

2016 Community Health Needs Assessment

Tioga Area North Dakota

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Executive Summary

To help inform future decisions and strategic planning, Upper Missouri District Health Unit and Tioga Medical Center conducted a community health needs assessment in the Tioga Medical Center service area. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the assessment process, which solicited input from area community members and health care professionals as well as analysis of community health-related data.

To gather feedback from the community, residents of the Tioga area and surrounding region were provided the opportunity to participate in a survey. Approximately 99 residents took the survey. Additional information was collected through ten key informant interviews with community leaders. The input from all of these residents represented the broad interests of the communities of Williams, Divide, Burke, and Mountrail Counties. Together with secondary data gathered from a wide range of sources, the information gathered presents a snapshot of health needs and concerns in the community.

In terms of demographics, most of the area reflects the overall makeup of North Dakota in many respects, but the median household income in Williams County (\$82,823), Mountrail County (\$66,250), and Divide County (\$58,036) is higher than the state average of North Dakota (\$55,579). Burke County's household income (\$55,465) is representative of the state median.

Data compiled by County Health Rankings show that with respect to health outcomes, Williams County is better than North Dakota as a whole. There also is room for improvement on individual factors that influence health, such as health behaviors, clinical care, social and economic factors, and the physical environment. Factors on which Williams County was performing poorly relative to the rest of the state included:

- premature death
- adult smoking
- physical inactivity
- alcohol impaired driving deaths
- sexually transmitted infections
- teen birth rates
- mammography screening
- sufficient numbers of primary care physicians
- sufficient numbers of mental health providers
- preventable hospital stays
- diabetic screening
- unemployment
- violent crimes
- injury deaths

Of 83 potential community and health needs set forth in the survey, Williams County residents who took the survey, indicated the following seven needs as most important:

1. Affordable housing
2. Ability to retain doctors and nurses in the area
3. Availability of resources to help the elderly stay in their homes
4. Cost of health insurance
5. Availability of specialists
6. Cancer
7. Cost of health care services

The survey also revealed that the biggest barriers to receiving health care as perceived by community members were: not able to see the same provider over time (N=25), not enough specialists (n=25), not able to get appointments/limited hours (N=20), not enough evening or weekend hours (N=20), concerns about confidentiality (N=16) and no insurance or limited insurance (N=16).

When asked what the good aspects of the county were, respondents indicated that the top community assets were:

- Friendly, helpful, and supportive people
- Active faith community
- Family friendly; good place to raise kids
- Local events and festivals

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

- Not enough affordable housing
- Ability to retain doctors and nurses in the community
- Need for additional services for the elderly
- Attracting and retaining young families
- Not enough activities for children and youth

Following careful consideration of the results and findings of this assessment, Community Group members determined that, in their estimation, the significant health needs or issues in the community are:

- Cancer
- Substance Abuse (alcohol and drugs)
- Availability of specialists
- Bullying/cyber-bullying

Overview and Community Resources

The purpose of conducting a community health assessment is to describe the health of local people, identify areas for health improvement, identify use of local health care services, determine factors that contribute to health issues, identify and prioritize community needs, and help health care leaders identify potential action to address the community's health needs. A health needs assessment benefits the community by: 1) collecting timely input from the local community; 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; and 4) engaging community members about the future of health care. Completion of a health assessment also is a requirement for public health departments seeking accreditation.

With assistance from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, Upper Missouri District Health Unit and Tioga Medical Center (TMC) completed a community health assessment that focused on Williams County, but also considered population health information and survey responses from surrounding counties. Many community members and stakeholders worked together on the assessment.

As illustrated in Figure 1, Tioga Medical Center is located in northwestern North Dakota, approximately 50 miles east of Williston. Along with the hospital, agricultural, oil and gas operations provide the

economic base for the town of Tioga and Williams County. According to the 2010 U.S. Census, Williams County had a population of 22,398 while Tioga had a population of 1230. The population of Williams County is estimated to be 32,130 in 2014.

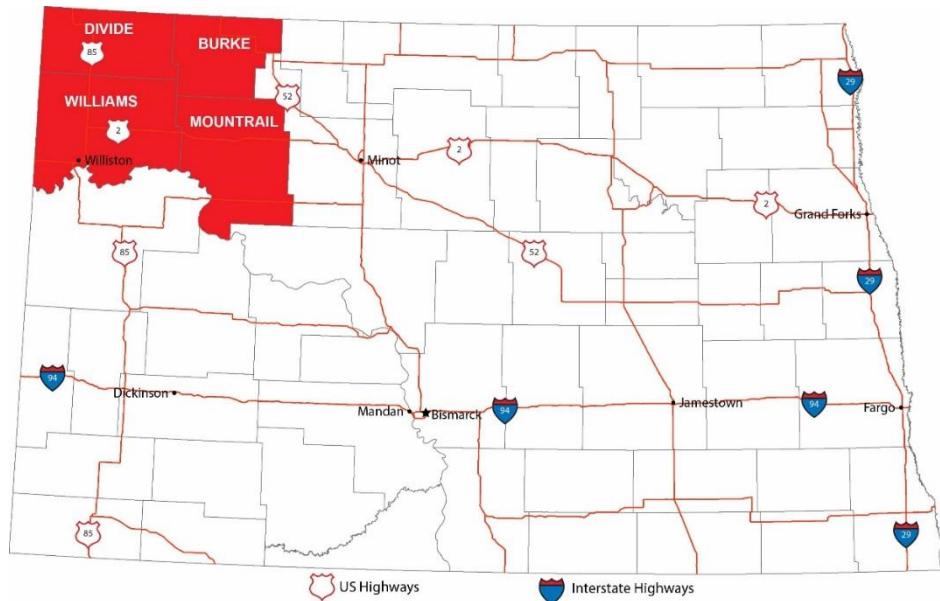


Tioga and Williams County have a number of community assets and resources that can be mobilized to address population health improvement. In terms of physical assets and features, the community includes a bike path, swimming pool, city parks, tennis courts, golf course,

skating rink, and movie theatre. Lake Sakakawea, just south of Tioga, offers boating, hiking, ATV riding, and fishing.

Each major town in Williams County has public transportation and good grocery stores are other valued community assets. The Tioga school system offers a comprehensive program for students K-12.

Figure 1: Divide, Burke, Williams and Mountrail Counties, North Dakota



Upper Missouri District Health Unit

Upper Missouri District Health Unit (UMDHU) provides public health services that include blood pressure checks, breastfeeding resources, car seat program, child health, flu shots, environment health services, immunizations, school health, tobacco prevention, WIC, and youth education programs. Each of these programs provides a wide variety of services in order to accomplish the mission of public health, which is to assure that North Dakota is a healthy place to live and each person has an equal opportunity to enjoy good health. To accomplish this mission, UMDHU is committed to the promotion of healthy lifestyles, protection and enhancement of the environment, and provision of quality health care services for the people of North Dakota.

Specific services provided by Upper Missouri District Health Unit are:

- Blood Pressure Checks
- Breastfeeding resources
- Car Seat Program
- Emergency Response & preparedness program
- Flu shots
- Tuberculosis testing and management
- Environmental Health Services
- Family Planning

- Foot care
- Member of Child Protection Team
- Newborn Home Visits
- Nutrition Education
- Immunizations
- School health (immunizations)
- WIC (Women, Infants & Children) Program

Tioga Medical Center

Opened in 1961, Tioga Medical Center (TMC) is one of the most important assets in the community and the largest charitable organization in the Tioga area. TMC includes a 25-bed critical access hospital located in Tioga. As a hospital and designated level V trauma center, TMC provides comprehensive care for a wide range of medical and emergency situations. TMC also includes three Rural Health Clinics located in Tioga, Powers Lake, and Ray as well as a 30 Bed Skilled Nursing Facility. TMC provides comprehensive medical care with physician and mid-level medical providers and consulting/visiting medical providers. With nearly 135 employees, TMC is one of the largest employers in the region. It has one full-time physician, two physician assistants, and two family nurse practitioners.



A 2015 economic impact study estimated that TMC had a total economic impact on Tioga and surrounding areas of slightly under \$6.7 million.

The mission of TMC is:

“to address the health care needs of the community through providing quality health care and promoting education and wellness.”

Services that TMC offers locally include:

General and Acute Services

1. Clinic
2. Emergency room
3. Hospital (acute care)
4. Independent senior housing
5. Nutrition counseling
6. Podiatry – evaluation and surgery
7. Surgical services
8. Swing bed services
9. Diabetes Education
10. Cardiac Rehab

Screening/Therapy Services

1. Chronic disease management
2. Laboratory services
3. Occupational physials
4. Mental Health/Counseling
5. Occupational therapy
6. Pediatric services
7. Physical therapy
8. Respiratory care
9. Sleep studies
10. Social services
11. Lee Silverman Voice Treatment

Radiology Services

1. CT scan
2. Digital mammography (mobile unit)
3. General x-ray
4. Dexa Scan
5. MRI (mobile unit)
6. Ultrasound (mobile unit)



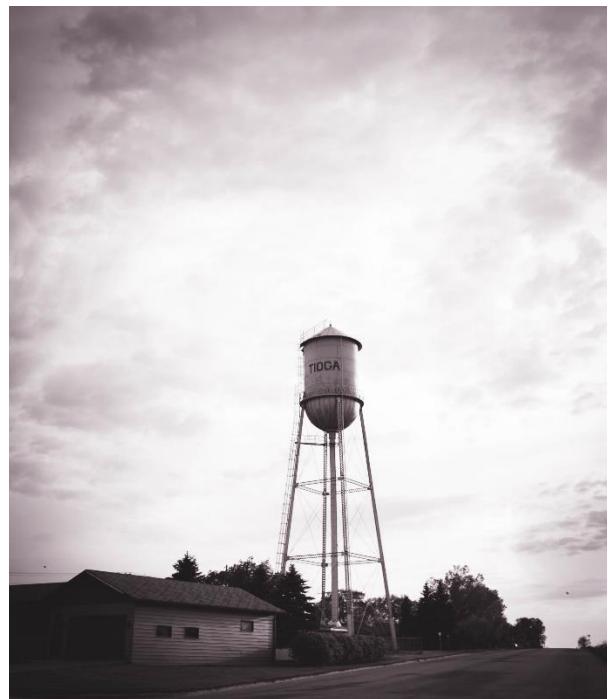
Assessment Process

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

- 1) Collecting timely input from the local community, 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 health care; and
- 5) Allowing the community hospital to meet federal regulatory requirements of the Affordable Care Act, which requires not-for-profit hospitals to complete a community health needs assessment 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 Williams, Burke, Mountrail, and Divide Counties that are part of the service area for TMC. In addition to Tioga, located in the service area are the communities of Ray, Powers Lake, White Earth, and Wildrose.

The assessment process was highly collaborative. Administrators and other professionals from Tioga Medical Center (TMC), Upper Missouri District Health Unit (UMDHU), Tioga EMS, Ray EMS, and Powers Lake EMS were considerably involved in planning and implementing the process. A CHNA Liaison was selected locally, who served as the main point of contact between the Center for Rural Health and Tioga. A small Steering Committee was formed that was responsible for planning and implementing the process locally. Representatives from the Center for Rural Health met and corresponded regularly by



teleconference and/or via email 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 health care services. Community representatives were selected from outside the hospital and local health department, including representatives from local government, businesses, schools, and social services to participate in the key-information interviews and community group meetings.

The base survey instrument used in the process was also developed collaboratively and took into account input from health organizations around the state. The original survey tool was developed and used by the Center for Rural Health. In order to assure the survey tool met the needs of hospitals and public health, the Center for Rural Health 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 Center for Rural Health, and representatives from North Dakota State University.

As part of the assessment's overall collaborative process, the Center for Rural Health 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, and outcomes; rates of preventive measures; rates of disease; and at-risk behavior.

The Center for Rural Health (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 (SORH) and administers the Medicare Rural Hospital Flexibility (Flex) program, funded by the Federal Office of Rural Health Policy, Health Resources Services Administration (HRSA), Department of Health and Human Services. The Center connects the School of Medicine and Health Sciences, and other necessary resources, to rural communities

and their health care organizations in order to maintain access to quality care for rural residents. In this capacity the Center 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 18 community members, was convened and first met on March 3, 2016. During this first Community Group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about Williams County, and served as a focus group. Focus group topics included community assets and challenges, the general health needs of the community, community concerns, and suggestions for improving the community's health.

The Community Group met again on April 11, 2016 with 24 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 range of secondary data relating to the general health of the population in Williams County. The group was then tasked with identifying and prioritizing the community's health needs.

Members of the Community Group represented broad interests of the community served by Tioga Medical Center and Upper Missouri District Health Unit. They included representatives of the health community, business community, newspaper, education, faith community, and social service agencies. Not all members of the group were present at both meetings.

Interviews

One-on-one interviews with nine key informants were conducted in person or by phone in Tioga on March 3, 2016. Representatives from the Center for Rural Health conducted the interviews. Interviews were held with selected members of the Community Group as well as other key informants who could provide insights into the community's health needs. Included among the informants were public health professionals with special knowledge in public health 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 chronic diseases.

Topics covered during the interviews included 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 gather feedback from the community. The survey was not intended to be a scientific or statistically valid sampling of the population. Rather, 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 survey was distributed to various residents of Williams County. 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
- Intimate partner violence
- Awareness of local health services
- Barriers to using local health care
- Hospital foundation awareness
- Basic demographic information
- Suggestions to improve the delivery of local health care

To promote awareness of the assessment process, press releases led to published articles in the Tioga Tribune newspaper. Additionally, information was published in TMC's newsletter and on its website.

Approximately 500 community member paper surveys were available for distribution in Tioga and the surrounding communities. The surveys were distributed by Community Group members and at TMC, the bank, and area business offices.

To help ensure anonymity, included with each survey was a postage-paid return envelope to the Center for Rural Health. In addition, to help make the survey as widely available as possible.

To help ensure anonymity, each survey included a postage-paid return envelope to the Center for Rural Health. Thirty-one completed paper surveys were returned.

Area residents also were given the option of completing an online version of the survey, which was publicized in the community newspaper, on the TMC website, on posters distributed in the

communities, as well as on the TMC Facebook page. Sixty-eight online surveys were completed. In total, counting both paper and online surveys, 99 community member surveys were completed, equating to a 6% response rate.

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: 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

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. 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.

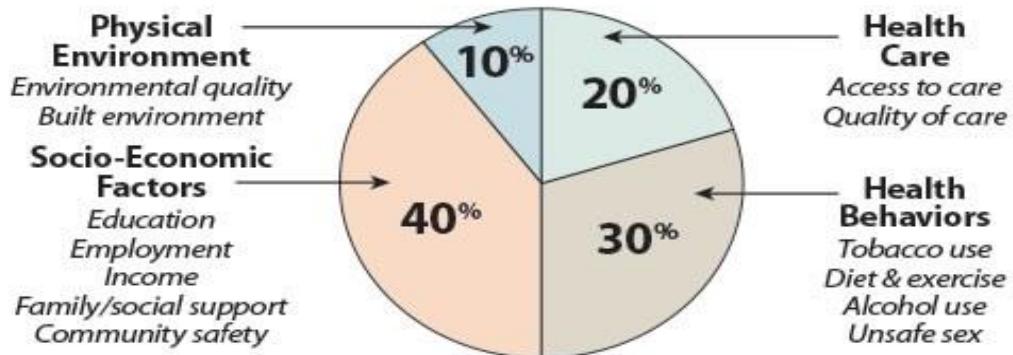
Figure 2 illustrates the small percent (20%) that health care quality and services, while vitally important, play in the overall health of individuals and ultimately of a community. Physical environment, socio-economic factors, and health behaviors play a much larger part (70%) in impacting health outcomes. Therefore, as needs or concerns were raised through this 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.

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

Social Determinants of Health

Population Health



Source: Authors' analysis and adaption from the University of Wisconsin Population Health Institute's *County Health Rankings* model ©2010,
<http://www.countyhealthrankings.org/about-project/background>

Demographic Information

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

TABLE 1: WILLIAMS, DIVIDE, BURKE, MOUNTRAIL COUNTIES: INFORMATION AND DEMOGRAPHICS					
(From 2010 Census/2014 American Community Survey; more recent estimates used where available)					
	Williams County	Divide County	Burke County	Mountrail County	North Dakota
Population, 2014 est.	32,130	2,432	2,245	9,782	739,482
Population change, 2010-2014	43.5%	17.4%	14.1%	27.5%	9.9%
Land area, square miles	1,941	1,294	515	1,941	69,001
People per square mile, 2010	12.6	1.8	2	4.2	9.7
White persons (not incl. Hispanic/Latino), 2014 est.	90.0%	96.6%	96.5%	68.7%	89.1%
Persons under 18 years, 2014 est.	25.5%	20.9%	23.4%	25%	22.8%
Persons 65 years or older, 2013 est.	9.4%	23.1%	18.0%	10.8%	14.2%
Non-English spoken at home, 2013 est.	4.0%	2.4%	5.5%	5.9%	5.3%
High school graduates, 2013 est.	89.5%	90.2%	87.6%	90.2%	90.9%
Bachelor's degree or higher, 2013 est.	19.9%	23.3%	18.5%	18.3%	27.2%
Live below poverty line, 2013 est.	8.6%	8.3%	8.3%	12.3%	11.9%

The population of North Dakota has grown in recent years, the counties in the Tioga Medical Center service area have seen an increase in the U.S. Census Bureau estimated population from 2010 to 2014. Williams County has seen the largest increase in population (43.5%), followed by Mountrail County (27.5%), then Divide County (17.4%), and Burke County (14.1%).

Health Conditions, Behaviors, and Outcomes

As noted above, several sources of secondary data were reviewed to inform this assessment. The data are 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, Williams County is compared to North Dakota rates and national benchmarks on various topics ranging from individual health behaviors to the quality of health care.

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. Below is a breakdown of the variables that influence a county's rank. A model of the 2015 County Health Rankings – a flow chart 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.

<p>Health Outcomes</p> <ul style="list-style-type: none">• Length of life• Quality of life <p>Health Factors</p> <ul style="list-style-type: none">• Health Behavior<ul style="list-style-type: none">○ Smoking○ Diet and exercise○ Alcohol and drug use○ Sexual activity• Clinical Care<ul style="list-style-type: none">○ Access to care○ Quality of care	<p>Health Factors (continued)</p> <ul style="list-style-type: none">• 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 Williams, Divide, Burke, and Mountrail Counties. 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 Tioga Medical Center and Upper Missouri District Health Unit 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).

As shown in the key below, the measures listed in Table 2 marked with a red checkmark (✓) are those where a county is not measuring up to the state rate/percentage; a blue checkmark (✓) indicates that the county may be faring better than the North Dakota average, but is not meeting the U.S. Top 10% rate on that measure. Measures marked with a smiling icon (☺) indicate that the county is in the U.S. Top 10% of counties on that measure. For example, Williams County ranks 20th out of 47 ranked counties in North Dakota on health outcomes and 41st on health factors.

✓ = County is worse than the state average

✓ = County is not meeting the Top 10% nationally

☺ = County in Top 10% nationally

TABLE 2: SELECTED MEASURES FROM COUNTY HEALTH RANKINGS – WILLIAMS, DIVIDE, BURKE, MOUNTRAIL COUNTIES

	Williams County	Divide County	Burke County	Mountrail County	U.S. Top 10%	North Dakota
Ranking: Outcomes	20th	27th	46th	45th		(of 49)
Premature death	7,900 ✓✓	-	-	9,600✓✓	5,200	6,600
Poor or fair health	12% ☺	12% ☺	13%✓	16%✓✓	12%	14%
Poor physical health days (in past 30 days)	2.5 ☺	2.5 ☺	2.8 ☺	3.1✓✓	2.9	2.9
Poor mental health days (in past 30 days)	2.7 ☺	2.5☺	2.7☺	2.8 ☺	2.8	2.9
Low birth weight	5% ☺	-	12%✓✓	7%✓✓	6%	6%
% Diabetic	7% ☺	10%✓✓	10%✓✓	10%✓✓	9%	8%
Ranking: Factors	41st	5th	35th	45th		(of 49)
<i>Health Behaviors</i>						
Adult smoking	21% ✓✓	16%✓	19%✓	22%✓✓	14%	20%
Adult obesity	35% ✓✓	29%✓	30%✓	34%✓✓	25%	30%

Food environment index (10=best)	9.5 ☺	9.2 ☺	7.1	9.5 ☺	8.3	8.4
Physical inactivity	30% ✓✓	36%✓✓	31%✓✓	34%✓✓	20%	25%
Access to exercise opportunities	67% ✓	54%✓✓	0%✓✓	58%✓✓	91%	66%
Excessive drinking	24% ✓	22%✓	22%✓	27%✓	12%	25%
Alcohol-impaired driving deaths	57%✓✓	60%✓✓	63%✓✓	40%✓	14%	47%
Sexually transmitted infections	655.5 ✓✓	179.5✓	-	778.6 ✓✓	134.1	419.1
Teen birth rate	48 ✓✓	29✓✓	-	76 ✓✓	19	28
<i>Clinical Care</i>						
Uninsured	10% ☺	13%	13%✓✓	17%✓✓	11%	12%
Primary care physicians	1,850:1✓✓	-	-	3,130:1✓✓	1,040:1	1,260:1
Dentists	1,460:1✓	2,430:0✓✓	2,250:0✓✓	1,960:1✓✓	1,340:1	1,690:1
Mental health providers	970:1✓✓	-	-	1,960:1✓✓	370:1	610:1
Preventable hospital stays	61 ✓✓	51✓	69✓✓	54 ✓✓	38	51
Diabetic screening	80% ✓✓	93% ☺	78%✓✓	81% ✓✓	90%	86%
Mammography screening	62% ✓✓	47%✓✓	70%✓	60%✓✓	71%	68%
<i>Social and Economic Factors</i>						
Unemployment	1.2% ☺	1.5% ☺	2.8% ☺	1.3% ☺	3.5%	2.8%
Children in poverty	9% ☺	12% ☺	10% ☺	14%✓	13%	14%
Income inequality	4.3 ✓	5.4✓✓	5.5✓✓	4.8 ✓✓	3.7	4.4
Children in single-parent households	20% ☺	8% ☺	17% ☺	34%✓✓	21%	27%
Violent crime	332 ✓✓	0	128✓	111✓	59	240
Injury deaths	106 ✓✓	-	163✓✓	104 ✓✓	51	63
<i>Physical Environment</i>						
Air pollution – particulate matter	10.0 ✓	10.1✓	9.9✓	9.8 ✓	9.5	10.0
Drinking water violations	Yes ✓	No	No	No	No	
Severe housing problems	7% ☺	5% ☺	5% ☺	10%✓	9%	11%

The data from County Health Rankings show that Williams County is doing better than compared to the rest of North Dakota on measures of health *outcomes*, landing at or below rates for North Dakota counties, and better than many of the U.S. Top 10% ratings, except for premature death. Premature death is the years of potential life lost before age 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. This measure allows communities to consider targeting resources to high-risk areas and further investigate causes of premature death.

On health *factors*, however, Williams County is doing more poorly than most of North Dakota counties.

Williams County lags the state on the following reported measures:

- premature death
- adult smoking
- physical inactivity
- alcohol impaired driving deaths
- sexually transmitted infections
- teen birth rates
- mammography screening
- sufficient numbers of primary care physicians
- sufficient numbers of mental health providers
- preventable hospital stays
- diabetic screening
- unemployment
- violent crimes
- injury deaths

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 health care, and information on the child's family, neighborhood, and social context. Data are from 2011-12. 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%
Health Care		
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 health care	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(age 10-17)
- Children currently insured
- Children who had preventive medical and dentist visits
- Children receiving developmental/behavioral screening
- Children 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 focus on main components of children's well-being; more information about KIDS COUNT is available at www.ndkidscount.org. The measures highlighted in red in the table are those in which Williams County is doing worse than the state average. The year of the most recent data is noted.

The data show that Williams County is performing better than the North Dakota average on all of the examined measures except the number of number of children enrolled in Healthy Steps, licensed child care capacity, and high school drop outs.

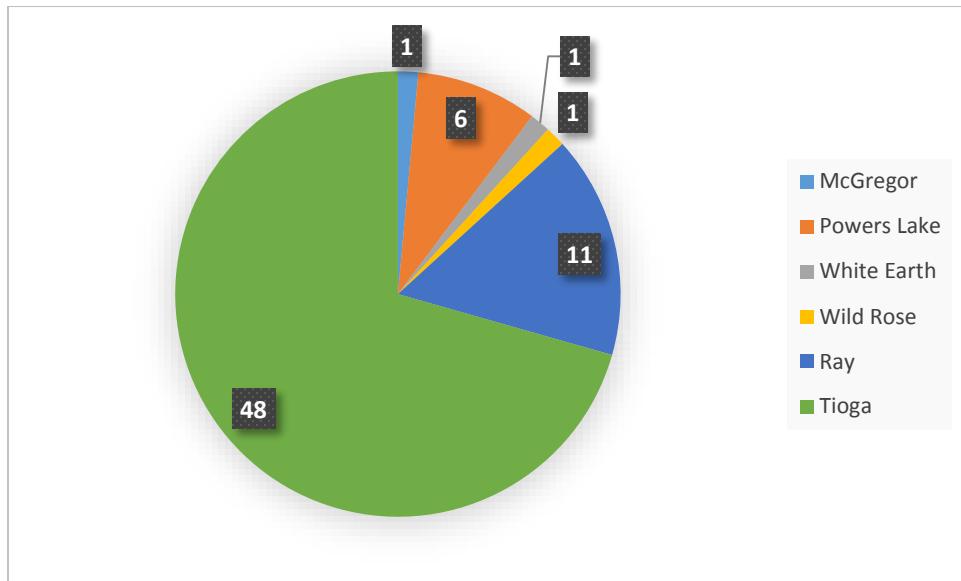
TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN'S HEALTH					
	Williams County	Divide County	Burke County	Mountrail County	North Dakota
Uninsured children (% of population age 0-18), 2013	7.3%	11.5%	11.3%	14.5%	8.7%
Uninsured children below 200% of poverty (% of population), 2013	33.5%	61.1%	48.4%	35.8%	47.8%
Medicaid recipient (% of population age 0-20), 2014	21.5%	26.1%	21.3%	29.2%	27.0%

Children enrolled in Healthy Steps (% of population age 0-18), 2013	1.4%	4.4%	1.8%	1.8%	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2012	11.9%	10.8%	13.5%	16.9%	21.4%
Licensed child care capacity (% of population age 0-13), 2014	28.7%	-	-	14.7%	43.1%
High school dropouts (% of grade 9-12 enrollment), 2013	4.8%	0.0%	0.0%	6.0%	2.8%

Survey Results

As noted above, 99 community members took the written survey in communities throughout the county. The survey requested that respondents list their home zip code (Figure 3). While not all respondents provided a zip code, 68 did, revealing that while the large majority of respondents lived in Tioga. These results are shown below.

Figure 3: Survey Respondents' Home Zip Code



Survey results are reported in six categories: demographics; health care access; community assets, challenges, and collaboration; community concerns; delivery of health care; 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 percentages (%) are reported because percentages can be misleading with smaller numbers. Survey respondents were not required to answer all survey questions; they were free to skip any questions they wished.

With respect to demographics of those (99) who chose to take the survey:

- Over 43% (N=31) were between 18 and 35 years old, although there was a fairly even distribution of ages.
- A large majority (82%, N=593) were female.
- Of the respondents that answered two-third (N=60) had some college/technical training, associate, bachelors or graduate degree.
- Majority (63%, N=44) worked full-time.
- A minority of respondents (13%, N=9) had household incomes of less than \$50,000.

Figures 4 through 8 shows these demographic characteristics. It illustrates the range of community members' household income and includes varied interests of the community served, including age ranges, those in diverse work situations, and but a minimal response from those with a (N=2) lower-income under \$25,000.

Figure 4: Demographics of Survey Respondents

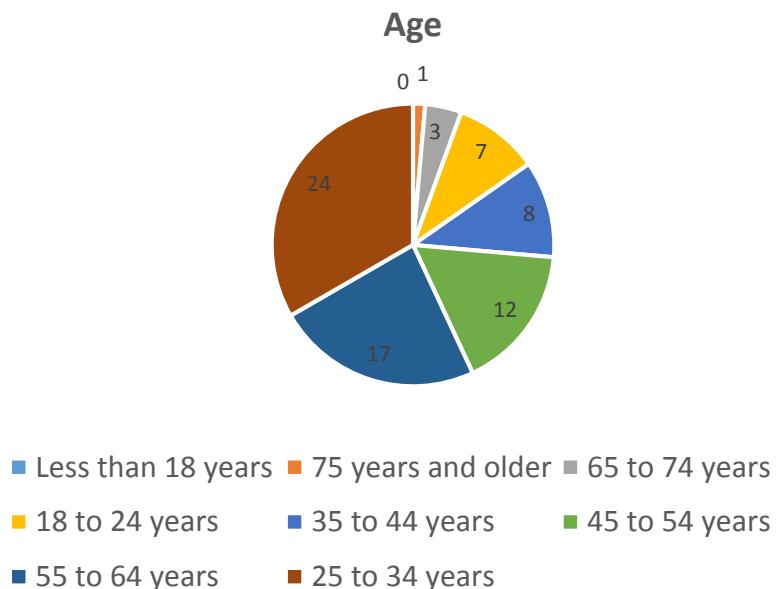


Figure 5: Demographics Survey Respondents

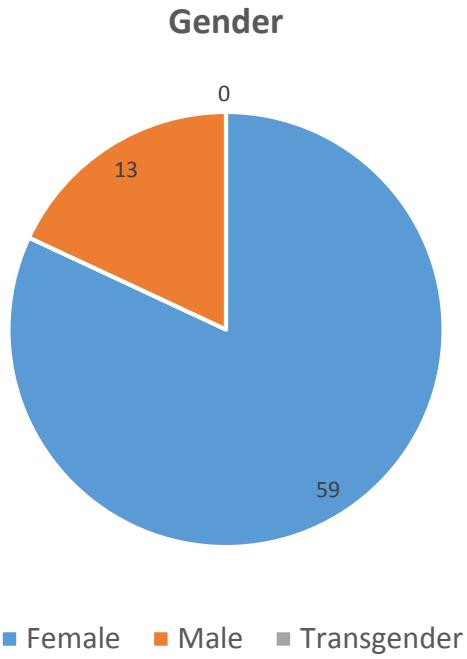


Figure 6: Demographics Survey Respondents

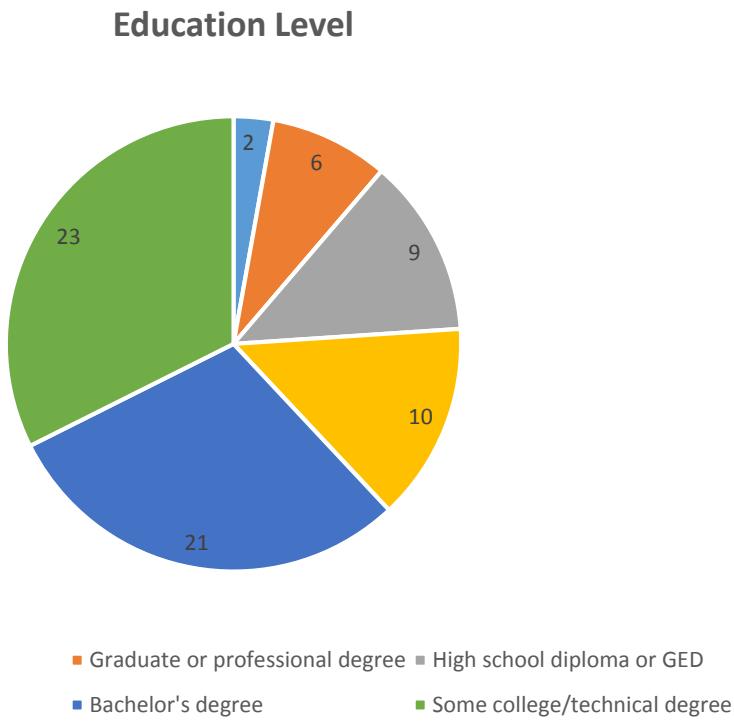


Figure 7: Demographics of Survey Respondents

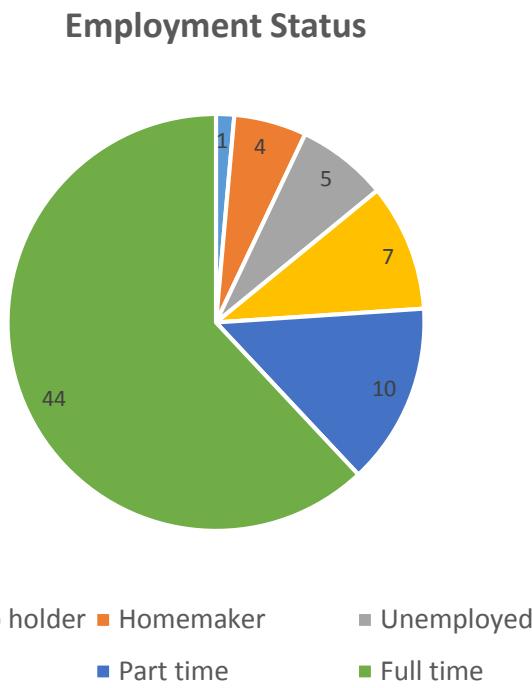
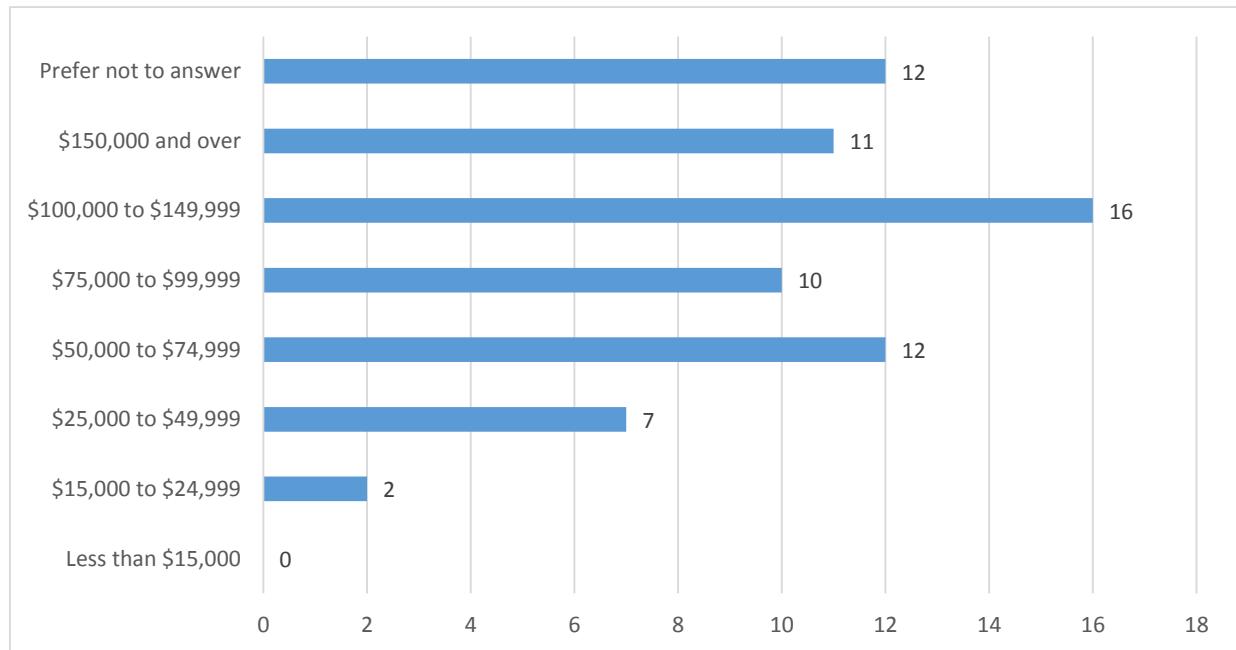


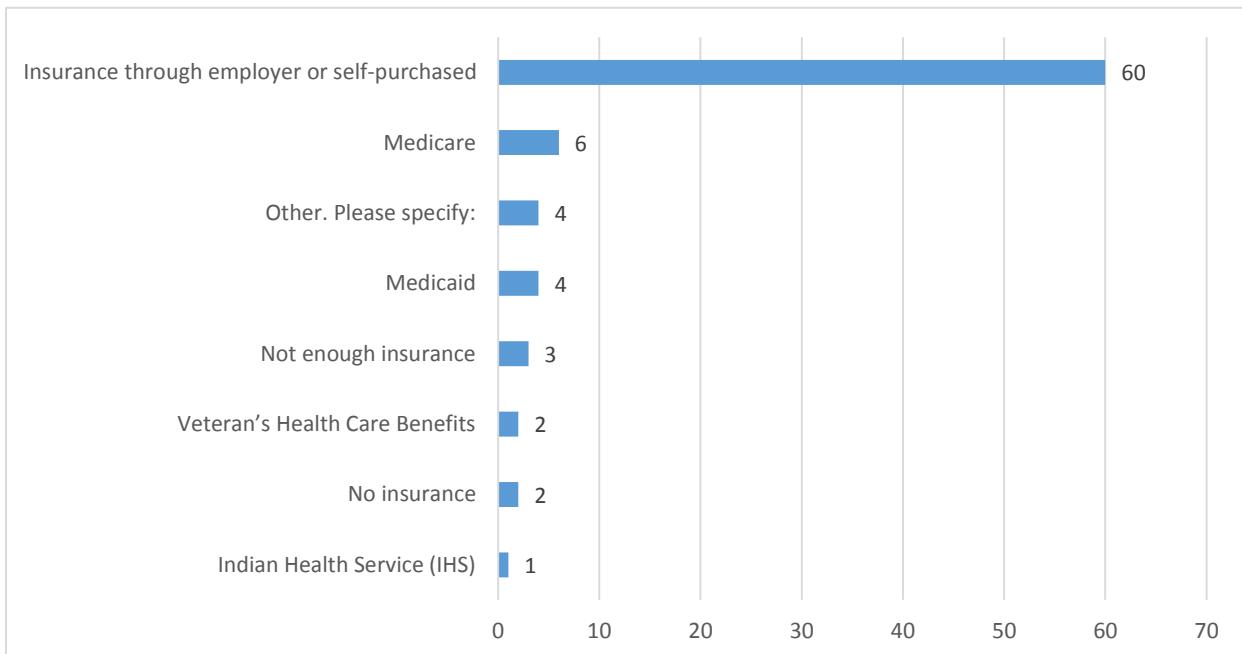
Figure 8: Demographics of Survey Respondents



Health Care Access

Community members were asked the status of their health insurance (Figure 9), which is often associated with whether people have access to health care. Five (5) of the respondents reported having no health insurance or being under-insured. The most common insurance types were insurance through one's employer or self-purchased (N=60) and Medicare (N=6).

Figure 9: Insurance Status



Community Assets, Challenges, and Collaboration

Survey-takers were asked what they perceived as the best things about their community in five 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 70 or more respondents agreeing) that community assets include:

- Family-friendly, good place to raise kids (N=74, 75%)
- Friendly, helpful, and supportive people (N=72, 73%)
- Local events and festivals (N=72, 73%)

Figures 10 to 13 illustrate the results of these questions.

Figure 10: Best Things about the PEOPLE in Your Community

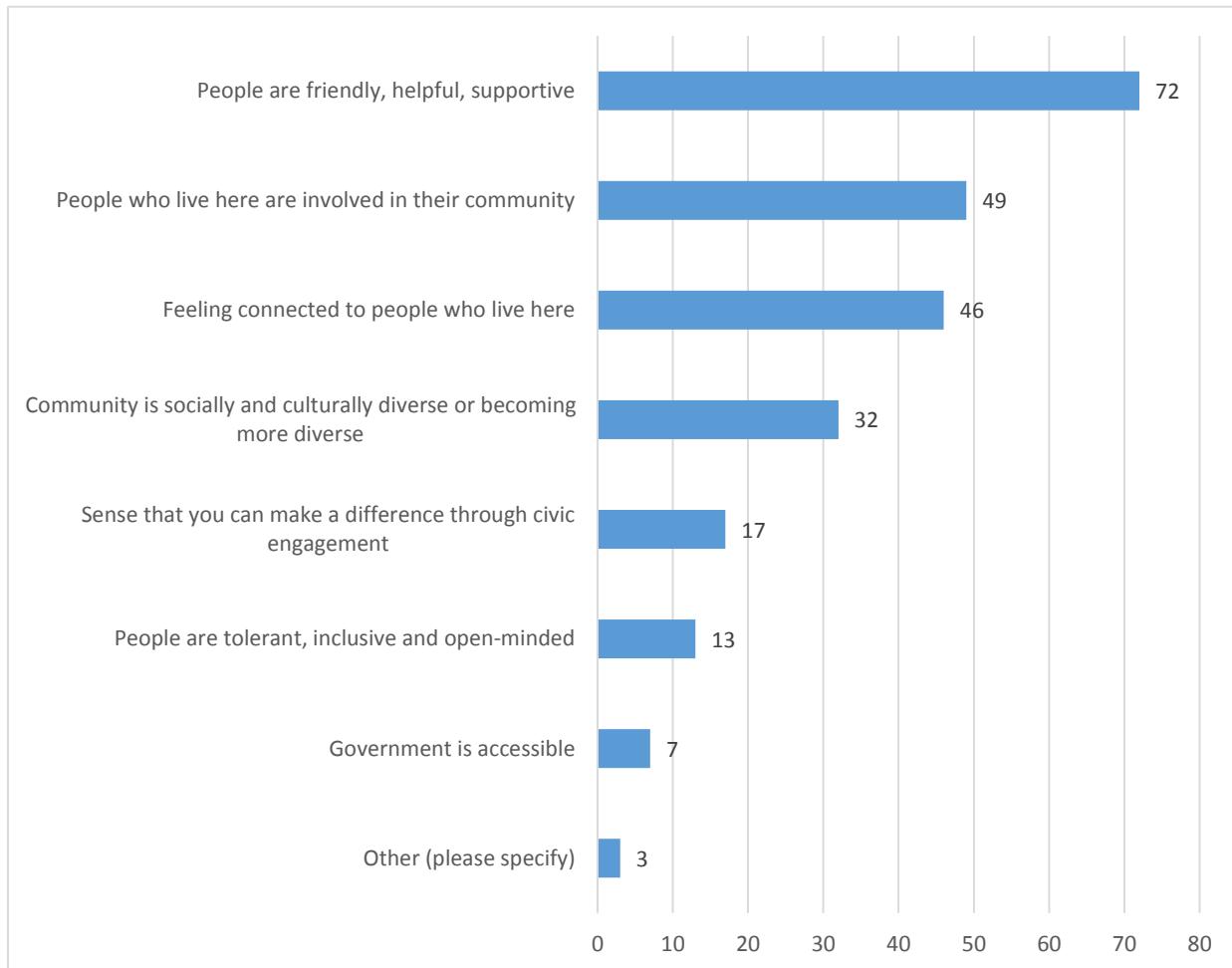


Figure 11: Best Things about the SERVICES AND RESOURCES in Your Community

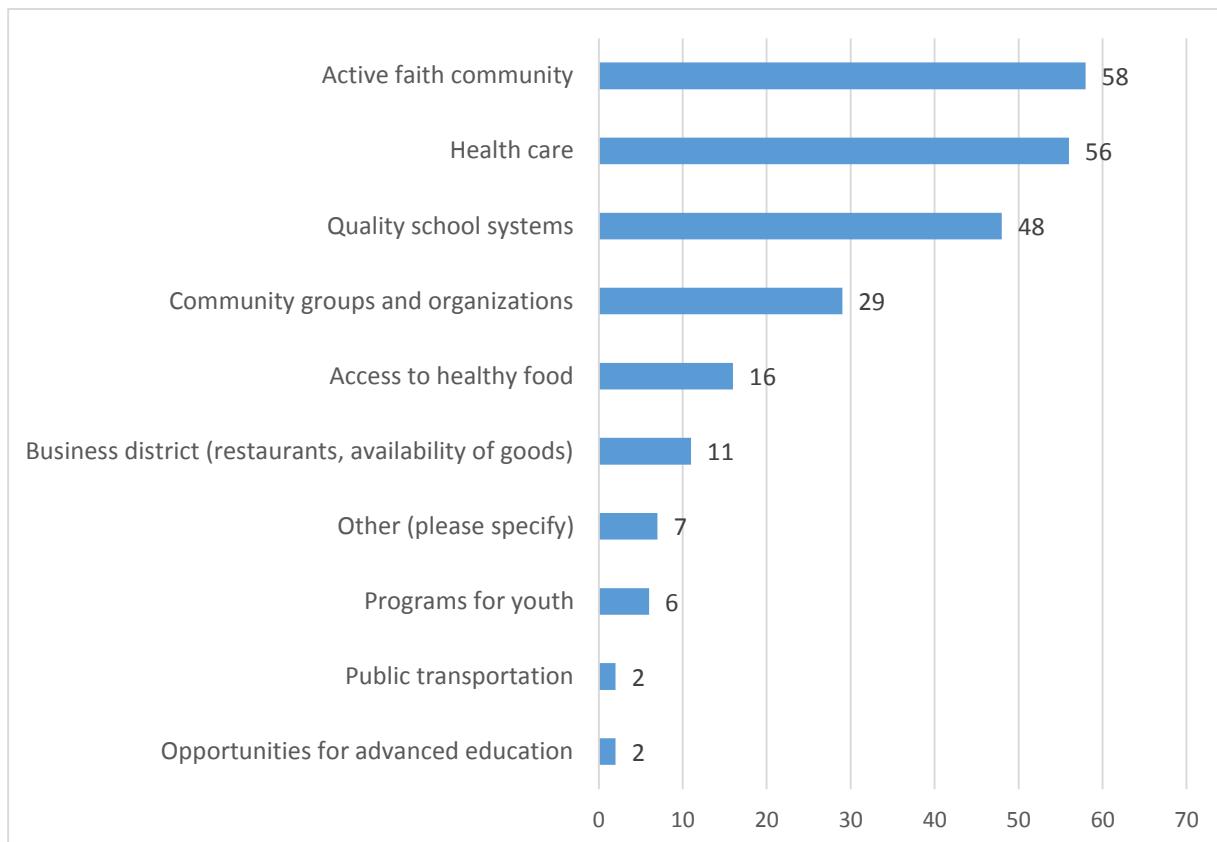


Figure 12: Best Things about the QUALITY OF LIFE in Your Community

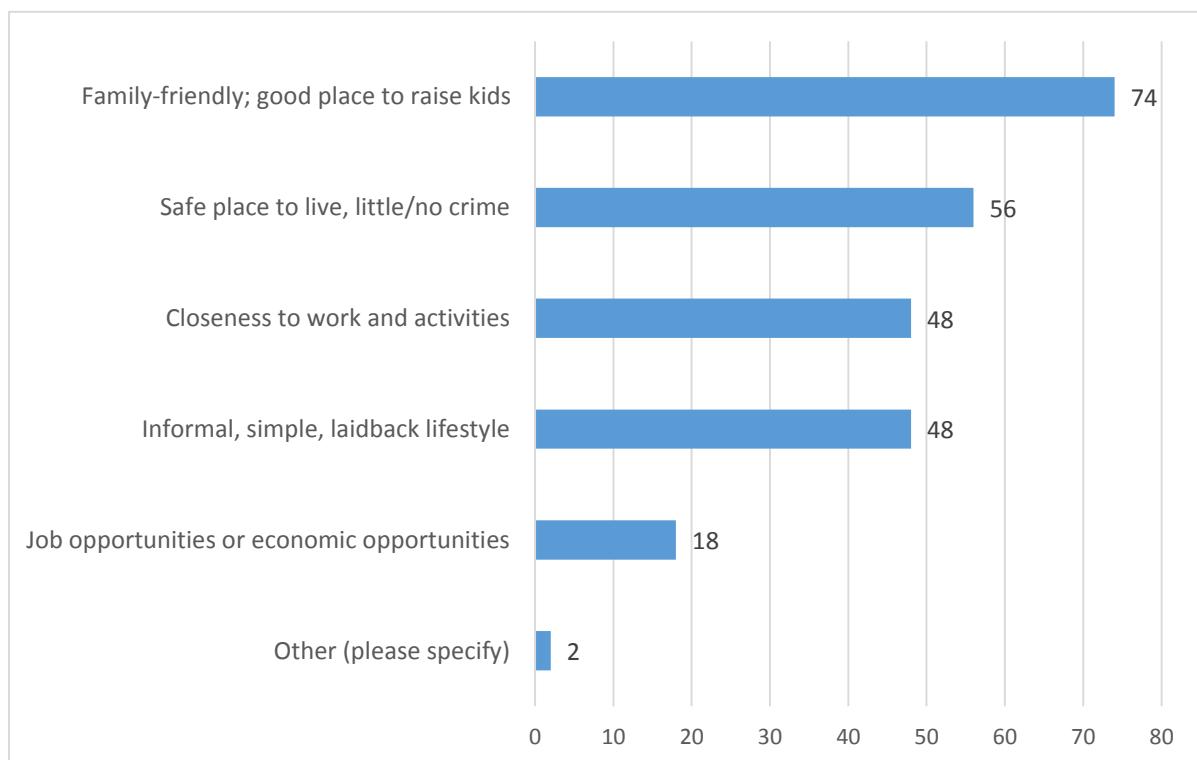
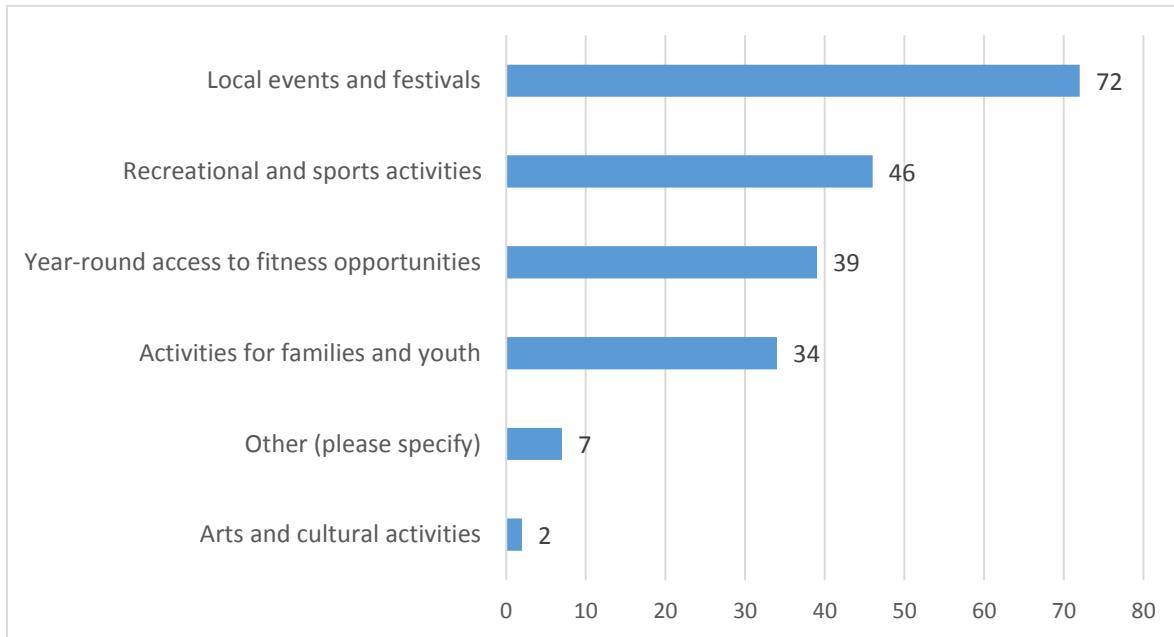


Figure 13: Best Thing about the ACTIVITIES in Your Community



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 asked to pick the top three concerns. The seven categories of potential concerns were:

- Community health
- Availability of health services
- Safety/environmental health
- Delivery of health services
- Physical health
- Mental health and substance abuse
- Senior population

Echoing the weight of respondents' comments in the survey question about community challenges, the six most highly voiced concerns, with more than 40 votes were:

- Affordable housing (N=55)
- Ability to retain doctors and nurses in the area (N=51)
- Availability of resources for the elderly to stay in their home (N=49)
- Cost of health insurance (N=46)
- Availability of specialists (N=45)
- Cancer (N=41)

Figures 14 through 20 illustrate these results.

Figure 14: Community Health Concerns

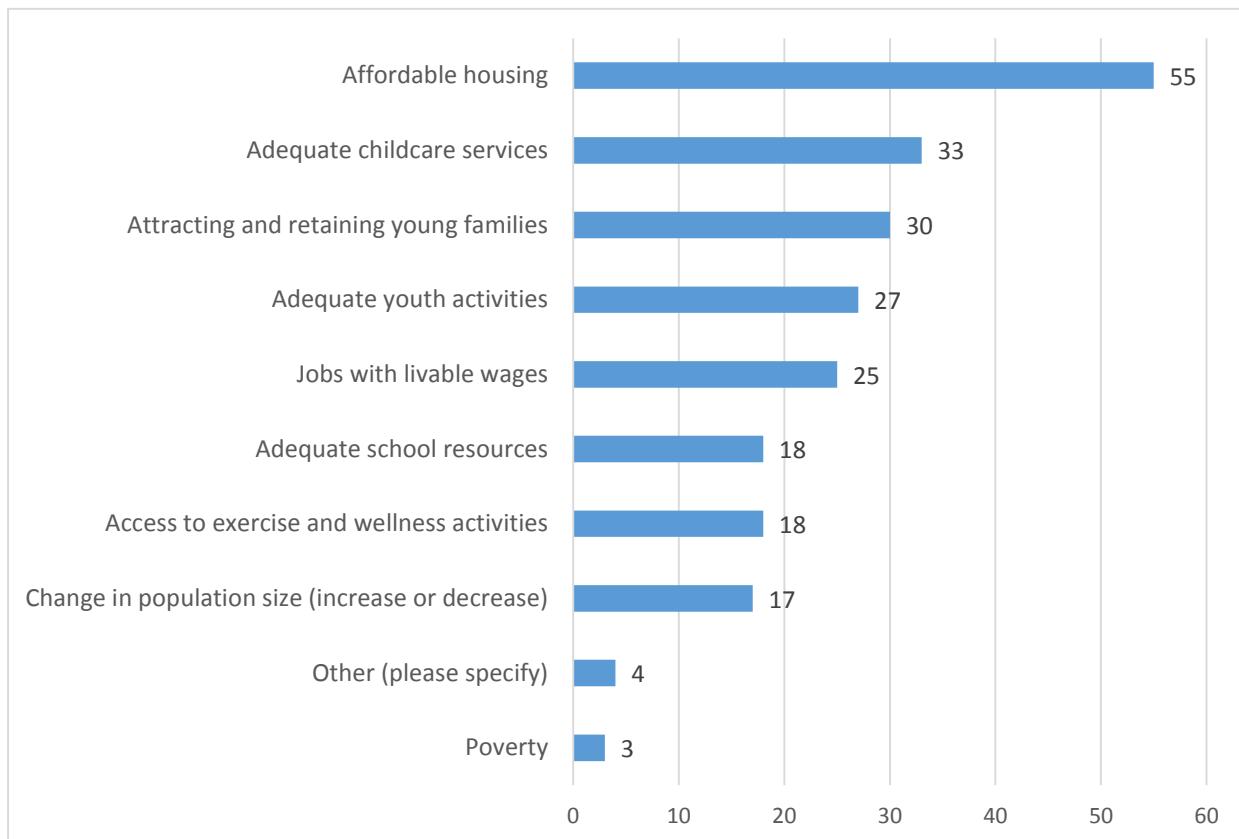


Figure 15: Availability of Health Services Concerns

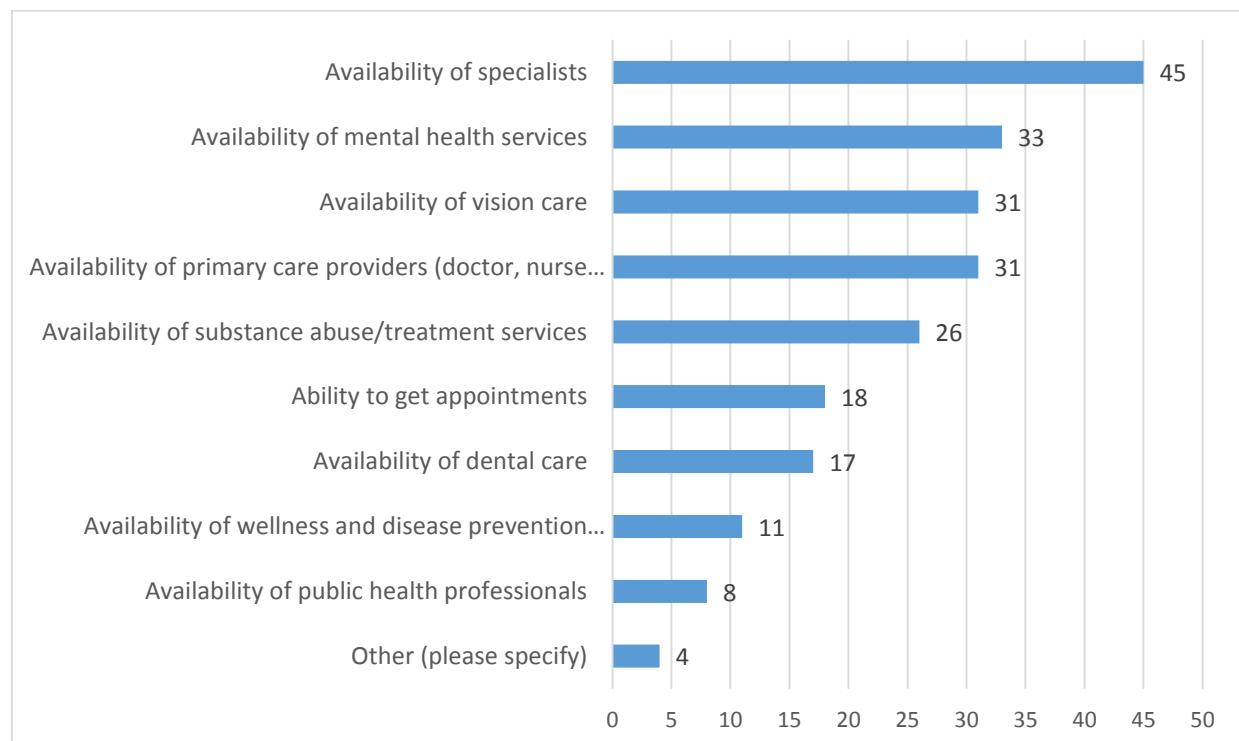


Figure 16: Safety/Environmental Health Concerns

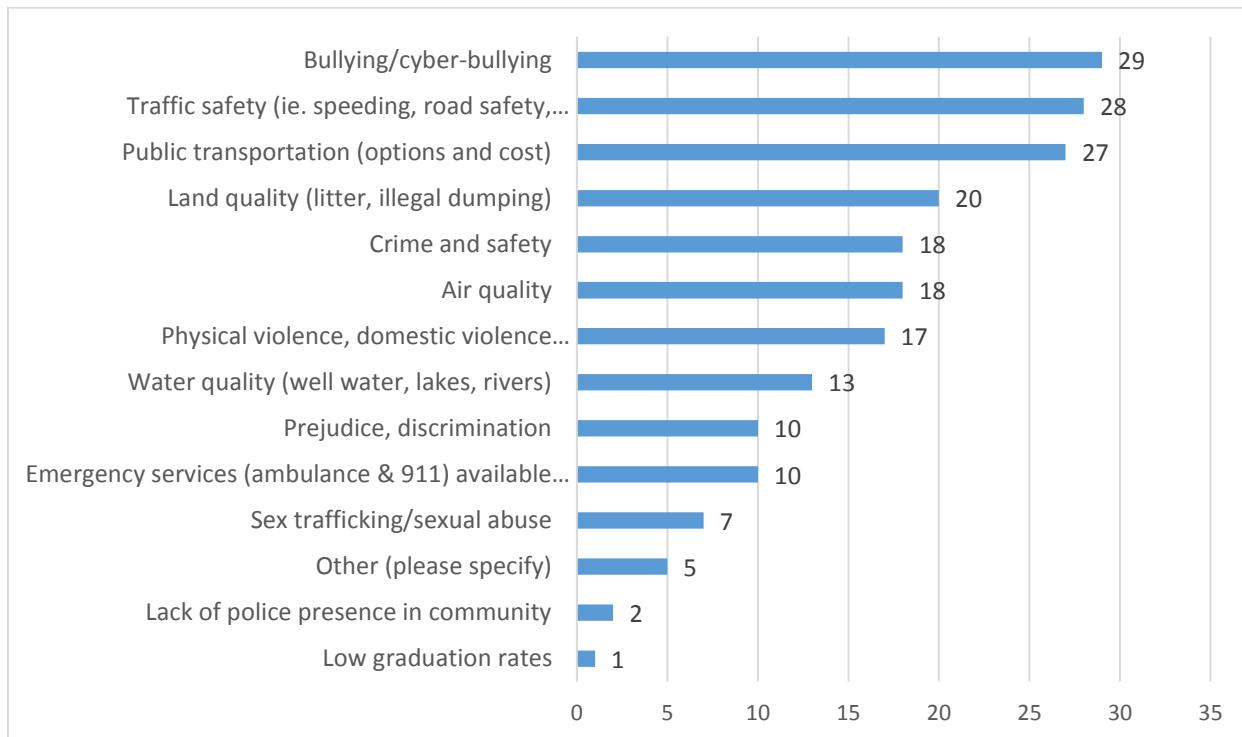


Figure 17: Delivery of Health Services Concerns

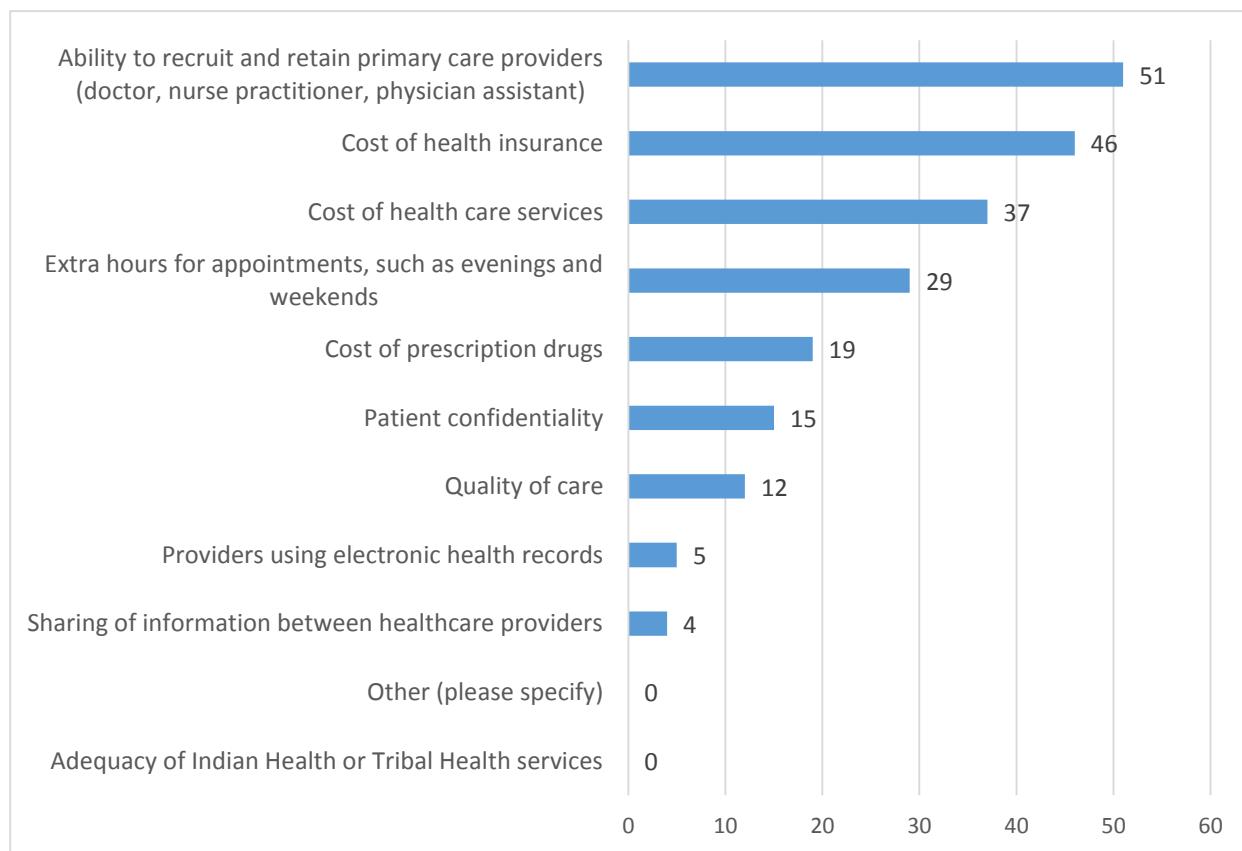


Figure 18: Physical Health Concerns

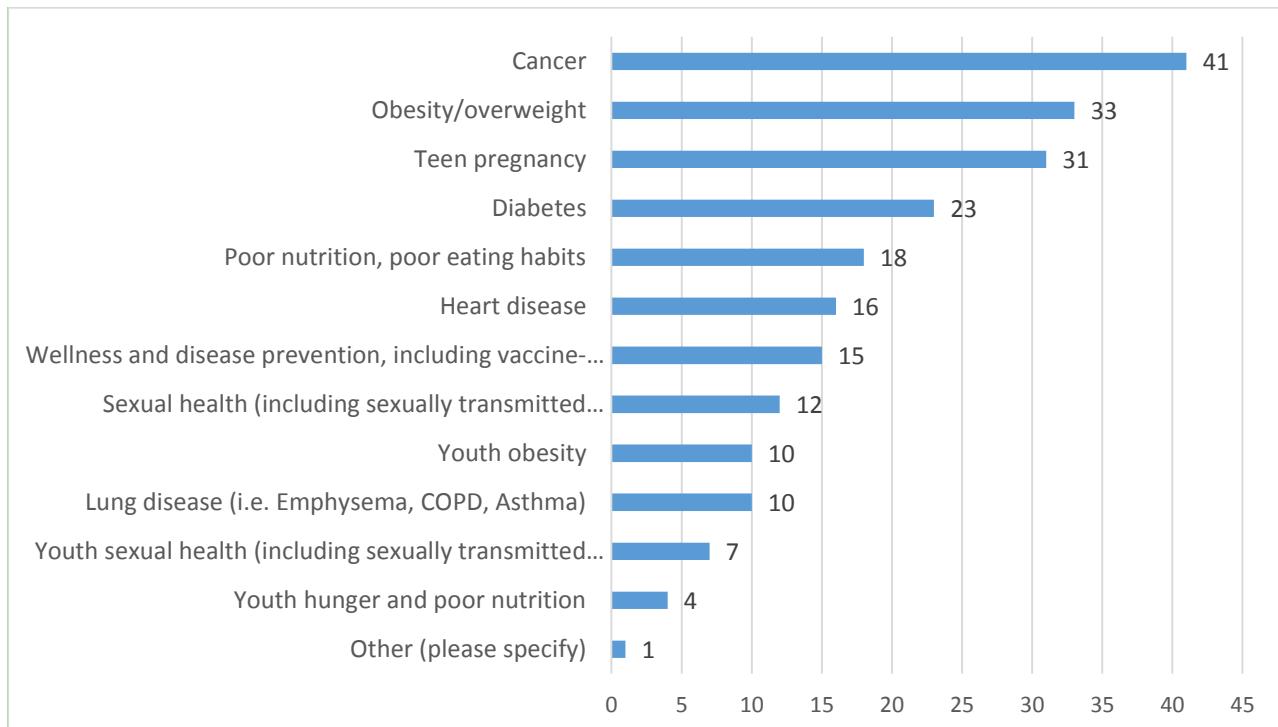


Figure 19: Mental Health and Substance Abuse Concerns

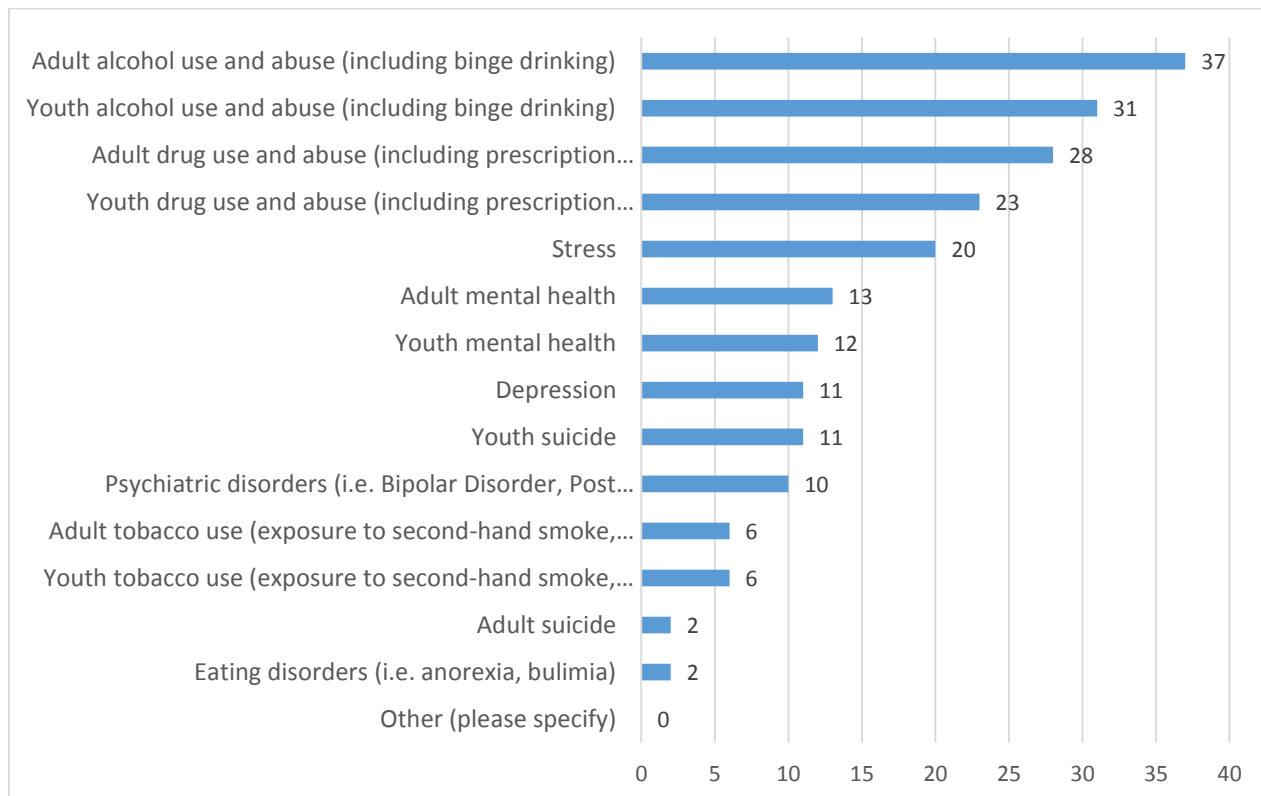
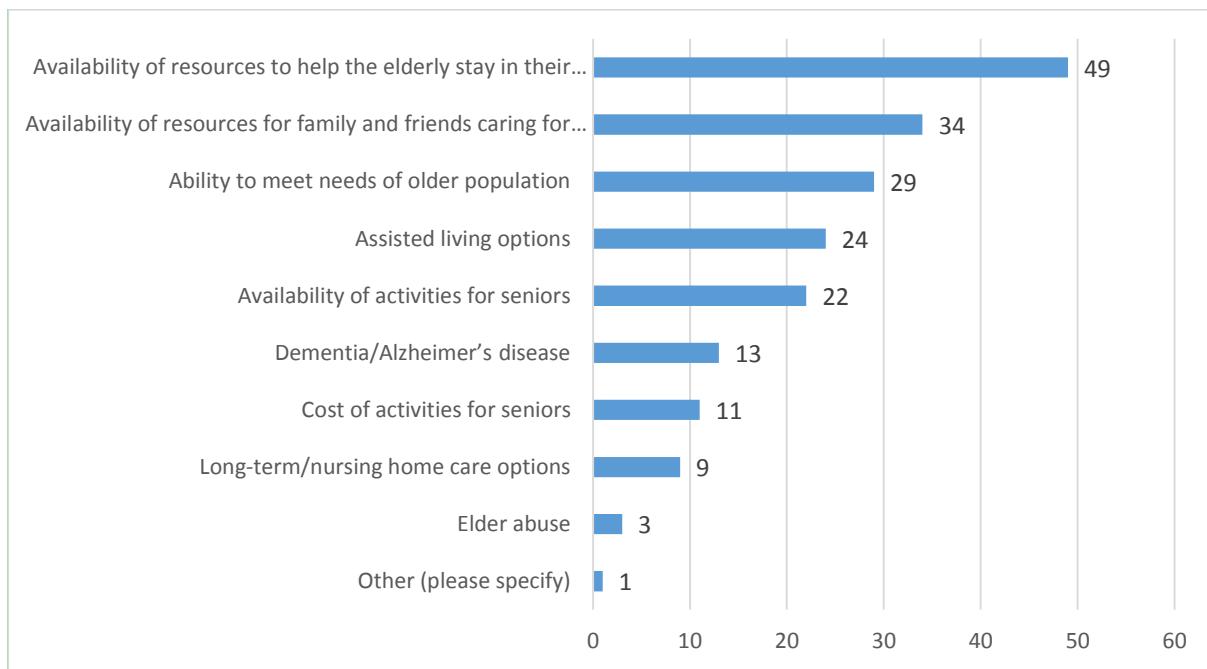


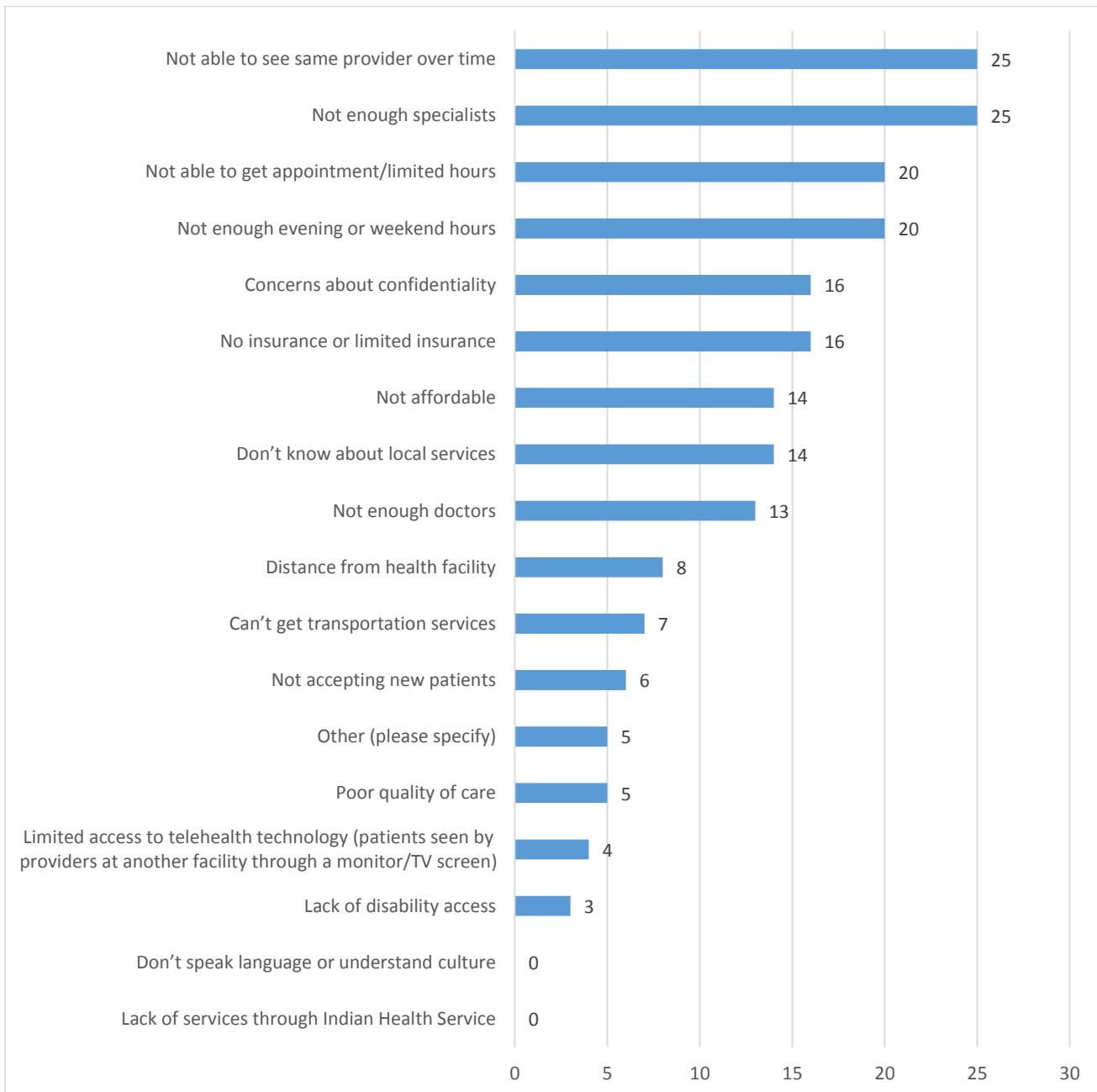
Figure 20: Senior Population Concerns



Delivery of Health Care

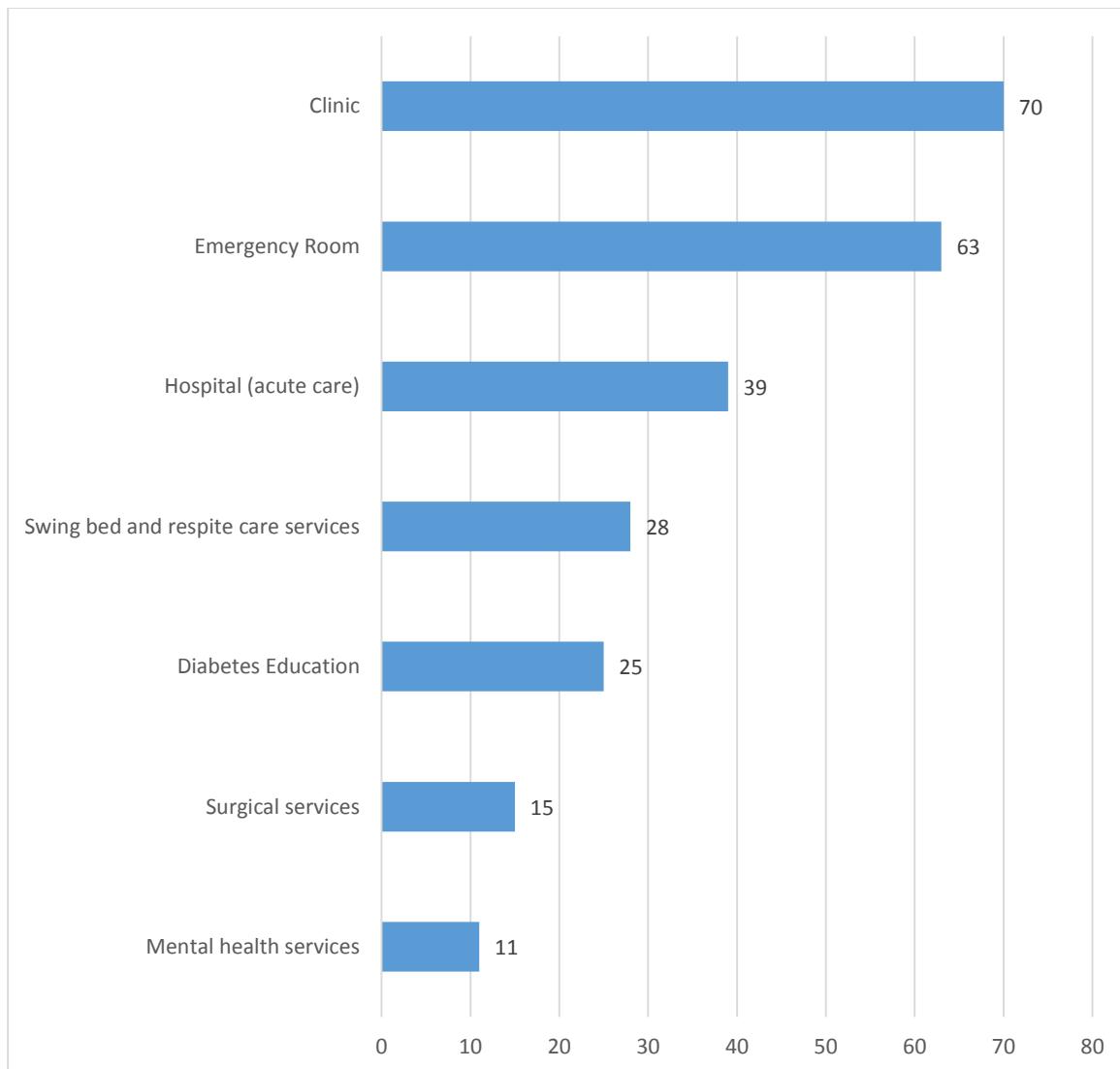
The survey asked residents what they see as barriers to that prevent them or others from receiving health care. The most prevalent barrier perceived by residents was Not able to see the same provider over time (N=25) and not enough specialists (N=25); followed by not being able to get appointments and enough evening or weekend hours (N=20). Figure 21 illustrates these results.

Figure 21: Perceptions about Barriers to Care

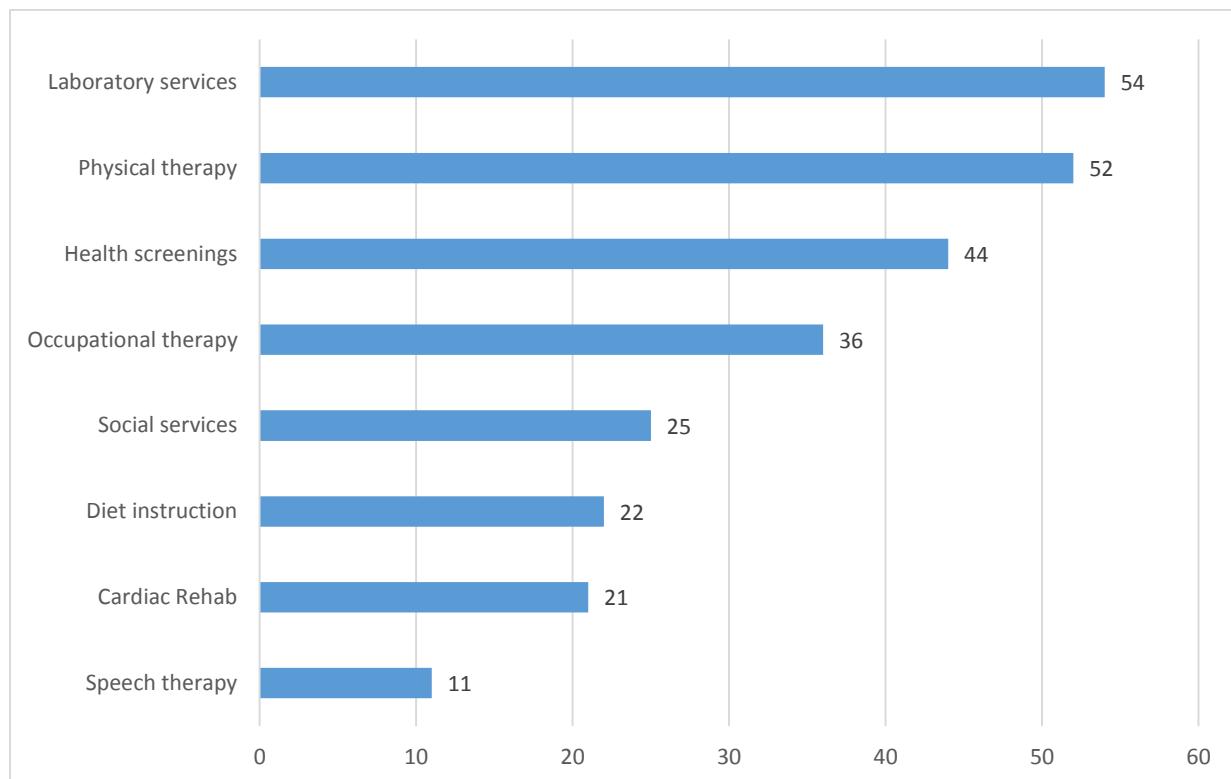


Additional questions were asked related to health care services offered locally, by Tioga Medical Center or other organization (Figures 22-24). Respondents most frequently indicated an awareness, or use in the past year, of the clinic services (N=70) and the emergency room (N=63); followed by laboratory services (N=54) and physical therapy (N=52). Services provided locally by other than Tiago Medical Center were ambulance (N=55) and dental (N=33).

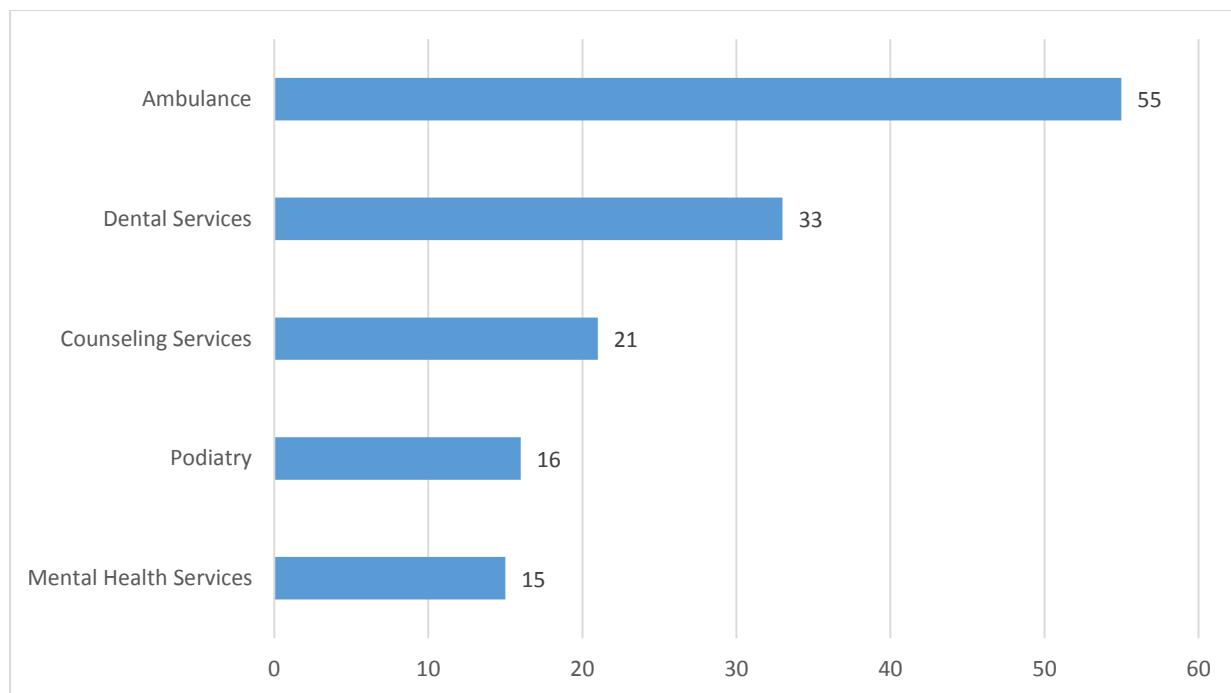
Figure 22: Considering general or acute services, offered by Tioga Medical Center, which services are you aware of (or have you used in the past year)?



**Figure 23: Considering screening and therapy services, offered by Tioga Medical Center,
Which are you aware of (or have you used in the past year)?**



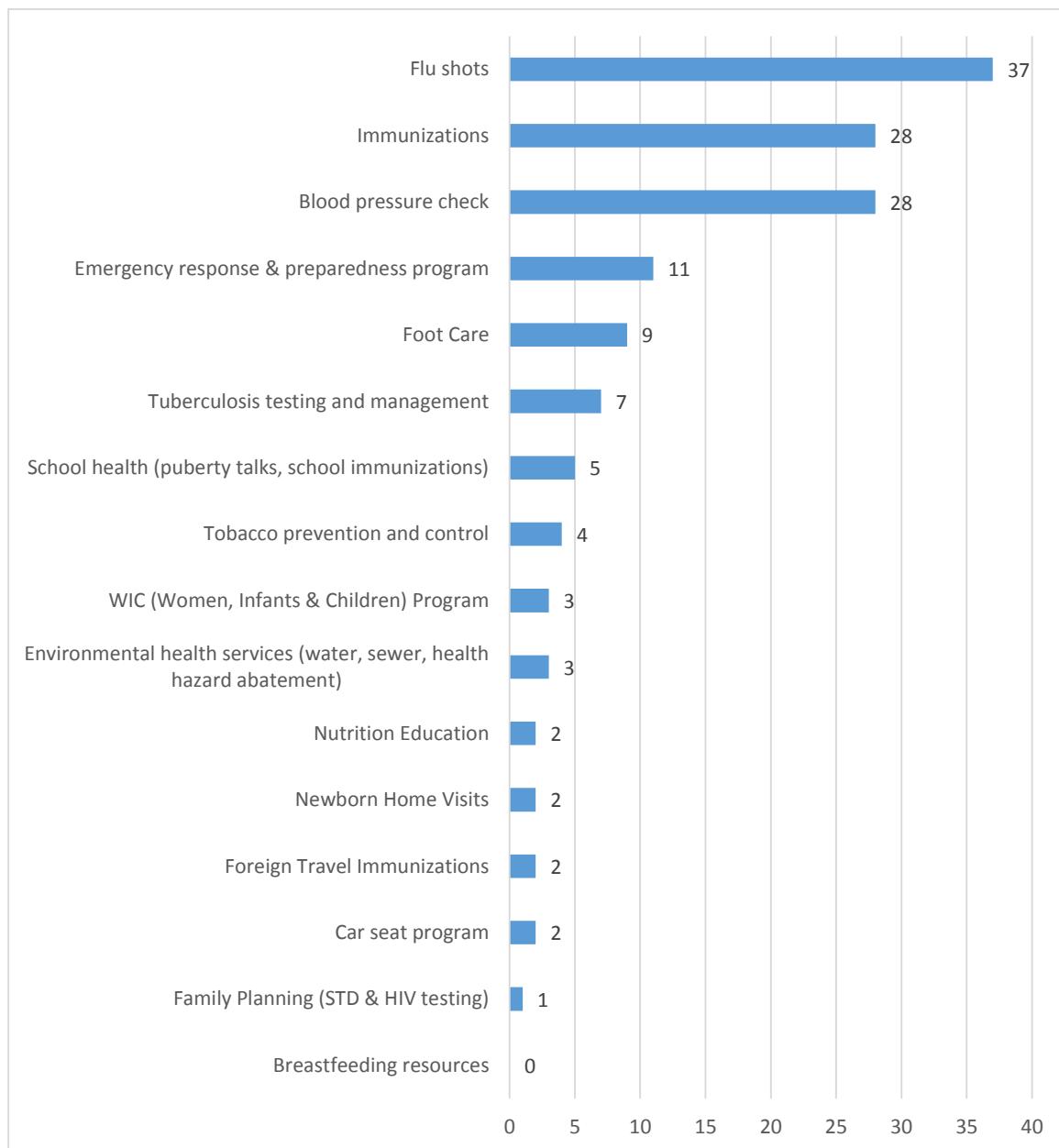
**Figure 24: Considering services offered locally, by other providers or organizations,
which are you aware of (or have you used in the past year)?**



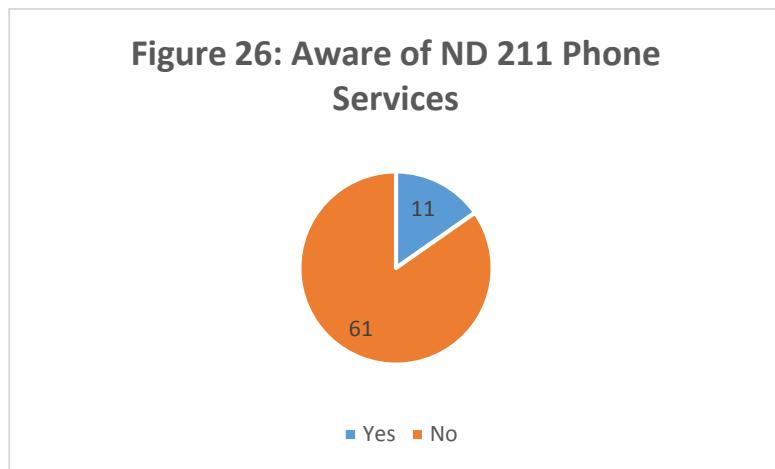
Upper Missouri District Health Unit Services

Public health services are central to a healthy community and a key partner in the assessment process. Therefore, respondents were queried if they, or a family member, had used UMDHU services in the past year (Figure 25). The top three services people were aware of or utilized were flu shots (N=37); immunizations (N=28), and blood pressure check (N=28)

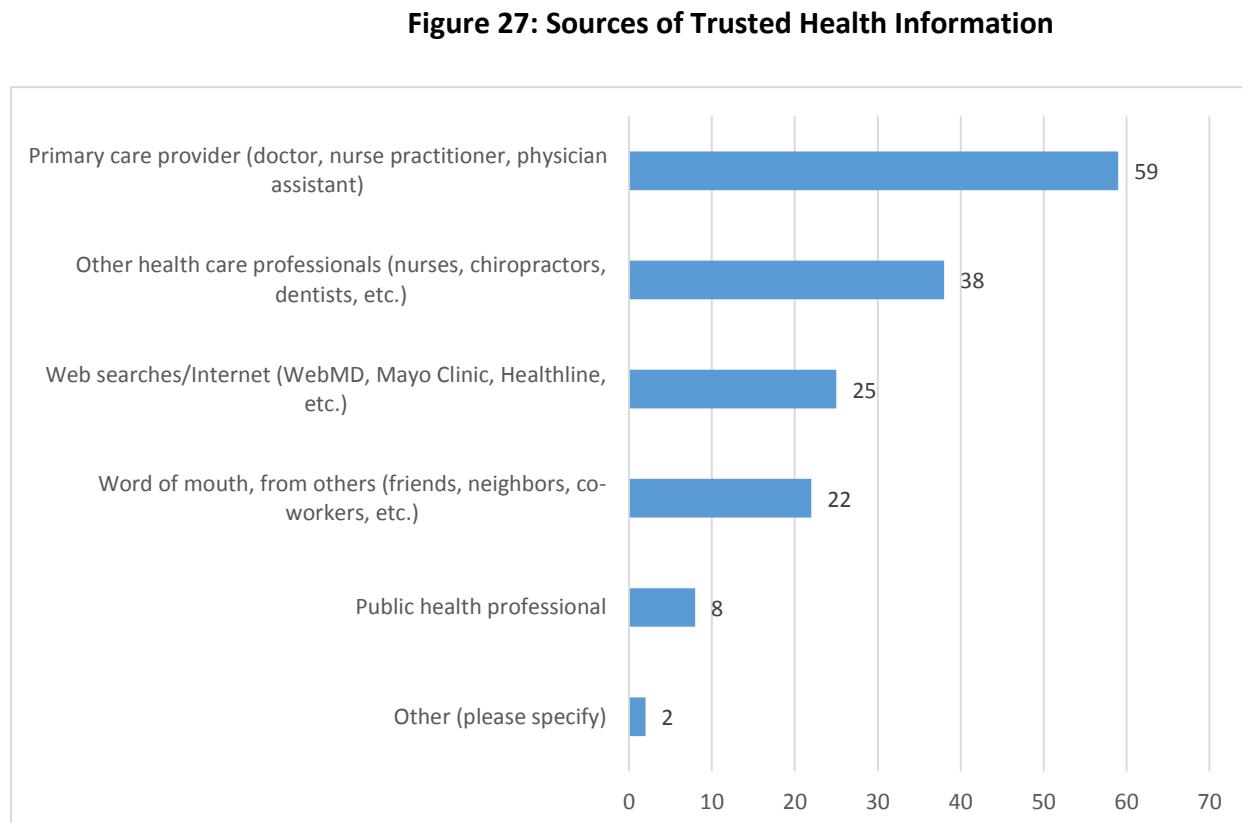
Figure 25: Which of the following public health services have you or a family member used in the past year?



Lastly, respondents were queried to their awareness of North Dakota 2-1-1 phone service, which connects callers to information about health and human services, as well as a mental health resource line of which 61 indicated yes, they were aware; and 11 were not (Figure: 26).



The survey revealed that, people most often turn to their primary care provider (doctor, nurse practitioner, physician assistant) for trusted health information (Figure 27). Other common sources were other health care professionals (nurses, chiropractors, dentists, etc.) and web searches/internet (WebMD, Mayo Clinic, Healthline, etc.).



Findings from Key Informant Interviews & the Community Meeting (Focus Group)

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. The themes that emerged from these sources were wide-ranging, with some directly associated with health care and others more rooted in broader community matters. Generally, overarching thematic issues that developed during the interviews can be grouped into five categories (listed in alphabetical order):

- Availability of mental health services
- Being able to meet the needs of the elderly
- Drug use and abuse, including prescription drug abuse (adult and youth)
- Lack of affordable housing
- Slowing of the oilfield work

To provide context for these expressed needs, below are some of the comments that interviewees made about these issues:

Availability of Mental Health Services

- Suicide is a major concern for the community.
- Having services available, especially for mental health. People have to drive everywhere. This is an additional expense if they don't have transportation or funding to get there. These clients already have a lot of stress and then have to deal with these additional stressors.
- Many are struggling with mental illness, but they don't feel like mental issues exist in the state.
- Would like to see mental health care added to Tioga Medical Center. Someone that is there for crisis management or intervention right there in Tioga instead of having to transport long distances. When there are big crises would be helpful to have professional support there for the staff/providers too.
- Acute inpatient treatment for mental health is needed in Tioga.
- The most important concerns to address are youth mental health, suicide, and depression.
- Dire need of mental health professionals. Need to be able to call someone 24/7 locally to at least get a diagnosis. Not always easy for law enforcement to talk someone into getting help. Law enforcement would like to have option to have TMC have a medical professional speak to them. Need inpatient psych beds in Tioga.

Trying to find open beds even in Minot or Bismarck is not always possible. Often have to send to Grand Forks.

Being Able to Meet the Needs of the Elderly

- Don't have assisted living.
- There isn't a county health nurse because they don't have the staff.
- Elderly population go to Public Health to get their foot care and it doesn't seem like they have showered. Don't know if they have somewhere to go (family or elsewhere) to get help with that. Would be nice for them to have home health.

Drug Use and Abuse, Including Prescription Drug Abuse (Adult and Youth)

- The most important concern is mental health and substance abuse.
- Counselling for drug addiction. Only option is to put them in jail, there isn't anywhere to take them for treatment or refer them to after their jail time is done.

Lack of Affordable Housing

- Prices are so high – rent is so high that they are still paying for housing for teachers.
- Work on single-family housing so that people want to move to town.
- Now people are losing their jobs and the housing prices haven't come down yet. (i.e. apartment buildings were built but owners/investors could only get a 5-year loan because of the risk of the oil boom, decrease and have extremely high monthly payments on the loan so they can't reduce rental process if they wanted to)
- Affordable housing is the most important concern in the community.

Slowing of the Oilfield Work

- A major challenge is the downturn in the oilfield - business sector, number of people have left, will take a while to bounce back.
- Even though there has been a slow-down there are still people in the community struggling financially. See this in the kids in the community. These are the people that can't afford to move, their jobs have been reduced and wages reduced.
- Downsizing of everything – we grew really big fast and now it is trying to maintain all the infrastructure.
- The reduction of population really hurts the schools because they are funded by the population. Businesses are closing.

Community Engagement and Collaboration

Key informants 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?" They were then presented with a list of 13 organizations or community segments to rank. According to these participants, the hospital, pharmacies, public health, and other local health providers 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)
- Pharmacies (5)
- Faith Based Organizations (4.5)
- Schools (4.5)
- Business and industry (4)
- Hospital (Healthcare system) (4)
- Law enforcement (4)
- Long term care, including nursing homes and assisted living (3.5)
- Social Services (3.5)
- Public Health (3)
- Other local health providers, (i.e. dentists and chiropractors) Dentist(4)/Stadter (1)
- Economic development organizations (2.5)
- Human services agencies (1)

Priority of Health Needs

A Community Group met on April 11, 2016. Fifteen community members attended the meeting. Representatives from the Center for Rural Health 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 they could place a sticker next to each of the four needs they considered the most significant.

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

1. Youth drug use and abuse (10 votes)
2. Cost of health insurance (9 votes)
3. Youth alcohol use and abuse (8 votes)
4. Availability of resources to help elderly stay in their homes (6)
5. Teen Pregnancy (6)

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

1. Youth drug use and abuse (11 votes)
2. Cost of health insurance (5 votes)
3. Availability of resources to help elderly stay in their homes (3)
4. Teen Pregnancy (1)
5. Youth alcohol use and abuse (0 votes)

Following the prioritization process, the second meeting of the Community Group, the number one identified need, was the ability to youth drug use and abuse. A summary of this prioritization may be found in Appendix C.

Comparison of Needs Previously Identified

Top Needs Identified 2013 CHNA Process	Top Needs Identified 2016 CHNA Process
Elevated rate of adult smoking	Youth drug use and abuse
Excessive drinking	Youth alcohol use and abuse
Health care workforce shortage	Cost of health insurance
Traffic Safety	Availability of resources to help the elderly stay in their homes
Uninsured adults	Teen Pregnancy

Projects and Programs Implemented to Address Needs Identified in 2013

In response to the concern identified about traffic safety, an extrication demonstration was coordinated and held during the Freedom Fest celebration over the July 4th holiday weekend. This demonstration showed viewers what can happen during a vehicle collision. Tioga Medical Center also coordinated a mock-mass casualty incident involving a school bus and a semi-tractor, with High School students acting as patients. This drill gave students insight into what can happen during a collision and was also used as an opportunity to test the response time and abilities of local EMS, helicopter services, as well as Tioga Medical Center.

In addition, Tioga Medical Center started providing tobacco cessation pamphlets to all patients that are tobacco users to address the concern related to elevated rate of adult smoking.



Next Steps – Strategic Implementation Plan

Although a community health needs assessment 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 health care 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 given community resources, 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 non-profit 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 health care organizations demonstrate their commitment to community service through organized and sustainable community benefit programs providing:



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

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 health care 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 health care 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 health care providers by rules or standards.
- Questionable as to whether it should be reported.
- Unrelated to health or the mission of the organization.

Appendix A –Survey Instrument



Tioga Area Health Survey

Tioga Medical Center and Upper Missouri Public Health District is 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/bakkenregion>.

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 March 15, 2016. 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 3 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 3 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 3 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 3 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. Considering the COMMUNITY HEALTH in your community, 3 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) _____ |

Q6. Considering the AVAILABILITY OF HEALTH SERVICES in your community, 3 concerns are (choose up to THREE):

- | | |
|---|---|
| <input type="checkbox"/> Ability to get appointments | <input type="checkbox"/> Availability of specialists |
| <input type="checkbox"/> Availability of primary care providers (doctor, nurse practitioner, physician assistant) | <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) _____ |

Q7. Considering the SAFETY/ENVIRONMENTAL HEALTH in your community, 3 concerns are (choose up to THREE):

- | | |
|--|--|
| <input type="checkbox"/> Air quality | <input type="checkbox"/> Physical violence, domestic violence (spouse/partner/family) |
| <input type="checkbox"/> Bullying/cyber-bullying | <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"/> Sex trafficking/sexual abuse |
| <input type="checkbox"/> Lack of police presence in community | <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) _____ |

Q8. Considering the DELIVERY OF HEALTH SERVICES in your community, 3 concerns are (choose up to THREE):

- | | |
|---|--|
| <input type="checkbox"/> Ability to recruit and retain primary care providers (doctor, nurse practitioner, physician assistant) | <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 personal health 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 | |

Q9. Considering the PHYSICAL HEALTH in your community, 3 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) | |

Q10. Considering the **MENTAL HEALTH AND SUBSTANCE ABUSE** in your community, 3 concerns are (choose up to THREE):

- Adult alcohol use and abuse (including binge drinking)
- Adult drug use and abuse (including prescription drug abuse)
- Adult tobacco use (exposure to second-hand smoke, use of alternate tobacco products i.e. e-cigarettes, vaping, hookah)
- Adult mental health
- Adult suicide
- Depression
- Eating disorders (i.e. anorexia, bulimia)
- Psychiatric disorders (i.e. Bipolar Disorder, Post Traumatic Stress Disorder (PTSD))
- Stress
- Youth alcohol use and abuse (including binge drinking)
- Youth drug use and abuse (including prescription drug abuse)
- Youth mental health
- Youth suicide
- Youth tobacco use (exposure to second-hand smoke, use of alternate tobacco products i.e. e-cigarettes, vaping, hookah)
- Other (please specify) _____

Q11. Considering the **SENIOR POPULATION** in your community, 3 concerns are (choose up to THREE):

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

Q12. What are the major challenges facing your community?

Delivery of Health Care

Q13. What specific health care services, if any, do you think should be added locally?

Q14. Considering **GENERAL and ACUTE SERVICES** at Tioga Medical Center, which services are you aware of (or have you used in the past year)? (Choose ALL that apply):

- Clinic
- Emergency room
- Hospital (acute care)
- Mental health services
- Diabetes Education
- Surgical services
- Swing bed and respite care services

Q15. Considering SCREENING/THERAPY SERVICES at Tioga Medical Center, which services are you aware of (or have you used in the past year? (Choose ALL that apply):

- Diet instruction
- Health screenings
- Laboratory services
- Occupational therapy

- Cardiac Rehab
- Physical therapy
- Social services
- Speech therapy

Q16. Considering services offered locally by OTHER PROVIDERS/ORGANIZATIONS at Tioga Medical Center, which services are you aware of (or have you used in the past year)? (Choose ALL that apply):

- Ambulance
- Podiatry
- Dental Services

- Counseling Services
- Mental Health Services

Q17. Which of the following PUBLIC HEALTH SERVICES have you or a family member used in the past year?
(Choose ALL that apply)

- Blood pressure check
- Breastfeeding resources
- Car seat program
- Emergency response & preparedness program
- Environmental health services (water, sewer, health hazard abatement)
- Family Planning (STD & HIV Testing)
- Flu shots
- Foot Care

- Foreign Travel Immunizations
- Immunizations
- Newborn Home Visits
- Nutrition Education
- School health (puberty talks, school immunizations)
- Tobacco prevention and control
- Tuberculosis testing and management
- WIC (Women, Infants & Children) Program

Q18. What PREVENTS you or other community residents from receiving health care locally? (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 (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 doctors
- Not enough evening or weekend hours
- Not enough specialists
- Poor quality of care
- Other (please specify) _____

Q19. Where do you turn for trusted health information? (Choose ALL that apply.)

- Other health care 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) _____

Q20. Are you aware of North Dakota 2-1-1 phone services, which provides a number that connects callers to information about health and human services, as well as a mental health resource line?

Yes

No

Demographic Information: Please tell us about yourself.

Q21. Do you work for the hospital, clinic, or public health unit?

- Yes No

Q22. Health insurance or health coverage status (Choose ALL that apply):

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

Q23. Age:

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

Q24. Highest level of education:

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

Q25. Gender:

- | | |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Male | |

Q26. Employment status:

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

Q27. Your zip code: _____

Q28. Race/Ethnicity (choose ALL that apply):

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

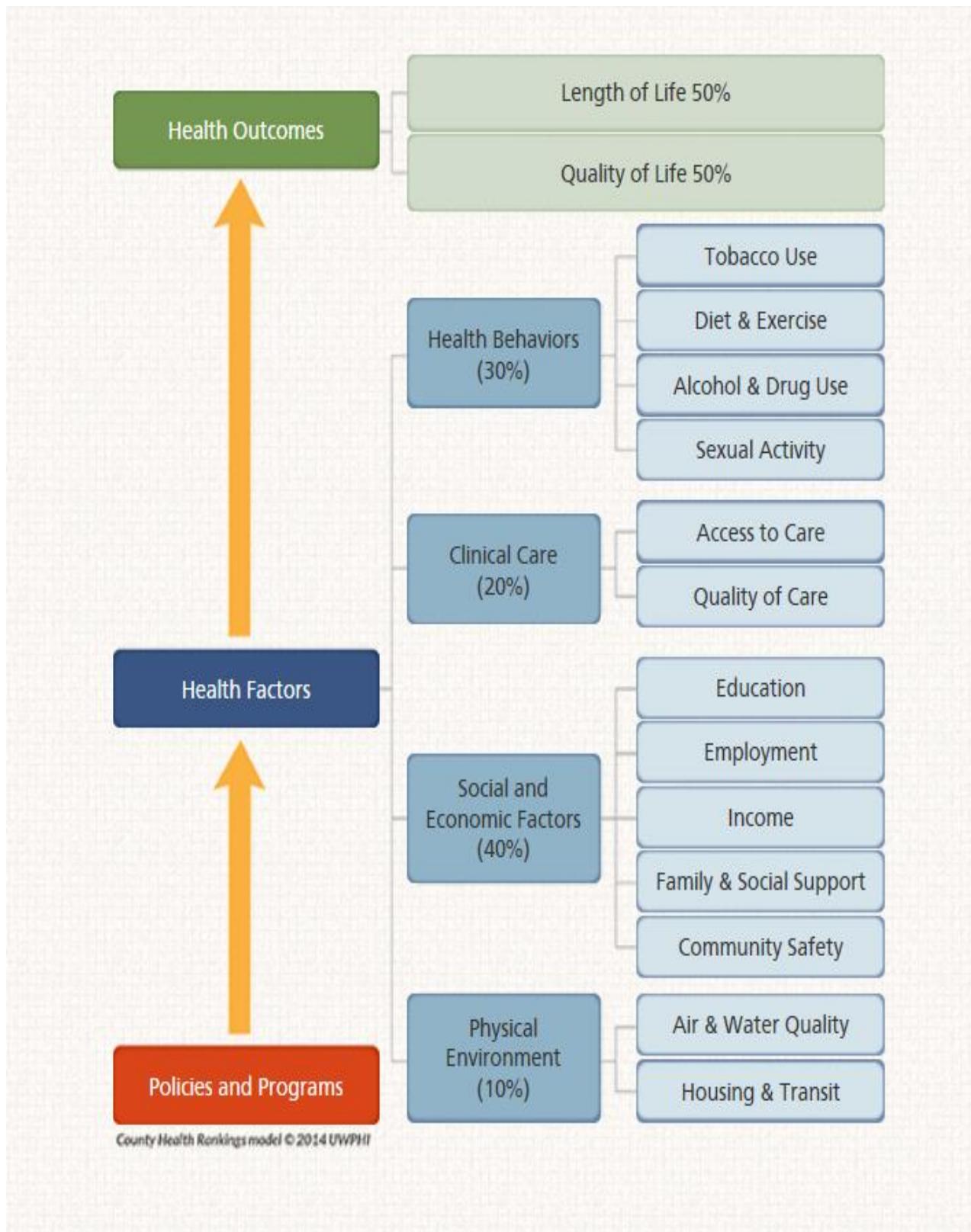
Q29. Annual household income before taxes:

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

Q30. 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

Tioga, North Dakota

Ranking of Concerns

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

	Priorities	Most Important
DELIVERY OF HEALTH SERVICES		
Cost of health insurance	9	5
Cost of health care services	0	
Extra hours for appointments	0	
AVAILABILITY OF HEALTH SERVICES		
Availability of specialists	1	
Availability of mental health services	5	
Availability of vision care	3	
Ability to recruit and retain primary care providers (MD, NP, PA)	5	
MENTAL HEALTH AND SUBSTANCES ABUSE		
Adult alcohol use and abuse	4	
Youth alcohol use and abuse	8	0
Adult drug use and abuse	3	
Youth drug use and abuse***	10	11
SAFETY/ENVIRONMENTAL HEALTH		
Bullying/cyber-bullying	3	
Traffic safety	3	
Public transportation (options/costs)	4	
Land quality (litter, illegal dumping)	0	
AGING POPULATION		
Availability of resources to help the elderly stay in their homes	6	3
Availability of resources for family and friends caring for elders	3	
Ability to meet the needs of the older population	0	
Assisted living options	0	
COMMUNITY HEALTH		
Affordable housing	4	
Adequate childcare services	0	
Attracting and retaining young families	3	
Adequate youth activities	1	
PHYSICAL HEALTH		
Cancer	2	
Obesity/overweight	2	
Teen pregnancy	6	1
Diabetes	3	