, helpful, and supportive
- Healthcare
- Feeling connected to people who live here
- Local events and festivals

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

- Availability of resources for family and friends caring for elders
- Availability of resources to help the elderly stay in their homes
- Ability to retain doctors and nurses in the community
- Not enough jobs with livable wages, not enough to live on
- Attracting and retaining young families

The group will begin the next step of strategic planning to identify ways to address significant community needs.

Overview and Community Resources

With assistance from the CRH at the University of North Dakota School of Medicine and Health Sciences, WHCA completed a CHNA of the WHCA service area. The hospital identifies its service area as the towns of Gackle, Kulm, Napoleon, Berlin, Dickey, Edgeley, Fredonia, Jud, LaMoure, Lehr, Marion, Streeter, Verona, Wishek, and Zeeland. Many community members and stakeholders worked together on the assessment.



Wishek, in McIntosh County, is located in south central North Dakota, approximately 85 miles from Jamestown, 100 miles from Bismarck, and 20 miles from the South Dakota border. The community features more than 140 businesses and organizations, modern fiber-optic Internet connectivity, and an annual three-county fair. Wishek's school system provides educational opportunities to students K-12. Wishek also has an active senior center with daily activities.

WHCA, through its hospital and clinic in Wishek and its clinics in Gackle, Kulm, and Napoleon, serves a large area in south central North Dakota. Its clinics are located in the three counties included in this assessment. Central Valley Health District's public health jurisdiction includes Logan County; McIntosh District Health Unit is a one-county public health unit covering McIntosh County; and LaMoure County Public Health Department is also a one-county public health unit covering LaMoure County.

Figure 1 illustrates the location of the counties.

Figure 1: McIntosh, Logan, and LaMoure Counties



Wishek Hospital Clinic Association



The WHCA includes a 24-bed critical access hospital and a rural health clinic located in Wishek, N.D., as well as rural health clinics in the neighboring communities of Gackle, Kulm, and Napoleon. WHCA's hospital, an accredited level V trauma center, provides comprehensive care for a wide range of medical and emergency situations. With approximately 90 employees, WHCA is one of the larger employers in the region.

Community-owned WHCA offers a wide range of services including acute care, diagnostics, radiology, wellness services, rehabilitation care, chronic care management, family medicine, and pediatrics. Minor surgical procedures are available at the WHCA, as well as joint injections, lesion removal and biopsies, and care for sports injuries.

The WHCA defines its mission as follows: To provide the highest possible standard of healthcare in a compassionate and professional manner for the people in our region.

Services offered locally by WHCA include:

General and Acute Services

- Ambulance service
- Clinics
- Critical care unit
- Emergency room
- Family medicine and primary care
- Hospital
- Minor surgical procedures
- Nutrition services
- Pharmacy
- Preventive visits
- Social services
- Sports injuries
- Swing bed services
- Telemedicine

Screening/Therapy Services

- Asthma testing
- Cardiac rehab
- Childhood vaccines
- Chronic care management
- Diabetes care
- EKGs
- Holter monitors (heart monitors)
- Laboratory services
- Physical therapy
- Sleep studies
- Well baby checkups
- Women's wellness exams

Radiology Services

- Bone density testing
- Cardio stress test
- CT scan

- General x-rays
- Mammography (provided via mobile unit)
- MRI (provided via mobile unit)
- Nuclear medicine (provided via mobile unit)
- Teleradiology
- Ultrasound (provided via mobile unit)

Services Offered by Other Providers/Organizations

- Chiropractic care
- Dental care
- Fitness center
- Meals on Wheels
- Skilled Nursing Home services
- Vision care

The WHCA also operates a foundation whose mission is to “help provide the philanthropic and community resources needed to improve the health and welfare of the residents in the communities of [the] service area” and whose focus is to “provide funds to enhance the healthcare services and facilities for the direct benefit to residents in south central North Dakota and to improve the image of the institution as a community service-oriented organization.”

Local Public Health in South Central North Dakota: Central Valley Health District, McIntosh District Health Unit, and LaMoure County Public Health Departments

North Dakota's public health system is decentralized with 28 independent local public health units working in partnership with the North Dakota Department of Health. The 28 local public health units are organized into single or multi-county health districts, city/county health departments, or city/county health districts. Seventy-five percent of the local health units serve



single county, city, or combined city/county jurisdictions, while the other 25 percent serve multi-county jurisdictions. The majority of the multi-county jurisdictions are in the western part of the state. In this decentralized approach, the units are required to meet state standards and follow state laws and regulations, but they can exercise their own powers and have administrative authority to make decisions to meet their local needs.

The local public health infrastructure has the capacity and expertise necessary to carry out services and programs needed in their jurisdictions. Therefore, the health units function differently from one another and each offers its own unique array of services. The most common activities and services provided by local public health units are child immunizations, adult immunizations, tobacco use preventions, high blood pressure screening, injury prevention screening, blood lead screening, and early and periodic screening diagnosis and treatment.

There are three local public health departments covering the counties of LaMoure, Logan, and McIntosh in south central North Dakota. They include the Central Valley Health District (CVHD), McIntosh District Health Unit (MDHU), and LaMoure County Public Health Department (LCPHD).

Central Valley Health District

The CVHD is the public health department for Logan and Stutsman counties. The Logan County offices are located in Napoleon and Gackle, while the Stutsman County office is in Jamestown. CVHD sets forth its vision “to be the healthiest community to live, learn, work, and play,” and the mission is to

“Prevent, promote, protect for optimal community health.” CVHD offers many programs that provide regional services to McIntosh and LaMoure counties. These include Emergency Preparedness, Title III Aging Services, and Women’s Way – Breast and Cervical Cancer Screening and Family Planning.



Services offered by CVHD include:

- Emergency preparedness and response
- Environmental health, providing environmental health services and education in eight counties in the region
- Family planning services, reproductive health, and sexually transmitted disease testing, with satellite clinics available in Valley City and Carrington and fees based on income and family size
- Nursing services, including health assessments, tuberculosis testing, lipid profiles, foot-care clinics, home visits, health maintenance clinics, Health Tracks child health screening, medication monitoring and setup, therapeutic procedures, and immunizations
- School nursing services
- Tobacco prevention
- Women, Infants, and Children (WIC) program
- Women's Way program

Central Valley's clinics, located in Napoleon and Gackle, are each open one day per week.

McIntosh District Health Unit

MDHU covers all of McIntosh County, which includes the towns of Ashley, Lehr, Venturia, and Zeeland. Its office is located in Ashley.

Services offered by MDHU include:

- Environmental health
 - Point of contact for sale of sewer permits to licensed installers
 - Nuisance and hazard calls
- Emergency preparedness and response
 - Trained to set up and support the Wishek point of dispensing
 - Monitor supplies to ensure they are adequate and dates are current
- Nursing services
 - Foot-care: in-home or in office by appointment
 - At the Wishek Senior Center every third Tuesday
 - At the Ashley Senior Center every third Wednesday on even months
 - Health assessments, as requested by client, family, or physician
 - Medication setup – weekly, biweekly, monthly – as needed
 - Home visits, as requested by client, family, or physician
 - Blood pressure checks
 - Immunizations – infant, children, and young adults by appointment
 - Health Tracks assessments for children and young adults ages 0-21



- Flu shots – all ages, call for locations and times
- School nursing services
 - Health screenings – vision and hearing
 - Guidance in managing communicable disease concerns
 - Puberty education
 - Immunization review and recommendations
 - School-based flu and immunization clinics
 - Referrals
- Car seat program
 - Detailed car seat checks and installs by Certified Passenger Safety Technicians
 - Assist other communities as needed for car seat checkup events
 - Sale of new car seats to parents, grandparents, and caregivers at a reduced rate
 - Sale of state-purchased car seats to children meeting guidelines (free or reduced)
 - Visit schools at their request to do car seat education
- Tobacco prevention
 - Advocate to reduce the impact of tobacco in the communities
 - Assist tobacco users seeking cessation
 - Work with local policymakers, organizations, and schools to develop and adopt tobacco-free policies in the workplace and community
 - Provide education and information to state and local policymakers and the public regarding current issues in tobacco control

LaMoure County Public Health Department

LCPHD covers all of LaMoure County, which includes the towns of LaMoure, Edgeley, Judd, and Kulm. The office is located in LaMoure. The mission of the LCPHD is to protect and enhance the health and safety of all LaMoure County residents.

Services offered by LCPHD include:

- Allergy injections, lice checks, rash assessments
- Foot-care clinics
- Health assessments, including blood pressure, blood sugar, testing hemoglobin, vital sign monitoring, height and weight, ear checks (infection, wax), ear irrigations, TB (tuberculosis), and lipid profiles (cholesterol)
- Home visits for all ages (limited to once per week per client)
- Immunizations
- Medication monitoring and setup
- School nursing - Nurses are in the schools a minimum of one to two times per month and more often as needed to complete school nursing services
- Special programs

- Newborn follow-up, offered by phone and/or home visitation, health information and counseling to mothers regarding normal and/or abnormal happenings postpartum and for the newborn
- Injury prevention programs – bicycle safety programs, safety information for latch-key children, and buckle-up (seat belt) safety information
- Therapeutic services by doctor's order (i.e. dressing changes, suture removal, catheter care, etc.)
- Tobacco prevention
 - Advocate for the use of best practices in tobacco control to reduce the impact of tobacco in our communities
 - Provide education and information to state and local policymakers and the public regarding current issues in tobacco control
 - Assist tobacco users seeking cessation
 - Work with local policymakers, businesses and organizations, and schools to develop and adopt tobacco-free policies in the workplace and the community

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 the health needs and concerns in the service area of WHCA, primarily the communities of Wishek, Gackle, Kulm, and Napoleon.

The (CRH), in partnership with the WHCA, facilitated the CHNA process. Community representatives met regularly in-person, by telephone conference, and email. A CHNA liaison was selected locally to serve as the main point of contact between the CRH and Wishek. A small steering committee was formed that was responsible for planning and

implementing the process locally. Representatives from the CRH met and corresponded regularly by teleconference and/or via email/eToolkit with the CHNA liaison. The community group (described in more detail below) provided in-depth information and informed the assessment process in terms of community perceptions, community resources, community needs, and ideas for improving the health of the population and healthcare services. Thirteen people, representing a cross section demographically, attended the focus group meeting. The meeting was highly interactive with good participation. WHCA staff and board members were in attendance as well but largely played a role of listening and learning.

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

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

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

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

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

Community Group

A Community Group consisting of 13 community members was convened and first met on May 16, 2017. During the first meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about the WHCA service area, and served as a focus group. Focus group topics included community assets and challenges, the general health needs of the community, concerns, and suggestions for improving the community's health.

The Community Group met again on August 1, 2017, with 12 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 McIntosh County. The group was then tasked with identifying and prioritizing the community's health needs.

Members of the Community Group represented the broad interests of the community served by the WHCA. They included representatives from a number of businesses as well as those in education, local government, retired, and WHCA staff and board members. Not all members of the group were present at both meetings.

Interviews

Representatives from the CRH conducted one-on-one, in-person interviews with three key informants on May 16, 2017, as well as two phone interviews May 17, 2017. Interviews were held with selected members to include individuals from the city council, the clergy, the sheriff's department, the nursing home, and two individuals from area businesses.

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

Survey

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

The community member survey was distributed, electronically and paper copy, to a variety of residents of the WHCA service area, described in detail below.

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 raise awareness of the assessment process and promote the importance of the process, multiple press releases were submitted to area newspapers in Wishek, Gackle, Kulm, and Napoleon. Area business owners and local churches were also provided the information to put in church bulletins and newsletters.

Five hundred paper surveys were available for distribution in the service area, at area businesses, in the WHCA, at the public health units, and at the local churches. To ensure anonymity, a postage-paid return envelope to the CRH was provided with each survey. Online surveys were submitted directly to the CRH. The survey was available from March 22 through April 12, 2017.

The online version of the survey was publicized with the link or URL disseminated in all press releases. A total of 86 online surveys were completed. In total, paper and online, 147 community member surveys were completed. This equates to a response rate of 14% of the Wishek community, which is slightly lower than average for this type of survey methodology.

Secondary Data

Secondary data was collected and analyzed to provide descriptions of: (1) population demographics, (2) general health issues (including any population groups with particular health issues), and (3) contributing causes of community health issues. Data was collected from a variety of sources, including the 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); and

North Dakota KIDS COUNT, which is a national and state-by-state effort to track the status of children, sponsored by the Annie E. Casey Foundation (www.ndkidscount.org).

Social Determinants of Health

According to the World Health Organization, social determinants of health are:

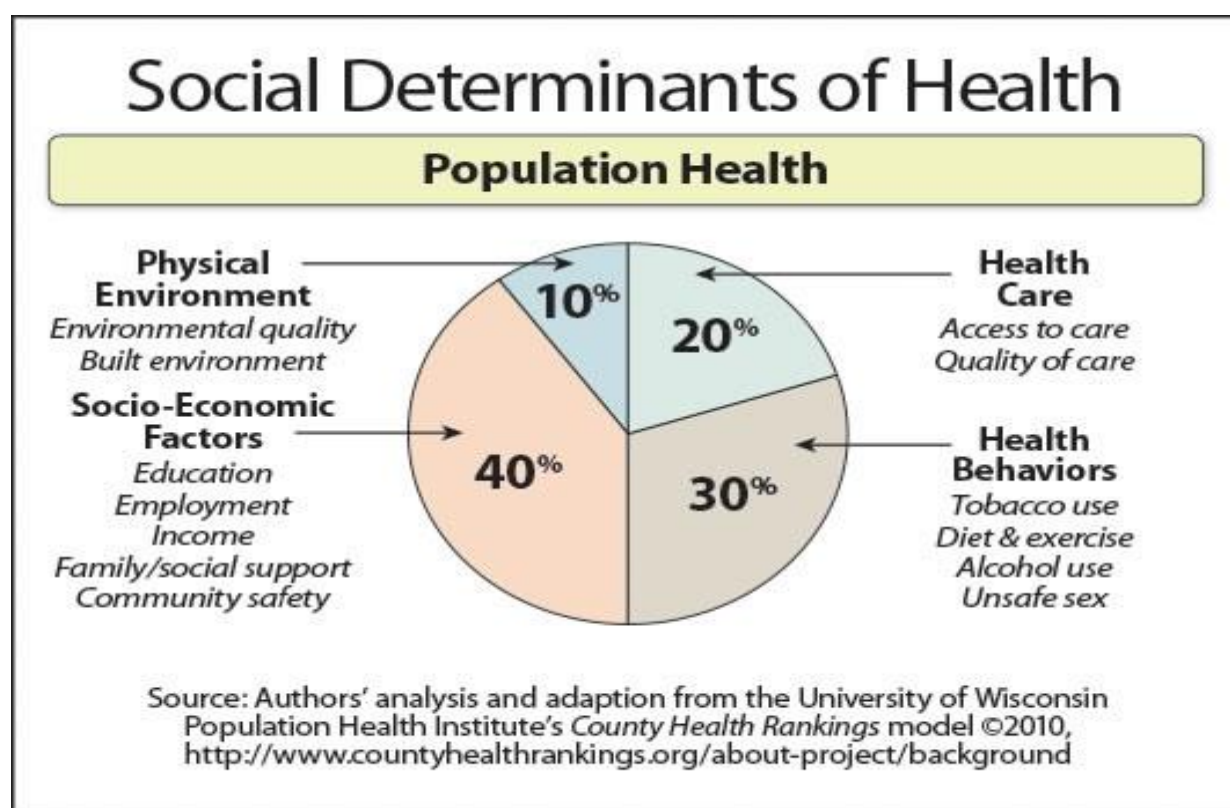
“the circumstances in which people are born, grow up, live, work, and age and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies and politics.”

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 impact of these challenges can be compounded by the barriers already present in rural areas, such as limited public transportation options and fewer choices to acquire healthy food.

Figure 2 illustrates the small percentage (20%) that healthcare quality and services, while vitally important, play in the overall health of individuals and ultimately of a community. Physical environment, socio-economic factors, and health behaviors play a much larger part (70%) in impacting health outcomes. Therefore, as needs or concerns were raised through this CHNA process, it was imperative to keep in mind how they impact the health of the community and what solutions can be implemented.

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 2: Social Determinants of Health



Demographic Information

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

TABLE 1: MCINTOSH COUNTY: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2016 American Community Survey; more recent estimates used where available)		
	McIntosh County	North Dakota
Population, 2016 est.	2,656	739,482
Population change, 2010-2016	-5.4%	9.9%
Land area, square miles	974	69,001
People per square mile, 2010	2.9	9.7
White persons (not incl. Hispanic/Latino), 2016 est.	96.4%	86.6%
Persons under 18 years, 2016 est.	18.2%	22.8%
Persons 65 years or older, 2016 est.	31.1%	14.2%
Non-English spoken at home, 2015 est.	20.1%	5.3%
High school graduates, 2015 est.	79.7%	90.9%
Bachelor's degree or higher, 2015 est.	18.7%	27.2%
Live below poverty line, 2015 est.	12.5%	11.9%

While the population of North Dakota has grown in recent years, McIntosh County has seen a decrease in population since 2010. The U.S. Census Bureau estimates show that the county's population decreased from 2,809 (2010) to 2,656 (2016).

Health Conditions, Behaviors, and Outcomes

As noted previously, several sources of secondary data were reviewed to inform this assessment. The data is presented below in three categories: (1) County Health Rankings, (2) the public health community profile, and (3) children's health.

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, McIntosh 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 2015 County Health Rankings are pulled from more than 20 data sources and then are compiled to create county rankings. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, such as 1 or 2, are considered to be the "healthiest." Counties are ranked on both health outcomes and health factors. Following is a breakdown of the variables that influence a county's rank. A model of the 2015 County Health Rankings – a flowchart of how a county's rank is determined – may be found in Appendix B. For further information, visit the County Health Rankings website at www.countyhealthrankings.org.

Health Outcomes <ul style="list-style-type: none">• Length of life• Quality of life Health Factors <ul style="list-style-type: none">• Health behavior<ul style="list-style-type: none">○ Smoking○ Diet and exercise○ Alcohol and drug use○ Sexual activity	Health Factors (continued) <ul style="list-style-type: none">• Clinical care<ul style="list-style-type: none">○ Access to care○ Quality of care• Social and Economic Factors<ul style="list-style-type: none">○ Education○ Employment○ Income○ Family and social support○ Community safety• Physical Environment<ul style="list-style-type: none">○ Air and water quality○ Housing and transit
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Table 2 summarizes the pertinent information gathered by County Health Rankings as it relates to McIntosh 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 Central Valley Health District/McIntosh District Health Unit/LaMoure County Public Health Department and WHCA or of particular medical facilities.

For most of the measures included in the rankings, the County Health Rankings' authors have calculated the "Top U.S. Performers" for 2015. 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).

McIntosh County rankings within the state are included in the summary following. For example, McIntosh County ranks 40th out of 49 ranked counties in North Dakota on health outcomes and 38th on health factors. The measures marked with a red checkmark (✓) are those where McIntosh County is not measuring up to the state rate/percentage; a blue checkmark (✓) indicates that the county is faring better than the North Dakota average but is not meeting the U.S. Top 10% rate on that measure. Measures that are not marked with a colored checkmark but are marked with a smiling icon (☺) indicate that the county is doing better than the U.S. Top 10%.

The data from County Health Rankings shows that McIntosh County is doing better than many counties compared to the rest of the state on all but one of the *outcomes*, landing at or above rates for other North Dakota counties. However, McIntosh County, like many North Dakota counties, is doing poorly in many areas when it comes to the U.S. Top 10% ratings. One particular outcome where McIntosh County does not meet the U.S. Top 10% ratings is the percentage of the population that is diabetic.

On health *factors*, McIntosh County performs below the North Dakota average for counties in some areas as well.

McIntosh County lags the state average on the following reported measures:

- adult obesity
- physical inactivity
- access to exercise opportunities
- percentage of uninsured
- number of primary care physicians
- number of dentists
- number of preventable hospital stays
- diabetic screening percentage
- mammography screening
- percentage of unemployment
- percentage of children in poverty
- income inequality
- number of injury deaths

TABLE 2: SELECTED MEASURES FROM COUNTY HEALTH RANKINGS 2016 – MCINTOSH COUNTY

	McIntosh County	U.S. Top 10%	North Dakota
Ranking: Outcomes	40th		(of 49)
Premature death	-	5,200	6,600
Poor or fair health	13% ✓	12%	14%
Poor physical health days (in past 30 days)	2.8 ☺	2.9	2.9
Poor mental health days (in past 30 days)	2.7 ☺	2.8	2.9
Low birth weight	-	6%	6%
% Diabetic	11% ✓✓	9%	8%
Ranking: Factors	38th		(of 49)
<i>Health Behaviors</i>			
Adult smoking	15% ✓	14%	20%
Adult obesity	32% ✓✓	25%	30%
Food environment index (10=best)	8.8☺	8.3	8.4
Physical inactivity	32% ✓✓	20%	25%
Access to exercise opportunities	39% ✓✓	91%	66%
Excessive drinking	18% ✓	12%	25%
Alcohol-impaired driving deaths	0%☺	14%	47%
Sexually transmitted infections	145.4 ✓	134.1	419.1
Teen birth rate	-	19	28
<i>Clinical Care</i>			
Uninsured	18% ✓✓	11%	12%
Primary care physicians	2,750:1 ✓✓	1,040:1	1,260:1
Dentists	2,800:1 ✓✓	1,340:1	1,690:1
Mental health providers	-	370:1	610:1
Preventable hospital stays	56 ✓✓	38	51
Diabetic screening	83% ✓✓	90%	86%
Mammography screening	59% ✓✓	71%	68%
<i>Social and Economic Factors</i>			
Unemployment	3.2% ✓	3.5%	2.8%
Children in poverty	18% ✓✓	13%	14%
Income inequality	4.9 ✓✓	3.7	4.4
Children in single-parent households	25% ✓	21%	27%
Violent crime	80 ✓	59	240
Injury deaths	129 ✓✓	51	63
<i>Physical Environment</i>			
Air pollution – particulate matter	9.6 ✓	9.5	10.0
Drinking water violations	No ☺	No	
Severe housing problems	10% ✓	9%	11%

✓ = Not meeting North Dakota average

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

☺ = Meeting or exceeding U.S. Top 10% Performers

Children's Health

The National Survey of Children's Health touches on multiple intersecting aspects of children's lives. Data is not available at the county level; listed below is information about children's health in North Dakota. The full survey includes physical and mental health status, access to quality healthcare, and information on the child's family, neighborhood, and social context. Data are from 2011-12. The survey was conducted again by the Census Bureau in 2016, with initial data expected sometime in 2017. 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 aged 0-17 unless noted otherwise)		
Health Status	North Dakota	National
Children born premature (3 or more weeks early)	10.8%	11.6%
Children 10-17 overweight or obese	35.8%	31.3%
Children 0-5 who were ever breastfed	79.4%	79.2%
Children 6-17 who missed 11 or more days of school	4.6%	6.2%
Healthcare		
Children currently insured	93.5%	94.5%
Children who had preventive medical visit in past year	78.6%	84.4%
Children who had preventive dental visit in past year	74.6%	77.2%
Young children (10 mos.-5 yrs.) receiving standardized screening for developmental or behavioral problems	20.7%	30.8%
Children aged 2-17 with problems requiring counseling who received needed mental healthcare	86.3%	61.0%
Family Life		
Children whose families eat meals together 4 or more times per week	83.0%	78.4%
Children who live in households where someone smokes	29.8%	24.1%
Neighborhood		
Children who live in neighborhood with a park, sidewalks, a library, and a community center	58.9%	54.1%
Children living in neighborhoods with poorly kept or rundown housing	12.7%	16.2%
Children living in neighborhood that's usually or always safe	94.0%	86.6%

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

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

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

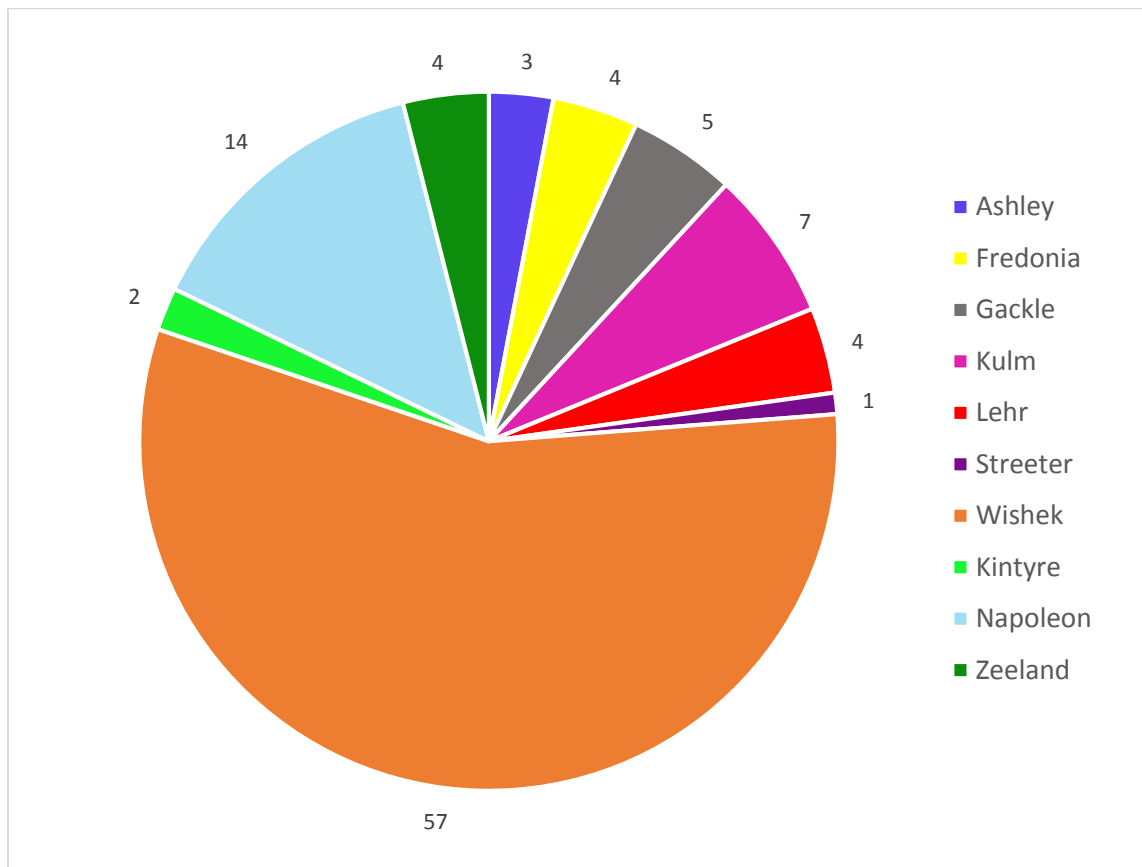
The data shows that McIntosh County is performing more poorly than the North Dakota average on all of the examined measures except the percentage of the population who are Supplemental Nutrition Assistance Program (SNAP) recipients. The most marked difference was on the measure of uninsured children (almost 5% higher rate in McIntosh County).

TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN'S HEALTH		
	McIntosh County	North Dakota
Uninsured children (% of population age 0-18), 2015	12.8%	7.9%
Uninsured children below 200% of poverty (% of population), 2015	50.0%	45.2%
Medicaid recipient (% of population age 0-20), 2016	31.0%	28.1%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	2.1%	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2016	16.7%	20.5%
Licensed child care capacity (% of population age 0-13), 2017	40.9%	41.5%
High school dropouts (% of grade 9-12 enrollment), 2015	3.1%	2.2%

Survey Results

As noted previously, 147 community members completed the written survey in communities throughout the counties in the WHCA service area. The survey requested that respondents list their home zip codes. While not all respondents provided zip codes, 101 did, revealing that the large majority of respondents lived in Wishek. These results are shown in Figure 2.

Figure 2: Survey Respondents' Home Zip Code



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

Survey Demographics

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

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

- Forty-nine percent (N=59) were age 55 or older.
- The majority (79%, N=94) were female.
- A little less than half of the respondents (50%, N=60) had bachelor's degrees or higher.
- The number of those working full time (71%, N=84) was more than five times higher than those who were retired (13%, N=16).
- Thirty-four percent of the population (N=32) had household incomes of less than \$50,000.

Figures 3 through 7 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. Of those who provided a household income, 10 community members reported a household income of less than \$25,000. Nineteen percent (N=18) indicated a household income of \$100,000 or more.

Figure 3: Age Demographics of Survey Respondents

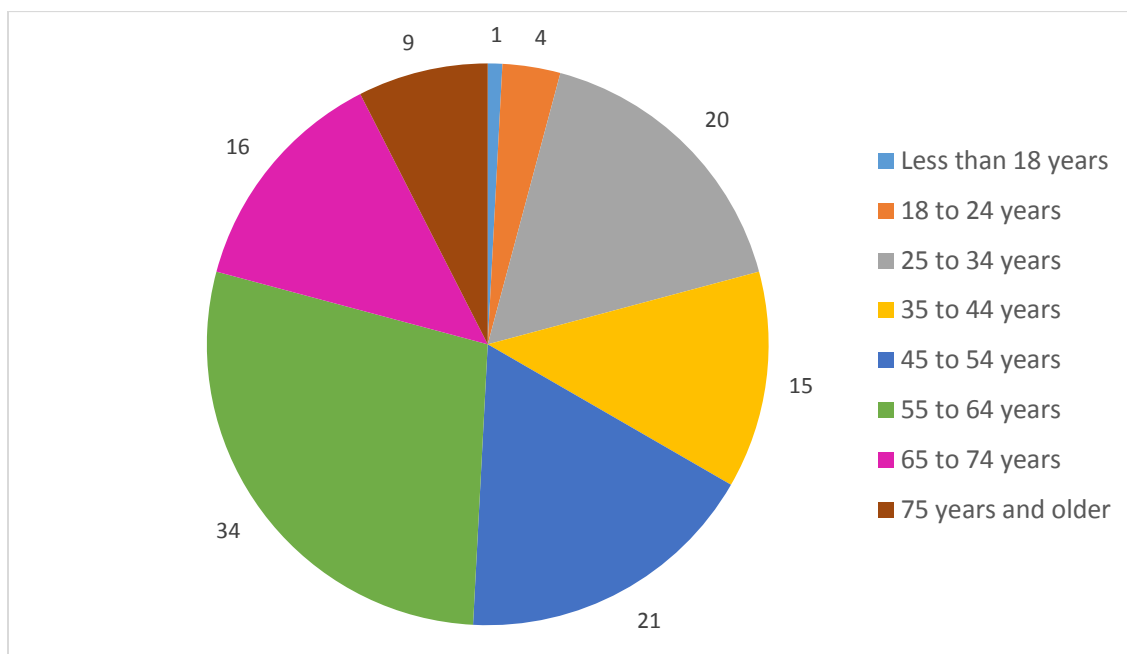


Figure 4: Gender Demographics of Survey Respondents

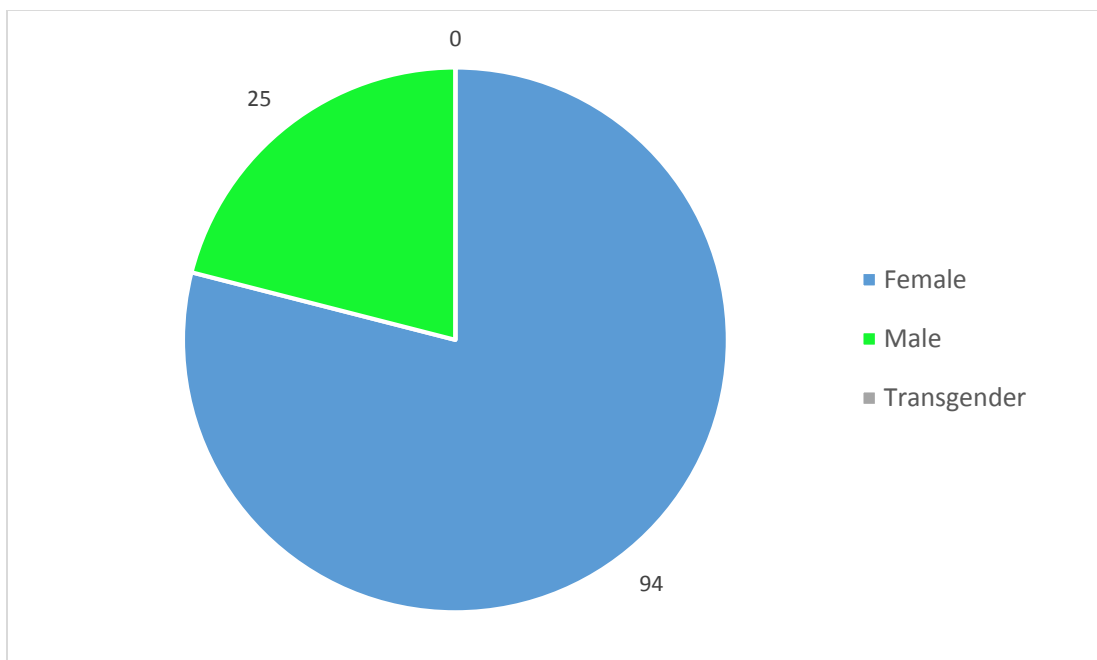


Figure 5: Educational Level Demographics of Survey Respondents

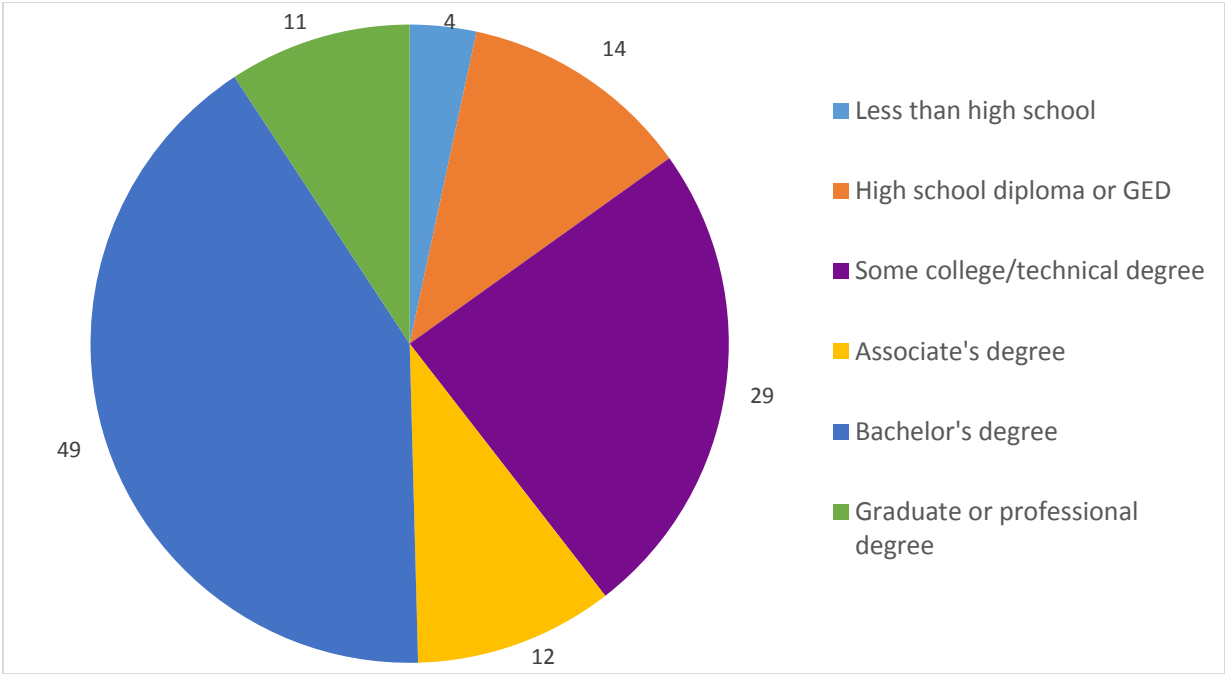


Figure 6: Employment Status Demographics of Survey Respondents

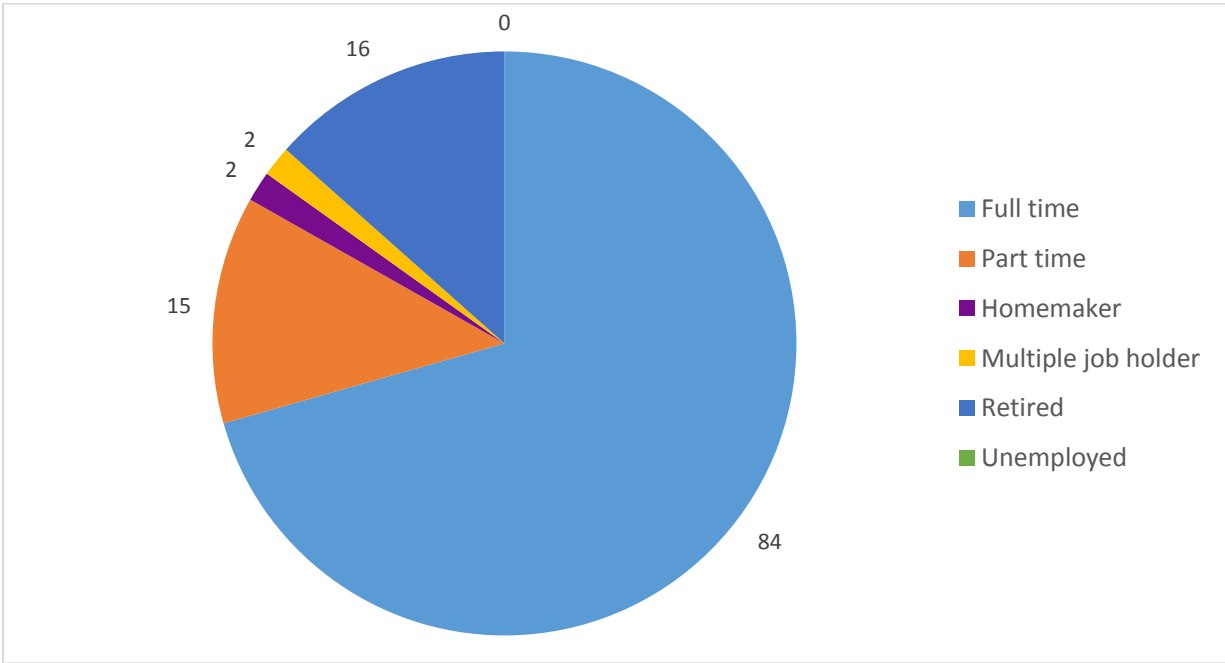
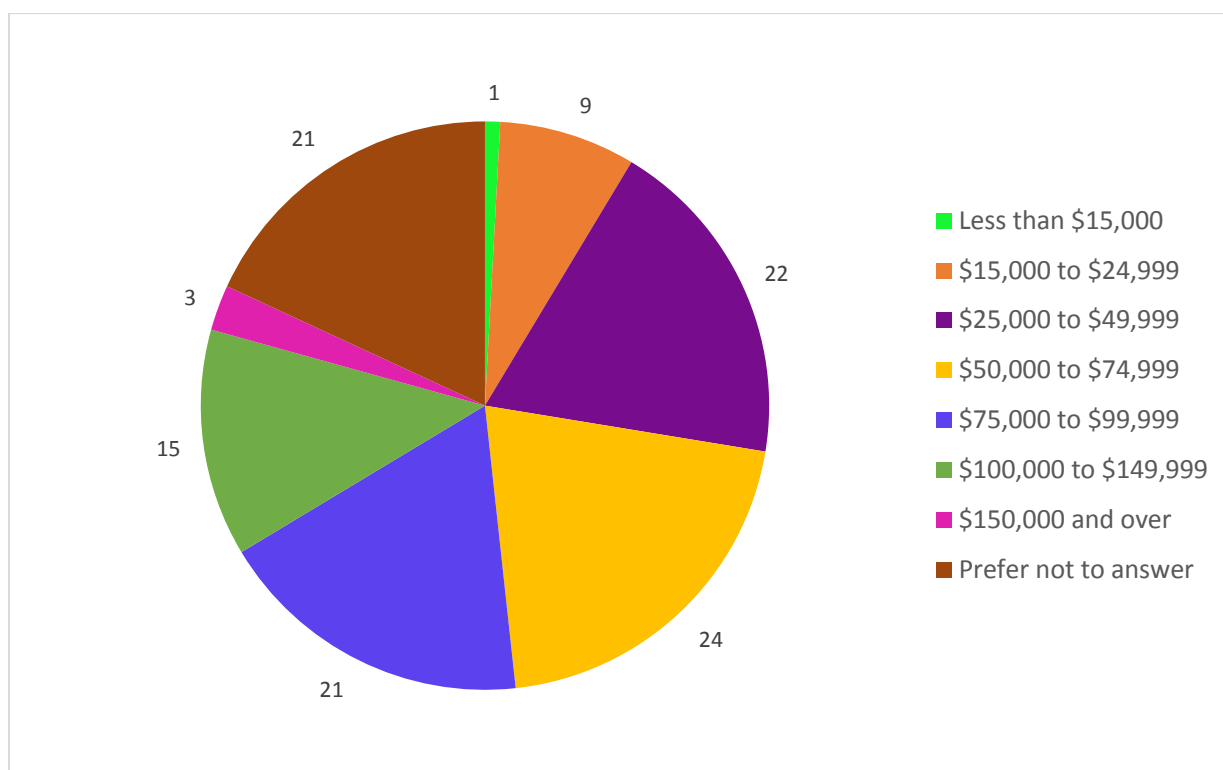


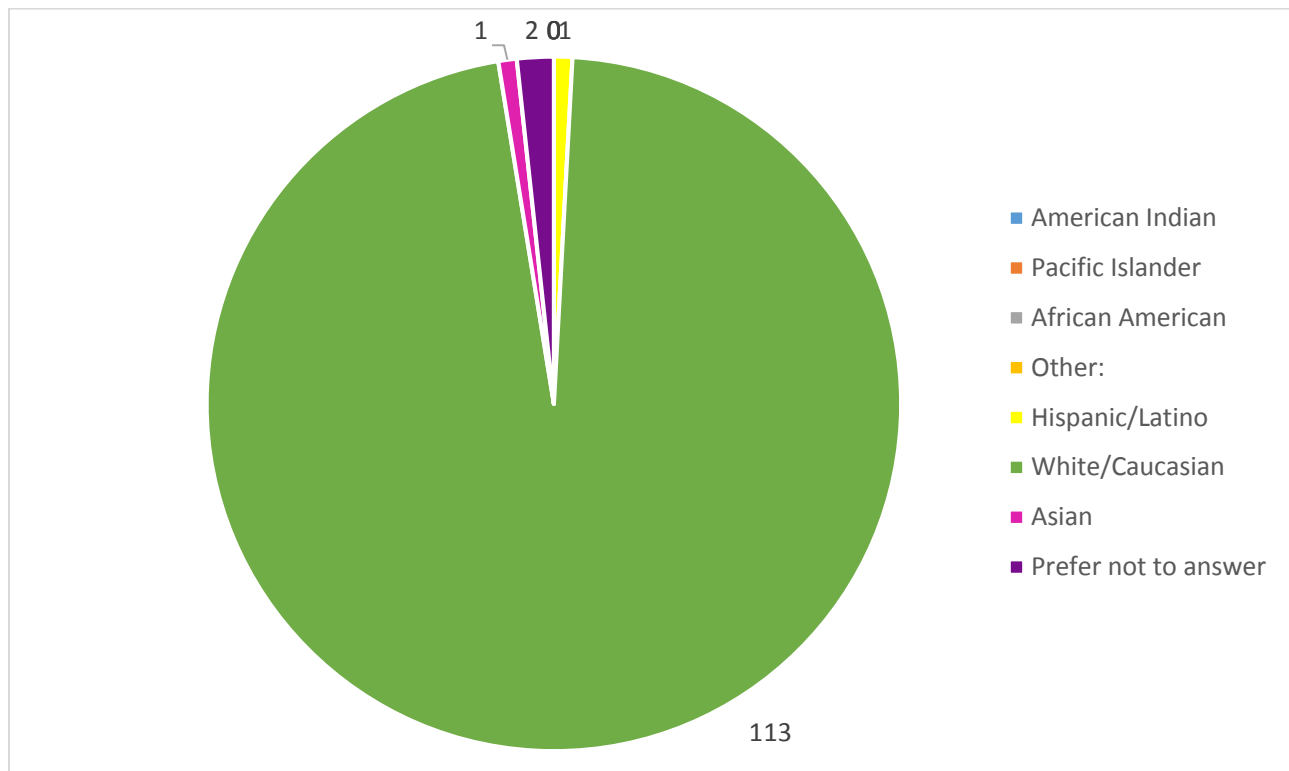
Figure 7: Household Income Demographics of Survey Respondents



Community members were asked about their health insurance status, which is often associated with whether people have access to healthcare. Two (N=2) respondents reported having no health insurance or being underinsured. The most common insurance types were those through one's employer or self-purchased (N=92) or Medicare (N=24).

As shown in Figure 8, nearly all of the respondents were white/Caucasian (98%). This was in-line with the race/ethnicity of the overall population of McIntosh County; the US Census indicates that 96.4% of the population is white.

Figure 8: Race/Ethnicity Demographics of Survey Respondents



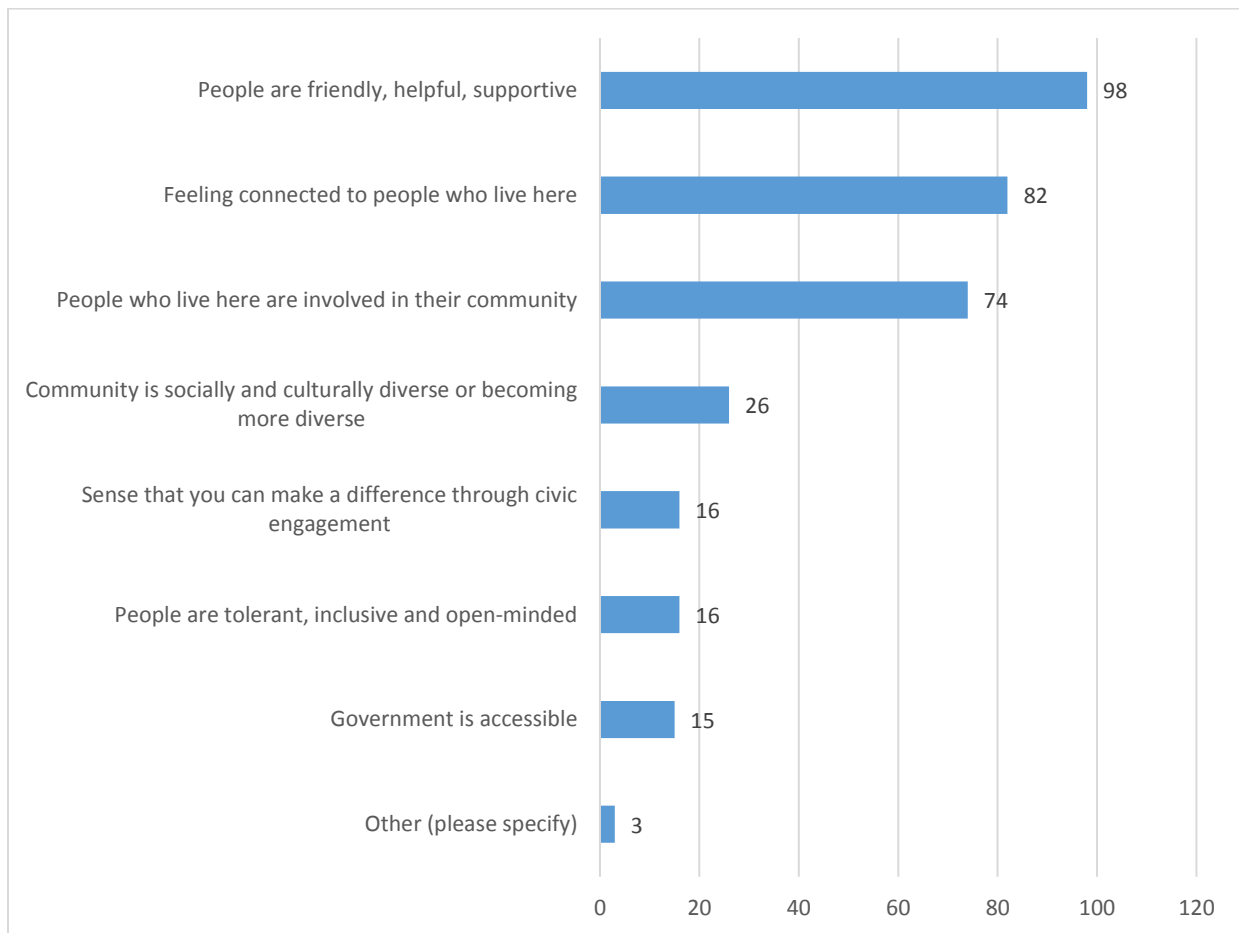
Community Assets and Challenges

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 were asked to pick the three best things. Respondents occasionally chose fewer 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 75 or more respondents agreeing) that community assets include:

- Safe place to live, little/no crime (N=108);
- Family-friendly, good place to raise kids (N=104);
- People are friendly, helpful, supportive (N=98);
- Healthcare (N=94);
- Feeling connected to people who live here (N=82); and
- Local events and festivals (N=75).

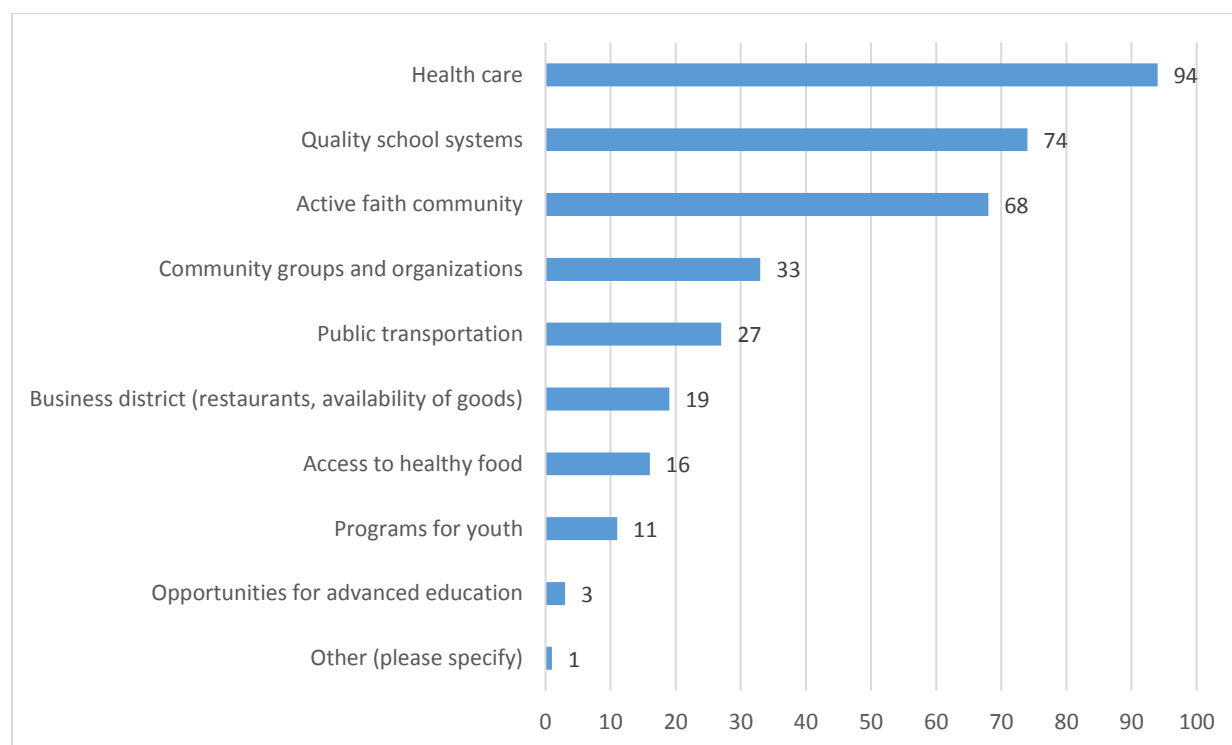
Figures 9 to 12 illustrate the results of these questions.

Figure 9: Best Things about the PEOPLE in Your Community



Respondents who selected "Other" specified that the best things about the people included that the community is clean, the school is Class B, and people rally in a crisis.

Figure 10: Best Things about the SERVICES AND RESOURCES in Your Community



Respondents who selected "Other" specified that the best things about services and resources included ambulance and fire services.

Figure 11: Best Things about the QUALITY OF LIFE in Your Community

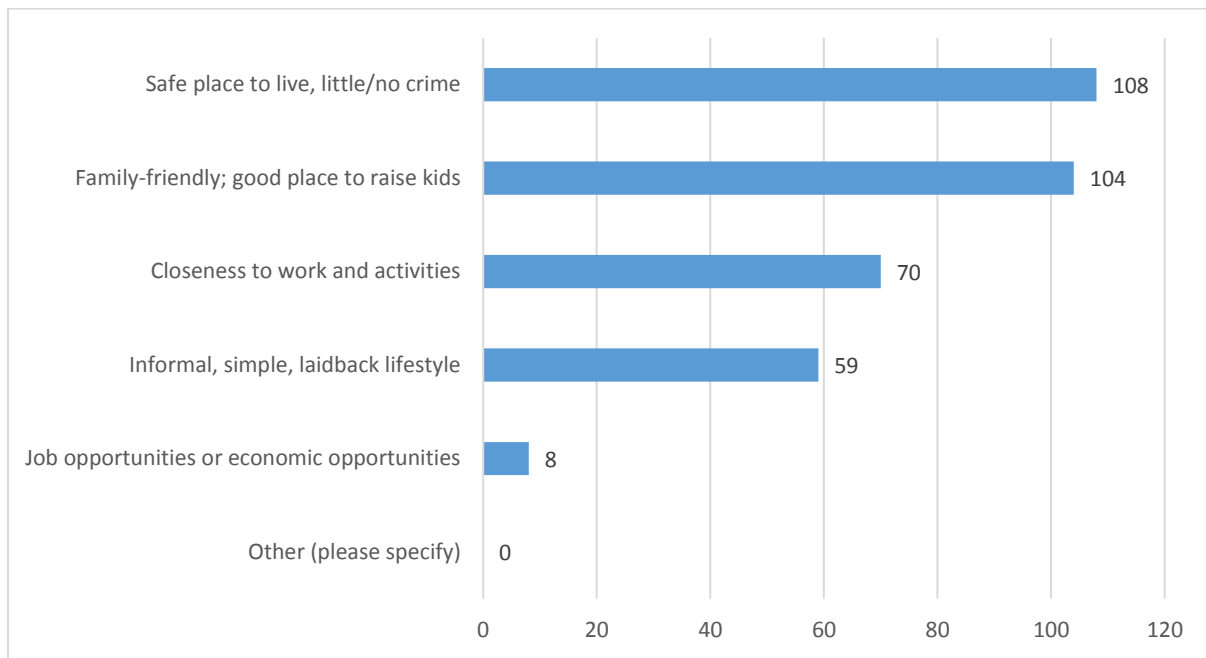
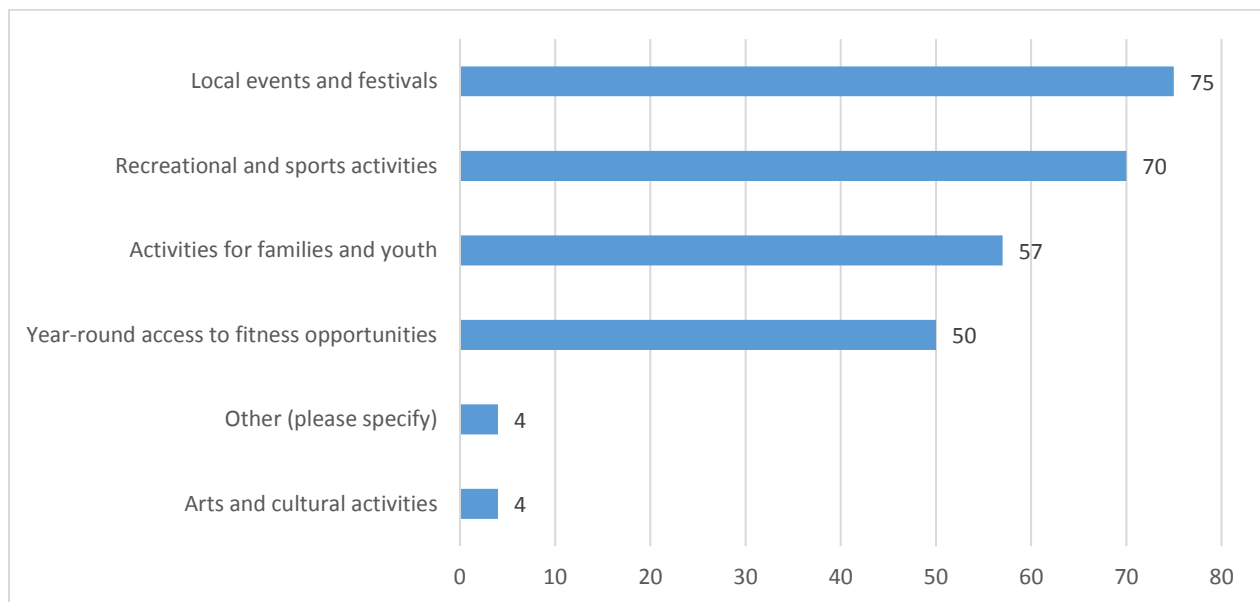


Figure 12: Best Thing about the ACTIVITIES in Your Community



In another open-ended question, residents were asked, "What are the major challenges facing your community?" The most commonly cited challenges include job opportunities, the population is aging, healthcare provider consistency and availability, affordable housing, keeping businesses in the community viable, affordable healthcare, decline in population, and lack of mental healthcare providers.

Community Concerns

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

- Delivery of health services;
- Availability of health services;
- Mental health and substances abuse;
- Safety/environmental health;
- Aging population;
- Community health; and
- Physical health.

Echoing the responses in the survey about community challenges, the most highly voiced concerns were:

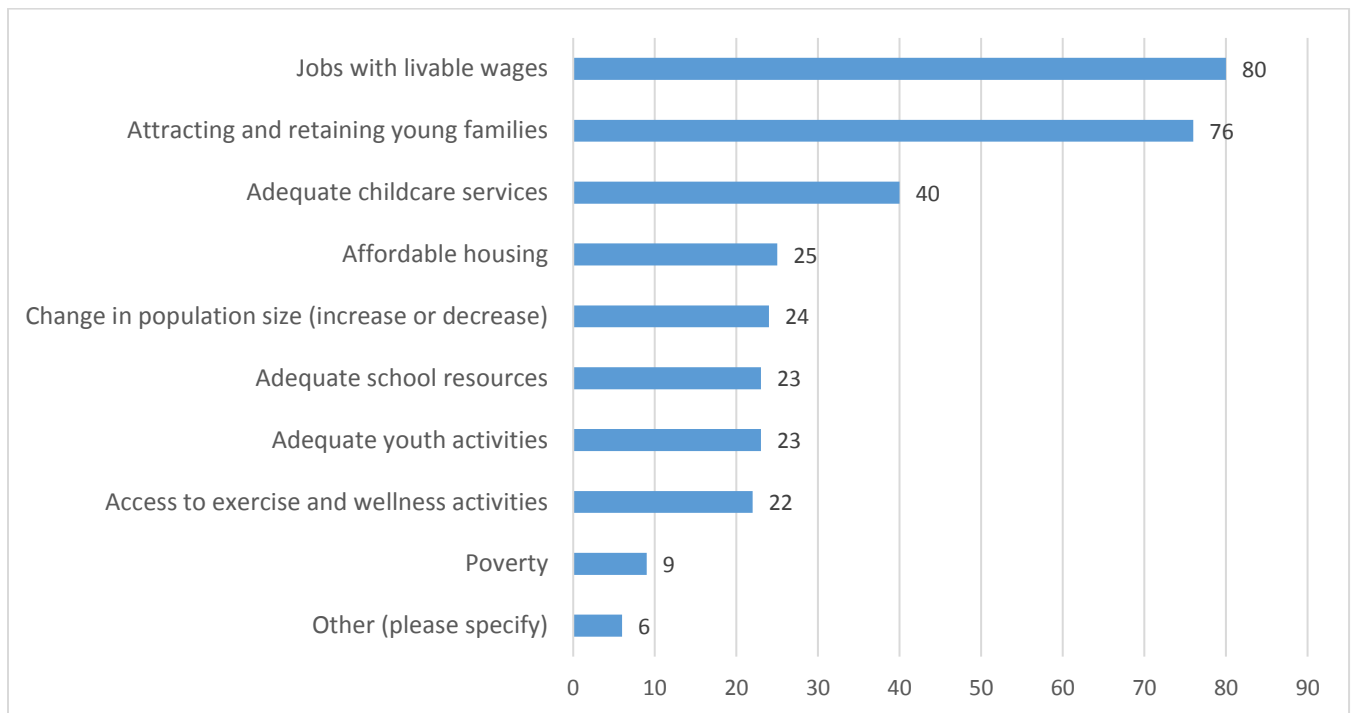
- Ability to recruit and retain primary care providers (doctor, nurse practitioner, physician assistant) (N= 95);
- Cancer (N=83);
- Jobs with livable wages (N=80);
- Attracting and retaining young families (N=76);
- Availability of resources to help the elderly stay in their homes (N=73);
- Cost of health insurance (N=70); and
- Availability of primary care providers (doctors, NPs, PAs) (N=65).

The other issues that had at least 40 votes included:

- Diabetes (N=61);
- Obesity/overweight (N=56);
- Availability of mental health services (N=52);
- Depression (N=52);
- Availability of resources for family and friends caring for elders (N=48);
- Availability of specialists (N=47);
- Dementia/Alzheimer's disease (N=47);
- Ability to meet needs of the older population (N=46);
- Emergency services (ambulance & 911) available 24/7 (N=45);
- Adult alcohol use and abuse (including binge drinking) (N=42); and
- Adequate childcare services (N=40).

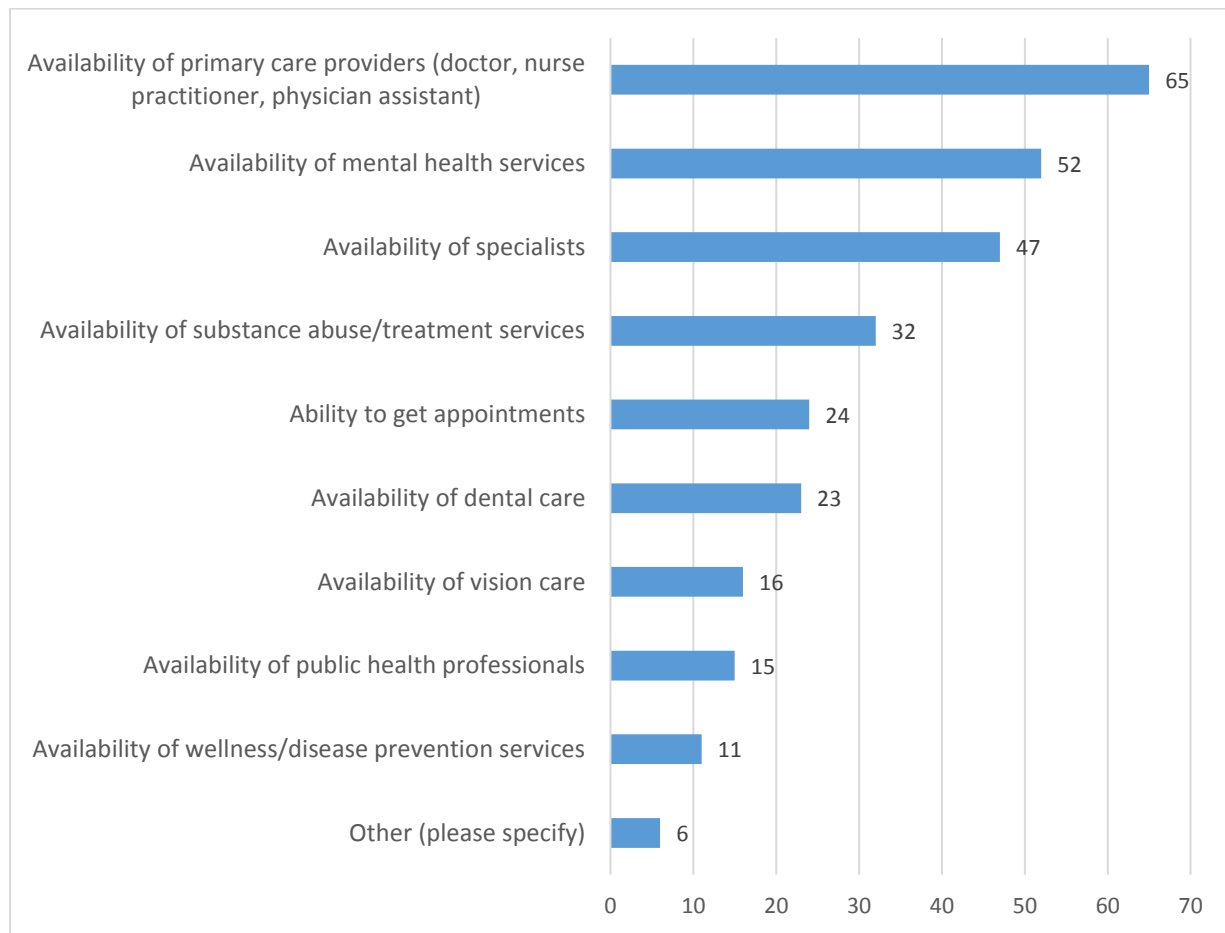
Figures 13 through 19 illustrate these results.

Figure 13: Community Health Concerns



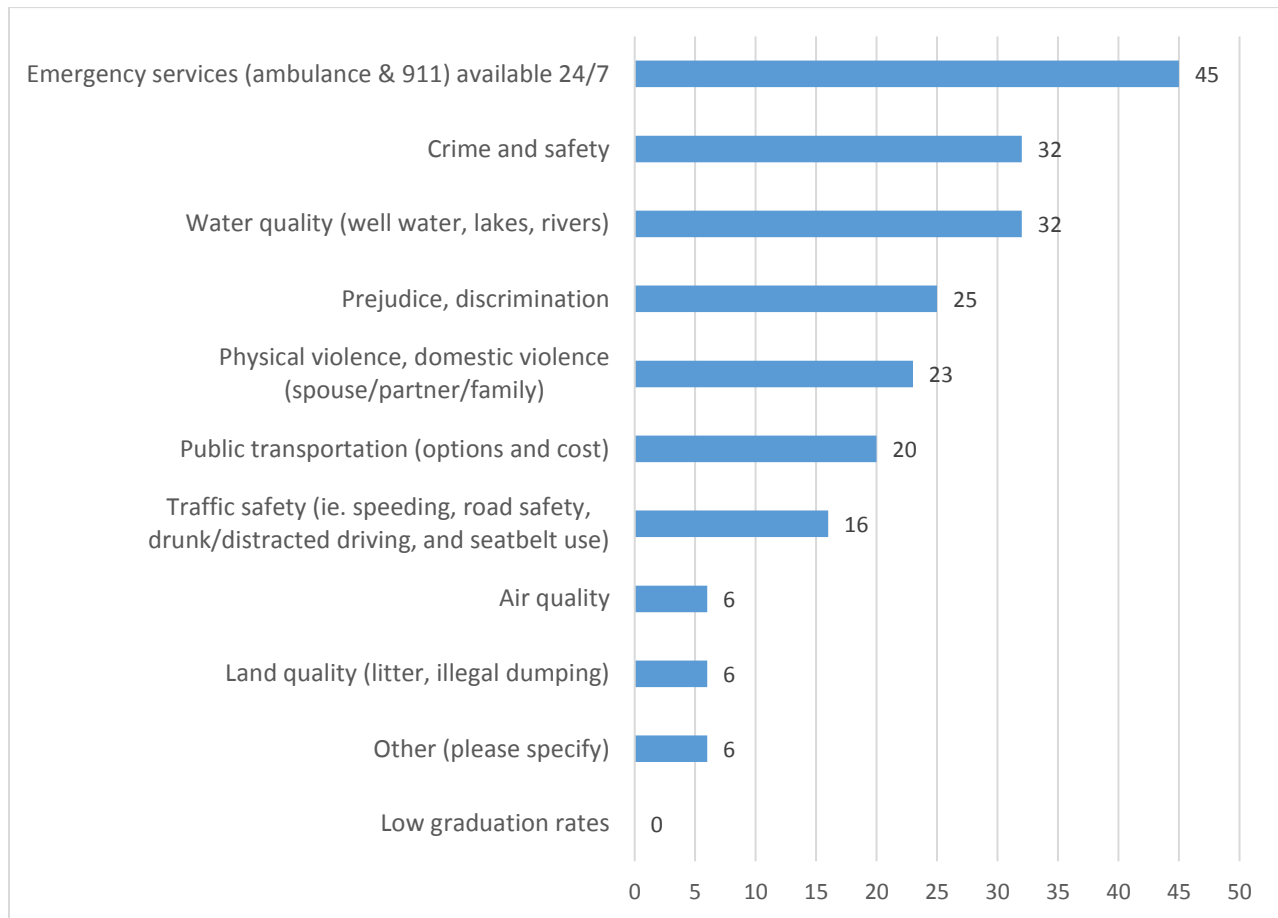
In the "Other" category for community health concerns, the following were listed: home care, welfare cases, adequate healthcare, obesity, adequate services for the elderly, and consistently being able to see the same provider over time.

Figure 14: Availability of Health Services Concerns



Respondents who selected "Other" specified availability of health services concerns as home health/hospice, EMT recruitment, inability to see same provider, availability of health education, and lack of information on services provided to new people in community.

Figure 15: Safety/Environmental Health Concerns



Listed in the "Other" category for safety and environmental health concerns were law enforcement involvement, drugs, drug dealers, and water availability for farmers/ranchers.

Figure 16: Delivery of Health Services Concerns

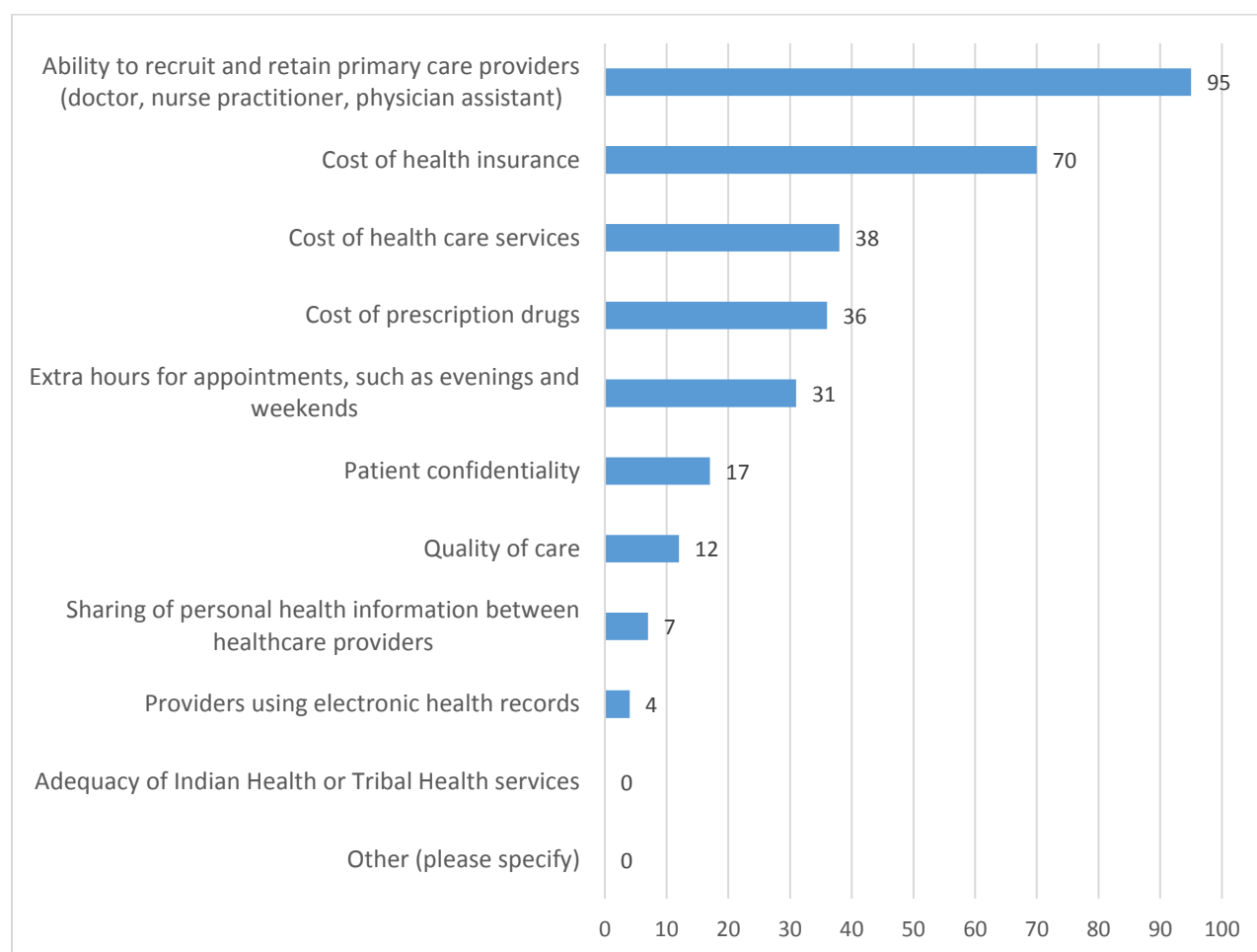
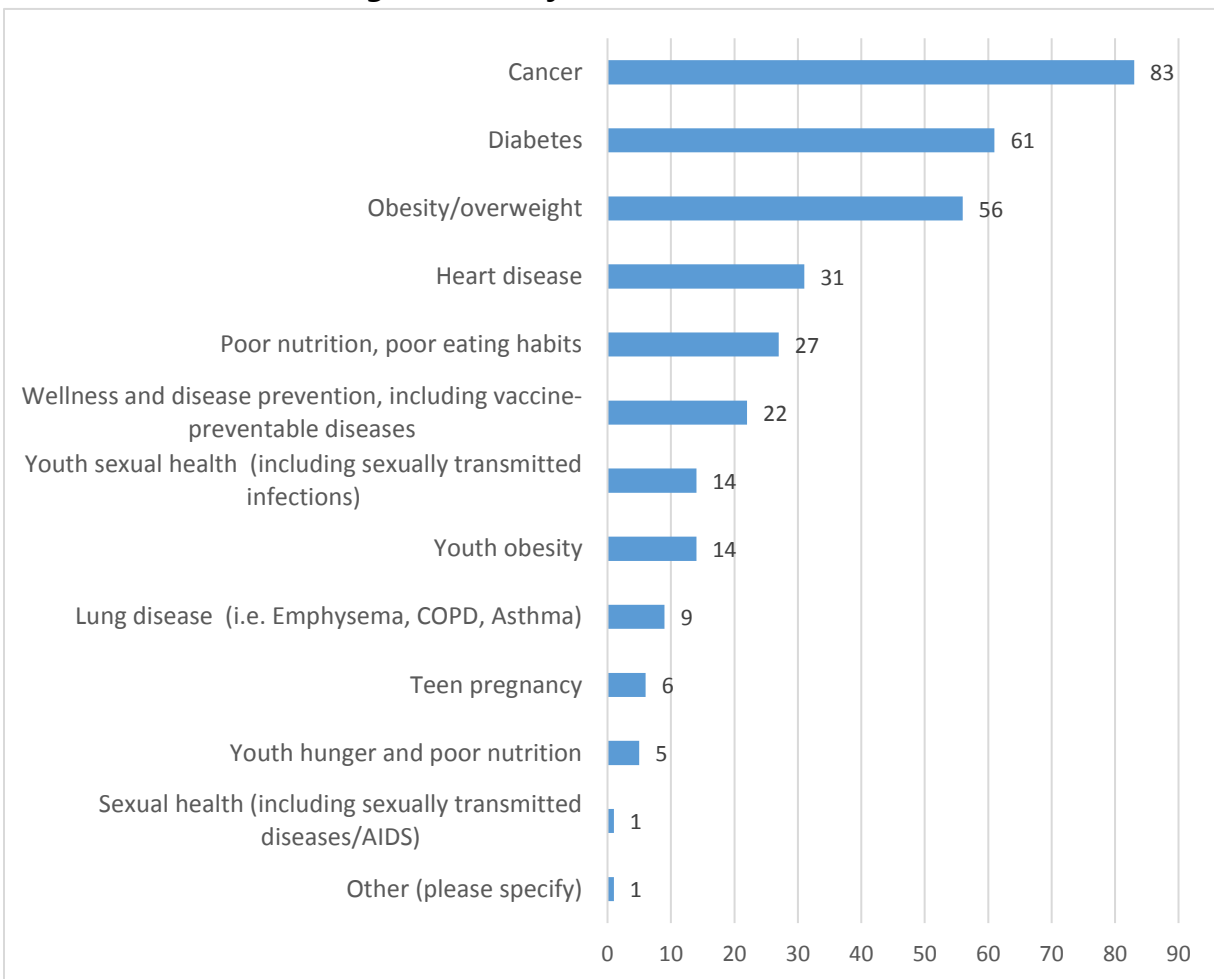
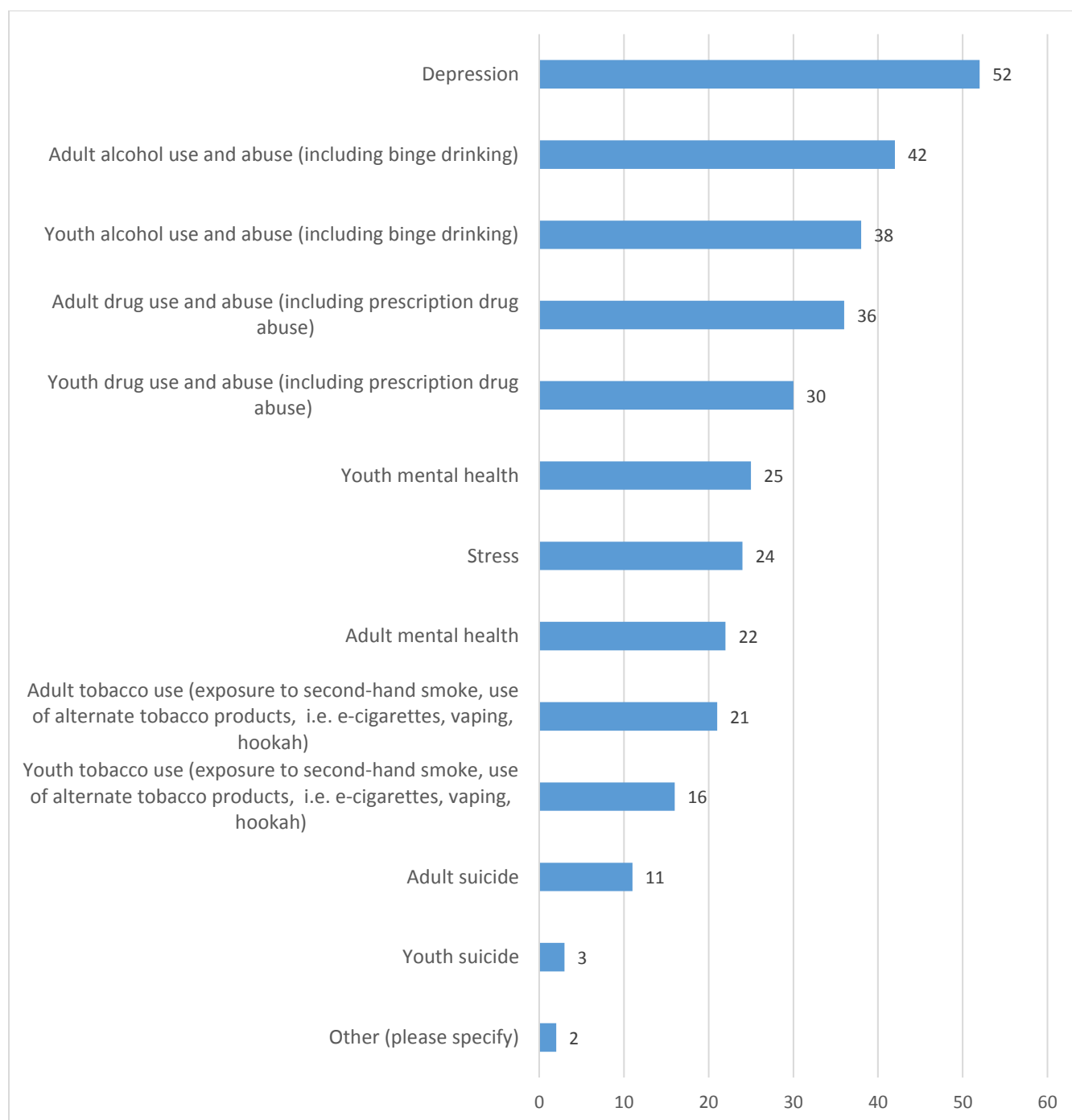


Figure 17: Physical Health Concerns



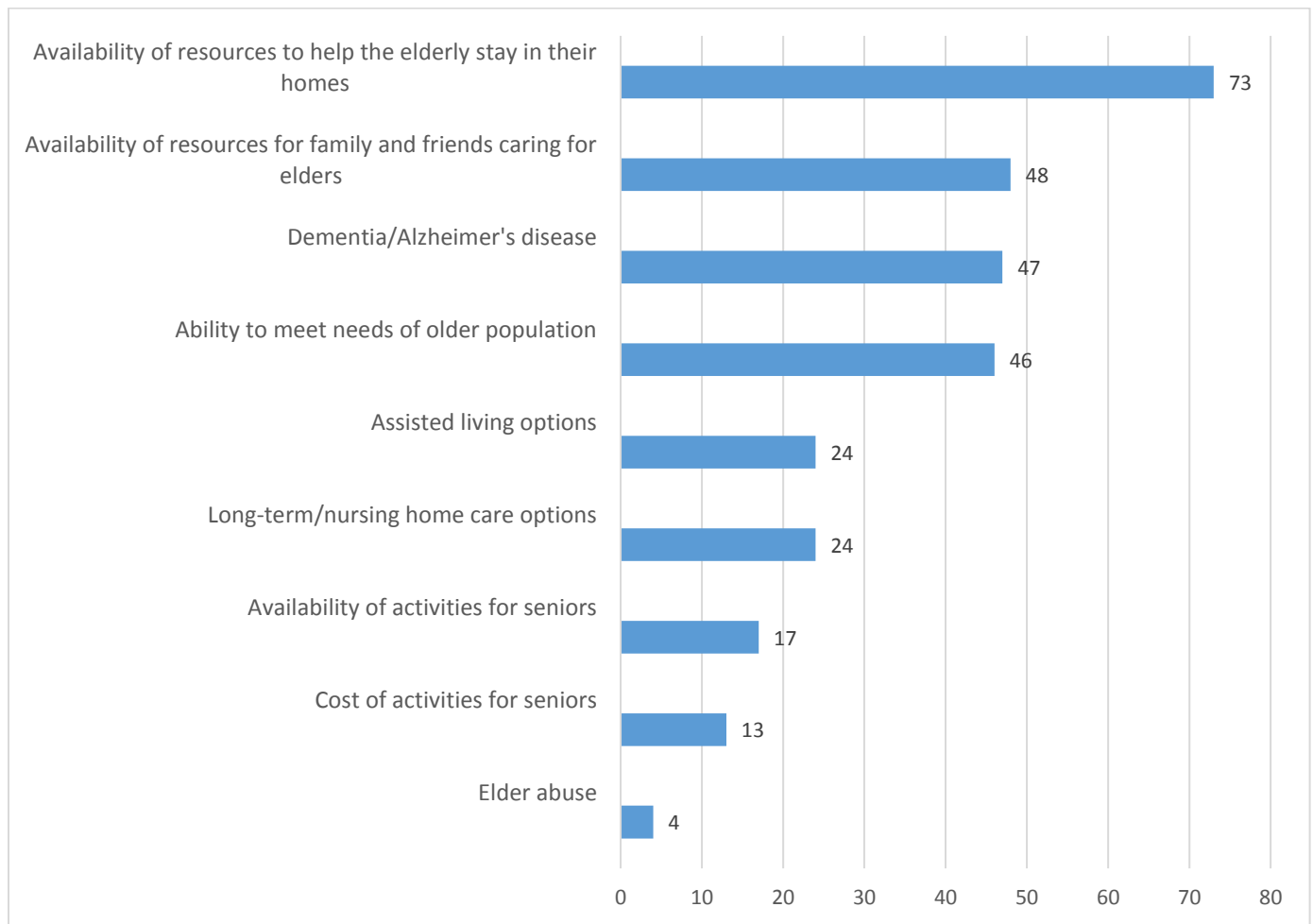
In the "Other" category, the one concern that was listed was brain injury care.

Figure 18: Mental Health and Substance Abuse Concerns



One respondent mentioned in the "Other" category that all items listed were concerns in the community and that there was lack of access to mental health services. Another concern listed was bullying.

Figure 19: Senior Population Concerns



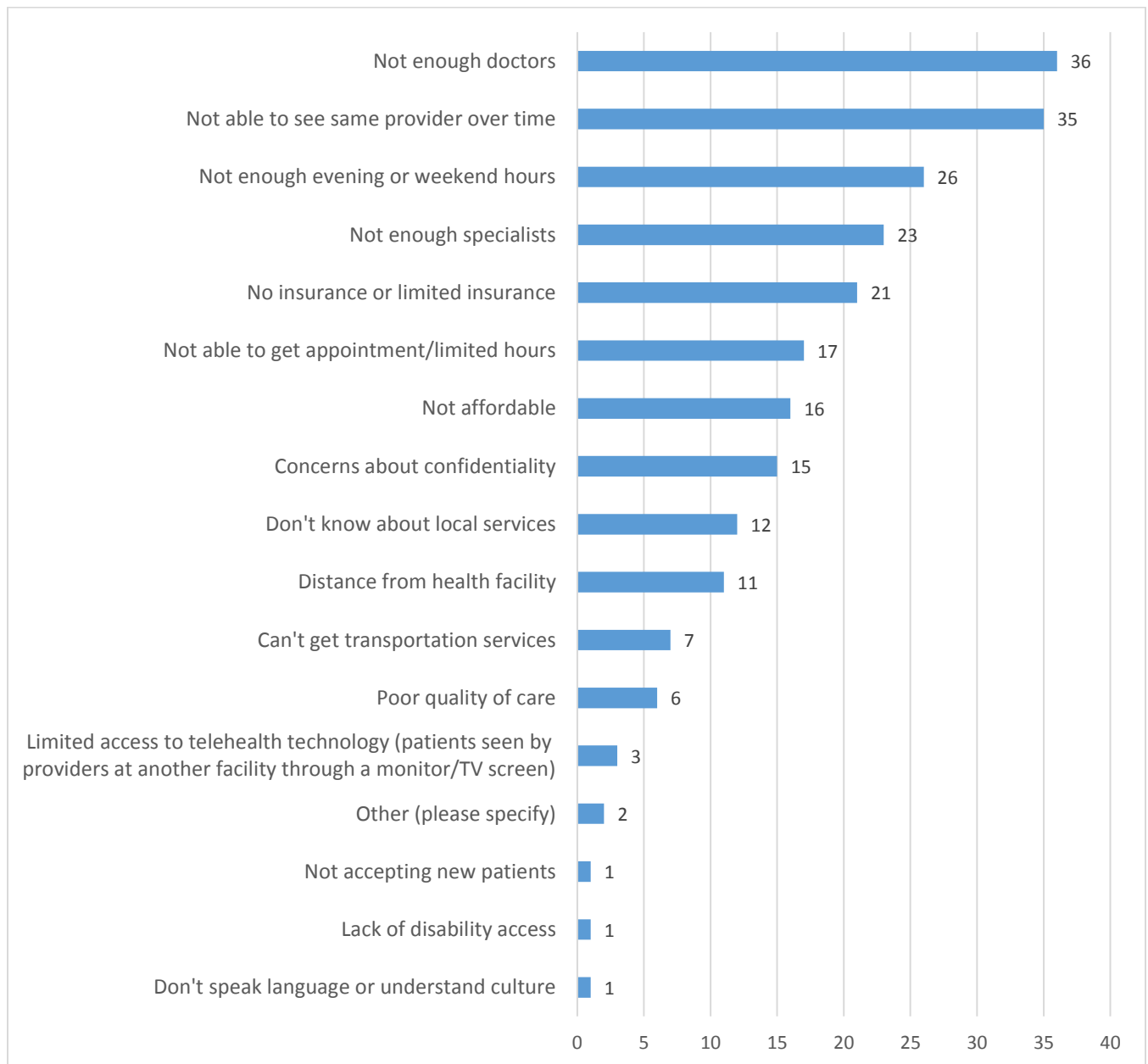
The four responses in the "Other" category all included home health and hospice services.

Delivery of Healthcare

The survey asked residents what they see as barriers that prevent them, or others, from receiving healthcare. The most prevalent barrier perceived by residents was too few doctors (N=36), with the next highest being the inability to see same provider over time (N=35). After these, the next most commonly identified barriers were not enough evening or weekend hours (N=26), not enough specialists (N=23), and no insurance or limited insurance (N=21). One person specified his/her "Other" as confidentiality issues.

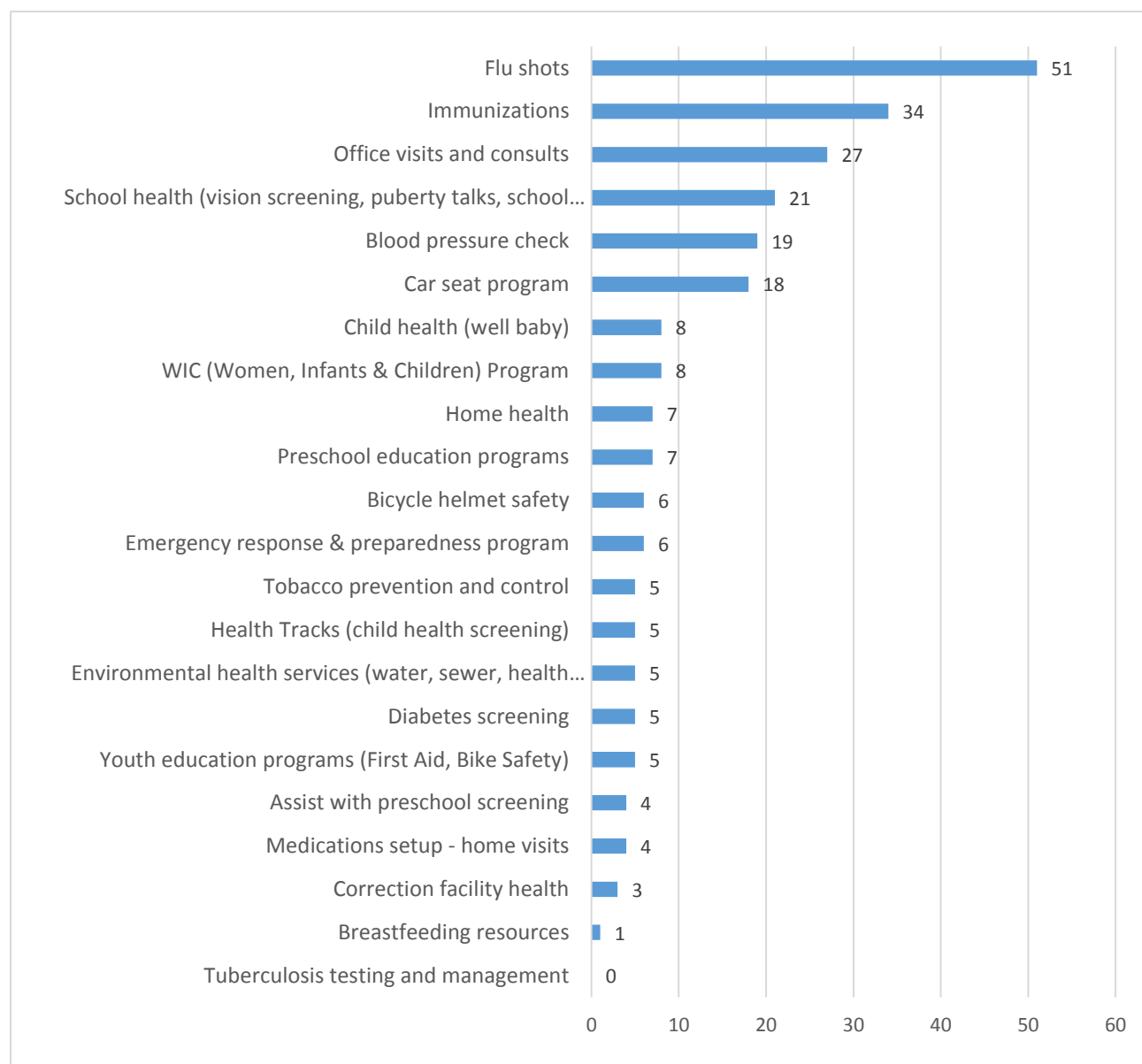
Figure 20 illustrates these results.

Figure 20: Perceptions about Barriers to Care



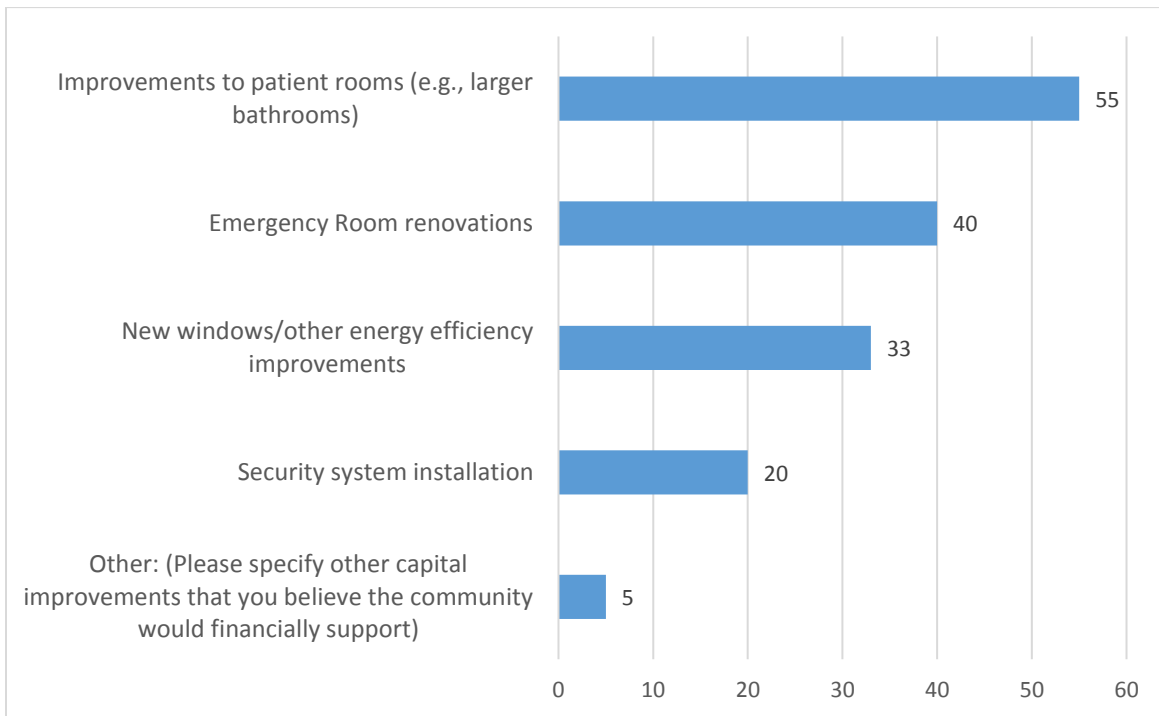
Considering a variety of healthcare services at CVHD (Figure 21), respondents were asked what, if any, services they or a family member had used in the last year. Flu shots ranked as the top utilized service, followed by immunizations.

Figure 21: Services Accessed at Central Valley Health District



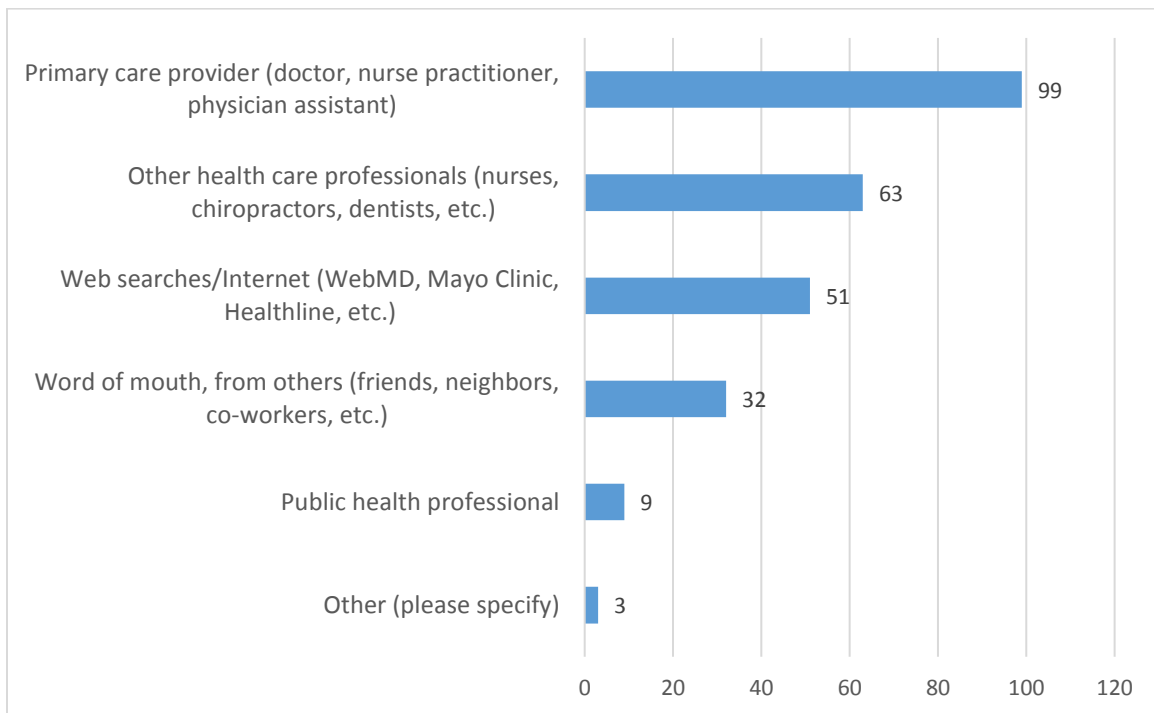
In an effort to gauge community members' willingness to financially support capital improvements and discover what improvements they would most likely support, a question was included asking them to select the improvements they feel would be supported (Figure 22). Recommendations in the "Other" category included clinic room renovations and upgrades, an AccuDose medication dispensing unit for narcotics, and patient rooms in the hospital.

Figure 22: Programs that Would Be Financially Supported by Community



Respondents were asked where they go to for trusted health information. Primary care providers (N=99) received the highest response rate, followed by other healthcare professionals (N=63), and then web/Internet searches (N=51). Results are shown in Figure 23.

Figure 23: Sources of Trusted Health Information



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):

- Ability to retain doctors and nurses in the community
- Attracting and retaining young families
- Availability of resources for family and friends caring for elders
- Availability of resources to help the elderly stay in their homes
- Not enough jobs with livable wages, not enough to live on

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

Ability to attract and retain doctors and nurses in the community

- Mid-levels [NPs and PAs] are our most important asset.
- Providers come and go frequently.
- Attracting and retaining health professionals needs to be a top priority.

Attracting and retaining young families

- The population is getting older and older. We need to be able to get younger families to live here.
- Attracting and retaining young families and physicians to the area is the biggest concern.
- The change in population [increased age] is a major concern for the community.
- We need to get more business and jobs here to attract and retain young people so our community can survive.

Availability of resources for family and friends caring for elders

- Our assisted living facility always has a wait list.
- Many senior citizens are on a fixed income and health outreach should be a bigger focus in the community.

Availability of resources to help the elderly stay in their homes

- We have worked to try to get residents in their homes. We lack many of the needed services in this area. Need resources to help elderly stay in their homes - many can't afford the nursing home so they need help while in their homes.

Not enough job with livable wages

- We are a very agricultural community - Input vs output is so high, and it's difficult to make a living as a farmer.
- Nursing home always has openings for jobs.

Community Engagement and Collaboration

Key informants and focus group participants also were asked to weigh in on community engagement and collaboration of various organizations and stakeholders in the community. Specifically, participants were asked, “On a scale of 1 to 5, with 1 being no collaboration/community engagement and 5 being excellent collaboration/community engagement, how would you rate the collaboration/engagement in the community among these various organizations?” This was not intended to rank services provided. They were then 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 (5)
- Hospital (healthcare system) (5)
- Law enforcement (5)
- Faith-based (4.5)
- Long-term care, including nursing homes and assisted living (5)
- Pharmacy (5)
- Schools (5)
- Business and industry (4)
- Other local health providers, such as dentists and chiropractors (4)
- Public Health (4)
- Social Services (2)
- Economic development organizations (1)
- Human services agencies (1)

Priority of Health Needs

A Community Group met on August 1, 2017. Twelve community members attended the meeting. Representatives from the CRH presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the survey results (including perceived community assets and concerns and barriers to care), and findings from the key informant interviews.

Following the presentation of the assessment findings, and after consideration of and discussion about the findings, all members of the group were asked to identify what they perceived as the top four community health needs. All of the potential needs were listed on large poster boards, and each member was given four stickers so he or she could place a sticker next to each of the four needs the person considered the most significant.

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

- Availability of resources to help the elderly stay in their homes (9 votes)
- Ability to recruit and retain primary care providers (7 votes)
- Availability of primary care providers (6 votes)

Then, from those top three priorities, each person put one sticker on the item he or she felt was the most important. The rankings were:

1. Availability of resources to help the elderly stay in their homes (6 votes)
2. Availability of primary care providers (4 votes)
3. Ability to recruit and retain primary care providers (2 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 resources to help the elderly stay in their homes. A summary of this prioritization may be found in Appendix C.

Comparison of Needs Identified Previously

Top Needs Identified 2014 CHNA Process	Top Needs Identified 2017 CHNA Process
Cost of health insurance	Availability of resources to help the elderly stay in their homes
Lack of mental health services	Availability of primary care providers
Inability to see same provider over time	Ability to recruit and retain primary care providers
Cost of healthcare	
Cost of prescription drugs	

The current process did not identify any identical common needs from 2014. However, the availability of primary care providers and ability to recruit and retain primary care providers play roles in the 2014 need “inability to see the same provider over time,” because the inability to see the same provider may be connected to providers leaving (need to retain them) or their schedules being full, making them unavailable (availability of providers).

Hospital and Community Projects and Programs Implemented to Address Needs Identified in 2014

In response to the needs identified in the 2014 CHNA process, the following actions were taken:

Lack of mental health services - Since the last CHNA process, WHCA has implemented telepsychiatry services via Archway Mental Health in Bismarck, N.D. This service is only for established patients of Archway. Therefore, an initial face-to-face encounter with Archway is required prior to being able to utilize this service. A request was made of a Fargo tertiary facility to have its psychiatrists visit WHCA one time per month; however, the tertiary facility did not have enough psychiatrists, so that option was declined.

Hospital employees, as well as other local employees, are encouraged to use the Employee Assistance Program (EAP) if their places of employment offer it. However, this is not a solution for other residents who do not have access to EAP.

Inability to see same provider over time - Following the last CHNA process, WHCA added three new nurse practitioners as well as a new full-time physician. A long-term locum continues to provide services, on a monthly basis, to maintain continuity as well. Utilization of a locum allows the clinics to be open so employed providers can take paid time leave.

Over the course of the last three to four years, the WHCA has shared a staff physician with other surrounding hospitals and has found that this type of arrangement does not allow the doctor to establish a practice. Since coming onboard as a full-time doctor in April 2017, she has been able to grow and establish a local practice, and nurse practitioners are assigned to communities, which also contributes to continuity of care.

Cost of healthcare - Since the last CHNA process, WHCA continues to encourage those who cannot pay their healthcare bills to apply for uncompensated care. Information is posted on the WHCA website, within clinics, as well as included in the monthly (mailed) statements to their patients.

Cost of health insurance - North Dakota is one of the states that embraced Medicaid expansion through the Affordable Healthcare Act. This program allows uninsured customers to apply for healthcare upon onset of a health condition. WHCA wholeheartedly promotes this program and strongly encourages the uninsured customers to apply for Medicaid. During the first year of the program, WHCA recognized a recovery of approximately \$25,000, which otherwise would have been applied to bad debt or uncompensated care.

Next Steps – Strategic Implementation Plan

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

organizations play in developing strategies and implementing specific activities to address the community health need selected. Community engagement is essential for successfully developing a plan and executing the action steps for addressing one or more of the needs identified.

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

Community Benefit Report

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

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

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

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

What Are Community Benefits?

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

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

- Improve access to healthcare services.
- Enhance health of the community.

- Advance medical or health knowledge.
- Relieve or reduce the burden of government or other community efforts.

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

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

Appendix A – CHNA Survey Instrument



Wishek Area Health Survey

Wishek Hospital and Central Valley Health District 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 <http://tinyurl.com/WishekArea> or by scanning on the QR Code at the right.



Scan here to take the survey online!

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 April 12, 2017. 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.

Q1. Considering the **PEOPLE** in your community, the best things are (choose up to **THREE**):

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

Q2. Considering the **SERVICES AND RESOURCES** in your community, the best things are (choose up to **THREE**):

- | | |
|---|---|
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Opportunities for advanced education |
| <input type="checkbox"/> Active faith community | <input type="checkbox"/> Public transportation |
| <input type="checkbox"/> Business district (restaurants, availability of goods) | <input type="checkbox"/> Programs for youth |
| <input type="checkbox"/> Community groups and organizations | <input type="checkbox"/> Quality school systems |
| <input type="checkbox"/> Health care | <input type="checkbox"/> Other (please specify) _____ |

Q3. Considering the **QUALITY OF LIFE** in your community, the best things are (choose up to **THREE**):

- | | |
|--|--|
| <input type="checkbox"/> Closeness to work and activities | <input type="checkbox"/> Job opportunities or economic opportunities |
| <input type="checkbox"/> Family-friendly; good place to raise kids | <input type="checkbox"/> Safe place to live, little/no crime |
| <input type="checkbox"/> Informal, simple, laidback lifestyle | <input type="checkbox"/> Other (please specify) _____ |

Q4. Considering the **ACTIVITIES** in your community, the best things are (choose up to **THREE**):

- | | |
|--|---|
| <input type="checkbox"/> Activities for families and youth | <input type="checkbox"/> Recreational and sports activities |
| <input type="checkbox"/> Arts and cultural activities | <input type="checkbox"/> Year-round access to fitness opportunities |
| <input type="checkbox"/> Local events and festivals | <input type="checkbox"/> Other (please specify) _____ |

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

Q5. What are the major challenges facing your community?

Q6. Considering the **COMMUNITY HEALTH** in your community, concerns are (choose up to **THREE**):

- | | |
|---|---|
| <input type="checkbox"/> Access to exercise and wellness activities | <input type="checkbox"/> Attracting and retaining young families |
| <input type="checkbox"/> Adequate childcare services | <input type="checkbox"/> Change in population size (increase or decrease) |
| <input type="checkbox"/> Adequate school resources | <input type="checkbox"/> Jobs with livable wages |
| <input type="checkbox"/> Adequate youth activities | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Other (please specify) _____ |

Q7. Considering the **AVAILABILITY OF HEALTH SERVICES** in your community, concerns are (choose up to **THREE**):

- | | |
|--|---|
| <input type="checkbox"/> Ability to get appointments | <input type="checkbox"/> Availability of specialists |
| <input type="checkbox"/> Availability of doctors and nurses | <input type="checkbox"/> Availability of substance abuse/treatment services |
| <input type="checkbox"/> Availability of dental care | <input type="checkbox"/> Availability of vision care |
| <input type="checkbox"/> Availability of mental health services | <input type="checkbox"/> Availability of wellness/disease prevention services |
| <input type="checkbox"/> Availability of public health professionals | <input type="checkbox"/> Other (please specify) _____ |

Q8. Considering the **SAFETY/ENVIRONMENTAL HEALTH** in your community, concerns are (choose up to **THREE**):

- | | |
|--|--|
| <input type="checkbox"/> Air quality | <input type="checkbox"/> Prejudice, discrimination |
| <input type="checkbox"/> Crime and safety | <input type="checkbox"/> Public transportation (options and cost) |
| <input type="checkbox"/> Emergency services (ambulance & 911) available 24/7 | <input type="checkbox"/> Traffic safety (i.e. speeding, road safety, drunk/distracted driving, and seatbelt use) |
| <input type="checkbox"/> Land quality (litter, illegal dumping) | <input type="checkbox"/> Water quality (well water, lakes, rivers) |
| <input type="checkbox"/> Low graduation rates | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Physical violence, domestic violence
(spouse/partner/family) | |

Q9. Considering the **DELIVERY OF HEALTH SERVICES** in your community, concerns are (choose up to **THREE**):

- | | |
|--|--|
| <input type="checkbox"/> Ability to retain doctors and nurses in the area | <input type="checkbox"/> Patient confidentiality |
| <input type="checkbox"/> Adequacy of Indian Health or Tribal Health services | <input type="checkbox"/> Providers using electronic health records |
| <input type="checkbox"/> Cost of health care services | <input type="checkbox"/> Quality of care |
| <input type="checkbox"/> Cost of health insurance | <input type="checkbox"/> Sharing of information between healthcare providers |
| <input type="checkbox"/> Cost of prescription drugs | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Extra hours for appointments, such as evenings and weekends | |

Q10. Considering the **PHYSICAL HEALTH** in your community, concerns are (choose up to **THREE**):

- | | |
|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Youth hunger and poor nutrition |
| <input type="checkbox"/> Lung disease (i.e. Emphysema, COPD, Asthma) | <input type="checkbox"/> Youth obesity |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Youth sexual health (including sexually transmitted infections) |
| <input type="checkbox"/> Obesity/overweight | <input type="checkbox"/> Wellness and disease prevention, including vaccine-preventable diseases |
| <input type="checkbox"/> Poor nutrition, poor eating habits | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Sexual health (including sexually transmitted diseases/AIDS) | |

Q11. Considering the **MENTAL HEALTH AND SUBSTANCE ABUSE** in your community, concerns are (choose up to **THREE**):

- | | |
|--|---|
| <input type="checkbox"/> Adult alcohol use and abuse (including binge drinking) | <input type="checkbox"/> Youth alcohol use and abuse (including binge drinking) |
| <input type="checkbox"/> Adult drug use and abuse (including prescription drug abuse) | <input type="checkbox"/> Youth drug use and abuse (including prescription drug abuse) |
| <input type="checkbox"/> Adult tobacco use (exposure to second-hand smoke, use of alternate tobacco products (i.e. e-cigarettes, vaping, hookah) | <input type="checkbox"/> Youth mental health |
| <input type="checkbox"/> Adult mental health | <input type="checkbox"/> Youth suicide |
| <input type="checkbox"/> Adult suicide | <input type="checkbox"/> Youth tobacco use (exposure to second-hand smoke, use of alternate tobacco products i.e. e-cigarettes, vaping, hookah) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Stress | |

Q12. Considering the **SENIOR POPULATION** in your community, concerns are (choose up to **THREE**):

- | | |
|---|--|
| <input type="checkbox"/> Ability to meet needs of older population | <input type="checkbox"/> Cost of activities for seniors |
| <input type="checkbox"/> Assisted living options | <input type="checkbox"/> Dementia/Alzheimer's disease |
| <input type="checkbox"/> Availability of activities for seniors | <input type="checkbox"/> Elder abuse |
| <input type="checkbox"/> Availability of resources for family and friends caring for elders | <input type="checkbox"/> Long-term/nursing home care options |
| <input type="checkbox"/> Availability of resources to help the elderly stay in their homes | <input type="checkbox"/> Other (please specify) _____ |

Delivery of Health Care

Q13. Which of the following **SERVICES** provided by your local **PUBLIC HEALTH** unit have you or a family member used in the past year? (Choose **ALL** that apply)

- | | |
|--|--|
| <input type="checkbox"/> Bicycle helmet safety | <input type="checkbox"/> Home health |
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Breastfeeding resources | <input type="checkbox"/> Medications setup—home visits |
| <input type="checkbox"/> Car seat program | <input type="checkbox"/> Office visits and consults |
| <input type="checkbox"/> Child health (well baby) | <input type="checkbox"/> School health (vision screening, puberty talks, school immunizations) |
| <input type="checkbox"/> Correction facility health | <input type="checkbox"/> Preschool education programs |
| <input type="checkbox"/> Diabetes screening | <input type="checkbox"/> Assist with preschool screening |
| <input type="checkbox"/> Emergency response & preparedness program | <input type="checkbox"/> Tobacco prevention and control |
| <input type="checkbox"/> Flu shots | <input type="checkbox"/> Tuberculosis testing and management |
| <input type="checkbox"/> Environmental health services (water, sewer, health hazard abatement) | <input type="checkbox"/> WIC (Women, Infants & Children) Program |
| <input type="checkbox"/> Health Tracks (child health screening) | <input type="checkbox"/> Youth education programs (First Aid, Bike Safety) |

Q14. What **PREVENTS** you or other community residents from receiving health care? (Choose **ALL** that apply)

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

Q15. Where do you turn for trusted health information? (Choose ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Other health care professionals (nurses, chiropractors, dentists, etc.) | <input type="checkbox"/> Web searches/Internet (WebMD, Mayo Clinic, Healthline, etc.) |
| <input type="checkbox"/> Primary care provider (doctor, nurse practitioner, physician assistant) | <input type="checkbox"/> Word of mouth, from others (friends, neighbors, co-workers, etc.) |
| <input type="checkbox"/> Public health professional | <input type="checkbox"/> Other (please specify) _____ |

Q16. What specific health care services, if any, do you think should be added locally?

Q17. Do you believe individuals in the community would financially support any of the following capital improvements by Wishek Hospital and Clinic Association? (Choose ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> Emergency room renovations | <input type="checkbox"/> Other: (Please specify other capital improvements that you believe the community would financially support) |
| <input type="checkbox"/> Security system installation | _____ |
| <input type="checkbox"/> New windows/other energy efficiency improvements | |
| <input type="checkbox"/> Improvements to patient rooms (e.g., larger bathrooms) | |

Demographic Information: Please tell us about yourself.

Q18. Do you work for the hospital, clinic, or public health unit?

- ☐ Yes ☐ No

Q19. Health insurance or health coverage status (choose ALL that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Indian Health Service (IHS) | <input type="checkbox"/> Medicare | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Insurance through employer or self-purchased | <input type="checkbox"/> No insurance | _____ |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Not enough insurance | |
| | <input type="checkbox"/> Veteran's Health Care Benefits | |

Q20. Age:

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than 18 years | <input type="checkbox"/> 35 to 44 years | <input type="checkbox"/> 65 to 74 years |
| <input type="checkbox"/> 18 to 24 years | <input type="checkbox"/> 45 to 54 years | <input type="checkbox"/> 75 years and older |
| <input type="checkbox"/> 25 to 34 years | <input type="checkbox"/> 55 to 64 years | |

Q21. Highest level of education:

- | | | |
|---|--|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Some college/technical degree | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Graduate or professional degree |

Q22. Gender:

- ☐ Female ☐ Male ☐ Transgender

Q23. Employment status:

- | | | |
|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Part time | <input type="checkbox"/> Multiple job holder | <input type="checkbox"/> Retired |

Q24. Your zip code: _____

Q25. Race/Ethnicity (choose ALL that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> African American | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White/Caucasian | |

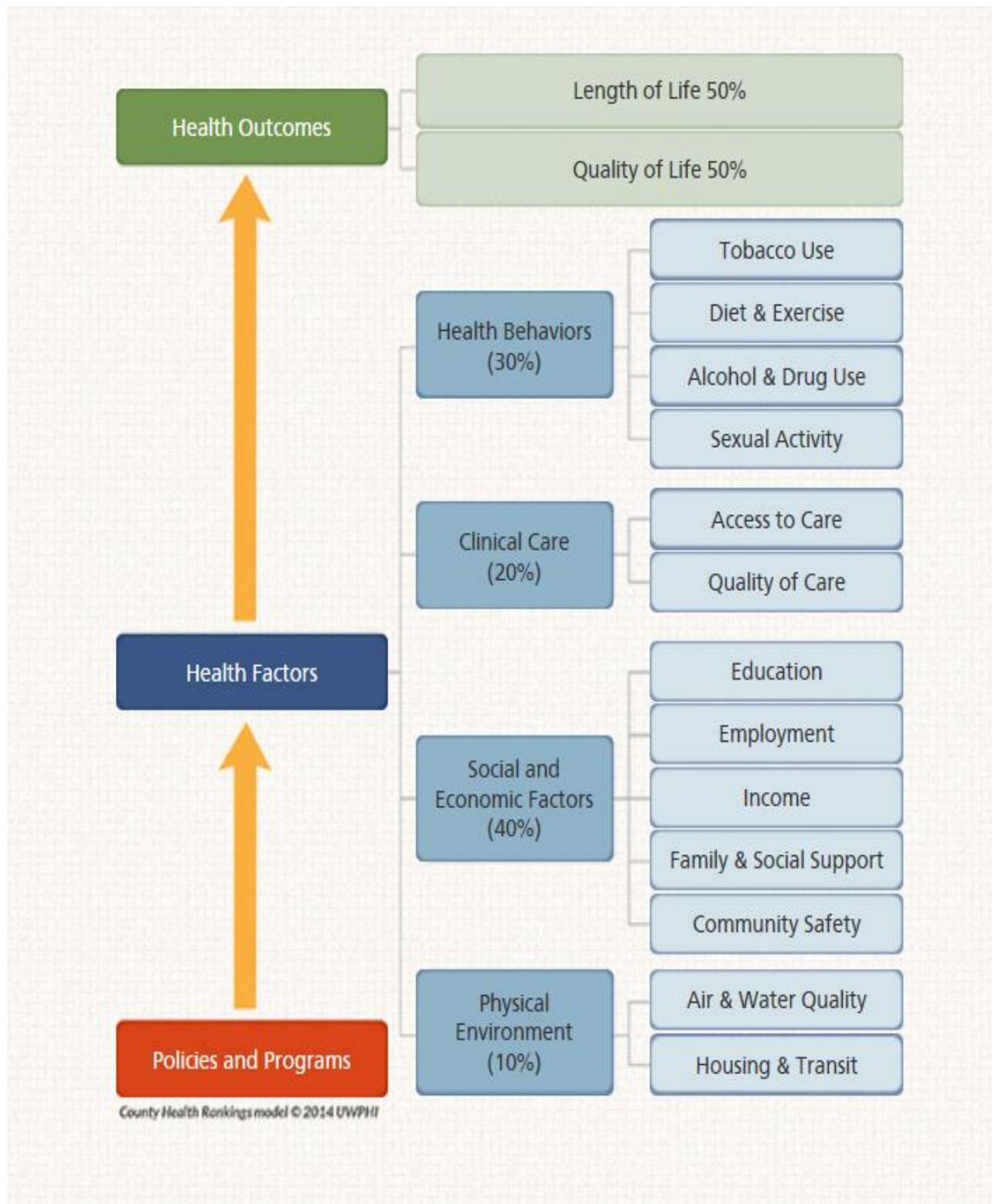
Q26. Annual household income before taxes:

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

Q27. Overall, please share concerns and suggestions to improve the delivery of local health care.

Thank you for assisting us with this important survey!

Appendix B – County Health Rankings Model



Appendix C – Prioritization of Community's Health Needs

Community Health Needs Assessment Wishek, North Dakota Ranking of Concerns

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

	Priorities	Most Important
DELIVERY OF HEALTH SERVICES		
Ability to recruit and retain primary care providers (MD, NP, PA)	7	2
Cost of health insurance	1	
Cost of health care services	2	
Extra hours for appointments, such as evenings and weekends		
AVAILABILITY OF HEALTH SERVICES		
Availability of primary care providers	6	4
Adequate childcare services		
Availability of specialists		
Availability of substance abuse/treatment services	1	
MENTAL HEALTH AND SUBSTANCES ABUSE		
Depression	5	
Adult alcohol use and abuse		
Youth alcohol use and abuse		
Adult drug use and abuse		
SAFETY/ENVIRONMENTAL HEALTH		
Emergency services (ambulance & 911)	4	
Water quality (well water, lakes, rivers)		
Crime and safety		
Prejudice, discrimination		
AGING POPULATION		
Availability of resources to help the elderly stay in their homes	9	6
Availability of resources for family and friends caring for elders	2	
Dementia/Alzheimer's disease		
Ability to meet needs of older population		
COMMUNITY HEALTH		
Jobs with livable wages	5	
Attracting and retaining young families		
Adequate childcare services		
Affordable housing		
PHYSICAL HEALTH		
Cancer	1	
Diabetes	5	
Obesity/overweight		
Heart disease		