COMMUNITY HEALTH NEEDS ASSESSMENT

McKenzie County Healthcare Systems
June 30\textsuperscript{th}, 2016

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Executive Summary

To satisfy the requirements of the Patient Protection and Affordable Care Act, and in an effort to gauge the overall health needs of the community, McKenzie County Healthcare Systems conducted their second Community Health Needs Assessment (CHNA) this year. To help inform decisions and strategic planning, Upper Missouri Health District and Northland Healthcare Alliance conducted a community health needs assessment in McKenzie County. Northland Healthcare Alliance facilitated the assessment process, which included input from local community members and health care professionals as well as the collection and analysis of community health–related data.
McKenzie County Healthcare Systems conducted their last CHNA in 2013.

To gather data from the community, residents of the county were asked to participate in the survey. Approximately 54 McKenzie County community members took the survey. Additional information was collected through 7–10 key informant interviews with leaders in the community. The information gathered from these interviews was representative of the broad interests of the communities of McKenzie County. That information along with the secondary data gathered from a wide array of sources provides a current picture of health needs, concerns and strengths in the community.

County health rankings show that McKenzie County lags the state on the following reported measures:

- adult smoking
- adult obesity
- physical inactivity
- access to exercise opportunities
- alcohol impaired driving deaths
- teen births
- uninsured
- primary care physicians
- dentists
- mental health providers
- mammography screening
- high school graduation
- some college
- income inequality
- children in single-parent households
- injury deaths
- long commute to work
Of 84 community health needs examples given in the survey, McKenzie County community members who participated in the survey chose the following as the top 9 general community concerns:

1. Affordable Housing
2. Availability of Specialists
3. Crime and Safety
4. Domestic/Spouse Violence
5. Ability to Retain Physicians in the Area
6. Cancer
7. Adult Drug Use and Abuse (including prescription drug use)
8. Availability of Resources to Help Elderly Stay in their Homes
9. Poor Quality of Care

The top three concerns about the community health in the community were: the lack of affordable housing, the lack of adequate childcare services and the lack of income sufficient to be able to afford health care.

The top three concerns about the availability of health services in the community were: the lack of availability of specialists, availability of doctors and nurses, and availability of mental health services.

The top three concerns about the safety/environmental health of the community were: crime and safety, land quality (litter, illegal dumping), and traffic safety, (i.e. Speeding, road safety, drunk/distracted driving and seatbelt use).

The top three concerns about the violence in the community: Domestic/spouse violence, bullying/cyber–bullying, and sexual abuse/assault.

The top three concerns about the delivery of health services in the community were: Ability to retain doctors and nurses in the area, cost of healthcare services, and quality of the care.
The top three concerns about the physical health in the community were: cancer, obesity/overweight, and poor nutrition, poor eating habits.

The top three concerns about the mental health and substance abuse in the community were: adult drug use and abuse (including prescription drug abuse), adult alcohol use and abuse (including binge drinking), and youth drug use and abuse (including prescription drug abuse).

The top three concerns regarding the senior population in the community were: availability of resources to help the elderly stay in their homes, assisted living options, and ability to meet the needs of older population.

The top three reasons for not receiving health care in the community: poor quality of care, not enough doctors, and not enough specialists.

When asked about their communities’ strengths, the responses given indicated the following:
The top three best things about the people in the community were: people are friendly, helpful, and supportive, people are involved in their community, and people feel connected with others who live here.

The top three best things about the services and resources in the community were: quality school systems, active faith community and community groups and organizations.

The top three best things about the quality of life in the community were: family–friendly – good place to raise kids, closeness to work and activities, and job possibilities or economic opportunities.

The top three best things about the activities in the community were: local events and festivals, recreational and sports activities, and activities for families and youth.
Input from leaders in the community revealed the following top 4 biggest concerns:

1. Affordable Housing
2. Availability of Specialists
3. Adult Drug Use and Abuse (including prescription drugs)
4. Ability to Retain Physicians in the Area

Introduction and Community Resources

The reason for providing a community health needs assessment is to collect input from designated individuals in the community, including public health experts as well as members, representatives or leaders of low-income, minority, and medically underserved populations and individuals with chronic conditions.

To get the feedback and opinions of the community, members of McKenzie County Healthcare Services service area were given the chance to fill out a survey and provide feedback. Additional detailed information was gathered through a Key Informant Group which included many different community leaders and members.

Northland Healthcare Alliance was engaged by McKenzie County Healthcare Services to conduct the Community Health Needs Assessment for the community. Northland Healthcare Alliance has provided its members, which include McKenzie County Healthcare Services, with this assistance for many years. However, with the change in legislation and reporting requirements, a new opportunity was created to revisit all of our members to assist them with resources to enhance compliance and increase community participation. The CHNA process was conducted in compliance with these new federal requirements.

Northland Healthcare Alliance assisted in the following manner:

- Designing the community survey
Creating and leading focus groups and key informant interviews
Gathering, entering and reporting survey input
Providing secondary data related to health conditions, risks and outcomes
Marketing, communicating and facilitating community meetings.

Watford City is located in western North Dakota, surrounded by the Missouri River, Lake Sakakawea and the Yellowstone River in eastern Montana. The 2013 census reports a population of 3,284 residents, but because Watford City is located in the heart of the Bakken Oil play, the area has significantly increased in population and development according to the latest census. Watford City is the county seat of McKenzie County and serves a large rural community with an estimated population of 11,771 residents.

The community is heavily dependent on natural resource-based economies such as ranching, farming, tourism, and oil exploration. With over 500,000 acres of public land in the Little Missouri National Grasslands, Theodore Roosevelt National Park, Lake Sakakawea and Fort Berthold Indian Reservation, the community has a sizable base of federal employees as well.

The community has developed an extensive plan that focuses on telecommunication and recreational infrastructure to attract new industry and wage earners. The physical beauty and ample recreational opportunities have been attractive to a select group of telecommuters, information technology companies, energy, financial and service companies.

In the summer of 2016, Watford City's Nature Park, which is located east of Watford City Elementary School, will be undergoing a major $670,000 renovation that will include a fountain in the existing fishing pond, an accessible fishing area, three 20x20 park shelters, a concession and restroom building, a 10 foot walking path, pedestrian lighting with electrical outlets, additional electrical hookups for RVs, and turf/lawn space for events.

The expansion of the park, which will be named the Kent Pelton Nature Park, was approved by the Watford City Park Board on March 9, 2016.
McKenzie County Healthcare Systems

McKenzie County Healthcare Systems (MCHS) has a strong commitment to the patients and families of the county. The goal is to achieve the highest degree of healthcare for these patients and their families. MCHS provides hometown values committed to quality services, continuity of care, assurance of qualified staff and family involvement for individual patients and clients.

McKenzie County Healthcare Systems primarily serves McKenzie County. In addition to Watford City, the communities of Arnegard, Alexander, Grassy Butte, Alexandria and Keene are also located in the hospital’s service area. Figure 1 highlights McKenzie County Healthcare System’s service area.

McKenzie County Healthcare Systems is a facility supported by the Christian churches in the community. The healthcare system is dedicated to the healing ministry of McKenzie County. It is committed to excellence and service in a person-centered environment that respects the human life of all, regardless of race, creed, color, national origin, disability, pregnancy, sex and/or marital status.
McKenzie County Healthcare Systems was started on July 1, 2004 with the merger of the Good Shepherd Home Corporation and the McKenzie County Memorial Hospital Corporation. This resulted in the consolidation of all healthcare services in the county. McKenzie County Healthcare Systems is comprised of McKenzie County Memorial Hospital, McKenzie County Clinic, Good Shepherd Home Nursing Home, Horizon Assisted Living and Healthy Hearts Wellness Center. The goal is to provide the people in the community with access to quality healthcare at many levels.

McKenzie County Healthcare Systems is here today because of the hard work and vision of community minded individuals. These people epitomize the spirit of work and caring that made McKenzie County the place it is today. These individuals were the “founders of our community” and they “spent the vigor of their youth building up the way of life we enjoy today.” With that same attitude, the facilities and people that work there continue to provide healthcare services to those who chose to live and work in a rural area.

McKenzie County Healthcare Systems has an array of different services to meet the communities' needs. Here is a list of some of the services available:

**Hospital:** Emergency Services, Laboratory Services, Cardiac Rehab, Nutrition Services, Physical Therapy Mammography, MRI, Sleep Studies, Occupational Therapy, Pulmonary Rehabilitation, and Radiology.

**Urgent Care/Clinic:** Cardiac, Foot Care, Special Care, Sports Physicals, Well Baby Care, Flight Physicals, Women’s Way Program, Medication Assistance Program, Diabetes Monitoring. Serves from Birth to gerontology are provided for patients in a caring setting by professional staff and providers.

**Assisted Living:** Good Shepherd Home, the Horizon Assisted Living, and using their tool the Long-term Decision Tree to help decide which best fits the patient’s needs.
- The Good Shepherd Home– Services include– 47-bed skilled nursing home, 9-bed basic care, 24-hour nursing care 7 days a week, day care and respite care, dementia support group and information, resident council, family council, and pastoral care.
- The Horizon– Services include– 9 one bedrooms, 2 one bedrooms, 4 two bedrooms, 24 hour call system, wheelchair accessible, security controlled, and furnished with a stove, refrigerator, air conditioner and blinds.

Additional Services: Connie Wald Wellness Center, Chiropractic services, dental services and optometric/vision services. Community Ambulance, First Responders and Enhanced 911 Emergency Service

**Other Community Healthcare Services**

Watford City has developed an array of different healthcare services even outside of the hospital for its growing population. Some of the other community healthcare services include: chiropractic, optometric, dental, two local pharmacies, the Amy’s Wish Foundation, McKenzie County Community Coalition, a personal care spa, and health and life coach services.

The Upper Missouri District Health Unit, serving Northwestern North Dakota, promotes healthy lifestyles through health education, prevention and control of disease and the protection and enhancement of the environment. Upper Missouri District Health Unit (UMDHU) was founded and began offering sanitation and nursing services in Divide, McKenzie and Williams Counties in 1947. It was the third public health unit formed in the state. Mountrail County joined the health unit in 1949. The central office is located in Williston; satellite offices are maintained in Crosby, Stanley and Watford City.

- Promotion: Tobacco Cessation, Worksite Wellness Nutrition and Exercise Education
- Prevention: Foot Care, Child and Adult Immunizations, Foreign Travel Immunization, TB (tuberculosis) testing and Treatment, STD (sexually
transmitted disease) testing HIV and Hepatitis C Testing, Emergency Contraception, Pregnancy Testing, STD treatment, Birth Control, Pap Smears /Annual Female Exams, School Health, and WIC (Women Infants and Children)

- Protection: Daycare/institution inspections, School food service inspections, Swimming pool licensure and inspections, Septic system permitting, Septic installer licensing, Body art licensing and inspection, Tanning facility licensing and inspection, Public Health nuisance and mold inspection, Rabies follow-up as needed (in partnership with the North Dakota Department of Health), Public Health Emergency Preparedness and Response

### Assessment Process

Northland Healthcare Alliance, working collaboratively with the Upper Missouri Health District and McKenzie County Healthcare Systems, has provided this need assessment report.

Northland Healthcare Alliance is a union of healthcare providers linked through a strategic partnership that has as its purpose the work of providing quality supportive healthcare services to its members.

Northland Healthcare Alliance began more than 20 years ago when a group of forward-thinking hospital administrators determined that working together would strengthen healthcare in western North Dakota. Since that time Northland has grown from providing a couple of programs with a handful of employees to a multi-faceted company with more than 73 employees that provide a full range of healthcare services. This has provided good help for the healthcare facilities in the network and has had a significant impact on people in each of the communities.

The key to the success as a network has been the support of the members and the hard work of all of Northland’s excellent employees. Northland has a
reputation of providing excellent customer service and helping to improve the lives of those served.

Some of the available services they provide members include the following:
- Equipment Services: Biomed, Equipment Purchase, Sales Review and Sterilizer Maintenance Services
- Group Contracting
- Clinical Services: Health Information Management Services
- Mobile Imaging Services
- Clinic Services
- Telemedicine Services
- PACE: Program of All-Inclusive Care for the Elderly
- Grant Development
- Critical Access Hospital Services: CHNA Assistance
- Care Coordination Program
- Health Information Technology Services
- Northland Mobile Imaging

To begin the Community Health Needs Assessment, Northland determined the need to gather essential data and opinions from the people of the community. The process for identifying and prioritizing community health needs and services to meet the community health needs was a team effort. McKenzie County Healthcare Systems and Upper Missouri Health District were involved with planning and executing the process. Regular phone meetings, daily emails and face-to-face meetings with Northland Healthcare Alliance and the focus group gave the information needed to complete the assessment.

As a collaborative effort, Northland Healthcare Alliance facilitated the collection of data for the assessment. The survey was developed to gather feedback from the area residents. Other data were received through key informant meetings and secondary sources that revealed demographics; health conditions; community indicators; outcomes, rate of preventative measures, rates of disease, and at-risk behaviors of the county and communities population.
The assessment process was structured using nine different steps. They include: initiating the initial communication, creating a steering committee, providing a survey, conducting key informant interviews, making the public aware by media, distributing surveys, holding community meetings and closing out the CHNA process.

In addition the following steps were used in order to get additional data and information needed for the assessment which include key informant interviews, survey feedback, and secondary data research.

Creating a Steering Committee

In the beginning of April 2016, Northland Healthcare Alliance met with Upper Missouri Health District representative (Ashley Saylor), McKenzie County Health Systems CEO (Dan Kelly) and COO (Michael Curtis). Northland Healthcare Alliance assisted and guided the design, completion, and approval of the community survey. Tim Cox (President of Northland Healthcare Alliance), Tiffany Krinke (Marketing Director), and Nikhil Kalothia (Data Analyst) also worked collaboratively on the project. The different groups discussed topics such as general health needs of the community, delivery of health care by local providers, awareness of health services offered locally, barriers to using local services, education about healthcare services in the area, suggestions for improving collaboration within the community, reasons community members use McKenzie County Healthcare Systems, reasons community members use other facilities for health care, and general community health concerns.

Community Health Needs: Providing a Survey

As indicated, one of the key steps in the process is the gathering of community feedback and individuals perceptions of healthcare in the area. To gather this
feedback, Northland printed the survey with an attached return, postage-paid envelope that could be used in keeping the community members' feedback anonymous. NHA then distributed the surveys to area residents through various channels, which includes the Upper Missouri District Health Unit, banks, stores, pharmacies, and other public venues. Residents had access an interactive, online version of the survey at: https://www.surveymonkey.com/r/McKenzieCounty. Additionally, written copies were available in the front office of the Hospital, Good Shepherd Home, Clinic and the Healthy Hearts Wellness Center. All survey responses were anonymous. Survey responses were then returned to Northland Healthcare Alliance to help ensure anonymity. A postage-paid return envelope was included with each written survey.

The purpose of the survey is to give feedback to local providers of the community’s awareness or lack of awareness of local health care services being provided, hear suggestions and help identify any gaps in services, learn about community health concerns, and determine preferences for using local health care versus traveling to other facilities. In addition to specific questions, the survey also seeks general, open-ended input from residents about the community’s health needs and the delivery of local health care. The survey is designed to take respondents about 10 to 15 minutes to complete.

A periodic community needs assessment is a requirement of the Affordable Care Act. The regulations require non-profit hospitals such as McKenzie County Healthcare System to assess the community’s health needs and develop a plan to address those needs. Northland Healthcare Alliance is assisting in the process as a strategic partner with resources and capacity to provide this service for its members.

Approximately 350 printed surveys were distributed to area residents through various channels including the front office of the hospital, Good Shepherd Home, Clinic and the Healthy Hearts Wellness Center. Upper Missouri District Health Unit also assisted in the distribution as well as banks, stores, pharmacies, and other public venues. Two press announcements were placed
in the McKenzie County Farmer, and it was also placed on the McKenzie Health Care Systems Facebook page. The community was given three weeks to respond to the surveys that were made available. However, due to a small number of surveys returned, the window to complete the survey was extended an extra week, which created a 4 week period window. There was a total of 54 paper and online surveys submitted. The community member’s responses to the survey covered the following: community assets, community concerns, delivery of health care, and demographic information.

The following information gaps did limit McKenzie County Healthcare System’s ability to assess the community’s health needs:
- limited participation in the survey
- male gender participation in the survey
- updated census information for 2016
- unanswered questions in the survey

**Conducting Key Informant Interviews and Meetings**

Beginning in May, 2016 a Key Informant Group was chosen and contacted to discuss the community health needs assessment survey and to plan for the next Key Informant Meeting. On May 23rd, the Key Informant group, consisting of 12 members chosen from the community, met to discuss in person the community health needs assessment and survey results. A representative from Northland Healthcare Alliance facilitated the meeting. The key informants participated in a two hour discussion with other community stakeholders and people who are actively involved in community affairs. Included among the informants was a public health nurse with specific background in public health acquired through direct care working with populations with chronic diseases, minority populations, and low incomes. Others included public servants including school administrators, the county sheriff, business people and healthcare administrators.
Many topics were discussed; some covered the general health needs of the community, delivery of health care by local providers, awareness of health services within the community, local health care delivery concerns, reasons community members use local health care providers, and reasons community members use other facilities for health care. Through this discussion, the group provided input that identified and responded to the most pressing community health care needs.

The group then worked to identify and prioritize the community’s health needs based on the survey results, findings from key informant interviews and steering committee, and large range of secondary data relating to the population of McKenzie County. Other members of the Key Informant Group included, local business owners, education, economic development, law enforcement, public health, agriculture, healthcare, faith, and political leaders.

Secondary Research (how data was obtained)

As available, a range of other specific needs assessments tools and reports were used to identify unmet needs. The report is built on past available needs assessments, and these documents along with recent data were used as reference tools.

Secondary data is important when collected and analyzed to provide a snapshot of the area’s overall health conditions, behaviors, and outcomes. Information was collected from a variety of sources including McKenzie County Healthcare Services website, Watford City Are Chamber of Commerce website, the U.S. Census Bureau; the North Dakota Department of Health; the Robert Wood Johnson Foundation’s County Health Rankings; North Dakota Health Care Review, Inc., 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.
Local Demographics

Table 1 gives general geographic and demographic information about McKenzie County, which is a high percentage of the service area of the McKenzie County Healthcare System.

<table>
<thead>
<tr>
<th>Table 1: North Dakota County Information and Demographics (From 2010 Census; 2016 estimates used when available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>McENzie County</td>
</tr>
<tr>
<td>Population (2016 estimate)</td>
</tr>
<tr>
<td>Population change (2010-2016)</td>
</tr>
<tr>
<td>Land area (sq mi)</td>
</tr>
<tr>
<td>People per square mile</td>
</tr>
<tr>
<td>White persons</td>
</tr>
<tr>
<td>Non-English speaking</td>
</tr>
<tr>
<td>High school graduates</td>
</tr>
<tr>
<td>Bachelor’s degree or higher</td>
</tr>
<tr>
<td>Live below poverty line</td>
</tr>
<tr>
<td>Children under 18 in poverty</td>
</tr>
<tr>
<td>Persons under 18 years</td>
</tr>
<tr>
<td>Persons 65 years or older</td>
</tr>
<tr>
<td>Median age</td>
</tr>
<tr>
<td>Median household income</td>
</tr>
</tbody>
</table>

Very little has changed since the CHNA survey conducted in 2013. The population estimate has increased in both McKenzie County and North Dakota. Previous totals were 7,019 individuals for McKenzie County and 683,932 in North Dakota, which is a 4,752 person growth in the county. Many attribute this growth to the oil and gas industry; however the slowing of the same industry has led to a decrease in the community as well.
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, McKenzie 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 2016 County Health Rankings are pulled from more than 20 data sources and then are compiled to create county rankings. Counties in each of 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 2016 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
- 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 McKenzie County. It is important to note that these statistics describe the population of a county, regardless of where county residents choose to receive their medical care. In other words, all of the following statistics are based on the health behaviors and conditions of the county’s residents, not necessarily the patients and clients of McKenzie County Healthcare Systems or of particular medical facilities.

For most of the measures included in the rankings, the County Health Rankings’ authors have calculated the “Top U.S. Performers” for 2016. 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).

McKenzie County’s rankings within the state also is included in the summary below. For example, McKenzie County ranks 44th out of 49 ranked counties in North Dakota on health outcomes and 44th on health factors. The measures marked with a red checkmark (✓) are those where Barnes County is not measuring up to the state rate/percentage; a blue checkmark (✓) indicates that the county is faring better than the North Dakota average, but not meeting the U.S. Top 10% rate on that measure. Measures that are not marked with a colored checkmark, but are marked with a smiling icon (😊) indicate that the county is doing better than the U.S. Top 10%.

The data from County Health Rankings show that McKenzie County is doing worse than compared to the rest of North Dakota on measures of length of life (such as premature death), landing at or below rates for North Dakota counties, and worse than many of the U.S. Top 10% ratings. However, for quality of life measures it is doing very similar to the North Dakota average and the US top 10% rate. On health factors, McKenzie County is doing worse than the majority of North Dakota counties, especially in health behaviors and social & economic factors.

McKenzie County lags the state on the following reported measures:
- adult smoking
- adult obesity
- physical inactivity
- access to exercise opportunities
- alcohol impaired driving deaths
- teen births
- uninsured
- primary care physicians
- dentists
• mental health providers
• mammography screening
• high school graduation
• some college
• income inequality
• children in single-parent households
• injury deaths
• long commute to work
Table 2: Selected Measures from County Health Rankings - McKenzie County

<table>
<thead>
<tr>
<th>Ranking: Health Outcomes</th>
<th>McKenzie County</th>
<th>U.S. Top 10%</th>
<th>North Dakota (of 49)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature death</td>
<td>12,800 ✓✓</td>
<td>5,200</td>
<td>6,600</td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>13% ✓</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>2.9 ☺</td>
<td>2.9</td>
<td>2.9</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>2.8 ☺</td>
<td>2.8</td>
<td>2.9</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>4% ☺</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ranking: Health Factors</th>
<th>McKenzie County</th>
<th>U.S. Top 10%</th>
<th>North Dakota (of 49)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult smoking</td>
<td>21% ✓✓</td>
<td>14%</td>
<td>20%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>34% ✓✓</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>Food environment index</td>
<td>8.1 ✓✓</td>
<td>8.3</td>
<td>8.4</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>32% ✓✓</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>Access to exercise</td>
<td>43% ✓✓</td>
<td>91%</td>
<td>66%</td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>25% ✓</td>
<td>12%</td>
<td>25%</td>
</tr>
<tr>
<td>Alcohol-impaired driving</td>
<td>48% ✓✓</td>
<td>14%</td>
<td>47%</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>400.7% ✓✓</td>
<td>134%</td>
<td>419%</td>
</tr>
<tr>
<td>Teen births</td>
<td>32% ✓✓</td>
<td>19%</td>
<td>28%</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Clinical Care</th>
<th>McKenzie County</th>
<th>U.S. Top 10%</th>
<th>North Dakota (of 49)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>14% ✓✓</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>4,660:1 ✓✓</td>
<td>1,040:1</td>
<td>1,260:1</td>
</tr>
<tr>
<td>Dentists</td>
<td>3,670:1 ✓✓</td>
<td>1,340:1</td>
<td>1,690:1</td>
</tr>
<tr>
<td>Mental health providers</td>
<td>11,000:1 ✓✓</td>
<td>370:1</td>
<td>670:1</td>
</tr>
<tr>
<td>Preventable hospital</td>
<td>48 ✓</td>
<td>38</td>
<td>51</td>
</tr>
<tr>
<td>Diabetic monitoring</td>
<td>88% ✓</td>
<td>90%</td>
<td>86%</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>65% ✓✓</td>
<td>71%</td>
<td>68%</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Social and Economic Factors</th>
<th>McKenzie County</th>
<th>U.S. Top 10%</th>
<th>North Dakota (of 49)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduation</td>
<td>80% ✓✓</td>
<td>93%</td>
<td>86%</td>
</tr>
<tr>
<td>Some college</td>
<td>66% ✓✓</td>
<td>72%</td>
<td>74%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>1.5% ☺</td>
<td>3.5%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>12% ☺</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>Income inequality</td>
<td>4.7 ✓✓</td>
<td>3.7</td>
<td>4.4</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>38% ✓✓</td>
<td>21%</td>
<td>27%</td>
</tr>
<tr>
<td>Social associations</td>
<td>18.3 ✓</td>
<td>22.1</td>
<td>16.6</td>
</tr>
<tr>
<td>Violent crime</td>
<td>210 ✓</td>
<td>59</td>
<td>240</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>152 ✓✓</td>
<td>51</td>
<td>63</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Environment</th>
<th>McKenzie County</th>
<th>U.S. Top 10%</th>
<th>North Dakota (of 49)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air pollution - particulate</td>
<td>10.0 ✓</td>
<td>9.5</td>
<td>10.0</td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>8% ☺</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>75% ✓</td>
<td>71%</td>
<td>80%</td>
</tr>
<tr>
<td>Long commute - driving alone</td>
<td>27% ✓✓</td>
<td>15%</td>
<td>13%</td>
</tr>
</tbody>
</table>

✓ = Not meeting North Dakota average
✓✓ = Not meeting U.S. Top 10% Performers
☺ = Meeting or exceeding U.S. Top 10% Performers
Children’s Health

The National Survey of Children’s Health touches on multiple intersecting aspects of children’s lives. Data 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>
<thead>
<tr>
<th>Table 3: Selected Measures Regarding Children's Health</th>
<th>North Dakota</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Status</strong></td>
<td>--------------</td>
<td>----------</td>
</tr>
<tr>
<td>Children born premature (3 or more weeks early)</td>
<td>10.8%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Children 0-5 who were ever breastfed</td>
<td>79.4%</td>
<td>91.2%</td>
</tr>
<tr>
<td>Children 6-17 who missed 11 or more days of school</td>
<td>4.6%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Children 10-17 overweight or obese</td>
<td>35.8%</td>
<td>31.3%</td>
</tr>
<tr>
<td><strong>Health Care</strong></td>
<td>--------------</td>
<td>----------</td>
</tr>
<tr>
<td>Children currently insured</td>
<td>93.5%</td>
<td>94.5%</td>
</tr>
<tr>
<td>Children who had preventive dental visit in past year</td>
<td>74.6%</td>
<td>77.2%</td>
</tr>
<tr>
<td>Children who had preventive medical visit in past year</td>
<td>78.6%</td>
<td>84.4%</td>
</tr>
<tr>
<td>Young children (10mos.-5yrs.) receiving standardized screening for developmental or behavioral problems</td>
<td>20.7%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Children aged 2-17 with problems requiring counseling who received needed mental health care</td>
<td>86.3%</td>
<td>61.0%</td>
</tr>
<tr>
<td><strong>Family Life</strong></td>
<td>--------------</td>
<td>----------</td>
</tr>
<tr>
<td>Children who live in households where someone smokes</td>
<td>29.8%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Children whose families eat meals together 4 or more times per week</td>
<td>83.0%</td>
<td>78.4%</td>
</tr>
<tr>
<td><strong>Neighborhood</strong></td>
<td>--------------</td>
<td>----------</td>
</tr>
<tr>
<td>Children who live in a neighborhood with a park, sidewalks, a library, and a community center</td>
<td>58.9%</td>
<td>54.1%</td>
</tr>
<tr>
<td>Children living in neighborhoods with poorly kept or rundown housing</td>
<td>12.7%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Children living in neighborhood that's usually or always safe</td>
<td>94.0%</td>
<td>86.6%</td>
</tr>
</tbody>
</table>
The data on children’s health and conditions reveal that while North Dakota is doing better than the national averages on a few measures, it is not measuring up to the national averages with respect to:

- Obese or overweight children
- Children with health insurance
- Preventive primary care and dentist visits
- Developmental/behavioral screening
- Children in smoking households

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

The data shows that McKenzie County is performing better than the North Dakota average on all of the examined measures except the number of uninsured children, the number of children living in poverty, and licensed child care capacity. The most marked difference was on the measure of availability of licensed child daycare (slightly more than half of the state rate).

<table>
<thead>
<tr>
<th>Table 4: Selected County-Level Measures Regarding Children’s Health</th>
<th>McKenzie County</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured children (% of population age 0-18), 2014</td>
<td>10.0%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Uninsured children below 200% of poverty (% of population), 2014</td>
<td>30.1%</td>
<td>45.8%</td>
</tr>
<tr>
<td>Medicaid recipient (% of population age 0-20), 2015</td>
<td>21.8%</td>
<td>27.9%</td>
</tr>
<tr>
<td>Children enrolled in Health Steps (% of population age 0-18), 2013</td>
<td>2.1%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Children 0-17 living in poverty, 2014</td>
<td>23.7%</td>
<td>14.5%</td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2015</td>
<td>13.0%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Licensed child care capacity (% of population age 0-13), 2016</td>
<td>26.3%</td>
<td>44.5%</td>
</tr>
<tr>
<td>Four-Year High School Cohort Graduates</td>
<td>83.3%</td>
<td>86.3%</td>
</tr>
</tbody>
</table>
Survey Results

350 printed surveys were distributed to area residents through various channels, the front office of the Hospital, Good Shepherd Home, Clinic and the Healthy Hearts Wellness Center. Upper Missouri District Health Unit assisted as well as banks, stores, pharmacies, and other public venues. 2 Press Releases were put in the McKenzie County Farmer, and it was also put up on McKenzie Health Care Systems Facebook Page.

All survey responses were anonymous. Survey responses were returned to Northland Healthcare Alliance to help ensure anonymity. Due to a small number of returned surveys, we extended the end date another week, to Friday the 13th at Midnight.

Survey Demographics

One version of the survey was administered. With respect to demographics, it asked people about their gender, age, and education level. In addition, people were asked about their marital status, employment status, household income, and travel time to the nearest clinic. Figures 2 through 15 illustrate these demographic characteristics of community members.

Throughout this report, numbers (N) instead of percentages (%) are reported because percentages can be misleading with smaller numbers. Survey respondents were not required to answer all survey questions; they were free to skip any questions they wished.

The demographic results revealed similar findings about several measures. As illustrated in Figure 2, the number of females responding (43) was vastly higher than the number of males responding (7).
Most of the community members completing the survey were between the ages of 25–34 (N=13). The next most represented groups were ages 45–54 (N=12) and 35–44 (N=10). The two smallest groups of people responding were the youngest and oldest sets; those younger than 18 (N=1) and those aged 75 and older (N=0). Figure 3 illustrates respondents’ ages. The groups that were not represented in the survey were people aged 75 and older.
The community members represented a wide range of educational backgrounds as illustrated in Figure 4. Only 1 respondent had not graduated from high school. The majority of respondents had either a bachelor’s degree (N=13) or some college/technical degree (N=13).

![Figure 4: Highest level of education](image)

Figure 5 shows the race/ethnicity of the respondents. 93% of the respondents were white/Caucasian.
Figure 6 shows the household income of the respondents. The majority (N=27) had yearly household incomes of $100,000 or higher.
Figure 7 shows that the majority of the respondents are employed full-time (N=38). The highest is part-time employees (N=8).

Health Care Access

Community members were asked what their health insurance status is. Health insurance status is often associated with whether people have access to health care. Figure 4 shows that only 3 of the respondents reported having no health insurance or being under-insured. The most common insurance type was insurance through self-purchased (N=47).
Community Assets, Challenges, and Collaboration

Respondents were asked what they perceived as the best things about their community in five categories: people, quality of life, services and resources, and activities. In each category, respondents were given a list of choices and asked to pick the three best things. Respondents occasionally chose less than three or more than three choices within each category. If more than three choices were selected, their responses were not included. The results indicate that there is consensus (with 34 or more respondents agreeing) that community assets include:

- Friendly, helpful, and supportive people (N=35, 65%)
- Family-friendly (N=35, 65%)
- Local events and festival (N=37, 69%)
- Recreational and sports activities (N=34, 63%)

Figures 9 – 12 illustrates the results of these questions.
Figure 9: Best Things about the PEOPLE in Our Community

- People are friendly, helpful, supportive: 35
- People who live here are involved in their...: 32
- Feeling connected to people who live here: 22
- Community is socially and culturally diverse...: 22
- People are tolerant, inclusive and open...: 11
- Government is accessible: 10
- Sense that you can make a difference...: 7
- Other: 2

Figure 10: Best Things about the SERVICES & RESOURCES in Our Community

- Quality school systems: 32
- Active faith community: 31
- Community groups and organizations: 23
- Programs for youth: 14
- Access to healthy food: 14
- Health care: 10
- Business district (restaurants, availability of...: 8
- Public transportation: 3
- Other: 1
Other Best Things in the Community

In an open ended question on the survey, community members were asked “What are the other best things about their community that were not listed in the above questions?” Some of the open responses were the following:

- Amazing problem solving skills during extreme growth
- Number of parks/Bike paths/Outdoor pool
- The people
- Work ethic of the people
- Good place to make friends and grow up in
The survey revealed that, by a small margin, respondents turn to a primary care provider for trusted health information. Figure 13 shows that other common sources of trusted health information are: web searches/Internet and other health care professionals.

![Figure 13: Sources for Receiving Trusted Health Information in Our Community](image)

**Community Concerns**

At the heart of this community health needs assessment was a section on the survey asking survey-takers to review a wide array of potential community and health concerns in eight different categories and to choose their top three concerns. The eight categories of potential concerns were:

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

Excluding open ended question categories, community members collectively ranked the following as the 9 most significant community health needs:
1. Affordable Housing
2. Availability of Specialists
3. Crime and Safety
4. Domestic/Spouse Violence
5. Ability to Retain Physicians in the Area
6. Cancer
7. Adult Drug Use and Abuse (including prescription drug use)
8. Availability of Resources to Help Elderly Stay in their Homes
9. Poor Quality of Care

Figures 14 through 21 illustrate these results.
Figure 17: Concerns about the VIOLENCE in Our Community

- Domestic/spouse violence: 23
- Sexual abuse/assault: 22
- Physical abuse: 10
- Violence against women: 9
- Stalking: 8
- Other: 5
- Intimidation: 4
- Video game/media violence: 2

Figure 18: Concerns about the DELIVERY OF HEALTH SERVICES in Our Community

- Ability to retain doctors and nurses in the...: 38
- Cost of health care services: 26
- Quality of care: 25
- Extra hours for appointments, such as...: 15
- Cost of health insurance: 15
- Cost of prescription drugs: 8
- Patient confidentiality: 5
- Other: 4
- Providers using electronic health records: 2
- Sharing of information between healthcare...: 1

Community Health Needs Assessment 37
Figure 19: Concerns about the PHYSICAL HEALTH in Our Community

- Cancer: 24
- Poor nutrition, poor eating habits: 18
- Diabetes: 12
- Heart disease: 11
- Youth hunger and poor nutrition: 9
- Youth obesity: 7
- Other: 2

Figure 20: Concerns about the MENTAL HEALTH & SUBSTANCE ABUSE in Our Community

- Adult drug use and abuse (including...): 24
- Adult alcohol use and abuse (including...): 25
- Youth drug use and abuse (including...): 24
- Youth alcohol use and abuse (including...): 22
- Depression: 19
- Adult mental health: 13
- Youth tobacco use (exposure to second...): 10
- Youth mental health: 8
- Suicide: 7
- Adult tobacco use (exposure to second...): 6
- Other: 1
Barriers to Accessing Health Care

Community members were asked what would help to address the reasons why they are unable to obtain health care services in the McKenzie County service area. The six most frequently mentioned barriers were poor quality care, not enough doctors, not enough specialists, not able to get an appointment/limited hours, not able to see same provider over time, and not enough evening or weekend hours. All of these responses were selected 15–21 times and the next highest was 12. This shows that workforce issues are what mainly create barriers to accessing health care. Figure 22 illustrates these barriers.
OTHER HEALTH ISSUES

Community Support

The members of the community understand this is not just an issue for the hospital to address; Watford City needs to be a place that future physicians want to live in. During Community Meeting One, the Key Informants discussed how the community will need to support the hospital in its efforts to recruit and retain primary care physicians. The discussion will continue further in our Community Meeting Two, and Implementation Strategy.

Suggestions to Improve Local Health Care Delivery

In another open-ended question, survey takers were asked to share concerns and suggestions to improve the delivery of local health care. Some of the comments documented were the following:

• Lower healthcare costs
• Better trauma and burn injury readiness
• Having a medical helicopter based in Watford City
• Accessibility to health care on weekends and Sundays
• The availability of specialists is rare, and the wait time is too long.
• More specialized physicians/nurses with more experience.

Challenges Facing the Community
In an open ended question, community members were asked what the major challenges facing the community were, the following answers were documented:

• Need more services for addiction, mental health and specialty services so people do not need to travel out of town
• More affordable housing and affordable daycare
• Higher crime and effect of lower economic activities due to change in oil prices
• Not enough youth activities to deter youth from negative environments
• Not enough job variety for older generation

Additional Programs and Services
In an open ended question, community members were asked “What specific health care services, if any, do they think should be added locally?” Some of the answers were as follows:

• More sex education for the high school students
• More activities for the elderly outside of the nursing home
• More home healthcare services
• Drug and mental health facilities
• Better community recycling program
• More family and youth programs.

FINDINGS FROM KEY INFORMANT INTERVIEWS AND COMMUNITY MEETING NUMBER 1
5/23/16

On May 23rd, 2016, there were a total of 12 community leaders in attendance in the Key Informant Meeting. Each member of the meeting was provided a packet with the printed version of the PowerPoint presentation, with a printed copy of Community Open Responses from the surveys. Contact information for Tim Cox and Tiffany Krinke of Northland Healthcare Alliance was also included.
PRIORITIZATION OF HEALTH NEEDS

After much group discussion, reviewing secondary data and survey results, the key informant group took the top 9 community health concerns and voted on what would be the top 4. Using 4 as most important and 1 being least important, the results were as follows:

**TOP 4 COMMUNITY HEALTH NEEDS:**
1. Affordable Housing
2. Availability of Specialists
3. Adult Drug Use and Abuse (including prescription drugs)
4. Ability to Retain Physicians in the Area

SUMMARY

McKenzie County Healthcare System’s 2016 Community Health Needs Assessment had findings and input from 54 community members as well as 12 leaders of the community. This group represented the service area covered by McKenzie County Healthcare System’s and their broad interests. This report assisted in giving MCHS’s a snapshot of the current needs of their community.

Based on the decisions and recommendations stemming from the Community Meetings One and Two, the Community Health Needs Assessment has been completed. Now, a strategic implementation plan will be drafted and adopted that describes how McKenzie County Healthcare Systems plans to meet the prioritized needs identified in this assessment.

The CHNA report has now been distributed widely to the community of Watford City. McKenzie County Healthcare Systems has ensured that the report is prominently displayed on their website: [http://mckenziehealth.com/about-mckenzie/documents-and-media](http://mckenziehealth.com/about-mckenzie/documents-and-media). A paper copy of the report can also be found...
at the front desk. Thank you to Watford City, and all of McKenzie County for your effort, participation and community engagement.

Appendix A1 – Paper Survey

McKenzie County Health Survey

McKenzie County Healthcare Systems, Inc. and Upper Missouri Health District want to hear about your community health concerns. The reason for this survey is to:

- Learn of the good things in your community as well as concerns in your community
- Understand point of views about the health of the community, and hear your suggestions and solutions for improvement
- Learn more about your local health services and how they are being used by you and other members of the community

If you would rather fill this survey out online, please go to: https://www.surveymonkey.com/r/McKenzieCounty

Surveys will be documented by the Northland Healthcare Alliance. Use the provided postage-paid return envelope to send back your response. 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 a total. If you have questions about the survey, you may contact Tiffany Krinke at 701.204.0418. Surveys will be accepted through the week of May 2nd, 2016.

Your point of view is important- THANK YOU for caring for your community!

Community Assets

Please tell us about our community by choosing up to three options you most agree with in each category below:

Considering the PEOPLE in our community, the 3 best things are (choose up to THREE):

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

Considering the SERVICES AND RESOURCES in our community, the 3 best things are (choose up to THREE):
Access to healthy food
Active faith community
Business district (restaurants, availability of goods)
Community groups and organizations
Health care
Public transportation
Programs for youth
Quality school systems
Other (please specify) __________________________________

Considering the QUALITY OF LIFE in our community, the 3 best things are (choose up to THREE):
Closeness to work and activities
Family-friendly; good place to raise kids
Informal, simple, laidback lifestyle
Job opportunities or economic opportunities
Safe place to live, little/no crime
Other (please specify) __________________________________

Considering the ACTIVITIES in our community, the 3 best things are (choose up to THREE):
Activities for families and youth
Arts and cultural activities
Local events and festivals
Recreational and sports activities
Year-round access to fitness opportunities
Other (please specify) ___________________________ ___________

What are the other “best things” about our community that are not listed in the questions above?
What are the major challenges facing our community?

Community Concerns

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

Considering the **COMMUNITY HEALTH** in our community, 3 concerns are (choose up to THREE):

- Access to exercise and wellness activities
- Adequate childcare services
- Adequate school resources
- Adequate youth activities
- Affordable housing
- Attracting and retaining young families
- Change in population size (increase or decrease)
- Jobs with livable wages
- Poverty
- Other (please specify) ________________________________

Considering the **AVAILABILITY OF HEALTH SERVICES** in our community, 3 concerns are (choose up to THREE):

- Ability to get appointments
- Availability of doctors and nurses
☐ Availability of dental care
☐ Availability of mental health services
☐ Availability of public health professionals
☐ Availability of specialists
☐ Availability of substance abuse/treatment services
☐ Availability of vision care
☐ Availability of wellness and disease prevention services
☐ Other (please specify) ________________________________

Considering the **SAFETY/ENVIRONMENTAL HEALTH** in our community, 3 concerns are (choose up to THREE):

☐ Air quality
☐ Crime and safety
☐ Emergency services (ambulance & 911) available 24/7
☐ Land quality (litter, illegal dumping)
☐ Low graduation rates
☐ Prejudice, discrimination
☐ Public transportation (options and cost)
☐ Traffic safety (i.e. Speeding, road safety, drunk/distracted driving, and seatbelt use)
☐ Water quality (well water, lakes, rivers)
☐ Other (please specify) ________________________________

Considering various forms of **VIOLENCE** in our community, 3 concerns are (choose up to THREE):

☐ Bullying/cyber-bullying
☐ Dating violence
☐ Domestic/spouse violence
☐ Economic abuse/withholding of funds
☐ Emotional abuse
☐ Intimidation
☐ Isolation
☐ Physical abuse
☐ Stalking
☐ Sexual abuse/assault
☐ Verbal threats
☐ Video game/media violence
☐ Violence against children
☐ Violence against women
☐ Work place/co-worker violence
☐ Other (please specify)

Considering the **DELIVERY OF HEALTH SERVICES** in our community, 3 concerns are (choose up to THREE):

☐ Ability to retain doctors and nurses in the area
☐ Cost of health care services
☐ Cost of health insurance
☐ Cost of prescription drugs
☐ Extra hours for appointments, such as evenings and weekends
☐ Patient confidentiality
☐ Providers using electronic health records
☐ Quality of care
☐ Sharing of information between healthcare providers
☐ Other (please specify) ________________________________

Considering the **PHYSICAL HEALTH** in our community, 3 concerns are (choose up to THREE):

☐ Cancer
☐ Diabetes
☐ Lung Disease i.e. Emphysema, COPD, Asthma
☐ Heart disease
☐ Obesity/overweight
☐ Poor nutrition, poor eating habits
☐ Sexual health (including sexually transmitted diseases/AIDS)
☐ Teen pregnancy
☐ Youth hunger and poor nutrition
☐ Youth obesity
☐ Youth sexual health (including sexually transmitted infections)
☐ Wellness and disease prevention, including vaccine-preventable diseases
☐ Other (please specify) ________________________________
Considering the **MENTAL HEALTH AND SUBSTANCE ABUSE** in our community, 3 concerns are (choose up to THREE):

- [ ] Adult alcohol use and abuse (including binge drinking)
- [ ] Adult drug use and abuse (including prescription drug abuse)
- [ ] Adult tobacco use (exposure to second-hand smoke, use of alternate tobacco products i.e. e-cigarettes, vaping, hookah)
- [ ] Adult mental health
- [ ] Adult suicide
- [ ] Depression
- [ ] Suicide
- [ ] Youth alcohol use and abuse (including binge drinking)
- [ ] Youth drug use and abuse (including prescription drug abuse)
- [ ] Youth mental health
- [ ] Youth suicide
- [ ] Youth tobacco use (exposure to second-hand smoke, use of alternate tobacco products i.e. e-cigarettes, vaping, hookah)
- [ ] Other (please specify) ________________________________

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

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

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

What **PREVENTS** you or other community 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
- [ ] Don’t speak language or understand culture
- [ ] Lack of disability access
- [ ] Lack of services through Indian Health Service
- [ ] Limited access to telehealth technology (patients seen by providers at another facility through a monitor/TV screen)
- [ ] No insurance or limited insurance
- [ ] Not able to get appointment/limited hours
- [ ] Not able to see same provider over time
- [ ] Not accepting new patients
- [ ] Not affordable
- [ ] Not enough doctors
- [ ] Not enough evening or weekend hours
- [ ] Not enough specialists
- [ ] Poor quality of care
- [ ] Other (please specify) ______________________________________
Where do you turn for trusted health information? (Choose ALL that apply.)

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

Demographic Information

Please tell us about yourself.

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

- Yes
- No

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

- Indian Health Service (HIS)
- Insurance through employer/self-purchased
- Medicaid
- Medicare
- No insurance
- Not enough insurance
- Veteran’s Health Care Benefits
- Other (please specify) ________________________________

Age:

- Less than 18 years
- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75 years and older
Highest level of education:
- Less than high school
- High school diploma or GED
- Some college/technical degree
- Associate’s degree
- Bachelor’s degree
- Graduate or professional degree

Sex
- Female
- Male
- Prefer not to answer

Employment status:
- Full time
- Part time
- Homemaker
- Multiple job holder
- Unemployed
- Retired

Your zip code:

Race/ethnicity: (Choose ALL that apply.)
- American Indian
- Asian
- Black/African American
- Hispanic/Latino
- Pacific Islander
- White/Caucasian
- Other: __________________________
- Prefer not to answer
Annual household income before taxes:

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

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

What programs and services do you think are needed in the community?

Thank you for assisting us with this important survey!
Appendix A2 – Online Survey

McKenzie County Health Survey

McKenzie County Healthcare Systems, Inc. and Upper Missouri Health District want to hear about your community health concerns. The reason for this survey is to:

- Learn of the good things in your community as well as concerns in your community
- Understand point of views about the health of the community, and hear your suggestions and solutions for improvement
- Learn more about your local health services and how they are being used by you and other members of the community

Surveys will be documented by the Northland Healthcare Alliance. 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 a total. If you have questions about the survey, you may contact Tiffany Krinke at 701.204.0418. Surveys will be accepted through May 2nd, 2016.

*Your point of view is important*- THANK YOU for caring for your community!

Next
McKenzie County Health Survey

Community Assets

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

1. Considering the PEOPLE in our community, the 3 best things are (choose up to THREE):
   - Community is socially and culturally diverse or becoming more diverse
   - Feeling connected to people who live here
   - Government is accessible
   - People are friendly, helpful, supportive
   - People who live here are involved in their community
   - People are tolerant, inclusive and open-minded
   - Sense that you can make a difference through civic engagement
   - Other (please specify)

2. Considering the SERVICES AND RESOURCES in our community, the 3 best things are (choose up to THREE):
   - Access to healthy food
   - Active faith community
   - Business district (restaurants, availability of goods)
   - Community groups and organizations
   - Health care
   - Public transportation
   - Programs for youth
   - Quality school systems
   - Other (please specify)
3. Considering the QUALITY OF LIFE in our community, the 3 best things are (choose up to THREE):

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

4. Considering the ACTIVITIES in our community, the 3 best things are (choose up to THREE):

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

5. What are the other “best things” about our community that are not listed in the questions above?

6. What are the major challenges facing our community?
McKenzie County Health Survey

Community Concerns

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

7. Considering the COMMUNITY HEALTH in our community, 3 concerns are (choose up to THREE):
   □ Access to exercise and wellness activities
   □ Adequate childcare services
   □ Adequate school resources
   □ Adequate youth activities
   □ Affordable housing
   □ Attracting and retaining young families
   □ Change in population size (increase or decrease)
   □ Jobs with livable wages
   □ Poverty
   □ Other (please specify)

8. Considering the AVAILABILITY OF HEALTH SERVICES in our community, 3 concerns are (choose up to THREE):
   □ Ability to get appointments
   □ Availability of doctors and nurses
   □ Availability of dental care
   □ Availability of mental health services
   □ Availability of public health professionals
   □ Availability of specialists
   □ Availability of substance abuse/treatment services
   □ Availability of vision care
   □ Availability of wellness and disease prevention services
   □ Other (please specify)

9. Considering the SAFETY/ENVIRONMENTAL HEALTH in our community, 3 concerns are (choose up to THREE):
   □ Air quality
   □ Crime and safety
   □ Emergency services (ambulance & 911) available 24/7
   □ Land quality (litter, illegal dumping)
   □ Low graduation rates
   □ Prejudice, discrimination
   □ Public transportation (options and cost)
   □ Traffic safety (e.g., speeding, road safety, drunk/distracted driving, and seatbelt use)
   □ Water quality (well water, lakes, rivers)
   □ Other (please specify)
10. Considering various forms of VIOLENCE in our community, 3 concerns are (choose up to THREE):

- Bullying/cyberbullying
- Dating violence
- Domestic/spouse violence
- Economic abuse/withholding of funds
- Emotional abuse
- Intimidation
- Isolation
- Physical abuse
- Stalking
- Sexual abuse/assault
- Verbal threats
- Video game/media violence
- Violence against children
- Violence against women
- Workplace/co-worker violence
- Other (please specify)

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

- Ability to retain doctors and nurses in the area
- Cost of health care services
- Cost of health insurance
- Cost of prescription drugs
- Extra hours for appointments, such as evenings and weekends
- Patient confidentiality
- Providers using electronic health records
- Quality of care
- Sharing of information between healthcare providers
- Other (please specify)

12. Considering the PHYSICAL HEALTH in our community, 3 concerns are (choose up to THREE):

- Cancer
- Diabetes
- Lung Disease i.e. Emphysema, COPD, Asthma
- Heart disease
- Obesity/overweight
- Poor nutrition, poor eating habits
- Sexual health (including sexually transmitted diseases/AIDS)
- Teen pregnancy
- Youth hunger and poor nutrition
- Youth obesity
- Youth sexual health (including sexually transmitted infections)
- Wellness and disease prevention, including vaccine-preventable diseases
- Other (please specify)
13. Considering the MENTAL HEALTH AND SUBSTANCE ABUSE in our community, 3 concerns are (choose up to THREE):

- Adult alcohol use and abuse (including binge drinking)
- Adult drug use and abuse (including prescription drug abuse)
- Adult tobacco use (exposure to second-hand smoke, use of alternate tobacco products i.e. e-cigarettes, vaping, hookah)
- Adult mental health
- Adult suicide
- Depression
- Suicide
- Youth alcohol use and abuse (including binge drinking)
- Youth drug use and abuse (including prescription drug abuse)
- Youth mental health
- Youth suicide
- Youth tobacco use (exposure to second-hand smoke, use of alternate tobacco products i.e. e-cigarettes, vaping, hookah)
- Other (please specify)

14. Considering the SENIOR POPULATION in our community, 3 concerns are (choose up to THREE):

- Ability to meet needs of older population
- Assisted living options
- Availability of activities for seniors
- Availability of resources for family and friends caring for elders
- Availability of resources to help the elderly stay in their homes
- Cost of activities for seniors
- Dementia/Alzheimer's disease
- Elder abuse
- Long-term/nursing home care options
- Other (please specify)
15. **What specific health care services, if any, do you think should be added locally?**


16. **What PREVENTS you or other community 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
- [ ] Don't speak language or understand culture
- [ ] Lack of disability access
- [ ] Lack of services through Indian Health Service
- [ ] Limited access to telehealth technology (patients seen by providers at another facility through a monitor/TV screen)
- [ ] No insurance or limited insurance
- [ ] Not able to get appointment/limited hours
- [ ] Not able to see same provider over time
- [ ] Not accepting new patients
- [ ] Not affordable
- [ ] Not enough doctors
- [ ] Not enough evening or weekend hours
- [ ] Not enough specialists
- [ ] Poor quality of care
- [ ] Other (please specify)


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

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


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Community Health Needs Assessment 59
Demographic Information

Please tell us about yourself

18. Do you work for the hospital, clinic, or public health unit?
   ○ Yes
   ○ No

19. Health insurance or health coverage status. (Choose ALL that apply.)
   ○ Indian Health Service (IHS)
   ○ Insurance through employer/self-purchased
   ○ Medicaid
   ○ Medicare
   ○ No insurance
   ○ Not enough insurance
   ○ Veteran's Health Care Benefits
   ○ Other (please specify)

20. Age:
   ○ Less than 18 years
   ○ 18-24 years
   ○ 25-34 years
   ○ 35-44 years
   ○ 45-54 years
   ○ 55-64 years
   ○ 65-74 years
   ○ 75 years and older

21. Highest level of education:
   ○ Less than high school
   ○ High school diploma or GED
   ○ Some college/technical degree
   ○ Associate's degree
   ○ Bachelor's degree
   ○ Graduate or professional degree

22. Sex
   ○ Female
   ○ Male
   ○ Prefer not to answer
23. Employment status:
- Full time
- Part time
- Homemaker
- Multiple job holder
- Unemployed
- Retired

24. Your zip code:

25. Race/ethnicity: (Choose ALL that apply.)
- American Indian
- Asian
- Black/African American
- Hispanic/Latino
- Pacific Islander
- White/Caucasian
- Prefer not to answer
- Other (please specify)

26. Annual household income before taxes:
- Less than $15,000
- $15,000 - $24,999
- $25,000 - $49,999
- $50,000 - $74,999
- $75,000 - $96,999
- $100,000 - $149,999
- $150,000 and over
- Prefer not to answer

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

28. What programs and services do you think are needed in the community?
Appendix B – County Health Rankings Model
# Appendix C – Community Group Members and Key Informants Participating in Interviews

## COMMUNITY GROUP MEMBERS AND KEY INFORMANTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tiffany Krinke</td>
<td>Marketing Director</td>
<td>Northland Healthcare Alliance</td>
</tr>
<tr>
<td>Steve Holen</td>
<td>Education</td>
<td>MCPSD #1</td>
</tr>
<tr>
<td>Terry Vanderpan</td>
<td>Education</td>
<td>MCPSD #1</td>
</tr>
<tr>
<td>Gene Veeder</td>
<td>Economic Development</td>
<td>McKenzie County</td>
</tr>
<tr>
<td>Rob Favorite</td>
<td>Pastor</td>
<td>W.C. Area Lutheran Parish</td>
</tr>
<tr>
<td>Vonnie Johnson</td>
<td>Healthcare Provider</td>
<td>ANOVA Family Health Center Inc.</td>
</tr>
<tr>
<td>David Tschetter</td>
<td>Financial Representative</td>
<td>Corner Stone Bank</td>
</tr>
<tr>
<td>Ashley Saylor</td>
<td>Public Health Nurse</td>
<td>Upper Missouri District Health Unit</td>
</tr>
<tr>
<td>Brent Sanford</td>
<td>Political/Business Owner</td>
<td>Mayor-City of Watford City</td>
</tr>
<tr>
<td>Dan Kelly</td>
<td>CEO</td>
<td>McKenzie County Healthcare Systems</td>
</tr>
<tr>
<td>Gary Schwartzenberger</td>
<td>Law Enforcement</td>
<td>McKenzie County Sheriff’s Department</td>
</tr>
<tr>
<td>Arthur Walgren</td>
<td>Law Enforcement</td>
<td>Watford City Police Department</td>
</tr>
<tr>
<td>Michael Curtis</td>
<td>COO</td>
<td>McKenzie County Healthcare Systems</td>
</tr>
</tbody>
</table>
Appendix D – Prioritization of Community’s Health Needs

**Top 9 General Community Health Concerns of McKenzie County in 2016:**
1. Affordable Housing
2. Availability of Specialists
3. Crime & Safety
4. Domestic/Spouse Violence
5. Ability to Retain Physicians in the Area
6. Cancer
7. Adult Drug Use and Abuse (including prescription drug abuse)
8. Availability of Resources to Help Elderly Stay in their Homes.
9. Poor Quality of Care

*Results of Community Health Needs Assessment Survey*

**Top 4 Health Needs of McKenzie County in 2016:**
1. Affordable Housing (8 votes)
2. Adult Drug Use and Abuse (9 votes)
3. Availability of Specialists (11 votes)
4. Ability to Retain Physicians in the Area (11 votes)

*Results based off of Key Informant Meeting Vote. Each top 9 general community health concern was ranked on a scale of 1-5 based on the importance of each: 5 being most concerning, 1 being of less concern.*

**Top 2 Needs Addressed in McKenzie County Healthcare Systems Implementation Strategy Planning:**
1. Availability of Specialists
2. Ability to Retain Physicians in the Area