2016 Community Health Needs Assessment

Lake Region
Pierce, Benson, Ramsey and Eddy Counties
North Dakota

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Executive Summary

To help inform future decisions and strategic planning, CHI Mercy Hospital and Lake Region District Health conducted a community health needs assessment in Benson, Eddy, Pierce, and Ramsey Counties. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the assessment, which included the solicitation of input from area community members and health care professionals as well as analysis of community health-related data.

To gather feedback from the community, residents of the counties and local health care professionals were given the chance to participate in a survey. Approximately 730 Lake Region residents took the survey. Additional information was collected through key informant interviews with community leaders. Eleven residents participated as a key informant interviewee. The input from all of these residents represented the broad interests of the communities in Lake Region. Together with secondary data gathered from a wide range of sources, the information gathered presents a snapshot of health needs and concerns in the community.

In terms of demographics, Lake Region Counties (Benson, Eddy, Pierce, and Ramsey) tends to reflect state averages. The percentages of residents under age 18 are similar, with the exception of Benson County, which is 12% higher than the North Dakota average. For those aged 65 and older all counties are similar with the exception of Eddy and Pierce counties which are 8 to 10 percent higher. Rates of education are lower than the North Dakota averages, for both high school graduates and recipients of Bachelor’s degrees. The median household income is notably lower than the North Dakota average ($55,579), with each county income is as follows: Benson County ($38,729), Eddy County ($47,917), Pierce County ($43,125), and Ramsey County ($47,361).

Data compiled by County Health Rankings show that with respect to health outcomes, Lake Region is faring worse as compared to North Dakota as a whole, with a higher incidence of premature death and more residents reporting poor or only fair physical and mental health. There also is room for improvement on individual factors that influence health, such as health behaviors, clinical care, social and economic factors, and the physical environment. Factors on which Lake Region was performing poorly relative to the rest of the state included:

- Premature death
- Poor mental health days
- Percent diabetic
- Adult smoking
- Adult obesity
- Physical inactivity
• Access to exercise opportunities
• Excessive drinking
• Alcohol-impaired driving deaths
• Uninsured

Of 76 potential community and health needs set forth in the survey, Lake Region residents who took the survey, indicated the seven needs as the most important:

• Youth alcohol use and abuse (including binge drinking)
• Adult alcohol use and abuse (including binge drinking)
• Adequate childcare services
• Adult drug use and abuse (including prescription drug abuse)
• Youth drug use and abuse (including prescription drug abuse)
• Jobs with livable wages
• Obesity/overweight

The survey also revealed that the biggest barriers to receiving health care as perceived by community members were not enough specialists (N=200), not enough evening or weekend hours (N=180), no insurance or limited insurance (N=160), not enough doctors (N=158), and not affordable (N=151).

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

• Friendly, helpful, and supportive people
• Family friendly; good place to raise kids
• Safe place to live, little/no crime
• People are involved in their community
• Close to work and activities
• Active faith community

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

• Low number of available jobs/no qualified staff
• Mental health needs (adult and youth)
• Additional services for the elderly
• Poverty
• Recruiting and retaining medical staff
• Substance abuse (alcohol and drugs)
Following careful consideration of the results and findings of this assessment, Community Group members determined that, in their estimation, the significant health needs or issues in the community are:

- Drug use and abuse, including prescription drugs – adults and youth
- Alcohol use and abuse, including binge drinking – adults and youth
- Unemployment/underemployment

The group has begun the next step of strategic planning to identify ways to address significant community needs.
Overview and Community Resources

The purpose of conducting a community health assessment is to describe the health of local people, identify areas for health improvement, identify use of local health care services, determine factors that contribute to health issues, identify and prioritize community needs, and help health care leaders identify potential action to address the community’s health needs. A health needs assessment benefits the community by: 1) collecting timely input from the local community, providers, and staff; 2) providing an analysis of secondary data related to health-related behaviors, conditions, risks, and outcomes; 3) compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan; and 4) engaging community members about the future of health care. Completion of a health assessment also is a requirement for public health departments seeking accreditation.

With assistance from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, CHI Mercy Hospital and Lake Region Health District completed a community health assessment of Benson, Eddy, Pierce and Ramsey Counties. Many community members and stakeholders worked together on the assessment.

As illustrated in Figure 1, Lake Region is located in north central North Dakota. For Benson County, the county seat is Minnewaukan, which lies on the eastern edge of the county along the shores of Devils Lake. The 2014 estimated population of Benson County was 6,833. Minnewaukan’s estimated population in 2013 was 228. The largest community in Benson County is Fort Totten, with 1,243 people. Eddy County, with the county seat of New Rockford, has a total population of 2,377. New Rockford’s population was 1,391 in 2014, which is also the largest community in Eddy County. Pierce County, with the county seat, and largest community as Rugby, had a total population of 4,404 in 2014. Rugby’s 2014 population was 2,876. Finally, Ramsey County, the largest in the region, had a 2014 population of 11,564. Ramsey County’s county seat is Devils Lake, with a population of 7,141 in 2014.
Figure 1: Lake Region of North Dakota (Benson, Eddy, Pierce and Ramsey Counties)

Lake Region District Health Unit

Lake Region District Health Unit is a four-county, district health unit providing services to the people of Benson, Eddy, Pierce, and Ramsey counties. It provides public health services that include environmental health, nursing services, and the WIC (women, infants, and children) program. Each of these programs provides a wide variety of services in order to accomplish the mission of public health, which is to assure that North Dakota is a healthy place to live and each person has an equal opportunity to enjoy good health. To accomplish this mission, Lake Region District Health Unit is committed to the promotion of healthy lifestyles, protection and enhancement of the environment, and provision of quality health care services for the people of North Dakota.

Specific services provided by Lake Region District Health Unit are:
1. Bicycle helmet safety education
2. Blood pressure checks
3. Breastfeeding resources
4. Car seat program
5. Cholesterol Screening
6. Diabetes screening
7. Emergency Preparedness services—work with community partners as part of local emergency response team
8. Environmental Health Services (water, sewer, health hazard abatement)
10. Health Tracks (child health screening)
11. Immunizations & Flu shots.
12. Medication setup—home visits
13. Member of Child Protection Team and County Interagency Team
14. Newborn Home Visits
15. Nutrition education
16. Oral Health—Screening & teeth varnish
17. School health—vision, hearing, health education and resource to the schools
18. Preschool education programs & screening
19. Tobacco Prevention and Control
20. Tuberculosis screening & treatment
21. Vaccine preventable Disease Surveillance & Reporting
22. West Nile program—surveillance and education
23. WIC (Women, Infants & Children) Program
24. Worksite Wellness—Coordinator for Health Unit employees.
25. Youth education programs (First Aid, Bike Safety)

**CHI Mercy Hospital**

CHI Mercy Hospital is a 25 bed Critical Access Hospital accredited by The Joint Commission, licensed by the North Dakota State Department of Health, and certified by the United States Department of Health and Human Services for participation in the Medicare Program. On April 20, 2016, CHI Mercy Hospital in Devils Lake, CHI Carrington Health Center, CHI Mercy Medical Center in Williston, and CHI St. Joseph’s Health in Dickinson, and CHI St. Alexius Health in Bismarck, Garrison, and Turtle Lake, united under one name to create a meaningful and unified identity. As of April 20, 2016, CHI Mercy Hospital is now called CHI St. Alexius Health Devils Lake.

The team of physicians, professionals, outreach specialists, and staff are educated and trained in the latest medical technology and are skilled and competent in their duties. Services are provided with a caring, personalized approach. The hospital is focused on providing inpatient and outpatient services to patients and families who reside in the Lake Region Community. CHI Mercy Hospital is the only rural hospital between Grand Forks and Minot and the Canadian border and Jamestown that offers obstetrical delivery services.
The mission of Mercy Hospital and Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities. The mission of Catholic Health Initiatives is to live our core values of Reverence, Integrity, Compassion and Excellence by improving the health of the people and communities we serve and pioneering models and systems of care to enhance care delivery.

Specific services provided by CHI Mercy Hospital are:

1. Cardiac Rehabilitation Program – Includes stress testing, electrocardiograms, and cardiac rehab Phases I, II, III
2. Community Resource Coordinator – Prescription information Assistance and Medicare Information Assistance
3. Dietetic Service – Nutrition counseling and cafeteria
4. Emergency Care – Level 5 Trauma
5. Inpatient Pharmacy Services
6. Laboratory – Includes Blood Bank/Transfusion Services, Diagnostic Laboratory Testing, Microbiology, and non DOT Drug Screening Collection Site
7. Occupational Therapy (Lymphedema Services, Manual Therapy)
8. Physical Therapy (Women’s Health, Specialized Manual Therapy Techniques, Athletic Training Services, Vestibular Rehabilitation)
9. Radiology (General Diagnostic Imaging, Ultrasound Imaging, MRI, CT, Cardiac Imaging, Breast Imaging, Nuclear Medicine, Vascular Imaging)
10. Respiratory Care
11. Surgical Care (Obstetrics, Podiatry, Endoscopy, Ear/Nose/Throat, Ophthalmology, with General Surgery starting in March 2016)
12. Swing Bed

**Other Community Resources**

Many of the necessary services for region residents are located in Devils Lake (Ramsey County), but several smaller communities in other counties throughout the rural area do have services for residents as well.
New Rockford (Eddy County) has a number of community assets and resources that can be mobilized to address population health improvement, including the following:

- Community Health Center Clinic (part of CHI Carrington Health)
- Pharmacy
- Dentistry
- Chiropractic Center
- Physical Therapy & Sports Medicine
- Lutheran Home of the Good Shepherd

Rugby (Pierce County) has a number of community assets and resources, including the following:

- Pharmacies
- Heart of America Medical Center
- Chiropractic services
- Dentistry

Benson County (Minnewaukan, Maddock, and Fort Totten):

- Pharmacy

The Spirit Lake Indian Reservation is situated within Benson County, and offers a great deal of services to its members, including, WIC, public health nursing, EMS, diabetes education and information, transportation to appointments, and more.
The Center for Rural Health provided substantial support to CHI Mercy Hospital and Lake Region District Health in conducting this needs assessment. The Center for Rural Health is one of the nation’s most experienced organizations committed to providing leadership in rural health. Its mission is to connect resources and knowledge to strengthen the health of people in rural communities. As the federally designated State Office of Rural Health (SORH) for the state and the home to the North Dakota Medicare Rural Hospital Flexibility (Flex) program, the Center connects the School of Medicine and Health Sciences and the university to rural communities and their health institutions to facilitate developing and maintaining rural health delivery systems. In this capacity the Center works both at a national level and at state and community levels.

The assessment process was collaborative. Professionals from CHI Mercy Hospital and Lake Region District were heavily involved in planning and implementing the process. They met regularly by telephone conference and via email with representatives from the Center for Rural Health.

As part of the assessment’s overall collaborative process, the Center for Rural Health spearheaded efforts to collect data for the assessment in a variety of ways: (1) a survey solicited feedback from area residents; (2) community leaders representing the broad interests of the community took part in one-on-one key informant interviews; and (3) a wide range of secondary sources of data was examined, providing information on a multitude of measures including demographics; health conditions, indicators, and outcomes; rates of preventive measures; rates of disease; and at-risk behaviors.

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

**Interviews**

One-on-one interviews with eleven key informants were conducted by telephone on November 10 through November 16, 2015. Representatives from the Center for Rural Health conducted the interviews. Participating in interviews were key informants who could provide insights into the community’s health needs.

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

Survey

A survey was distributed to gather feedback from the community. The survey was not intended to be a scientific or statistically valid sampling of the population. Rather, it was designed to be an additional tool for collecting qualitative data from the community at large – specifically, information related to community-perceived health needs.

The survey was distributed to various residents of Benson, Eddy, Pierce, and Ramsey Counties. The survey tool was designed to:

- Learn of the good things in the community and the community’s concerns;
- Understand perceptions and attitudes about the health of the community, and hear suggestions for improvement; and
- Learn more about how local health services are used by residents.

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

Approximately 1,500 community member surveys were available for distribution in Benson, Eddy, Pierce, and Ramsey Counties. The surveys were distributed by Community Group members, at flu shot clinics, through CHI Mercy Hospital and Lake Region District Health, and at other local public venues. To help ensure anonymity, included with each survey was a postage-paid return envelope to the Center for Rural Health. In addition, to help make the survey as widely available as possible, residents also could request a survey by calling CHI Mercy Hospital and Lake Region Health District. The survey period ran from October 27 to November 30, 2015, with 205 paper surveys returned, while 527 online electronic surveys were completed. In total, counting both paper and online surveys, 732 community member surveys were submitted.
Secondary Data

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

Demographic Information

Table 1 summarizes general demographic and geographic data about the Lake Region (Benson, Eddy, Pierce and Ramsey Counties).

<table>
<thead>
<tr>
<th>TABLE 1: Lake Region: INFORMATION AND DEMOGRAPHICS</th>
<th>Benson County</th>
<th>Eddy County</th>
<th>Pierce County</th>
<th>Ramsey County</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014 est.</td>
<td>6,833</td>
<td>2,377</td>
<td>4,404</td>
<td>11,564</td>
<td>739,482</td>
</tr>
<tr>
<td>Population change, 2010-2014</td>
<td>2.6%</td>
<td>-0.3%</td>
<td>1.1%</td>
<td>1.0%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Land area, square miles</td>
<td>1,389</td>
<td>630</td>
<td>1,019</td>
<td>1,187</td>
<td>69,001</td>
</tr>
<tr>
<td>People per square mile, 2010</td>
<td>4.8</td>
<td>3.8</td>
<td>4.3</td>
<td>9.6</td>
<td>9.7</td>
</tr>
<tr>
<td>White persons (not incl. Hispanic/Latino), 2014 est.</td>
<td>42.6%</td>
<td>91.7%</td>
<td>92.8%</td>
<td>85.6%</td>
<td>87.3%</td>
</tr>
<tr>
<td>Persons under 18 years, 2014 est.</td>
<td>34.2%</td>
<td>21.8%</td>
<td>21.9%</td>
<td>22.2%</td>
<td>22.5%</td>
</tr>
<tr>
<td>Persons 65 years or older, 2013 est.</td>
<td>12.2%</td>
<td>23.1%</td>
<td>22.9%</td>
<td>18.2%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Non-English spoken at home, 2013 est.</td>
<td>2.1%</td>
<td>2.6%</td>
<td>4.3%</td>
<td>3.1%</td>
<td>5.3%</td>
</tr>
<tr>
<td>High school graduates, 2013 est.</td>
<td>83.0%</td>
<td>88.1%</td>
<td>82.3%</td>
<td>88.2%</td>
<td>90.9%</td>
</tr>
<tr>
<td>Bachelor’s degree or higher, 2013 est.</td>
<td>11.6%</td>
<td>20.1%</td>
<td>12.4%</td>
<td>21.0%</td>
<td>27.2%</td>
</tr>
<tr>
<td>Live below poverty line, 2013 est.</td>
<td>35.8%</td>
<td>13.8%</td>
<td>14.3%</td>
<td>12.1%</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

The population of North Dakota has grown in recent years, Benson, Pierce and Ramsey Counties have seen an increase in population since 2010, as the U.S. Census Bureau estimates show, but not as substantially as the state average.
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, Benson, Eddy, Pierce, and Ramsey Counties are compared to North Dakota rates and national benchmarks on various topics ranging from individual health behaviors to the quality of health care.

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

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Health Factors (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Length of life</td>
<td>• Social and Economic Factors</td>
</tr>
<tr>
<td>• Quality of life</td>
<td>o Education</td>
</tr>
<tr>
<td></td>
<td>o Employment</td>
</tr>
<tr>
<td></td>
<td>o Income</td>
</tr>
<tr>
<td></td>
<td>o Family and social support</td>
</tr>
<tr>
<td></td>
<td>o Community safety</td>
</tr>
<tr>
<td></td>
<td>• Physical Environment</td>
</tr>
<tr>
<td></td>
<td>o Air and water quality</td>
</tr>
<tr>
<td></td>
<td>o Housing and transit</td>
</tr>
<tr>
<td>Health Factors</td>
<td>• Health Behavior</td>
</tr>
<tr>
<td>• Health Behavior</td>
<td>o Smoking</td>
</tr>
<tr>
<td></td>
<td>o Diet and exercise</td>
</tr>
<tr>
<td></td>
<td>o Alcohol and drug use</td>
</tr>
<tr>
<td></td>
<td>o Sexual activity</td>
</tr>
<tr>
<td></td>
<td>• Clinical Care</td>
</tr>
<tr>
<td></td>
<td>o Access to care</td>
</tr>
<tr>
<td></td>
<td>o Quality of care</td>
</tr>
</tbody>
</table>
Table 2 summarizes the pertinent information gathered by County Health Rankings as it relates to Benson, Eddy, Pierce, and Ramsey Counties. It is important to note that these statistics describe the population of a county, regardless of where county residents choose to receive their medical care. In other words, all of the following statistics are based on the health behaviors and conditions of the county’s residents, not necessarily the patients and clients of CHI Mercy Hospital and Lake Region District Health.

For most of the measures included in the rankings, the County Health Rankings authors have calculated the “Top U.S. Performers” for 2015. The Top Performer number marks the point at which only 10% of counties in the nation do better, i.e., the 90th percentile or 10th percentile, depending on whether the measure is framed positively (such as high school graduation) or negatively (such as adult smoking).

The Lake Region county’s rankings within the state also is included in the summary below. For example, Benson County ranks 45th out of 47 ranked counties in North Dakota on health outcomes and 45th on health factors. The measures marked with a red checkmark (✓) are those where the 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%.
### TABLE 2: SELECTED MEASURES FROM COUNTY HEALTH RANKINGS (2015)

<table>
<thead>
<tr>
<th>Ranking: Outcomes</th>
<th>Benson Cty</th>
<th>Eddy Cty</th>
<th>Pierce Cty</th>
<th>Ramsey Cty</th>
<th>U.S. Top 10%</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature death</td>
<td>45th</td>
<td>31st</td>
<td>23rd</td>
<td>37th</td>
<td>5,200</td>
<td>6,388</td>
</tr>
<tr>
<td></td>
<td>20,333 v  v</td>
<td>N/A</td>
<td>7,722 v  v</td>
<td>7,261 v  v</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>18% v  v</td>
<td>13% v  v</td>
<td>14% v  v</td>
<td>11% v  v</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Poor physical health days (past 30 days)</td>
<td>2.7 v  v</td>
<td>2.6 v  v</td>
<td>2.7 v  v</td>
<td>2.9 v  v</td>
<td>2.5</td>
<td>2.7</td>
</tr>
<tr>
<td>Poor mental health days (past 30 days)</td>
<td>2.8 v  v</td>
<td>2.5 v  v</td>
<td>3.3 v  v</td>
<td>2.5 v  v</td>
<td>2.3</td>
<td>2.4</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>6.7% v</td>
<td>N/A</td>
<td>4.3% &lt; 4.3%</td>
<td>7.9% v  v</td>
<td>5.9%</td>
<td>6.5%</td>
</tr>
<tr>
<td>% Diabetic</td>
<td>11%   v</td>
<td>10% v</td>
<td>11% v</td>
<td>9%   v</td>
<td></td>
<td>8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ranking: Factors</th>
<th>Benson Cty</th>
<th>Eddy Cty</th>
<th>Pierce Cty</th>
<th>Ramsey Cty</th>
<th>U.S. Top 10%</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult smoking</td>
<td>35% v  v</td>
<td>15% v</td>
<td>19% v  v</td>
<td>24% v  v</td>
<td>14%</td>
<td>18%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>33% v  v</td>
<td>30% v</td>
<td>33% v  v</td>
<td>29% v  v</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>Food environment index (10=best)</td>
<td>5.7 v  v</td>
<td>8.3 &lt; 8.3</td>
<td>8.8 &lt; 8.8</td>
<td>8.7 &lt; 8.7</td>
<td>8.4</td>
<td>8.5</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>33% v  v</td>
<td>29% v  v</td>
<td>31% v  v</td>
<td>24% v  v</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>Access to exercise opportunities</td>
<td>36% v  v</td>
<td>69% v  v</td>
<td>70% v  v</td>
<td>28% v  v</td>
<td>92%</td>
<td>68%</td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>21% v  v</td>
<td>24% v  v</td>
<td>23% v  v</td>
<td>29% v  v</td>
<td>10%</td>
<td>22%</td>
</tr>
<tr>
<td>Alcohol-impaired driving deaths</td>
<td>67% v  v</td>
<td>67% v  v</td>
<td>27% v  v</td>
<td>50% v  v</td>
<td>14%</td>
<td>46%</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>1,213 v  v</td>
<td>N/A</td>
<td>90 &lt; 90</td>
<td>373 v  v</td>
<td>138</td>
<td>416</td>
</tr>
<tr>
<td>Teen birth rate</td>
<td>100 v</td>
<td>23 v</td>
<td>19 &lt; 19</td>
<td>46 v</td>
<td>20</td>
<td>28</td>
</tr>
<tr>
<td>Uninsured</td>
<td>19% v  v</td>
<td>14% v</td>
<td>14% v  v</td>
<td>14% v  v</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>N/A</td>
<td>N/A</td>
<td>1,114:1 v</td>
<td>887:1 &lt; 887</td>
<td>1,045:1</td>
<td>1,279:1</td>
</tr>
<tr>
<td>Dentists</td>
<td>N/A</td>
<td>801:1 &lt; 801</td>
<td>2,226:1 &lt; 2,226</td>
<td>1,284:1 &lt; 1,284</td>
<td>1,377:1</td>
<td>1,710:1</td>
</tr>
<tr>
<td>Mental health providers</td>
<td>1,375:1 v  v</td>
<td>N/A</td>
<td>N/A</td>
<td>246:1 &lt; 246</td>
<td>386:1</td>
<td>638:1</td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>91 v  v</td>
<td>74 v  v</td>
<td>60 v  v</td>
<td>61 v  v</td>
<td>41</td>
<td>56</td>
</tr>
<tr>
<td>Diabetic screening</td>
<td>94% &lt; 94%</td>
<td>91% &lt; 91%</td>
<td>89% &lt; 89%</td>
<td>92% &lt; 92%</td>
<td>89%</td>
<td>86%</td>
</tr>
<tr>
<td>Mammography screening</td>
<td>69% v</td>
<td>69% v</td>
<td>67% v &lt; 67%</td>
<td>76% v &lt; 76%</td>
<td>71%</td>
<td>68%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>7.2% v  v</td>
<td>6.1% v  v</td>
<td>4.5% v  v</td>
<td>3.9% v  v</td>
<td>4.0%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>38% v  v</td>
<td>12% &lt; 12%</td>
<td>13% &lt; 13%</td>
<td>17% &lt; 17%</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>Income inequality</td>
<td>5.1 v  v</td>
<td>4.6 v  v</td>
<td>5.0 v  v</td>
<td>4.1 v  v</td>
<td>3.7</td>
<td>4.4</td>
</tr>
<tr>
<td>Children in 1-parent households</td>
<td>25% v  v</td>
<td>38% v  v</td>
<td>21% v  v</td>
<td>30% v  v</td>
<td>20%</td>
<td>26%</td>
</tr>
<tr>
<td>Violent crime</td>
<td>184 v</td>
<td>55 v</td>
<td>15 v  v</td>
<td>227 v</td>
<td>59</td>
<td>240</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>65 v</td>
<td>150 v</td>
<td>110 v</td>
<td>52 v</td>
<td>50</td>
<td>64</td>
</tr>
<tr>
<td>Air pollution – particulate matter</td>
<td>9.8 v  v</td>
<td>9.8 v</td>
<td>9.6 v  v</td>
<td>9.9 v  v</td>
<td>9.5</td>
<td>10.0</td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>0% &lt; 0%</td>
<td>0% &lt; 0%</td>
<td>0% &lt; 0%</td>
<td>0% &lt; 0%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>9% &lt; 9%</td>
<td>9% v   v</td>
<td>12% v  v</td>
<td>10% v  v</td>
<td>9%</td>
<td>11%</td>
</tr>
</tbody>
</table>

> = Not meeting North Dakota average  
✓ = Not meeting U.S. Top 10% Performers  
孑 = Meeting or exceeding U.S. Top 10% Performers
The data from County Health Rankings show that Benson, Eddy, Pierce and Ramsey Counties are doing poorly as compared to the rest of North Dakota on measures of health outcomes, landing at or below rates for North Dakota counties, and worse than the U.S. Top 10%, on most factors.

Two of the measures are particularly concerning:

- **Adult Smoking** –
  - Benson County – more than double the state average and the U.S. top performers.
  - Pierce County – higher than both the state average and national top performers.
  - Ramsey County – higher than the state average and almost double the national top performers

- **Excessive Drinking** –
  - Benson County – more than double the U.S. top performers, but only slightly lower than the state average.
  - Eddy County – higher than both the state average and national top performers.
  - Pierce County – higher than both the state average and national top performers.
  - Ramsey County – 17% higher than the state average and almost triple the national top 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 3: SELECTED MEASURES REGARDING CHILDREN’S HEALTH
(For children aged 0-17 unless noted otherwise)

<table>
<thead>
<tr>
<th>Health Status</th>
<th>North Dakota</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children born premature (3 or more weeks early)</td>
<td>10.8%</td>
<td>11.6%</td>
</tr>
<tr>
<td>Children 10-17 overweight or obese</td>
<td><strong>35.8%</strong></td>
<td>31.3%</td>
</tr>
<tr>
<td>Children 0-5 who were ever breastfed</td>
<td>79.4%</td>
<td>79.2%</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>
</tbody>
</table>

**Health Care**

<table>
<thead>
<tr>
<th>Health Status</th>
<th>North Dakota</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children currently insured</td>
<td>93.5%</td>
<td>94.5%</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>Children who had preventive dental visit in past year</td>
<td>74.6%</td>
<td>77.2%</td>
</tr>
<tr>
<td>Young children (10 mos.-5 yrs.) 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>
</tbody>
</table>

**Family Life**

<table>
<thead>
<tr>
<th>Health Status</th>
<th>North Dakota</th>
<th>National</th>
</tr>
</thead>
<tbody>
<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>Children who live in households where someone smokes</td>
<td><strong>29.8%</strong></td>
<td>24.1%</td>
</tr>
</tbody>
</table>

**Neighborhood**

<table>
<thead>
<tr>
<th>Health Status</th>
<th>North Dakota</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children who live in 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 the County is doing worse than the state average. The year of the most recent data is noted.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Benson County</th>
<th>Eddy County</th>
<th>Pierce County</th>
<th>Ramsey County</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured children (% of population age 0-18), 2013</td>
<td>11.0%</td>
<td>11.5%</td>
<td>11.0%</td>
<td>9.8%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Uninsured children below 200% of poverty (% of population), 2013</td>
<td>50.2%</td>
<td>54.0%</td>
<td>50.5%</td>
<td>38.8%</td>
<td>47.8%</td>
</tr>
<tr>
<td>Medicaid recipient (% of population age 0-20), 2014</td>
<td>80.4%</td>
<td>25.0%</td>
<td>24.8%</td>
<td>34.7%</td>
<td>27.0%</td>
</tr>
<tr>
<td>Children enrolled in Healthy Steps (% of population age 0-18), 2013</td>
<td>3.6%</td>
<td>4.8%</td>
<td>5.6%</td>
<td>3.6%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2012</td>
<td>72.4%</td>
<td>15.7%</td>
<td>18.6%</td>
<td>27.8%</td>
<td>21.4%</td>
</tr>
<tr>
<td>Licensed child care capacity (% of population age 0-13), 2014</td>
<td>14.9%</td>
<td>35.4%</td>
<td>29.4%</td>
<td>59.5%</td>
<td>43.1%</td>
</tr>
<tr>
<td>High school dropouts (% of grade 9-12 enrollment), 2013</td>
<td>9.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1.4%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>
Survey Results

As noted above, 732 community members took the written survey in communities throughout the county. The survey requested that respondents list their home zip code. While not all respondents provided a zip code, 545 did, revealing that while the large majority of respondents lived in Devils Lake. These results are shown below.

Figure 2: Survey Respondents’ Home Zip Code

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

Survey Demographics

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

- Over 58% (N=352) were aged 45 or older, although there was a fairly even distribution of ages.
- A large majority (N=441) were female.
- Over half of respondents (N=356, 60%) had associate’s degrees or higher, with a plurality of respondents (N=170) having bachelor’s degrees.
- Majority (N=439) worked full-time.
- A minority of respondents (N=189) had household incomes of less than $50,000.

Figure 3 shows these demographic characteristics. It illustrates the wide range of community members’ household income and indicates how this assessment took into account input from parties who represent the varied interests of the community served, including wide age ranges, those in diverse work situations, and lower-income community members. Of those who provided a household income, 75 community members reported a household income of less than $25,000, with 36 of those indicating a household income of less than $15,000.

**Figure 3: Demographics of Survey Respondents**
Figure 3. Demographics of Survey Respondents Continued

**Household Income**

- Less than $15,000: 22
- $15,000 to $24,999: 54
- $25,000 to $49,999: 36
- $50,000 to $74,999: 39
- $75,000 to $99,999: 114
- $100,000 to $149,999: 65
- $150,000 and over: 132
- Prefer not to answer: 119

**Employment Status**

- Full time: 439
- Part time: 16
- Homemaker: 24
- Multiple job holder: 44
- Unemployed: 17
- Retired: 11

**Education Level**

- Less than high school: 11
- High school diploma or GED: 82
- Some college/technical degree: 90
- Associate's degree: 138
- Bachelor's degree: 170
- Graduate or professional degree: 104
Health Care Access

Community members were asked about their health insurance status. Health insurance status often is associated with whether people have access to health care. Thirty-four (34) of the respondents reported having no health insurance or being under-insured. The most common insurance types were insurance through one’s employer or self-purchased (N=496), Medicare (N=77) and Medicaid (N=43).

Figure 4: Insurance Status

Community Assets, Challenges, and Collaboration

Survey respondents were asked what they perceived as the best things about their community in four categories: people, services and resources, quality of life, and activities. In each category, respondents were given a list of choices and asked to pick the three best things. Respondents occasionally chose less than three or more than three choices within each category. If more than three choices were selected, their responses were not included. The results indicate there is consensus (with 400 or more respondents agreeing) that community assets include:

- Friendly, helpful, and supportive people (518)
- Family friendly; good place to raise kids (511)
- Safe place to live, little/no crime (442)
- People are involved in their community (420)
- Close to work and activities (419)
- Active faith community (401)

Figures 5 to 8 illustrate the results of these questions.
**Figure 5: Best Things about the PEOPLE in Your Community**

- People are friendly, helpful, supportive: 518
- People who live here are involved in their community: 420
- Feeling connected to people who live here: 330
- Community is socially and culturally diverse or becoming more diverse: 209
- Government is accessible: 117
- Sense that you can make a difference through civic engagement: 99
- People are tolerant, inclusive and open-minded: 71
- Other: 22

**Figure 6: Best Things about the SERVICES AND RESOURCES in Your Community**

- Active faith community: 401
- Quality school systems: 397
- Community groups and organizations: 251
- Health care: 208
- Business district (restaurants, availability of goods): 162
- Access to healthy food: 148
- Programs for youth: 115
- Public transportation: 66
- Other: 22
In another open-ended question, residents were asked, “What are the major challenges facing your community?” Over 350 residents responded to this question. The most commonly cited challenges include:

- Activities for children and families (N=60)
- Availability and affordability of housing (N=47)
- Availability of childcare (N=47)
- Alcohol and drug abuse (N=46)
- Jobs with livable wages/qualified staff to fill positions (N=38)
Specific comments provide some insights into the reasoning behind these issues being singled out as community challenges:

- Activities for families and youth, events and festivals (more than just once/twice a year), opportunities for recreational/sports activities.
- Affordable housing is an issue that will continue to be a problem. Wage levels, while improving, are still lower than needed for many households to meet basic living needs.
- There is no daycare in this community. An extreme need. Should have drop in daycare too. How are people to move here and work, when you can’t get reliable daycare?

The survey revealed that, by a large margin, for trusted health information residents turned to a primary care provider (doctor, nurse practitioner, physician assistant). Other common sources of trusted health information are other health care professionals (nurses, chiropractors, dentists, etc.) and web searches/internet (WebMD, Mayo Clinic, Healthline, etc.).

Figure 9: Sources of Trusted Health Information

<table>
<thead>
<tr>
<th>Source of Trusted Health Information</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care provider (doctor, nurse practitioner, physician assistant)</td>
<td>478</td>
</tr>
<tr>
<td>Other health care professionals (nurses, chiropractors, dieticians, etc.)</td>
<td>288</td>
</tr>
<tr>
<td>Web searches/Internet (WebMD, Mayo Clinic, Healthline, etc.)</td>
<td>265</td>
</tr>
<tr>
<td>Word of mouth, from others (friends, neighbors, co-workers, etc.)</td>
<td>179</td>
</tr>
<tr>
<td>Public health professional</td>
<td>144</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
</tr>
</tbody>
</table>
Community Concerns

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

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

Echoing the weight of respondents’ comments in the survey question about community challenges, the two most highly voiced concerns, with more than 400 votes, were:

- Youth alcohol use and abuse (including binge drinking) (N=416, 72%)
- Adult alcohol use and abuse (including binge drinking) (N=407, 69%)

The other issues that had at least 300 votes included:

- Adequate childcare services (N=354, 57%)
- Adult drug use and abuse (including prescription drug abuse) (N=353, 59%)
- Youth drug use and abuse (including prescription drug abuse) (N=347, 60%)
- Jobs with livable wages (N=315, 50%)
- Obesity/overweight (N=301, 51%)

Figures 9 through 16 illustrate these results.
Figure 9: Community Health Concerns

1. Adequate childcare services: 354
2. Jobs with livable wages: 315
3. Affordable housing: 252
4. Attracting and retaining young families: 222
5. Poverty: 154
6. Adequate youth activities: 143
7. Access to exercise and wellness activities: 131
8. Adequate school resources: 91
9. Change in population size (increase or decrease): 64
10. Other: 23

Figure 10: Availability of Health Services Concerns

1. Availability of specialists: 290
2. Availability of doctors and nurses: 271
3. Availability of substance abuse/treatment services: 154
4. Ability to get appointments: 152
5. Availability of mental health services: 148
6. Availability of dental care: 130
7. Availability of wellness and disease prevention: 89
8. Availability of women’s reproductive health services: 87
9. Availability of vision care: 78
10. Availability of public health professionals: 70
11. Other: 44
Figure 11: Safety/Environmental Health Concerns

- Public transportation (options and cost) 200
- Crime and safety 199
- Prejudice, discrimination 190
- Physical violence, domestic violence... 180
- Traffic safety (i.e. speeding, road safety,... 180
- Emergency services (ambulance & 911) available... 110
- Water quality (well water, lakes, rivers) 103
- Lack of law enforcement 92
- Land quality (litter, illegal dumping) 79
- Air quality 42
- Low graduation rates 39
- Other 25

Figure 12: Delivery of Health Services Concerns

- Ability to retain doctors and nurses in the area 283
- Cost of health insurance 243
- Cost of health care services 218
- Availability of general surgery 210
- Extra hours for appointments, such as evenings... 202
- Cost of prescription drugs 120
- Quality of care 113
- Adequacy of Indian Health or Tribal Health services 93
- Patient confidentiality 76
- Providers using electronic health records 43
- Other 15
Figure 13: Physical Health Concerns

- Obesity/overweight: 301
- Cancer: 259
- Diabetes: 211
- Poor nutrition, poor eating habits: 156
- Teen pregnancy: 149
- Youth obesity: 139
- Heart disease: 90
- Youth hunger and poor nutrition: 89
- Youth sexual health (including sexually): 63
- Wellness and disease prevention, including: 55
- Adult sexual health (including sexually): 47
- Lung Disease (i.e. Emphysema, COPD, Asthma): 38
- Other (please specify): 12

Figure 14: Mental Health and Substance Abuse Concerns (YOUTH)

- Youth alcohol use and abuse (including binge drinking): 416
- Youth drug use and abuse (including prescription drug abuse): 347
- Youth suicide: 221
- Youth depression: 198
- Youth tobacco use (exposure to second-hand smoke, use of alternate tobacco products i.e.): 154
- Youth mental health: 135
- Youth stress: 110
- Other (please specify): 12
Figure 15: Mental Health and Substance Abuse Concerns (ADULT)

- Adult alcohol use and abuse (including binge drinking): 407
- Adult drug use and abuse (including prescription drug abuse): 353
- Adult depression: 225
- Adult mental health: 197
- Adult stress: 189
- Adult tobacco use (exposure to second-hand smoke, use of alternate tobacco products i.e. hookah, e-...): 171
- Adult suicide: 73
- Other (please specify): 5

Figure 16: Senior Population Concerns

- Availability of resources to help the elderly stay in...: 264
- Ability to meet needs of older population: 219
- Availability of resources for family and friends...: 218
- Assisted living options: 199
- Dementia/Alzheimer’s disease: 172
- Long-term/nursing home care options: 163
- Availability of activities for seniors: 163
- Cost of activities for seniors: 81
- Elder abuse: 51
- Other (please specify): 15
Delivery of Health Care

The survey asked residents what they see as barriers to that prevent them or others from receiving health care. The most prevalent barrier perceived by residents was not enough specialists (N=200). There was little variance in the frequency with which other potential barriers were selected, with half of them identified by 112 to 180 respondents. After not enough specialists, the next most commonly identified barriers were not enough evening or weekend hours (N=180), no insurance or limited insurance (N=160), not enough doctors (N=158), and not affordable (N=151). Figure 17 illustrates these results.

The survey also solicited input about what health care services should be added locally, which received 152 respondents providing suggestions. The most commonly requested service (N=30) was general surgery. Other commonly requested services were a walk-in/after-hours clinic (N=25), increased access to senior services (in the home) (N=21), women’s health (including OB, epidural, mammography) (N=12), and cardiology (N=4).

<table>
<thead>
<tr>
<th>Perceptions about Barriers to Care</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough specialists</td>
<td>200</td>
</tr>
<tr>
<td>Not enough evening or weekend hours</td>
<td>180</td>
</tr>
<tr>
<td>No insurance or limited insurance</td>
<td>160</td>
</tr>
<tr>
<td>Not enough doctors</td>
<td>158</td>
</tr>
<tr>
<td>Not affordable</td>
<td>151</td>
</tr>
<tr>
<td>Not able to get appointment/limited hours</td>
<td>123</td>
</tr>
<tr>
<td>Not able to see same provider over time</td>
<td>122</td>
</tr>
<tr>
<td>Distance from health facility</td>
<td>114</td>
</tr>
<tr>
<td>Can’t get transportation services</td>
<td>112</td>
</tr>
<tr>
<td>Poor quality of care</td>
<td>72</td>
</tr>
<tr>
<td>Not accepting new patients</td>
<td>71</td>
</tr>
<tr>
<td>Concerns about confidentiality</td>
<td>59</td>
</tr>
<tr>
<td>Lack of/limited services through Indian Health...</td>
<td>58</td>
</tr>
<tr>
<td>Don’t know about local services</td>
<td>56</td>
</tr>
<tr>
<td>Convenient access to Veteran’s services</td>
<td>48</td>
</tr>
<tr>
<td>Limited access to telehealth technology...</td>
<td>29</td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td>23</td>
</tr>
<tr>
<td>Lack of disability access</td>
<td>17</td>
</tr>
<tr>
<td>Don’t speak language or understand culture</td>
<td>11</td>
</tr>
</tbody>
</table>
Other Concerns and Suggestions to Improve Local Health

The survey concluded with an open-ended question that asked, “Overall, please share concerns and suggestions to improve the delivery of local health care.” Fewer residents responded to this question than to other open-ended survey questions, with a total of 118 responses. Respondents shared a wide range of concerns and advice. The issues that were mentioned by more than 10 people were: lack of quality/caring providers (N=15), emergency room issues and wait times (N=13), and increase number of medical providers (N=11). Specific comments included:

- Health care professionals need to listen to patients, be personable, and care.
- Emergency room is being used for non-emergencies. Service is very slow, and services are referred out due to lack of providers.
- Availability of appoints is a big issue. You can call in the morning, but there is no availability of a provider until two days later.

Findings from Key Informant Interviews

Questions about the health and well-being of the community, similar to those posed in the survey, were explored during key informant interviews with community leaders and health professionals. The themes that emerged from these sources were wide-ranging, with some directly associated with health care and others more rooted in broader community matters. Generally, overarching thematic issues that developed during the interviews can be grouped into six categories (listed in alphabetical order):

- Low number of jobs available/no qualified staff
- Mental health needs – adult and youth
- Need for additional services for the elderly
- Poverty
- Recruiting and retaining medical staff
- Substance abuse (alcohol and drugs)

To provide context for these expressed needs, below are some of the comments that interviewees made about these issues:
Low Number of Available Jobs/No Qualified Staff

- Not as many jobs – not as many high paying jobs.
- Finding qualified staff is difficult – applicants are not as responsible.
- Jobs to keep people around.
- Community members have jobs – but work at a number of different jobs – don’t have benefits because of it.

Mental Health Needs (Adult and Youth)

- More of a presence of mental health – especially with the youth – not reaching the level of need.
- Availability of mental health – lack of providers. Confidentiality is an issue – and prohibits the use of services – can’t see a counselor that you don’t know. Everyone knows everyone’s business.
- Mental health and behavioral health – issue – reliant on Carrington and Devils Lake

Additional Services for the Elderly

- Elderly - working hard to take care of them – but maybe not the most services – lots are starting to join this group.
- Transition planners – nurses from PH could be helping transition people from the hospital. Follow up when they leave the hospital – help keep people in their homes longer.
- Aging – a large part of the population – how can we keep people in their homes as long as possible? Wouldn’t need people to move 40 – 100 miles away to get nursing care – but we need to do better than this.

Poverty

- Poverty – worked for the food pantry – see people that are very, very poor = people don’t get all that they need to eat. Homes are in really bad shape. Can’t keep their homes clean.
- Poverty – leads to many of the others on the list.
- Community has a lot of people that live in poverty.

Recruiting and Retaining Medical Staff

- Finding people who want to be CNAs – finding nurses that want to take on the responsibility of weekends. And late shift.
- Try and get a few more doctors (4 total), and 2 nurse practitioners – sometimes the wait is too long – 2 weeks or more to get an appointment. Rural it’s really hard to get doctors to come and stay here. Come when young, but when they get experience, they move on.
- Availability of doctors and nurses at the clinic is a problem.
Substance Abuse (Alcohol and Drugs)

- Drugs is a concern – talks to law enforcement about it – they try to keep it down – but drugs are always around.
- Alcohol use and abuse – pretty big.
- Alcohol a big problem in ND – no surprise – nothing else to do is drink.

Priority of Health Needs

Lake Region District Health and CHI Mercy Hospital held a community meeting on February 23, 2016. Twenty community members attended the meeting. A representative from the Center for Rural Health presented the group with a summary of this report’s findings, including background and explanation about the secondary data, highlights from the survey results (including perceived community health and community concerns, and barriers to care), and findings from the key informant interviews.

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

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

- Drug use and abuse, including prescription drugs – adults and youth (15 votes)
- Alcohol use and abuse, including binge drinking – adults and youth (12 votes)
- Unemployment/underemployment (11 votes)

A summary of this prioritization may be found in Appendix C.

Using a logic model framework, the group then began the second portion of the Community Group meeting: a strategic planning session to find ways to address the prioritized significant needs. The group did not cover all of planning necessary to create a comprehensive improvement plan. Instead, they spent their time discussing reasons behind – and working on potential ideas to address – each of the top three concerns above. A steering committee or other group will meet to continue the work that was started by the Community Group and culminate with a community health improvement plan that can be executed.
Appendix A1 – Paper Survey Instrument

Lake Region Health Survey

CHI Mercy Hospital and Lake Region Health District are interested in hearing from you about community health concerns. The focus of this effort is to:

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

If you prefer, you may take the survey online at http://tinyurl.com/lakeregionsurvey

Surveys will be tabulated by the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. Your responses are anonymous, and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported only in total. If you have questions about the survey, you may contact Tiffany Knauf at 701.777.4048. Surveys will be accepted through November 30, 2015. Your opinion matters – thank you in advance!

Residing County

Q1. What COUNTY do you currently live in?

☐ Benson County
☐ Eddy County
☐ Edson County
☐ Other (please specify): ________________

☐ Pierce County
☐ Ramsey County
☐ Towner County

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

Q2. Considering the PEOPLE in your 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) ________________

Q3. Considering the SERVICES AND RESOURCES in your 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) ________________

Q4. Considering the QUALITY OF LIFE in your 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) ________________
Q5. Considering the ACTIVITIES in your community, the 3 best things are (choose up to THREE):

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

Q6. What are other best things about your community that are not listed in the questions above?

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Q7. What are the major challenges facing your community?

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Community Concerns

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

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

Q9. Considering the AVAILABILITY OF HEALTH SERVICES in your community, 3 concerns are (choose up to THREE):

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

Q10. Considering the SAFETY/ENVIRONMENTAL HEALTH in your community, 3 concerns are (choose up to THREE):

☐ Air quality  ☐ Physical violence, domestic violence (spouse/partner/family)
☐ Crime and safety  ☐ Prejudice, discrimination
☐ Emergency services (ambulance & 911) available 24/7  ☐ Public transportation (options and cost)
☐ Land quality (litter, illegal dumping)  ☐ Traffic safety, (i.e. speeding, road safety, drunk/distracted driving, and seatbelt use)
☐ Low graduation rates  ☐ Water quality (well water, lakes, rivers)
☐ Lack of law enforcement  ☐ Other (please specify) ________________
Q11. Considering the DELIVERY OF HEALTH SERVICES in your community, 3 concerns are (choose up to THREE):

- Ability to retain doctors and nurses in the area
- Adequacy of Indian Health or Tribal Health services
- Availability of general surgery
- 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) ________________

Q12. Considering the PHYSICAL HEALTH in your community, 3 concerns are (choose up to THREE):

- Adult sexual health (including sexually transmitted diseases/AIDS)
- Cancer
- Diabetes
- Lung Disease (i.e. Emphysema, COPD, Asthma)
- Heart disease
- Obesity/overweight
- Poor nutrition, poor eating habits
- 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) ________________

Q13. Considering the MENTAL HEALTH AND SUBSTANCE ABUSE (YOUTH) in your community, 3 concerns are (choose up to THREE):

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

Q14. Considering the MENTAL HEALTH AND SUBSTANCE ABUSE (ADULT) in your community, 3 concerns are (choose up to THREE):

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

Q15. Considering the SENIOR POPULATION in your community, 3 concerns are (choose up to THREE):

- Ability to meet needs of older population
- Assisted living options
- Availability of activities for seniors
- Availability of resources for family and friends caring for elders
- Availability of resources to help the elderly stay in their homes
- Cost of activities for seniors
- Dementia/Alzheimer’s disease
- Elder abuse
- Long-term/nursing home care options
- Other (please specify) ________________
Delivery of Health Care
Q16. What specific health care services, if any, do you think should be added locally?

Q17. What PREVENTS you or other community residents from receiving health care? (Choose ALL that apply.)
- Can’t get transportation services
- Concerns about confidentiality
- Convenient access to Veteran’s services
- Distance from health facility
- Don’t know about local services
- Don’t speak language or understand culture
- Lack of disability access
- Lack of/limited 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)

Q18. If you go out of the area for health care needs, where do you go for services? (Choose ALL that apply.)
- Bismarck, ND
- Devils Lake, ND
- Fargo, ND
- Grand Forks, ND
- Minneapolis, MN
- Minot, ND
- Other (please specify)

Q19. Where do you turn for trusted health information? (Choose ALL that apply.)
- Other health care professionals (nurses, chiropractors, dieticians, 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
Q20. Do you work for the hospital, clinic, or public health unit?
- Yes
- No

Q21. Health insurance 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)

Q22. Age:
- Less than 18 years
- 18 to 24 years
- 25 to 34 years
- 35 to 44 years
- 45 to 54 years
- 55 to 64 years
- 65 to 74 years
- 75 years and older
Q23. 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

Q24. Gender:
- Female
- Male
- Transgender

Q25. Employment status:
- Full time
- Part time
- Homemaker
- Multiple job holder
- Unemployed
- Retired

Q26. Your zip code: ______________________

Q27. Race/ethnicity (choose ALL that apply):
- Black/African American
- Asian
- Hispanic/Latino
- American Indian
- Pacific Islander
- White/Caucasian
- Other (please specify) ______________________
- Prefer not to answer

Q28. Annual household income before taxes:
- Less than $15,000
- $15,000 to $24,999
- $25,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 to $149,999
- $150,000 and over
- Prefer not to answer

Q29. Overall, please share concerns and suggestions to improve the delivery of local health care.

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

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

Community Health Needs Assessment

CHI Mercy Hospital and Lake Region Health District are interested in hearing from you about community health concerns. The focus of this effort is to:

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

If you prefer, you may take the survey online at http://tinyurl.com/lakerregion.

Surveys will be tabulated by the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. Your responses are anonymous, and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported only in total. If you have questions about the survey, you may contact Tiffany Knauf at 701.777.4346. Surveys will be accepted through November 30, 2019. Your opinion matters – thank you in advance!

Residing County

What COUNTY do you currently live in?

- Benson County
- Eddy County
- Nelson County
- Pierce County
- Ramsey County
- Todd County
- Other (please specify): 

Community Assets

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

Considering the PEOPLE in your 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)

Considering the SERVICES AND RESOURCES in your 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 your 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)

0% 100%
Considering the **ACTIVITIES** in your 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 other “best things” about your community that are not listed in the questions above?

What are the major challenges facing your community?

---

**Community Concerns**

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

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

- Access to exercise and wellness activities
- Adequate childcare services
- Adequate school resources
- 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 your 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 substance abuse/treatment services
- Availability of vision care
- Availability of women's reproductive health services
- Availability of wellness and disease prevention services
- Other (please specify) __________

**Considering the SAFETY/ENVIRONMENTAL HEALTH in your 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
- Lack of law enforcement
- Physical violence, domestic violence (spouse/partner/family)
- 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 the **DELIVERY OF HEALTH SERVICES** in your community, 3 concerns are (choose up to THREE):

- Ability to retain doctors and nurses in the area
- Adequacy of Indian Health or Tribal Health services
- Availability of general surgery
- 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 your community, 3 concerns are (choose up to THREE):

- Adult sexual health (including sexually transmitted diseases/AIDS)
- Cancer
- Diabetes
- Lung disease (i.e. Emphysema, COPD, Asthma)
- Heart disease
- Obesity/overweight
- Poor nutrition, poor eating habits
- 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 (YOUTH)** in your community, 3 concerns are (choose up to THREE):

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

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

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

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

- Ability to meet needs of older population
- Assisted living options
- Availability of activities for seniors
- Availability of resources for family and friends caring for elderly
- 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
- Convenient access to Veteran’s services
- Distance from health facility
- Don’t know about local services
- Don’t speak language or understand culture
- Lack of disability access
- Lack of/limited 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)

If you go out of the area for health care needs, where do you go for services?  (Choose ALL that apply.)
- Bismarck, ND
- Devils Lake, ND
- Fargo, ND
- Grand Forks, ND
- Minneapolis, MN
- Minot, ND
- 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 (my 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 (IHS)
- [ ] No insurance
- [ ] Insurance through employer/self-purchased
- [ ] Not enough insurance
- [ ] Medicaid
- [ ] Veteran’s Health Care Benefits
- [ ] Medicare
- [ ] Other (please specify) [ ]

Age:
- [ ] Less than 18 years
- [ ] 18 to 24 years
- [ ] 25 to 34 years
- [ ] 35 to 44 years
- [ ] 45 to 54 years
- [ ] 55 to 64 years
- [ ] 65 to 74 years
- [ ] 75 years and older
Highest level of education:
- 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
- Transgender

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

Your zip code:

Race (choose ALL that apply):
- Black/African American
- Asian
- Hispanic/Latino
- American Indian
- Pacific Islander
- White/Caucasian
- Other (please specify):

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

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

Thank you for assisting us with this important survey!
## Appendix C – Prioritization of Community’s Health Needs

### POTENTIAL COMMUNITY HEALTH NEEDS
(Listed in alphabetical order)

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<tr>
<th>IDENTIFIED NEED</th>
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<tbody>
<tr>
<td>1. Activities for youth and families</td>
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<tr>
<td>2. Drug use and abuse (including prescription drugs) – Youth and Adult</td>
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<tr>
<td>3. Elevated level of children in poverty</td>
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<tr>
<td>4. Elevated level of preventable hospital stays</td>
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<td>5. Elevated rate of adult obesity</td>
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<td>6. Elevated rate of adult smoking</td>
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<td>7. Elevated rate of excessive drinking</td>
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<td>Alcohol use and abuse (including binge drinking) – Youth and Adult</td>
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<td>8. Elevated rate of physical inactivity</td>
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<td>9. Elevated rate of poor mental health days</td>
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<td>11. Elevated rate of premature death</td>
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<td>12. High rate of unemployment</td>
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<td>13. Licensed child care capacity</td>
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<td>14. Limited number of health care providers (primary care, dentists, mental health)</td>
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<tr>
<td>Recruiting and retaining medical staff</td>
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<tr>
<td>15. Mental health service shortage</td>
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<tr>
<td>16. Poverty</td>
<td>3</td>
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<tr>
<td>17. Severe housing problems</td>
<td>3</td>
</tr>
</tbody>
</table>

**Legend:**
- ✓ = Not meeting state average
- ❖ = Not meeting national benchmark
- • = Secondary data
- □ = Survey
- ➢ = Key Informant interviews