2014

Community Health Assessment

Kidder County District Health Unit

Kidder County, North Dakota

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Table of Contents

Executive Summary

To help inform future decisions and strategic planning, Kidder County District Health Unit conducted a community health assessment in Kidder County. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the assessment, which included the solicitation of input from area community members and health care professionals as well as analysis of community health-related data. The regional coordinator from nearby Custer Health, a public health unit that covers five counties, helped to coordinate assessment activities.

To gather feedback from the community, residents of the county and local health care professionals were given the chance to participate in a survey. Eighty-three Kidder County residents and health care professionals took the survey. Additional information was collected through a Community Group comprised of community members as well as through key informant interviews with community leaders. Sixteen residents participated as Community Group members, key informant interviewees, or both. The input from all of these residents represented the broad interests of the community served by Kidder County District Health Unit. 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.

Approximately 21% of the population of Kidder County is over age 65. This percentage is significantly higher than the North Dakota rate of approximately 14%. The median age for Kidder County residents is 48.5, compared to a state median age of 36.9. These demographics suggest an increased need for medical services to attend to an aging population. The median household income in Kidder County is lower than the state as a whole: $45,478 compared to $51,641. The county tends to have a lower proportion of college-educated residents.

Data compiled by County Health Rankings show that with respect to health outcomes, Kidder County performs well, landing in the top 10% of counties nationally on self-reported measures of health and well-being. While residents report good overall health, however, the county fairs poorly on individual factors that influence health, such as health behaviors, clinical care, social and economic factors, and the physical environment. Factors on which Kidder County was performing especially poorly included:

- Access to exercise opportunities – the percentage of individuals who live reasonably close to a physical activity site is nearly 60% lower than the North Dakota average
- Unemployment – double the state rate

- Children in poverty – six points above the state rate
- Access to primary care physician – none available in the county
- Access to dental services – none available in the county

Results from the survey revealed that of 78 potential community and health needs listed in the survey, Kidder County residents collectively chose the following seven as the most important:

1. Not enough daycare services
2. Availability of resources to help the elderly stay in their homes
3. Availability of resources for family and friends caring for elders
4. Being able to meet the needs of the older population
5. Cost of health care insurance
6. Long-term/nursing home care options
7. Not enough affordable housing

The survey also revealed that the biggest barriers to receiving health care as perceived by community members were the lack of weekend or evening appointments, distance from a health facility, and a lack of doctors.

When asked about the positive aspects of the county, respondents indicated that the top community assets were:

1. Friendly and helpful people
2. A safe place to live
3. Family-friendly
4. The cleanliness of the area
5. Quality school systems and programs for youth
6. Small size and scale of community
7. Health care
8. Feeling connected to the people who live here

Input from Community Group members and community leaders provided via a focus group and one-on-one interviews echoed many of the concerns raised by survey respondents, but also highlighted issues that survey-takers did not identify as key concerns. Thematic concerns emerging from these sessions were:

- Recruiting and retaining health care professionals
- Need for transportation options
- Not enough affordable housing
- Lack of child daycare services

Following careful consideration of the results and findings of this assessment, Community Group members determined that the significant health needs or issues in the community are: (1) an elevated rate of excessive drinking, (2) elevated rates of children in poverty and in single-parent households, and (3) meeting the needs of the older population and providing resources for elderly living at home and their caregivers. The group has begun the next step of strategic planning to develop a community health improvement plan.

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, 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; 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 Custer Health the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, Kidder County District Health Unit completed a community health assessment in Kidder County. Many community members and stakeholders worked together on the assessment. Among the resources and assets of Kidder County are the public health department, the Kidder County Community Health Center, and a wide variety of programs and facilities, as explained in more detail below.

Kidder County Public Health

Kidder County District Health Unit provides public health services that include environmental health, nursing services, and the WIC (women, infants, and children) program. 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, Kidder County Public Health 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 Kidder County Health District are listed below. Services marked with an asterisk (*) are provided under a contract with Custer Health District.

- Blood pressure check
- Breastfeeding resources
- Car Seat Program*
- Diabetes screening
- Flu shots

- Health Tracks (child health screening)
- Environmental Health Services*
- Home Health
- Immunizations
- Tobacco Prevention and Control
- WIC (Women, Infants & Children) Program*

Kidder County Community Health Center

Kidder County Community Health Center, located in Steele, is a designated rural health clinic. One midlevel provider and four other staff members provide an array of services.

Opened in 2006, the clinic offers the following services:

- Annual and other physicals
- Chronic illness management
- Diabetes management
- EKGs
- Lab work
- Pulmonary function testing
- Referrals to specialists or therapy
- Treatment of minor injuries and acute illness
- Vaccinations and immunizations
- Well child checkups
- Women's health screenings

Other Community Resources in Kidder County

Kidder County has 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 nine-hole golf course, a disc golf course located in the Four Seasons Community Park, three community parks, and playgrounds. Kidder County also offers a wide array of bird watching, hunting and fishing opportunities.

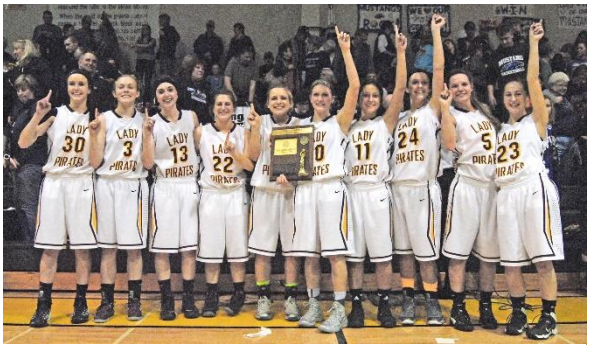


Photo courtesy Steele Ozone & Kidder County Press

The Kidder County school system boasts high national test scores, with students measuring above the national average on all four areas measured on the ACT, as well as a low student-to-teacher ratio of 13 to 1.

Other community resources and programs include:

- A 25-acre recreation facility at the Steele High School that is open for community use. The facility includes a swimming pool, tennis courts, softball and baseball diamonds, a park and playground, a picnic area, a lighted football field, and a hard surface track.
- Senior transportation, through Kidder-Emmons Senior Services.
- A chiropractor and massage therapist.
- A local ambulance service.
- Golden Manor, a 25-bed basic care facility, with a physical therapist located within its facility.

Photo courtesy Steele Ozone & Kidder County Press

- A local pharmacy.
- Senior center locations in Pettibone, Robinson, Steele, and Tuttle, with a variety of services including noon meals, meal delivery to homes, card clubs, and social events.
- An active 4H program and Salvation Army.
- A local newspaper, the *Steele Ozone & Kidder County Press.*

During a focus group session held as part of the assessment process, county residents were asked to identify community assets. With little hesitation and much enthusiasm, group members listed a string of community assets and resources that they see as important to the area. Items mentioned included:

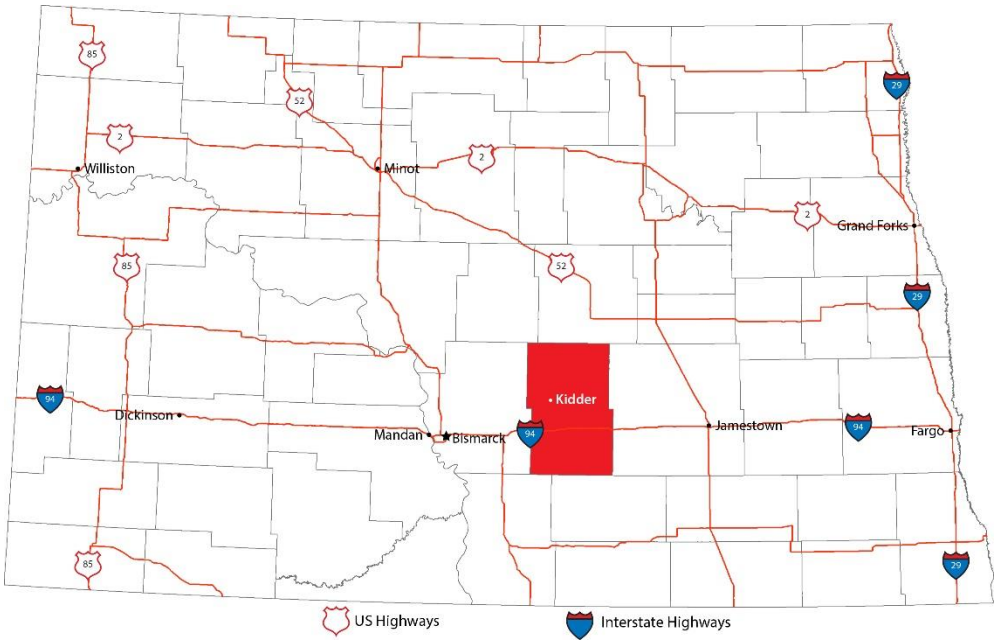
- "Great school, health care, and public health"
- "Easy access to a major highway"
- "Clean air and open spaces"

- "A tight-knit community that comes together"
- "Low crime"
- "Strong faith-based institutions"
- "A central place to meet in each community in the county"
- "Local newspaper"
- "Grocery stores in Dawson, Pettibone, Tuttle, and Steele"
- "Senior housing in Steele and Tuttle"
- "Lakes and outdoor recreation"
- "Golf course"
- "County library"
- "County fair"
- "Tappen Days"
- "Tuttle Days"
- "Winter Fest"
- "Banking facilities in Steele and Robinson"

Assessment Process

This assessment examined health needs and concerns in Kidder County. Steele, the county seat, is located in south-central North Dakota, approximately 40 miles east of Bismarck, the state's capital. Agricultural operations provide the economic base for Steele and Kidder County. According to the 2010 U.S. Census, Kidder County had a population of 2,435, while the city of Steele had a population of 715. Figure 1 illustrates the location of Kidder County in North Dakota.

Figure 1: Kidder County, North Dakota



The Center for Rural Health provided substantial support to Kidder County District Health Unit in conducting this needs assessment. The Center 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. As the federally designated State Office of Rural Health (SORH) for the state and the home to the North Dakota Medicare Rural Hospital Flexibility (Flex) program, the Center connects the School of Medicine and Health Sciences and the University of North Dakota to rural communities and their health institutions to facilitate developing and maintaining rural health delivery systems. In this capacity the Center works both at a national level and at state and community levels.

The assessment process was highly collaborative. The administrator of Kidder County District Health Unit, along with a representative of Bismarck-Burleigh Public Health – the public health unit that covers neighboring Burleigh County – and the regional coordinator from Custer Health were heavily involved in planning and implementing the process. Representatives of Kidder County District Health Unit and Bismarck-Burleigh Public Health collaborated on developing a joint survey instrument that could be used in both counties, since the public health units in both counties were undertaking community needs assessments at the same time. Along with representatives from the Center for Rural Health and Custer Health, they met regularly by telephone conference and via email. The Community Group (described in more detail below) provided in-depth information and informed the assessment in terms of community perceptions, community resources, community needs, and ideas for improving the health of the population and health care services. Representatives from both Kidder County District Health Unit and Custer Health were involved considerably in planning and organizing the Community Group meetings. Members of the Community Group included many residents from outside the health department.

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: (1) a survey solicited feedback from area residents, including health care professionals; (2) community leaders representing the broad interests of the community took part in one-on-one key informant interviews; (3) the Community Group comprised of community leaders and area residents was convened to discuss area health needs and inform the assessment process; and (4) a wide range of secondary sources of data was 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 behaviors.

A collaborative effort that took into account input from health organizations around the state led to the development of the survey instrument used in this assessment. The North Dakota Department of Health's public health liaison organized 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. The collaborative process involved multiple revisions to the template survey instrument that in the end reflected input from all of the constituency groups. Those providing input had diverse opinions on the best way to identify and collect data.

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 and Key Informant Interviews

By serving in a Community Group, as a key informant, or both, 16 community members were afforded the opportunity, in addition to taking a survey, of providing in-depth insights and community information to help inform the assessment. A Community Group representing many facets of the community was convened and first met on July 15, 2014. During this first Community Group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about Kidder 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 September 24, 2014. At this second meeting the 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 Kidder County. The group was then tasked with identifying and prioritizing the community's health needs as well as brainstorming strategies to help meet prioritized needs.

Members of the Community Group represented the broad interests of the community served by Kidder County District Health Unit. They included representatives of local health services, social service agencies, and the faith community. Not all members of the group were present at both meetings.

One-on-one interviews with key informants from Kidder County were conducted in person in Steele and Bismarck on July 14, 15, and 16, 2014 and by telephone on July 18 and 21, 2014. A representative 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 needs of the community, the general health of the community, community concerns, delivery of

health care by local providers and health organizations, 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.

The survey was distributed to various residents of Kidder 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 the use of local health services and preventive health care.

Specifically, the survey covered the following topics: residents' perceptions about community assets and challenges, levels of collaboration within the community, broad areas of community and health concerns, need for health services, awareness of available health services, barriers to using local health care, preferences for using local health care versus traveling to other facilities, travel time to their clinic and hospital, use of preventive care, use of public health services, suggestions to improve community health, and basic demographic information.

Approximately 600 community member surveys were available for distribution in Kidder County and rural Burleigh County. The surveys were distributed by Community Group members, at local health care facilities, though Custer Health, and at other local public venues. A representative of Custer Health distributed a large number of surveys at the Kidder County Fair. 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, residents also could request a survey by calling Kidder County District Health Unit or Custer Health. The survey period ran from July 1 to August 15, 2014. Forty-nine completed paper surveys from Kidder County were returned.

Area residents also were given the option of completing an online version of the survey. Thirty-four online surveys were completed. In total, counting both paper and online

surveys, 83 Kidder County surveys were completed.[1] Copies of the survey instruments, both the paper and online versions, are included in Appendix A.

Secondary Data

Secondary data was collected and analyzed to provide descriptions of: (1) population demographics, (2) general health issues (including any population groups with particular health issues), and (3) contributing causes of community health issues. Data were collected from a variety of sources including the U.S. Census Bureau; the North Dakota Department of Health; the Robert Wood Johnson Foundation's County Health Rankings (which pulls data from 20 primary data sources); the National Survey of Children's Health Data Resource Center; the Centers for Disease Control and Prevention; the North Dakota Behavioral Risk Factor Surveillance System; and the National Center for Health Statistics.

[1] The same survey also was available to residents of neighboring Burleigh County, where the same assessment team conducted a similar assessment of the rural portion of Burleigh County. Survey-takers were asked to identify their county of residence. In total, 114 surveys were completed, with 83 from Kidder County and 31 from Burleigh County. This report includes results only from Kidder County.

Demographic Information

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

TABLE 1: KIDDER COUNTY: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2012 American Community Survey; more recent estimates used where available)		
	Kidder County	**North Dakota**
Population, 2013 est.	**2,428**	**723,393**
Population change, 2010-2013	**-0.3%**	**7.6%**
Land area, square miles	**1,351**	**69,001**
People per square mile, 2010	**1.8**	**9.7**
White persons (not incl. Hispanic/Latino), 2013 est.	**94.0%**	**87.3%**
Persons under 18 years, 2013 est.	**20.8%**	**22.5%**
Persons 65 years or older, 2013 est.	**20.9%**	**14.2%**
Median age, 2012 est.	**48.5**	**36.9**
Non-English spoken at home, 2012 est.	**5.4%**	**5.2%**
High school graduates, 2012 est.	**82.3%**	**90.5%**
Bachelor's degree or higher, 2012 est.	**18.4%**	**27.1%**
Live below poverty line, 2012 est.	**13.7%**	**12.1%**

While the population of North Dakota has grown in recent years, Kidder County has seen a slight decrease in population since 2010, although U.S. Census Bureau estimates show that the county's population increased from 2012 (2,343) to 2013 (2,428). Demographic information and trends that have implications for the community's health and the delivery of health care include:

- A rate of people aged 65 and older that is well above the state average indicates an increased need for health care services.
- A rate of residents with at least a bachelor's degree that is well below the state rate may have health care workforce implications.
- A very low population density, meaning emergency medical services face challenges in responding to emergencies with a small population that is dispersed over a large area.

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, Kidder 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 2014 County Health Rankings are pulled from more than 20 data sources and then are analyzed 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 2014 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.

Health Outcomes
- Length of life
- Quality of life

Health Factors
- Health Behavior
  - Smoking
  - Diet and exercise
  - Alcohol and drug use
  - Sexual activity
- Clinical Care
  - Access to care
  - Quality of care

Health Factors (continued)
- Social and Economic Factors
  - Education
  - Employment
  - Income
  - Family and social support
  - Community safety
- Physical Environment
  - Air and water quality
  - Housing and transit

Table 2 summarizes the pertinent information gathered by County Health Rankings as it relates to Kidder 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.

For most of the measures included in the rankings, the County Health Rankings' authors have calculated the "Top U.S. Performers" for 2014. 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). Kidder County's rankings within the state also are included in the summary below: Kidder County ranks 25th out of 45 ranked counties in North Dakota on health outcomes and 40th on health factors.

The measures marked with a red checkmark (✓) in Table 2 are those where Kidder County is not measuring up to the state rate; a blue checkmark (✓) indicates that the county is faring better than the North Dakota average, but not meeting the U.S. Top 10% rate. Measures marked with a smiling icon (☺) indicate that the county is ranked in the Top 10% of counties nationally on that indicator.

✓ = Not meeting North Dakota average

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

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

TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS* – KIDDER COUNTY

	Kidder County	U.S. Top 10%	North Dakota
Ranking: Outcomes	**25th**		**(of 45)**
Premature death	N/A	5,317	6,244
Poor or fair health	13% ✓✓	10%	12%
Poor physical health days (in past 30 days)	1.7 ☺	2.5	2.7
Poor mental health days (in past 30 days)	2.3 ☺	2.4	2.4
Low birth weight	N/A	6.0%	6.6%
% Diabetic	10% ✓	-	8%
Ranking: Factors	**40th**		**(of 45)**
Health Behaviors			
Adult smoking	15% ✓	14%	18%
Adult obesity	33% ✓✓	25%	30%
Food environment index	5.3 ✓✓	8.7	8.7
Physical inactivity	30% ✓✓	21%	26%
Access to exercise opportunities	6% ✓✓	85%	62%
Excessive drinking	19% ✓	10%	22%
Alcohol-impaired driving deaths	44% ✓	14%	46%
Sexually transmitted infections	N/A	123	358
Teen birth rate	25 ✓	20	28
Clinical Care			
Uninsured	16% ✓✓	11%	12%
Primary care physicians	N/A	1,051:1	1,320:1
Dentists	2,426:0 ✓✓	1,392:1	1,749:1
Mental health providers	N/A	521:1	1,033:1
Preventable hospital stays	N/A	46	59
Diabetic screening	82% ✓✓	90%	86%
Mammography screening	63% ✓✓	71%	68%
Social and Economic Factors			
Unemployment	6.2% ✓✓	4.4%	3.1%
Children in poverty	20% ✓✓	13%	14%
Inadequate social support	12% ☺	14%	16%
Children in single-parent households	22% ✓	20%	26%
Violent crime	84 ✓	64	226
Injury deaths	N/A	49	63
Physical Environment			
Air pollution – particulate matter	9.7 ✓	9.5	10.0
Drinking water violations	0% ☺	0%	1%
Severe housing problems	7% ☺	9%	11%

The data from County Health Rankings show that Kidder County is doing well as compared to the rest of North Dakota on measures of health *outcomes*, even landing in the top performing 10% of counties nationally of self-reported measures of physical and mental health. On health *factors*, however, Kidder County is doing more poorly than other North Dakota counties on half of the examined measures. Kidder County lags the state on all reported measures except adult smoking, excessive drinking, alcohol impaired driving deaths, teen birth rate, inadequate social support, children in single-parent households, violent crime, air pollution, drinking water violations, and severe housing problems. Kidder County's unemployment rate is double North Dakota's rate.

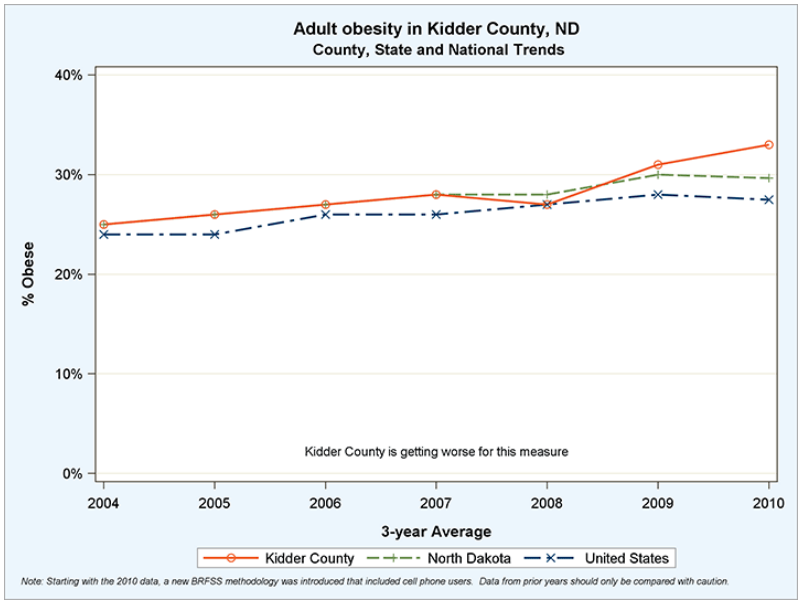
It should be noted that County Health Rankings lacked sufficient data to report on premature deaths, low birth weight, sexually transmitted infections, preventable hospital stays, injury deaths, sufficiency of primary care physicians, and sufficiency of mental health providers. The fact that data are not included for these measures should not be interpreted to mean that these are not concerning issues in the county.

In comparison to the rest of the state, some of the measures are particularly concerning:

- Access to exercise opportunities – the percentage of individuals who live reasonably close to a physical activity site is nearly 60% lower than the North Dakota average
- Children in poverty – six points above the state rate

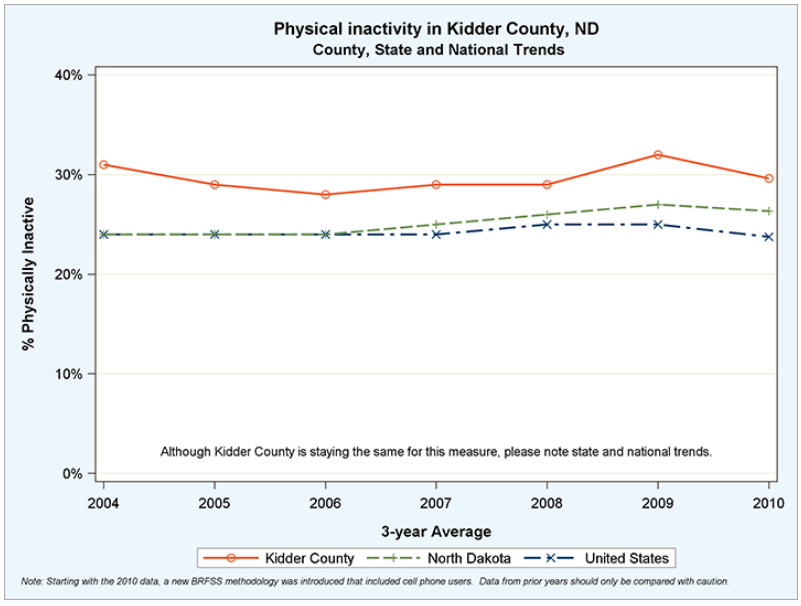
In addition to the reported rates and levels of some of these measures, also concerning are the trends indicating that several measures are getting worse. For example, as shown in Figure 2, the adult obesity rate has increased considerably since 2004 and has a rate higher than the state and national averages.

Figure 2 – Rising rate of adult obesity



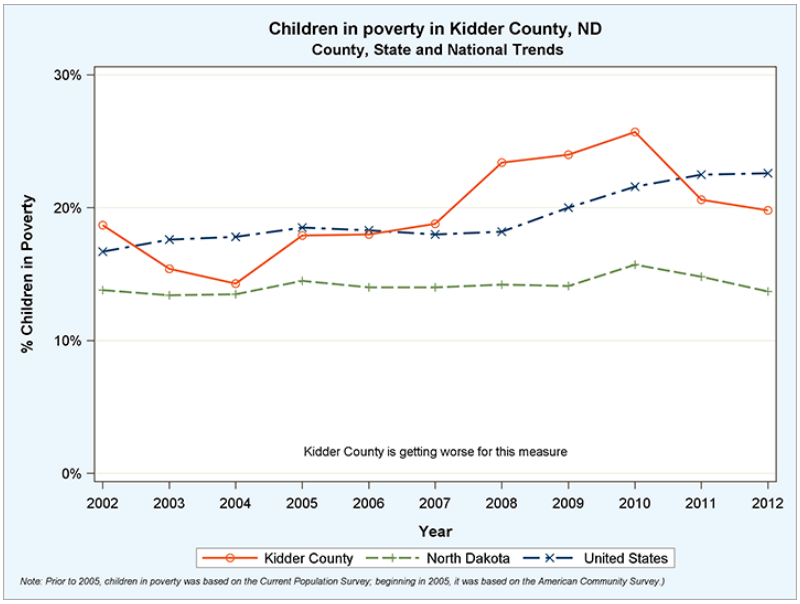
While the rate of adult inactivity has seen a slight decrease over the most recent year reported in trend data, the overall rate is still higher than both the state and national averages, as illustrated in Figure 3.

Figure 3 –Rate of physical inactivity



The rate of children in poverty has fluctuated quite drastically since 2002 in Kidder County. While it is lower than the national average, it is higher than the state average, as shown in Figure 4.

Figure 4 – Fluctuating rate of children in poverty



Public Health Community Health Profile

Included as Appendix C is the North Dakota Department of Health's community health profile for the Kidder County health district. Prepared by the North Dakota Department of Health, the profile includes county-level information about population and demographic characteristics, birth and death data, behavioral risk factors, crime, and child health indicators. In Kidder County, the most commonly reported causes of death were cancer, heart disease, stroke, unintentional injury, and Alzheimer's disease. A graph illustrating leading causes of death in various age groups in the public health unit may be found in Appendix C.

With regard to adult behavioral risk factors, in comparison to North Dakota Kidder County had lower rates of chronic joint symptoms, but significantly higher rates of not wearing a seatbelt, tooth loss, not having a personal medical provider, obesity, and being overweight.

The health profile also revealed that Kidder County had higher rates than state averages of married people and people with disabilities. The county had a comparatively lower birth rate, had generally older housing units, and had a lower median household income. Kidder County reported substantially lower rates of violent crime and property crime compared to the state averages.

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 reveals 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
- Children with health insurance
- Preventive primary care and dentist visits
- Developmental/behavioral screening
- Children in smoking households

Importantly, more than one in five of the state's children are not receiving an annual preventive medical visit or a preventive dental visit. Lack of preventive care now affects these children's future health status.

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 on which Kidder County is doing worse than the state average. The year of the most recent data is noted.

The data show that Kidder County is performing worse than the North Dakota average on all of the examined measures except the rate of high school dropouts. The most marked differences were on the measures of: children enrolled in Health Steps, North Dakota's Children's Health Insurance Program (CHIP) (with a county rate nearly four times the state rate); uninsured children in households below the 200% poverty rate; Uninsured children; and availability of licensed child daycare (with less than one-fourth the state's average capacity).

TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN'S HEALTH

	Kidder County	**North Dakota**
Uninsured children (% of population age 0-18), 2012	**12.3%**	7.3%
Uninsured children below 200% of poverty (% of population), 2012	**57.8%**	51.9%
Medicaid recipient (% of population age 0-20), 2013	**28.4%**	28.0%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	**9.9%**	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2012	**24.0%**	23.0%
Licensed child care capacity (% of population age 0-13), 2014	**7.2%**	40.0%
High school dropouts (% of grade 9-12 enrollment), 2013	**2.5%**	2.8%

Survey Results

As noted above, 83 community members took the written survey throughout the county, covering at least five zip codes. Survey results are reported in seven categories: demographics; health care access; community assets, challenges, and collaboration; community concerns; delivery of health care; preventive care and public health services; and other concerns or suggestions to improve health.

Survey Demographics

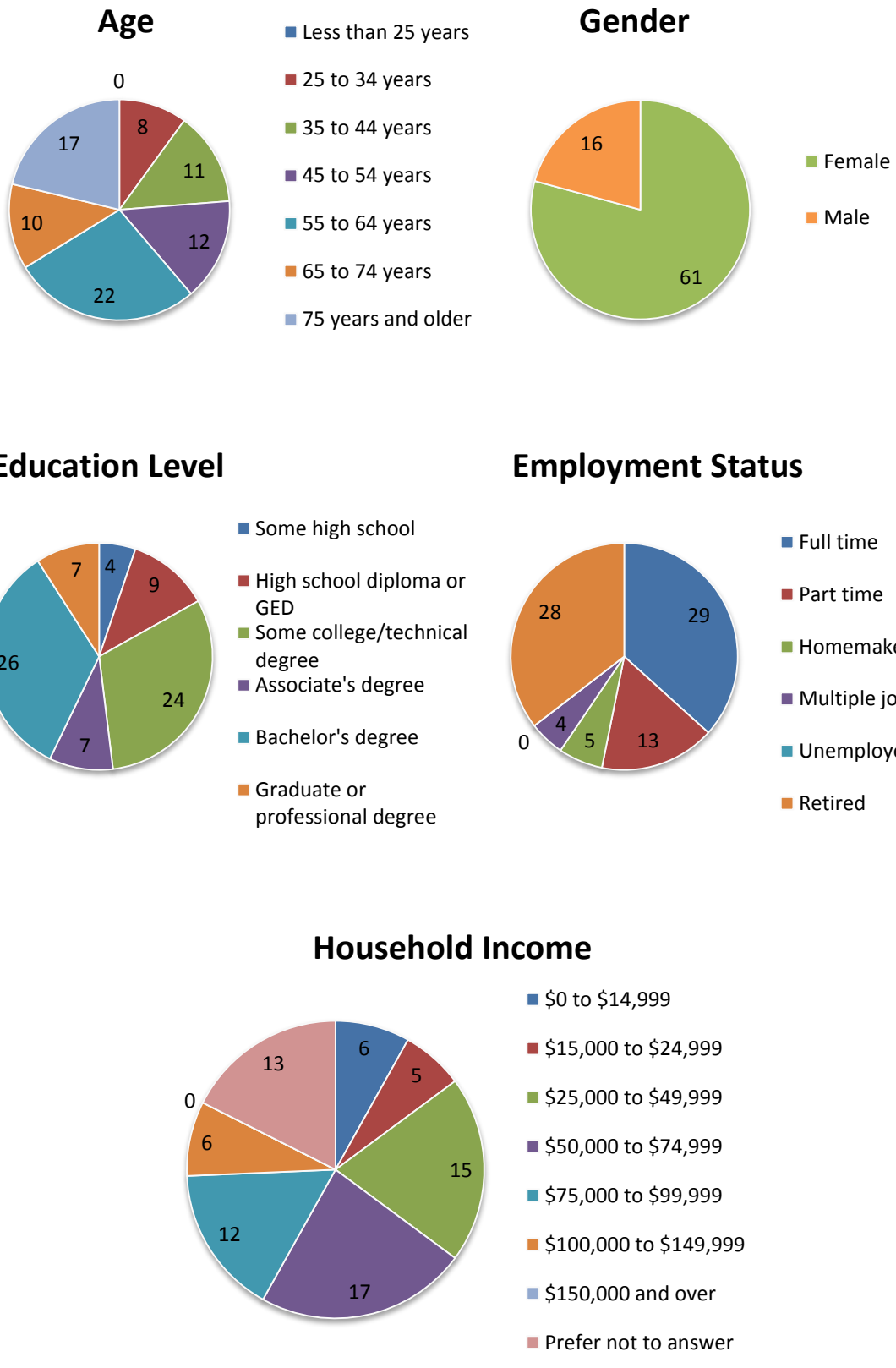
To better understand the perspectives being offered by survey respondents, survey-takers were asked a few demographic questions. Throughout this report, numbers (N) instead of percentages (%) are reported because percentages can be misleading with smaller sample sizes. Survey respondents were not required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

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

- More than 60% (N=49) were aged 55 or older, although there was a fairly even distribution of ages.
- A large majority (N=61) were female.
- A slight majority (N=40) had associate's degrees or higher, with a plurality of respondents (N=26) having bachelor's degrees.
- Most worked full-time (N=29) or were retired (N=28).
- A minority of respondents (N=26) had household incomes of less than $50,000.

Figure 5 shows these demographic characteristics Of those who provided a household income, 11 community members reported a household income of less than $25,000, with six of those indicating a household income of less than $15,000.

Figure 5: Demographics of Survey-Takers



Health Care Access

Community members were asked how far they lived from the hospital and clinic they usually go to. A large plurality (N=58) reported living 31 to 60 minutes from the hospital they usually go to, while 18 respondents indicated they live more than an hour from the hospital they usually go to. Driving distances, along with lack of transportation options, can have a major effect on access to health care services, especially in winter when weather conditions may lead to hazardous driving conditions. With respect to distance to respondents' clinic of choice, a slight majority (N=42) said they lived within 30 minutes from the clinic. Twelve reported driving more than an hour to the clinic they usually go to. Figures 6 and 7 illustrate these results.

Figure 6: Respondent Travel Time to Hospital

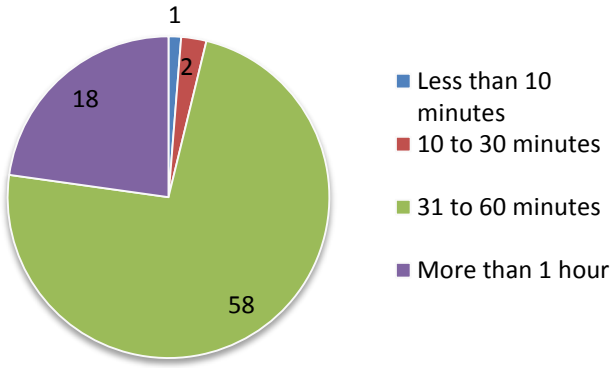
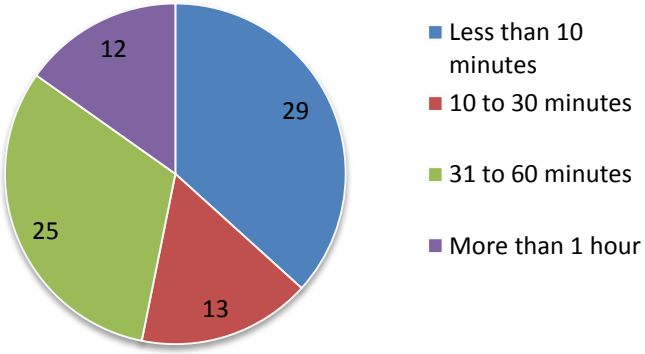
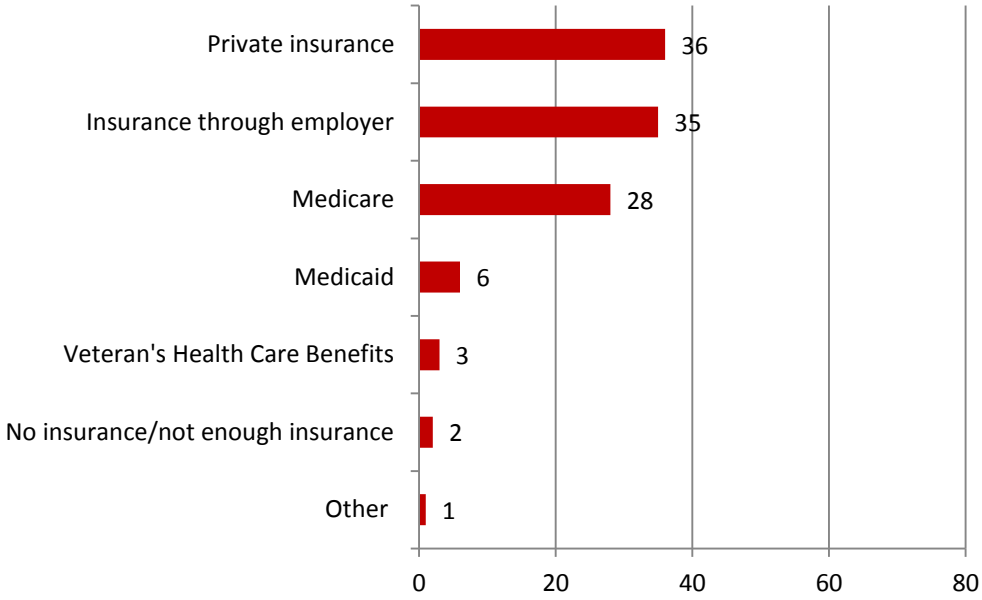


Figure 7: Respondent Travel Time to Clinic



Community members also were asked what, if any, health insurance they have. Health insurance status often is associated with whether people have access to health care. Two of the respondents reported having no health insurance or being under-insured. The most common insurance types, as illustrated in Figure 8, were private insurance (N=36), insurance through one's employer (N=35), and Medicare (N=28).

Figure 8: 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, geographic setting, and activities. In each category, respondents were given a list of choices and asked to pick the top three. Respondents occasionally chose less than three or more than three choices within each category. The results indicate there is consensus (with 50 or more respondents agreeing) that community assets include:

- friendly and helpful people (N=69)
- a safe place to live (N=68)
- family-friendly (N=67)
- the cleanliness of the area (N=60)
- quality school systems and programs for youth (N=59)
- small size and scale of community (N=59)
- health care (N=55)
- feeling connected to people who live here (N=53)

Figures 9 to 13 illustrate the results of these questions.

Figure 9: Best Things about the PEOPLE in Your Community

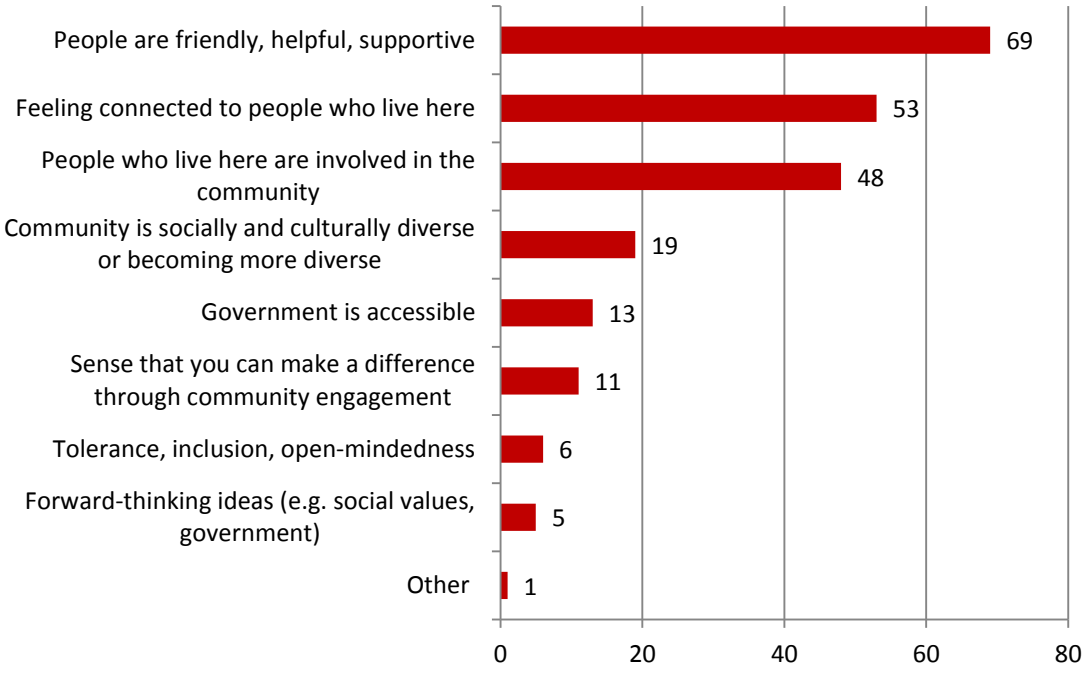


Figure 10: Best Things about the SERVICES AND RESOURCES in Your Community

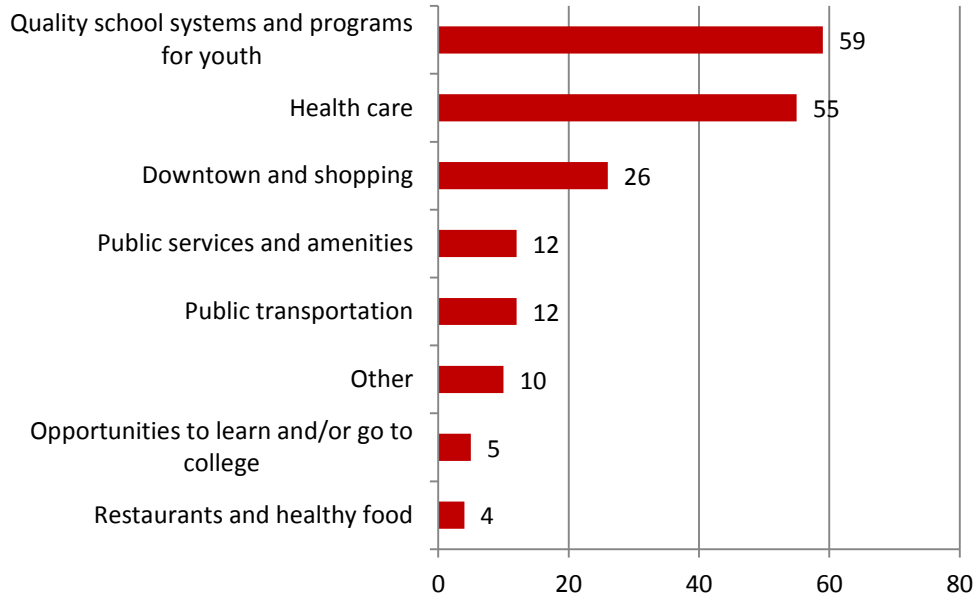


Figure 11: Best Things about the QUALITY OF LIFE in Your Community

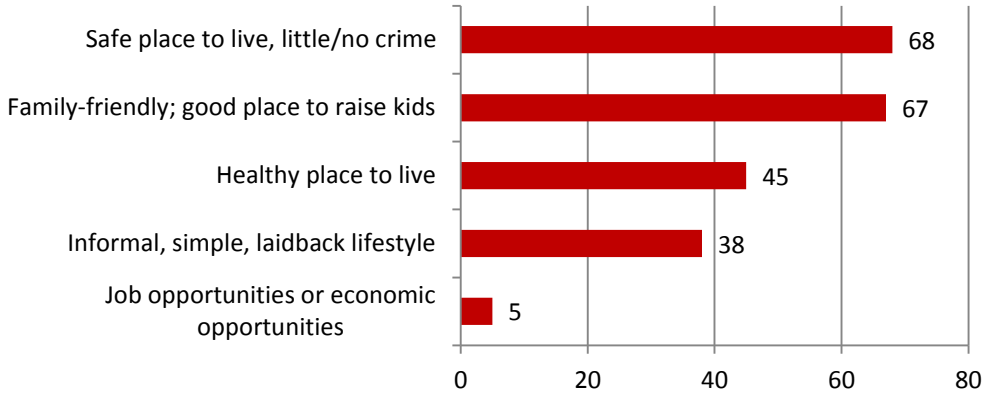


Figure 12: Best Things about the GEOGRAPHIC SETTING of Your Community

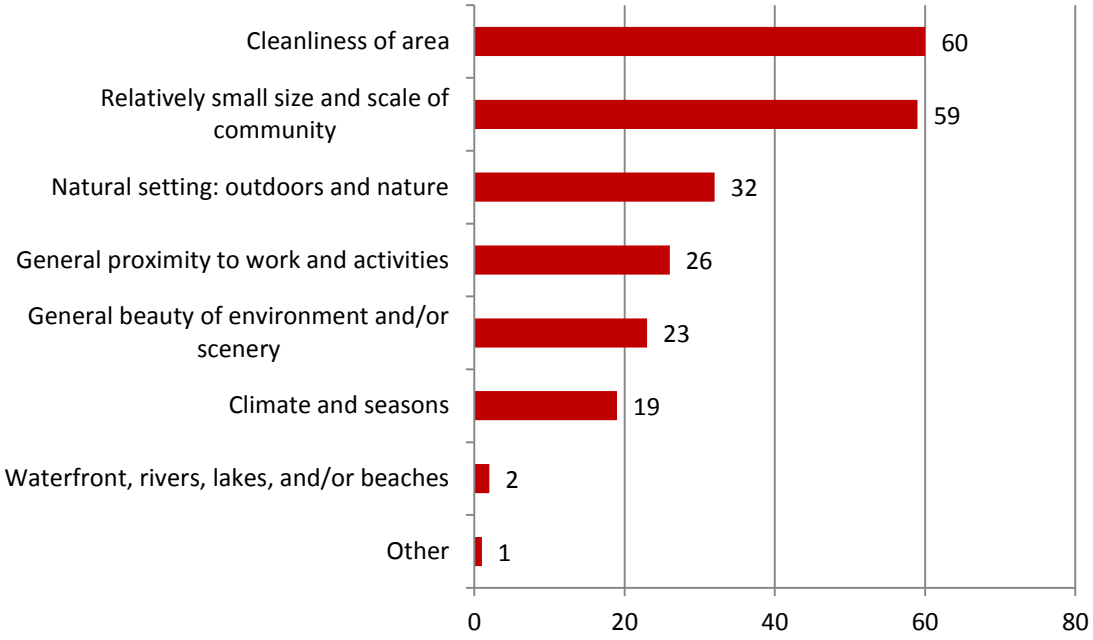
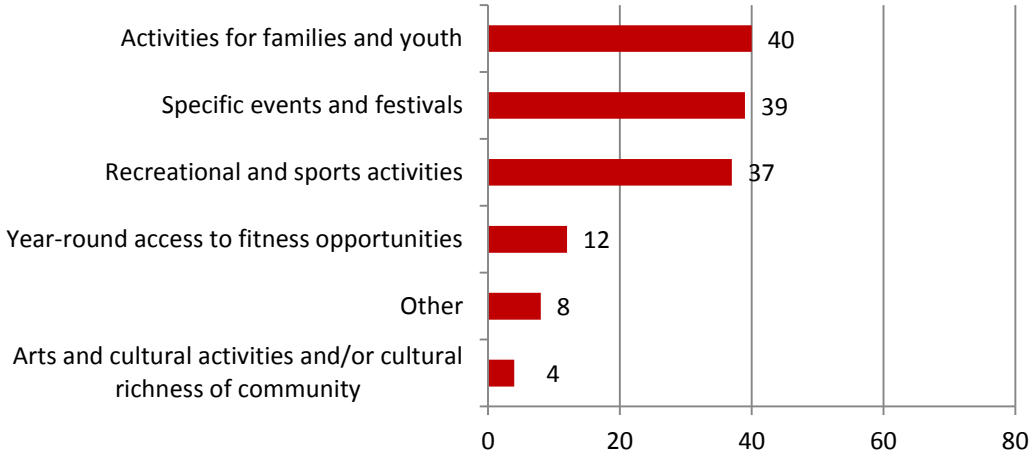


Figure 13: Best Thing about the ACTIVITIES in Your Community



The survey also included the question, "What are other 'best things' about your community that are not listed in the questions above?" The most common response (N=6) revolved around the friendliness of the community's people and the sense of a caring place. Next most common (N=3) was a mention of the number and variety of active churches in the community. Also cited were: good health services (N=3), and the positive aspects of outdoor activities (N=2). Specific responses included:

- It's a great place to raise a family and start a new business.
- Communities within county work together to solve problems. Residents willing to help people in need.
- People are friendly and are easy to visit and get along with.
- We know most of the people living in our area and feel like a close knit family. Health services are friendly and often go out of their way to help.
- Kidder County is an excellent place for hunting, fishing, and bird watching. Our county museum is step back in time to visit the rich cultural history we have here.

In another open-ended question, residents were asked, "What are the major challenges facing your community?" Forty-nine respondents supplied answers. The most common responses related to a perceived lack of affordable housing (N=10) and limited availability of jobs, especially well-paying jobs (N=10). Other commonly cited challenges include:

- lack of daycare providers/services/facility (N=9);
- lack of activities/distance from entertainment (N=8);
- limited health care services (including distance) (N=7);
- need a restaurant or food establishment (N=5);

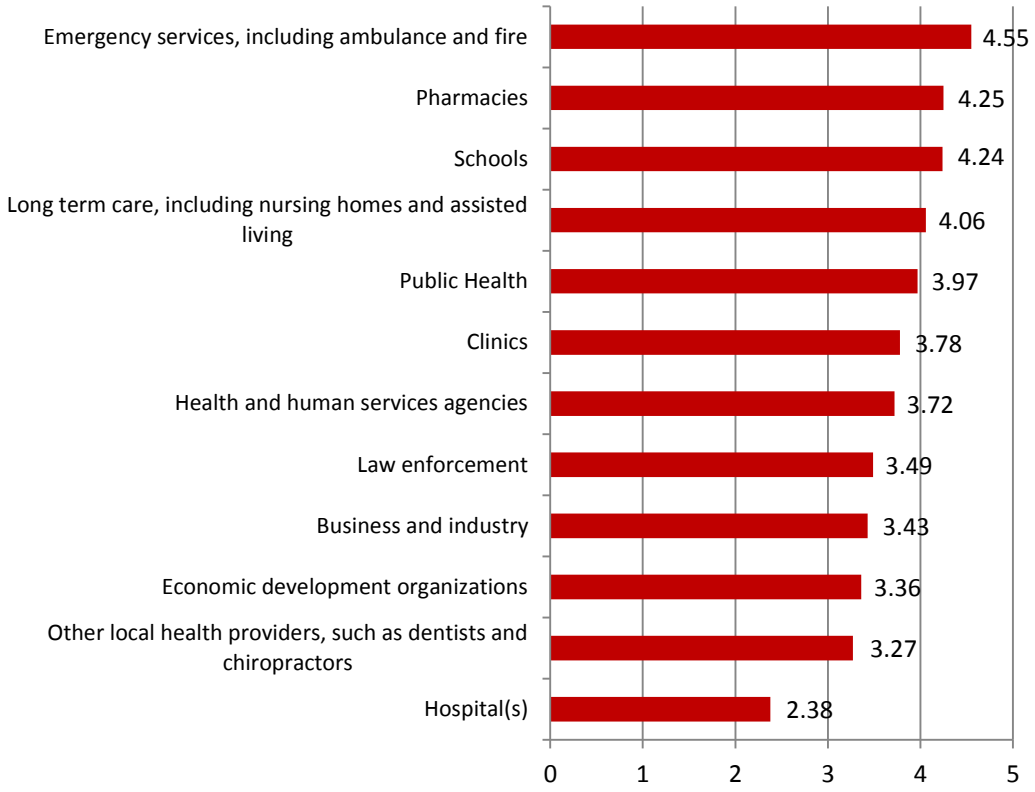
- lack of services for aging population (N=3).

Specific comments provide some insights into the reasoning behind these issues being singled out as community challenges:

- There's nothing to attract young people, especially good-paying jobs.
- Minimal to no available housing. Minimal daycare for infant/toddler. Low wage jobs.
- Not close to medical, stores, entertainment. It's close to 1.5 hours to get to downtown Bismarck or Jamestown for groceries or medical.
- We need job opportunities for those who cannot commute 40 minutes to work in Bismarck.
- We need activities for youth and adults, appropriate healthcare facilities, and places for adults to exercise.
- We need a daycare facility and a year-round restaurant. We could use a hardware store, and the clinic could use an x-ray machine.
- There are not enough people. It's getting farther and farther away from everything, from entertainment to doctors to groceries.

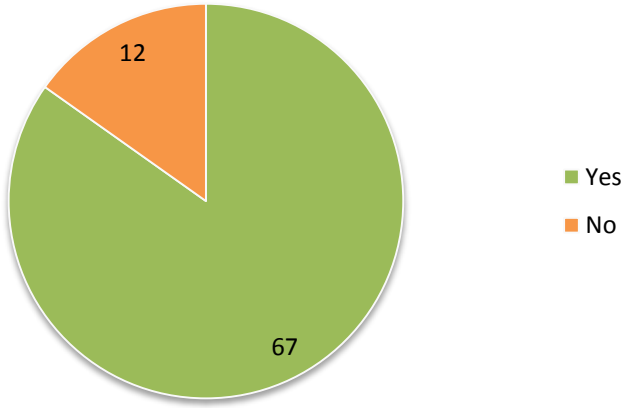
When it comes to community perceptions about collaboration among various organizations and constituencies in the community, the survey results reveal that there is room for improvement among some groups. Respondents were asked to rate the level of collaboration, or "how well these groups work with others in the community," on a scale of 1 to 5. The results show that residents perceived emergency services, pharmacies, and schools as having the most effective collaboration with other community stakeholders. Groups that were perceived as needing improvement in collaborating included hospitals, other local health providers, economic development organizations, and business and industry. Figure 14, in which a higher number represents better perceived collaboration, shows these results.

Figure 14: Community Collaboration



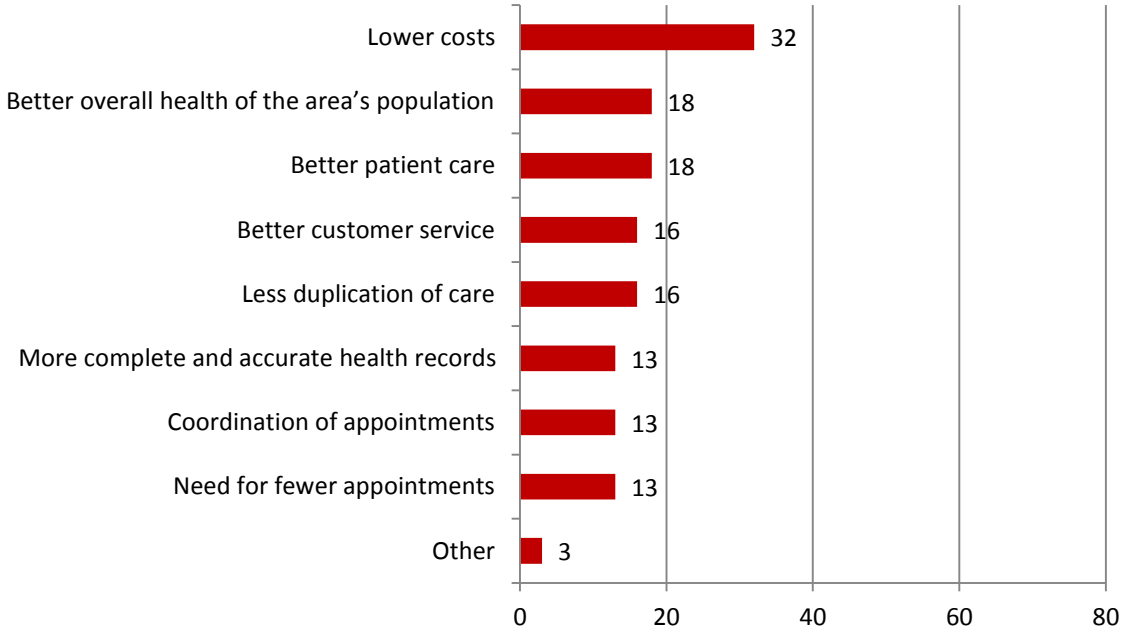
Survey-takers were asked whether they believe health-related organizations in the community are working together to improve the overall health of the area population. As shown in Figure 15, by a wide margin residents answered this question in the affirmative.

Figure 15: Coordination to Improve Overall Population Health



To better understand residents' perceptions about better coordination and collaboration among health care organizations, they were asked what they thought would result from health entities working together. As shown in Figure 16, by a wide margin residents believed "lower costs" would result from improved collaboration. The next two most popular responses were "better overall health of the area's population" and "better patient care."

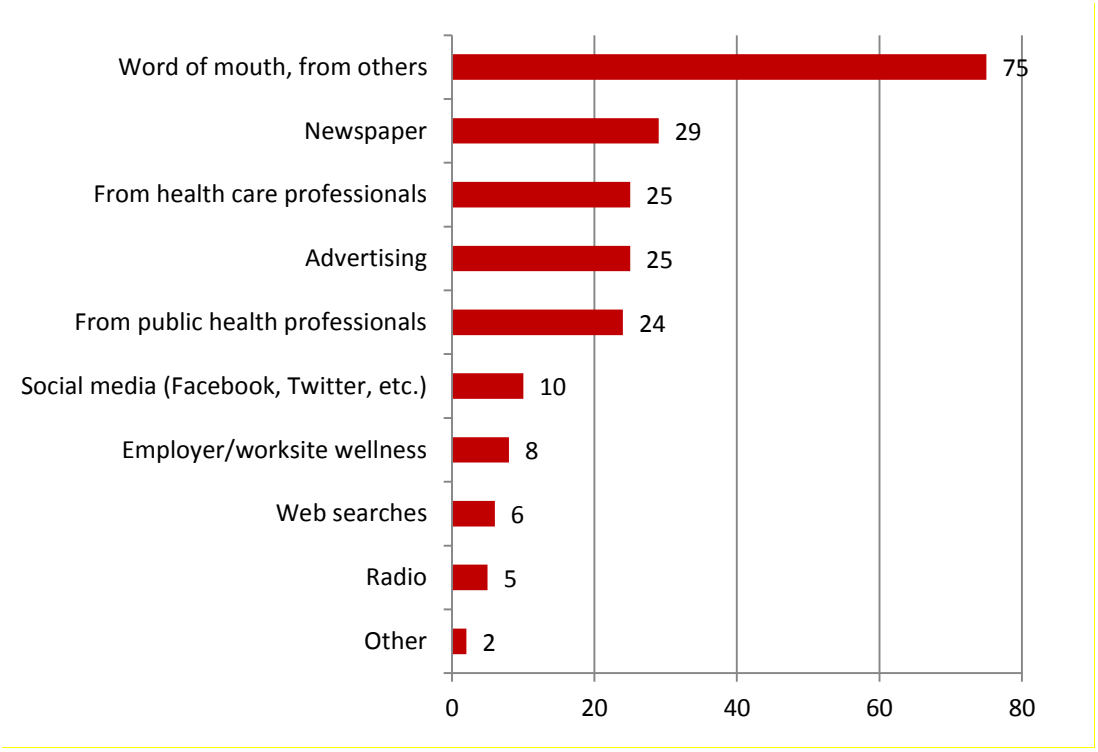
Figure 16: Potential Effects of Improved Collaboration among Health Entities



Residents also were asked if they had any suggestions for ways that health-related organizations could work together to provide better services and improve overall health in the area. Twenty-one respondents offered suggestions. The most common response (N=4) was a recommendation for improved collaboration among health care organizations and providers, including specifically working better with public health, improved collaboration with providers in Bismarck, and periodic meetings and events among local providers of all services to foster better collaboration and an understanding of what others in the community do. Other suggestions made by more than one respondent included: health education outreach, such as exercise education and diabetes education (N=3), and improving local services (N=3), with specific concerns voiced about billing, customer service, and lack of evening hours at the local clinic, as well as a request for local public health to offer more services to rural residents.

The survey revealed that, by a large margin, residents learned about available health services through word of mouth from, for example, friends, family, co-workers, and neighbors. Other common sources of information about health services included the newspaper, from those working in health care, advertising, and from public health professionals. Figure 17 illustrates these results.

Figure 17: Sources of Information about Health Care Services



Community Concerns

At the heart of the survey was a section in which survey-takers were asked to review a wide array of potential community and health concerns in five categories and rank them each on a scale of 1 to 5, with 5 being more of a concern and 1 being less of a concern. The five categories of potential concerns were:

- community/environmental concerns
- concerns about health services
- physical, mental health, and substance abuse concerns
- concerns specific to youth and children
- concerns about the aging population

Echoing respondents' comments in the survey question about community challenges, the most highly ranked concerns were not enough child daycare services (4.10 on a scale of 5.0). These issues stood out as the most important community/environmental concerns. The issues that had a mean ranking on the 1-to-5 scale of at least 3.8 include:

- availability of resources to help the elderly stay in their homes (3.97)
- availability of resources for family and friends caring for elders (3.95)
- being able to meet needs of older population (3.9)
- cost of health care insurance (3.84)
- not enough affordable housing (3.83)
- long-term/nursing home care options (3.83)

Of these top seven needs, four of them are from the category of "concerns about the aging population," a category that included only six potential needs. At the same time, the top seven needs included *none* of the potential needs listed in the categories of "physical health, mental health, and substance abuse concerns (adult)," or "concerns specific to youth and children." There is little doubt that survey-takers viewed concerns about the region's older population as paramount.

Figures 18 through 22 illustrate these results.

Figure 18: Community/Environmental Concerns

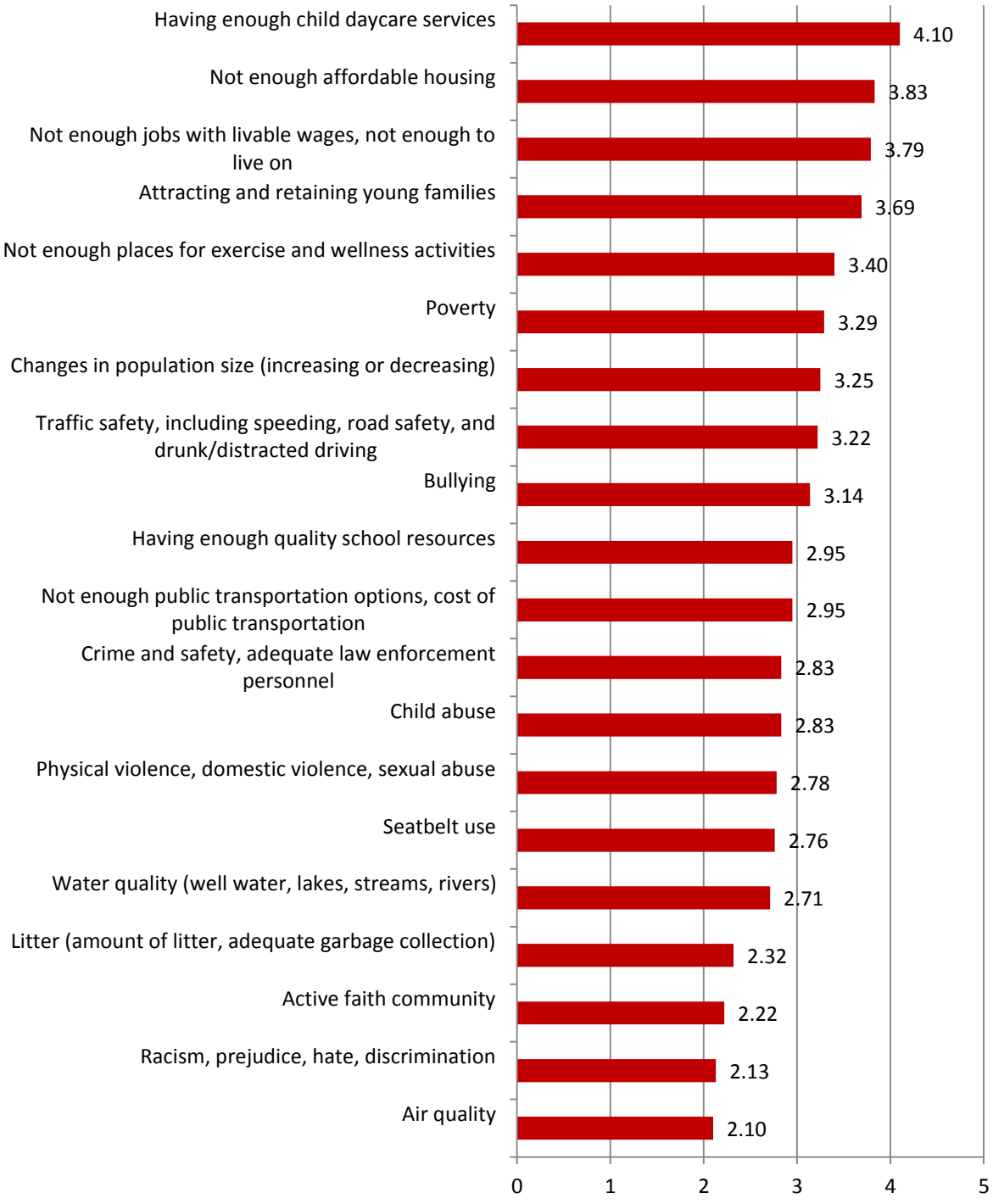


Figure 19: Concerns about Health Services

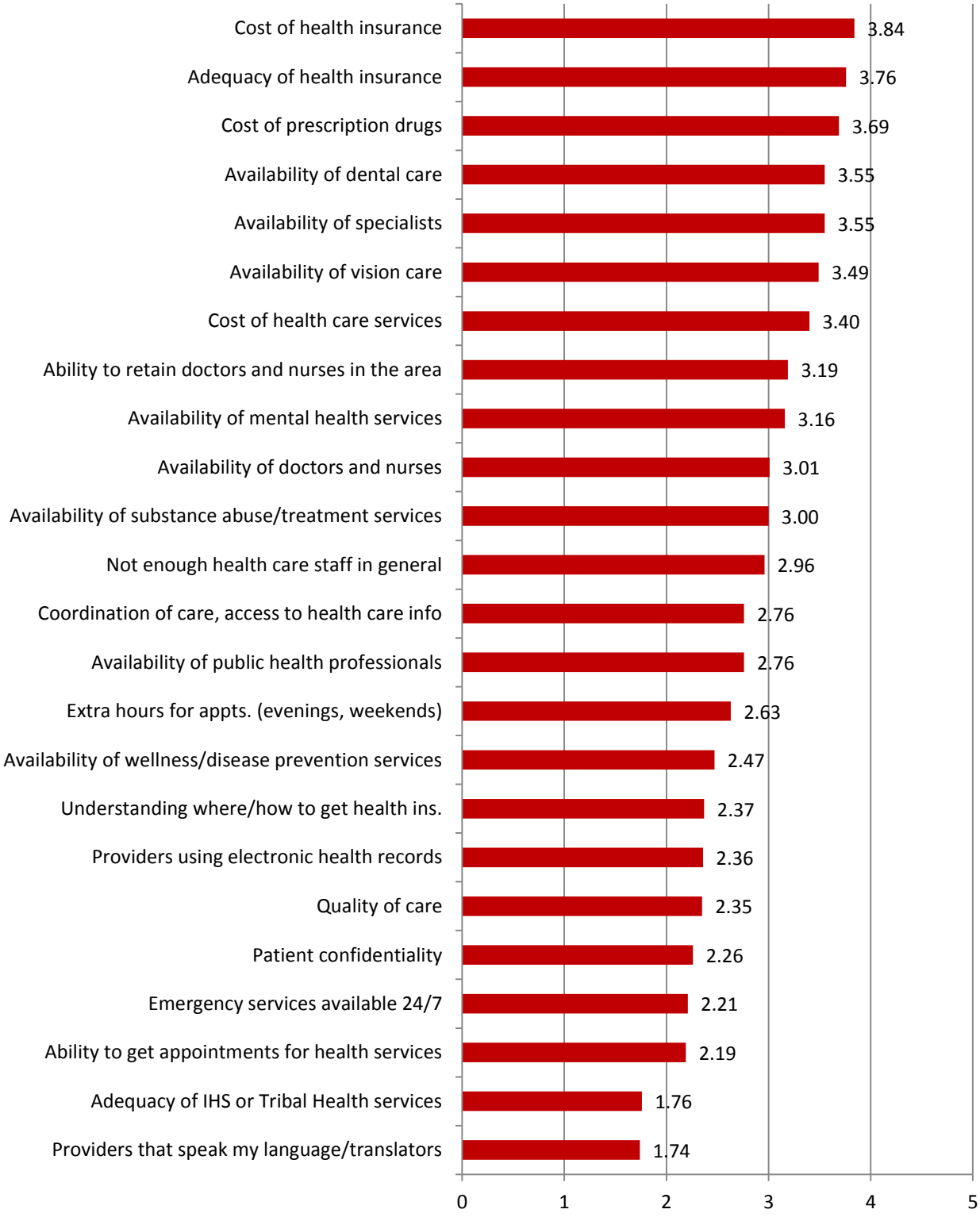


Figure 20: Physical, Mental Health, and Substance Abuse Concerns

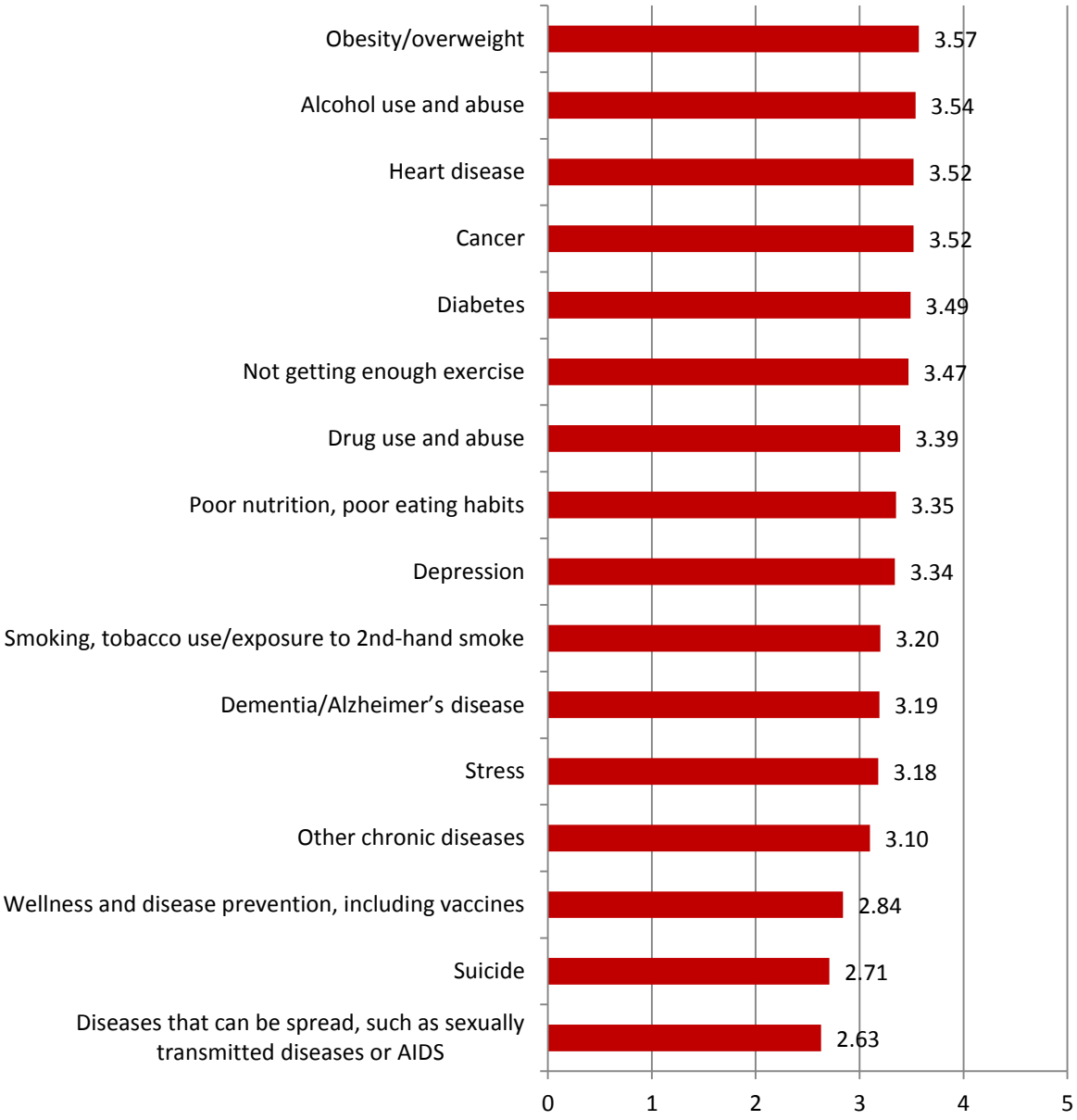


Figure 21: Concerns Specific to Youth and Children

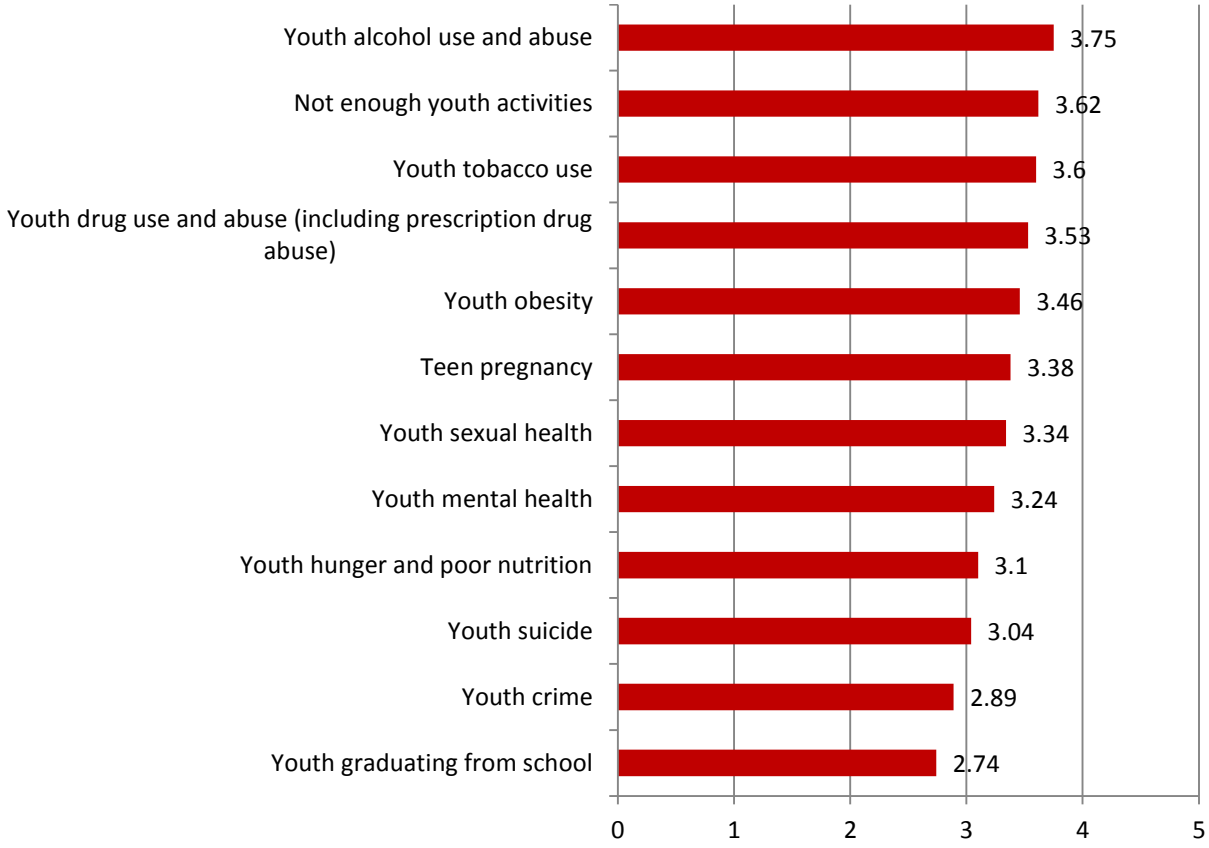
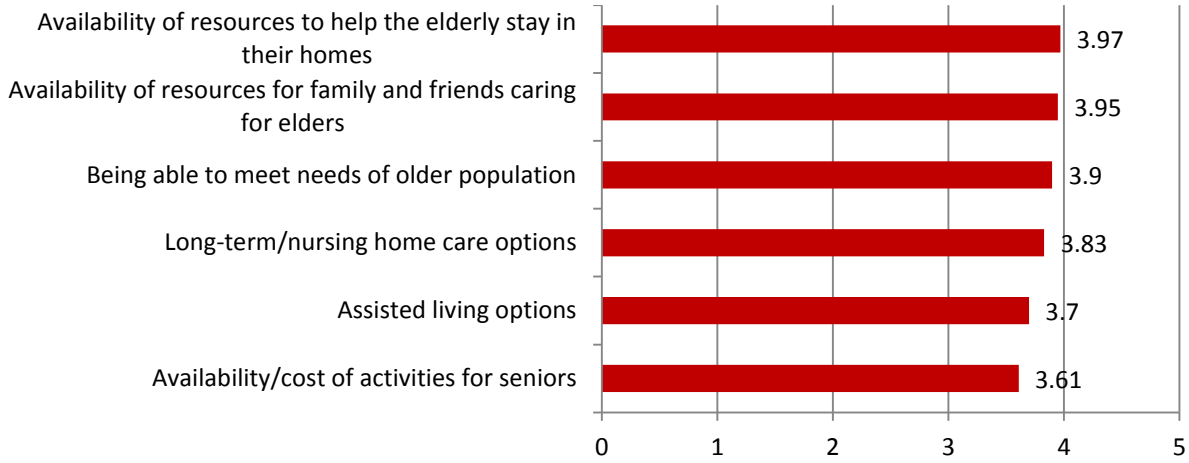


Figure 22: Concerns about the Aging Population



Delivery of Health Care

The survey asked community members why they seek health care services close to home and why they go out of the area for health care needs. Respondents were allowed to choose multiple reasons.

Proximity (N=62) and convenience (N=57) topped the list of reasons that residents sought care locally, with familiarity with providers (N=42) also garnering a substantial number of responses.

With respect to the reasons community members seek health care services out of the area, the primary motivator for seeking care elsewhere was, by a considerable margin, to access a needed specialist (N=64). Other oft-cited reasons for seeking care elsewhere were open at convenient times (N=39) and for high quality of care (N=32). These results are illustrated in Figures 23 and 24.

Figure 23: Reasons Community Members Seek Health Care Services Close to Home

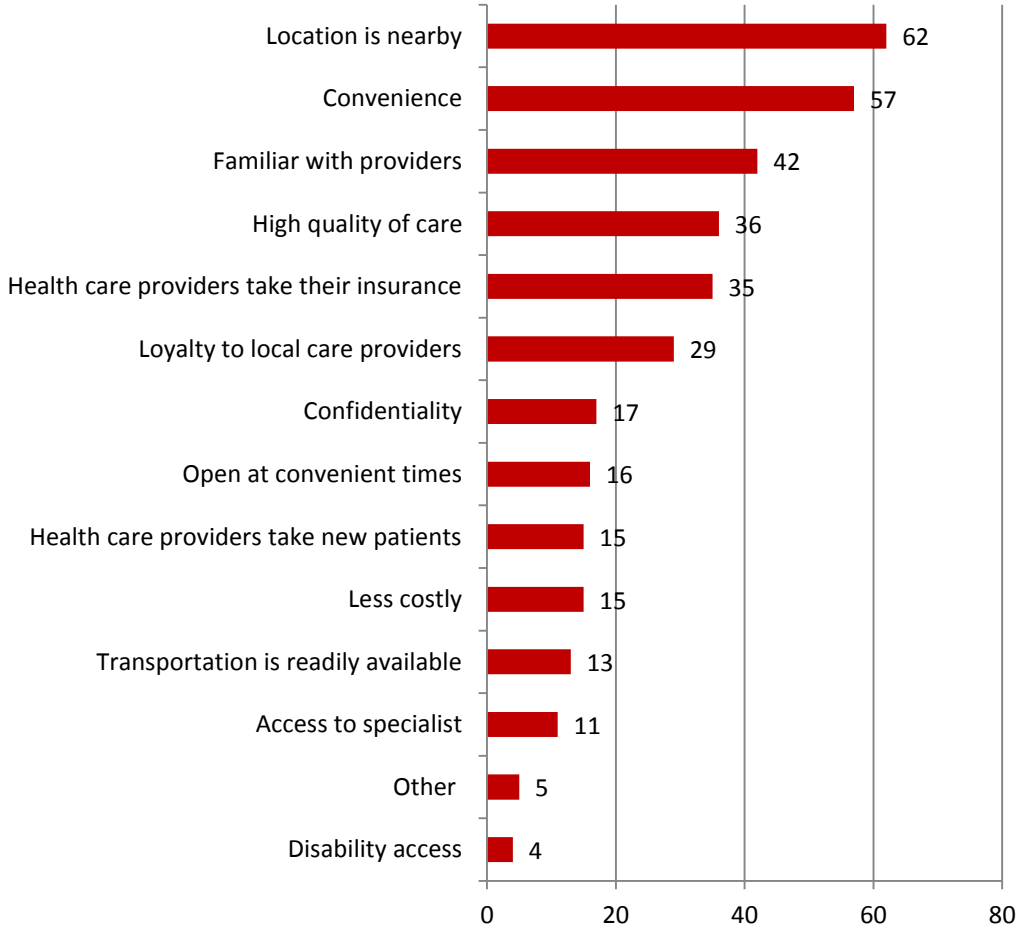
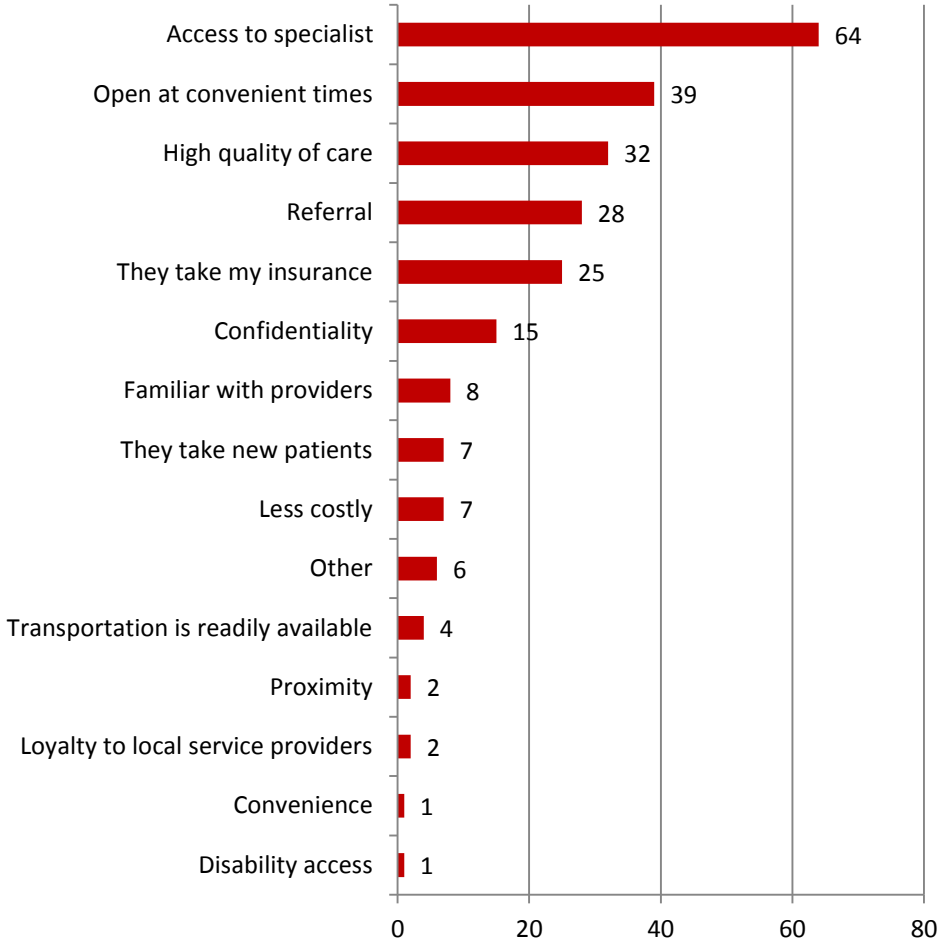


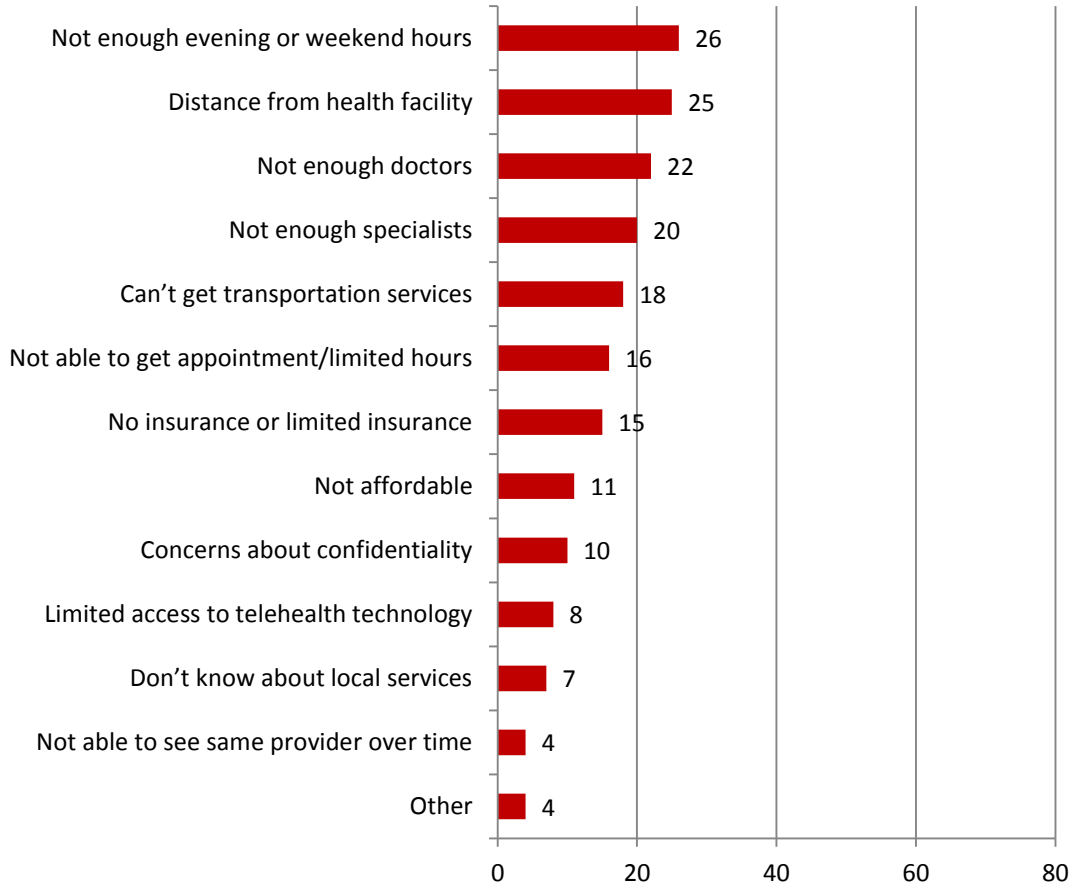
Figure 24: Reasons Community Members Seek Services Out of the Area



The survey also solicited input about what health care services should be added locally. Twenty-four respondents provided suggestions. The most commonly requested service (N=13) was dental. Other commonly requested services were optometry (N=12), x-ray services (N=6), and mental health services (N=3).

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 having enough evening or weekend hours (N=26). There was little variance in the frequency with which other potential barriers were selected, with half of them identified by 16 to 26 respondents. After hours of availability, the next most commonly identified barriers were distance from health facility (N=25), not enough doctors (N=22), and not enough specialists (N=20). Figure 25 illustrates these results.

Figure 25: Perceptions about Barriers to Care



Preventive Care and Public Health Services

To gauge the impact and effectiveness of Kidder County District Health Unit's public health-oriented services in the community, the survey include questions specific to public health services. The results revealed that a substantial majority of respondents or their family members had at least one interaction with Kidder County District Health Unit within the previous year. They also showed that the most common services, by a wide margin, were influenza shots (N=45), immunizations (N=27), and blood pressure screening (N=26). These results are shown in Figures 26 and 27. When respondents were asked, in an open-ended question, about specific interactions with public health for them or their family, the results were similar, with the most common responses being shots/immunizations (N=20), basic care/check-ups (N=11), and health monitoring (blood pressure) (N=6).

Figure 26: Interaction with Local Public Health Unit in Last Year?

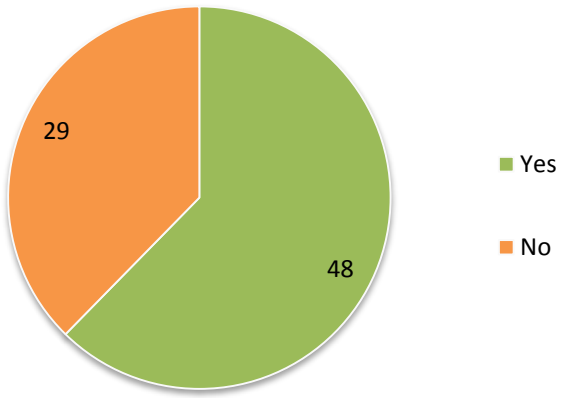
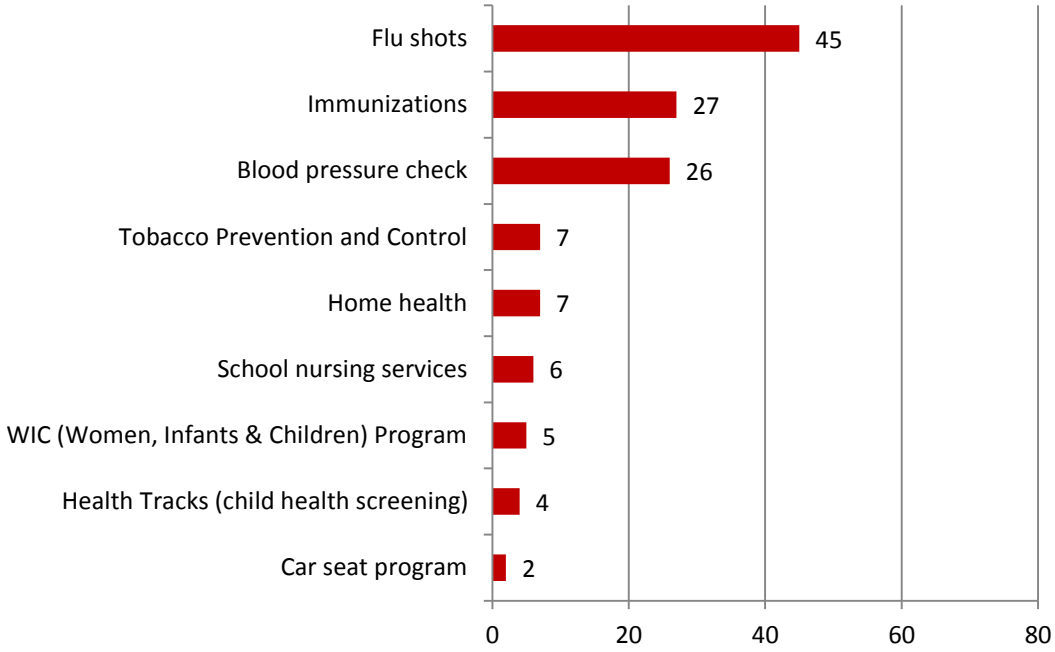
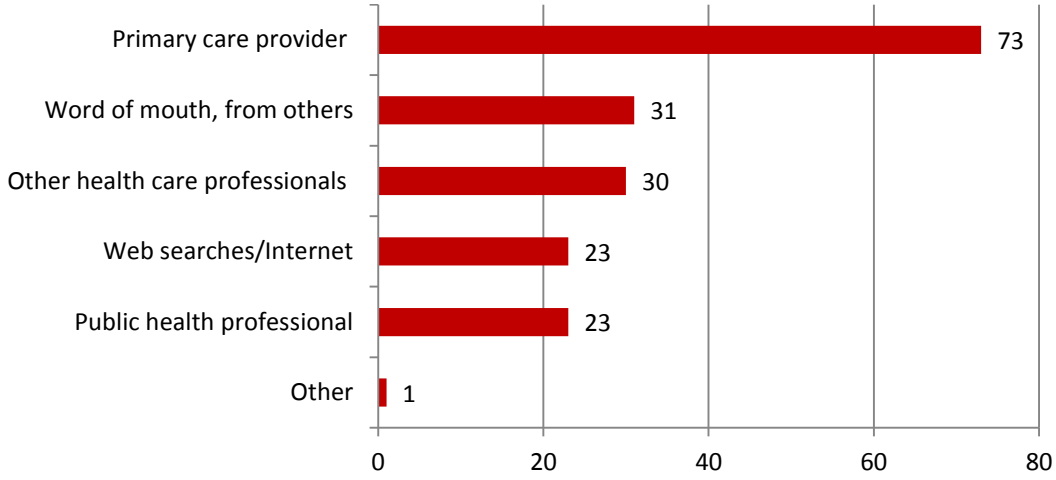


Figure 27: Use of Local Public Health Unit Services



Survey-takers also were asked where they turn for trusted health information. Overwhelmingly, residents identified their primary care provider (N=73) as the primary source of trusted health information. Respondents also relied on word of mouth/from others (N=31), and other health care professionals (N=30), for health-related information. These results are shown in Figure 28.

Figure 28: Where Turn for Trusted Health Information



Other Concerns and Suggestions to Improve Local Health

The survey concluded with an open-ended question that asked, "Overall, please share concerns and suggestions to improve the delivery of local health care." Fewer residents responded to this question than to other open-ended survey questions, with a total of eight responses. Respondents shared a wide range of concerns and advice. The issue that was mentioned by more than one person was: access to basic health care services (N=3). Specific comments included:

- My biggest concern is the handicap accessibility in our community.
- Educate residents about long-term care options. Also have an independent evaluator to assess elderly people's needs.
- X-Ray.
- I feel there needs to be more available to the community for health care. We do a good job, but our community would flourish if able to provide dental, mental health, more providers, and more for the aging community. We are in need of a long-term care facility along with our basic care facility. I also feel we need a way of capturing the part of the community that does not receive routine/preventative care.

Findings from Key Informant Interviews and Focus Group

Questions about the health and well-being of the community, similar to those posed in the survey, were explored during a focus group session with the Community Group and during key informant interviews with community leaders and public health professionals. The themes that emerged from these sources were wide-ranging, with most not directly associated with health care, but nonetheless having an impact on the well-being of county residents. Generally, overarching thematic issues that developed during the interviews and focus group can be grouped into four categories (listed in no particular order):

- Recruiting/retaining health care professionals
- Need for transportation options
- Not enough affordable housing
- Lack of child daycare services

A discussion about these issues follows:

• Recruiting/retaining health care professionals

Concern about attracting and maintaining a health care workforce was not collectively expressed as an important issue among those taking the survey: Among 78 potential community and health concerns listed on the survey, "ability to retain doctors and nurses in the area" was deemed the 40th most concerning issue, followed by "availability of doctors and nurses" at 48th and "not enough health care staff in general" at 50th. Key informants and focus group participants, however, did voice substantial concern about this issue.

Much of the discussion centered on residents' belief that it is unlikely there will be a physician in the county anytime soon. Participants believed the county faces the dual challenge of (1) raising awareness about the role and capabilities of midlevel providers such as nurse practitioners, and (2) ensuring that, now and into the foreseeable future, the county has access to one or more midlevel providers who spend the bulk of their time seeing patients in the county.

Specific comments included:

- It's hard to maintain a doctor, but we do have a good nurse practitioner.

- Recruiting a doctor for the clinic is not in the cards. Unfortunately, some people feel like if you aren't a doctor, you can't help me.
- Because of lack of providers, the clinic is always vulnerable to shutting down.
- The clinic seems busy and it can be hard to get in. Maybe they need another nurse practitioner.
- With only one provider here, it's hard to offer evening and weekend hours.
- Some nurses get paid much, much less than what they would make in Bismarck and Jamestown, even though they are still considered well-paying in the community. Who will take over when they retire?
- The issue for public health is not so much funding as it is finding nurses to do the work. Currently there are only three part-time nurses.
- If we can't attract and retain young families, it will be hard to keep people to work in the health field.

• Need for transportation options

As with recruiting and retaining health care professionals, concern over transportation issues within the county did not register as a major topic among survey-takers. Out of the survey's 78 potential community and health issues, "not enough public transportation options, cost of public transportation" collectively was ranked as the 52nd most concerning issue. Focus group participants and key informants did, however, raise this issue in many ways.

While this concern may not be widespread among community members, for those that it affects, it can be a very deep need. Many participants in the focus group and interviews work with older populations and others who generally have greater medical needs, so their insights likely reflect the real concerns of community members whose voices may not have been heard through the survey. A common subtheme among those mentioning this issue was that even where transportation options are available, they are not feasible to those with lower incomes, and a local transit service is not willing to bill Medicaid for services that would be reimbursable.

Specific comments from participants included:

- People need to travel to Bismarck to get some of the necessities in life. Even though transit system is here, it's $8 per person per trip to Bismarck or Jamestown. For a family that can mean $32 or more.
- We see young moms with no car who need to get to the public health unit. Public health tries to get to their homes when they can.

- Fuel expense is hard for many.
- There is a bus for older people, but are they able to wait for it? Do they have the cognitive ability to take the bus?
- With no eye doctor or dentist here, it's hard for elderly who do not like to drive in Bismarck.

• Not enough affordable housing

Key informants and focus group participants aligned with community members who took the survey in identifying the shortage of affordable housing as a pressing community need. Survey-takers ranked it as the 6th most concerning issue among the 78 potential issues presented.

County Health Rankings includes a measure of "severe housing problems"; the rate for Kidder County actually placed it in the best 10% performing counties nationally on this measure. The disconnect between County Health Rankings' finding on this measure and the opinions expressed by county residents during the assessment process may be a result of how County Health Rankings defines "severe housing problems." According to the rankings, a household faces "severe housing problems" if one or more of the following are present: 1) the housing unit lacks complete kitchen facilities, 2) the housing unit lacks complete plumbing facilities, 3) the household is severely overcrowded (more than 1.5 people per room), or 4) the household is severely cost burdened (housing costs exceed 50% of monthly income).

The concerns expressed by community residents related more to the simple absence of available housing. Participants said the inventory of existing houses is limited, houses placed on the market sell very quickly, and there are limited options for new housing development due to the lack of available land. Participants worried that lack of housing will lead to other problems, including limited economic development and the inability to attract health care and other workers.

Participants' comments included:

- Affordable housing in Steele is a problem. People are moving out of Bismarck looking for something more affordable. They may be able to rent more cheaply, but when they figure out how much it costs to drive, it doesn't work out.
- Housing is a challenge now … the Bakken overflow is coming here. There's an influx of people.
- Houses for sale are snatched up right away.
- There's no land for development.

- Houses are selling quickly in Steele and Tappen. They're off the market before many people even know about them.

• Lack of child daycare services

"Having enough child daycare services" was ranked as the most important concern among those taking the survey. Likewise, the lack of adequate child daycare services was a constant refrain from interviewees as well as the focus group. Children's health data compiled by North Dakota KIDS COUNT demonstrate that the capacity of licensed child daycare services lagged the state average substantially. On average in North Dakota, there is licensed child care capacity for 40% of all children ages 0 to 13 where all parents in the household are in the labor force. In Kidder County that capacity is only 7%.

Specific comments included:

- There's not enough child daycare services. Steele is struggling with that. They thought they had a building, but that is now in question. If you get outside of Steele, there's really no daycare.
- There are big childcare issues. There's more demand than supply. People are trying to work out a solution but it's not licensed yet.
- Child daycare services is a big issue. The betterment committee is working on it, but has run into problems.
- Daycare services is an issue everywhere, not just in Kidder County.

During the second Community Group meeting at which assessment findings were presented, community members stated that this issue had been resolved, at least to some extent, by the planned opening of a new daycare facility in Steele. Participants at the meeting reported that the earlier barriers to opening the facility had been resolved. Because of this development, there was little further discussion about the issue, and it was not prioritized as a significant concern by Community Group members.

Priority of Health Needs

The Community Group held its second meeting on September 24, 2014. Eight members of the group attended the meeting. A representative 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 results of the survey (including perceived community health concerns, broader community concerns, and barriers to care), and findings from the focus group and 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 five community health needs. All of the potential needs were listed on poster boards, and each member was given five stickers to place by the five needs they thought were the most significant. Group members were advised they could consider a number of criteria when prioritizing needs, such as a need's burden, scope, severity, or urgency, as well as disparities associated with the need and the overall importance the community places on addressing the need.

The group discussed the interrelatedness of many of the potential needs. Several members made suggestions to combine certain potential needs that were viewed as having substantial overlap. After much discussion, the group decided collectively to combine "Elevated rate of children in poverty" and "Elevated rate of children in single-parent households" into one category as the group perceived a great deal of overlap in community residents affected by these needs. Likewise, "Meeting the needs of older population/resources to help elderly stay in homes" and "Availability of resources for friends/family caring for elderly" were combined into one category.

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

- Elevated rate of excessive drinking (5 votes)
- Elevated rates of children in poverty/single-parent households (5 votes)
- Meeting needs of older population/resources for home living and caregivers (5 votes)

The next highest vote-getting issues, which each received three votes, were: Elevated rate of diabetics, elevated rate of adult obesity, not enough affordable housing, and not enough jobs with livable wages/not enough to live on. A summary of this prioritization may be found in Appendix D.

Using a logic model, the group then began the second portion of the Community Group meeting: an abbreviated strategic planning session to think about ways to address the prioritized significant needs, focusing initially on meeting the needs of the older population. More specifically, the group discussed ideas for helping older residents stay in their homes as well as ways to help these residents' caregivers, who often are family members. The group discussed strategies for consolidating information about available services for the elderly, so that it is more readily available from one source. Through the conversation, it emerged that even among those who work in health care and human services, there was not a uniform understanding of where or from whom certain services are provided. The group expressed an intent to continue to meet to tackle the issues presented in the needs assessment. This preliminary work is expected to continue through the process of developing a community health improvement plan.

Appendix A1 – Paper Survey Instrument

Kidder County & Rural Burleigh County
Area Health Survey

Kidder County District Health Unit and Bismarck-Burleigh Public Health are interested in hearing from you about area health issues and concerns. The focus of this effort is to:

- Learn of the good things in your county as well as concerns in the county
- Understand perceptions and attitudes about the health of the county, 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 www.tinyurl.com/kidder-burleigh . 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 Ken Hall at 701.777.6046.

Surveys will be accepted through July 31, 2014. Your opinion matters – thank you in advance!

County Assets and Collaboration

Q1. What county do you live in?

☐ Burleigh ☐ Kidder ☐ Other (please specify) _____

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

Q2. Considering the PEOPLE in your county, the best things are (choose up to THREE):

☐	County is socially and culturally diverse or becoming more diverse	☐	People who live here are involved in their community
☐	Feeling connected to people who live here	☐	Sense that you can make a difference through civic engagement
☐	Forward-thinking ideas (social values, government)	☐	Tolerance, inclusion, open-minded
☐	Government is accessible	☐	Other (please specify)_____
☐	People are friendly, helpful, supportive		

Q3. Considering the SERVICES AND RESOURCES in your county, the best things are (choose up to THREE):

☐	Downtown and shopping (close by, good variety, availability of goods)	☐	Public services and amenities
☐	Health care	☐	Public transportation
☐	Opportunities to learn and/or go to college	☐	Restaurants and healthy food
☐	Quality school systems and programs for youth	☐	Other (please specify)_____

Q4. Considering the QUALITY OF LIFE in your county, the best things are (choose up to THREE):

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

Q5. Considering the ACTIVITIES in your county, the best things are (choose up to THREE):

☐	Activities for families and youth	☐	Specific events and festivals
☐	Arts and cultural activities and/or cultural richness	☐	Year-round access to fitness opportunities (indoor activities, winter sports, etc.)
☐	Recreational and sports activities (e.g., outdoor recreation, parks, bike paths, and other activities)	☐	Other (please specify)_____

Q6. Considering the GEOGRAPHIC SETTING in your county, the best things are (choose up to THREE):

☐	Cleanliness of area (e.g., fresh air, lack of pollution and litter)	☐	Natural setting: outdoors and nature
☐	Climate and seasons	☐	Relatively small size and scale of community I live in
☐	General beauty of environment and/or scenery	☐	Waterfront, rivers, lakes, and/or beaches
☐	General proximity to work and activities (e.g., short commute, convenient access)	☐	Other (please specify)_____

Q7. What are other "best things" about your county that are not listed in the questions above?

_____

_____

Q8. What are the major challenges facing your county?

_____

_____

Q9. For each choice on the next page please rank the level of collaboration, or how well these groups work with others in the county, on a scale of 1 to 5, with 1 being no collaboration (not working well with others) and 5 being excellent collaboration (working well with others).

Collaboration	No collaboration				Excellent collaboration	Don't Know/Not Applicable
	1	2	3	4	5	
Business and industry						
Clinics						
Economic development organizations						
Emergency services, including ambulance and fire						
Health and human services agencies						
Hospital(s)						
Law enforcement						
Long term care, including nursing homes and assisted living						
Other local health providers, such as dentists and chiropractors						
Pharmacies						
Public Health						
Schools						

Q10. Do you believe that health-related organizations in the county are working together to improve the overall health of the area population?

- ☐ No
- ☐ Yes

Q11. Which, if any, of the following do you think would result from better collaboration among health care providers and health-related organizations? (Choose ALL that apply.)

- ☐ Better customer service
- ☐ Better patient care
- ☐ Better overall health of the area's population
- ☐ Coordination of appointments
- ☐ Other (Please specify)_____
- ☐ Less duplication of care
- ☐ Lower costs
- ☐ More complete and accurate health records
- ☐ Need for fewer appointments

Q12. What suggestions do you have for health-related organizations to work together to provide better services and improve the overall health of the area population?

_____

_____

Q13. Where do you find out what health services are available in your area? (Choose ALL that apply.)

- ☐ Advertising
- ☐ From public health professionals
- ☐ Indian Health Service
- ☐ Newspaper
- ☐ Radio
- ☐ Word of mouth, from others (friends, neighbors, co-workers, etc.)
- ☐ From health care professionals
- ☐ Social media (Facebook, Twitter, etc.)
- ☐ Tribal Health
- ☐ Web searches
- ☐ Employer/worksite wellness
- ☐ Other (Please specify)_____

County Concerns

Q14. Regarding the conditions in your county, in the following series of categories please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

County/environmental concerns	Less of a concern				More of a concern
	1	2	3	4	5
Active faith community					
Attracting and retaining young families					
Not enough jobs with livable wages, not enough to live on					
Not enough affordable housing					
Poverty					
Changes in population size (increasing or decreasing)					
Crime and safety, adequate law enforcement personnel					
Water quality (well water, lakes, streams, rivers)					
Air quality					
Litter (amount of litter, adequate garbage collection)					
Having enough child daycare services					
Having enough quality school resources					
Not enough places for exercise and wellness activities					
Not enough public transportation options, cost of public transportation					
Racism, prejudice, hate, discrimination					
Seatbelt use					
Traffic safety, incl. speeding, road safety, and drunk/distracted driving					
Physical violence, domestic violence, sexual abuse					
Child abuse					
Bullying					

Concerns about health services	Less of a concern				More of a concern
	1	2	3	4	5
Ability to get appointments for health services					
Extra hours for appointments, such as evenings and weekends					
Availability of doctors and nurses					
Availability of public health professionals					
Ability to retain doctors and nurses in the area					
Availability of specialists					
Not enough health care staff in general					
Availability of providers that speak my language and/or have translators					
Availability of wellness and disease prevention services					
Availability of mental health services					
Availability of substance abuse/treatment services					
Availability of dental care					
Availability of vision care					
Different health care providers having access to health care information and working together to coordinate care					
Providers using electronic health records					

Concerns about health services	Less of a concern				More of a concern
	1	2	3	4	5
Patient confidentiality					
Quality of care					
Emergency services (ambulance & 911) available 24/7					
Cost of health care services					
Cost of health insurance					
Adequacy of health insurance (concerns about out-of-pocket costs)					
Adequacy of Indian Health Service or Tribal Health services					
Understanding where and how to get health insurance					
Cost of prescription drugs					

Physical health, mental health, and substance abuse concerns (Adults)	Less of a concern				More of a concern
	1	2	3	4	5
Cancer					
Diabetes					
Heart disease					
Other chronic diseases					
Dementia/Alzheimer's disease					
Depression					
Stress					
Suicide					
Alcohol use and abuse					
Drug use and abuse (including prescription drug abuse)					
Smoking and tobacco use/exposure to second-hand smoke					
Not getting enough exercise					
Obesity/overweight					
Poor nutrition, poor eating habits					
Diseases that can be spread, such as sexually transmitted diseases or AIDS					
Wellness and disease prevention, including vaccine-preventable diseases					

Concerns specific to youth and children	Less of a concern				More of a concern
	1	2	3	4	5
Not enough youth activities					
Youth obesity					
Youth hunger and poor nutrition					
Youth alcohol use and abuse					
Youth drug use and abuse (including prescription drug abuse)					
Youth tobacco use					
Youth mental health					
Youth suicide					
Teen pregnancy					
Youth sexual health					
Youth crime					
Youth graduating from school					

Concerns about the aging population	Less of a concern			More of a concern	
	1	2	3	4	5
Being able to meet needs of older population					
Long-term/nursing home care options					
Assisted living options					
Availability of resources to help the elderly stay in their homes					
Availability/cost of activities for seniors					
Availability of resources for family and friends caring for elders					

Delivery of Health Care

Q15. How long does it take you to reach the clinic you usually go to?

☐ Less than 10 minutes ☐ 31 to 60 minutes
☐ 11 to 30 minutes ☐ Over 1 hour

Q16. How long does it take you to reach the hospital you usually go to?

☐ Less than 10 minutes ☐ 31 to 60 minutes
☐ 11 to 30 minutes ☐ Over 1 hour

Q17. Please tell us why you seek health care services close to home. (Choose ALL that apply.)

☐ Access to specialist
☐ Confidentiality
☐ Convenience
☐ Disability access
☐ Eligible for care from IHS
☐ Familiar with providers
☐ High quality of care
☐ Less costly
☐ Location is nearby
☐ Loyalty to local care providers
☐ Open at convenient times
☐ They take my insurance
☐ They take new patients
☐ Transportation is readily available
☐ Other (Please specify)_____

Q18. Please tell us why you go out of the area for health care needs. (Choose ALL that apply.)

☐ Access to specialist
☐ Confidentiality
☐ Convenience
☐ Disability access
☐ Familiar with providers
☐ High quality of care
☐ Less costly
☐ Eligible for contract health services under IHS
☐ Eligible for care from IHS
☐ Loyalty to local service providers
☐ Not eligible for care from IHS
☐ Open at convenient times
☐ Proximity
☐ Referral
☐ They take my insurance
☐ They take new patients
☐ Transportation is readily available
☐ Other (Please specify)_____

Q19. What specific health care services, if any, do you think should be added locally?

_____
_____

Q20. What barriers prevent you or other county residents from receiving health care? (Choose ALL that apply.)

- ☐ Can't get transportation services
- ☐ Concerns about confidentiality
- ☐ Distance from health facility
- ☐ Don't know about local services
- ☐ Not able to get appointment/limited hours
- ☐ Not able to see same provider over time
- ☐ Limited access to telehealth technology (patients seen by providers at another facility through a monitor/TV screen)
- ☐ Not affordable
- ☐ No insurance or limited insurance
- ☐ Not enough doctors
- ☐ Not enough evening or weekend hours
- ☐ Not enough specialists
- ☐ Don't speak language or understand culture
- ☐ Other (Please specify)_____ _____

Preventive care and public health services

Q21. In the past year, have you or a family member had any interaction with your local public health unit?

- ☐ No
- ☐ Yes

Q21b. If yes, what interactions have you or a family member had with your local public health unit?

_____

Q22. 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
- ☐ Car seat program
- ☐ Flu shots
- ☐ Health Tracks (child health screening)
- ☐ Environmental health services (water, sewer, health hazard abatement)
- ☐ Home health
- ☐ Immunizations
- ☐ School nursing services
- ☐ Tobacco Prevention and Control
- ☐ WIC (Women, Infants & Children) Program

Q23. Where do you turn for trusted health information? (Choose ALL that apply.)

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

Demographic Information

Please tell us about yourself.

Q24. Health insurance status. (Choose ALL that apply.)

- ☐ Insurance through employer
- ☐ Medicaid
- ☐ Medicare
- ☐ Private insurance
- ☐ No insurance/not enough insurance
- ☐ Veteran's Health Care Benefits
- ☐ Other. Please specify:_____

Q25. Age:

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

Q26. Highest level of education:

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

Q27. Gender:

- ☐ Female
- ☐ Male

Q28. Your zip code: _____

Q29. Marital status:

- ☐ Divorced/separated
- ☐ Married
- ☐ Single/never married
- ☐ Widowed

Q30. Employment status:

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

Q31. Annual household income before taxes:

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

Q32. Overall, please share concerns and suggestions to improve the delivery of local health care.

Thank you for assisting us with this important survey!

Appendix A2 – Online Survey Instrument

Default Question Block

Kidder County District Health Unit and Bismarck-Burleigh Public Health are interested in hearing from you about area health issues and concerns. The focus of this effort is to:

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

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 Ken Hall at 701.777.6046.

Surveys will be accepted through July 31, 2014. Your opinion matters – thank you in advance!

County Assets and Collaboration

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

What county do you live in?

- ○ Burleigh
- ○ Kidder
- ○ Other (please specify)

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

Considering the PEOPLE in your county, the best things are (choose up to THREE):

- ☐ County is socially and culturally diverse or becoming more diverse
- ☐ Feeling connected to people who live here
- ☐ Forward-thinking ideas (social values, government)
- ☐ Government is accessible
- ☐ People are friendly, helpful, supportive
- ☐ People who live here are involved in their community
- ☐ Sense that you can make a difference through civic engagement
- ☐ Tolerance, inclusion, open-minded

- [ ] Other (please specify)

Considering the SERVICES AND RESOURCES in your county, the best things are (choose up to THREE):

- [ ] Downtown and shopping (close by, good variety, availability of goods)
- [ ] Health care
- [ ] Opportunities to learn and/or go to college
- [ ] Quality school systems and programs for youth
- [ ] Public services and amenities
- [ ] Public transportation
- [ ] Restaurants and healthy food
- [ ] Other (please specify)

Considering the QUALITY OF LIFE in your county, the best things are (choose up to THREE):

- [ ] Family-friendly; good place to raise kids
- [ ] Healthy place to live
- [ ] Informal, simple, laidback lifestyle
- [ ] Job opportunities or economic opportunities
- [ ] Safe place to live, little/no crime
- [ ] Other (please specify)

Considering the ACTIVITIES in your county, the best things are (choose up to THREE):

- [ ] Activities for families and youth
- [ ] Arts and cultural activities and/or cultural richness
- [ ] Recreational and sports activities (e.g., outdoor recreation, parks, bike paths, and other activities)
- [ ] Specific events and festivals
- [ ] Year-round access to fitness opportunities (indoor activities, winter sports, etc.)
- [ ] Other (please specify)

Considering the GEOGRAPHIC SETTING in your county, the best things are (choose up to THREE):

- [ ] Cleanliness of area (e.g., fresh air, lack of pollution and litter)
- [ ] Climate and seasons

- [ ] General beauty of environment and/or scenery
- [ ] General proximity to work and activities (e.g., short commute, convenient access)
- [ ] Natural setting: outdoors and nature
- [ ] Relatively small size and scale of community I live in
- [ ] Waterfront, rivers, lakes, and/or beaches
- [ ] Other (please specify)

What are other "best things" about your county that are not listed in the questions above?

What are the major challenges facing your county?

For each choice below, please rank the level of collaboration, or how well these groups work with others in the county, on a scale of 1 to 5, with 1 being no collaboration (not working well with others) and 5 being excellent collaboration (working well with others).

	1 = No collaboration	2	3	4	5 = Excellent collaboration	Don't Know/Not Applicable
Business and industry	○	○	○	○	○	○
Clinics	○	○	○	○	○	○
Economic development organizations	○	○	○	○	○	○
Emergency services, including ambulance and fire	○	○	○	○	○	○
Health and human services agencies	○	○	○	○	○	○
Hospital(s)	○	○	○	○	○	○
Law enforcement	○	○	○	○	○	○
Long term care, including nursing homes and assisted living	○	○	○	○	○	○
Other local health providers, such as dentists and chiropractors	○	○	○	○	○	○
Pharmacies	○	○	○	○	○	○
Public Health	○	○	○	○	○	○
Schools	○	○	○	○	○	○

Do you believe that health-related organizations in the county are working together to improve the overall health of the area population?

- ○ No
- ○ Yes

Which, if any, of the following do you think would result from better collaboration among health care providers and health-related organizations? (Choose ALL that apply.)

- ☐ Better customer service
- ☐ Better patient care
- ☐ Better overall health of the area's population
- ☐ Coordination of appointments
- ☐ Less duplication of care
- ☐ Lower costs
- ☐ More complete and accurate health records
- ☐ Need for fewer appointments
- ☐ Other (please specify in the box below)

What suggestions do you have for health-related organizations to work together to provide better services and improve the overall health of the area population?

Where do you find out what health services are available in your area? (Choose ALL that apply.)

- ☐ Advertising
- ☐ From public health professionals
- ☐ Indian Health Service
- ☐ Newspaper
- ☐ Radio
- ☐ Word of mouth, from others (friends, neighbors, co-workers, etc.)
- ☐ From health care professionals
- ☐ Social media (Facebook, Twitter, etc.)
- ☐ Tribal Health
- ☐ Web searches
- ☐ Employer/worksite wellness

☐ Other (please specify in the box below)

County concerns

Regarding the conditions in your county, please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

	1 = less of a concern	2	3	4	5 = more of a concern
Active faith community	○	○	○	○	○
Attracting and retaining young families	○	○	○	○	○
Not enough jobs with livable wages, not enough to live on	○	○	○	○	○
Not enough affordable housing	○	○	○	○	○
Poverty	○	○	○	○	○
Changes in population size (increasing or decreasing)	○	○	○	○	○
Crime and safety, adequate law enforcement personnel	○	○	○	○	○
Water quality (well water, lakes, streams, rivers)	○	○	○	○	○
Air quality	○	○	○	○	○
Litter (amount of litter, adequate garbage collection)	○	○	○	○	○
Having enough child daycare services	○	○	○	○	○
Having enough quality school resources	○	○	○	○	○
Not enough places for exercise and wellness activities	○	○	○	○	○
Not enough public transportation options, cost of public transportation	○	○	○	○	○
Racism, prejudice, hate, discrimination	○	○	○	○	○
Seatbelt use	○	○	○	○	○
Traffic safety, including speeding, road safety, and drunk/distracted driving	○	○	○	○	○
Physical violence, domestic violence, sexual abuse	○	○	○	○	○
Child abuse	○	○	○	○	○
Bullying	○	○	○	○	○

Concerns about health services

Regarding the conditions in your county, please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

	1 = less of a concern	2	3	4	5 = more of a concern
Ability to get appointments for health services	○	○	○	○	○
Extra hours for appointments, such as evenings and weekends	○	○	○	○	○
Availability of doctors and nurses	○	○	○	○	○
Availability of public health professionals	○	○	○	○	○
Ability to retain doctors and nurses in the area	○	○	○	○	○
Availability of specialists	○	○	○	○	○
Not enough health care staff in general	○	○	○	○	○
Availability of providers that speak my language and/or have translators	○	○	○	○	○
Availability of wellness and disease prevention services	○	○	○	○	○
Availability of mental health services	○	○	○	○	○
Availability of substance abuse/treatment services	○	○	○	○	○
Availability of dental care	○	○	○	○	○
Availability of vision care	○	○	○	○	○
Different health care providers having access to health care information and working together to coordinate care	○	○	○	○	○
Providers using electronic health records	○	○	○	○	○
Patient confidentiality	○	○	○	○	○
Quality of care	○	○	○	○	○
Emergency services (ambulance & 911) available 24/7	○	○	○	○	○
Cost of health care services	○	○	○	○	○
Cost of health insurance	○	○	○	○	○
Adequacy of health insurance (concerns about out-of-pocket costs)	○	○	○	○	○
Adequacy of Indian Health Service or Tribal Health services	○	○	○	○	○
Understanding where and how to get health insurance	○	○	○	○	○
Cost of prescription drugs	○	○	○	○	○

Physical, mental health, and substance abuse concerns (Adults)

Regarding the conditions in your county, please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

	1 = less of a concern	2	3	4	5 = more of a concern
Cancer	○	○	○	○	○
Diabetes	○	○	○	○	○
Heart disease	○	○	○	○	○
Other chronic diseases	○	○	○	○	○
Dementia/Alzheimer's disease	○	○	○	○	○
Depression	○	○	○	○	○
Stress	○	○	○	○	○
Suicide	○	○	○	○	○
Alcohol use and abuse	○	○	○	○	○
Drug use and abuse (including prescription drug abuse)	○	○	○	○	○
Smoking and tobacco use/exposure to second-hand smoke	○	○	○	○	○
Not getting enough exercise	○	○	○	○	○
Obesity/overweight	○	○	○	○	○
Poor nutrition, poor eating habits	○	○	○	○	○
Diseases that can be spread, such as sexually transmitted diseases or AIDS	○	○	○	○	○
Wellness and disease prevention, including vaccine-preventable diseases	○	○	○	○	○

Concerns specific to youth and children

Regarding the conditions in your county, please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

	1 = less of a concern	2	3	4	5 = more of a concern
Not enough youth activities	○	○	○	○	○
Youth obesity	○	○	○	○	○
Youth hunger and poor nutrition	○	○	○	○	○
Youth alcohol use and abuse	○	○	○	○	○
Youth drug use and abuse (including prescription drug abuse)	○	○	○	○	○
Youth tobacco use	○	○	○	○	○
Youth mental health	○	○	○	○	○
Youth suicide					

	○	○	○	○	○
Teen pregnancy	○	○	○	○	○
Youth sexual health	○	○	○	○	○
Youth crime	○	○	○	○	○
Youth graduating from school	○	○	○	○	○

Concerns about the aging population

Regarding the conditions in your county, please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

	1 = less of a concern	2	3	4	5 = more of a concern
Being able to meet needs of older population	○	○	○	○	○
Long-term/nursing home care options	○	○	○	○	○
Assisted living options	○	○	○	○	○
Availability of resources to help the elderly stay in their homes	○	○	○	○	○
Availability/cost of activities for seniors	○	○	○	○	○
Availability of resources for family and friends caring for elders	○	○	○	○	○

Delivery of Health Care

How long does it take you to reach the **clinic** you usually go to?

- ○ Less than 10 minutes
- ○ 10 to 30 minutes
- ○ 31 to 60 minutes
- ○ More than 1 hour

How long does it take you to reach the **hospital** you usually go to?

- ○ Less than 10 minutes
- ○ 10 to 30 minutes
- ○ 31 to 60 minutes
- ○ More than 1 hour

Please tell us why you seek health care services close to home. (Choose ALL that apply.)

- ☐ Access to specialist

- [ ] Confidentiality
- [ ] Convenience
- [ ] Disability access
- [ ] Eligible for care from IHS
- [ ] Familiar with providers
- [ ] High quality of care
- [ ] Less costly
- [ ] Location is nearby
- [ ] Loyalty to local care providers
- [ ] Open at convenient times
- [ ] They take my insurance
- [ ] They take new patients
- [ ] Transportation is readily available
- [ ] Other (please specify in the box below)

Please tell us why you go out of the area for health care needs. (Choose ALL that apply.)

- [ ] Access to specialist
- [ ] Confidentiality
- [ ] Convenience
- [ ] Disability access
- [ ] Familiar with providers
- [ ] High quality of care
- [ ] Less costly
- [ ] Eligible for contract health services under IHS
- [ ] Eligible for care from IHS
- [ ] Loyalty to local service providers
- [ ] Not eligible for care from IHS
- [ ] Open at convenient times
- [ ] Proximity
- [ ] Referral
- [ ] They take my insurance
- [ ] They take new patients
- [ ] Transportation is readily available
- [ ] Other (please specify in the box below)

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

What barriers prevent you or other county residents from receiving health care? (Choose ALL that apply.)

- [ ] Can't get transportation services
- [ ] Concerns about confidentiality
- [ ] Distance from health facility
- [ ] Don't know about local services
- [ ] Not able to get appointment/limited hours
- [ ] Not able to see same provider over time
- [ ] Limited access to telehealth technology (patients seen by providers at another facility through a monitor/TV screen)
- [ ] Not affordable
- [ ] No insurance or limited insurance
- [ ] Not enough doctors
- [ ] Not enough evening or weekend hours
- [ ] Not enough specialists
- [ ] Don't speak language or understand culture
- [ ] Other (please specify)

Preventive care and public health services

In the past year, have you or a family member had any interaction with your local public health unit?

- ○ No
- ○ Yes

What interactions have you or a family member had with your local public health unit?

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
- [ ] Car seat program
- [ ] Flu shots
- [ ] Environmental Health Services (water, sewer, health hazard abatement)
- [ ] Health Tracks (child health screening)
- [ ] Home health
- [ ] Immunizations
- [ ] School nursing services
- [ ] Tobacco Prevention and Control
- [ ] WIC (Women, Infants & Children) Program

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

- [ ] Primary care provider (my doctor, nurse practitioner, physician assistant)
- [ ] Public health professional
- [ ] Other health care professionals (nurses, chiropractors, dentists, etc.)
- [ ] Web searches/Internet (WebMD, Mayo Clinic, Healthline, etc.)
- [ ] Word of mouth, from others (friends, neighbors, co-workers, etc.)
- [ ] Other (please specify in the box below)

Demographic Information

Please tell us about yourself.

Health insurance status. (Choose all that apply.)

- [ ] Insurance through employer
- [ ] Medicaid
- [ ] Medicare
- [ ] Private insurance
- [ ] No insurance/not enough insurance
- [ ] Veteran's Health Care Benefits
- [ ] Other (please specify in the box below)

Age:

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

Highest level of education:

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

Gender:

- Female
- Male

Your zip code:

Marital status:

- Divorced/separated
- Married
- Single/never married
- Widowed

Employment status:

- Full time
- Part time

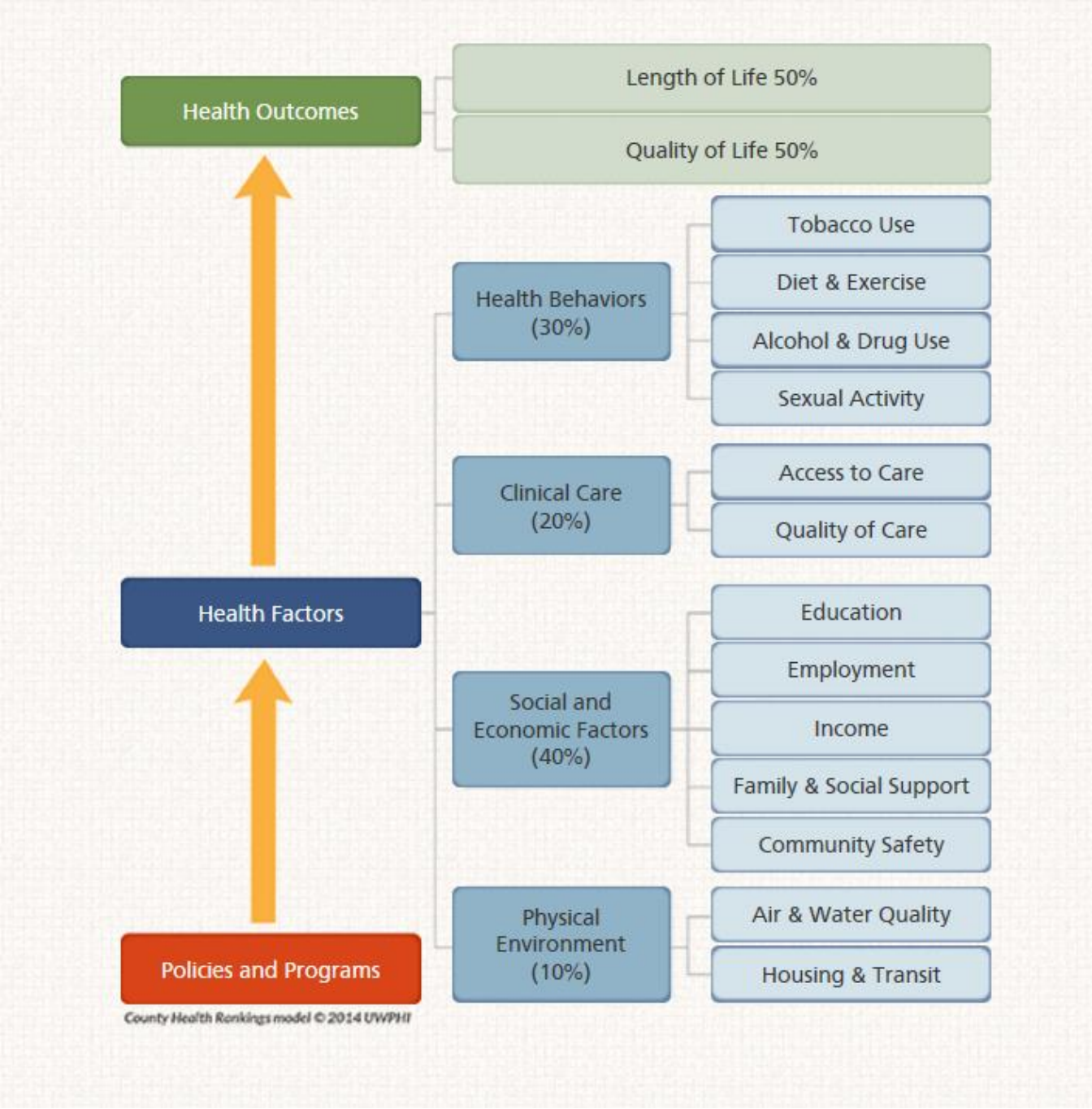
- ○ Homemaker
- ○ Multiple job holder
- ○ Unemployed
- ○ Retired

Annual household income before taxes:

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

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

Appendix B – County Health Rankings Model



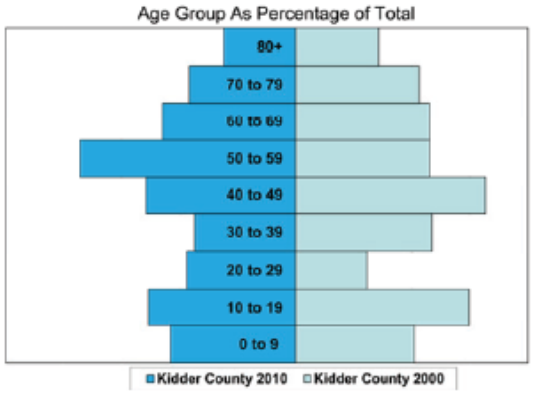
Appendix C – Kidder County Community Health Profile

Kidder County Community Health Profiles

POPULATION

Population by Age Group, 2010 Census				
Age Group	Kidder County		North Dakota	
	Number	Percent	Number	Percent
0-9	263	10.8%	84,671	12.6%
10-19	309	12.7%	87,264	13.0%
20-29	229	9.4%	108,552	16.1%
30-39	211	8.7%	77,954	11.6%
40-49	314	12.9%	84,577	12.6%
50-59	453	18.6%	96,223	14.3%
60-69	281	11.5%	61,901	9.2%
70-79	225	9.2%	39,213	5.8%
80+	150	6.2%	32,236	4.8%
Total	2435	100.0%	672,591	100.0%
0-17	523	21.5%	149,871	22.3%
65+	511	21.0%	97,477	14.5%

1



2

Female Population and Percentage Female by Age, 2010 Census				
Age Group	Kidder County		North Dakota	
	Number	Percent	Number	Percent
0-9	129	49.0%	41330	48.8%
10-19	156	50.5%	42277	48.4%
20-29	95	41.5%	50571	46.6%
30-39	108	51.2%	37144	47.6%
40-49	159	50.6%	41499	49.1%
50-59	208	45.9%	47283	49.1%
60-69	136	48.4%	30699	49.6%
70-79	112	49.8%	21453	54.7%
80+	90	60.0%	20471	63.5%
Total	1193	49.0%	332727	49.5%
0-17	262	50.1%	73083	48.8%
65+	265	51.9%	55050	56.5%

3

Race, 2010 Census				
Race	Kidder County		North Dakota	
	Number	Percentage	Number	Percentage
Total	2,435	100.0%	672,591	100.0%
White	2,344	96.3%	605,449	90.0%
Black	6	0.2%	7,960	1.2%
Am.Indian	6	0.2%	36,591	5.4%
Asian	22	0.9%	6,909	1.0%
Pac. Islander	0	0.0%	320	0.0%
Other	47	1.9%	3,509	0.5%
Multirace	10	0.4%	11,853	1.8%

4

Kidder County Community Health Profiles

POPULATION

5

Decennial Population Change, 1990 to 2000, 2000 to 2010				
Census	Kidder County	10 Year Change (%)	North Dakota	10 Year Change (%)
1990	3,332		638,800	
2000	2,753	-17.4%	642,200	0.5%
2010	2,435	-11.6%	672,591	4.7%

6

Household Populations, 2011 ACS Five Year Estimates	Kidder County		North Dakota	
	Number	Percent	Number	Percent
Total	2,499	100.0%	659,858	100.0%
In Family Households	2,069	82.8%	504,148	76.4%
In Non-Family Households	404	16.2%	130,531	19.8%
Total In Households	2,473	99.0%	634,679	96.2%
Institutionalized*	0	0.0%	9,675	1.5%
Non-institutionalized*	26	1.0%	15,504	0.0%
Total in Group Quarters	26	1.0%	25,179	3.8%
* 2010 Census				

7

Marital Status of Persons Age 15 and Older, 2012 ACS 5 Year Estimate	Kidder County		North Dakota	
Marital Status	Number	Percent	Number	Percent
Total Age 15+	2,047	100.0%	551,600	100.0%
Never Married	307	15.0%	168,790	30.6%
Now Married	1,439	70.3%	292,900	53.1%
Separated	8	0.4%	4,413	0.8%
Widowed	156	7.6%	34,751	6.3%
Divorced	135	6.6%	50,747	9.2%

8

Educational Attainment Among Persons 25+, 2012 ACS 5 Year Estimate	Kidder County		North Dakota	
Education	Number	Percent	Number	Percent
Total	1,822	100.0%	442,789	100.0%
Less than 9th Grade	213	11.7%	21,254	4.8%
Some High School	107	5.9%	20,811	4.7%
High school or GRE	552	30.3%	120,439	27.2%
Some College / Asso. Degree	612	33.6%	105,827	23.9%
Bachelor's degree	275	15.1%	86,787	19.6%
Post Graduate Degree	60	3.3%	32,766	7.4%

Kidder County Community Health Profiles

POPULATION

9

Persons with Disabilty, 2012 ACS Five Year Estimate	Kidder County		North Dakota	
Group	Number	Percent	Number	Percent
Total	2,403	100.0%	660,952	100.0%
Any Disability	339	14.1%	71,126	10.8%
No Disability	2,064	85.9%	589,826	89.2%
Self Care Disability	41	1.7%	15,385	2.5%
0-17 with any disability	12	2.6%	4,190	2.7%
18-64 with any disabilty	162	11.5%	34,738	8.3%
65+ with any disability	165	30.9%	32,198	35.1%

10

Income and Poverty Status by Age Group, 2012 ACS Five Year Estimate	Kidder County		North Dakota	
Median Household Income	$45,478		$51,641	
Per Capita Income	$26,841		$28,700	
	Number	Percent	Number	Percent
Below Poverty Level	328	13.7%	78,930	12.1%
Under 5 years	13	9.8%	8,183	18.8%
5 to 11 years	56	29.4%	8,039	14.4%
12 to 17 years	37	18.4%	5,613	11.6%
18 to 64 years	120	8.5%	46,366	11.2%
65 to 74 years	36	14.1%	4,025	8.1%
75 years and over	66	25.5%	6,704	14.9%

11

Family Poverty and Childhood and Elderly Poverty, 2012 ACS Five Year Estimates	Kidder County		North Dakota	
	Number	Percent*	Number	Percent*
Total Families	786	100.0%	168,636	100.0%
Families in Poverty	61	7.8%	12,479	7.4%
Families with Own Children	228	29.0%	78,222	46.4%
Families with Own Children in Poverty	34	4.3%	9,230	5.5%
Families with Own Children and Female Parent Only	35	4.5%	15,007	8.9%
Families with Own Children and Female Parent Only in Poverty	28	3.6%	6,123	3.6%
Total Known Children in Poverty	106	20.3%	21,835	14.5%
Total Known Age 65+ in Poverty	102	20.0%	10,729	11.0%
* Percent family poverty is percent of total families				

12

Age of Housing, 2012 ACS Five Year Estimates	Kidder County		North Dakota	
	Number	Percent	Number	Percent
Housing units: Total	1,711	100.0%	319,468	100.0%
1980 and Later	473	27.6%	114,540	35.9%
1970 to 1979	281	16.4%	68,569	21.5%
Prior to 1970	957	55.9%	136,359	42.7%

Kidder County Community Health Profiles

Vital Statistics Data

BIRTHS AND DEATHS

13

Births, 2009-2013	Kidder County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Live Births and Rate	137	11.3	47,959	14
Pregnancies and Rate	140	11.5	52,505	15
Fertility Rate		76		72
Teen Births and Rate	10	15.2	2,118	12
Teen Pregnancies and Rate	11	17	3,725	21
Out of Wedlock Births and Ratio	33	241	15,686	327
Out of Wedlock Pregnancies and Ratio	36	257	19436	370
Low Birth Weight Birth and Ratio	10	73	3,078	64

14

Child Deaths, 2009-2013	Kidder County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	<5	NR	286	6
Child and Adolescent Deaths and Rate	<5	NR	270	32
Total Deaths and Crude Rate	93	764	29,616	866

15

Deaths and Age Adjusted Death Rate by Cause, 2009-2013	Kidder County Number (Adj. Rate)	North Dakota Number (Adj. Rate)
All Causes	93 (508)	29,581 (702)
Heart Disease	18 (98)	6,762 (154)
Cancer	22 (109)	6,315 (156)
Stroke	7 (33)	1,664 (37)
Alzheimers Disease	5 (24)	2,189 (45)
COPD	<5	1,707 (41)
Unintentional Injury	5 (31)	1,625 (44)
Diabetes Mellitus	<5	1,022 (24)
Pneumonia and Influenza	<5	682 (15)
Cirrhosis	0	394 (11)
Suicide	<5	551 (16)

Kidder County Community Health Profiles

Vital Statistics Data

BIRTHS AND DEATHS

16

Leading Causes of Death by Age Group for Kidder County, 2009-2013			
Age	1	2	3
0-4	Anomaly		
5-14	Unintentional Injury		
15-24	Heart	DM	
25-34			
35-44			
45-54	Cancer	Heart DM	Pneumonia/Flu
55-64	Cancer 5	Stroke Heart	Unintentional Injury
65-74	Cancer	COPD Heart	Suicide Kidney Dz
75-84	Cancer 8	Heart Stroke	COPD DM
85+	Heart 9	Cancer	Stroke

17

Leading Causes of Death by Age Group for North Dakota, 2008-2012			
Age	1	2	3
0-4	Anomaly 46	SIDS 39	Prematurity 25
5-14	Unintentional Injury 24	Cancer 9	Anomaly 5
15-24	Unintentional Injury 193	Suicide 104	Cancer 17
25-34	Unintentional Injury 180	Suicide 183	Heart 35
35-44	Unintentional Injury 175	Heart 99	Cancer 87
45-54	Cancer 432	Heart 313	Unintentional Injury 203
55-64	Cancer 998	Heart 613	Unintentional Injury 147
65-74	Cancer 1530	Heart 826	COPD 323
75-84	Cancer 1948	Heart 1661	COPD 653
85+	Heart 3270	Alzheimer's Dz 1554	Cancer 1384

Kidder County Community Health Profiles

	ALCOHOL	Kidder County	North Dakota
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.	18.7 (11.6-25.7)	21.1 (20.5-21.6)
Heavy Drinking	Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) during the past 30 days	3.0 (0.6- 5.3)	5.0 (4.7- 5.3)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days	10.8 (1.5-20.2)	5.7 (5.1- 6.2)
	ARTHRITIS		
Chronic Joint Symptoms	Respondents who reported pain, aching of stiff in a joint during the past 30 days which started more than 3 months ago	22.8 (12.9-32.6)	35.3 (34.4-36.2)
Activity Limitation Due to Arthritis	Respondents who reported being limited in any usual activities because of arthritis or joint symptoms.	8.0 (2.9-13.1)	13.0 (12.4-13.5)
Doctor Diagnosed Arthritis	Respondents who reported ever have been told by a doctor or other health professional that they had some form or arthritis.	NA	27.2 (26.5-27.9)
	ASTHMA		
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	14.4 (8.0-20.8)	10.7 (10.3-11.1)
Current Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma and who still have asthma.	7.7 (3.4-12.0)	7.5 (7.2- 7.9)
	BODY WEIGHT		
Overweight But Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight)	51.2 (42.9-59.6)	38.7 (38.0-39.3)
Obese	Respondents with a body mass index greater than or equal to 30 (obese)	23.0 (16.2-29.8)	25.4 (24.9-26.0)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25 (overweight or obese)	74.2 (66.9-81.5)	64.1 (63.5-64.8)
	CARDIOVASCULAR		
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.	5.8 (1.7- 9.8)	4.0 (3.8- 4.2)
Angina	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.	6.1 (1.5-10.7)	4.0 (3.8- 4.3)
Stroke	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke.	2.9 (0.0- 6.0)	2.2 (2.1- 2.4)
Cardiovascular Disease	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had any of the following: heart attack, angina or stroke.	8.1 (3.1-13.0)	7.4 (7.1- 7.7)

18

Kidder County Community Health Profiles

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

	CHOLESTEROL	Kidder County	North Dakota
Never Cholesterol Test	Respondents who reported never having a cholesterol test	20.9 (11.9-30.0)	23.0 (22.2-23.8)
No Cholesterol Test in Past 5 Years	Respondents who reported never having a cholesterol test in the past five years	NA	28.2 (27.4-29.0)
High Cholesterol	Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol.	NA	34.0 (33.2-34.8)
	COLORECTAL CANCER		
Fecal Occult Blood	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	87.1* (79.0-95.1)	78.3 (77.5-79.2)
Never Sigmoidoscopy	Respondents age 50 and older who reported never having had a sigmoidoscopy or colonoscopy	NA	42.6 (41.4-43.7)
No Sigmoidoscopy in Past 5 Years	Respondents age 50 and older who reported not having a sigmoidoscopy or colonoscopy in the past five years.	NA	55.0 (54.0-56.1)
	DIABETES		
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	7.5 (3.4-11.6)	6.9 (6.6- 7.2)
	FRUITS AND VEGETABLES		
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day	74.4 (64.3-84.5)	78.4 (77.7-79.1)
	GENERAL HEALTH		
Fair or Poor Health	Respondents who reported that their general health was fair or poor	17.3 (10.8-23.7)	12.6 (12.2-12.9)
Poor physical Health	Respondents who reported they had 8 or more days in the last 30 when their physical health was not good	7.5 (3.7-11.3)	10.2 (9.8-10.5)
Poor Mental Health	Respondents who reported they had 8 or more days in the last 30 when their mental health was not good	7.7 (3.4-12.0)	9.6 (9.2-10.0)
Activity Limitation Due to Poor Health	Respondents who reported they had 8 or more days in the last 30 when poor physical or mental health kept them from doing their usual activities.	2.6 (0.5- 4.7)	5.7 (5.4- 6.0)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	17.0 (11.4-22.5)	16.0 (15.6-16.5)
	HEALTH CARE ACCESS		
Health Insurance	Respondents who reported not having any form or health care coverage	16.0 (9.9-22.2)	11.4 (11.0-11.9)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	4.7 (1.2- 8.2)	6.8 (6.4- 7.1)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	35.0 (27.0-43.0)	23.5 (23.0-24.1)

19

Kidder County Community Health Profiles

ADULT BEHAVIORAL RISK FACTORS, 2001-2010

	HYPERTENSION	Kidder County	North Dakota
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	23.3 (14.7-32.0)	25.0 (24.4-25.7)
	IMMUNIZATION		
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year	NA	28.6 (27.6-29.6)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	NA	30.0 (28.9-31.0)
	INJURY		
Fall	Respondents 45 years and older who reported that they had fallen in the past 3 months	NA	15.5 (14.7-16.2)
Seat Belt	Respondents who reported not always wearing their seatbelt	60.2 (48.3-72.1)	41.9 (40.9-42.9)
	ORAL HEALTH		
Dental Visit	Respondents who reported that they have not had a dental visit in the past year	NA	29.5 (28.8-30.3)
Tooth Loss	Respondents who reported they had lost 6 or more permanent teeth due to gum disease or decay.	31.3 (21.2-41.4)	16.0 (15.5-16.6)
	PHYSICAL ACTIVITY		
Recommend Physical Activity	Respondents who reported that they did not get the recommended amount of physical activity	NA	50.5 (49.7-51.4)
No Leisure Physical Activity	Respondents who reported that they participated in no leisure time physical activity	8.5 (2.8-14.2)	6.9 (6.5- 7.4)
	TOBACCO		
Current Smoking	Respondents who reported that they smoked every day or some days	19.4 (12.6-26.2)	19.8 (19.3-20.4)
	WOMEN'S HEALTH		
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years	NA	14.0 (13.1-15.0)
Mammogram Age 40+	Women 40 and older who reported that they have not had a mammogram in the past two years	NA	24.3 (23.3-25.3)

Kidder County Community Health Profiles

CRIME

21

Kidder County

	2009	2010	2011	2012	2013	5 year	5-Year Rate
Murder	0	0	0	0	0	0	0.0
Rape	1	0	2	0	0	3	24.2
Robbery	0	0	0	0	0	0	0.0
Assualt	1	1	0	0	2	4	32.3
Violent crime	2	1	2	0	2	7	56.5
Burglary	1	0	1	7	8	17	137.3
Larceny	3	3	6	14	4	30	242.3
Motor vehicle theft	1	0	1	2	2	6	48.5
Property crime	5	3	8	23	14	53	428.1
Total	7	4	10	23	16	60	484.7

22

North Dakota

	2009	2010	2011	2012	2013	5 year	5-Year Rate
Murder	15	11	15	20	14	75	2.2
Rape	206	222	207	243	237	1,115	32.6
Robbery	102	85	91	117	151	546	16.0
Aggrev. Assualt	795	847	1,040	1,071	1,156	4,909	143.6
Violent crime	1,118	1,165	1,353	1,451	1,558	6,645	194.3
							0.0
Burglary	2,180	1,826	2,227	2,200	2,656	11,089	324.3
Larceny	8,699	8,673	9,344	10,184	10,243	47,143	1378.6
Motor vehicle theft	854	825	763	854	1,228	4,524	132.3
Property crime	11,733	11,324	12,334	13,238	14,127	62,756	1835.2
							0.0
Total	12,851	12,489	13,687	14,689	15,685	69,401	2029.5

Kidder County Community Health Profiles

CHILD HEALTH INDICATORS

Child Indicators: Education 2012	Kidder County	North Dakota
Enrolled in Special Education Ages 3-21 (Number and percent of total school enrollment)*	45 (11%)	13,399 (12.9%)
High School Dropouts (Dropouts per 1000 persons Grades 9-12)*	3 (2.5%)	901 (2.8%)
Average Expenditure per Student in Public School*	$11,339	$10,517
*2013		

Child Indicators: Economic Health 2012	Kidder County	North Dakota
TANF Recipients Ages 0-19 (Percentage of persons ages 0-19)	13 (2.3%)	5,795 (3.3%)
Food Stamp Recipients Ages 0-18 (Percentage of all children ages 0-19)	128 (24%)	37,826 (23%)
Children Receiving Free or Reduced Price Lunch (Percentage of total school enrollment)	165 (41%)	34,381 (31%)
Medicaid Recipients Ages 0-20 (Percentage of all persons ages 0-20)*	166 (28%)	93,292 (28%)
Median Income for Families with Children Ages 0-17 (Percentage of all women with children ages 0-17)*	$64,000	$68,658
Children Ages 0-17 Living in Extreme Poverty (Percentage of children 0-17 for whom poverty is determined)*	49 (11%)	10,576 (7.1%)
*2013		

Child Indicators: Families and Child Care 2012	Kidder County	North Dakota
Mothers in Labor Force with a Child Ages 0-17 (Percentage of all mothers with a child ages 0-17)	149 (74%)	58,222 (82%)
Children Ages 0-17 Living in a Single Parent Family (Percentage of all children ages 0-17)*	99 (22%)	33,963 (23%)
Children in Foster Care (Percentage of children ages 0-18)*	0	2,019 (1.2%)
Children Ages 0-17 with Suspected Child Abuse or Neglect (Percentage of children 0-17)*	37 (7.4%)	6,170 (4.0%)
Children Ages 0-17 Impact by Domestic Violence (Percentage of all children ages 0-17)	NA	4,739 (2.9%)
Births to Mothers with Inadequate Prenatal Care (Percentage of Total Births)	NA	526 (5.2%)
*2013 **2010		

Child Indicators: Juvenile Justice 2012	Kidder County	North Dakota
Children Ages 10-17 Referred to Juvenile Court (Percentage of all children ages 0-17)*	8 (3.2%)	3,789 (5.8%)
Offense Against Person Juvenile Court Referral (Percentage of total juvenile court referral)*	2 (25%)	689 (6.8%)
Alcohol-Related Juvenile Court Referral (Percentage of all juvenile court referrals)*	1 (12.5%)	909 (13%)
*2013		

Appendix D – Prioritization of Community's Health Needs

Tier 1 (Significant Needs)

- Elevated rate of excessive drinking (5 votes)
- Elevated rates of children in poverty/single-parent households (5 votes)
- Meeting needs of older population/resources for home living and caregivers (5 votes)

Tier 2

- Elevated rate of diabetics (3 votes)
- Elevated rate of adult obesity (3 votes)
- Not enough affordable housing (3 votes)
- Not enough jobs with livable wages/not enough to live on (3 votes)

Tier 3

- Low food environment index (2 votes)
- Elevated rate of physical inactivity (2 votes)
- Elevated rate of uninsured residents, including children (2 votes)
- Limited access to exercise opportunities (1 vote)
- Elevated rate of alcohol-impaired driving deaths (1 vote)
- Not enough dentists (1 vote)
- Decreased rates of preventive screening (diabetic and mammogram) (1 vote)
- Elevated rate of unemployment (1 vote)
- Limited licensed child care capacity (1 vote)
- Distance from health facility (1 vote)
- Need for transportation options (1 vote)

(No Votes)

- Elevated rate of adult smoking
- Elevated teen birth rate
- Elevated rate of violent crime
- Elevated rate of air pollution – particulate matter
- Cost of health insurance
- Long-term/nursing home care options
- Not enough evening/weekend hours for medical appointments
- Not enough doctors
- Recruiting/retaining health care professionals