



Community Health Needs Assessment Report and Implementation Strategy

Trinity Kenmare Community Hospital
Kenmare, North Dakota

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Introduction

Trinity Kenmare Community Hospital is a 25-bed, non-profit hospital in Ward County, North Dakota, in the northwest area of the state, approximately 25 miles from the Canadian border. Our hospital is a Critical Access, Level V Trauma Care Center.

Trinity Kenmare Community Hospital is committed to preserving and improving the quality of health in the people we serve. Our mission is to excel at meeting the needs of the whole person through the provision of quality healthcare and health related services.

Kenmare Hospital was established in 1906. On May 3, 2001, Kenmare Community Hospital was purchased by Trinity Health. With three hospitals, two nursing homes, an extensive network of community clinics and a regional eye care network, today Trinity Health provides comprehensive, leading-edge care to the communities we serve. Throughout its family of services, Trinity Health seeks to identify and fulfill community needs by meeting and exceeding national standards, and helping people live longer, health lives. Today, the name Trinity symbolizes our mission: to help each of our customers grow as whole persons in mind, body and spirit.

Trinity Kenmare Community Hospital provides the following services to our community:

- Acute and swing beds
- Rural health clinic
- 24-hour emergency room
- 24-hour nursing care
- Laboratory services
- Radiology services
- Physical therapy services
- Female incontinence management
- IV drug administration
- Blood administration
- Chemotherapy
- Wound care
- Pharmacy
- Occupational and speech therapy
- Nutrition services
- Orthopedic services
- Mental health
- Optometry
- Dentistry
- Podiatry
- Dietician
- Midwifery
- Mammography
- Ultrasound
- CT Scans
- Medical records

Trinity Kenmare Community Hospital is pleased to submit this Community Health Needs Assessment. We do so both as a matter of compliance with Section 501(r)(3) of the Internal Revenue Code, as mandated in the Patient Protection and Affordable Care Act, and as an obligation to those we serve. As an organization, we have taken this change in law as an

opportunity to improve our community service and continuously focus on meeting the changing health care needs of our community.

Consistent with the requirements of Section 501(r)(3) the Trinity Kenmare Community Hospital Community Health Needs Assessment Report is organized as follows:

- Community
- Community Health Needs Assessment Methodology
- Prioritized Community Health Needs
- Implementation Strategy
- Health Resources

Our Community

Although our hospital is located in Kenmare, North Dakota, we have historically defined our “community” as a broader area extending approximately 30 miles in all directions and including approximately 5,000 people. Throughout this document, any reference to “community” is meant to indicate this broad service area. Within this broader community, approximately two-thirds of our inpatients and outpatients reside within in and immediately around Kenmare—within zip code 58746. Approximately 10% of our inpatients and outpatients reside to the northeast, in and around Bowbells in zip code 58721. In additional 15% of our inpatients and outpatients reside in the broader community, for a total of approximately 90% of our patients. The remaining 10% are primarily individuals from around the state and country who happen to need health care while visiting our area.

Median Household Income	\$49,415	\$51,081	\$41,057
Rural	44.1%	23.2%	Not Available
Per Capita Health Care Cost	\$7,791	\$7,996	Not Available
Uninsured Adults	8.2%	7.3%	Not Available
Free Lunch-Eligible Children	31.2%	20.8%	Not Available
Illiteracy Rate	6.3%	6.2%	Not Available

While North Dakota and Ward County have small minority populations, our community is almost exclusively Caucasian. Our community has a relatively large population of children (age 17 and under). While the elderly population is in line with both the county and state averages, our small community sees much higher healthcare use by the elderly population than by children and other adults. In several demographic areas—median household income, uninsured adults and free lunch-eligible children—Ward County enjoys greater success when compared to North Dakota as a whole. However, as indicated by the median household income, those figures may be skewed by the presence of Minot in the county, approximately 50 miles southeast of Kenmare.

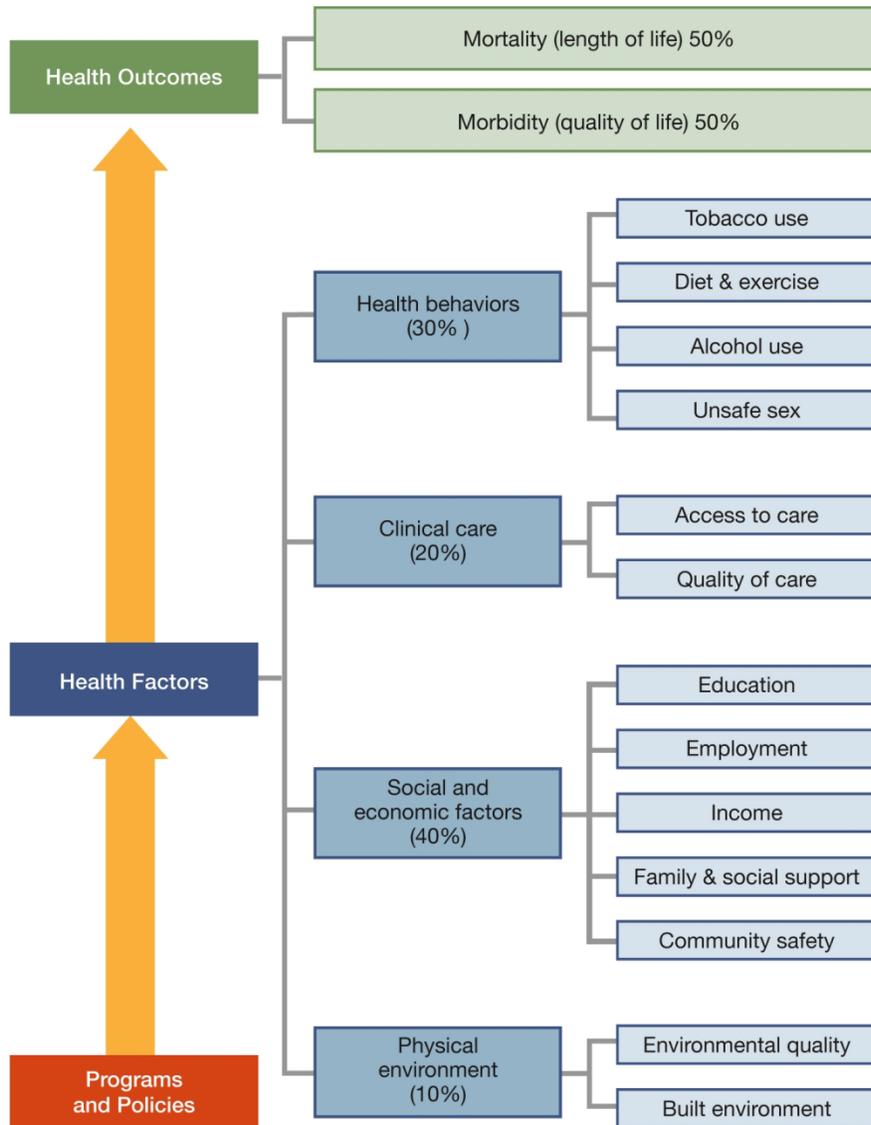
Further understanding our community requires an understanding of North Dakota’s oil boom. On March 13, 2013, *The Atlantic* published a short article explaining the situation:

“Underlying northwestern North Dakota is a massive rock formation, referred to as the Bakken shale, which holds an estimated 18 billion barrels of crude oil. When this resource was first discovered in 1951, recovering it was financially unfeasible because the oil was embedded in the stone. Then, around 2008, every changed, and North Dakota boomed. New drilling technology called hydraulic fracturing, or ‘fracking,’ became widespread, and oil production took off. As of 2013, there are more than 200 active oil rigs in North Dakota, producing about 20 million barrels of oil every month—nearly 60 percent of it shipped by rail, rather than pipeline. The rigs and support systems have resculpted the landscape, millions are dollars are being spent on infrastructure upgrades across the area, and thousands of oil field workers have arrived, living in new or temporary housing.”

Although much of the oil field activity occurs to the west of Kenmare, our community falls within the outer rings of the Three Forks formation. The influx of people has had a significant impact on our community. Demand for almost every good, from housing to clothing to food, has increased. While the increase in jobs and the inflow of money has been beneficial, our community also struggles with increasing cost-of-living and a housing shortage. Related to healthcare, the oil field workers tend to be single, younger adult males. While this group tends to have fewer health problems than the population as a whole, their occupation is a dangerous one, which has resulted in increased treatments for work-related injuries. These significant changes in our community in the last five years are likely to continue for at least the next decade.

The Population Health Institute (“PHI”) publishes annual health data for every county in the United States. The data is aggregated into *health outcomes* and *health factors*. The PHI separates health outcomes into mortality (length of life) and morbidity (quality of life). Health

factors are separated into four factors that largely influence the health outcomes: physical environment, society and economics, clinical care, and health behaviors.



Source: University of Wisconsin Population Health Institute

In 2012, Ward County’s health factors ranked 20th out of the 53 counties in North Dakota while its health outcomes ranked 14th. Because health factors lead to health outcomes, the disparity in Ward County’s rankings indicates that its residents are currently benefiting from positive health factors in the past while the current health factors are likely to lead to worsening future health outcomes.

HEALTH FACTORS							
County	Rank	County	Rank	County	Rank	County	Rank
Adams	11	Emmons	37	Mercer	12	Sioux	45
Barnes	5	Foster	7	Morton	31	Slope	NR
Benson	44	Golden Valley	NR	Mountrail	43	Stark	9
Billings	NR	Grand Forks	16	Nelson	26	Steele	NR
Bottineau	19	Grant	42	Oliver	NR	Stutsman	23
Bowman	4	Griggs	2	Pembina	35	Towner	17
Burke	10	Hettinger	15	Pierce	32	Traill	6
Burleigh	1	Kidder	39	Ramsey	38	Walsh	33
Cass	3	LaMoure	13	Ransom	22	Ward	20
Cavalier	24	Logan	29	Renville	8	Wells	28
Dickey	14	McHenry	40	Richland	21	Williams	34
Divide	NR	McIntosh	36	Rolette	46		
Dunn	25	McKenzie	41	Sargent	18		
Eddy	30	McLean	27	Sheridan	NR		

Source: University of Wisconsin Population Health Institute

HEALTH OUTCOMES							
County	Rank	County	Rank	County	Rank	County	Rank
Adams	29	Emmons	35	Mercer	41	Sioux	46
Barnes	2	Foster	21	Morton	30	Slope	NR
Benson	44	Golden Valley	NR	Mountrail	43	Stark	15
Billings	NR	Grand Forks	3	Nelson	17	Steele	NR
Bottineau	4	Grant	25	Oliver	NR	Stutsman	37
Bowman	26	Griggs	1	Pembina	12	Towner	8
Burke	18	Hettinger	20	Pierce	34	Traill	10
Burleigh	22	Kidder	23	Ramsey	39	Walsh	16
Cass	7	LaMoure	19	Ransom	6	Ward	14
Cavalier	28	Logan	42	Renville	13	Wells	36
Dickey	11	McHenry	38	Richland	5	Williams	9
Divide	NR	McIntosh	27	Rolette	45		
Dunn	33	McKenzie	32	Sargent	31		
Eddy	40	McLean	24	Sheridan	NR		

Source: University of Wisconsin Population Health Institute

Community Health Needs Assessment Methodology

Trinity Health’s executives led the planning, conduct, and reporting of the community health needs assessment. We contracted with CliftonLarsonAllen LLP, one of the nation’s top 10 certified public accounting and consulting firms, to assist with the community health needs assessment. A team of CliftonLarsonAllen experts assisted us throughout the community health needs assessment process, including:

- Identifying our community
- Identifying individuals for interviews and conducting those interviews
- Developing a questionnaire and assisting with its distribution
- Assisting in understanding and prioritizing identified community health needs
- Drafting the Community Health Needs Assessment Report and Implementation Strategy
- Assisting in making all information widely available to the community

We began by identifying our community based on inpatient and outpatient services by zip code. We then gathered both quantitative and qualitative data about the health needs of our community. Qualitative data was collected through interviews and a questionnaire. Quantitative data included national, state and county health studies and our own records. All data was collected between February and May, 2013.

Resource	Maintaining Organization	Website
State & County QuickFacts	United States Census Bureau	http://quickfacts.census.gov/qfd/index.html
County Health Rankings and Roadmaps	The Population Health Institute	www.countyhealthrankings.org
Health, United States, 2011	U.S. Department of Health and Human Services	http://www.cdc.gov/nchs/data/health_statistics11.pdf
Healthy People 2020	U.S. Centers for Disease Control and Prevention	http://www.cdc.gov/nchs/healthy_people/hp2020.htm
Building a Healthy North Dakota	Healthy North Dakota	http://www.healthindy.org
First District Community Health Profile	First District Health Unit	http://www.ndhealth.gov/HealthData/CommunityHealthProfiles/First%20District%20Community%20Profile.pdf
Ward County Behavioral Risk Factors Report: 1999-2004	North Dakota Department of Health	https://www.ndhealth.gov/brfss/CountyLevelSummaries/Ward%20County%20BRFSS%20Report%201999-2004.pdf
World Life Expectancy	LeDuc Media	http://www.worldlifeexpectancy.com/top-15-causes-of-death-north-dakota
Critical Access Hospital Profile: Trinity Kenmare Community Hospital	University of North Dakota Center for Rural Health	http://ruralhealth.und.edu/projects/flex/cahprofiles/kenmare.pdf
Kenmare, North Dakota Profile	City-Data.com	http://www.city-data.com/city/Kenmare-North-Dakota.html

Interviews

We gathered qualitative information and perspectives on community health needs through one-on-one and small group interviews with key community stakeholders. The primary goal of these interviews was to ascertain a range of perspectives on the community's health needs. We gathered information from the following specified groups within our community:

- People with special knowledge or expertise in public health
- Federal, tribal, regional, state or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
- Leaders, representatives or members of low-income populations
- Leaders, representatives or members of minority populations
- Leaders, representatives or members of medically underserved populations

The following individuals participated in the community health needs assessment process by contributing their perspectives, opinions and observations. We thank them for their past and continued assistance.

- Melissa Burud – Public Health Nurse, First District Health Unit
 - Local Health Department
 - Public health expertise
 - Representative of low-income, minority and medically underserved populations
- Dr. Olubukola Olatunji – Physician, Trinity Kenmare Community Hospital
 - Public health expertise
 - Representative of low-income, minority and medically underserved populations
- Shawn Smothers – Administrator, Trinity Kenmare Community Hospital
 - Public health expertise
 - Representative of low-income, minority and medically underserved populations
- Duane Mueller – Superintendent, Kenmare Public School District
 - Local government agency with current data relevant to community health needs
 - Representative of low-income and medically underserved populations
- Terese Skjoldal – Teacher, Kenmare Public School District
 - Local government agency with current data relevant to community health needs
 - Representative of low-income and medically underserved populations
- Barbara Weidmer – City Auditor, Kenmare
 - Local government agency with current data relevant to community health needs
 - Representative of low-income and medically underserved populations
- Gloria Glasgow – Human Service Program Administrator 3, Home and Community Based Services, Ward County Social Services
 - Local government agency with current data relevant to community health needs
 - Representative of low-income, minority and medically underserved populations
- Holly Keaveny – Human Service Program Administrator 4, Economic Assistance Supervisor, Ward County Social Services
 - Local government agency with current data relevant to community health needs
 - Representative of low-income, minority and medically underserved populations
- Donelle Mogeard – Licensed Social Worker, Home and Community Based Services Lead Worker, Ward County Social Services
 - Local government agency with current data relevant to community health needs
 - Public health expertise
 - Representative of low-income, minority and medically underserved populations

- Andrea Lang – Home and Community Based Services Case Manager, Ward County Social Services
 - Local government agency with current data relevant to community health needs
 - Representative of low-income, minority and medically underserved populations

We believe each individual listed above is a qualified representative of the identified groups because the nature of their work brings them into contact with those groups on a regular basis. For many of the individuals listed, the nature of their occupation *requires* them to consider the special needs of the groups identified.

Questionnaires

In addition to the interviews listed above, we prepared and distributed a questionnaire to the community. On March 20, 2013, the questionnaire was published in the Kenmare News, the region’s primary newspaper. Paper copies of the questionnaire were also available in our hospital. Additionally, the questionnaire was published on the website of Trinity Health and was pushed out through facebook®. Eleven individuals from our community responded by submitting completed questionnaires.

Information Gaps

Although we are unable to identify any specific information gaps, we recognize members of the community representing different organizations, groups, etc., have differing opinions concerning community health needs and priorities and may have provided different input.

Analytical Methods Applied

We applied various analytical methods to the available data. During interviews, we asked participants for their input regarding both health needs and possible solutions to identified health needs. We analyzed the historic prevalence of various health issues in our community and compared those with county, state and national averages. Finally, we reviewed previously identified health priorities as identified by national, state and county health organizations.

Process and Criteria for Prioritizing Identified Health Needs

Throughout the interview and questionnaire processes, a single health need was consistently identified, making it clear where our top priority should be. This health need has also been identified through national, state and county studies. Based on the significance of this need, we categorize all other health needs as secondary so we can focus on this top priority.

Prioritized Community Health Needs

Based on interviews and questionnaires, as well as reviews of hospital, county, state and national health data, we identified the following community health needs, listed by priority.

Community Health Need	Prioritization
Access to Care	Primary
Illness and Disease	Secondary
Substance Abuse	Secondary

Health Care for Children	Secondary
Work-Related Injuries	Tertiary
Aging Voluntary Work Force	Tertiary
Mentality of Denial	Tertiary

Access to Care

In both interviews and questionnaires, access to care was consistently identified as the most significant health need in our community. Every interview participant identified some form of access as a significant concern and nine of the eleven questionnaire participants identified access as their primary or secondary concern. When asked how common access to care is an issue in our community, questionnaire participants indicated an average rating of 5.29 on a scale of 1 (extremely rare) to 7 (extremely common). Similarly, when asked how significant the problem of access to care is in our community, questionnaire participants indicated an average rating of 6.71 on a scale of 1 (not significant) to 7 (extremely significant).

The issues related to access to care can generally be classified into four areas: consistent provider access, lack of specialty services, lack of care for the elderly, and access to prescriptions and durable medical equipment.

Being located in rural North Dakota, attracting and retaining qualified physicians and nurses is a consistent challenge for our hospital. One way our hospital has responded is through the U.S. government’s work/study program for foreign individuals who desire a U.S. medical education. In order to study medicine in the U.S., a foreign individual agrees to work approximately 3 – 4 years in a U.S. critical access hospital. Although this process gives us access to well-qualified physicians, it has its challenges. Because each doctor tends to leave at the end of their required service, we see a regular turnover in the primary care provider to the community. This lack of continuity is seen as a problem by community members. Similarly, it may take the community some time to grow accustomed to a foreign doctor, only for the doctor to move away when their short service-period ends. Finally, our hospital is staffed by a single physician and a few nurse-practitioners and mid-level providers. The physician rotates their service with another critical access hospital on a weekly basis, which means that patients also may not be able to consistently see the same provider in the short-term.

Because of our small community, provision of specialty services is also a challenge. While demand exists, it may not be large enough demand to justify full-time provision of specialty services. We frequently address this issue by providing specialty services on a part-time basis (e.g.: one day per week or per month). While this method allows us to provide several specialty services to the community, members expressed a need for additional specialty services. Oncology and podiatry were specifically mentioned as two areas with greater need.

Although the elderly do not make up an especially large portion of our community, they do tend to require greater healthcare assistance. For example, the majority of our in-patient beds are occupied by elderly individuals who require 24-hour assistance. This indicates that a local nursing home may be needed. More significantly, services are lacking for home health and hospice services. Although both types of care are offered by Trinity Health in Minot, the service area does not extend all the way to Kenmare’s community. While both services have been

provided in our community in the past, the providers were unable to continue based on cost and the level of demand. As a result, the individuals in need of these services are currently unable to obtain them. The lack of professionals means that family members often need to provide assistance. Unfortunately, many of the younger adults (ages 18 – 65) have chosen to move away, meaning that some elderly individuals have no avenue for assistance, except to move to an area that offers it.

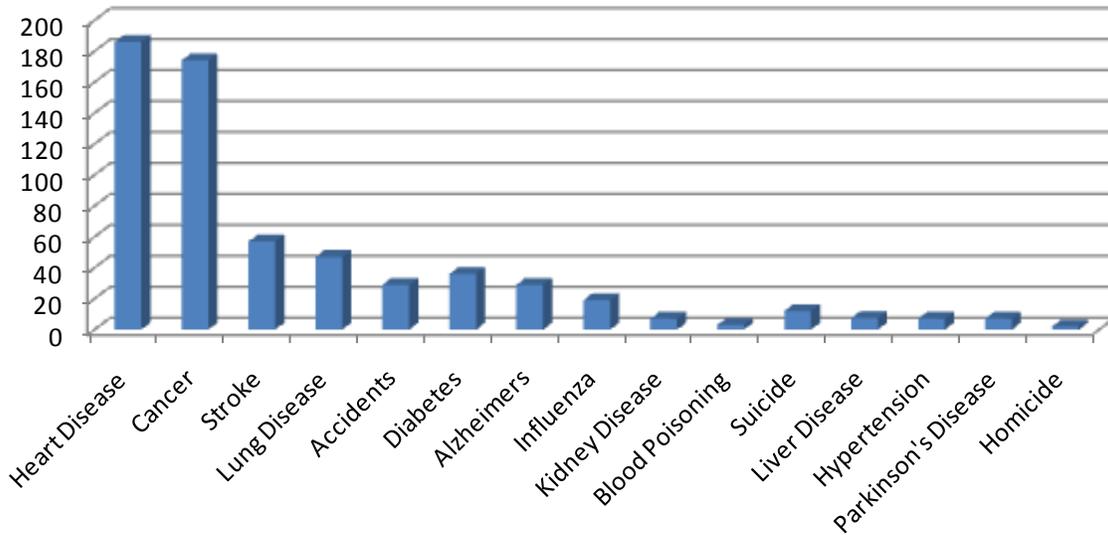
Our community currently has three options to access prescriptions: two drug stores and the hospital itself. However, both drug stores are closed at nights and on weekends, leaving the hospital's emergency room as the only way to access prescriptions during off-hours. Durable medical equipment can also be difficult to obtain in our community. While hospital staff can prescribe use of needed equipment, individuals must travel approximately 50 miles to Minot to obtain the equipment. Especially for elderly and low-income individuals, the transportation itself may be a challenge. Finally, equipment is occasionally unavailable when the individual needs it, forcing the individual to wait on a list for their opportunity.

Illness and Disease

One of the goals of Healthy People 2020, a national program developed by the Department of Health and Human Services, is to “attain high-quality, longer lives *free of preventable disease*, disability, injury, and premature death.” Our community members indicated a similar desire to reduce and eliminate illnesses and diseases.

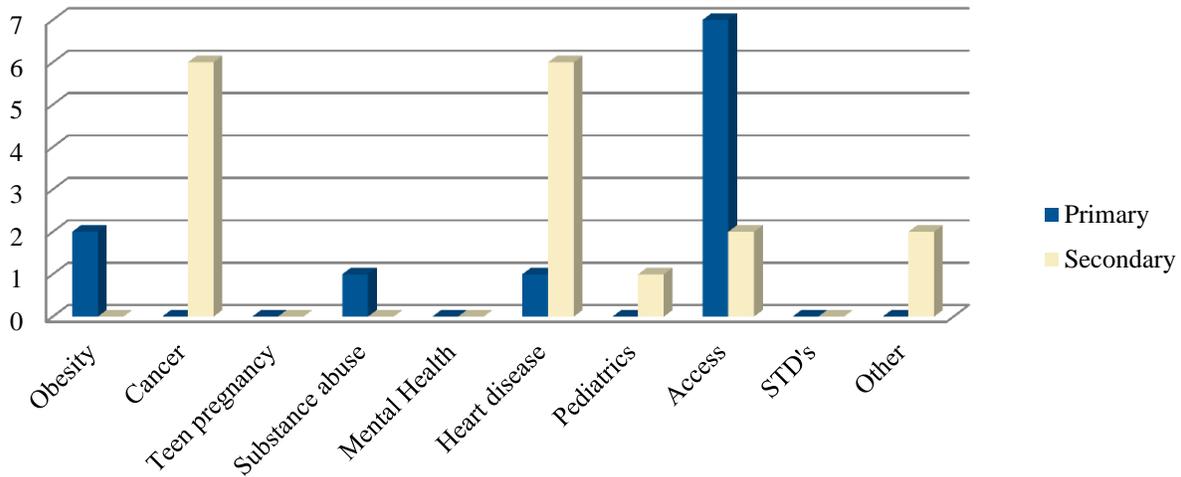
In 2010, the leading causes of deaths in North Dakota were heart disease, cancer, chronic lower respiratory diseases, stroke, accidents, Alzheimer's Disease, diabetes, kidney disease, influenza/pneumonia and suicide. Based on data from the Centers for Disease Control, National Institute of Health and state and county databases, the most significant causes of death in Ward County between 2003 and 2010 were heart disease and cancer.

Ward County Causes of Death, 2003 - 2010 Incidence per 100,000



Our community participants also indicated significant concern over heart disease and cancer, but also expressed concern for diabetes, hypertension, high cholesterol, chronic heart failure, stroke, arthritis, cold and influenza. Our questionnaire asked participants to identify their health concerns for our community. Although access to care was the most common primary concern, heart disease and cancer were the most common secondary concerns. When asked how common heart disease and cancer are in our community, questionnaire participants indicated average ratings of 5.50 and 5.00, respectively, on a scale of 1 (extremely rare) to 7 (extremely common). Similarly, when asked how significant heart disease and cancer are in our community, questionnaire participants indicated average ratings of 4.83 and 5.00, respectively, on a scale of 1 (not significant) to 7 (extremely significant).

Primary & Secondary Health Concerns of Questionnaire Participants



Substance Abuse

Alcohol, tobacco and drug abuse were also identified as health concerns in our community. Participants indicated that binge drinking is the most common alcohol use by teenagers while adults tend to drink more consistently with occasional binge drinking. Participants also indicated a concern that substance abuse may be increasing with the influx of young adults to work in the oil fields, although a representative of First District Health Unit indicated that incident rates appear to be fairly consistent.

Health Care for Children

Community participants indicated a general concern for the health and well-being of our children. Participants indicated concern for preventative care, childhood obesity and mental health. Although the school system and the hospital work hard to provide children with the recommended preventative health, including shots and screenings, much of the responsibility falls on families to encourage such behavior. If children are receiving less healthcare than recommended, we are unsure of the cause(s). Possible reasons include lack of transportation, inability to leave work, lack of education, uninsured or underinsured. Similarly, the local school district does provide a counselor for students to assist with mental health. However, other psychology and psychiatric services are unavailable in our community.

Tertiary Health Needs

Various other health needs were identified, although they were mentioned less frequently or participants indicated they were not as significant of a concern. The increase in oil-related occupations has resulted in an increase in work-related injuries. Our community relies heavily on volunteers to staff our ambulance and fire fighting services, but those volunteers are aging. The lack of younger volunteers may become a problem if this continues. Finally, participants expressed the community as a whole may be suffering from a “mentality of denial” concerning common health problems, such as drug abuse, physical abuse and mental health.

Implementation Strategy

Trinity Kenmare Community Hospital is responding to the identified community health needs through a series of steps that we collectively refer to as our “implementation strategy”. Because of limited resources, we cannot respond effectively to every identified health need. We have chosen our responses based on analysis of our resources, our mission, our existing specialties, community priorities, and existing community resources. We have chosen to focus our resources on access to healthcare.

Trinity Kenmare Community Hospital realizes that access to care is a significant challenge. Hence, one of our strategic priorities focuses on recruitment of Primary Care Physicians to the Kenmare region to enhance access to care. In addition to this recruitment effort, Trinity Health recognizes that access to care also includes access to services aimed at keeping residents healthy.

1. The Trinity Wellness Center is open to its members 24-hours every day, through keypad-access, and offers a small variety of exercise equipment. The Center also features physical therapy staff to help members with their exercise questions and advice.
2. In an effort to increase access to health information, Trinity publishes health-related articles in publications aimed at the Kenmare region through its local newspaper and in direct-mail to area homes. These articles often feature local services.
3. Community education is, and will continue to be, important to improving the health of the Kenmare community. Trinity has provided education regarding heart health, healthcare financing, and has well as conducting health screenings aimed at education and early detection.

As a result of this Community Needs Assessment, Trinity Kenmare Hospital will pursue the purchase of a vehicle to assist patients needing to access specialty providers in Minot. Since distance is a barrier to access, a vehicle would help to minimize that barrier to care. No other activities are planned at this time.

Health Resources

First District Health Unit and Ward County Social Services provide support to our community members in numerous ways, including nutrition, physical activity, mental health, substance abuse, violence prevention, and financial support. For a complete list of their activities, we recommend visiting their offices or websites:

- First District Health Unit – 11 West Division, Suite 102, Kenmare
 - www.fdh.u.org
- Ward County Social Services – 400 22nd Avenue NW, Minot
 - www.co.ward.nd.us/socialservices/

In addition to governmental support, the following health care facilities and related organizations are currently available within our community:

- Trinity Kenmare Community Hospital – 317 1st Avenue NW
- Trinity Medical Group – 307 1st Avenue NW
- Kenmare Drug – 109 1st Avenue NW, pharmacy
- Supervalu – 16 East Division Street, pharmacy
- Kenmare Dental Office – 318 1st Avenue NE, dental services
- Maple View of Kenmare – 315 2nd Avenue NW, skilled nursing facility
- Optometry Clinic of Kenmare – 28 2nd Street NW, optometry

Many additional services are available approximately 50 miles southeast in Minot.