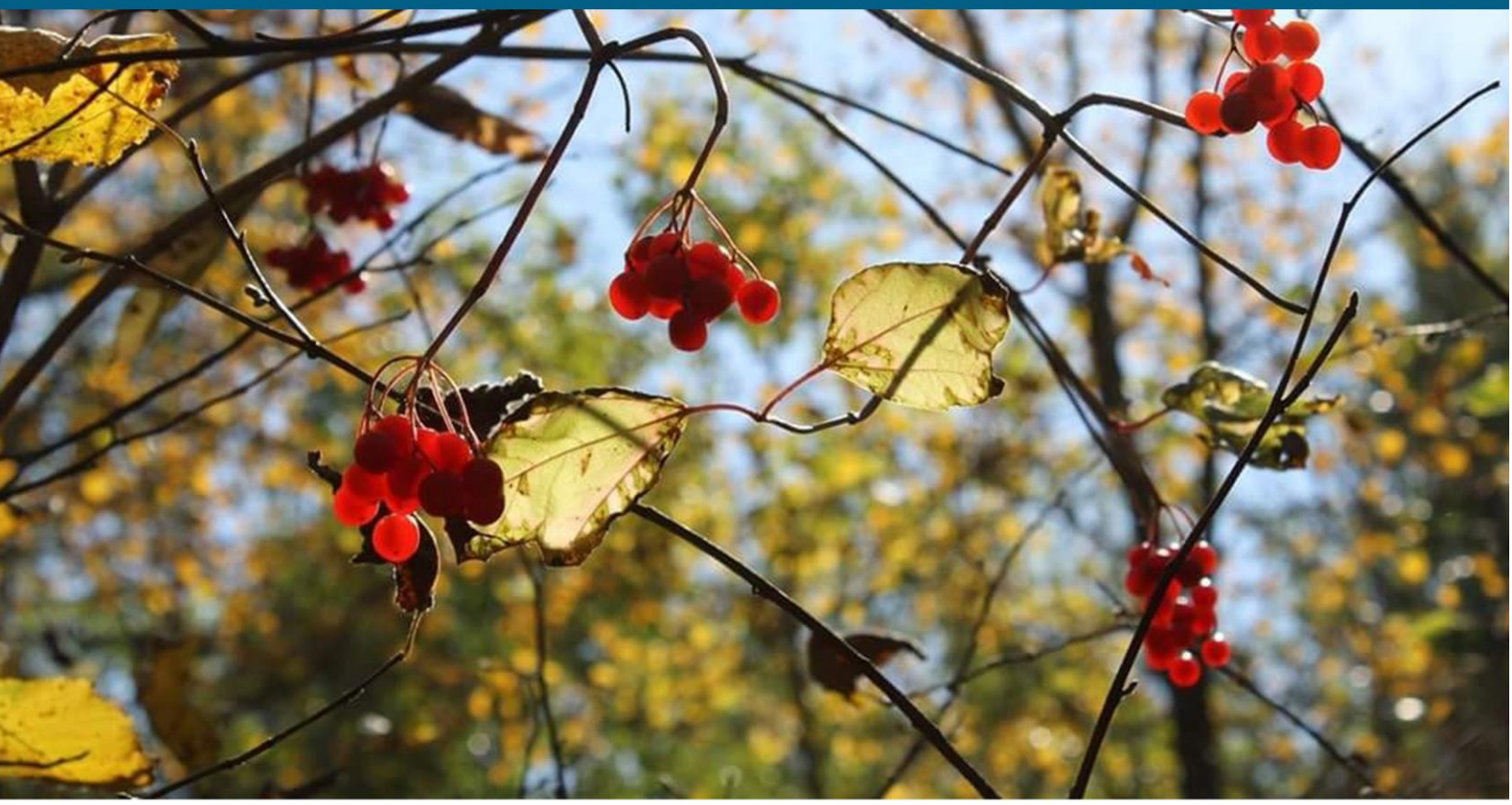

2017 Community Health Needs Assessment

Grant County Area
North Dakota

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Executive Summary

To help inform future decisions and strategic planning, Jacobson Memorial Hospital Care Center (JMHCC) conducted a community health needs assessment. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the assessment process, which solicited input from area community members and healthcare professionals as well as analysis of community health-related data.

To gather feedback from the community, residents of the area were given the opportunity to participate in a survey. One hundred JMHCC service area residents completed the survey. Additional information was collected through eight key informant interviews with community leaders. The input from the residents represented broad interests of the communities in the service area, which primarily reside in Grant County. Together with secondary data gathered from a wide range of sources, this information presents a snapshot of health needs and concerns in the community.

With regard to demographics, Grant County population from 2010 to 2015 increased by 4.5%. The percent average of residents under age 18 (21.5%) is under two percentage points of the North Dakota average (23.0%). Percentage of residents aged 65 and older is higher (21.4%) than the North Dakota average (14.2%) and rates of education are close to North Dakota averages. The median household income in Grant County ($52,593) is lower than the state average in North Dakota ($55,579).

Data compiled by County Health Rankings show Grant County is not doing as well as North Dakota as a whole in regard to health outcomes. There is also room for improvement on individual factors that influence health, such as health behaviors, clinical care, social and economic factors, and the physical environment. Factors which Grant County was performing poorly relative to the rest of the state include:

- % Diabetic
- Food environment index
- Physical inactivity
- Access to exercise opportunities
- Alcohol-impaired driving
- Uninsured
- Primary care physicians
- Dentists
- Mental health providers
- Diabetic screening
- Mammography screening
- Unemployment
- Income inequality
- Injury deaths

Of 82 potential community and health needs set forth in the survey, the 100 Jacobson Memorial Hospital Care Center service area residents who completed the survey indicated the following seven needs as the most important:

1. Ability to retain primary care providers (doctor, nurse practitioner, physician assistant) in the area
2. Availability of specialists
3. Jobs with livable wages
4. Bullying/cyber-bullying
5. Cancer
6. Attracting and retaining young families
7. Availability of resources to help the elderly stay in their homes

The survey also revealed the biggest barriers to receiving healthcare (as perceived by community members) were not enough specialists (N=19) and no insurance or limited insurance (N=19), concerns about confidentiality (N=18), not enough evening or weekend hours (N=15), and not being able to see the same provider over time (N=15).

When asked what the best aspects of the area were, respondents indicated the following:

- Family-friendly, good place to raise kids
- Good healthcare
- Informal, simple, laidback lifestyle
- People are friendly, helpful, and supportive
- Safe place to live, little/no crime
- Local events and festivals

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

- Attracting and retaining young families
- Not enough jobs with livable wages, not enough to live on
- Ability to retain providers in the community
- Alcohol and drug use and abuse
- Obesity/overweight
- Being able to meet the needs of the older population

Following careful consideration of the survey results and findings of the assessment process, Community Group members determined, in their estimation, the most significant needs or issues in the community to be:

- Access to exercise and wellness activities (6 votes)
- Youth alcohol use and abuse (4 votes)
- Attracting and retaining young families (3 votes)
- Availability of specialists (2 votes)
- Ability to recruit and retain primary care providers (0 votes)

The group will begin the next steps of strategic planning to identify what area of need(s) to focus on and how to best address the need.

Overview and Community Resources

With assistance from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, Jacobson Memorial Hospital Care Center (JMHCC) completed a community health assessment of the JMHCC service area. The hospital identifies its service area as Grant County, including the towns of Elgin, Carson, New Leipzig, and Leith.

Many community members and stakeholders worked together on the assessment process.

JMHCC is located in southwestern North Dakota, approximately 90 miles southwest of Bismarck. It is the only hospital in an approximate 70-mile radius and the only medical facility in Grant County. Along with the hospital, agricultural operations provide the economic base for Elgin and Grant County. As of the 2010 U.S. Census, Grant County had a population of 2,394 and Elgin had a population of 642.

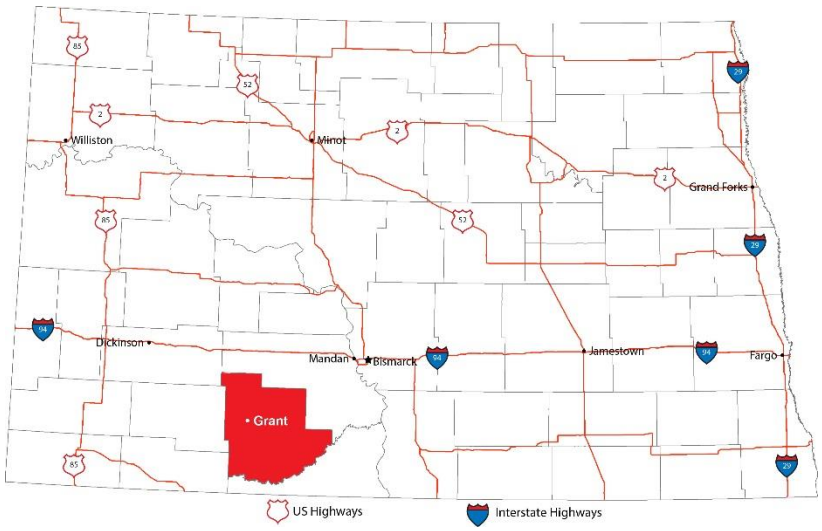
Elgin has a number of community assets and resources that can be mobilized to address population health improvement. In terms of physical assets and features, the community includes an indoor swimming pool, a nine-hole golf course, softball diamonds and a high school weight area and football field. About 15 miles north of Elgin, Lake Tschida includes a public swimming beach, boating, camping and fishing. Sheep Creek Dam south of Elgin offers camping and fishing opportunities.

The Elgin-New Leipzig Public School District offers a comprehensive program for students K-12.

The community offers the Bountiful Baskets program, has a fully-stocked grocery store, and a community garden. A senior meals program and Meals on Wheels are available.

Other healthcare facilities and services in the area include a basic care facility, a pharmacy, a dentist, a family vision clinic, a visiting chiropractor and JMHCC's two clinics in Elgin and Glen Ullin.

Figure 1: Grant County, North Dakota



Custer District Public Health

Custer Health is a five-county multi-district health unit providing services to people of Mercer, Oliver, Grant, Morton and Sioux counties. It provides public health services that include environmental health, nursing services, the WIC (women, infants, and children) program, health screenings and education services. 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, Custer Health is committed to the promotion of healthy lifestyles, protection and enhancement of the environment, and provision of quality healthcare services for the people of North Dakota.

Specific services provided by Custer Health Unit are:

- Blood pressure checks
- Breastfeeding resources
- Car seat program
- Child health (well-baby checks)
- Correction facility health
- Diabetes screening
- Emergency Preparedness services-work with community partners as part of local emergency response team
- Environmental Health Services (water, sewer, health hazard abatement)
- Health maintenance for seniors (foot care, blood pressure)
- Health Tracks (child health screening) done along with Social Services
- Hepatitis C/HIV/STI testing
- Home health-- In-Home Nursing Care
- Immunizations (including flu shots) for all ages
- Member of Child Protection Team and County Interagency Team
- Newborn Home Visits
- Nutrition education
- Preschool education programs & screening
- School health – vision, hearing, health education and resource to schools
- Substance Abuse Grant SPF/SIG
- Tobacco Prevention and Control
- Tuberculosis testing and management
- West Nile program—surveillance and education
- WIC (Women, Infants & Children) Program
- Youth education programs (first aid, bike safety, bicycle helmet safety education)

Jacobson Memorial Hospital Care Center

Opened in 1977, Jacobson Memorial Hospital Care Center (JMHCC) is a 30-bed critical access hospital. In August of 2016, the hospital expanded from 25 beds through a Frontier Community Health Integration Project, which is a three-year national pilot project overseen by the Center for Medicare and Medicaid Innovation. Located in Elgin, JMHCC includes a 24/7 emergency room and two affiliated clinics: Elgin Community Clinic and Glen Ullin Family Medical Clinic.

With 80 employees, JMHCC is the largest employer in Grant County, and is one of the most important assets in the county. As a hospital and designated level V trauma center, the hospital provides comprehensive care for a wide range of medical and emergency situations. JMHCC provides comprehensive medical care with physician and mid-level medical providers and consulting/visiting medical providers.

A 2009 economic impact study estimated that JMHCC had a total economic impact on Grant County of slightly over $3.5 million.

The mission of Jacobson Memorial Hospital Care Center is:
"To advance the health of patients and communities with respect, integrity, quality, commitment and accountability to accomplish peace of mind close to home."

Specific services provided by Jacobson Memorial Hospital are:

General and Acute Services

1. Acne treatment
2. Acute care
3. Allergy, flu & pneumonia shots
4. Blood pressure checks
5. Childhood vaccines
6. Clinics
7. Diabetes care
8. Emergency room
9. Family medicine and primary care
10. Hospital (acute care)
11. Mole/wart/skin lesion removal
12. Nutrition counseling
13. Observation
14. Outpatient services
15. Pharmacy
16. Prenatal care up to 32 weeks
17. Preventive visits
18. Physicals; annuals, D.O.T., sports & insurance
19. Restorative nursing
20. Smoking cessation
21. Skilled nursing services
22. Social work services
23. Sports medicine
24. Swing bed services
25. Wellness exams

Screening/Therapy Services

1. Cardiac Rehab
2. Chronic disease management
3. Holter monitoring
4. Laboratory services
5. Lower extremity circulatory assessment
6. Occupational physicals
7. Occupational therapy
8. Pediatric services
9. Physical therapy
10. Psychiatry services (visiting therapist)
11. Social services
12. Speech therapy

Radiology Services

1. Bone density (mobile unit)
2. CT scans
3. Digital mammography (mobile unit)
4. Echocardiograms
5. EKG
6. General X-ray
7. Mammograms (mobile unit)
8. MRI (mobile unit)
9. Pulmonary function test
10. Teleradiology
11. Ultrasound (mobile unit)

Services offered by OTHER providers/organizations

1. Ambulance
2. Chiropractic services
3. Dental services
4. Durable medical equipment
5. Massage therapy
6. Optometric/vision services
7. Organ procurement
8. Vision care

Assessment Process

The purpose of conducting a community health needs assessment is to describe the health of local people, identify areas for health improvement, identify use of local healthcare services, determine factors that contribute to health issues, identify and prioritize community needs, and help healthcare leaders identify potential action to address the community's health needs.

A community 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;
4) Engaging community members about the future of healthcare; and
5) Allowing the community hospital to meet federal regulatory requirements of the Affordable Care Act, which requires not-for-profit hospitals to complete a community health needs assessment at least every three years, as well as helping the local public health unit meet accreditation requirements.

This assessment examines health needs and concerns in Grant County. In addition to Elgin, the communities of Carson, New Leipzig, and Leith are located in the county.

The Center for Rural Health, in partnership with Jacobson Memorial Hospital Care Center and Custer Health, facilitated the community health needs assessment process. Community representatives met regularly by telephone conference and via email. A CHNA Liaison was selected locally, who served as the main point of contact between the Center for Rural Health and Elgin. A small Steering Committee was formed that was responsible for planning and implementing the process locally. Representatives from the Center for Rural Health met and corresponded regularly by teleconference and/or via email with the CHNA Liaison. The Community Group (described in more detail below) provided in-depth information and informed the assessment process in terms of community perceptions, community resources, community needs, and ideas for improving the health of the population and healthcare services. Community representatives were selected from outside the hospital and local health department, including representatives from government, businesses, schools, and social services to participate in the key-informant interviews and community group meetings.

The base survey instrument used in the process was also developed collaboratively and took into account input from health organizations around the state. The original survey tool was developed and used by the Center for Rural Health. In order to ensure the survey tool met the needs of hospitals and public health, the Center for Rural Health

worked with the North Dakota Department of Health's public health liaison and participated in a series of meetings that garnered input from the state's health officer, local public health unit professionals from around North Dakota, representatives of the Center for Rural Health, and representatives from North Dakota State University.

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:

- A survey solicited feedback from area residents;
- Community leaders representing the broad interests of the community took part in one-on-one key informant interviews;
- The Community Group, comprised of community leaders and area residents, was convened to discuss area health needs and inform the assessment process; and
- A wide range of secondary sources of data were 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 behavior.

The Center for Rural Health (CRH) 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. The CRH is the designated State Office of Rural Health (SORH) and administers the Medicare Rural Hospital Flexibility (Flex) program, funded by the Federal Office of Rural Health Policy, Health Resources Services Administration (HRSA), Department of Health and Human Services. The Center connects the University of North Dakota School of Medicine and Health Sciences, and other necessary resources, to rural communities and their healthcare organizations in order to maintain access to quality care for rural residents. In this capacity the Center works at a national, state, and community level.

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

Community Group

A Community Group consisting of 15 community members was convened and first met on August 30, 2016. During this first Community Group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about Grant County, and served as a focus group. Focus group topics included community assets and challenges, the general health needs of the community, community concerns, and suggestions for improving the community's health.

The Community Group met again on October 18, 2016, with 16 community members present. At this second meeting the Community Group was presented with survey results, findings from key informant interviews and the focus group, and a wide range of secondary data relating to the general health of the population in Grant County. The group was then tasked with identifying and prioritizing the community's health needs.

Members of the Community Group represented the broad interests of the community served by JMHCC and Custer Health. They included representatives of the health community, business community, political bodies, law enforcement, education, faith community, and social service agencies. Not all members of the group were present at both meetings.

Interviews

One-on-one interviews with seven key informants were conducted in person in Elgin on August 30, 2016. Representatives from the Center for Rural Health conducted the interviews. Interviews were held with selected members of the Community Group as well as other key informants who could provide insights into the community's health needs. Included among the informants were public health professional, with special knowledge and direct experience in the community including working with medically underserved, low income, and minority populations.

Topics covered during the interviews included the general health of the community, community concerns, delivery of healthcare by local providers, 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 solicit feedback from the community and was not intended to be a scientific or statistically valid sampling of the population. 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. A copy of the survey instrument is included in Appendix A.

The community member survey was distributed, electronically and paper copy, to a variety of residents of Grant County, described in detail below.

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
- Broad areas of community and health concerns
- Intimate partner violence
- Awareness of local health services
- Barriers to using local healthcare
- Hospital foundation awareness
- Basic demographic information
- Suggestions to improve the delivery of local healthcare

To promote awareness of the assessment process, press releases led to published articles in the Grant County News and the Eido. Additionally, information was published on JMHCC's website and Facebook page.

Approximately 200 community member surveys were available for distribution in Grant County. The surveys were distributed by Community Group members and at JMHCC, Custer Health, the courthouse, and area business offices.

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 JMHCC. The survey period ran from August 22, 2016 through September 21, 2016. One hundred completed surveys were returned.

Area residents also were given the option of completing an online version of the survey, which was publicized in two community newspapers and on the website of JMHCC. In total, counting both paper and online surveys, 100 community member surveys were completed (50 online and 50 via paper survey), equating to a 16% response rate for the community.

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: United States Census Bureau; Robert Wood Johnson Foundation's County Health Rankings, which pulls data from 20 primary data sources (www.countyhealthrankings.org); the National Survey of Children's Health which touches on multiple intersecting aspects of children's lives (www.childhealthdata.org/learn/NSCH); and North Dakota KIDS COUNT, which is a national and state-by-state effort to track the status of children, sponsored by the Annie E. Casey Foundation (www.ndkidscount.org).

Social Determinants of Health

Social determinants of health are, according to the World Health Organization,

"the circumstances in which people are born, grow up, live, work, and age and the systems put in place to deal with illness. These circumstances are in turn shaped by wider set of forces: economics, social policies, and politics. "

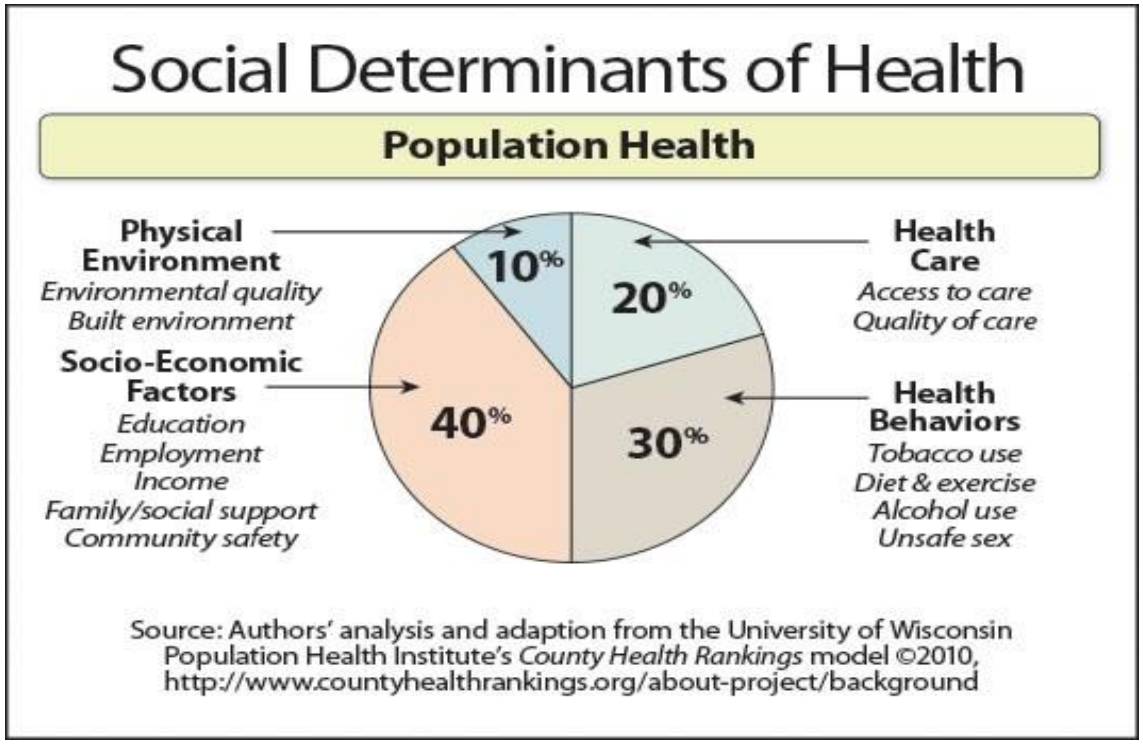
Income-level, educational attainment, race/ethnicity, and health literacy all impact the ability of people to access health services. Basic needs such as clean air and water and

safe and affordable housing are all essential to staying healthy, and are also impacted by the social factors listed above. The impact of these challenges can be compounded by the barriers already present in rural areas, such as limited public transportation options and fewer choices to acquire healthy food.

Figure 2 illustrates the small percent (20%) that healthcare quality and services, while vitally important, play in the overall health of individuals and ultimately of a community. Physical environment, socio-economic factors, and health behaviors play a much larger part (70%) in impacting health outcomes. Therefore, as needs or concerns were raised through this community health needs assessment process, it was imperative to keep in mind how they impact the health of the community and what solutions can be implemented.

For more information and resources on social determinants of health, visit the Rural Health Information Hub website https://www.ruralhealthinfo.org/topics/social-determinants-of-health.

Figure 2: Social Determinants of Health



Demographic Information

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

TABLE 1: GRANT COUNTY: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2014 American Community Survey; more recent estimates used where available)		
	Grant County	**North Dakota**
Population, 2015 est.	**2,388**	**739,482**
Population change, 2010-2015	**-0.3%**	**9.9%**
Land area, square miles	**1,659**	**69,001**
People per square mile, 2010	**1.4**	**9.7**
White persons (not incl. Hispanic/Latino), 2014 est.	**95.9%**	**89.1%**
Persons under 18 years, 2015 est.	**19.8%**	**22.8%**
Persons 65 years or older, 2015 est.	**27.2%**	**14.2%**
Non-English spoken at home, 2014 est.	**7.2%**	**5.3%**
High school graduates, 2014 est.	**87.6%**	**90.9%**
Bachelor's degree or higher, 2014 est.	**17.2%**	**27.2%**
Live below poverty line, 2014 est.	**16.1%**	**11.9%**

The population of North Dakota has grown in recent years, and Grant County has seen a decrease in population since 2010, as the U.S. Census Bureau estimates show that the county's population decreased very minimally from 2,394 (2010) to 2,388 (2015).

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, Grant County is compared to North Dakota rates and national benchmarks on various topics ranging from individual health behaviors to the quality of healthcare.

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.

Health Outcomes
• Length of life
• Quality of life
 	
Health Factors
• Health Behavior
  ○ Smoking
  ○ Diet and exercise
  ○ Alcohol and drug use
  ○ Sexual activity
• Clinical Care
  ○ Access to care
  ○ Quality of care
	Health Factors (continued)
	• Social and Economic Factors
	  ○ Education
	  ○ Employment
	  ○ Income
	  ○ Family and social support
	  ○ Community safety
	• Physical Environment
	  ○ Air and water quality
	  ○ Housing and transit

Table 2 summarizes the pertinent information gathered by County Health Rankings as it relates to Grant County. It is important to note that these statistics describe the population of a county, regardless of where county residents choose to receive their medical care. In other words, all of the following statistics are based on the health behaviors and conditions of the county's residents, not necessarily the patients and clients of Custer District Health Unit and Jacobson Memorial Hospital Care Center or of particular medical facilities.

For most of the measures included in the rankings, the County Health Rankings' authors have calculated the "Top U.S. Performers" for 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).

Grant County rankings within the state is included in the summary below. For example, Grant County ranks 37th out of 49 ranked counties in North Dakota on health outcomes and 46th on health factors. The measures marked with a red checkmark (✓) are those where Grant County is not measuring up to the state rate/percentage; a blue checkmark (✓) indicates that the county is faring better than the North Dakota average, but not meeting the U.S. Top 10% rate on that measure. Measures that are not marked with a

colored checkmark, but are marked with a smiling icon (☺) indicate that the county is doing better than the U.S. Top 10%.

The data from County Health Rankings show that Grant County is doing poorer than compared to the rest of North Dakota on a number of health *outcomes*, landing at or below rates for North Dakota counties, and not as well as many of the U.S. Top 10% ratings, except for number of premature deaths, and number of poor physical and mental health days (in last 30 days). Premature death is the years of potential life lost before age 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost. This measure allows communities to target resources to high-risk areas and further investigate causes of premature death.

On health *factors*, Grant County performs below the majority of North Dakota counties as well.

Grant County lags the state on the following reported measures:

- Adult smoking
- Food environment index
- Adult obesity
- Physical inactivity
- Access to exercise opportunities
- Alcohol-impaired driving deaths
- Uninsured
- Dentists
- Mental health providers
- Preventable hospital stays
- Diabetic monitoring
- Mammography screening
- Unemployment
- Children in poverty
- Income inequality
- Injury deaths

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

TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS* – GRANT COUNTY			
	Grant County	**U.S. Top 10%**	**North Dakota**
Ranking: Outcomes	**37th**		**(of 49)**
Premature death	5,200 ✓☺	5,200	6,600
Poor or fair health	13% ✓	12%	14%
Poor physical health days (in past 30 days)	2.9 ☺	2.9	2.9
Poor mental health days (in past 30 days)	2.7 ☺	2.8	2.9
Low birth weight	-	6%	6%
% Diabetic	11% ✓✓	9%	8%
Ranking: Factors	**46th**		**(of 49)**
Health Behaviors			
Adult smoking	17%✓	14%	20%
Adult obesity	32% ✓✓	25%	30%
Food environment index (10=best)	7.7 ✓✓	8.3	8.4
Physical inactivity	32% ✓✓	20%	25%
Access to exercise opportunities	28% ✓✓	91%	66%
Excessive drinking	19% ✓	12%	25%
Alcohol-impaired driving deaths	75%✓✓	14%	47%
Sexually transmitted infections	-	134.1	419.1
Teen birth rate	-	19	28
Clinical Care			
Uninsured	25% ✓✓	11%	12%
Primary care physicians	-	1,040:1	1,260:1
Dentists	2,360:0 ✓✓	1,340:1	1,690:1
Mental health providers	790:1✓✓	370:1	610:1
Preventable hospital stays	82✓✓	38	51
Diabetic screening	76%✓✓	90%	86%
Mammography screening	51% ✓✓	71%	68%
Social and Economic Factors			
Unemployment	3.0% ✓	3.5%	2.8%
Children in poverty	24% ✓✓	13%	14%
Income inequality	5.7 ✓✓	3.7	4.4
Children in single-parent households	10% ☺	21%	27%
Violent crime	104 ✓	59	240
Injury deaths	101✓✓	51	63
Physical Environment			
Air pollution – particulate matter	9.7 ✓	9.5	10.0
Drinking water violations	No ☺	No	
Severe housing problems	9% ☺	9%	11%

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 healthcare, and information on the child's family, neighborhood, and social context. Data are from 2011-12. The survey is currently being conducted again by the Census Bureau in 2016, with initial data expected in 2017. More information about the survey may be found at: www.childhealthdata.org/learn/NSCH.

Key measures of the statewide data are summarized below. The rates highlighted in **red** signify that the state is faring worse on that measure than the national average.

TABLE 3: SELECTED MEASURES REGARDING CHILDREN'S HEALTH (For children aged 0-17 unless noted otherwise)		
Health Status	**North Dakota**	**National**
Children born premature (3 or more weeks early)	10.8%	11.6%
Children 10-17 overweight or obese	**35.8%**	31.3%
Children 0-5 who were ever breastfed	79.4%	79.2%
Children 6-17 who missed 11 or more days of school	4.6%	6.2%
Healthcare		
Children currently insured	**93.5%**	94.5%
Children who had preventive medical visit in past year	**78.6%**	84.4%
Children who had preventive dental visit in past year	**74.6%**	77.2%
Young children (10 mos.-5 yrs.) receiving standardized screening for developmental or behavioral problems	**20.7%**	30.8%
Children aged 2-17 with problems requiring counseling who received needed mental healthcare	86.3%	61.0%
Family Life		
Children whose families eat meals together 4 or more times per week	83.0%	78.4%
Children who live in households where someone smokes	**29.8%**	24.1%
Neighborhood		
Children who live in neighborhood with a park, sidewalks, a library, and a community center	58.9%	54.1%
Children living in neighborhoods with poorly kept or rundown housing	12.7%	16.2%
Children living in neighborhood that's usually or always safe	94.0%	86.6%

The data on children's health and conditions 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 **blue** in the table are those in which Grant County is doing worse than the state average. The year of the most recent data is noted.

The data show that Grant County is performing better, than the North Dakota average, on only one of the examined measures percentage of high school dropouts. The most marked difference was on the measure of availability of licensed child daycare (16.8% lower than the state rate).

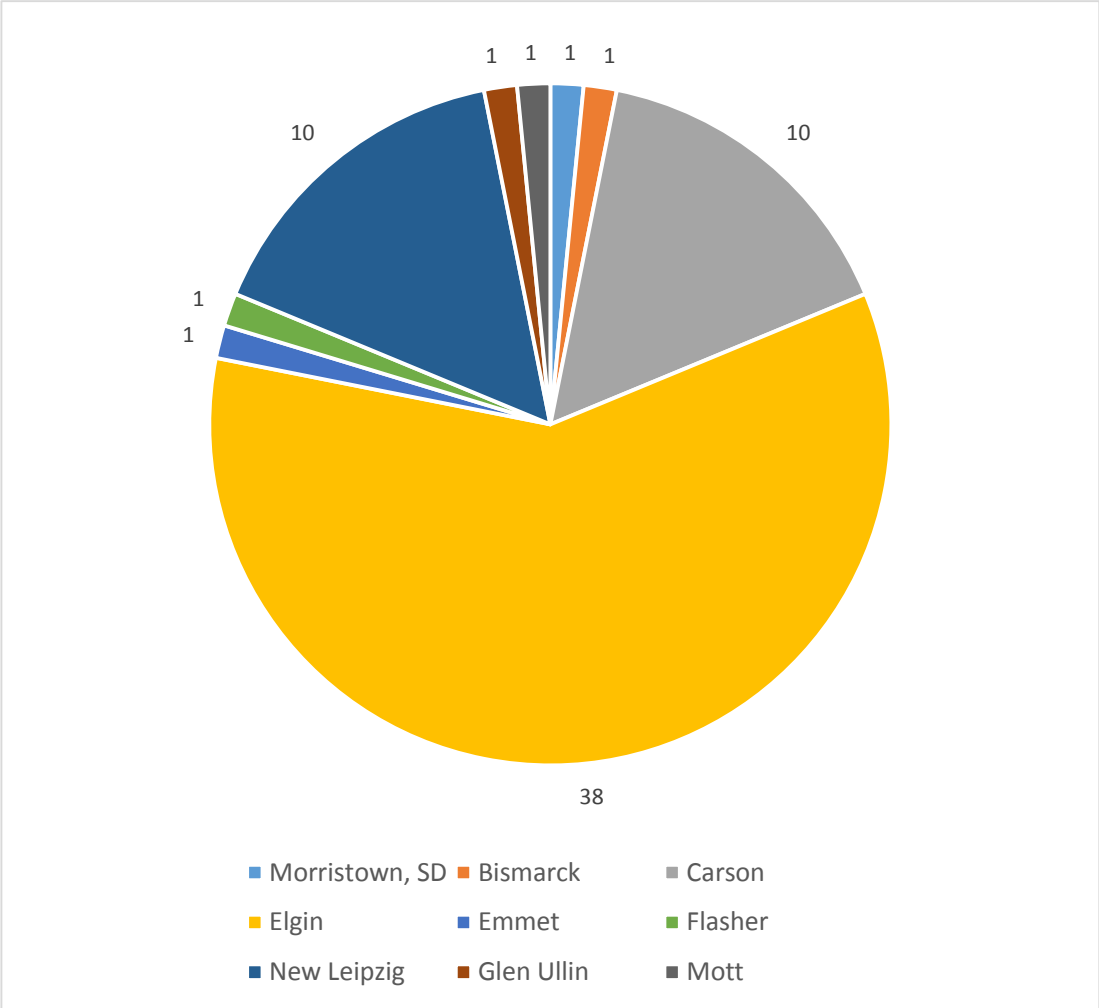
TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN'S HEALTH

	Grant County	North Dakota
Uninsured children (% of population age 0-18), 2013	**20.0%**	8.7%
Uninsured children below 200% of poverty (% of population), 2013	**62.0%**	47.8%
Medicaid recipient (% of population age 0-20), 2014	**35.3%**	27.0%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	**5.4%**	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2012	**23.0%**	21.4%
Licensed child care capacity (% of population age 0-13), 2014	**26.3%**	43.1%
High school dropouts (% of grade 9-12 enrollment), 2013	**1.3%**	2.8%

Survey Results

As noted above, 100 community members from throughout the county completed the survey. The survey requested respondents list their home zip code. While not all respondents provided a zip code, 64 did, revealing the majority of respondents lived in Elgin. These results are shown in Figure 3.

Figure 3: Survey Respondents' Home Zip Code



Survey results are reported in seven categories: demographics; healthcare access; community assets, challenges; community concerns; delivery of healthcare; 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 questions.

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

- 41% (N=29) were aged 55 or older, although there was a fairly even distribution of ages.
- A large majority (81%, N=54) were female.
- A little less than half of respondents (48%, N=32) had Bachelor's degrees or higher.
- Majority (65%, N=45) worked full-time
- Almost one-third of the respondents (32%, N=22) had household incomes of less than $50,000.

Figures 4 through 8 show these demographic characteristics. It illustrates the 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 a variety of age ranges, those in different work situations, and community members with lower incomes. Of those who provided a household income, eight community members reported a household income of less than $25,000. Over 17% (N=12) indicated a household income of $100,000 or more.

Figure 4: Age Demographics of Survey Respondents

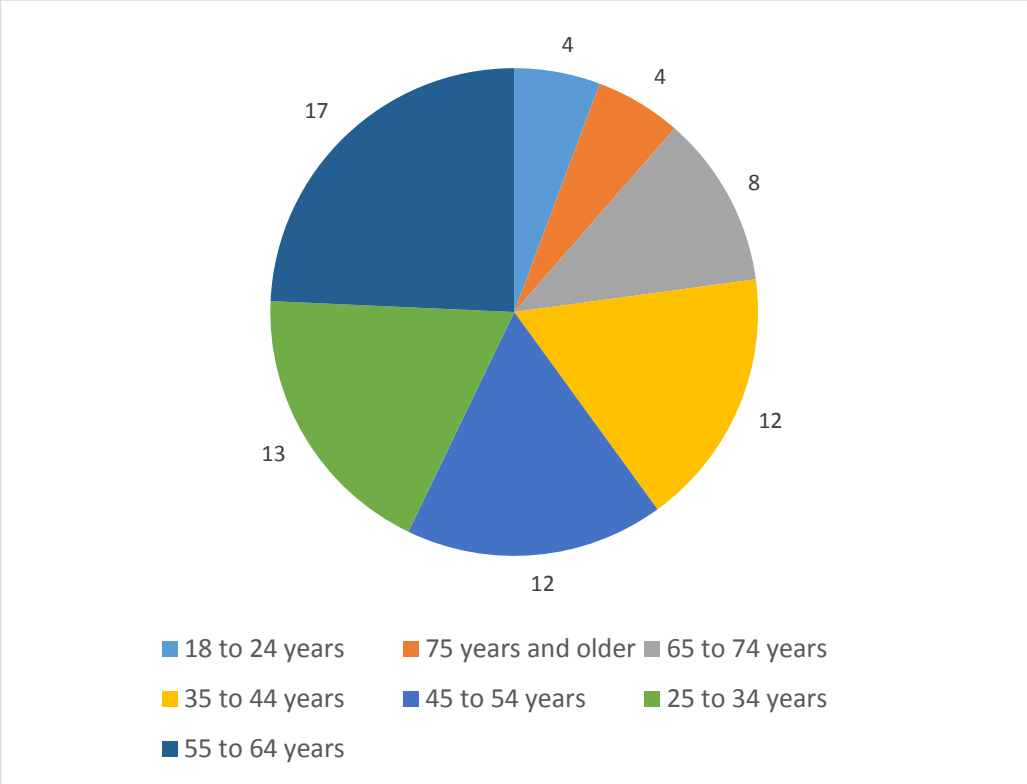


Figure 5: Gender Demographics of Survey Respondents

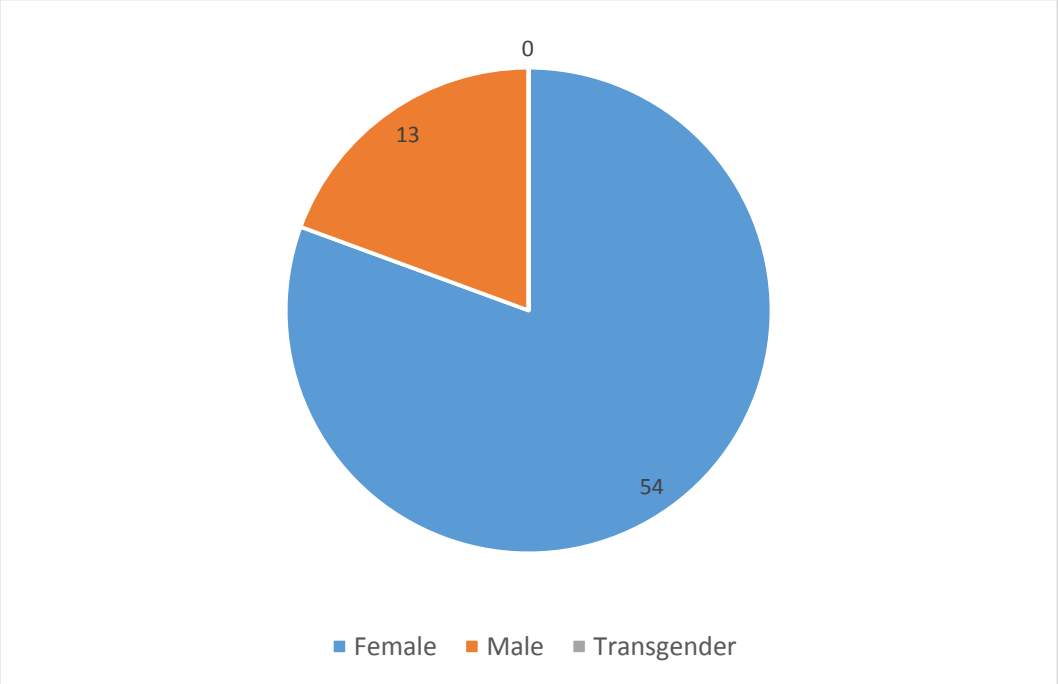


Figure 6: Educational Level Demographics of Survey Respondents

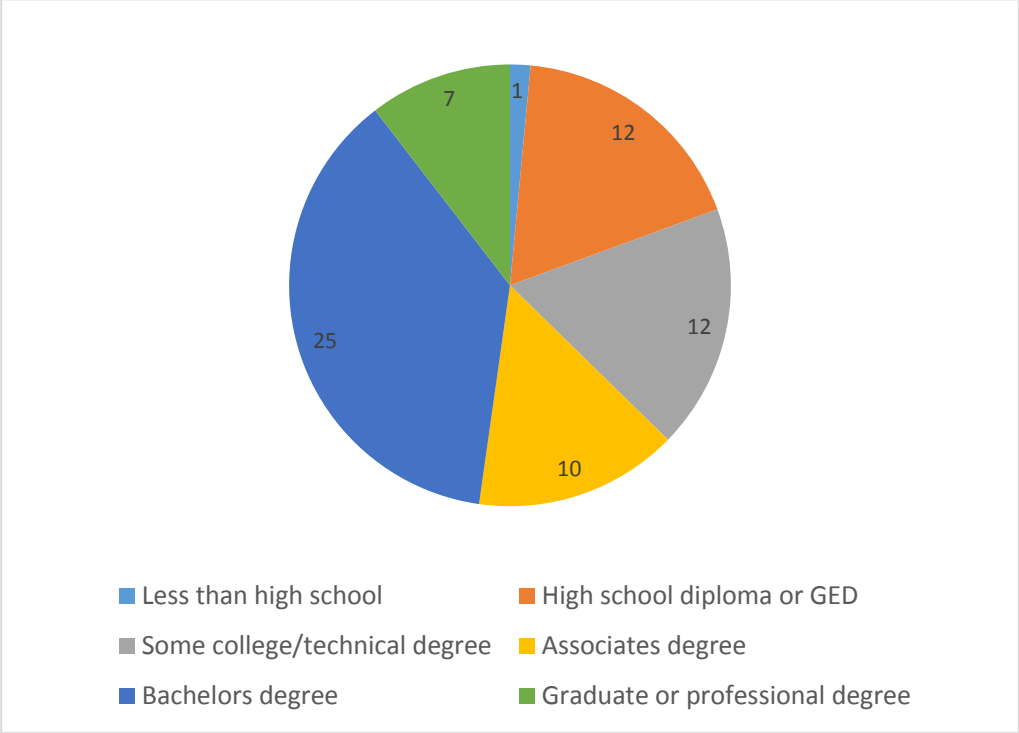


Figure 7: Employment Status Demographics of Survey Respondents

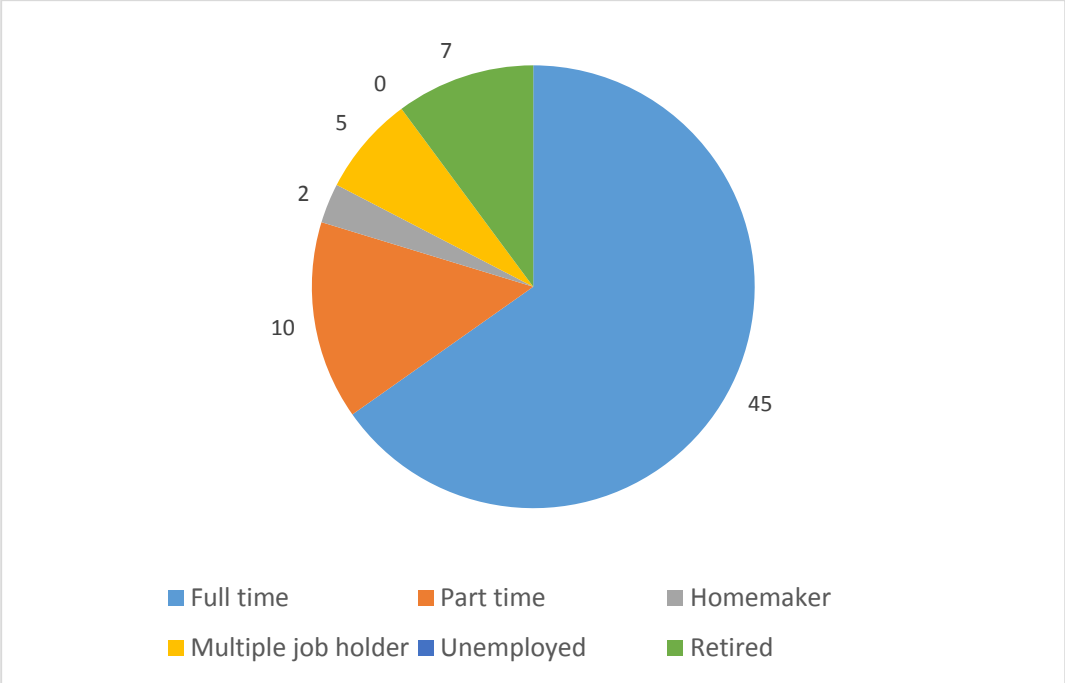
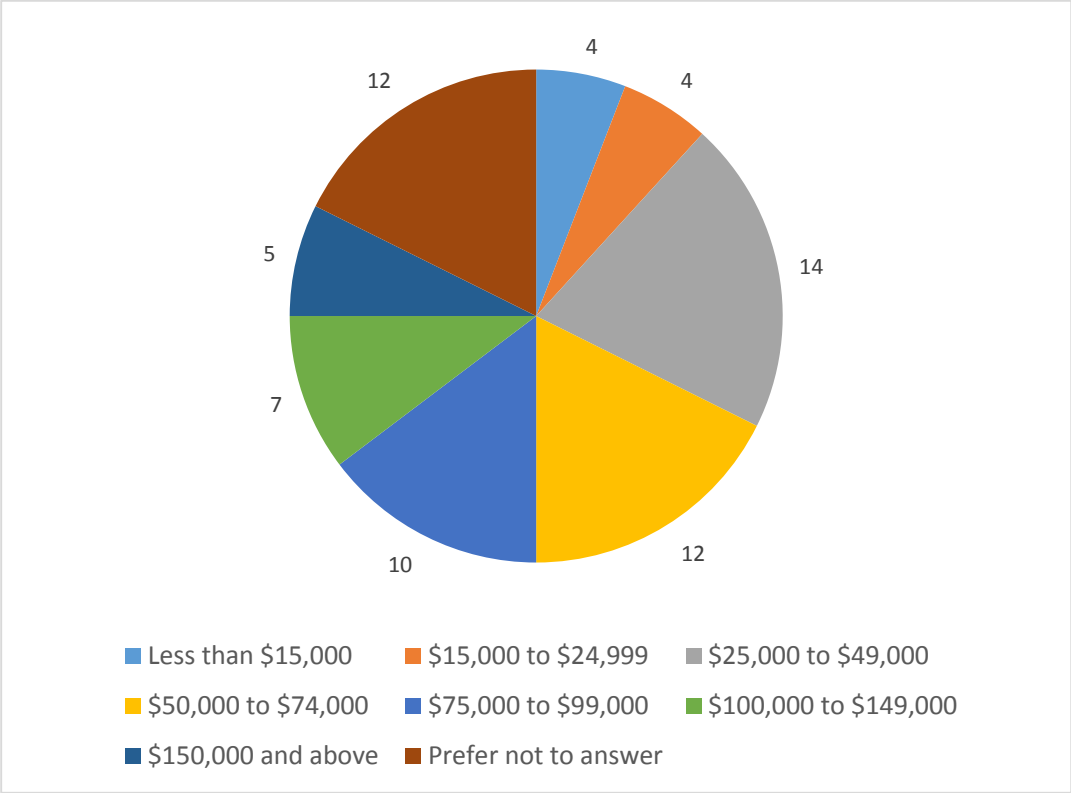
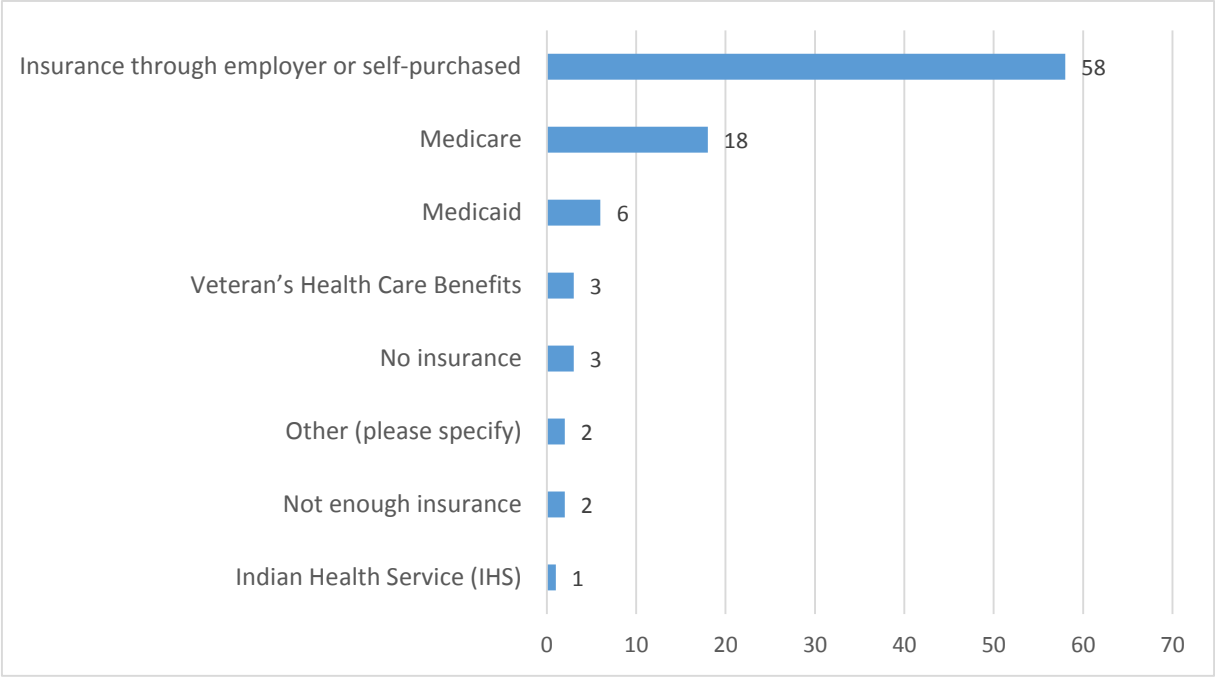


Figure 8: Household Income Demographics of Survey Respondents



Community members were asked about their health insurance status which is often associated with whether people have access to healthcare. Five (N=5) 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=58) Medicare (N=18).

Figure 9: Insurance Status



Community Assets and Challenges

Survey-respondents were asked what they perceived as the best things about their community in five 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 45 or more respondents agreeing) that community assets include:

- Friendly, helpful, and supportive people (N=47)
- Healthcare (N=48)
- Informal, simple, laid-back lifestyle (N =48)
- Family friendly, good place to raise kids (N=54)

Figures 10 through 13 illustrate the results of these questions.

Figure 10: Best Things about the PEOPLE in Your Community

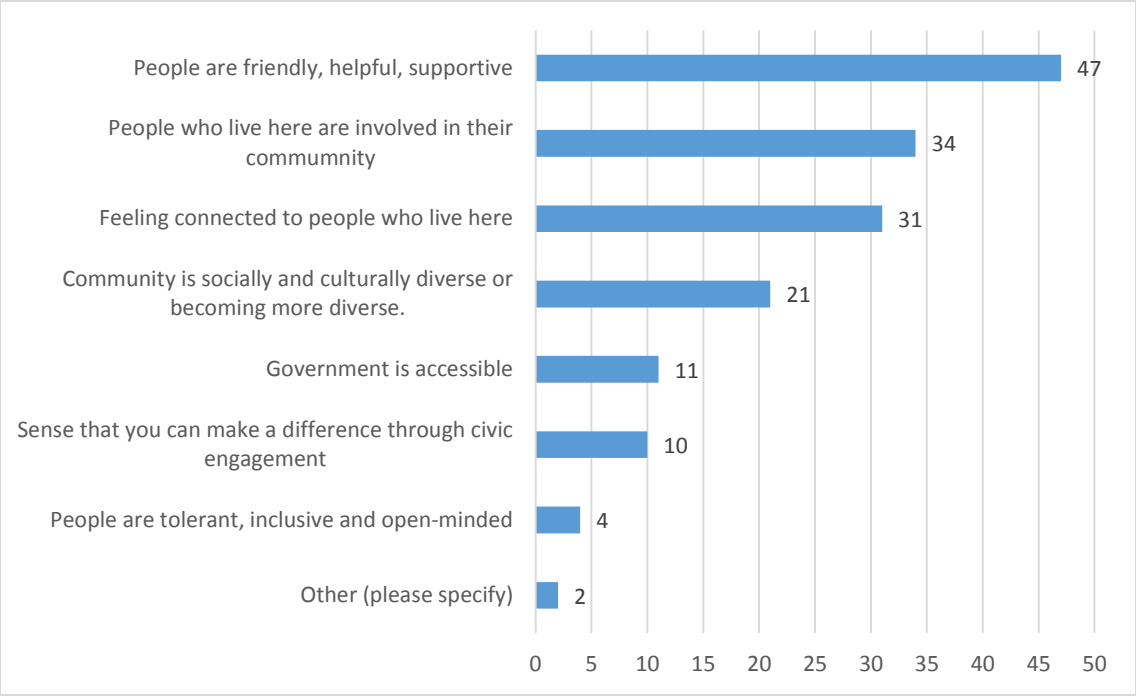


Figure 11: Best Things about the SERVICES AND RESOURCES in Your Community

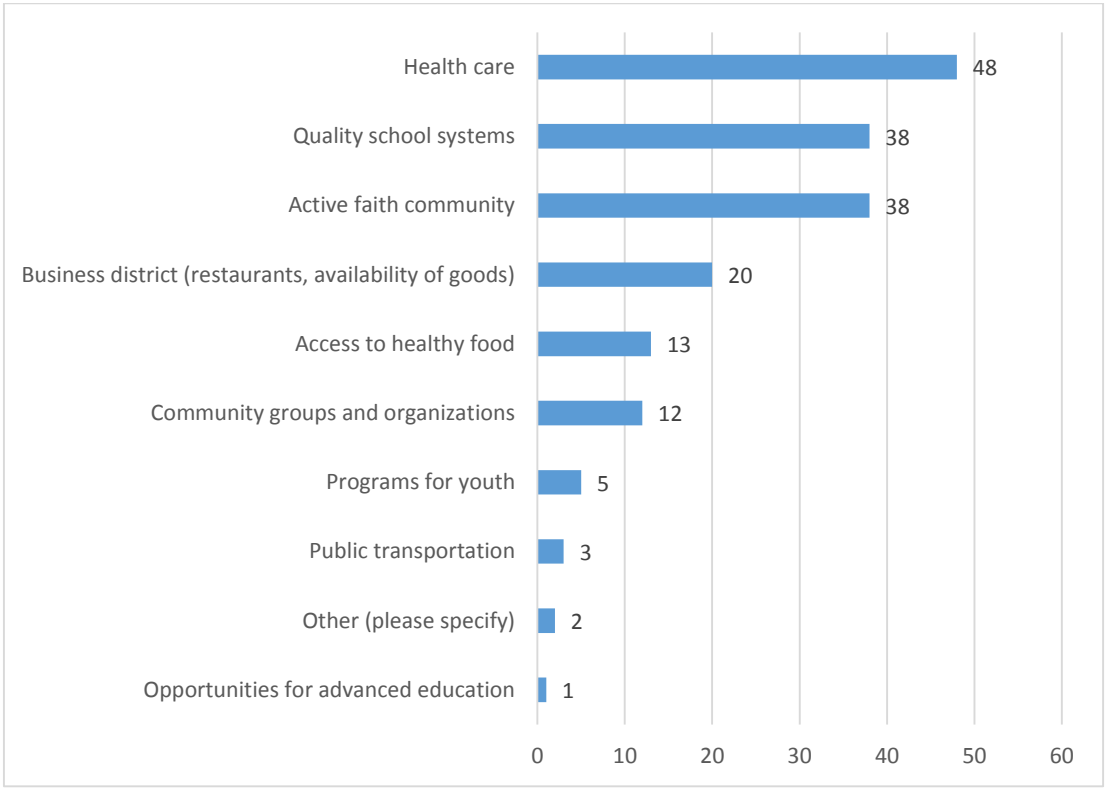


Figure 12: Best Things about the QUALITY OF LIFE in Your Community

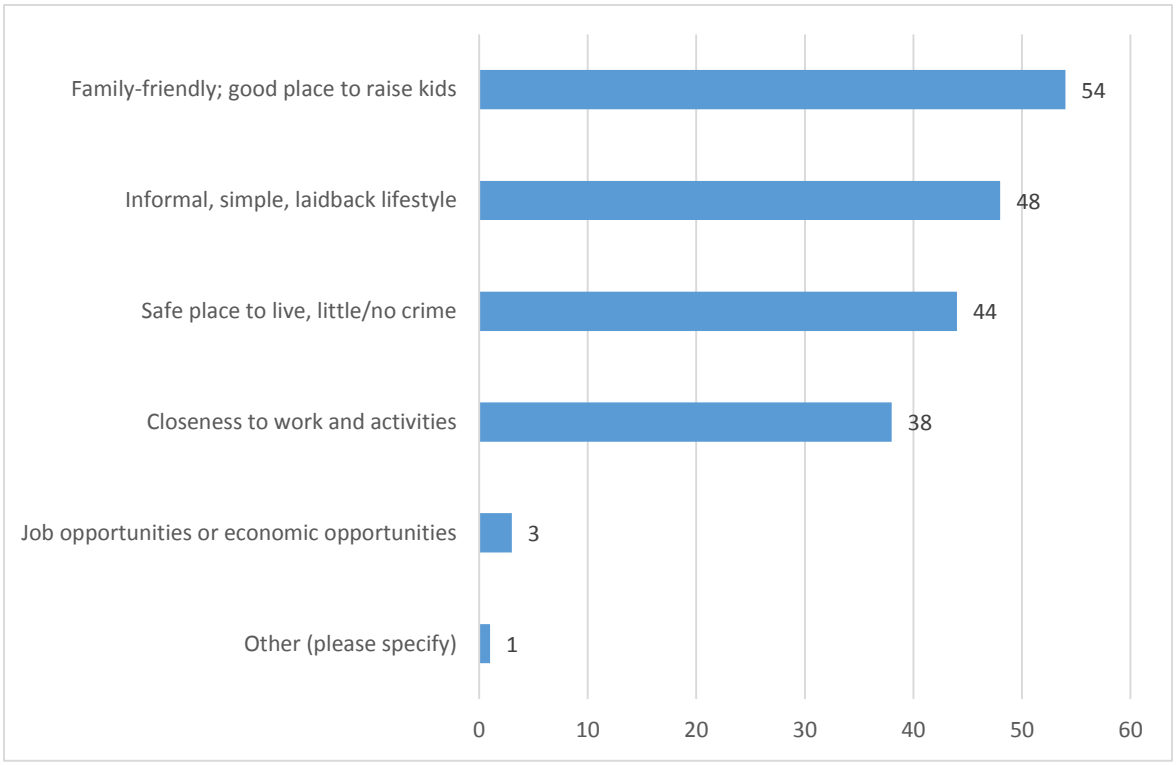
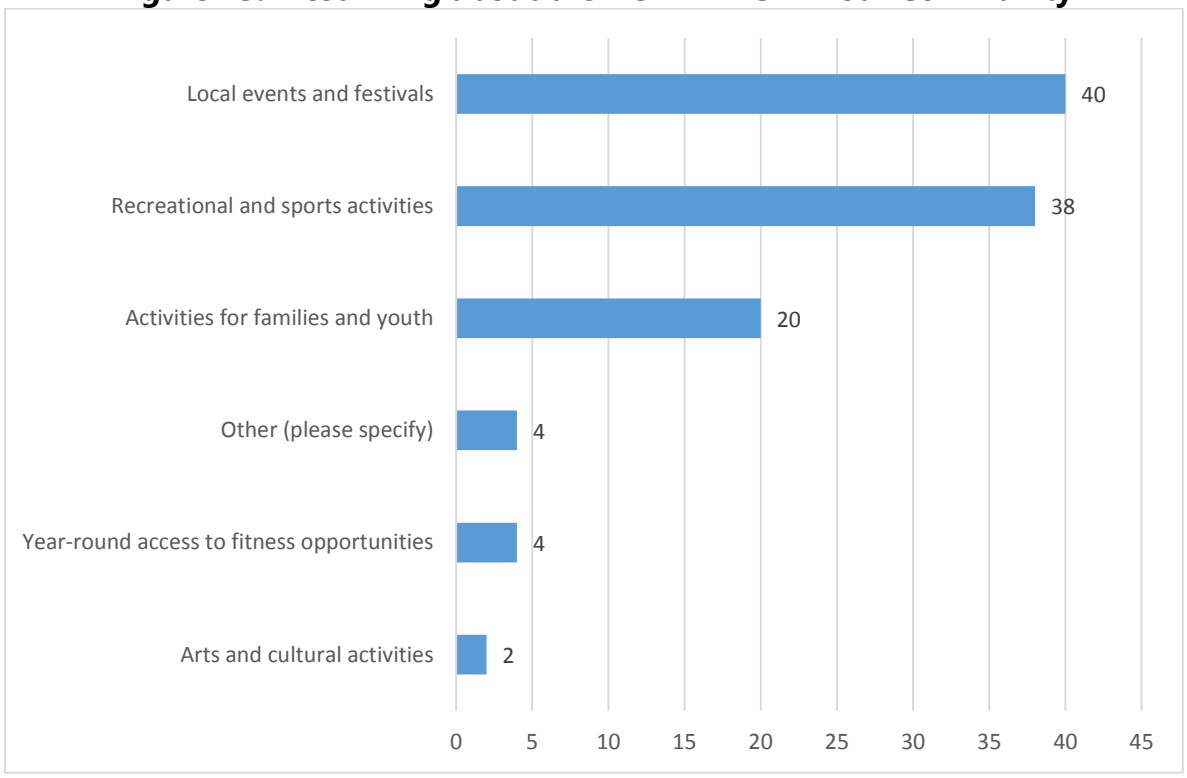


Figure 13: Best Thing about the ACTIVITIES in Your Community



In another open-ended question, residents were asked, "What are the major challenges facing your community?" The most commonly cited challenges include: an aging population (need to bring in younger families), the inability to recruit qualified employees to the area, lack of activities/entertainment, lack of jobs (especially good-paying jobs), and a large unemployment sector.

Community Concerns

At the heart of this community health assessment was a section on the survey asking respondents to review a wide array of potential community and health concerns in seven categories and asked to pick the top three concerns. The seven 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
- Senior population

Echoing survey responses in the survey about community challenges, the four most highly voiced concerns, were:

- Ability to retain primary care providers (doctor, nurse practitioner, physician assistant) in the area (N=58)
- Availability of specialists (N=47)
- Jobs with livable wages (N=42)
- Bullying/cyber-bullying (N=42)

The other issues that had at least 35 votes included:

- Cancer (N=41)
- Attracting and retaining young families (N=40)
- Availability of resources to help the elderly stay in their homes (N=40)
- Obesity/overweight (N=38)
- Adult alcohol use and abuse (including binge drinking) (N=35)

Figures 14 through 20 illustrate these results.

Figure 14: Community Health Concerns

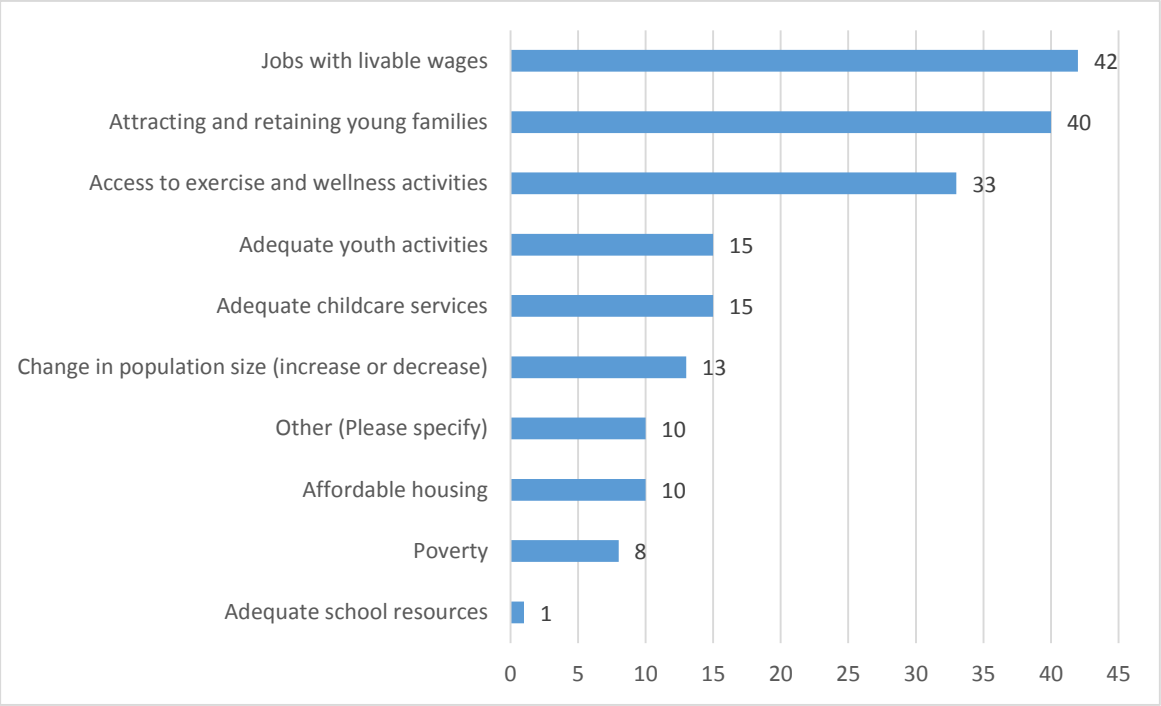


Figure 15: Availability of Health Services Concerns

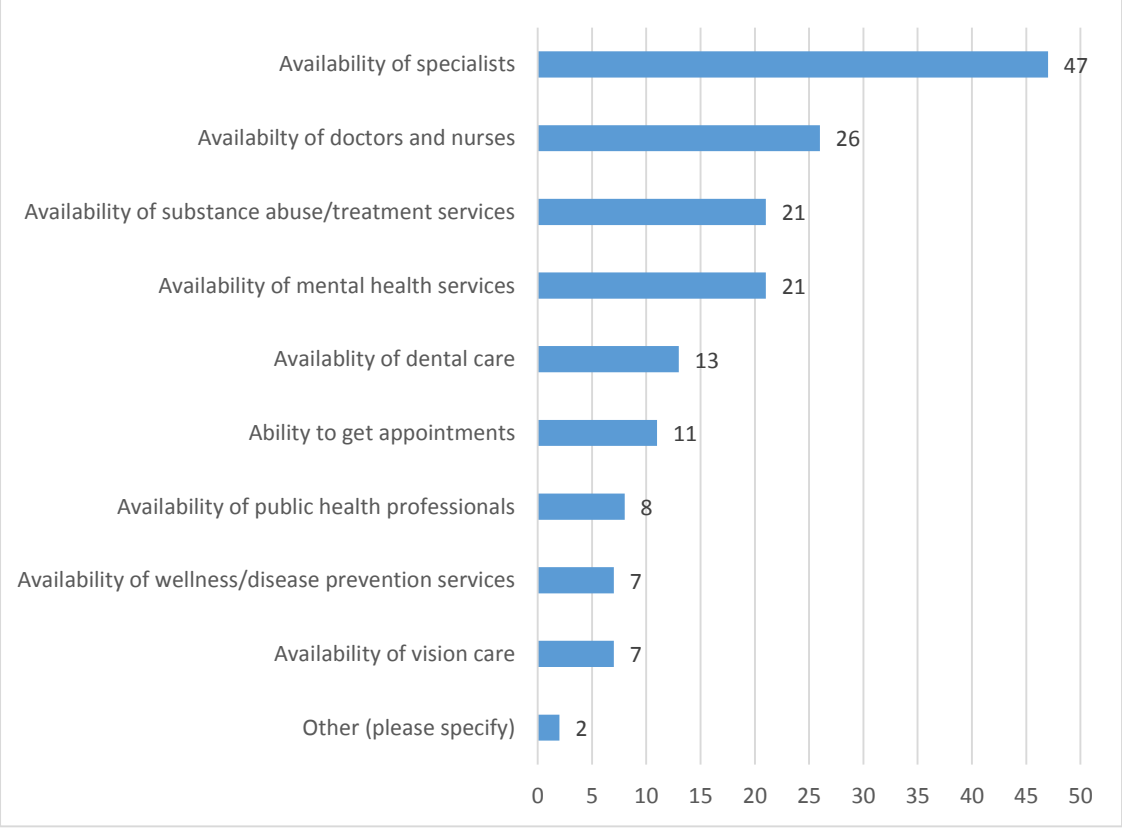


Figure 16: Safety/Environmental Health Concerns

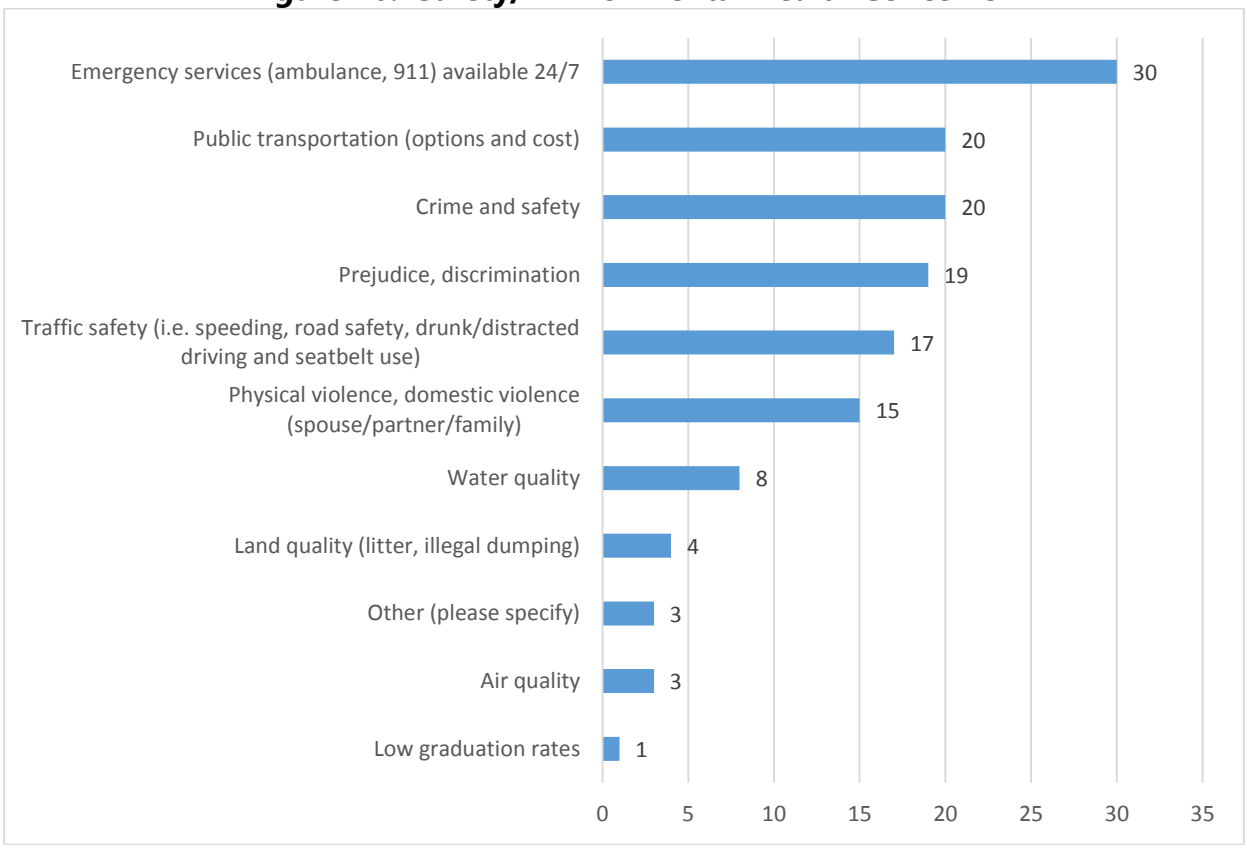


Figure 17: Delivery of Health Services Concerns

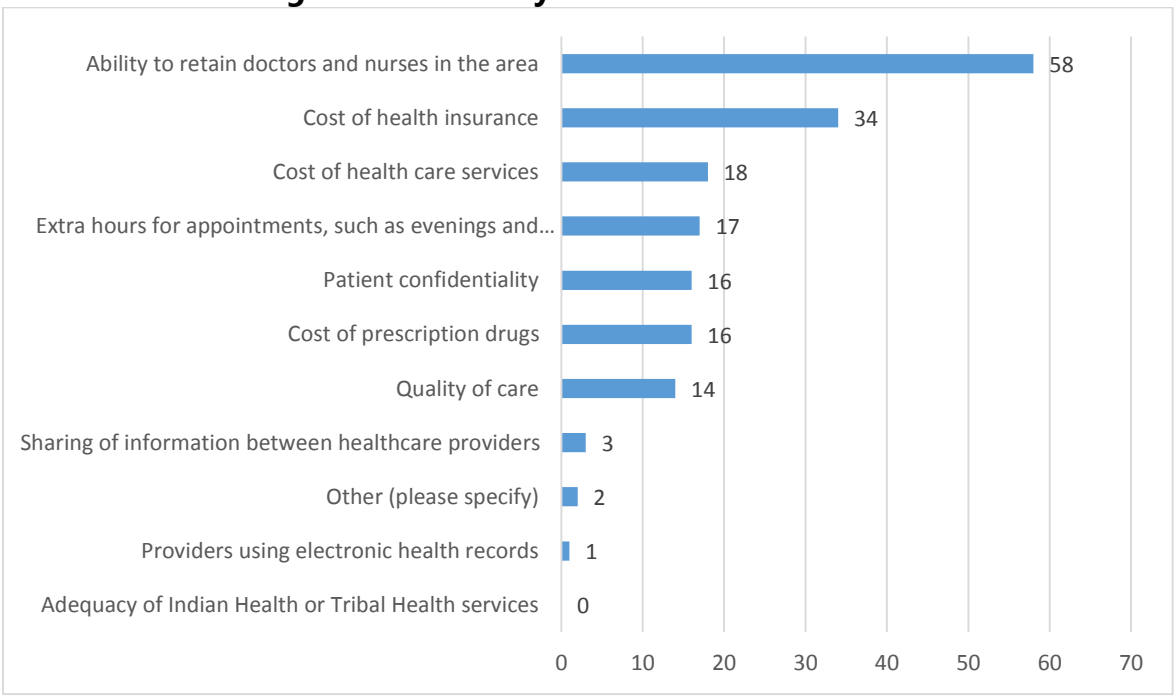


Figure 18: Physical Health Concerns

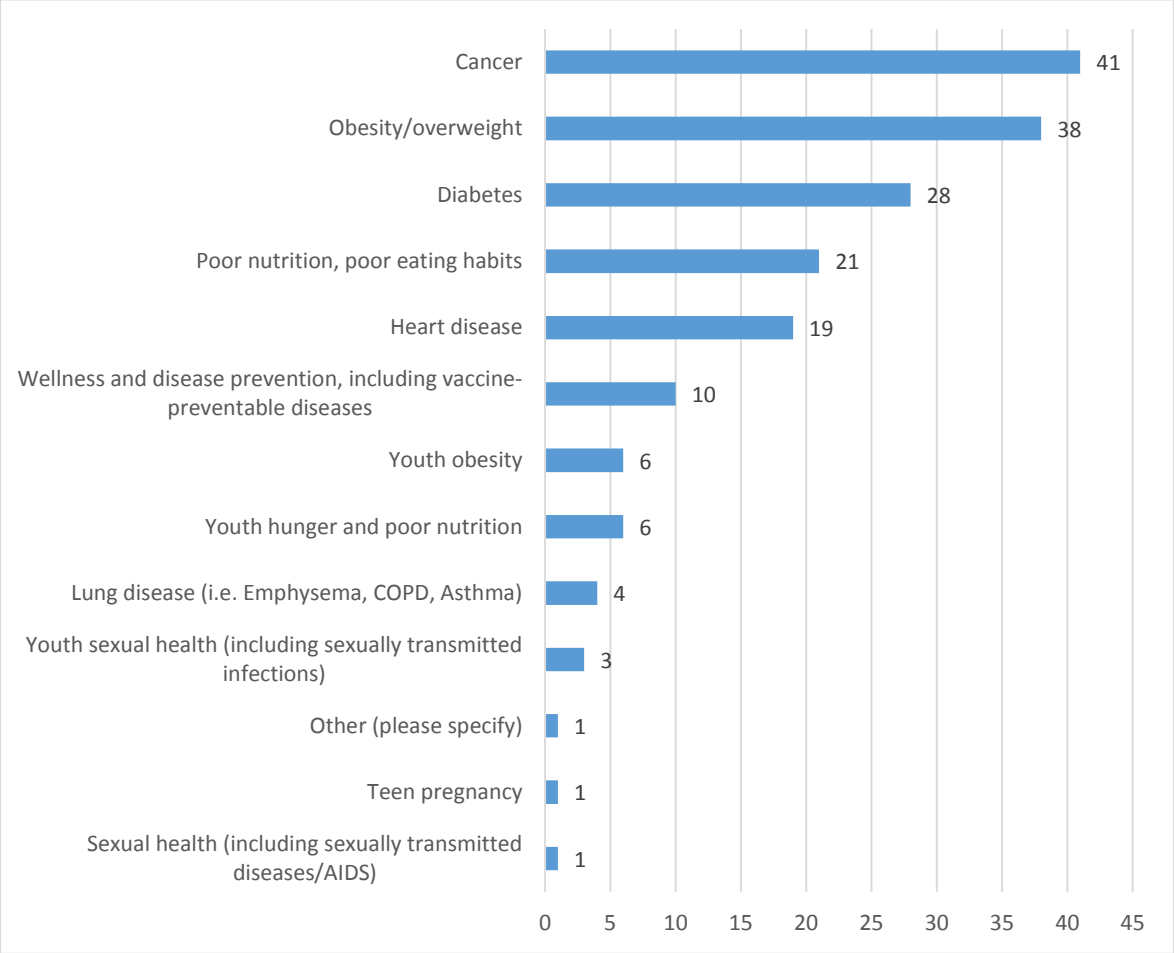


Figure 19: Mental Health and Substance Abuse Concerns

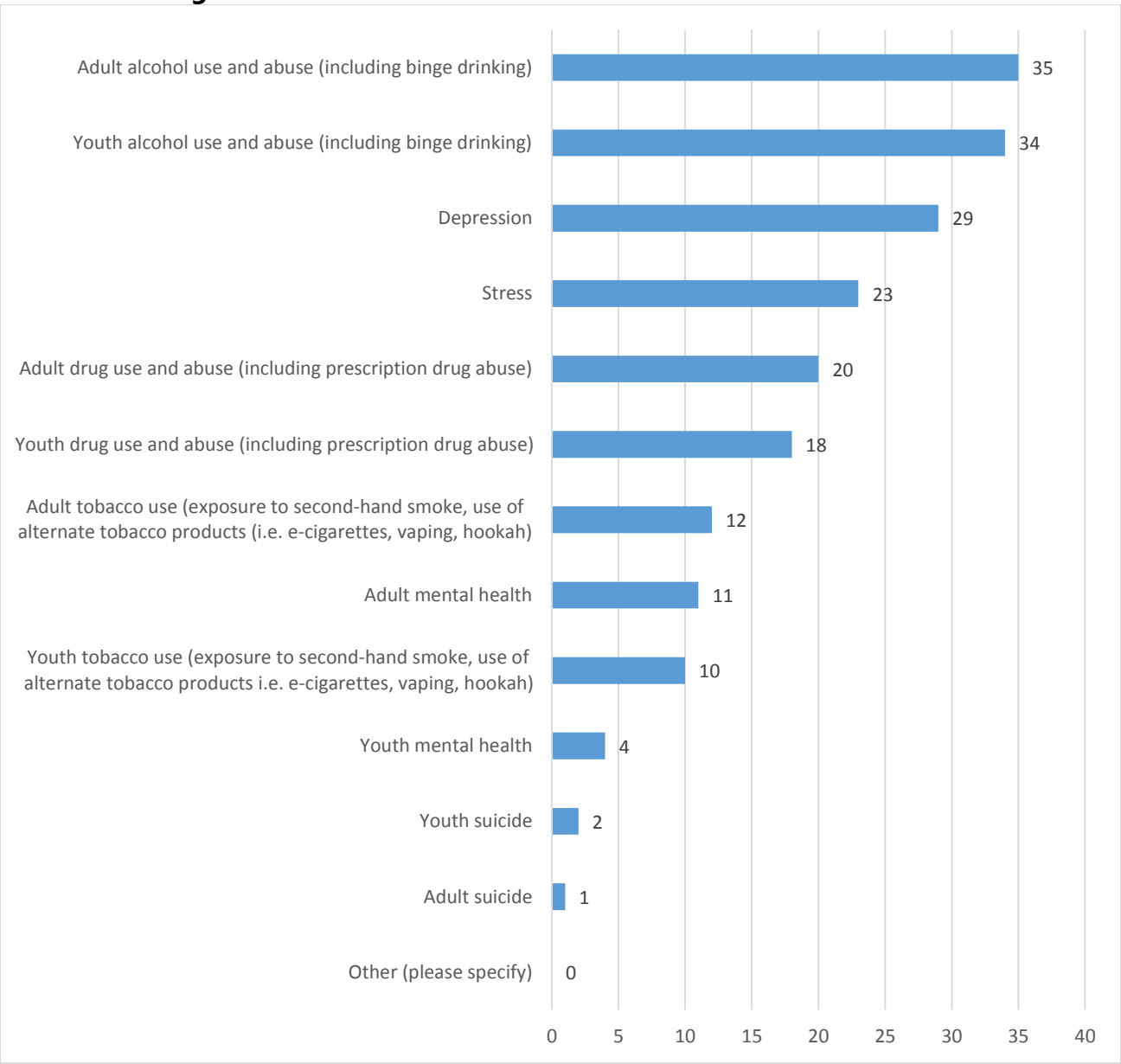
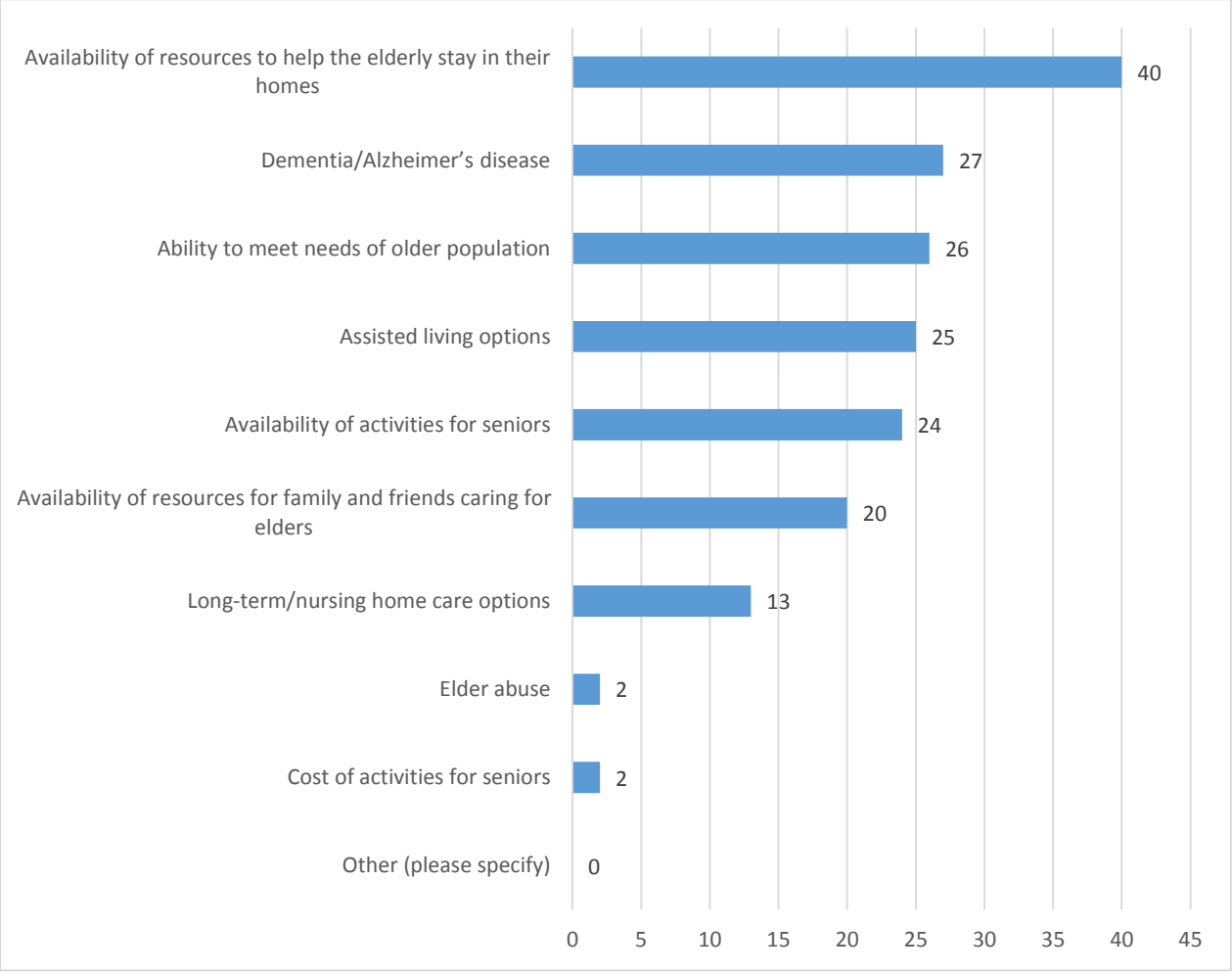


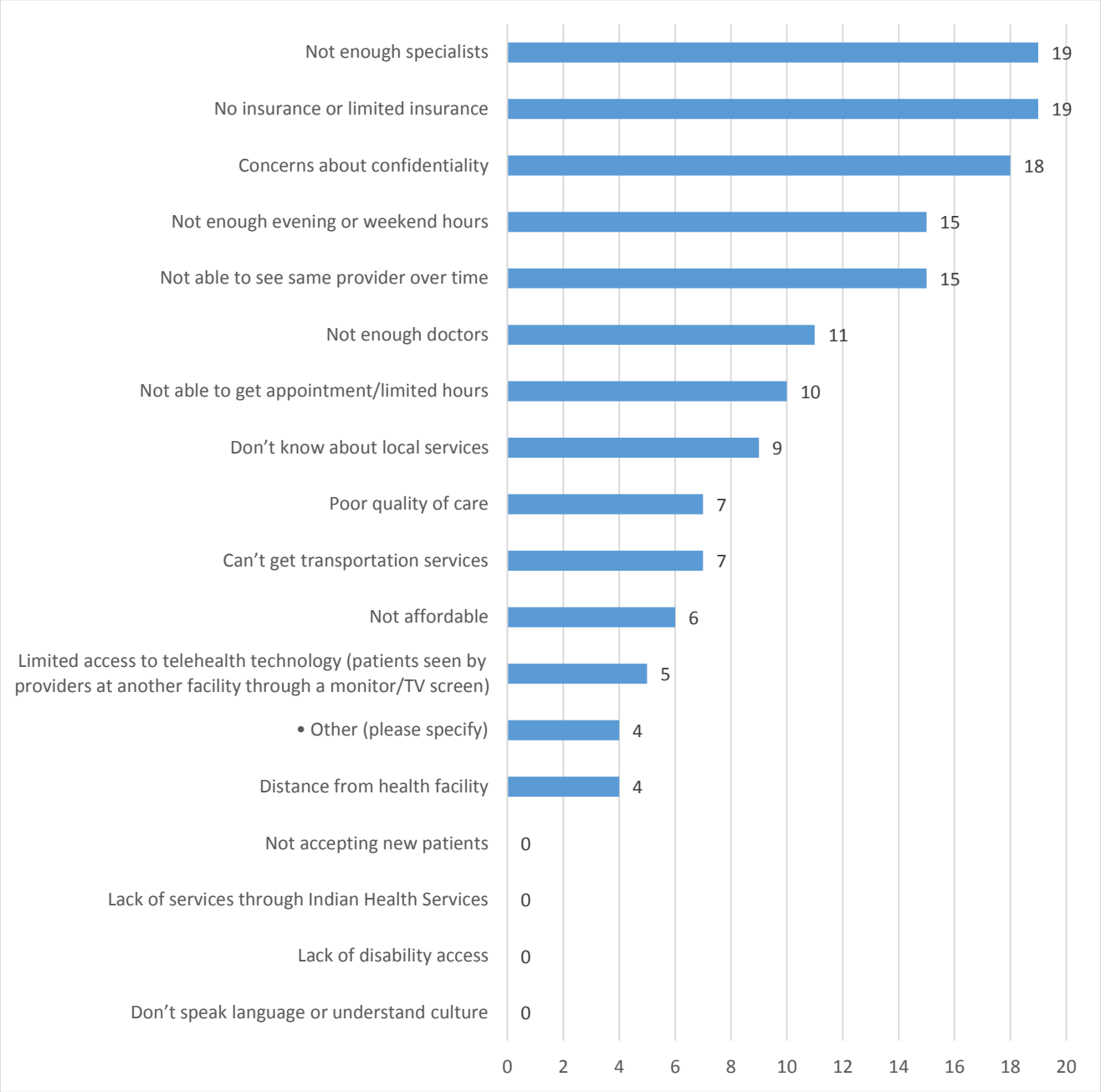
Figure 20: Senior Population Concerns



Delivery of Healthcare

The survey asked residents what they see as barriers that prevent them, or others, from receiving healthcare. The most prevalent barrier perceived by survey-respondents was not enough specialists (N=19) and no insurance or limited insurance (N=19) with the next highest concerns about confidentiality (N=18). After these, the next most commonly identified barriers were not enough evening or weekend hours (N=15), not being able to see the same provider over time (N=15); not enough doctors (N=11), and not able to get an appointment/limited hours (N=10). Figure 21 illustrates these results.

Figure 21: Perceptions about Barriers to Care



The survey also solicited input about what healthcare services should be added locally. Most responses were similar to those illustrated in the figures, for example: telemedicine for cardiology, neurology, and nephrology. Other suggestions included getting specialists to come to the facility regularly. Considering a variety of healthcare services at JMH (Figure 22-24), respondents were asked what, if any, services they were aware of or had used in the past year.

Figure 22: General and Acute Services

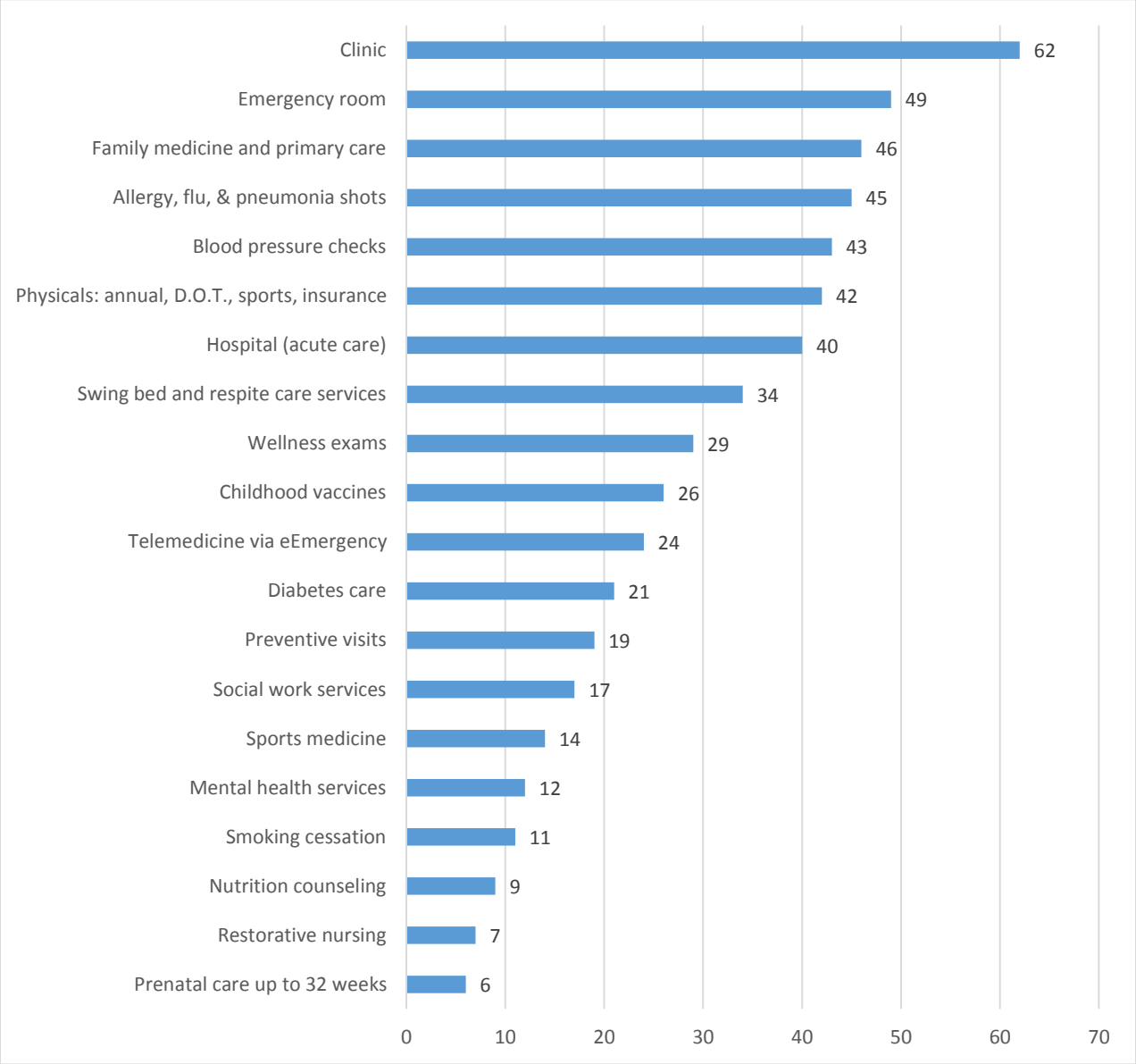


Figure 23: Screening and therapy services

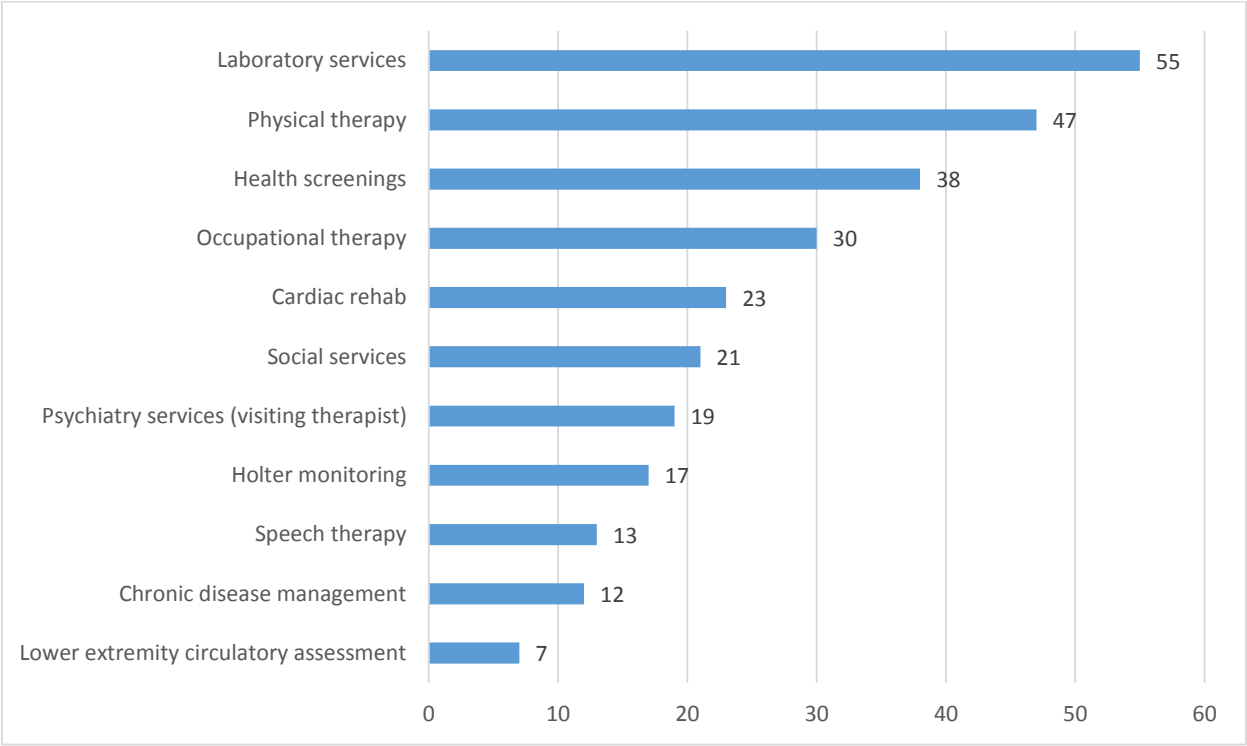
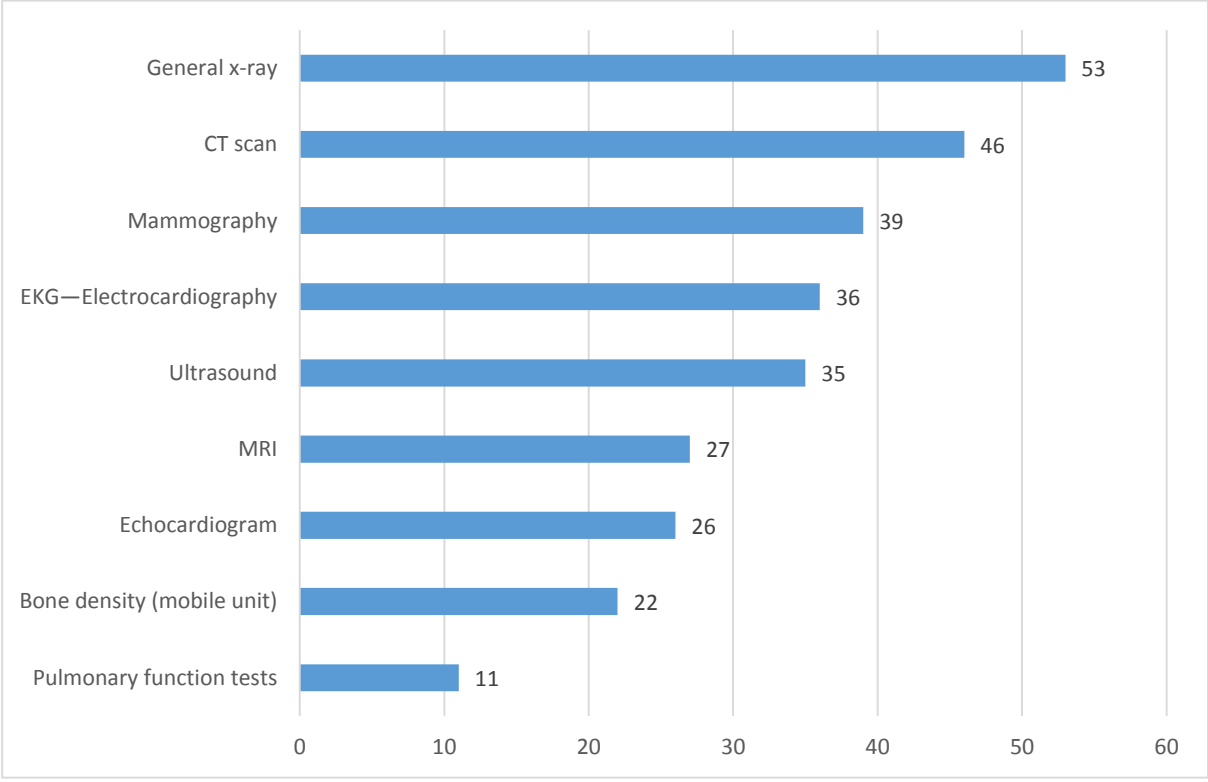
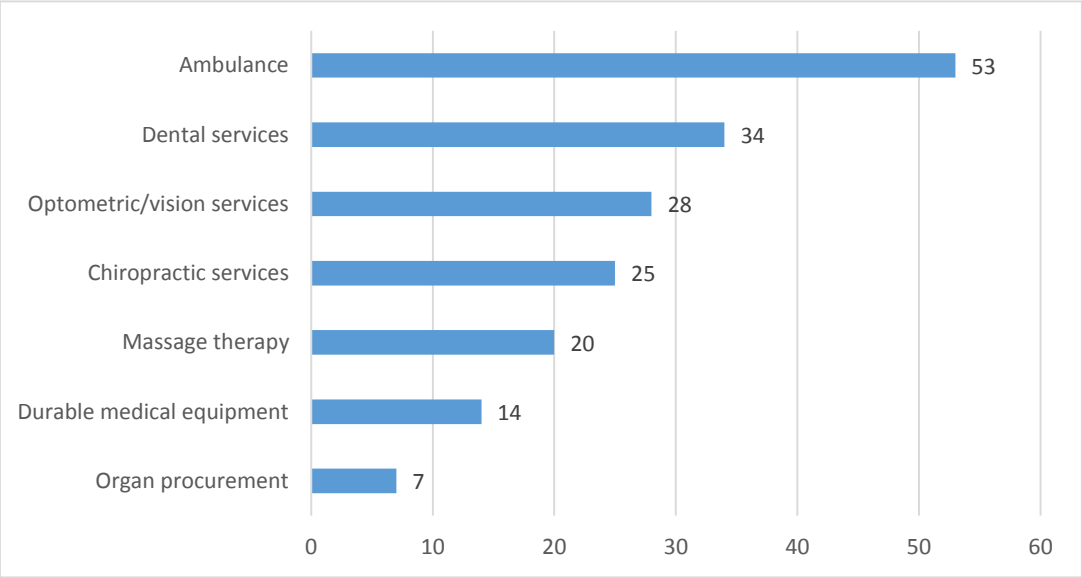


Figure 24: Radiology services



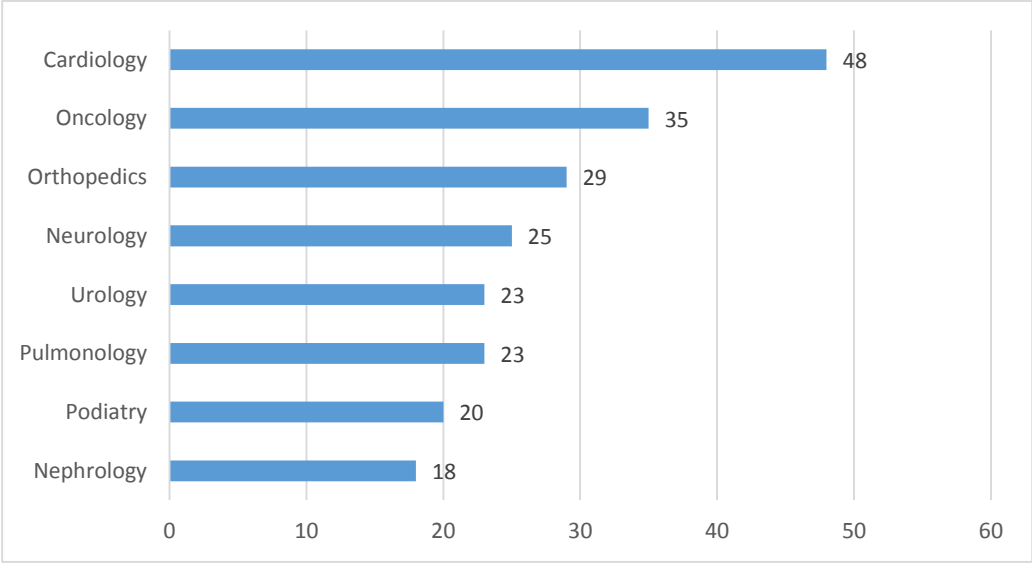
Respondents were also asked what services offered locally by other providers or organizations were they aware of or had used in the past year. The top services were ambulance, dental, and optometric/vision services, as illustrated in Figure 25.

Figure 25: Services, offered locally, by other Providers or Organizations



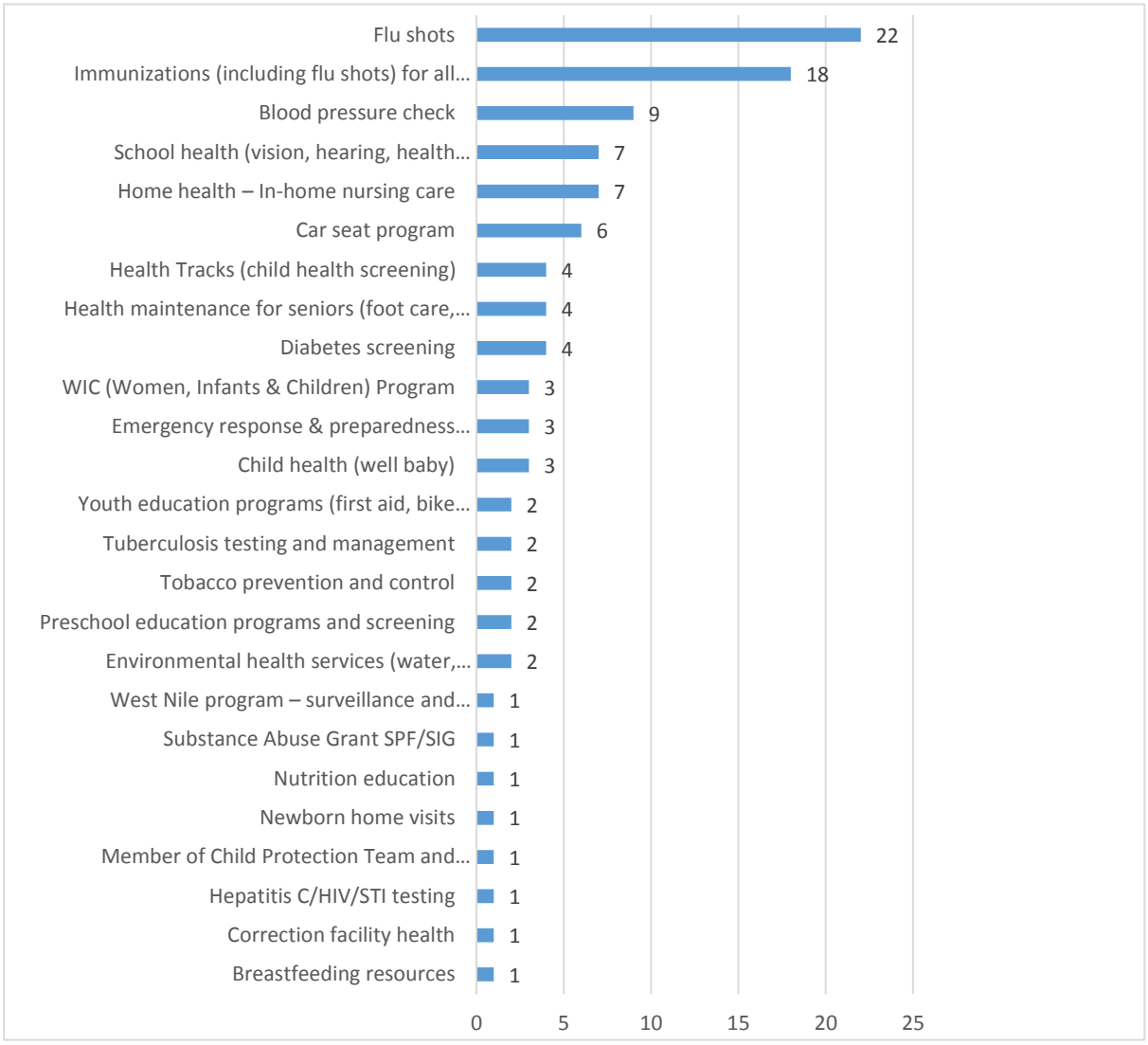
Survey respondents were asked if they believed individuals in the community would utilize and support the use of telemedicine services for specialty care (nephrology, podiatry, pulmonology, urology, neurology, orthopedics, oncology, or cardiology) if it was available at the facility. A majority of respondents (N=57) felt it would be utilized and supported and a small amount of respondents didn't agree (N=10). (Figure 26).

Figure 26: Telemedicine Services that would be Utilized if Available



Related to services offered by Custer Health, respondents indicated that they, or a family member, most utilized flu shots and immunizations in the past year (Figure 27).

Figure 27: Custer Health services utilized



The survey revealed that the most frequent source for accessing trusted health information was their primary care provider (doctor, nurse practitioner, physician assistant (Figure 28). Other common sources of trusted health information are other healthcare professionals (nurses, chiropractors, dentists, etc.) and web searches/internet (WebMD, Mayo Clinic, Healthline, etc.). Word of mouth, then provider, was the most common source of learning about health services available locally (Figure 28).

Figure 28: Sources of Trusted Health Information

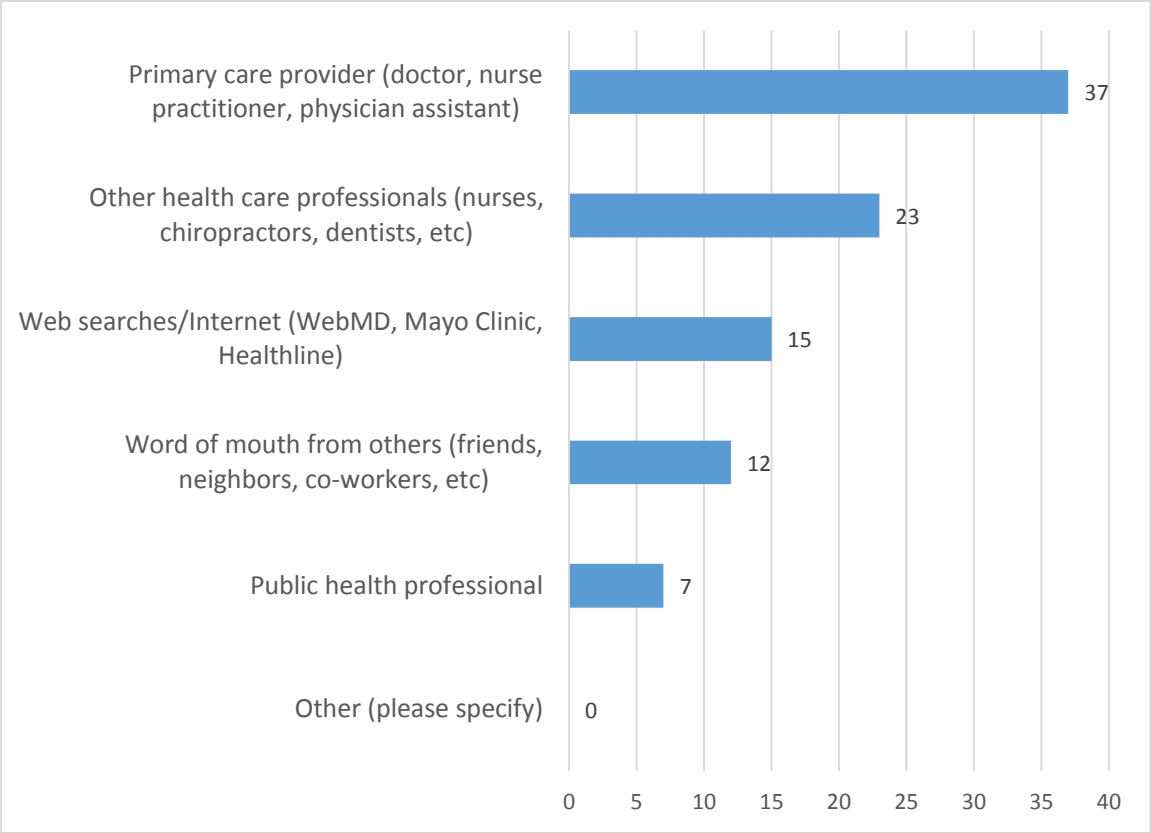
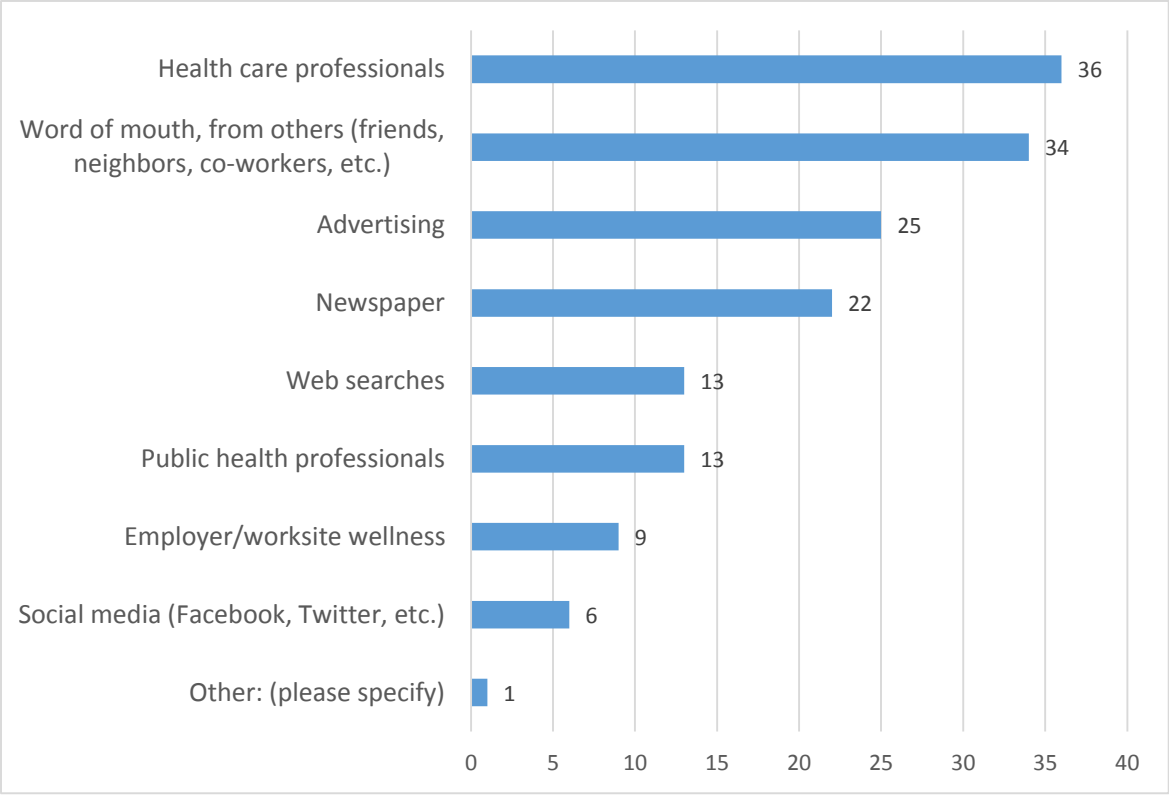


Figure 29: Where do you find out about health services available in our area?



Survey-respondents were asked for suggestions on how to best improve healthcare locally. The following were some, but not all, suggestions made, sorted into three broad categories.

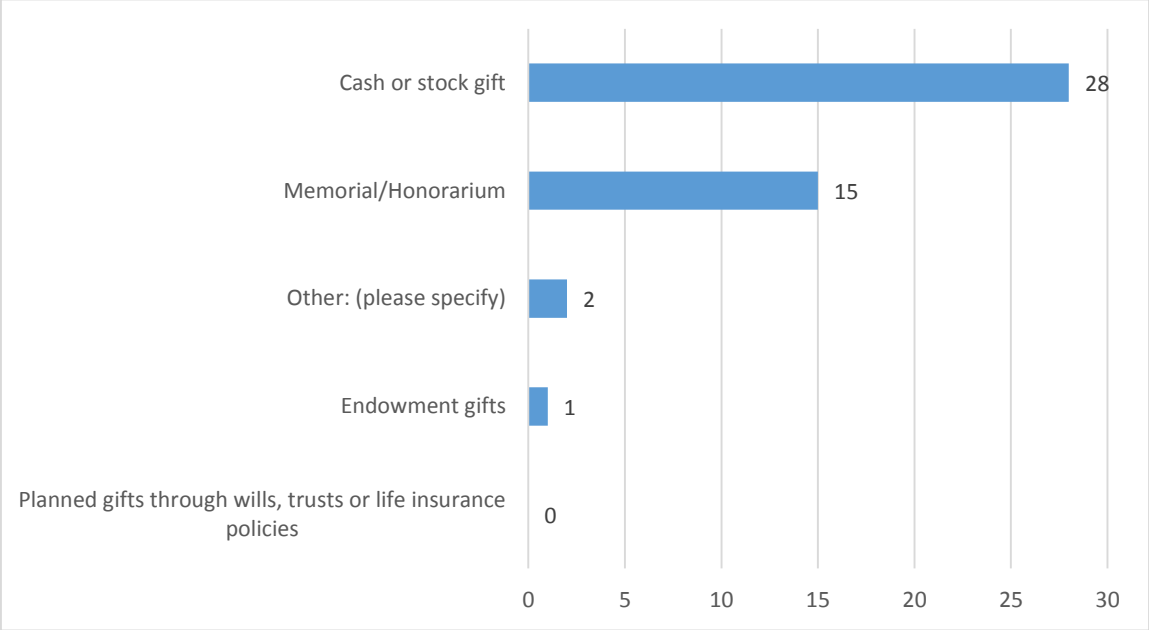
Healthcare Workforce: Being able to see the same healthcare provider for each visit; desperate need for more CNAs; paying traveler nurses mores than local nurses is not a fair methodology, as they need to do the same job; a doctor that will stay for more than a couple of years; and pay grade to improve employee longevity/retention.

Care Center: Private rooms for care center residents; care center residents are not taken out except on a rare occasion and when there is a van available with wheelchair lifts; the nursing home is in dire need of more lifts; better transportation for healthcare, better activities to include outdoor activities for care center; better control of disruptive Alzheimer residents in care center; private rooms for all in care center, more physical therapy needed for many patients; dedicated Alzheimer and hospice units; more living spaces like an assisted living center and respite care.

Healthcare Services: Tele-Health services would help a lot; often difficult to get an appointment on the same day; would love some scheduling availability prior to 8am or evening/weekend hours; wishing they would do infant well checks and immunizations so we didn't have to drive all the way to Bismarck/Mandan for a quick check up or shots; and an OB/GYN would be amazing for prenatal and delivery!

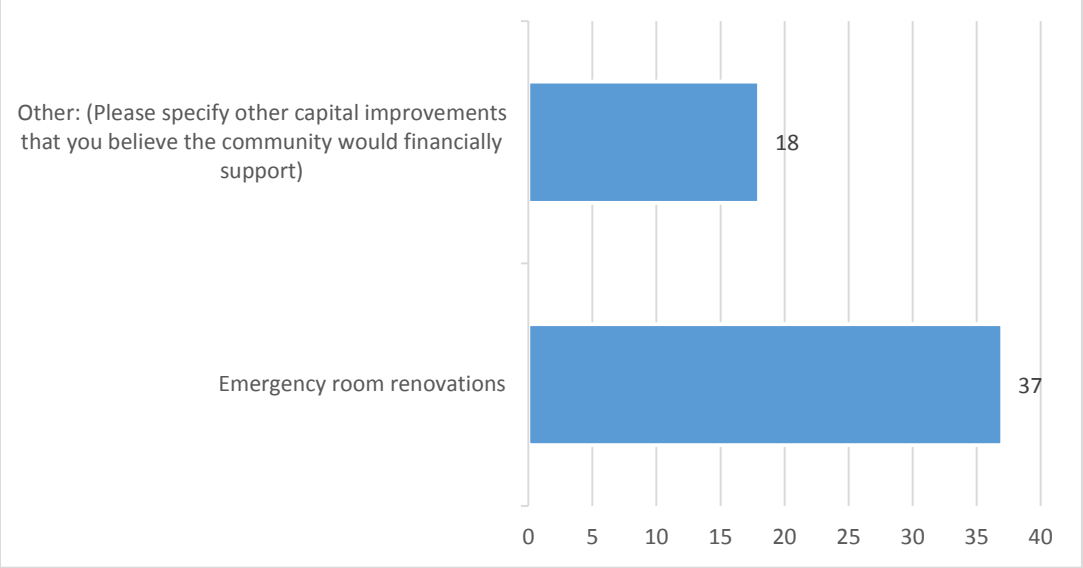
The majority (84%) of respondents were aware that the Jacobson Memorial Hospital Foundation existed to support Jacobson Memorial Health Care Center. Of those, 46 reported that they had supported the Jacobson Memorial Hospital Foundation, with the majority having given a cash or stock gift. See Figure 30.

Figure 30: Support Provided to the MCHF



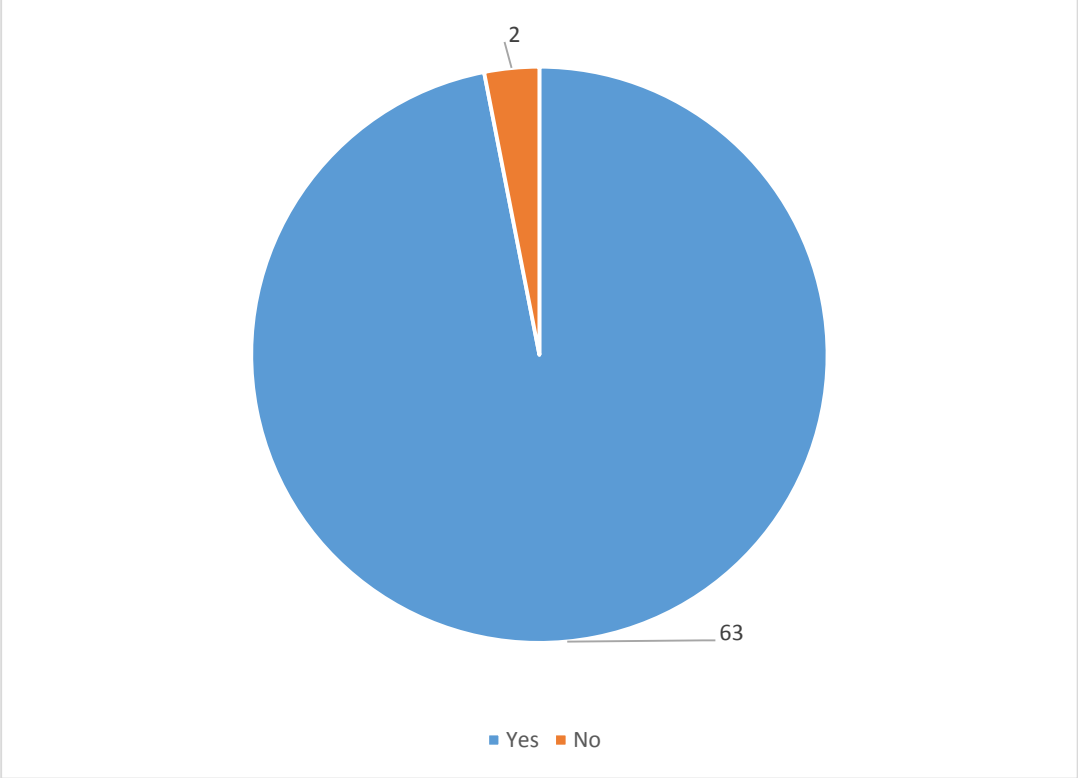
When asked what type of capital improvements (the addition of a permanent structural change or the restoration of some aspect of a property that will either enhance the property's overall value, increase its useful life or adapt it to a new use) they would like to see made at JMHCC, the majority of survey respondents indicated they would like to see the emergency room renovated (N=37). Other improvements suggestions included: activity room, dialysis treatment, private rooms for all care center patients, more CNA's on staff, more patient lifts, surgery-operation room, mental health services, update to nurse's station, update front entrance, entire hospital needs to be updated, clinic update, x-ray, and nursing home upgrades. See Figure 31.

Figure 31: Suggested Capital Improvement for JMHCC



Nearly all of the survey respondents were aware that JMHCC has clinics in both Elgin and Glen Ullin (Figure 32).

Figure 32. Are you aware of JMHCC's Clinic in Elgin and Glen Ullin?



Findings from Key Informant Interviews & the Community Meeting

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 and also with the community group at the first meeting. The themes that emerged from these sources were wide-ranging, with some directly associated with healthcare and others more rooted in broader community matters.

Generally, overarching thematic issues that developed during the interviews and community meeting can be grouped into six categories (listed in alphabetical order):

- Attracting and retaining young families
- Not enough jobs with livable wages, not enough to live on
- Ability to retain providers in the community
- Alcohol and drug use and abuse
- Obesity/overweight
- Being able to meet the needs of the older population

To provide context for the identified needs, below are some of the comments made by those interviewed about these issues:

Attracting and retaining young families

- Would love to see more professionals move here and develop roots.

Not enough jobs with livable wages, not enough to live on

- Large population of part-time jobs so many people have multiple jobs.
- The wages aren't as high as they could be.

Ability to retain providers in the community

- Had to work really, really hard to get a provider.
- Spent over $1M on travel nurses last year.

Alcohol and drug use and abuse

- Alcohol use and abuse is the most important concern.
- Substance use and abuse is the most important concern.
- Wish people would be more outspoken about alcohol and drug issue.

Obesity and overweight

- Don't have any fitness facilities but school and hospital are currently working together on this.
- We need fitness; have bountiful basket but would love to get more healthy food choices.

Being able to meet the needs of the older population

- Being able to meet the needs of the older population is the most important concern.
- Being at home and being able to provide health services in their home. Maintenance home health is currently provided by public health, but true home health is needed.

Community Engagement and Collaboration

Key informants also were asked to weigh in on community engagement and collaboration of various organizations and stakeholders in the community. Specifically, participants were asked, "On a scale of 1 to 5, with 1 being no collaboration/community engagement and 5 being excellent collaboration/community engagement, how would you rate the collaboration/engagement in the community among these various organizations?" They were then presented with a list of 13 organizations or community segments to rank. According to these participants, the hospital, pharmacies, public health, and other local health providers are the most

engaged in the community. The averages of these rankings (with 5 being "excellent" engagement or collaboration) were:

- Emergency services, including ambulance and fire (4.5)
- Hospital (4)
- Faith Based Organizations (3.5)
- Schools (3.5)
- Business and industry (3)
- Pharmacies (3)
- Public Health (3.0)
- Economic development organizations (2.5)
- Law enforcement (2.5)
- Long term care, including nursing homes and assisted living (2.5)
- Other local health providers, (i.e. dentists and chiropractors) (2.5)
- Social Services (2)
- Human services agencies (1.5)

Priority of Health Needs

A Community Group met on October 18, 2016. Sixteen community members attended the meeting. Representatives 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 assets and 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:

- Ability to retain primary care providers (doctors, PAs, NPs) (9 votes)
- Access to exercise and wellness activities (9 votes)
- Availability of specialists (7 votes)
- Youth alcohol use and abuse (6 votes)
- Attracting and retaining young families (6 votes)

Then, from those top five priorities, each person put one sticker on the item they felt was the most important. The rankings were:

1. Access to exercise and wellness activities (6 votes)
2. Youth alcohol use and abuse (4 votes)
3. Attracting and retaining young families (3 votes)
4. Availability of specialists (2 votes)
5. Ability to recruit and retain primary care providers (0 votes)

Following the prioritization process at the second meeting of the Community Group, the number one identified need was access to exercise and wellness activities. A summary of this prioritization can be found in Appendix C.

Comparison of Needs Identified Previously

Top Needs Identified 2014 CHNA Process	Top Needs Identified 2016 CHNA Process
Attracting and retaining young families	Access to exercise and wellness activities
Emphasis on wellness/education & prevention	Attracting and retaining young families
Healthcare workforce shortage	Availability of specialists
Lack of collaboration & engagement with community	Youth alcohol use and abuse

The current process identified one need, common to 2013, which is healthcare workforce or ability to recruit and retain primary care providers. The other top needs identified adult alcohol use and abuse, cost of health insurance, adequate child care and obesity/overweight, some but not all of which are a result of the down turn in oil-related business.

Hospital and Community Projects and Programs Implemented to Address Needs Identified in 2014

In response to the needs identified in the 2014 community health needs assessment process the following actions were taken:

Promoting community health and fitness: JMHCC implemented a "Fitness for Life" program to improve fitness and overall health of residents of all ages in Grant County. Free health screenings were offered to the public during a health fair event. JMHCC also established three permanent fitness routes in the community, with brochures mapping the routes. JMHCC also hosted a weight training class on how to use the equipment in the Grant County High School to encourage residents to continue to use the facilities and also purchased two pieces of exercise equipment to donate to the school to start a community fitness center in the school.

The hospital has also addressed excessive drinking with a campaign directing residents to the proper resources.

Next Steps – Strategic Implementation Plan

Although a community health needs assessment and strategic implementation plan are required by hospitals and local public health units considering accreditation, it is important to keep in mind the needs identified, at this point, will be broad community-wide needs along with healthcare system-specific needs. This process is simply a first step to identify needs and determine areas of priority. The second step will be to convene the steering committee, or other community group, to select an agreed upon prioritized need on which to begin working. The strategic planning process will begin with identifying current initiatives, programs, and resources already in place to address

the identified community need(s). Additional steps include identifying what is needed and feasible to address (taking community resources into consideration), and what role and responsibility the hospital, clinic, and various community organizations play in developing strategies and implementing specific activities to address the community health need selected. Community engagement is essential for successfully developing a plan and executing the action steps for addressing one or more of the needs identified.

"If you want to go fast, go alone. If you want to go far, go together." Proverb

Community Benefit Report

While not required, the CRH strongly encourages a review of the most recent Community Benefit Report to determine how/if it aligns with the needs identified, through the CHNA, as well as the Implementation Plan.

The community benefit requirement is a long-standing requirement of non-profit hospitals and is reported in Part I of the hospital's Form 990. The strategic implementation requirement was added as part of the ACA's CHNA requirement. It is reported on Part V of the 990. Not-for-profit healthcare organizations demonstrate their commitment to community service through organized and sustainable community benefit programs providing:

- Free and discounted care to those unable to afford healthcare.
- Care to low-income beneficiaries of Medicaid and other indigent care programs.
- Services designed to improve community health and increase access to healthcare.

Community benefit is also the basis of the tax-exemption of not-for-profit hospitals. The Internal Revenue Service (IRS), in its Revenue Ruling 69–545, describes the community benefit standard for charitable tax-exempt hospitals. Since 2008, tax-exempt hospitals have been required to report their community benefit and other information related to tax-exemption on the IRS Form 990 Schedule H.

What Are Community Benefits?

Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. They increase access to healthcare and improve community health.

A community benefit must respond to an identified community need and meet at least one of the following criteria:

- Improve access to healthcare services.
- Enhance health of the community.
- Advance medical or health knowledge.
- Relieve or reduce the burden of government or other community efforts.

A program or activity should not be reported as community benefit if it is:

- Provided for marketing purposes.
- Restricted to hospital employees and physicians.
- Required of all healthcare providers by rules or standards.
- Questionable as to whether it should be reported.
- Unrelated to health or the mission of the organization.

Appendix A – CHNA Survey Instrument

Jacobson Memorial Hospital Care Center Area Health Services Survey

Jacobson Memorial Hospital Care Center and Custer Health are interested in hearing from you about community health services.

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

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.

Surveys will be accepted through September 12, 2016.

Your opinion matters – thank you in advance!

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

- ☐ 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 communnity
- ☐ 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 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
- ☐ Opportunities for advanced education
- ☐ Public transportation
- ☐ Programs for youth
- ☐ Quality school systems
- ☐ Other (please specify) _____

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

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

Considering the **ACTIVITIES** in your community, the 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)

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

What are the major challenges facing your community?

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

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

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

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

Considering the **SAFETY/ENVIRONMENTAL HEALTH** in your community, 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
- ☐ 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
- ☐ Other (please specify)

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

- ☐ Ability to retain doctors and nurses in the area
- ☐ Adequacy of Indian Health or Tribal Health services
- ☐ 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, concerns are (choose up to THREE):

- ☐ Cancer
- ☐ Diabetes
- ☐ Lung disease (i.e. Emphysema, COPD, Asthma)
- ☐ Heart disease
- ☐ Obesity/overweight
- ☐ Poor nutrition, poor eating habits
- ☐ Sexual health (including sexually transmitted diseases/AIDS)
- ☐ Teen pregnancy
- ☐ Youth hunger and poor nutrition
- ☐ Youth obesity
- ☐ Youth sexual health (including sexually transmitted infections)
- ☐ Wellness and disease prevention, including vaccine-preventable diseases
- ☐ Other (please specify) _____

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

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

Considering the **SENIOR POPULATION** in your community, 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) _____

Regarding various forms of **VIOLENCE** in your community, concerns are (choose up to THREE):

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

Delivery of Health Care

Considering **GENERAL and ACUTE SERVICES** at JMHCC, which services are you aware of (or have you used in the past year)? (Choose ALL that apply)

- [ ] Allergy, flu, & pneumonia shots
- [ ] Blood pressure checks
- [ ] Childhood vaccines
- [ ] Clinic
- [ ] Diabetes care
- [ ] Emergency room
- [ ] Family medicine and primary care
- [ ] Hospital (acute care)
- [ ] Mental health services
- [ ] Nutrition counseling
- [ ] Prenatal care up to 32 weeks
- [ ] Preventive visits
- [ ] Physicals: annual, D.O.T., sports, insurance
- [ ] Restorative nursing
- [ ] Smoking cessation
- [ ] Social work services
- [ ] Sports medicine
- [ ] Swing bed and respite care services
- [ ] Telemedicine via eEmergency
- [ ] Wellness exams

Considering **SCREENING/THERAPY SERVICES** at JMHCC, which services are you aware of (or have you used in the past year? (Choose ALL that apply)

- [ ] Cardiac rehab
- [ ] Chronic disease management
- [ ] Health screenings
- [ ] Holter monitoring
- [ ] Laboratory services
- [ ] Lower extremity circulatory assessment
- [ ] Occupational therapy
- [ ] Psychiatry services (visiting therapist)
- [ ] Physical therapy
- [ ] Social services
- [ ] Speech therapy

Considering **RADIOLOGY SERVICES** at JMHCC, which services are you aware of (or have you used in the past year)? (Choose ALL that apply)

- [ ] Bone density (mobile unit)
- [ ] CT scan
- [ ] Echocardiogram
- [ ] EKG—Electrocardiography
- [ ] General x-ray
- [ ] Mammography
- [ ] MRI
- [ ] Pulmonary function tests
- [ ] Ultrasound

Considering services offered locally by **OTHER PROVIDERS/ORGANIZATIONS** at JMHCC, which services are you aware of (or have you used in the past year)? (Choose ALL that apply)

- [ ] Ambulance
- [ ] Massage therapy

- [ ] Chiropractic services
- [ ] Dental services
- [ ] Durable medical equipment
- [ ] Optometric/vision services
- [ ] Organ procurement

Are you aware of JMHCC's Clinic in Elgin and Glen Ullin?

Yes	No
○	○

Which of the following **SERVICES** provided by Custer Health have you or a family member used in the past year? (Choose ALL that apply)

- [ ] Blood pressure check
- [ ] Breastfeeding resources
- [ ] Car seat program
- [ ] Child health (well baby)
- [ ] Correction facility health
- [ ] Diabetes screening
- [ ] Emergency response & preparedness program
- [ ] Flu shots
- [ ] Environmental health services (water, sewer, health hazard abatement)
- [ ] Health maintenance for seniors (foot care, blood pressure)
- [ ] Health Tracks (child health screening)
- [ ] Hepatitis C/HIV/STI testing
- [ ] Home health – In-home nursing care
- [ ] Immunizations (including flu shots) for all ages
- [ ] Member of Child Protection Team and County Interagency Team
- [ ] Newborn home visits
- [ ] Nutrition education
- [ ] Preschool education programs and screening
- [ ] School health (vision, hearing, health education, and resource to schools)
- [ ] Substance Abuse Grant SPF/SIG
- [ ] Tobacco prevention and control
- [ ] Tuberculosis testing and management
- [ ] West Nile program – surveillance and education
- [ ] WIC (Women, Infants & Children) Program
- [ ] Youth education programs (first aid, bike safety, bike helmet safety education)

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

What **PREVENTS** you or other community residents from receiving health care? (Choose ALL that apply)

- [ ] Can't get transportation services
- [ ] Concerns about confidentiality
- [ ] Distance from health facility
- [ ] Don't know about local services
- [ ] Don't speak language or understand culture
- [ ] Lack of disability access
- [ ] Lack of services through Indian Health Services
- [ ] 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)

Do you believe individuals in the community would utilize and support the use of telemedicine services for specialty care?

Yes ○ No ○

What services do you believe they would utilize?

- ☐ Cardiology
- ☐ Orthopedics
- ☐ Oncology
- ☐ Neurology
- ☐ Pulmonology
- ☐ Podiatry
- ☐ Nephrology
- ☐ Urology

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

- ☐ Advertising
- ☐ Employer/worksite wellness
- ☐ Health care professionals
- ☐ Newspaper
- ☐ Public health professionals
- ☐ Social media (Facebook, Twitter, etc.)
- ☐ Web searches
- ☐ Word of mouth, from others (friends, neighbors, co-workers, etc.)
- ☐ Other: (please specify)

Are you aware of JMHCC's Foundation, which exists to financially support JMHCC?

Yes ○ No ○

Have you supported the Jacobson Memorial Hospital Foundation in any of the following ways? (Choose ALL that apply)

- ☐ Cash or stock gift
- ☐ Endowment gifts
- ☐ Memorial/Honorarium
- ☐ Planned gifts through wills, trusts or life insurance policies
- ☐ Other: (please specify)

What type of capital improvements would you like to see at JMHCC? (Choose ALL that apply)

- ☐ Emergency room renovations
- ☐ Other: (Please specify other capital improvements that you believe the community would financially support)

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 or self-purchased
- [ ] Not enough insurance
- [ ] Medicaid
- [ ] Veteran's Health Care Benefits
- [ ] Medicare
- [ ] Other (please specify)

Age:

- ○ 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
- ○ Associates degree
- ○ Bachelors degree
- ○ Graduate or professional degree

Gender:

Female	Male	Transgender
○	○	○

Employment status:

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

Your zip code:

Race/Ethnicity (choose ALL that apply)

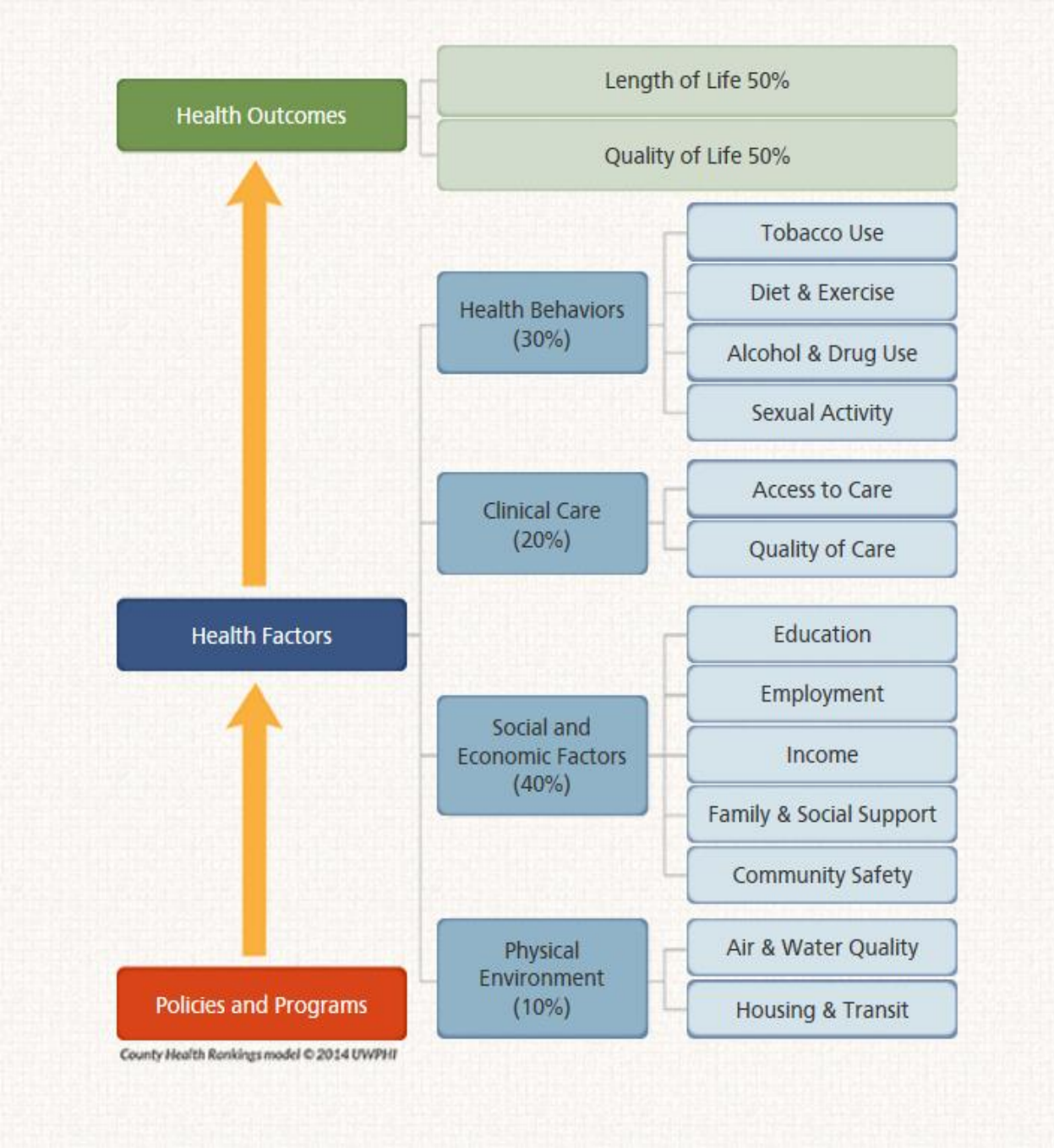
- [ ] American Indian
- [ ] African American
- [ ] Asian
- [ ] Hispanic/Latino
- [ ] Pacific Islander
- [ ] White/Caucasian
- [ ] Other
- [ ] Prefer not to answer

Annual household income before taxes:

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

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

Appendix B – County Health Rankings Model



Appendix C – Prioritization of Community's Health Needs

Community Health Needs Assessment
Elgin, North Dakota
Ranking of Concerns

The top four concerns for each of the seven topic area, based on the community survey results, were listed on flipcharts. The numbers below indicate the total number of votes (dots) by the people in attendance at the second community meeting. The "Priorities" column lists the number of yellow/green/blue dots placed on the concerns indicating which areas are felt to be priorities. Each person was given four dots to place on the items they felt were priorities. The "Most Important" column lists the number of red dots placed on the flipcharts. After the first round of voting, the top five priorities were selected based on the highest number of votes. Each person was given one dot to place on the item they felt was the most important priority of the top five highest ranked priorities.

	Priorities	Most Important
DELIVERY OF HEALTH SERVICES		
Ability to retain primary care providers (doctor, nurse practitioner, physician assistant)	9	0
Cost of health insurance	1	
Cost of health care services	0	
Extra hours for appointments, such as evenings and weekends	1	
AVAILABILITY OF HEALTH SERVICES		
Availability of specialists	7	2
Availability of primary care providers	0	
Availability of substance abuse/treatment facilities	0	
Availability of mental health services	0	
MENTAL HEALTH AND SUBSTANCES ABUSE		
Adult alcohol use and abuse	3	
Youth alcohol use and abuse	6	4
Depression	0	
Stress	1	
SAFETY/ENVIRONMENTAL HEALTH		
Emergency services (ambulance & 911)	0	
Public transportation (options/costs	0	
Crime and safety	0	
Traffic safety (speeding, road safety, drunk/distracted driving, seatbelts)	0	
AGING POPULATION		
Availability of resources to help the elderly stay in their homes	5	
Dementia/Alzheimer's disease	1	
Ability to meet needs of older population	0	
Assisted living options	0	
COMMUNITY HEALTH		
Jobs with livable wages	5	
Attracting and retaining young families	6	3
Access to exercise and wellness activities	9	6
PHYSICAL HEALTH		
Cancer	0	
Obesity/overweight	3	
Diabetes	1	
Poor nutrition, and poor eating habits	2	