



# Community Health Needs Assessment Report and Implementation Strategy

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Trinity Hospital and Trinity Hospital - St. Joseph's  
Minot, North Dakota

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## Trinity Hospital and Trinity Hospital - St. Joseph's Minot, North Dakota

### Introduction

Both Trinity Hospital and Trinity Hospital – St. Joseph's are nonprofit hospitals located in Minot, North Dakota. Trinity Hospital is a 251-bed, acute care, full-service hospital and Trinity Hospital – St. Joseph's is a 165-bed acute hospital with inpatient and outpatient behavioral health, chemical dependency, inpatient rehabilitation, and same-day surgery services. Both Trinity Hospital and Trinity Hospital – St. Joseph's are part of Trinity Health.

Founded in 1922, Trinity Health was organized as an expression of faith by the immigrants who settled Northwest North Dakota. It quickly grew to become the region's premier healthcare provider. Today, Trinity Health keeps faith with that tradition of caring and compassion. As a nonprofit, fully-integrated healthcare system, our network of doctors, hospitals, nursing homes, clinics and other facilities has been recognized for its dedication to quality care and science-based medicine.

Trinity Health is associated with the University of North Dakota School of Medicine as a sole sponsor of the Minot Center for Family Medicine. As the region's preferred provider of medical services, Trinity serves as a referral center for heart surgery, rehabilitation medicine, newborn intensive care, kidney dialysis, lithotripsy, neurosurgery, orthopedics, sports medicine and more. Trinity was initially verified by the American College of Surgeons as a Level 2 Trauma Center, the highest level of care available in North Dakota. Trinity's Level 2 status is just one way we demonstrate our commitment to improve the quality of life and health in our communities.

Trinity 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.

Trinity Hospital provides the following services to our community:

- Ambulance
- Anesthesia
- Cardiopulmonary
- Emergency/Level II trauma
- Geriatric fracture center
- Guest house / CancerCare Cottage
- Intensive care unit
- Joint replacement center
- Pharmacy
- Robotic surgery
- Same day surgery
- Laboratory and radiology
  - Breast imaging
  - Cardiac cath lab / CTA
  - Digital Mammography
  - MRI
  - PET
- NorthStar Criticare Helicopter
- Nuclear medicine
- Nutrition education and services

- Women’s Health
- Pediatrics
- Physical/Occupational therapy
- Social services
- Surgery
- Ultrasound
- Volunteer services
- Women’s health center

Trinity Hospital – St. Joseph’s provides the following services to our community:

- Adult and adolescent addiction services
- Adult and adolescent mental health services
- Community education
- Kidney dialysis
- Occupational therapy
- Radiation therapy
- RehabCare Center (Cardiac / Ortho)
- Same day surgery
- School of Radiologic Technology
- Sleep center
- Speech pathology

In addition to Trinity Hospital and Trinity Hospital – St. Joseph’s, Trinity Health also includes:

- Trinity Kenmare Community Hospital, a critical access hospital
- Trinity Homes, North Dakota’s largest long-term care facility
- Nine health centers
- Twelve satellite clinics
- Sixteen outreach clinics
- Trinity Guest House
- Trinity CancerCare Cottage

Trinity Hospitals continue to lead the way in technology and procedural advancement with professional and support staff committed to the well-being of each individual. The variety and depth of Trinity’s services provides customers a smooth continuum of care from a hospital stay to outpatient services; home care to long-term care. Trinity is proud of its achievements, but our pursuit of quality means we will never be satisfied. We will always be searching for a better quality of life for the communities we serve.

Trinity Health is pleased to submit this Community Health Needs Assessment for both Trinity Hospital and Trinity Hospital – St. Joseph’s. 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.

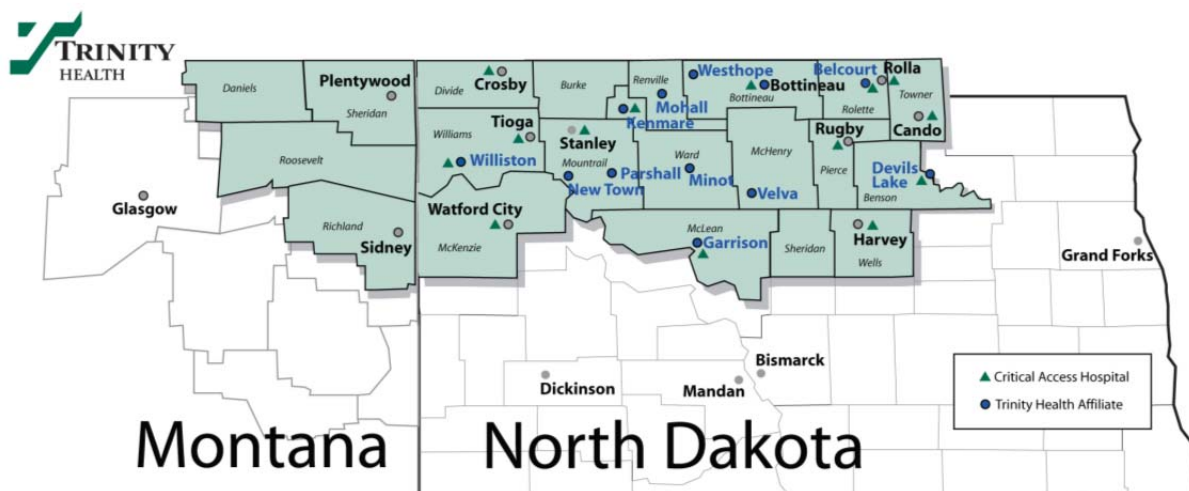
Consistent with the requirements of Section 501(r)(3), the Community Health Needs Assessment Report is organized as follows:

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

## Our Community

Although Trinity Hospital and Trinity Hospital – St. Joseph’s are located in Minot, North Dakota, we have historically defined our “community” as a broader area that includes Northwestern North Dakota as well as a portion of Northeastern Montana. Throughout this document, any reference to “community” is meant to indicate this broad service area. We serve this exceptionally large area for two reasons. First, this region tends to be low-population areas, averaging approximately 6,000 – 7,000 residents per county. It’s our pleasure to be able to serve so many community members on an annual basis. Second, Trinity Hospital and Trinity Hospital – St. Joseph’s are the largest hospitals in this region. Although several critical access hospitals operate in our service area, we provide many of the specialty medical services that aren’t available at the critical access hospitals.

Within this broader community, approximately two-thirds of our inpatients and outpatients reside within in and immediately around the city of Minot and Ward County. Because of the large proportion of our community that resides within this limited area and because we believe this area is representative of our larger community, we limited our data collection to the city of Minot and Ward County.



In 2010, the U.S. Census Bureau conducted the nation’s most recent census and published that data by state, county and city. Similarly the Population Health Institute collects and reports health data and demographic data by county on an annual basis. Finally, the website [www.city-data.com](http://www.city-data.com) provides data by city on an annual basis. Although these data sources do not exactly align with our community, the data does provide a reasonable approximation of our community.

U.S. census data is as of 2010, Population Health Institute data is as of 2012, and city-data is as of 2009.

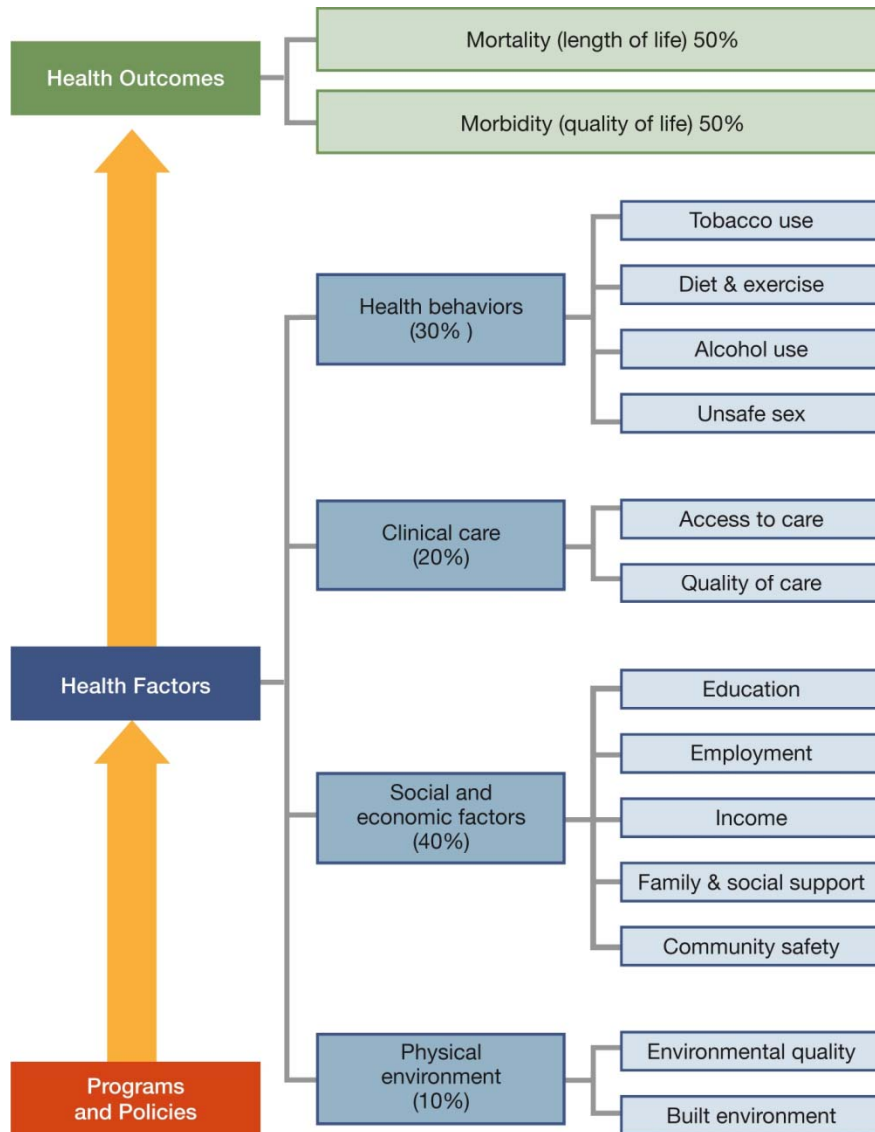
	<b>North Dakota</b>	<b>Ward County</b>	<b>Minot</b>
Population	672,591	61,675	40,888
Age < 18	22.3%	23.5%	21.1%
Age 65+	14.5%	13.0%	15.0%
Female	50.5%	49.3%	50.7%
Caucasian	90.0%	90.3%	90.2%
African American	1.2%	2.5%	2.3%
American Indian	5.4%	2.6%	3.3%
Asian	1.0%	1.0%	0.9%
Hispanic	2.0%	3.0%	2.7%
Median Household Income	\$49,415	\$51,081	Not Available
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

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, everything 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 Minot, our community has been significantly impacted by the influx of people into 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 20<sup>th</sup> out of the 53 counties in North Dakota while its health outcomes ranked 14<sup>th</sup>. 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 June, 2013.

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

### *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.

- Dr. Michael Dallolio – Medical Director for Mental Health and Chemical Dependency, Trinity Hospital and St. Joseph’s Hospital
  - Public health expertise
  - Representative of low-income, minority and medically underserved populations
- Dr. Jeffery Sather – Chairman of the Department of Medicine and Emergency Room Director, Trinity Hospital
  - Public health expertise
  - Representative of low-income, minority and medically underserved populations
- Dr. Scott Knutson – Assistant E.R. Medical Director, Credentials Chair, Vice Chief of Medical Staff and Program Director for Third-Year Medical Students, Trinity Hospital
  - Public health expertise
  - Representative of low-income, minority and medically underserved populations
- William (“Bill”) Tyra – Colonel, 5<sup>th</sup> Medical Group, Minot Air Force Base, United States Air Force
  - Local government agency with current data relevant to community health needs
- 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
- Mark Vollmer – Superintendent, Minot Public Schools
  - Local government agency with current data relevant to community health needs

- Representative of low-income and medically underserved populations
- David Waind – City Manager, Minot
  - Local government agency with current data relevant to community health needs
- Penny Erickson – Captain and Jail Commander, Ward County
  - Local government agency with current data relevant to community health needs
- Robert Barnard – Captain, Ward County Sheriff’s Department
  - Local government agency with current data relevant to community health needs

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 9, 2013, the questionnaire was published in the Minot Daily 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<sup>®</sup>. Sixty-seven 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 Trinity Hospital’s top priority should be. This health need has also been identified through national, state and county studies. Based on the significance of this need, Trinity Hospital considers access to healthcare to be its top priority with all other health needs classified as secondary or tertiary. We have done this so we can focus on providing improved access to critical healthcare services for community members.

Trinity Hospital – St. Joseph’s provides mental health and dependency services. Because those were also consistently identified as high-need areas by community participants, Trinity Hospital

– St. Joseph’s has classified mental health and substance abuse, as well as access to healthcare, as primary health needs. All other health needs are classified as secondary and tertiary. We have done this so we can focus on providing improved services and access for community members.

**Prioritized Community Health Needs**

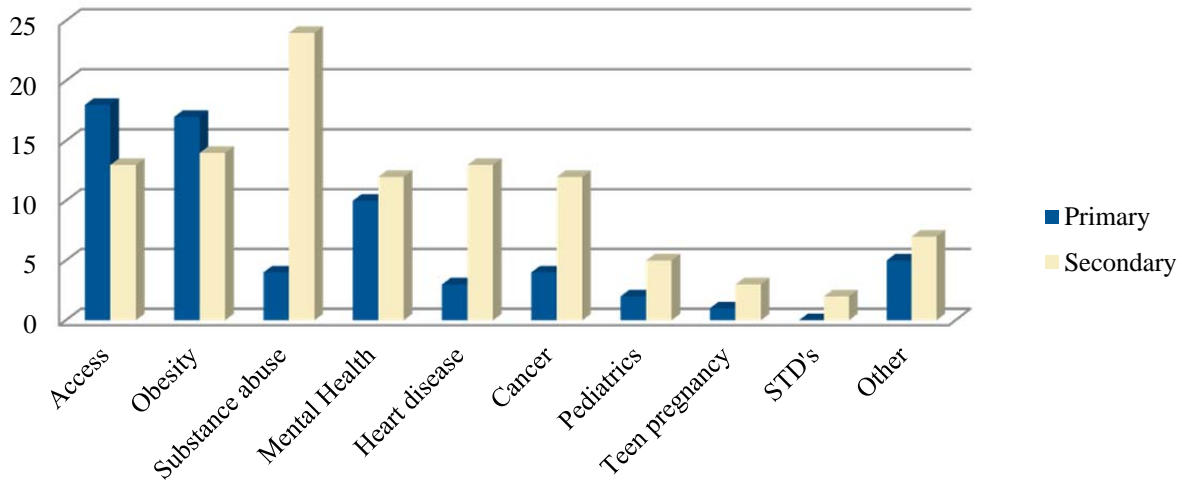
Based on interviews and questionnaires, as well as reviews of hospital, county, state and national health data, we identified the following community health needs, listed by priority.

<b>Community Health Need</b>	<b>Trinity Hospital Prioritization</b>	<b>Trinity Hospital – St. Joseph’s Prioritization</b>
Access to Care	Primary	Primary
Substance Abuse	Secondary	Primary
Mental Health	Secondary	Primary
Obesity	Secondary	Secondary
Illness and Disease	Secondary	Tertiary
Physical Injuries	Tertiary	Tertiary
Health Care for the Elderly	Tertiary	Tertiary
Mentality of Denial	Tertiary	Tertiary

*Access to Care*

In both interviews and questionnaires, access to care was frequently identified as the most significant health need in our community. Every interview participant identified some form of access as a significant concern and 46.3% of 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 5.55 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 5.74 on a scale of 1 (not significant) to 7 (extremely significant).

## Primary and Secondary Health Concerns of Questionnaire Participants



The issues related to access to care can generally be classified into four areas: increase in demand, excessive use of Emergency Rooms, needs of the low-income community, and other access health needs.

Even before the oil boom, healthcare options in northwestern North Dakota were limited. Our community features many health clinics and several critical access hospitals (the closest to Minot is approximately 40 miles to the West), but Trinity Hospital is the largest healthcare center within 100 miles in any direction. Minot Air Force Base had a hospital, but its services were reduced to the point that it is now a medical clinic

Adding to this situation, the North Dakota oil boom has had a profound impact on daily life and health care in our community. A steady inflow of individuals to work in the oil fields, combined with record flooding of the Souris River in 2011 that made over 4,100 residences uninhabitable, has filled all available housing in Minot and across the state. Despite the lack of housing, demand for workers continues to draw more and more people to our area. Individuals have been reported to be living in their cars and tents even during the harsh North Dakota winter.

In the last five years, the number of patients served by Trinity Health has increased from approximately 20,000 to approximately 40,000. We estimate that the number served will increase by an additional 20,000 in the next five years. The increase in usage is stretching the capacity of both Trinity Hospital and Trinity Hospital – St. Joseph’s on a regular basis. When all of the beds in a hospital are full, some patients may be discharged earlier than they otherwise would have been because the bed is needed to treat another patient who is in need. The increased usage also necessitates an increase in physicians, nurses and support staff. However, the lack of housing has made it difficult for local hospitals and clinics, including Trinity Health, to draw the additional doctors and nurses required to serve the growing community. Additionally, competition for workers by the oil companies has increased those wages to the point that local hospitals and clinics are losing medical workers to work in the oil fields.

Community members, including physicians and government representatives, indicated a need for additional medical professionals across all areas. However, specific needs that we mentioned include primary care, obstetricians and child psychologists. The excessive demand on physicians has impacted healthcare in various ways. Family practice physicians have so many current patients that they may not be willing to accept new patients. Community members expressed a generally concern over wait times for doctors, especially specialists. Community members reported that wait times for some specialties are 2-3 months. Community members also reported a decrease in the quality of their doctor-patient relationship as doctors have been forced to see more patients in a day and therefore spend less time with each patient.

Low-income community members may have additional struggles in receiving effective and thorough health care. Those who are uninsured or underinsured and low-income may not be able to receive regular preventive care, meaning small health problems may develop into major health problems. Low-income community members face all of the same health risks—obesity, substance abuse, heart disease, diabetes, etc.—as other community members, but low-income individuals have fewer alternatives to receive treatment for those needs. Although our community has a free clinic, it is even more overwhelmed by demand than the other hospitals and clinics.

Community members expressed concern over Emergency Room wait times. Participants indicated several possible reasons for the wait times. First, the inflow of individuals in the community should result in greater usage and longer waits. Second, the oil field work can result in significant work-related injuries that require E.R. attention. Third, individuals may choose to ignore minor health issues until those health issues become emergencies. Fourth, individuals who cannot otherwise afford healthcare may choose the E.R. because hospitals are required to provide emergency medical care regardless of the individual's ability to pay.

In addition to the access issues described above, community participants voiced concern over several other access issues. First, participants indicated limitations in home health and hospice. Similar to hospital facilities, Trinity H8health provides the only home health service in the area. Participants indicated a desire to have at least one other provider to give them alternatives and to encourage competition by the providers. Participants indicated that in rural areas, ambulatory services are stretched thin by increasing populations and aging volunteer driving crews. Finally, participants expressed a desire for an improved ambulatory network.

### *Substance Abuse*

Alcohol and drug abuse were frequently identified as health concerns in our community. Although access to healthcare and obesity were identified most frequently as the primary concern of questionnaire participants, substance abuse was identified most frequently as the secondary health concern. When asked how *common* substance abuse is in our community, questionnaire participants indicated an average rating of 5.64 on a scale of 1 (extremely rare) to 7 (extremely common). Similarly, when asked how *significant* substance abuse is in our community, questionnaire participants indicated an average rating of 5.93 on a scale of 1 (not significant) to 7 (extremely significant). Similarly, alcohol and drug abuse were frequently identified by interview participants as an area of concern.

Participants expressed concern that the inflow of individuals in our community may be increasing substance abuse in our community. First, participants indicated that the individuals who tend to work in the oil fields are young adult males who may have a higher tendency toward alcohol, tobacco and drug use. Second, participants indicated that the oil boom has created an environment in which people perceive they can “blend in” or “start over”, which may draw people with questionable backgrounds who are looking for a new chance. While many of those people have successfully changed their lives, others have either failed to eliminate addictive habits or have merely sought a new environment to continue their questionable activities. Third, the economic and social stresses in our community may be pushing some people to substance abuse as a means of temporarily escaping their problems.

Community participants believe alcohol abuse to be a major health concern in our community. Specific health risks included binge drinking, drinking and driving, and underage drinking (especially ages 16 – 17). In CDC Behavioral Risk Factor Surveillance System Survey questionnaires between 2003 and 2009, 100% of adult participants in Ward County consumed alcohol within the 30 days prior to participation. The 2006 Ward County Behavioral Risk Factors Report indicated approximately 23.4% of Ward County’s population as binge drinkers (defined as at least five drinks in one occasion), although the results were very different based on gender. The same study reported 36.1% of males as binge drinkers, but only 11.5% of females.

Both prescription drugs and illicit drugs are viewed as a problem in our community. Both medical professionals and law enforcement officials indicated that the most commonly abused drugs are methamphetamines (“meth”) and marijuana, although meth causes more serious problems for the individual and the community. Cocaine and heroin use were both reported to be increasing. Finally, participants expressed concern for use of synthetic drugs such as bath salts and synthetic marijuana. While North Dakota has outlawed synthetic drugs, our residents can travel to other states where those items are legal, then bring/ship them into our state and distribute them in a black market.

In December 2012, the state of North Dakota banned smoking in all public areas. Although the new law is so recent, participants indicated a belief that smoking is already decreasing in our community. However, it’s also possible that smokers are merely containing their activities to private locations in accordance with the state law. We are not yet sure of the impact of the law on smoking in our community. Participants did indicate an increase in the use of chewing tobacco and similar products, especially among younger adults, as a substitute to smoking.

Participants expressed concern over the connection between substance abuse and mental health, discussed below, emphasizing the impact each can have on the other as well as the importance of treating both problems simultaneously for effective recovery. Although Trinity Hospital – St. Joseph’s can treat both substance abuse and mental health problems, participants indicated a desire for additional transitional housing in allowing recovering individuals to work toward independent living. Participants also indicated a desire for additional job coaching and vocational training for these individuals. Medical professionals expressed a need for additional outreach from the mental health and substance abuse professionals to other medical professionals to encourage cooperative planning and treatment for individuals with multiple health problems. Similarly, medical professionals indicated a need for better “dual diagnosis” treatment program

to treat both mental health and substance abuse problems. Because of the close connection between mental health and substance abuse, any treatment of one is more likely to fail if the other is not also treated effectively. Within Trinity Hospital – St. Joseph’s, participants indicated that the two treatment areas could better coordinate their efforts in treating individuals. Trinity Health does have a system for monitoring all prescriptions for an individual, but participants expressed concern that this system may not currently be used as effectively as it could be.

### *Mental Health*

Many of our community’s mental health concerns relate closely to access issues. Similar to Trinity Hospital, Trinity Hospital – St. Joseph’s has experienced incredible increases in usage in recent years and expects this growth to continue for at least the next five years. Participants indicated a need for additional doctors, nurses, counselors and others to keep up with population growth, both within St. Joseph’s and in other area organizations capable of treating mental health issues. Unfortunately, attracting providers is difficult given our rural North Dakota environment and the lack of housing discussed previously.

Further exacerbating the mental health access issues, several participants indicated that individuals with mental health issues from around the country may view the booming North Dakota community as a chance to “start over”. This explanation could partially explain the increase in mental health usage across the state in recent years. As an example of access limitations, participants indicated that individuals may wait two to three months for an appointment with a doctor, psychologist or psychiatrist, no matter which facility they use. The wait times appear to be even more of a problem for low-income individuals who are either uninsured or underinsured. Related to this, medical professionals expressed frustration that some insurance companies will only cover treatment by professionals with a specific degree. This means that professionals with those degrees have even longer waiting lists.

The stresses on mental health treatment are not limited to our community. Medical professionals and Trinity Hospital and Trinity Hospital – St. Joseph’s reported that they’ve had to hold individuals with mental health problems overnight in the Emergency Room because there were no beds available for mental health treatment anywhere in the state of North Dakota.

Community participants expressed a desire for various additional services to serve the mentally ill:

- Increased partial hospitalizations
- Additional follow-up after psychiatric evaluations
- Longer appointments that would allow professionals to determine root problems
- Transitional housing to help individuals work toward independent living
- Additional job coaching and vocational training
- Reach out to other medical providers to encourage greater collaboration in treating the health needs of individuals with mental health issues
- Educate teenagers on mental health issues and treatment

Community participants indicated that depression, bipolar disorder and schizophrenia are all fairly common in our area. Participants also indicated the belief that many in our community

may have undiagnosed problems simply because they have never been evaluated by a professional. Finally, some Air Force personnel were identified as having mental health needs related to depression and post-traumatic stress syndrome (“PTSD”), although the Air Force provides its own mental health services to help those individuals.

### *Obesity*

Similar to the rest of the country, our community members frequently identified obesity as a health concern. However, our community appears to be similar to North Dakota and better than the U.S. average in this regard. Based on rankings by the Population Health Institute, 29.8% of Ward County’s population is obese, compared to 30.1% of North Dakota’s population and 35.7% of the United States’ population. Similarly, 26.2% of Ward County’s population reported that they spend no leisure time on physical activities, compared to 27.6% of North Dakota’s population.

Community participants provided several possible causes of obesity in our community:

- High cost of fruits, vegetables and lean meats
- Highly processed and fast foods tend to be more affordable
- All food costs are increasing due to population growth and high demand
- North Dakota has a long winter and winter sports tend to be most expensive
- Community members view our area’s fitness centers as expensive
- The floods in 2011 destroyed many of the public-access playgrounds

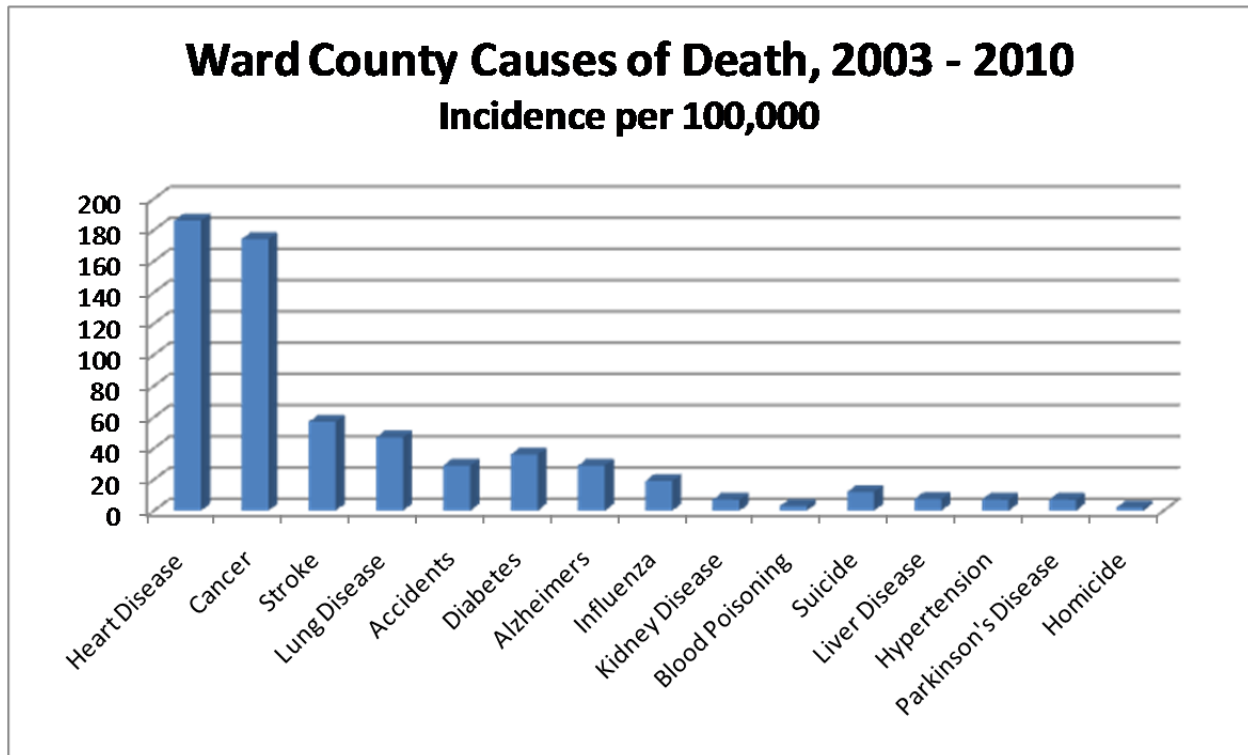
Obesity is also an issue for children in our community. Families in our community are increasingly seeing both parents work, either because of a need for additional income or because of the high pay that’s available to those who are willing. In this environment, parents may value meals that can be prepared or purchased quickly over meals that are healthy for children. Similarly, parents may ask children to prepare their own meals, which tend to be highly processed instant meals. Finally, the Souris River flooding in 2011 destroyed many of the public access playgrounds in our community, which has decreased access to free physical activity.

### *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.





Our community participants also indicated significant concern over heart disease and cancer, but also expressed concern for diabetes. Among the elderly community members, diabetes, arthritis and heart disease were identified as major concerns. Among children, diabetes, asthma and allergies were identified as major concerns. Cancer was identified as a major concern across all demographics. Hepatitis C, stroke, heart failure, and chronic obstructive pulmonary disease (“COPD”) were also identified as concerns.

Our questionnaire asked participants to identify their health concerns for our community. Heart disease and cancer were the very common secondary concerns. When asked how *common* heart disease and cancer are in our community, questionnaire participants indicated average ratings of 5.56 and 5.31, 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 5.63 and 5.06, respectively, on a scale of 1 (not significant) to 7 (extremely significant).

#### *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. First, the increase in oil-related occupations has resulted in an increase in work-related injuries, especially to the head. Additionally, since many of the oil workers are young adult males and tend to be “rough” individuals, violence-related injuries are also perceived to be increasing. Finally, Minot Air Force Base is within our community. The Air Force tends to attract young, physically fit males. Because of their demographics and their Air Force activities, the soldiers tend to have more injuries than average. However, the medical clinic on the base tends to care for the normal injuries, only involving outside health care for exceptional injuries.

Several participants indicated that our community may have insufficient care for the elderly. Specifically, elderly individuals in need of 24-hour care only have three options: move into an appropriate facility, hire a live-in assistant, or have family provide the assistance. If an individual can't afford the first two options and doesn't have family available to help, then that individual may not receive the assistance they need.

Participants also expressed frustration over the perceived lack of concern that many people have for their own health. For example, doctors indicated that some adults who moved into our community have come to the hospital and indicated that they've never seen a doctor in their life. Participants also thought the lack of self-awareness may be more significant from individuals with less health education.

### **Implementation Strategy**

Trinity Hospital and Trinity Hospital – St. Joseph's are 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.

To help improve access to care the following actions are being reviewed:

1. Urgent Care / Walk in clinic in North Hill area: Trinity operates one walk-in clinic in the city of Minot; to improve access to care among residents of North Minot, as specified in the Needs Assessment, Trinity will explore adding a clinic within the North Hill neighborhood.
2. Urgent Care / Walk in Clinic in South Minot: In addition to enhancing access to care in North Minot, Trinity will pursue adding another walk-in clinic in South Minot to enhance access to care across the Greater Minot area.
3. Review and improve patient flow in our Emergency Trauma Unit: improving patient flow should help relieve bottlenecks and delays to emergency care. Our study will look at best practice to emergency care and modifications will be made accordingly, when feasible.
4. Review and improve access to Home Health and Hospice service for the Minot region.

To help improve the health of our community relating to disease-specific services, such as Obesity, Trinity will thoroughly review enhancing its Bariatric Surgery Program to include more providers and options for patients in a convenient location.

Some community participants raised a concern about the ability for Trinity to monitor prescription medications for individuals, even though the medical records system includes this functionality. In response, Trinity will examine its protocols around medication management

and the functionality of its electronic medical record, and, if gaps exist with compliance among the medical staff, Trinity will engage providers to improve the use of the system's medication management capability.

## **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 – 801 11<sup>th</sup> Avenue SW, Minot
  - [www.fdh.u.org](http://www.fdh.u.org)
- Ward County Social Services – 400 22<sup>nd</sup> Avenue NW, Minot
  - [www.co.ward.nd.us/socialservices/](http://www.co.ward.nd.us/socialservices/)

In addition to governmental support, the following facilities are currently available within our community. Unless otherwise stated, all locations are in Minot, North Dakota.

### *Hospitals*

- Trinity Hospital – One Burdick Expressway West
- Trinity Hospital – St. Joseph's – 407 3<sup>rd</sup> Street SE

### *Clinics and Specialty Practices*

- Trinity Health Center – East – 20 Burdick Expressway West
- Trinity Health Center – West – 101 3<sup>rd</sup> Avenue SW
- Trinity Health Center – Town & Country – 831 South Broadway
- Trinity Health Center – 3<sup>rd</sup> Street – 420 3<sup>rd</sup> Street SE
- Trinity Health Center – 5<sup>th</sup> Avenue – 307 5<sup>th</sup> Avenue SE
- Trinity Health Center – Medical Arts – 400 Burdick Expressway East
- Trinity Health Center – Riverside – 1900 8<sup>th</sup> Avenue SE
- Trinity Regional Eyecare – Minot Center – 120 Burdick Expressway East
- Trinity Health – South Ridge – 1500 24<sup>th</sup> Avenue SW
- Fifth Medical Group – 194 Missile Avenue, Minot Air Force Base
- Minot V.A. Outpatient Clinic – 10 Missile Avenue, Minot Air Force Base
- St. Alexius Medical Clinic – 2700 8<sup>th</sup> Street NW
- Sanford Health / Medcenter One Minot Clinic – 801 21<sup>st</sup> Avenue SE
- Center for Family Medicine – 1201 11<sup>th</sup> Avenue SW
- City & Country Health Clinic – 120 5<sup>th</sup> Avenue NW
- Minot Vein Care Clinics – 2400 10<sup>th</sup> Street SW, Suite 418
- Creative Radiology Solutions – 1724 13<sup>th</sup> Street NW
- Sanford Health HealthCare Accessories – 116 1<sup>st</sup> Street SW
- Minot Infusion Services – 601 18<sup>th</sup> Avenue SE, Suite 103

- First Choice Physical Therapy – 2700 8<sup>th</sup> Street NW

*Pharmacies and Medical Equipment*

- B&B Northwest Pharmacy – 20 Burdick Expressway
- KeyCare Pharmacy – 400 Burdick Expressway SE, Suite 201
- Thrifty White Drug – 1015 South Broadway
- Thrifty White Drug – 1600 2<sup>nd</sup> Avenue SW
- CVS Pharmacy – 2400 10<sup>th</sup> Street SW
- Medicine Shoppe – 209 11<sup>th</sup> Avenue SW
- White Drug Stores – 2700 8<sup>th</sup> Street NW
- Center for Family Medicine Pharmacy – 1201 11<sup>th</sup> Avenue SW
- Dakota Drug – 28 Main Street North
- Market Pharmacy – 1930 South Broadway
- Medicine Shoppe – 209 11<sup>th</sup> Avenue SW
- Walmart – 3900 South Broadway
- KeyCare Medical – 530 20<sup>th</sup> Avenue SW
- North Dakota Health Care Review – 3520 North Broadway
- Sanford Healthcare Accessories – 116 1<sup>st</sup> Street SW
- United Blood Services – 1919 North Broadway

*Skilled Nursing, Assisted Living, Nursing Care, Retirement Homes and Elderly Services*

- Trinity Homes – 305 8<sup>th</sup> Avenue NE
- Trinity CancerCare Cottage – 1720 8<sup>th</sup> Avenue SE, Minot
- Emeritus at Brentmoor – 3515 10<sup>th</sup> Street SW
- Emerald Court – 520 28<sup>th</sup> Avenue SE
- Edgewood Vista – 706 16<sup>th</sup> Avenue
- ManorCare Health Services – 600 South Main Street
- Henry Towers – 1000 2<sup>nd</sup> Street SE
- Minot Housing Authority – 310 2<sup>nd</sup> Street SE
- Wellington Assisted Living – 601 24<sup>th</sup> Avenue SW
- Somerset Court – 1900 28<sup>th</sup> Street SW
- Dakota Transitional Home – 1508 17 ½ Avenue SE
- Semmen Assisted Living – 700 33<sup>rd</sup> Avenue SW
- Minot Commission on Aging – 21 First Avenue SE

*Mental Health and Chemical Dependency Services*

- Trinity Mental Health Services – 407 3<sup>rd</sup> Street SE
- Trinity Health Center – Riverside – 1900 8<sup>th</sup> Avenue SE
- ADAPT / Psychological Services, P.C. – 600 22<sup>nd</sup> Avenue NW
- The Marriage Clinic – 2116 4<sup>th</sup> Avenue NW
- Center for Family Medicine – 1201 11<sup>th</sup> Avenue SW
- Village Family Services Center – 20 1<sup>st</sup> Street SW, #250
- Burckhard Clinic – 315 Main Street S, #315
- Goodman Addiction Services – 1809 South Broadway Street

- Center for Mind & Body Wellness – 1015 South Broadway Street
- Dakota Boys & Girls Ranch – 6301 19<sup>th</sup> Avenue NW
- Cornerstone Addiction Services – 1705 4<sup>th</sup> Avenue NW
- Charlene P. Bruley, Ph.D. – 308 2<sup>nd</sup> Avenue SW
- North Central Human Service Center – 400 22<sup>nd</sup> Avenue NW