

# Community Health Needs Assessment

CHI St. Francis Health – Breckenridge, MN Approved May 2025



NDSU Center for Social Research Report #119 Prepared by Nancy Hodur, Kaeleigh Schroeder, and Avram Slone

# **Acknowledgements**

The CHNA process is a significant undertaking resulting from the vision and leadership of numerous individuals and governing bodies. It is important to acknowledge those who have dedicated time and energy to ensure that thoughtful planning and long-range strategic vision serve as the basis for policy and decision-making regarding community health needs.

Researchers with the Center for Social Research at North Dakota State University gratefully acknowledge the support of the individuals and organizations who assisted in the preparation of the Community Health Needs Assessment for CHI St. Francis Health in Breckenridge, Minnesota.

Financial support was provided by CHI Health, a member of CommonSpirit Health

North Dakota State University does not discriminate on the basis of age, color, disability, gender expression/identity, genetic information, marital status, national origin, public assistance status, race, religion, sex, sexual orientation, or status as a U.S. veteran. Please address your inquiries regarding this publication to: The NDSU Center for Social Research, P.O. Box 6050, Dept. 2574, Fargo, ND 58108-6050, Phone: 701-231-8621, Email: Nancy.Hodur@ndsu.edu

NDSU is an equal opportunity institution.

Copyright © 2025 by Hodur, Schroeder, and Slone. All rights reserved. Readers may make verbatim copies of this document for non-commercial purposes by any means, provided this copyright notice appears on all such copies.



# **Table of Contents**

Executive Summary	4
Purpose	4
CommonSpirit Health Commitment and Mission Statement	4
CHNA Collaborators	4
Community Definition	4
Assessment Process and Methods	4
Prioritized Significant Health Needs	5
Resources Potentially Available	6
Report Adoption, Availability, and Comments	6
Community Definition	6
Hospital Description	8
Assessment Process and Methods	8
Secondary data: community profiles	8
Primary data: health needs survey and community discussion	8
Community Input	9
Assessment Data and Findings	9
Community Profile	9
Community Demographics	10
Community Health Factors and Outcomes	15
National Risk Index	18
Community Health Survey Analysis	20
Respondent Demographics	20
Findings	20
Significant Community Health Needs	27
Resources Potentially Available to Address Needs	29
Impact of Actions Taken Since Preceding CHNA	31
2023-2025 Community Health Implementation Strategy	31
Health Need: Mental Health	31
Health Need: Substance Use	32
Health Need: Health-related Social Needs (Food Security)	33
References	35
Appendices	36
Appendix A: CDC/ATSDR Social Vulnerability Index 2022 for Wilkin County, MN	
and Richland County, ND	
Appendix B: Survey Instrument	
Appendix C: Survey Frequencies	50



# **Executive Summary**

#### **Purpose**

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by CHI St. Francis Health. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

#### CommonSpirit Health Commitment and Mission Statement

The hospital's commitment to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

#### **CHNA Collaborators**

CHI St. Francis Health contracted with the North Dakota State University Center for Social Research to conduct the CHNA. The Center for Social Research developed community profiles and developed and conducted a community feedback survey that provided the foundation for this needs assessment. Wilkin County Public Health and Essentia Health collaborated with CHI St Francis Hospital on the CHNA.

#### Community Definition

CHI St. Francis Health is located in Breckenridge, Minnesota. The hospital primarily serves Wilkin County, Minnesota, where Breckenridge is located, as well as the adjacent Richland County in North Dakota. CHI St. Francis Health is the only hospital in Wilkin County, and there are no hospitals in Richland County. The primary service area for this community health needs assessment includes Wilkin County, Minnesota and Richland County, North Dakota.

Wilkin and Richland counties are each designated as a Health Professional Shortage Area (HPSA) and Wilkin County is designated as a Medically Underserved Area (MUA) by the United States Health Resources & Services Administration. Wilkin County is a rural area located in west central Minnesota and has an estimated population of 6,454. Richland County is located in southeastern North Dakota and has a population of 16,548. Additionally, the hospital serves parts of Traverse County, Minnesota; Otter Tail County, Minnesota; Grant County, Minnesota; Sargent County, North Dakota; Ransom County, North Dakota; and Roberts County, South Dakota.

#### Assessment Process and Methods

Community health needs were assessed using a two-pronged analysis approach: secondary data from national and state sources; and primary data gathered from community members during a two-month survey period. CHI St. Francis Hospital solicited input from community organizations representing health, education, law enforcement, victim advocacy, social services, and the medically underserved to review and validate community health needs at a community input meeting held December 12, 2024.

Multiple data sources with various indicators that inform social considerations were compiled and analyzed. Data sources include but are not limited to County Health Rankings, the American Community Survey (ACS), the Bureau of Economic Analysis (BEA), and the Centers for Disease Control and Surveillance (CDC). All community level data were compared to state and national data for context. Community member input was solicited via an online survey and a community input meeting.

The survey was administered using a QR code for public distribution using various online and print media and by a survey link that was distributed by hospital personnel. At least one public health organization was invited



to participate in distribution of the community survey. Upon conclusion of the survey fielding period, data were compiled and analyzed. Survey data were analyzed using widely accepted standard descriptive statistics, such as measures of mean, median, and frequencies. Priority needs were identified as those issues with the greatest level of consensus among survey respondents.

CHI St. Francis Health solicited feedback on survey findings at a community input meeting. A presentation that summarized the community profile and highlighted key survey findings was presented at a community input meeting held December 12, 2024. The presentation was used to review and validate priority needs identified in the survey results, as well as to guide discussion of needs and priorities for community health improvement planning.

### Prioritized Significant Health Needs

Based on analysis of survey data, the following health needs were identified as issues with the greatest degree of consensus among survey respondents. Secondary data are provided in support of these findings as appropriate.

- Mental health (anxiety, stress, depression). A majority of respondents (88 percent) are concerned about mental health in their community; 57 percent are very concerned and 31 percent are somewhat concerned. Further, 58 percent of respondents disagreed when asked if their community has adequate mental health services. While the ratio of residents per mental health care provider is similar in Wilkin County (370:1) to Minnesota overall (280:1), the ratio of residents per mental health care provider is substantially higher (worse) in Richland County (3,310:1) than in North Dakota (420:1). The average number of self-reported poor mental health days per month is slightly higher in Wilkin County (4.5 days) than in Richland County (3.6 days). However, both are similar to their respective statewide averages, 4.3 days in Minnesota and 4.0 days in North Dakota. Mental health was identified as a priority health need in the previous CHNA conducted in 2022. When asked if issues related to mental health have changed since 2022, 14 percent of respondents said they have improved.
- Substance misuse. Nearly all respondents (98 percent) are at least slightly concerned about substance misuse in their community (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs); 63 percent are very concerned. The adult excessive drinking rates in Wilkin and Richland counties (20 and 22 percent, respectively) are similar to their respective state averages (21 percent in Minnesota and 23 percent in North Dakota), but higher than the national average of 18 percent. Substance misuse was also identified as a priority health need in 2022. When asked if issues related to substance misuse have changed since 2022, 52 percent of respondents indicated substance misuse has worsened and 12 percent said it has improved.
- Child care, child abuse, cyber bullying. Nearly half (48 percent) of respondents disagreed that their community has adequate child care services. Further, 40 percent of newcomers to the community indicated that it was either very difficult or somewhat difficult to find child care. Respondents were also concerned about child abuse or neglect and cyber bullying. Nearly all respondents are at least slightly concerned about child abuse or neglect; 29 percent are very concerned. Nearly all respondents are at least slightly concerned about cyber bullying; 38 percent are very concerned. Health related social needs such as food, child care, housing, transportation, and employment were identified as priority health needs in the previous CHNA in 2022. One-third of respondents indicated that social health needs have worsened since 2022 and half indicated there has been no change.
- Community services. When asked about various community services, respondents were generally
  positive. Respondents most frequently cited public transportation, child care, and affordable housing as
  inadequate in their community. Nearly half of respondents disagreed when asked if their community



has adequate affordable housing (45 percent), child care services (48 percent), and public transportation services (49 percent).

• Barriers to accessing health care. The cost of health care services, prescription medications, and the availability of local health care services were most frequently identified as barriers to health care. Respondents most frequently (62 percent) cited the price of health care services, even with insurance, as a barrier to health care; 39 percent said it is somewhat of a barrier and 23 percent said it is an extreme barrier. Fifty-five percent of respondents indicated the cost of prescription drugs, even with health insurance, is at least somewhat of a barrier to care; 12 percent said it was an extreme barrier. The median household income in Wilkin County (\$64,447) is substantially lower than the median in Minnesota (\$84,313) and the nation (\$75,149). The median household income in Richland County (\$67,089) is also less than the median in North Dakota (\$73,959) and the nation (\$75,149).

During the December 12, 2024 community input meeting, attendees discussed survey findings, whether the survey findings aligned with their perceptions of their community needs, and the demographics of survey respondents. There were 19 attendees at the community input meeting representing several organizations.

While the health needs identified by meeting participants were the same issues as identified in the previous CHNA conducted in 2022, attendees agreed that these issues continue to be priority community health needs. Survey findings also reflected a similar conclusion. Attendees agreed it would be beneficial to solicit responses from a wider population in the future, as survey respondents generally had higher educational achievement and household income than the community population overall. Responses from a broader cross section of community members would provide a wider breadth of responses on issues such as transportation, housing insecurity, and income insecurity.

#### Resources Potentially Available

Programs, resources, and organizations in the community that are potentially available to address the significant health needs were identified by key informants giving input to this process. While not exhaustive, this list — which includes dozens of potential resources — draws on the experiences and knowledge base of those directly serving the community. A list of community resources can be found in a separate resource section later in the report.

#### Report Adoption, Availability, and Comments

This CHNA report was adopted by the CHI St. Francis Health Board of Directors in May 2025. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at the Administration Office of CHI St. Francis Health. Written comments on this report can be submitted via mail to CHI Health - The McAuley Fogelstrom Center, (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities); electronically at:

https://forms.gle/KGRq62swNdQyAehX8; or by calling Ashley Carroll, Market Director, Community and Population Health, at: (402) 343-4548.

## Community Definition

CHI St. Francis Health identified Richland County, ND and Wilkin County, MN as the primary service area. As a Critical Access Hospital, CHI St. Francis Health's primary service area is considered the county in which it is located (Wilkin County, MN). While CHI St. Francis Health is the only hospital located in Wilkin County, they also serve residents from Richland County, where there are no local hospitals. Therefore, both counties (Richland and Wilkin counties) were included in the CHNA community definition.

Wilkin and Richland counties are each designated as a Health Professional Shortage Areas (HPSA) and Wilkin County is designated as a Medically Underserved Area (MUA) by the United States Health Resources & Services Administration. Wilkin County is a rural area located in west central Minnesota with a population of 6,454. Richland County is located in southeastern North Dakota with a population of 16,548. Additionally, the



hospital serves parts of Traverse County, Minnesota; Otter Tail County, Minnesota; Grant County, Minnesota; Sargent County, North Dakota; Ransom County, North Dakota; and Roberts County, South Dakota.

The following zip codes represent 80 percent of patient encounters at CHI St. Francis Health: 56520, 58030, 58041, and 58075.

Figure A: CHI St. Francis Health Community Health Needs Assessment Service Area



Core demographics for the CHI St. Francis Health two-county CHNA service area are summarized in Table 1.

Table 1. Core Demographic Summary, Wilkin County, Minnesota and Richland County, North Dak				
Item	Wilkin County, MN	Richland County, ND		
Community Description	Rural	Rural		
Population	6,454	16,548		
Racial and Ethnic Distribution				
White, non-Hispanic alone	91.9%	89.7%		
American Indian and Alaska Native alone	0.6%	3.2%		
Black or African American alone	0.5%	0.8%		
Asian or Pacific Islander alone	0.1%	0.2%		
Some other race alone	2.0%	1.3%		
Two or more races	3.6%	3.5%		
Hispanic Origin (of any race)	3.6%	3.6%		
Median Household Income	\$67,114	\$67,089		
Persons below Poverty Level	13.5%	11.2%		
Unemployment Rate	2.2%	1.9%		
Percent Population with less than High School Diploma	6.7%	6.5%		
Percent of People 5+ who are Non-English Speaking	0.6%	0.5%		
Percent of People without Health Insurance	5.0%	10.0%		
Percent of People with Medicaid	20.9%	14.2%		
Health Professional Shortage Area	Yes	Yes		
Medically Underserved Area	Yes	No		
Number of Hospitals in the County	1 (CHI St. Francis Health)	0		



## **Hospital Description**

CHI St. Francis Health, a 25-bed critical access hospital in Breckenridge, Minnesota, serves a rural community on the border with North Dakota. Founded in 1899 by the Franciscan Sisters of Little Falls, it remains the sole provider of acute care in the two-county area. The hospital offers emergency services, inpatient care, and surgical procedures.

Beyond acute care, CHI St. Francis Health provides primary and specialty care through clinics, including a primary care walk-in clinic on campus and the Milnor Clinic which is a rural health clinic located in Milnor, ND. It also operates a skilled nursing facility and a senior living facility, namely CHI St. Francis Home and Appletree Court.

The hospital's history is deeply intertwined with the community's spirit of collaboration and faith. In 1899, two Franciscan Sisters, Sister Mary Francis and Sister Mary Rose, arrived in Breckenridge with a vision to build a hospital. Local businessman Ezra G. Valentine, impressed by their faith and dedication, pledged his support, marking the beginning of St. Francis Hospital.

The first building, a 65 x 40 feet structure, was completed in 1899, and the first patient was admitted on November 10<sup>th</sup> of that year. The hospital's growth was fueled by community support and donations, including a significant contribution from James J. Hill, the "Empire Builder" of Great Northern Railroad.

Over the years, CHI St. Francis Health underwent several expansions and renovations, reflecting the evolving needs of the community. A new wing was added in 1924, and a larger, modern facility was built in 1952. The hospital also established a School of Nursing, graduating its first class in 1910. In the latter half of the 20th century, CHI St. Francis Health continued to expand its services, merging with CHI St. Francis Home in 1987 and completing a new health care campus in 2005. Today, CHI St. Francis Health stands as a testament to the enduring legacy of the Franciscan Sisters and the unwavering support of the Breckenridge community.

#### **Assessment Process and Methods**

Community health needs were assessed using a two-pronged analysis approach: secondary data from national and state sources; and primary data gathered from community members during a two-month survey period. CHI St. Francis Health solicited input from community organizations representing health, education, law enforcement, victim advocacy, social services, and the medically underserved to review and validate community health needs at a community input meeting held December 12, 2024.

### Secondary data: community profiles

Community profiles are an integral part of assessing community health needs. To get a complete sense of the community, multiple data sources in an array of social aspects were compiled and analyzed. Data sources include but are not limited to County Health Rankings, the American Community Survey (ACS), the Bureau of Economic Analysis (BEA), and the Centers for Disease Control and Surveillance (CDC). All community data were compared against state and national data for context.

# Primary data: health needs survey and community discussion

To help supplement secondary data sources, community member input was solicited via an online survey and a community input meeting. The online survey was administered using the Qualtrics online survey platform from August 12 to October 16, 2024. The survey was distributed using a QR code for public access that was shared using various online and print media and a survey link was distributed to community stakeholders by CHI St. Francis personnel. At least one public health organization was invited to participate in the distribution of the community survey. The survey tool can be found in Appendix B.

The survey solicited feedback on respondents' perceptions of various issues and topics in six broad categories: people in my community, services in my community, concerns in my community, concerns about violence, medical services, and barriers to care. Survey data were analyzed using widely accepted standard



descriptive statistics, such as measures of mean, median, and frequencies. Priority needs were identified as those issues with the greatest level of consensus among survey respondents. Survey data are reported in a separate section in the report. Detailed results can be found in Appendix C.

#### Community Input

CHI St. Francis Health solicited feedback on survey findings at a community input meeting held December 12, 2024. A presentation that summarized the community profile and highlighted key survey findings was used to report and validate priority needs identified in survey results, and guide discussion of needs and priorities for community health improvement planning. There were 19 attendees, including representatives from:

- Wilkin County Public Health
- Southern Valley Early Childhood
- NDSU Center for Social Research

- Essentia Health
- Breckinridge Police Department
- Wilkin Emergency Management

The hospital invited written comments on the most recent CHNA report and Implementation Strategy, both in the documents and on the website where they are widely available to the public. No written comments have been received.

CHI St. Francis Health collaborated with Essentia Health and Wilkin County Public Health. CHI St. Francis Health contracted with the North Dakota State University Center for Social Research to conduct the CHNA. The Center for Social Research developed community profiles and developed and conducted a community feedback survey that provided the foundation for this needs assessment.

# Assessment Data and Findings

The following sections provide a detailed community profile and survey results.

#### Community Profile

Wilkin County, Minnesota and Richland County, North Dakota are rural counties in the western and southeastern parts of their respective states. Wilkin County is designated as a Health Professional Shortage Area by the United States Health Resources & Services Administration, as are the cities of Hankinson and Lidgerwood in Richland County. The county seat in Wilkin County and largest city is Breckenridge. With 6,454 residents, Wilkin County is Minnesota's 10<sup>th</sup> least populous county. The county seat in Richland County and largest city is Wahpeton. With 16,548 residents, Richland County is North Dakota's ninth most populous county. Both counties are home to proportionally more adults aged 65 and older than their respective states and the United States as a whole. Like most of rural Minnesota and North Dakota, both counties' racial composition is largely white. The median household income and median home value are lower in both counties than they are in their respective states and the nation overall, but so are the costs associated with home rental and ownership. Both counties have a higher percentage of householders aged 65 and older living alone than their respective states and the nation. Wilkin County's poverty rate is higher than both the statewide and national poverty rate, and Richland County's poverty rate is higher than the statewide average but lower than the national average.

Wilkin County has a higher rate of adult smoking and adult obesity than Minnesota and the United States. Richland County's adult obesity rate and adult smoking rate are also higher than the national average, but Richland County's adult smoking rate is on par with the North Dakota average. The adult excessive drinking rate in both counties is slightly lower than statewide rates but slightly higher than the national average. The leading causes of death in 2021 for both counties were malignant neoplasms followed by diseases of the heart. Wilkin County has a slightly lower annual flu shot rate than Minnesota, but a higher annual flu shot rate than the United States. Richland County has a higher annual flu shot rate than both North Dakota and the United States. Both counties have more residents per primary care physician, mental health care provider, and dentist than their respective states and the nation.



Both counties face at least a relatively moderate risk of loss due to riverine flooding, cold, and winter weather. However, Wilkin County's overall risk due to natural hazards is Very Low and Richland County's is Relatively Low. Wilkin County's social vulnerability is rated as Very Low, whereas Richland County's is rated as Relatively Low. Wilkin County's community resilience is rated as Very High and Richland County's is rated as Relatively high. These factors combined give Wilkin County a Very Low National Risk Index Score, which is better than most Minnesota counties and most counties nationally. Richland County has a Relatively Low National Risk Index Score, which is worse than most North Dakota counties and most counties nationally.

#### Community Demographics

Wilkin County, Minnesota is a rural county in western Minnesota. It is bordered in Minnesota by Clay County to the north, Otter Tail County to the east, Grant County to the southeast, and Traverse County to the south; in North Dakota by Richland County to the west. The county seat in Wilkin County and largest city is Breckenridge, which is located in the western part of the county bordering North Dakota. Wilkin County is home to CHI St. Francis Health, a 25-bed Critical Access Hospital located at 2400 St. Francis St., Breckenridge, MN 56520.

Richland County, North Dakota is a rural county in southeastern North Dakota. It is bordered in North Dakota by Cass County to the north, Sargent County to the west, and Ransom County to the northwest; in Minnesota by Clay County to the northeast, Wilkin County to the east, Traverse County to the southeast; and in South Dakota by Roberts County to the south and Marshall County to the southwest. The county seat in Richland County and largest city is Wahpeton, which is located in the eastern part of the county bordering Minnesota.

The American Community Survey's (ACS) most recent five-year estimate of Wilkin County's population is 6,454, making it Minnesota's 10<sup>th</sup> least populous county. Richland County's population is estimated to be 16,548, making it North Dakota's ninth most populous county. About 1 in 5 residents in both counties are under the age of 18 and 1 in 5 are aged 65 and older (Table 2). Both counties' racial composition is largely non-Hispanic white (91.9 percent in Wilkin County and 89.7 percent in Richland County). Less than 1 percent of the population in both counties speaks English less than very well (Table 1). The gender split is skewed slightly male in both counties (53.1 percent male in Wilkin County and 51.5 percent male in Richland County).



Table 2: Population Estimates, Wilkin County, Minnesota, Richland County, North Dakota and the United States, by Age, Race/Ethnicity, and Sex (2022)				
Age Group	Wilkin County Population	Wilkin County Percentages	Minnesota Percentages	United States Percentages
0-4	372	5.8%	6.0%	5.7%
5-17	1,026	15.9%	17.0%	16.4%
18-24	541	8.4%	9.0%	9.4%
25-44	1,486	23.0%	26.4%	26.6%
45-64	1,809	28.0%	25.1%	25.3%
65 and older	1,220	18.9%	16.5%	16.5%
Total	6,454	100.0%	100.0%	100.0%
Race and Ethnicity*	•			
White, non-Hispanic alone	5,932	91.9%	77.7%	58.9%
American Indian and Alaska Native	36	0.6%	0.9%	0.8%
Black or African American alone	31	0.5%	6.7%	12.5%
Asian or Pacific Islander alone	4	0.1%	5.0%	6.0%
Some other race alone	132	2.0%	2.3%	6.0%
Two or more races	233	3.6%	5.3%	8.8%
Hispanic Origin (of any race)	233	3.6%	5.7%	18.7%
Sex				
Female	3,028	46.9%	49.8%	50.4%
Male	3,426	53.1%	50.2%	49.6%
	Richland	Richland	North Dakota	United States
Age Group	Population	Percentages	Percentages	Percentages
0-4	974	5.9%	6.7%	5.7%
5-17	2,628	15.9%	16.9%	16.4%
18-24	2,257	13.6%	11.3%	9.4%
25-44	3,617	21.9%	27.1%	26.6%
45-64	3,922	23.7%	22.2%	25.3%
65 and older	3,150	19.0%	15.9%	16.5%
Total	16,548	100.0%	100.0%	100.0%
Race and Ethnicity*				
White, non-Hispanic alone	14,837	89.7%	83.0%	58.9%
American Indian and Alaska Native	523	3.2%	4.7%	0.8%
Black or African American alone	138	0.8%	3.2%	12.5%
Asian or Pacific Islander alone	25	0.2%	1.8%	6.0%
Some other race alone	216	1.3%	1.4%	6.0%
Two or more races	573	3.5%	4.4%	8.8%
Hispanic Origin (of any race)	598	3.6%	4.3%	18.7%
Sex				
Female	8,021	48.5%	48.6%	50.4%
Male	8,527	51.5%	51.4%	49.6%

<sup>\*</sup>Overlapping racial/ethnic categories mean that the percentages will not total to 100% of the population. Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.



Estimates from the ACS indicate that there are 2,667 households in Wilkin County with an average of 2.4 persons per household and 6,781 households in Richland County with an average 2.2 persons per household. The median household income is \$67,114 in Wilkin County and \$67,089 in Richland County; both are lower than the median household income in their respective states and nationally (Table 3). Eighty percent of households in Wilkin County and 69.2 percent of households in Richland County are owner-occupied. Median owner costs are \$1,254 per month including the mortgage in Wilkin County and \$1,385 per month in Richland County. Median rent is \$549 per month in Wilkin County and \$725 per month in Richland County. Both median owner costs and median rent are lower in both counties than in their respective states and nationally.

Table 3: Household Demographics, Wilkin County, Minnesota, Richland County, North Dakota and the United States (2022)				
Indicator	Wilkin County	Minnesota	United States	
Total households	2,667	2,256,126	125,736,353	
Owner-occupied housing rate	80.4%	72.3%	64.8%	
Average household size (persons per household)	2.4	2.5	2.6	
Median value of owned-occupied housing	\$169,100	\$286,800	\$281,900	
Median monthly owner costs (with mortgage)	\$1,254	\$1,818	\$1,828	
Median monthly owner costs (without mortgage)	\$496	\$639	\$584	
Median gross rent	\$549	\$1,178	\$1,268	
Median household income	\$67,114	\$84,313	\$75,149	
Indicator	Richland County	North Dakota	United States	
maroator				
Total households	6,781	320,038	125,736,353	
			125,736,353 64.8%	
Total households	6,781	320,038		
Total households Owner-occupied housing rate	6,781 69.2%	320,038 63.2%	64.8%	
Total households Owner-occupied housing rate Average household size (persons per household)	6,781 69.2% 2.2	320,038 63.2% 2.3	64.8% 2.6	
Total households Owner-occupied housing rate Average household size (persons per household) Median value of owned-occupied housing	6,781 69.2% 2.2 \$164,500	320,038 63.2% 2.3 \$232,500	64.8% 2.6 \$281,900	
Total households Owner-occupied housing rate Average household size (persons per household) Median value of owned-occupied housing Median monthly owner costs (with mortgage)	6,781 69.2% 2.2 \$164,500 \$1,385	320,038 63.2% 2.3 \$232,500 \$1,653	64.8% 2.6 \$281,900 \$1,828	
Total households Owner-occupied housing rate Average household size (persons per household) Median value of owned-occupied housing Median monthly owner costs (with mortgage) Median monthly owner costs (without mortgage)	6,781 69.2% 2.2 \$164,500 \$1,385 \$520	320,038 63.2% 2.3 \$232,500 \$1,653 \$551	64.8% 2.6 \$281,900 \$1,828 \$584	



Nearly 1 in 3 households in both counties are occupied by householders living alone. About 1 in 4 households in both counties have children in residence (Table 4). The percentages of householders living alone and householders aged 65 and older living alone are higher in Wilkin County than in Minnesota and nationally. The percentage of householders aged 65 and older living alone is also higher in Richland County than in North Dakota or nationally; but the overall percentage of householders living alone is similar to the North Dakota average.

Table 4: Household Characteristics, Wilkin County, Minnesota, Richland County, North Dakota and the United States (2022)						
Household Characteristics	Wilkin County Households	Percent of Wilkin County Households*	Percent of Minnesota Households*	Percent of United States Households*		
Households with children age 0-17	759	28.5%	29.4%	30.2%		
Households with adults age 65+	756	28.3%	29.0%	30.8%		
Householders living alone	846	31.7%	29.1%	28.3%		
Householders age 65+ living alone	388	14.5%	11.8%	11.5%		
Household Characteristics	Richland County Households	Percent of Richland County Households*	Percent of North Dakota Households*	Percent of United States Households		
Households with children age 0-17	1,756	25.9%	27.8%	30.2%		
Households with adults age 65+	2,181	32.2%	26.7%	30.8%		
Householders living alone	2,175	32.1%	33.2%	28.3%		
Householders age 65+ living alone	979	14.4%	11.8%	11.5%		
*Overlanning household characteristics mean that	*Overlapping household characteristics mean that the percentages of households will not total to 100% of the total number of households.					

Estimates from the ACS indicate that there are 3,198 adults in the workforce in Wilkin County and 8,509 in Richland County. The largest three industries in both counties by percentage of the workforce employed are education services, health care, and social assistance; agriculture, forestry, fishing, hunting, and mining; and manufacturing, which account for 23.2 percent, 11.9 percent, and 11.0 percent, respectively for Wilkin County and 26.8 percent, 11.1 percent, and 14.4 percent, respectively for Richland County (Table 5).

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table 5: Employment by Industry, Wilkin County, Richland County, (2022)				
	Wilkin County			
Sector	Estimated Workers	Percent of Workforce		
Educational services, health care, and social assistance	742	23.2%		
Agriculture, forestry, fishing, hunting and mining	382	11.9%		
Manufacturing	352	11.0%		
Professional, scientific, and management, and administrative and waste management services	275	8.6%		
Retail	275	8.6%		
Construction	251	7.8%		
Other	921	28.8%		
Total workforce	3,198	100.0%		



	Richland County	
Sector	Estimated Workers	Percent of Workforce
Educational services and health care, and social assistance	2,140	26.8%
Manufacturing	1,198	14.4%
Agriculture, forestry, fishing, hunting and mining	962	11.1%
Retail	921	9.5%
Arts, entertainment, recreation, and accommodation and food service	608	7.3%
Construction	540	5.5%
Professional, scientific, technical and administrative services	502	6.6%
Other	1,638	19.3%
Total workforce	8,509	100.0%
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.		

The poverty rate in Wilkin County is 13.5 percent, which is higher than the poverty rate in Minnesota overall (9.3 percent) and nationally (12.5 percent) (Table 6). The poverty rate in Richland County is 11.2 percent, which is higher than North Dakota overall (10.8 percent) but lower than the national average (Table 10). About 1 in 10 (11.7 percent) children in Wilkin County live below the poverty line compared to 10.9 percent in Minnesota and 16.7 percent nationally. One-third (33.7 percent) of school-aged children in Wilkin County are eligible for free or reduced-price school lunch, which is higher than Minnesota overall (31.5 percent) but lower than the national average (50.8 percent). Less than 1 in 10 (8.9 percent) children in Richland County live below the poverty line, compared to 11.3 percent in North Dakota. About 1 in 5 (22.5 percent) school-aged children are eligible for free or reduced-price school lunch in Richland County, which is similar to the North Dakota average (23.2 percent).

Table 6: Poverty Characteristics, Wilkin County, Minnesota, Richland County, North Dakota and the United States (2022)				
Wilkin County Estimate	Wilkin County Percent*	Minnesota Percent*	United States Percent*	
856	13.5%	9.3%	12.5%	
1,829	28.9%	22.4%	28.8%	
160	11.7%	10.9%	16.7%	
210	18.5%	7.9%	7.9%	
366	33.7%	31.5%	50.8%	
Richland County Estimate	Richland County Percent*	North Dakota Percent*	United States Percent*	
1,705	11.2%	10.8%	12.5%	
4,283	28.1%	24.7%	28.8%	
319	8.9%	11.3%	16.7%	
275	9.1%	9.1%	10.0%	
514	22.5%	23.2%	50.8%	
	Wilkin County Estimate  856  1,829  160  210  366  Richland County Estimate  1,705  4,283  319  275  514	Wilkin County Estimate         Wilkin County Percent*           856         13.5%           1,829         28.9%           160         11.7%           210         18.5%           366         33.7%           Richland County Estimate         Richland County Percent*           1,705         11.2%           4,283         28.1%           319         8.9%           275         9.1%           514         22.5%	Wilkin County Estimate         Wilkin County Percent*         Minnesota Percent*           856         13.5%         9.3%           1,829         28.9%         22.4%           160         11.7%         10.9%           210         18.5%         7.9%           366         33.7%         31.5%           Richland County Estimate         Richland County Percent*         1.705         11.2%         10.8%           4,283         28.1%         24.7%           319         8.9%         11.3%           275         9.1%         9.1%	

year estimates; 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.



Most residents in both counties aged 25 and older have at least some college experience (62.5 percent in Wilkin County and 68.9 percent in Richland County). About 1 in 4 (24.2 percent in Wilkin County and 24.0 percent in Richland County) have attained a bachelor's degree or higher – percentages which are lower than in either state and the nation (38.2 in Minnesota, 31.4 percent in North Dakota, and 38.2 percent in the United States have at least a bachelor's degree). Fewer than one in 10 residents ages 25 and older did not complete high school (6.7 percent in Wilkin County and 6.5 percent in Richland County) (Table 7).

Table 7: Educational Attainment for Persons Aged 25 and Older, Wilkin County, Minnesota, Richland County, North Dakota and the United States (2022)					
Level of Education Attained	Wilkin County Estimate	Wilkin County Percent of Population 25 and Older	Minnesota Percent of Population 25 and Older	United States Percent of Population 25 and Older	
Less than high school	301	6.7%	6.3%	10.9%	
High school diploma or GED	1,391	30.8%	23.7%	26.4%	
Some college or Associate's degree	1,730	38.3%	31.8%	28.5%	
Bachelor's degree	847	18.8%	24.9%	20.9%	
Graduate or professional degree	246	5.4%	13.3%	13.4%	
Total population aged 25 and older	4,515	100.0%	100.0%	100.0%	
	Richland County	Richland County Percent of Population	North Dakota Percent of Population 25	United States Percent of Population 25	
Level of Education Attained	Estimate	25 and Older	and Older	and Older	
Less than high school	694	6.5%	6.5%	10.9%	
High school diploma or GED	2,628	24.6%	26.1%	26.4%	
Some college or Associate's degree	4,804	44.9%	36.0%	28.5%	
Bachelor's degree	2,030	19.0%	22.3%	20.9%	
Graduate or professional degree	533	5.0%	9.1%	13.4%	
Total population aged 25 and older	10,689	100.0%	100.0%	100.0%	
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.					

#### Community Health Factors and Outcomes

As of 2021, Wilkin County had a higher prevalence of adult cigarette smokers than Minnesota overall; 18 percent in Wilkin County compared to 14 percent in Minnesota and 15 percent nationally (Table 8). Richland County's prevalence of adult smokers was 16 percent, which is the same as in North Dakota overall. The adult obesity rate in Wilkin County (39 percent) is higher than in Minnesota (32 percent) and the nation (34 percent). In Richland County, the adult obesity rate is 40 percent, which is higher than the rate in North Dakota (36 percent). Adults in Wilkin County are slightly more likely to report a lack of physical activity outside of work (23 percent) than in Minnesota overall (20 percent), but are on par with the national average (23 percent). In Richland County and in North Dakota overall, 25 percent of adults reported a lack of physical activity outside of work. Although the percentage of adults who reportedly engage in excessive drinking is slightly lower in Wilkin County than it is in Minnesota (20 percent and 21 percent, respectively), it is higher than the national average (18 percent). In Richland County, 22 percent of adults reported engaging in excessive drinking, which is slightly lower than North Dakota overall (23 percent). The prevalence of Wilkin County residents reporting poor mental health days in the past month is slightly higher than the Minnesota prevalence (4.5 days and 4.3 days per month, respectively), and slightly lower than the national average (4.8 days per month). In Richland County, residents reported an average of 3.6 poor mental health days in the past month, compared to 4.0 in North Dakota overall.



Table 8: Health Behaviors, Wilkin County, Minnesota, Richland County, North Dakota and the United States (2021)					
Health Behavior	Wilkin County	Minnesota	United States		
Adult Smoking	18%	14%	15%		
Adult Obesity	39%	32%	34%		
Adult Excessive Drinking	20%	21%	18%		
Alcohol-Impaired Driving Deaths	29%	30%	26%		
Physical Inactivity <sup>1</sup>	23%	20%	23%		
Access to Exercise Opportunities <sup>2</sup>	57%	86%	84%		
Poor Mental Health Days <sup>3</sup>	4.5	4.3	4.8		
Health Behavior	Richland County	North Dakota	United States		
Adult Smoking	16%	16%	15%		
Adult Obesity	40%	36%	34%		
Adult Excessive Drinking	22%	23%	18%		
Alcohol-Impaired Driving Deaths	35%	39%	26%		
Physical Inactivity <sup>1</sup>	25%	25%	23%		
Access to Exercise Opportunities <sup>2</sup>	62%	76%	84%		
Poor Mental Health Days <sup>3</sup>	3.6	4.0	4.8		

Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.

The top two leading causes of death for residents under age 75 in both counties were malignant neoplasms and diseases of the heart (Table 9). COVID-19 was the next leading cause of death in Wilkin County and accidents and COVID-19 were the next leading causes of death in Richland County. Life expectancy in Wilkin County is 76.8 years, which is lower than Minnesota (79.7 years) and the nation (77.6 years) In Richland County, life expectancy is 80.7 years, which is higher than North Dakota (78.1 years) and the nation overall (County Health Rankings & Roadmaps, 2024).

Table 9: Leading Causes of Death for Residents Under Age 75, in Wilkin County, MN and Richland County, ND (2019-2021)

	Wilkin County, MN			Richl	and County, ND
Course of Dooth	Dootho	Rate Per 100,000	Course of Dooth	Dootho	Rate Per 100,000
Cause of Death	Deaths	Population <75	Cause of Death	Deaths	Population <75
Malignant Neoplasms*	18	Unreliable*	Malignant Neoplasms*	45	100.6
Diseases of the heart*	16	Unreliable*	Diseases of the heart*	37	82.8
COVID-19*	13	Unreliable*	Accidents	21	47
			COVID-19*	12	Unreliable*

Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.

\*Crude rates per 100,000 population under 75 are unreliable due to the small number of deaths.

The rate of people under age 65 without health insurance in both counties is similar to their respective statewide rates (5 percent in Wilkin County and Minnesota, 10 percent in Richland County, and 9 percent in North Dakota) but the uninsured rate in Wilkin County is lower than the national average (10 percent) (Table 10). One in five (20.9 percent) residents in Wilkin County are covered by Medicaid or equivalent means-tested public coverage, which is a higher rate than both Minnesota (17.8 percent) and the United States overall (20.4

<sup>&</sup>lt;sup>1</sup>Physical Inactivity refers to the percent of adults who report participating in no physical activity outside of work.

<sup>&</sup>lt;sup>2</sup>Access to Exercise Opportunities refers to the percent of adults who report living close to a park or recreation facility.

<sup>&</sup>lt;sup>3</sup>The average number of self-reported mentally unhealthy days in the past 30 days.



percent). In Richland County, 14.2 percent of residents are covered by Medicaid or equivalent, compared to 11.9 percent in North Dakota.

The flu vaccination rate in Wilkin County is 52 percent, which is one percentage point lower than Minnesota overall (53 percent) but six percentage points higher than the national average (46 percent). In Richland County, the annual flu vaccination rate (59 percent) is substantially higher than North Dakota overall (49 percent) and the nation (46 percent).

The Food Environment Index (FEI) is a measure of food security and access to healthy foods with a ranking system ranging from 0 (worst) to 10 (best). Wilkin County's FEI score was 8.6, which is lower than Minnesota's score of 9.1 but higher than the national score of 7.7. Richland County's FEI score was 9.3, which is higher than North Dakota's overall score of 9.1 and the national score.

Table 10: Other Health Factors, Wilkin County, Minnesota, Richland County, North Dakota and the United States					
Description of Factor	Wilkin County	Minnesota	United States		
Uninsured Rate, 2021	5%	5%	10%		
Medicaid Coverage, 2022	20.9%	17.8%	20.4%		
Unemployment Rate, 2022	2.2%	2.7%	3.7%		
Low Birthweight Rate, 2016-2022	5%	7%	8%		
Annual Mammogram Rate, 2021 <sup>1</sup>	50%	52%	43%		
Annual Flu Shot Rate, 2021 <sup>2</sup>	52%	53%	46%		
Food Environment Index, 2019-2021 <sup>3</sup>	8.6	9.1	7.7		
Description of Factor	Richland County	North Dakota	United States		
Uninsured Rate, 2021	10%	9%	10%		
Medicaid Coverage, 2022	14.2%	11.9%	20.4%		
Unemployment Rate, 2022	1.9%	2.1%	4%		
Low Birthweight Rate, 2016-2022	6%	7%	8%		
Annual Mammogram Rate, 2021 <sup>1</sup>	53%	53%	43%		
Annual Flu Shot Rate, 2021 <sup>2</sup>	59%	49%	46%		
Food Environment Index, 2019-2021 <sup>3</sup>	9.3	9.1	7.7		

Sources: U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) program, 2021; 2018-2022 American Community Survey (ACS) 5-year estimates; The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics, 2022; Map the Meal Gap, Feeding America, 2021; The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2021 

¹Percentage of female Medicare enrollees who received an annual mammogram. ²Percent of Medicare enrollees who received an annual flu shot. 
³The Food Environment Index is a measure of food environment that combines food insecurity rates with rates of access to healthy foods. It is scored on a scale from 0 (worst) to 10 (best).

The ratio of Wilkin County and Richland County residents to health care providers is much higher than the ratio of residents to providers in both states and the nation. Of particular note is the ratio of residents to primary care physicians in Wilkin County (3,200:1), the ratio of residents to dentists in Wilkin County (3,180:1), and the ratio of residents to mental health care providers in Richland County (3,310:1) (Table 11). Wilkin County and several communities in Richland County are designated as a Health Professional Shortage Area (HPSA) and Wilkin County is designated as a Medically Underserved Area (MUA) by the United States Health Resources & Services Administration. No other hospitals are located in Wilkin or Richland counties.



Table 11: Number of Residents Per Health Care Provider in Wilkin County, Minnesota, Richland County, North Dakota and the United States			
Type of Provider	Wilkin County	Minnesota	United States
Primary Care Physicians, 2021	3,200:1	1,130:1	1,330:1
Mental Health Care Providers, 2024	370:1	280:1	300:1
Dentists, 2022	3,180:1	1,290:1	1,360:1
Type of Provider	Richland County	North Dakota	United States
Primary Care Physicians, 2021	2,070:1	1,290:1	1,330:1
Mental Health Care Providers, 2024	3,310:1	420:1	300:1
Dentists, 2022 1,510:1 1,420:1 1,360:1		,	
Sources: Health Resources & Services Administration, Area Health Resource Files; CMS, National Provider Identification Registry.			

#### National Risk Index

The Federal Emergency Management Agency (FEMA) administers the National Risk Index (NRI), a dataset and tool that estimates the risk level for natural disasters at the county level. A county's Risk Index is calculated using three metrics: Expected Annual Loss, Social Vulnerability, and Community Resilience. A community's exposure to and ability to cope with hazardous conditions can have a substantial impact on factors that inform community health outcomes, such as the strain on that community's health care system and its ability to make sure that residents have access to essential goods and services in times of crisis.

Overall, Wilkin County's NRI rating is Very Low and Richland County's NRI rating is Relatively Low. This indicates a strong general preparedness for and ability to recover from natural and manmade hazards in Wilkin County, and a fairly strong general preparedness in Richland County. One-fifth (20.7 percent) of Minnesota counties have a lower NRI score than Wilkin County, but 94.3 percent of North Dakota counties have a lower NRI score than Richland County. Nearly one-fifth (16.8 percent) of counties nationally have a lower score than Wilkin County, but 76.9 percent of counties nationally have a lower score than Richland County (Table 12).

Table 12: National Risk Index Percentiles for Wilkin County, Minnesota, Richland County, North Dakota and United States (2024)		
	Wilkin County	
Index	Percentile within Minnesota	U.S. Percentile
Expected Annual Loss	25.3	22.3
Social Vulnerability	36.8	14.7
Community Resilience	17.2	78.3
National Risk Index	20.7	16.8
	Richland Co	unty
Index	Percentile within North Dakota	U.S. Percentile
Expected Annual Loss	96.2	80.1
Social Vulnerability	71.7	22.6
Community Resilience	69.8	76.9
National Risk Index	94.3	76.9

Note: The Risk Index can be read as "20.7% of counties in Minnesota have a lower Risk Index than Wilkin County; 16.8% of U.S. counties have a lower Risk Index than Wilkin County."

Sources: FEMA, National Risk Index; CDC/ATSDR Social Vulnerability Index 2022; University of South Carolina's Hazards and Vulnerability Research Institute (HVRI)'s Baseline Resilience Indicators for Communities (HVRI BRIC).



#### **Expected Annual Loss**

Expected Annual Loss (EAL) scores are calculated by combining a community's exposure to natural hazards, annualized frequency of hazards, and the historic loss ratio for various natural hazards. Wilkin County's overall EAL is rated as Very Low overall on a five-point scale: Very Low, Relatively Low, Relatively Moderate, Relatively High, and Very High (NRI 2024). Richland County's EAL is rated as Relatively Low. Wilkin County faces relatively moderate winter weather and cold wave hazards; expected annual losses caused by riverline flooding, cold wave, and winter weather are rated as relatively moderate. Richland County faces very high winter weather and cold wave hazards and relatively high riverline flooding hazards; expected annual losses caused by these hazards are also very high, very high, and relatively high, respectively. Wilkin County's EAL is higher than 25.3 percent of Minnesota counties and 22.3 percent of counties nationally, and Richland County's EAL is higher than 96.2 percent of North Dakota counties and 80.1 percent of counties nationally.

#### **Social Vulnerability Index**

Social vulnerability is a concept related to a community's ability to prepare for and respond to hazardous events. A community's social vulnerability is gauged using the Social Vulnerability Index (SVI) (ATSDR) (CDC, 2024): an aggregated index of 16 socioeconomic factors categorized into four themes: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type/transportation. SVI is a nationally recognized measure of a location's social vulnerability, and therefore its ability to prepare for and respond to disasters. While the SVI technically is a measure of ability to respond to natural disasters and aid emergency planning, the index is an accepted tool to gauge overall community socioeconomic well-being. A higher SVI indicates a higher vulnerability to hazard.

Wilkin County's SVI is rated Very Low and Richland County's SVI is rated Relatively Low. Wilkin County has a higher SVI than 36.8 percent of Minnesota counties and 14.7 percent of counties nationally, whereas Richland County has a higher SVI than 71.7 percent of North Dakota counties and 22.6 percent of counties nationally. For a more thorough breakdown of SVI for both counties, see Appendix A.

#### **Community Resilience**

A community's Community Resilience score is defined as its ability to prepare for, withstand, and recover from hazardous events (Cutter et al. 2014). Categories considered in the compilation of scores include Human Well-Being, Economy, Infrastructure, Governance, Community Capacity, and Environment. Wilkin County's Community Resilience ranking is Very High and Richland County's is Relatively High. Wilkin County has higher community resilience than 17.2 percent of Minnesota counties and 78.3 percent of counties nationally, whereas Richland County has a higher community resilience than 69.8 percent of North Dakota counties and 76.9 percent of counties nationally. Community resilience indicators suggest that both counties are well-prepared to respond to hazardous events.



#### Community Health Survey Analysis

The survey solicited feedback on respondents' perceptions of various issues and topics in six broad categories: people in my community, services in my community, concerns in my community, concerns about violence, medical services, and barriers to care. Survey data were analyzed using widely accepted standard descriptive statistics, such as measures of mean, median, and frequencies. Priority needs were identified as those issues with the greatest level of consensus among survey respondents. Detailed survey findings can be found in Appendix C.

#### Respondent Demographics

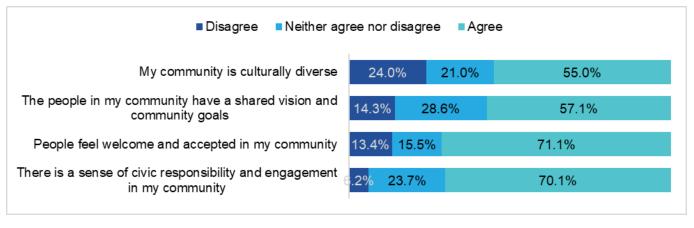
There were 101 people who responded to the CHI St. Francis Health CHNA survey, with 45 percent from North Dakota and 55 percent from Minnesota. The mean age of respondents was 45 years and 89 percent of respondents were female. Ninety-three percent of respondents identified as white and 6 percent identified as American Indian or Alaska Native (respondents were allowed to select more than one race). Five percent of respondents identified as Hispanic or Latino.

One-third (32 percent) of respondents had an associate's degree and 29 percent had a bachelor's degree. Fifty-eight percent of respondents had an annual household income of \$75,000 or more and 78 percent were employed full-time.

#### **Findings**

Respondents were generally positive about people in their community; 71 percent agreed that people feel welcome and accepted in their community and 70 percent agreed that there is a sense of civic responsibility and engagement in their community. Fifty-seven percent of respondents agreed that the people in their community have a shared vision and community goals while 29 percent neither agreed nor disagreed with this statement. While one quarter (24 percent) of respondents disagreed when asked if their community is culturally diverse, 55 percent agreed with this statement (Figure 1).

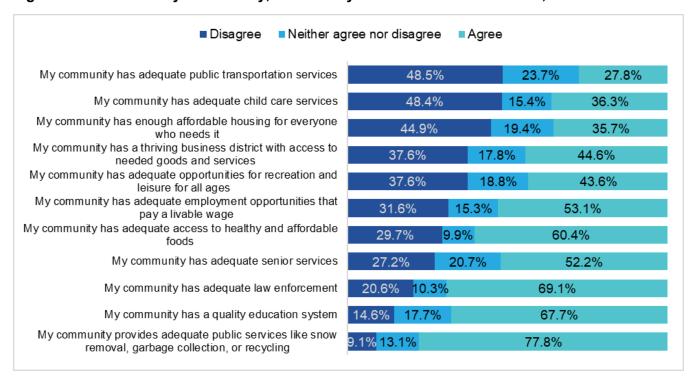
Figure 1: People in My Community, Community Health Needs Assessment, 2024



Respondent n: 97-100.

While more than three-quarters (78 percent) of respondents agreed that their community has adequate public services (such as snow removal), respondents were less positive when asked about social services. Forty-nine percent of respondents disagreed when asked if their community has adequate public transportation services and 48 percent disagreed that their community has adequate child care services. Forty-five percent of respondents disagreed their community has enough affordable housing for everyone who needs it, 38 percent disagreed their community has a thriving business district, and 38 percent disagreed that there are adequate opportunities for recreation and leisure for all ages (Figure 2).

Figure 2: Services in My Community, Community Health Needs Assessment, 2024



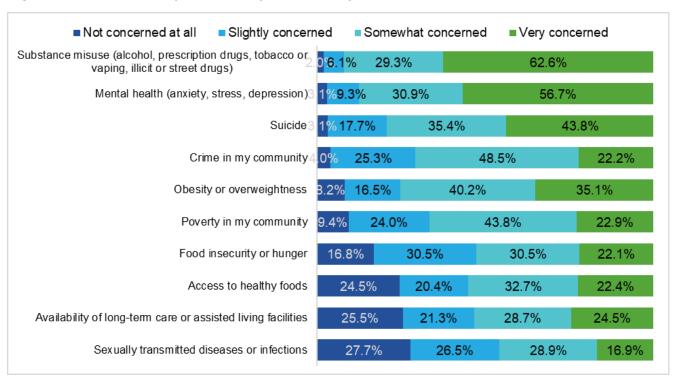
Respondent n: 91-101.



Nearly all respondents indicated they are concerned about substance misuse, mental health, and suicide in their community. Nearly two-thirds of respondents are very concerned about substance misuse and 29 percent are somewhat concerned about this issue. Likewise, 57 percent of respondents are very concerned about mental health issues (anxiety, stress, depression) and 31 percent are somewhat concerned about these issues. Forty-four percent of respondents are very concerned about suicide and 35 percent are somewhat concerned about this issue (Figure 3).

Fewer respondents said they are very concerned about sexually transmitted diseases, the availability of long-term care, poverty, and food security in their community. While fewer respondents are very concerned about crime (22 percent), nearly half (49 percent) are somewhat concerned about this issue. Comparatively, fewer respondents are concerned about sexually transmitted diseases or infections (STIs); 28 percent said they are not concerned at all about this issue. Similarly, 26 percent are not concerned at all about the availability of long-term care or assisted living facilities. While 25 percent of respondents indicated they are not concerned at all about access to healthy foods in their community, 75 percent of respondents are at least somewhat concerned about obesity.

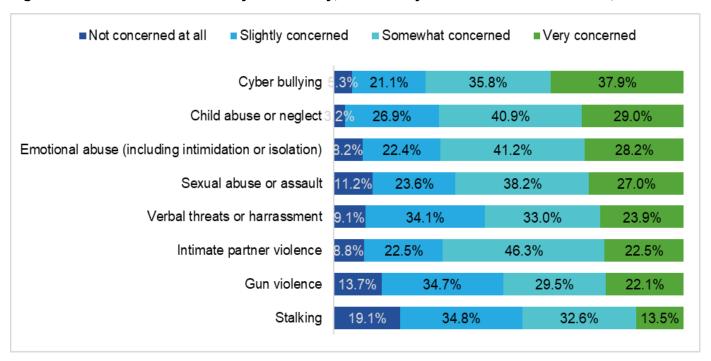
Figure 3: Concerns in My Community, Community Health Needs Assessment, 2024



Respondent n: 83-99.

When asked about concerns around violence in their community, respondents expressed the most concern around cyber bullying (38 percent are very concerned and 36 percent are somewhat concerned). Fewer respondents are very concerned about child abuse or neglect; 29 percent are very concerned, 41 percent are somewhat concerned, and 27 percent are slightly concerned. Respondents are least concerned with stalking; 14 percent of respondents are very concerned and 19 percent are not concerned at all about stalking in their community (Figure 4).

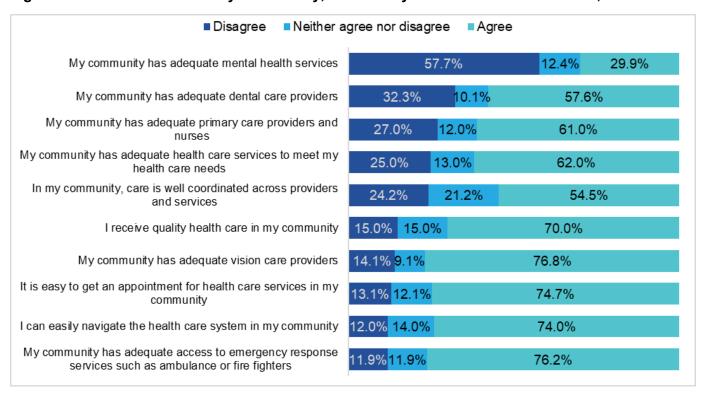
Figure 4: Violence Concerns in My Community, Community Health Needs Assessment, 2024



Respondent n: 80-95.

When asked about medical services in their community, respondents were generally positive about many elements of the health care system. About three-fourths of respondents agreed their community has adequate vision care providers, adequate access to emergency response services (such as an ambulance), that it is easy to get an appointment for health care services, and that it is easy to navigate the health care system in their community. Seventy percent agreed that they receive quality health care in their community. However, 58 percent of respondents disagreed that their community has adequate mental health services and one-third (32 percent) disagreed their community has adequate dental care providers (Figure 5).

Figure 5: Medical Services in My Community, Community Health Needs Assessment, 2024

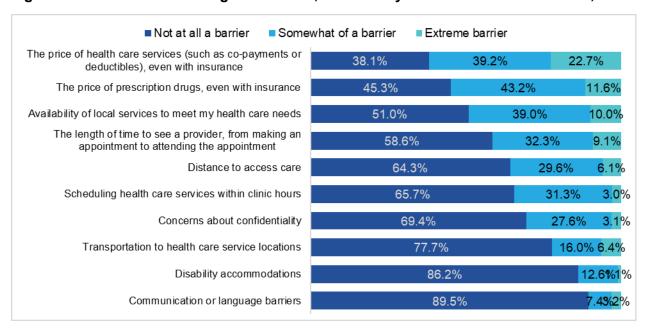


Respondent n: 97-101.



Most respondents indicated there are few barriers to accessing health care services in their community; however, cost is a factor for some. Sixty-two percent of respondents said the price of health care services, even with insurance, is at least somewhat of a barrier to accessing health care and 55 percent said prescription drug prices are at least somewhat of a barrier to accessing health care. Just under half (49 percent) of respondents indicated the availability of local services to meet their health needs is at least somewhat of a barrier. Most respondents indicated that communication (90 percent) and disability accommodations (86 percent) are not at all barriers to accessing health care (Figure 6).

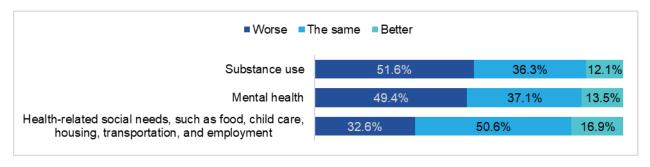
Figure 6: Barriers to Accessing Health Care, Community Health Needs Assessment, 2024



Respondent n: 87-100.

Respondents were asked about the issues that were identified as priority community health needs in the previous CHNA conducted in 2022, and if those issues have improved, stayed the same, or worsened. About half of respondents indicated that substance use (52 percent) and mental health (49 percent) have worsened. A similar percentage (51 percent) indicated that health-related social needs are about the same since 2022, while one-third (33 percent) indicated they have worsened (Figure 7).

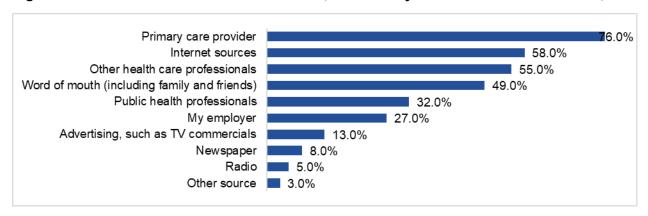
Figure 7: Perceptions of Previous CHNA Issues, Community Health Needs Assessment, 2024



Respondent n: 89-91.

Most respondents had an annual physical (81 percent), a dental exam (78 percent), eye exam (76 percent), or vaccination (72 percent) in the past 12 months (Appendix C). While 86 percent of respondents said they have a primary care doctor, 76 percent said their source for health information is their primary care provider. Fifty-eight percent said they obtain their health information from internet sources and 55 percent indicated their source of health care information is other health care professionals. Forty-nine percent of respondents indicated their source of health information is friends, family, and other word of mouth sources (Figure 8).

Figure 8: Sources of Health Care Information, Community Health Needs Assessment, 2024



Respondent n: 100. Respondents were permitted to select more than one response.

Seventy-nine percent of respondents have health insurance coverage through an employer, while 18 percent of respondents' health care coverage is through a government program such as Medicaid or Medicare. A similar percentage (16 percent) said they have private health insurance (Appendix C).

Ten percent of respondents have moved to their community in the past year. When asked about challenges related to moving to a new community, 30 percent of respondents indicated finding child care was very difficult. However, 60 percent of respondents found enrolling children in school not difficult at all. Finding a job was at least slightly difficult for about half (56 percent) of respondents, and finding health care and housing were at least slightly difficult for 70 percent and 63 percent of respondents, respectively (Figure 9).

Figure 9: Difficulty Rating of Newcomer Tasks, Community Health Needs Assessment, 2024

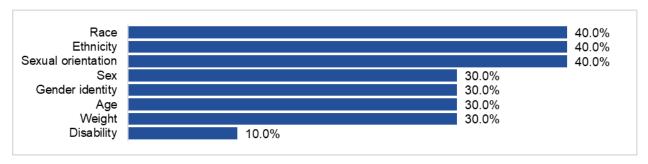


Respondent n: 8-10.



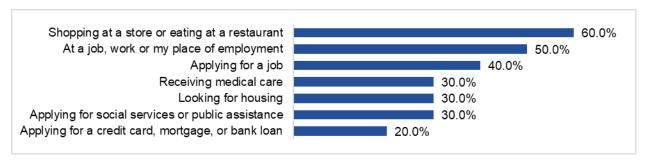
When respondents that recently moved to the community were asked if they had experienced discrimination in the past 12 months, one in ten respondents said yes. Respondents most frequently cited discrimination based on race, ethnicity, and sexual orientation (40 percent each) (Figure 10). Sixty percent of respondents said they were discriminated against while shopping at a store or eating at a restaurant; 50 percent said they were discriminated against at their job (Figure 11).

Figure 10: Areas of Discrimination, Community Health Needs Assessment, 2024



Respondent n: 10.

Figure 11: Situations of Discrimination, Community Health Needs Assessment, 2024



Respondent n: 10.

## Significant Community Health Needs

Based on analysis of survey data the following issues were identified as issues with the greatest degree of consensus among survey respondents. Secondary data are provided in support of these findings where appropriate.

• Mental health (anxiety, stress, depression). A majority of respondents (88 percent) are concerned about mental health in their community; 57 percent are very concerned and 31 percent are somewhat concerned. Further, 58 percent of respondents disagreed when asked if their community has adequate mental health services. While the ratio of residents per mental health care provider is similar in Wilkin County (370:1) to Minnesota overall (280:1), the ratio of residents per mental health care provider is substantially higher (worse) in Richland County (3,310:1) than in North Dakota (420:1). The average number of self-reported poor mental health days per month is slightly higher in Wilkin County (4.5 days) than in Richland County (3.6 days). However, both are similar to their respective statewide averages, 4.3 days in Minnesota and 4.0 days in North Dakota. Mental health was identified as a priority health need in the previous CHNA conducted in 2022. When asked if issues related to mental health have changed since 2022, 14 percent of respondents said they have improved.

# COMMUNITY HEALTH NEEDS ASSESSMENT

- Substance misuse. Nearly all respondents (98 percent) are at least slightly concerned about substance misuse in their community (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs); 63 percent are very concerned. The adult excessive drinking rates in Wilkin and Richland counties (20 and 22 percent, respectively) are similar to their respective state averages (21 percent in Minnesota and 23 percent in North Dakota), but higher than the national average of 18 percent. Substance misuse was also identified as a priority health need in 2022. When asked if issues related to substance misuse have changed since 2022, 52 percent of respondents indicated substance misuse has worsened and 12 percent said it has improved.
- Child care, child abuse, cyber bullying. Nearly half (48 percent) of respondents disagreed that their community has adequate child care services. Further, 40 percent of newcomers to the community indicated that it was either very difficult or somewhat difficult to find child care. Respondents were also concerned about child abuse or neglect and cyber bullying. Nearly all respondents are at least slightly concerned about child abuse or neglect; 29 percent are very concerned. Nearly all respondents are at least slightly concerned about cyber bullying; 38 percent are very concerned. Health related social needs such as food, child care, housing, transportation, and employment were identified as priority health needs in the previous CHNA in 2022. One-third of respondents indicated that social health needs have worsened since 2022 and half indicated there has been no change.
- Community services. When asked about various community services, respondents were generally
  positive. Respondents most frequently cited public transportation, child care, and affordable housing as
  inadequate in their community. Nearly half of respondents disagreed when asked if their community
  has adequate affordable housing (45 percent), child care services (48 percent), and public
  transportation services (49 percent).
- Barriers to accessing health care. The cost of health care services, prescription medications, and the availability of local health care services were most frequently identified as barriers to health care. Respondents most frequently (62 percent) cited the price of health care services, even with insurance, as a barrier to health care; 39 percent said it is somewhat of a barrier and 23 percent said it is an extreme barrier. Fifty-five percent of respondents indicated the cost of prescription drugs, even with health insurance, is at least somewhat of a barrier to care; 12 percent said it was an extreme barrier. The median household income in Wilkin County (\$64,447) is substantially lower than the median in Minnesota (\$84,313) and the nation (\$75,149). The median household income in Richland County (\$67,089) is also less than the median in North Dakota (\$73,959) and the nation (\$75,149).

During the December 12, 2024 community input meeting, attendees discussed survey findings, whether the survey findings aligned with their perceptions of their community's needs, and the demographics of survey respondents. Attendees discussed mental health needs, substance abuse, child care availability, housing affordability, and local public transportation options. It was noted that public transportation did not appear to be a priority issue identified in the survey findings. However, the demographics of respondents was skewed to a wealthier cohort which may account for a lack of recognition of public transportation as a health need. Attendees agreed it would be beneficial to solicit responses from a wider population in the future, as survey respondents had generally higher educational achievement and household income than the community population overall. Responses from a broader cross section of community members would provide a wider breadth of responses on issues such as transportation, housing insecurity, and income insecurity.



# Resources Potentially Available to Address Needs

Resources, programs, and organizations potentially available to address the significant health needs were identified by key informants giving input to this process. While not exhaustive, this list — which includes dozens of potential resources — draws on the experiences and knowledge base of those directly serving the community.

Identified Health Need	Assets/ Resources to Address the Health Need
Access to Care	<ul> <li>CHI St. Francis Health</li> <li>Essentia Health Wahpeton Clinic</li> <li>Richland Public Health Department</li> <li>Sanford Health Wahpeton Clinic</li> <li>Wilkin County Public Health Department</li> </ul>
Cancer	<ul> <li>CHI St. Francis Health (diagnosis and treatment)</li> <li>Richland Public Health Department (Screening)</li> <li>Wilkin County Public Health Department (Screening)</li> <li>Sanford</li> <li>Essentia</li> </ul>
Dental	<ul><li>Apple Tree Dental</li><li>Children's Dental Services</li></ul>
Health-related social needs (childcare, food, housing, transportation, etc.)	<ul> <li>Wilkin County Public Health Department (Transportation Program)</li> <li>A and B Taxi</li> <li>R and S Taxi</li> <li>Community Action Partners Lakes and Prairie (CAPLP)</li> <li>SouthEastern North Dakota Community Action Agency (SENDCAA)</li> <li>Transit Alternatives-Otter Express Public Transportation Service</li> <li>Senior Citizen Bus</li> <li>West Central Community Action Programs (WCMCA)</li> <li>Richland County Housing Authority</li> <li>Richland Wilkin Emergency Food Pantry</li> <li>Meals on Wheels</li> <li>Richland County Public Health</li> <li>RSR Social Service</li> <li>Wahpeton Senior Center</li> </ul>
Child Care	<ul> <li>Breckenridge Senior Citizens Center</li> <li>Crossroads Program</li> <li>Child Care Assistance Program</li> <li>Child Care Aware</li> <li>Wilkin County Public Health Department does Licensing</li> </ul>
Mental Health	<ul> <li>Hope Unit</li> <li>Southeast Human Services</li> <li>MN Mobile Crisis Response Team</li> <li>Sanford Health Clinic (psychiatrist, tele-IHT)</li> <li>School Counseling Services</li> <li>Local Ministry</li> <li>Adult Mental Health Advisory Council</li> <li>Social Club "A Place for Friends"</li> <li>Substance Abuse Stakeholders group (subcommittee)</li> <li>Integrating Behavioral Health programs</li> <li>Solutions Counseling Services, Inc.</li> <li>Birchwood Therapeutic Services</li> <li>Lutheran Social Services of ND</li> <li>Three Rivers Crisis Center</li> <li>Mobil Mental Health Crisis Team- Wilkin</li> <li>Essentia-Mental Health Worker</li> <li>Wilkin County Family Services-Rule 79 case management &amp; community support</li> </ul>



Obsoitu	ACTIVE Task Force
Obesity	1 10 111 - 1 111111 1111
	The Farm at St. Francis
	CHI St. Francis Health Bariatric/Weight Control Services
	Essentia Health Wahpeton Clinic-obesity/weigh management program
	Richland Public Health Department-nutrition consultation
	Sanford Health Wahpeton Clinic-obesity/weight management program
	Wilkin County Public Health Department-nutrition consultation
Substance Abuse	Life Transformations
	Southeast Human Services
	Substance Use Task Force
	Medication Take-Back programs
	Minnesota Office of Rural Health
	Richland County Public Health Department (Tobacco prevention program)
	Wilkin County Public Health Department (Health Promotion Program)
	ND Quits/Quitnet
	Medicaid Program
	Wilkin County Family Services has a SUD worker for assessment and care
	coordination
	Hope Unit
Violence	Richland County Public Health Department (Safe Communities)
	Ambulance Service
	Child Protection
	Someplace Safe
	Three Rivers Crisis Center
	Family Footprints, administered through CHI St. Francis Health



# Impact of Actions Taken Since Preceding CHNA

2023-2025 Community Health Implementation Strategy

Health Need: Mental Health

Health Need: Mental Health	
Strategy or Program	Summary Description
Strategy 1.1	Implement THRIVE Program (Positive Psychology Initiative)  Provide community members and schools opportunity to learn about this initiative  Train partners on Positive Community Norms Implement THRIVE based on already available program materials  FY23 Key Activities: No data available at time of reporting  FY23 Measures: No measures to report.  FY24 Key Activities: No data available at time of reporting. Strategy will be reassessed in FY25.  FY24 Measures: No measures to report.  FY25: Pending Results
Strategy 1.2	Increase access to Peer Support Groups  o Identify partner schools o Provide peer support groups  FY23 Key Activities: No data available at time of reporting FY23 Measures: No measures to report. FY24 Key Activities: No data available at time of reporting FY24 Measures: No measures to report. FY25: Pending Results
Strategy 1.3	Increase Mental Health Professionals in School Systems  O Conduct resource mapping to understand current staffing in school districts across Richland and Wilkin counties O Build awareness of services with parents, students, and community members O Work with home schools and private schools to increase access  FY23 Key Activities: We Care Coalition sponsored a Weekend of Hope in November, 2023 to raise awareness of youth mental health. The speaker presented to local youth groups, Breckenridge High School, a parent/adult event and provided an eight-hour professional training.  FY23 Measures: No measures to report.  FY24 Key Activities: We Care Coalition sponsored a Weekend of Hope in November, 2023 to raise awareness of youth mental health. The speaker presented to local youth groups, Breckenridge High School, a parent/adult event and provided an eight-hour professional training.  FY24 Measures: No measures to report.  FY24 Measures: No measures to report.  FY25: Pending Results
Planned Resources	Identify Champion/Point Person (PT role) for THRIVE Initiative  Identify Facilitator to Lead Peer Support Groups, will also need curriculum and funding sources to support Funding for MH Professional Contracts
Planned Collaborators	Schools, PartnerSHIP 4 Health/SHIP, Healthcare Providers, Solutions Behavioral Healthcare, Community Organizations, Businesses, Local Government, Students, Families, Kinship

#### Health Need: Substance Use

Health Need: Substa	ance use
Health Need: Substance Use	
Strategy or Program	Summary Description
Strategy 2.1	Engaging youth to best determine gap in activities available  o Provide RBA training to community members o Provide PCN training to community leaders and partners o Support positive social media messaging targeting youth o Use RBA framework to engage youth o Implement ideas from youth engagement  FY23 Actions and Impact: Due to staff transition, planned activities did not occur as planned.  FY24 Measures: No measures to report.  FY24 Key Activities: Support was provided to We Care Coalition in creating resource packets that were distributed to local schools for students in need of substance abuse services.  FY24 Measures: No measures to report.  FY25: Pending Results
Strategy 2.2	Create Youth Art Projects  o Identify physical spaces to partner and expand opportunities for youth art in the community o Include THRIVE and PCN in projects o Market and build awareness of art opportunities in the community  FY23 Actions and Impact: No data available at time of reporting  FY24 Measures: No measures to report.  FY24 Key Activities: No data available at time of reporting. Strategy will be reassessed in FY25.  FY24 Measures: No measures to report.  FY25: Pending Results
Planned Resources	Commitment from school for staff, resources to support solutions from youth,  Potential pilot in Breckenridge and Campbell (district is ready to engage) - replicate as other districts are ready
Planned Collaborators	Schools, Police, Probation, Parks and Recreation, Scouts, BIO Girls, Community Center/Youth Center, Public Health, Churches, 4H, City, Active Living Committee, We Care Coalition, Red Door Art Gallery, Chalk Festival



Health Need: Health-related Social Needs (Food Security)

Health Need: Health-related Social Needs (Food Security)	
Health Need: Health-related Social Needs	
Strategy or Program	Summary Description
Strategy 3.1	Better snow removal on sidewalks to improve pedestrian access to groceries
	<ul> <li>To be advanced by PartnerSHIP4Health in partnership with the City of Breckenridge</li> </ul>
	FY23 Key Activities: Due to a lack of staff capacity, this strategy was not pursued
	FY23 Measures: No measures to report.
	FY24 Key Activities: Due to a lack of staff capacity, this strategy was not pursued
	FY24 Measures: No measures to report.
	FY25: Pending Results
Strategy 3.2	Cooking demonstrations
	<ul> <li>Identify events where people gather</li> <li>Identify champion organization with capacity/willingness to be lead organizer</li> <li>FY23 Key Activities: Due to a lack of staff capacity, this strategy was not pursued</li> </ul>
	FY23 Measures: No measures to report.
	FY24 Key Activities: Due to a lack of staff capacity, this strategy was not pursued
	FY24Measures: No measures to report.
	FY25: Pending Results
Strategy 3.3	Increase transportation to food access points
	<ul> <li>collect data on transportation usage for food access points</li> <li>host stakeholder convening</li> <li>FY23 Key Activities: Supported the regional food systems plan created by PartnerSHIP 4</li> <li>Health in collaboration with the Farm at St. Francis.</li> </ul>
	FY23 Measures: No measures to report
	<b>FY24 Key Activities:</b> West Central Food Council has been meeting for the past year to address this strategy. Funding has been secured for the food council.
	FY24 Measures: No measures to report.
	FY25: Pending Results
Strategy 3.4	Mobile farmers market and expansion of Farm at St. Francis Project
	<ul> <li>bring people together to discuss and clarify what mobile expansion looks like</li> <li>implement social network analysis and expand impact of hospital-based Farm project</li> </ul>
	<b>FY23 Key Activities:</b> The Farm at St. Francis is leading an effort to conduct social network analysis (SNA) of the regional food system stakeholders in the four-county area (Becker, Clay, Otter Tail, and Wilkin counties). The survey is deployed and responses will be received until July 1, 2023. The Farm at St. Francis was highlighted in a regional food tour conducted by the MN Dept of Agriculture and PartnerSHIP 4 Health, June 23-25. Twenty-five members of the



	public toured the Farm to learn more about our Community Health project and its relationship to our CHNA-ISP strategies.
	FY23 Measures:
	<ul> <li>Food System Stakeholder SNA survey completed (n=39). 440 connections identified across the sectors of business, government, grower/producer and non-profit. Network density of 6.8% (an increase from the 2022 survey of 6.2% density).</li> <li>Number of project team members increased in FY23 (n=2)</li> <li>Amount of produce donated to local food pantry increased in 2023 (i.e., 2,298 lbs)</li> </ul>
	<b>FY24 Key Activities:</b> The Farm at St. Francis project received an additional 3 years of funding through the mission and ministry fund.
	FY24 Measures: 2,297 tons of food was donated to the Wahpeton food pantry.
	FY25: Pending Results
Strategy 3.5	Screen patients for health- related social needs and connect them to community resources.
	<b>FY23 Key Activities:</b> Continue to offer SDoH screener to all patients at St. Francis and Milnor Clinics.
	<b>FY23 Measures:</b> 140 patients from St. Francis and Milnor clinics screened positive for SDoH from Feb 2023 -June 2023. All positive screener patients were contacted by CHW and offered assistance.
	<b>FY24 Key Activities:</b> Screened all patients at St. Francis and Milnor Clinics for health-related social needs and referred them to community-based resources to remediate unmet needs.
	<b>FY24 Measures:</b> 370 patients from St. Francis and Milnor clinics screened positive for SDoH from July 2023-June 2024. All positive screener patients were contacted by CHW and offered assistance.
	FY25: Pending Results
	Commitment from school for staff, Resources to support solutions from youth,
Planned Resources	Potential pilot in Breckenridge and Campbell (district is ready to engage) - replicate as other districts are ready
Planned Collaborators	PartnerSHIP 4 Health; Breckenridge Active Living Committee, City Officials, Community Members, NDSCS, Churches, U of M Extension, College students, Chamber of Commerce, Community Education, Schools, Current bus/taxi providers, Otter Express, Medical transportation service providers, MN DOT, Red River CAP, CAPLP, SENDCCA, Farm at St. Francis, Twin Towns Farmers Market, Local Farmers

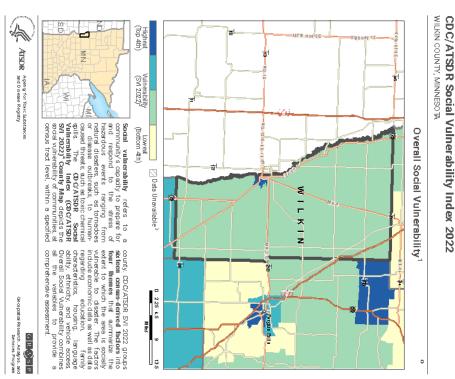


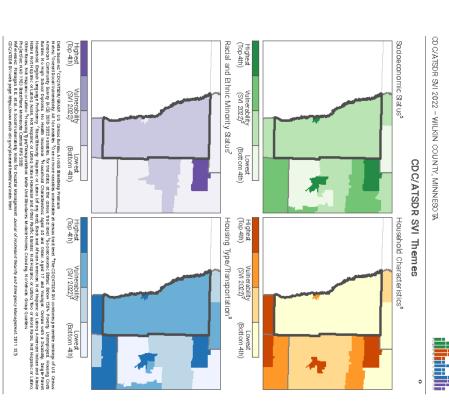
#### References

- Centers for Disease Control and Prevention. (2024). CDC/ATSDR SVI: Fact sheet. Centers for Disease Control and Prevention. <a href="https://www.atsdr.cdc.gov/placeandhealth/svi/fact\_sheet/fact\_sheet.html">https://www.atsdr.cdc.gov/placeandhealth/svi/fact\_sheet/fact\_sheet.html</a>
- County Health Rankings & Roadmaps (2024). *Richland County, North Dakota*. County Health Rankings & Roadmaps. <a href="https://www.countyhealthrankings.org/health-data/north-dakota/richland?year=2024">https://www.countyhealthrankings.org/health-data/north-dakota/richland?year=2024</a>
- County Health Rankings & Roadmaps (2024). *Wilkin County, Minnesota*. County Health Rankings & Roadmaps. https://www.countyhealthrankings.org/health-data/minnesota/wilkin?year=2024
- Cutter, S. L., Ash, K. D., & Emrich, C. T. (2014). The geographies of community disaster resilience. *Global Environmental Change*, 29, 65–77. <a href="https://doi.org/10.1016/j.gloenvcha.2014.08.005">https://doi.org/10.1016/j.gloenvcha.2014.08.005</a>
- National Risk Index. (2024). *Richland County, North Dakota*. Federal Emergency Management Agency. <a href="https://hazards.fema.gov/nri/">https://hazards.fema.gov/nri/</a>
- National Risk Index. (2024). *Wilkin County, Minnesota*. Federal Emergency Management Agency. <a href="https://hazards.fema.gov/nri/">https://hazards.fema.gov/nri/</a>
- North Dakota Labor Market Information (2024). *North Dakota Largest Employers*. North Dakota Job Service. <a href="https://www.ndlmi.com/vosnet/gsipub/documentView.aspx?docid=682">https://www.ndlmi.com/vosnet/gsipub/documentView.aspx?docid=682</a>

# **Appendices**

# Appendix A: CDC/ATSDR Social Vulnerability Index 2022 for Wilkin County, MN and Richland County, ND





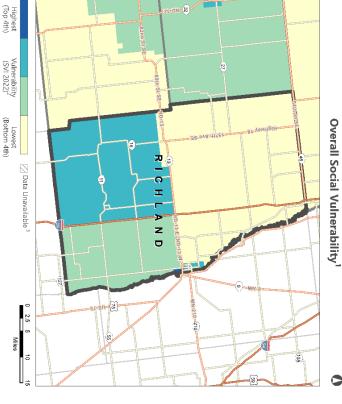
ND

Social vulnerability refers to a community's capacity to prepare for some and respond to the stress of MIN hazardous events ranging from enatural disasters, such as tornadoes vor disease outbreaks, to human-incaused threats such as toxic chemical respils. The CDC/ATSDR social vulnerability of communities, at a social vulnerability of communities, at a census tract level, within a specified

a county, CDC/ATSDR SVI 2022 groups in statem census-derived factors into if four themes that summarize the extent to which the area is socially summarable to disaster. The factors include economic data as well as data

regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a

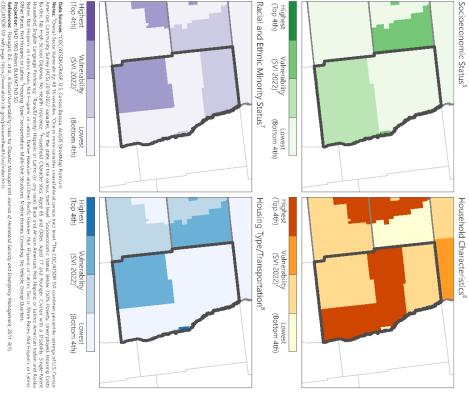
# RICHLAND COUNTY, NORTH DAKOTA CDC/ATSDR Social Vulnerability Index 2022



CDC/ATSDR SVI 2022 - RICHLAND COUNTY, NORTH DAKOTA

CDC/ATSDR SVI Themes





'al Vuinenbilty Index for Disaster Management. *Journal of Hometand Security and Emergency Management, 2011*. 8(1), alsdr.ck. gov/placeandhealth/svi/index.html.

ATSDR Agency for Toxic Substances and Disease Registry

Geospatial Research, Analysis, and Services Program

GIR ASIP

SD

Page 37

#### Appendix B: Survey Instrument

Please note: the instrument below has been formatted to allow for mail completion and may look slightly different than presented online. The questions are the same.

# **COMMUNITY HEALTH NEEDS ASSESSMENT 2024**

Every three years, we conduct a Community Health Needs Assessment (CHNA) to better understand health and well-being at individual and community levels. This survey will ask you a few questions about the challenges in your community, and how you think they should be approached. It will also ask a few questions about you, so we can understand more about your individual experiences as they relate to your health and well-being. There are no wrong answers to these questions, and your answers are anonymous. Your name will not be on any reports, and your answers will be grouped with those from other people who respond.

This survey will take about 10 minutes to complete. Your participation is voluntary. If you do not want to participate at all, or if you do not want to answer a particular question, that's okay. If you choose to do the survey, your answers will be kept anonymous and confidential and will be used only to answer questions related to the purpose of this study. What we learn from the survey will be used to plan communication strategies to help people in your community.

You have the option to include your email address in a gift card prize draw! Simply complete the survey, include your email address at the end, and return the survey to us for your chance to win!

Your contact information will not be used for any other purpose than the prize draw. It will not be used in analysis or reporting.

If you have any trouble with any question, please refer to the following resources:

#### **Center for Social Research**

Nancy Hodur nancy.hodur@ndsu.edu (701) 231-8621

Kaeleigh Schroeder kaeleigh.schroeder@ndsu.edu
Avi Slone avram.slone@ndsu.edu

#### **CommonSpirit Healthy Communities liaison**

Ashley Carroll ashley.carroll@commonspirit.org

Completing the survey means that you give your consent to participate in this Community Health Needs Assessment.



14/6-4	:_		_:	4-7
vvnat	IS	vour	ZID	code?

What is the state where you live?

What is the county where you live?

Please indicate your level of agreement for each of the following statements about the people in your community.

			Neither			
	Strongly Disagree	Somewhat Disagree	Agree nor Disagree	Somewhat Agree	Strongly Agree	l don't know
My community is culturally diverse						
People feel welcome and accepted in my community						
There is a sense of civic responsibility and engagement in my community						
The people in my community have a shared vision and community goals						

Is there anything you would like to add about the people in your community?



Please indicate your level of agreement for each of the following statements about services in your community.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	l don't know
My community has adequate opportunities for recreation and leisure for all ages						
My community has a thriving business district with access to needed goods and services						
My community provides adequate public services like snow removal, garbage collection, or recycling						
My community has adequate child care services						
My community has adequate senior services						
My community has a quality education system						
My community has adequate public transportation services						
My community has adequate employment opportunities that pay a livable wage						
My community has adequate law enforcement.						
My community has enough affordable housing for everyone who needs it						
My community has adequate access to healthy and affordable foods						

Is there anything you would like to add about services in your community?



How concerned are you about each of the following in your community?

	Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	l don't know	Not applicable to my community
Substance misuse (alcohol,						-
prescription drugs, tobacco or vaping,						
illicit or street drugs)						
Mental health (anxiety, stress, depression)						
Suicide						
Access to healthy foods						
Food insecurity, hunger						
Poverty in my community						
Sexually transmitted diseases						
Crime in my community						
Availability of long-term care or assisted living facilities						
Availability of elder care services to support independent living, or aging in place						
Obesity or overweightness						
Negative effects of social media						

Are there other issues in your community that you are concerned about?



How concerned are you about the following types of violence in your community?

	Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	I don't know	Not applicable to my community
Cyber bullying						
Child abuse or neglect						
Intimate partner violence						
Emotional abuse (including: intimidation, isolation, verbal threats, economic abuse/withholding funds)					0	
Sexual abuse or assault						
Stalking						
Verbal threats or harassment						
Gun violence						

Are there other types of violence in your community that you are concerned about?



Please indicate your level of agreement with the following issues related to medical services in your community.

	a		Neither			
	Strongly Disagree	Somewhat Disagree	Agree nor Disagree	Somewhat Agree	Strongly Agree	I don't know
It is easy to get an appointment for health						
care services in my community						
My community has adequate primary care	П	П	П	П	П	П
providers and nurses			Ц			Ц
My community has adequate health care			П			
services to meet my health care needs	Ш	Ш	Ц	Ш	Ш	Ц
My community has adequate dental care			П		П	П
providers	Ш	Ш	Ц	Ш	Ш	Ц
My community has adequate vision care		П	П	П	П	П
providers	Ш	Ш	Ц	Ш	Ш	Ц
My community has adequate mental						
health services			Ц			Ц
My community has adequate access to						
emergency response services such as						
ambulance or fire fighters						
I can easily navigate the health care	П	П	П	П	П	П
system in my community			П			П
I receive quality health care in my	П			П	П	П
community	Ш		Ц		Ш	Ц
In my community, care is well-coordinated						
across providers and services		Ш		Ш		

Do you have any other concerns about access to health care services in your community?



Which preventative health care measures have you received in the last year? Select all that apply.

Vaccinations	Counseling for tobacco use, alcohol use,
Annual physical exam	weight loss, or behavioral health
Mammogram	Depression screening
Colonoscopy	STD/STI screening
Blood pressure or cholesterol screening	Vision exam
	Dental exam/annual checkup

To what degree are each of the following a barrier to your ability to access health care services?

	Not at all a barrier	Somewhat of a barrier	Extreme barrier	I don't know
Transportation to health services locations				
Availability of local services to meet my health care needs				
Ability to see the same provider over time				
Scheduling health care services within clinic hours				
The price of prescription drugs, even with insurance				
The price of health care services (such as co-payments or deductibles), even with health insurance				
Communication or language barriers				
Difficulty using or accessing technology to communicate with provider or system				
Concerns about confidentiality				
Disability accommodations				
Health insurance coverage				
The length of time to see a provider, from making an appointment to attending the appointment				
Distance to access care				

Are there other barriers to your ability to access health care in your community?



Do you cui	rently have a primary care doctor:	
	Yes	
	No	
	Prefer not to respond	
Where do	you find out about health information? Select all that apply.	
	Primary care provider	My employer
	Other health care providers	Newspaper
	Public health professionals	Radio
	Internet sources	Other (please specify
	Word of mouth	
	Advertising, such as TV commercials	)
What type	of health insurance coverage do you currently have? Select all	that apply.
	Commercial private health insurance (coverage purchased by y	ou or your employer)
	Medicare	
	Medicaid etc.)	
	Indian Health Service (IHS)	
	Military (Tricare, Champus, VA)	
	Other (please specify)	
	No health insurance (GO TO Q3.7)	
	Prefer not to say	
	u NOT have health insurance? Select all that apply. OT RESPOND IF YOU DO HAVE HEALTH INSURANCE	
	Too expensive	
	Too difficult or complex to obtain health insurance	
	I have a pre-existing condition that is not covered	
	I am healthy and do not need insurance	
	I do not qualify for Medicaid	
	I was disenrolled from Medicaid	
	Another reason (please specify)	
	Prefer not to say	

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



□ Yes

Did you move to your community in the past year?

	No (GO TO C	•					
	Prefer not to	respond ( <b>GO TO</b>	Q4.3)				
How difficu	ılt was it to d	o the following?					
now annec	iit was it to u	o the following:					
		Not difficult	Slightly	Somewhat	Very	I don't know/I'm	Not applicable
- " " " "		at all	difficult	difficult	difficult	not sure	to me
Enroll children	n in school						
Find housing							
Find healthcar	re						
Find a job							
Find childcare	!						
Have very a		la autuatua aktaua tia d		antha?			
наve you e	xperiencea a	iscrimination in t	tne past 12 m	ontns?			
	Yes						
	No (GO TO C	Q <b>4.</b> 6)					
	Prefer not to	respond ( <b>GO TO</b>	Q4.6)				
In what are	ea(s) have you	u experienced dis	scrimination?	Select all that a	apply.		
	Race				□ Disab	ility	
	Ethnicity					•	
	Sex				•	ner area (specify:	
	Gender iden	tity			□ Alloti	iei area (specify.	
	Sexual orien	•				1	
	Age	tation			□ Prefe	/ r not to say	
	Weight					Thot to say	
	•		_				
In which of	the following	g situations did y	ou experienc	e discrimination	n? Select all	that apply.	
	Applying for	a job					
		rk or my place of	employment				
	Receiving me		. ,				
	Looking for h						
	_	a credit card, bai	nk loan, or mo	ortgage			
		a store or eating					
		social services or					
		vith the police					
	Appearing in	•					
		a (specify)					
	Prefer not to						



How diffic	ult is it for you to pay for heating, housing, o	or medical care?		
	Not difficult at all			
	Slightly difficult			
	Somewhat difficult			
	Very difficult			
	I don't know/I'm not sure			
In the last	month, have you had to sleep outside, in a	shelter, in your car,	at a family member	or friend's house, or
in a p	lace not meant for sleeping?			
	Yes			
	No			
	Prefer not to say			
What is yo	our age?			
What is vo	our gender?			
	Male			
	Female Non-binary/third gender			
	Other (please describe:			1
	Prefer not to say			_J
Ц	rielei not to say			
Which one	e of these groups best represents your race?	Select all that appl	y.	
	American Indian or Alaska Native			
	Black or African American			
	Asian			
	Native Hawaiian or Pacific Islander			
	Two or more races			
	White			
	Other (please describe:			)
Do you ide	entify as Hispanic, Latine, or of Spanish origin	n?		
	Yes			
	No			
	Prefer not to say			
What is yo	our estimated household income?			
	Less than \$15,000		\$150,000 and over	
	\$15,000 - \$24,999		Prefer not to say	
	\$25,000 - \$49,999			
	\$50,000 - \$74,999			
	\$75,000 - \$99,999			
	\$100,000 - \$149,999			



	at is th	e highest level of education you have completed?		
		Less than 9th Grade		Associate's degree
		9th to 12th Grade, no diploma		Bachelor's degree
		High school graduate or equivalent		Graduate or professional degree
		Some college, no degree		Prefer not to say
Whi	ch of t	hese categories best describes your employment status?		
		Employed full time		Student
		Employed part time		Disabled
		Unemployed		Prefer not to say
		Retired		
Wha	at is yo	ur marital status?		
		Single		
		Married or in a domestic partnership		
		Divorced or separated		
		Widowed		
		Prefer not to say		
How	<i>i</i> many	people live in your household? Use numbers only. If you liv	e a	lone, put "1".
Do y	ou ha	ve access to reliable internet in your home?		
Do y		·		
Doy	ou hav	Yes		
Doy		·		
		Yes No		
	u did ye	Yes No Prefer not to say		
How	did ye	Yes No Prefer not to say ou access this survey?		
How	did yo Hospi	Yes No Prefer not to say ou access this survey? tal or public health website		
How	did yo Hospi Hospi Hospi	Yes No Prefer not to say  ou access this survey?  tal or public health website tal or public health social media page (e.g., Facebook)		
How	did yo Hospi Hospi Hospi Econo Churc	Yes No Prefer not to say  ou access this survey?  tal or public health website tal or public health social media page (e.g., Facebook) tal or public health employee directly omic development website or social media th bulletin		
How	did you Hospi Hospi Hospi Econo Churc	Yes No Prefer not to say  ou access this survey?  tal or public health website tal or public health social media page (e.g., Facebook) tal or public health employee directly omic development website or social media th bulletin website or social media page (please specify)		
How	did you Hospi Hospi Hospi Econo Churc Other News	Yes No Prefer not to say  Du access this survey?  tal or public health website tal or public health social media page (e.g., Facebook) tal or public health employee directly omic development website or social media the bulletin twebsite or social media page (please specify)  letter (please specify from where)		
How	did you Hospi Hospi Econo Churco Other News	Yes No Prefer not to say  ou access this survey?  tal or public health website tal or public health social media page (e.g., Facebook) tal or public health employee directly omic development website or social media h bulletin website or social media page (please specify) letter (please specify from where) paper advertisement		
How	did you hospi Hospi Econo Churco Other News Word	Yes No Prefer not to say  ou access this survey?  tal or public health website tal or public health social media page (e.g., Facebook) tal or public health employee directly omic development website or social media th bulletin website or social media page (please specify) letter (please specify from where) paper advertisement of mouth		_
How	did you Hospi Hospi Econo Churco Other News Word Direct	Yes No Prefer not to say  ou access this survey?  tal or public health website tal or public health social media page (e.g., Facebook) tal or public health employee directly omic development website or social media h bulletin website or social media page (please specify) letter (please specify from where) paper advertisement		_



Please provide any additional comments you think we could use to improve the delivery of health care in your community. If you need more space, please attach additional paper.

If you would like to enter our prize drawing, please write your email address below!

Thanks for completing our survey!
We appreciate your time, and your responses will help inform health care decisions in your community.

If you entered your name to be included in our draw, we'll contact the winners BY EMAIL once the survey has closed. Good luck!



# Appendix C: Survey Frequencies

Completing the survey means that you give your consent to participate in this Community Health Needs Assessment.								
		Frequency	Frequency Percent Valid Percent Cumulative Percent					
Valid	I consent	101	100.0%	100.0%	100.0%			

What is your	zip code?				
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		14	13.9%	13.9%	13.9%
	05734	1	1.0%	1.0%	14.9%
	19107	1	1.0%	1.0%	15.8%
	43215	1	1.0%	1.0%	16.8%
	54701	1	1.0%	1.0%	17.8%
	55005	1	1.0%	1.0%	18.8%
	55912	1	1.0%	1.0%	19.8%
	56520	42	41.6%	41.6%	61.4%
	56522	3	3.0%	3.0%	64.4%
	56543	1	1.0%	1.0%	65.3%
	58002	1	1.0%	1.0%	66.3%
	58041	3	3.0%	3.0%	69.3%
	58075	30	29.7%	29.7%	99.0%
	60631	1	1.0%	1.0%	100.0%
	Total	101	100.0%	100.0%	

What is the state in which you live?								
		Frequency	Percent	Valid Percent	Cumulative Percent			
Valid	North Dakota	45	44.6%	44.6%	44.6%			
	Minnesota	56	55.4%	55.4%	100.0%			
	Total	101	100.0%	100.0%				



What is the county where you live in North Dakota?								
		Frequency	Percent	Valid Percent	Cumulative Percent			
	Barnes	6	5.9%	13.3%	13.3%			
	Richland	39	38.6%	86.7%	100.0%			
	Total	45	44.6%	100.0%				
Missing	System	56	55.4%					
Total		101	100.0%					

		Frequency	Percent	Valid Percent	Cumulative Percent
	Becker	5	5.0%	8.9%	8.9%
	Wilkin	51	50.5%	91.1%	100.0%
	Total	56	55.4%	100.0%	
Missing	System	45	44.6%		
Total		101	100.0%		

## **People in Your Community**

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement for each of	Count	6	18	21	42	13	100
the following statements about the people in your community My community is culturally diverse	Row N %	6.0%	18.0%	21.0%	42.0%	13.0%	100.0%
Please indicate your level of agreement for each of the following statements about the people in your community People feel welcome and accepted in my community	Count	3	10	15	36	33	97
	Row N %	3.1%	10.3%	15.5%	37.1%	34.0%	100.0%
Please indicate your level of agreement for each of	Count	0	6	23	44	24	97
the following statements about the people in your community There is a sense of civic responsibility and engagement in my community	Row N %	0.0%	6.2%	23.7%	45.4%	24.7%	100.0%
Please indicate your level of agreement for each of	Count	3	11	28	37	19	98
the following statements about the people in your community The people in my community have a shared vision and community goals	Row N %	3.1%	11.2%	28.6%	37.8%	19.4%	100.0%



		Disagree	Neither agree nor disagree	Agree	Total
RECODE: People in your community - My community is culturally	Count	24	21	55	100
liverse	Row N %	24.0%	21.0%	55.0%	100.0%
RECODE: People in your community - People feel welcome and	Count	13	15	69	97
accepted in my community	Row N %	13.4%	15.5%	71.1%	100.0%
RECODE: People in your community - There is a sense of civic	Count	6	23	68	97
responsibility and engagement in my community	Row N %	6.2%	23.7%	70.1%	100.0%
RECODE: People in your community - The people in my	Count	14	28	56	98
community have a shared vision and community goals	Row N %	14.3%	28.6%	57.1%	100.0%

## **Services in Your Community**

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement for each	Count	15	23	19	30	14	101
of the following statements about services in your community My community has adequate opportunities for recreation and leisure for all ages	Row N %	14.9%	22.8%	18.8%	29.7%	13.9%	100.0%
Please indicate your level of agreement for each	Count	17	21	18	31	14	101
of the following statements about services in your community My community has a thriving business district with access to needed goods and services	Row N %	16.8%	20.8%	17.8%	30.7%	13.9%	100.0%
Please indicate your level of agreement for each	Count	2	7	13	35	42	99
of the following statements about services in your community My community provides adequate public services like snow removal, garbage collection, or recycling	Row N %	2.0%	7.1%	13.1%	35.4%	42.4%	100.0%
Please indicate your level of agreement for each	Count	19	25	14	22	11	91
of the following statements about services in your community My community has adequate child care services	Row N %	20.9%	27.5%	15.4%	24.2%	12.1%	100.0%
Please indicate your level of agreement for each	Count	8	17	19	27	21	92
of the following statements about services in your community My community has adequate senior services	Row N %	8.7%	18.5%	20.7%	29.3%	22.8%	100.0%
	Count	3	11	17	32	33	96



		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement for each of the following statements about services in your community My community has a quality education system	Row N %	3.1%	11.5%	17.7%	33.3%	34.4%	100.0%
Please indicate your level of agreement for each	Count	22	25	23	16	11	97
of the following statements about services in your community My community has adequate public transportation services	Row N %	22.7%	25.8%	23.7%	16.5%	11.3%	100.0%
Please indicate your level of agreement for each	Count	7	24	15	27	25	98
of the following statements about services in your community My community has adequate employment opportunities that pay a livable wage	Row N %	7.1%	24.5%	15.3%	27.6%	25.5%	100.0%
Please indicate your level of agreement for each	Count	4	16	10	36	31	97
of the following statements about services in your community My community has adequate law enforcement	Row N %	4.1%	16.5%	10.3%	37.1%	32.0%	100.0%
Please indicate your level of agreement for each	Count	18	26	19	23	12	98
of the following statements about services in your community My community has enough affordable housing for everyone who needs it	Row N %	18.4%	26.5%	19.4%	23.5%	12.2%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community My community has adequate access to healthy and affordable foods	Count	8	22	10	38	23	101
	Row N %	7.9%	21.8%	9.9%	37.6%	22.8%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Services in your community - My community has adequate opportunities for recreation and leisure for all ages	Count	38	19	44	101
	Row N %	37.6%	18.8%	43.6%	100.0%
RECODE: Services in your community - My community has a thriving business district with access to needed goods and services	Count	38	18	45	101
	Row N %	37.6%	17.8%	44.6%	100.0%
RECODE: Services in your community - My community	Count	9	13	77	99
provides adequate public services like snow removal, garbage collection, or recycling	Row N %	9.1%	13.1%	77.8%	100.0%
RECODE: Services in your community - My community has	Count	44	14	33	91
adequate child care services	Row N %	48.4%	15.4%	36.3%	100.0%
	Count	25	19	48	92



		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Services in your community - My community has adequate senior services	Row N %	27.2%	20.7%	52.2%	100.0%
RECODE: Services in your community My community has a quality education system	Count	14	17	65	96
	Row N %	14.6%	17.7%	67.7%	100.0%
RECODE: Services in your community My community has	Count	47	23	27	97
adequate public transportation services	Row N %	48.5%	23.7%	27.8%	100.0%
RECODE: Services in your community My community has	Count	31	15	52	98
adequate employment opportunities that pay a livable wage	Row N %	31.6%	15.3%	53.1%	100.0%
RECODE: Services in your community My community has	Count	20	10	67	97
adequate law enforcement	Row N %	20.6%	10.3%	69.1%	100.0%
RECODE: Services in your community My community has	Count	44	19	35	98
enough affordable housing for everyone who needs it	Row N %	44.9%	19.4%	35.7%	100.0%
RECODE: Services in your community My community has	Count	30	10	61	101
adequate access to healthy and affordable foods	Row N %	29.7%	9.9%	60.4%	100.0%

# **Community Concerns**

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about each of the	Count	2	6	29	62	99
following in your community? - Substance misuse (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs)	Row N %	2.0%	6.1%	29.3%	62.6%	100.0%
How concerned are you about each of the following in your community? - Mental health (anxiety, stress, depression)	Count	3	9	30	55	97
	Row N %	3.1%	9.3%	30.9%	56.7%	100.0%
How concerned are you about each of the	Count	3	17	34	42	96
following in your community? - Suicide	Row N %	3.1%	17.7%	35.4%	43.8%	100.0%
How concerned are you about each of the	Count	24	20	32	22	98
following in your community? - Access to healthy foods	Row N %	24.5%	20.4%	32.7%	22.4%	100.0%
How concerned are you about each of the	Count	16	29	29	21	95
following in your community? - Food insecurity or hunger	Row N %	16.8%	30.5%	30.5%	22.1%	100.0%
	Count	9	23	42	22	96



		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about each of the following in your community? - Poverty in my community	Row N %	9.4%	24.0%	43.8%	22.9%	100.0%
How concerned are you about each of the following in your community? - Sexually transmitted diseases or infections	Count	23	22	24	14	83
	Row N %	27.7%	26.5%	28.9%	16.9%	100.0%
How concerned are you about each of the following in your community? - Crime in my community	Count	4	25	48	22	99
	Row N %	4.0%	25.3%	48.5%	22.2%	100.0%
How concerned are you about each of the	Count	24	20	27	23	94
following in your community? - Availability of long-term care or assisted living facilities	Row N %	25.5%	21.3%	28.7%	24.5%	100.0%
How concerned are you about each of the	Count	17	15	27	33	92
following in your community? - Availability of elder care services to support independent living, or aging in place	Row N %	18.5%	16.3%	29.3%	35.9%	100.0%
How concerned are you about each of the	Count	8	16	39	34	97
following in your community? - Obesity or overweightness	Row N %	8.2%	16.5%	40.2%	35.1%	100.0%

## **Violence Concerns in Community**

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about the	Count	5	20	34	36	95
following types of violence in your community? - Cyber bullying	Row N %	5.3%	21.1%	35.8%	37.9%	100.0%
How concerned are you about the	Count	3	25	38	27	93
following types of violence in your community? - Child abuse or neglect	Row N %	3.2%	26.9%	40.9%	29.0%	100.0%
How concerned are you about the	Count	7	18	37	18	80
following types of violence in your community? - Intimate partner violence	Row N %	8.8%	22.5%	46.3%	22.5%	100.0%
How concerned are you about the	Count	7	19	35	24	85
following types of violence in your community? - Emotional abuse (including intimidation or isolation)	Row N %	8.2%	22.4%	41.2%	28.2%	100.0%
How concerned are you about the	Count	10	21	34	24	89
following types of violence in your community? - Sexual abuse or assault	Row N %	11.2%	23.6%	38.2%	27.0%	100.0%



		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about the	Count	17	31	29	12	89
following types of violence in your community? - Stalking	Row N %	19.1%	34.8%	32.6%	13.5%	100.0%
How concerned are you about the	Count	8	30	29	21	88
following types of violence in your community? - Verbal threats or harassment	Row N %	9.1%	34.1%	33.0%	23.9%	100.0%
How concerned are you about the following types of violence in your community? - Gun violence	Count	13	33	28	21	95
	Row N %	13.7%	34.7%	29.5%	22.1%	100.0%

## **Medical Services in Your Community**

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement	Count	3	10	12	41	33	99
with the following issues related to medical services in your community It is easy to get an appointment for health care services in my community	Row N %	3.0%	10.1%	12.1%	41.4%	33.3%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community My community has adequate primary care providers and nurses	Count	9	18	12	33	28	100
	Row N %	9.0%	18.0%	12.0%	33.0%	28.0%	100.0%
Please indicate your level of agreement	Count	6	19	13	31	31	100
with the following issues related to medical services in your community My community has adequate health care services to meet my health care needs	Row N %	6.0%	19.0%	13.0%	31.0%	31.0%	100.0%
Please indicate your level of agreement	Count	17	15	10	24	33	99
with the following issues related to medical services in your community My community has adequate dental care providers	Row N %	17.2%	15.2%	10.1%	24.2%	33.3%	100.0%
Please indicate your level of agreement	Count	7	7	9	36	40	99
with the following issues related to medical services in your community My community has adequate vision care providers	Row N %	7.1%	7.1%	9.1%	36.4%	40.4%	100.0%
•	Count	25	31	12	20	9	97



		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement with the following issues related to medical services in your community My community has adequate mental health services	Row N %	25.8%	32.0%	12.4%	20.6%	9.3%	100.0%
Please indicate your level of agreement	Count	3	9	12	31	46	101
with the following issues related to medical services in your community My community has adequate access to emergency response services such as ambulance or fire fighters	Row N %	3.0%	8.9%	11.9%	30.7%	45.5%	100.0%
Please indicate your level of agreement	Count	3	9	14	36	38	100
with the following issues related to medical services in your community I can easily navigate the health care system in my community	Row N %	3.0%	9.0%	14.0%	36.0%	38.0%	100.0%
Please indicate your level of agreement	Count	4	11	15	32	38	100
with the following issues related to medical services in your community I receive quality health care in my community	Row N %	4.0%	11.0%	15.0%	32.0%	38.0%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community In my community, care is well coordinated across providers and services	Count	6	18	21	33	21	99
	Row N %	6.1%	18.2%	21.2%	33.3%	21.2%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Medical services in your community It is easy	Count	13	12	74	99
to get an appointment for health care services in my community	Row N %	13.1%	12.1%	74.7%	100.0%
RECODE: Medical services in your community My	Count	27	12	61	100
community has adequate primary care providers and nurses	Row N %	27.0%	12.0%	61.0%	100.0%
RECODE: Medical services in your community My	Count	25	13	62	100
community has adequate health care services to meet my health care needs	Row N %	25.0%	13.0%	62.0%	100.0%
RECODE: Medical services in your community My community has adequate dental care providers	Count	32	10	57	99
	Row N %	32.3%	10.1%	57.6%	100.0%



		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Medical services in your community My	Count	14	9	76	99
community has adequate vision care providers	Row N %	14.1%	9.1%	76.8%	100.0%
RECODE: Medical services in your community My	Count	56	12	29	97
community has adequate mental health services	Row N %	57.7%	12.4%	29.9%	100.0%
RECODE: Medical services in your community My	Count	12	12	77	101
community has adequate access to emergency response services such as ambulance or fire fighters	Row N %	11.9%	11.9%	76.2%	100.0%
RECODE: Medical services in your community I can	Count	12	14	74	100
easily navigate the health care system in my community	Row N %	12.0%	14.0%	74.0%	100.0%
RECODE: Medical services in your community I receive	Count	15	15	70	100
quality health care in my community	Row N %	15.0%	15.0%	70.0%	100.0%
RECODE: Medical services in your community In my	Count	24	21	54	99
community, care is well coordinated across providers and services	Row N %	24.2%	21.2%	54.5%	100.0%

#### **Last CHNA Needs**

		Much worse	Somewhat worse	About the same	Somewhat better	Much better	Total
Three years ago, the last Community Health	Count	18	26	33	8	4	89
Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? – Mental health	Row N %	20.2%	29.2%	37.1%	9.0%	4.5%	100.0%
Three years ago, the last Community Health	Count	16	31	33	9	2	91
Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? – Substance use	Row N %	17.6%	34.1%	36.3%	9.9%	2.2%	100.0%
Three years ago, the last Community Health	Count	9	20	45	10	5	89
Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? – Health-related social needs	Row N %	10.1%	22.5%	50.6%	11.2%	5.6%	100.0%



		Worse	The same	Better	Total
RECODE: Previous issues - Mental health	Count	44	33	12	89
	Row N %	49.4%	37.1%	13.5%	100.0%
RECODE: Previous issues – Substance use	Count	47	33	11	91
	Row N %	51.6%	36.3%	12.1%	100.0%
RECODE: Previous issues – Health-related	Count	29	45	15	89
social needs	Row N %	32.6%	50.6%	16.9%	100.0%

#### **Preventative Health Care Measures**

Multiple Response						
	Valid		Missing	Missing Total		
	N	Percent	N	Percent	N	Percent
MRQ5.1 <sup>a</sup>	99	100.0%	2	0.0%	101	100.0%

MRQ5.1 Fre	quencies			
		Responses		Percent of Cases
		N	Percent	
MRQ5.1 <sup>a</sup>	Which of the following preventative health care measures have you received in the last year? Vaccinations	71	14.3%	71.7%
	Which of the following preventative health care measures have you received in the last year? Annual physical exam	80	16.2%	80.8%
	Which of the following preventative health care measures have you received in the last year? Mammogram	51	10.3%	51.5%
	Which of the following preventative health care measures have you received in the last year? Colonoscopy	15	3.0%	15.2%
	Which of the following preventative health care measures have you received in the last year? Blood pressure or cholesterol screening	53	10.7%	53.5%
	Which of the following preventative health care measures have you received in the last year? Counseling for tobacco use, alcohol dependency, weight loss, behavioral health	17	3.4%	17.2%



	Which of the following preventative health care measures have you received in the last year? Depression screening	47	9.5%	47.5%
	Which of the following preventative health care measures have you received in the last year? STD/STI Screening	9	1.8%	9.1%
	Which of the following preventative health care measures have you received in the last year? Vision exam or annual checkup	75	15.2%	75.8%
	Which of the following preventative health care measures have you received in the last year? Dental exam or annual checkup	77	15.6%	77.8%
Total		495	100.0%	500.0%
a. Dichotomy	group tabulated at value 1.	•	1	1

		Not at all a barrier	Somewhat of a barrier	Extreme barrier	Total
To what degree are each of the following issues a barrier to your ability to	Count	73	15	6	94
access health care services? - Transportation to health care service locations	Row N %	77.7%	16.0%	6.4%	100.0%
To what degree are each of the following issues a barrier to your ability to	Count	63	29	6	98
access health care services? - Distance to access care	Row N %	64.3%	29.6%	6.1%	100.0%
To what degree are each of the following issues a barrier to your ability to	Count	68	27	3	98
access health care services? - Concerns about confidentiality	Row N %	69.4%	27.6%	3.1%	100.0%
To what degree are each of the following issues a barrier to your ability to	Count	51	39	10	100
access health care services? - Availability of local services to meet my health care needs	Row N %	51.0%	39.0%	10.0%	100.0%
To what degree are each of the following issues a barrier to your ability to	Count	85	7	3	95
ess health care services? - Communication or language barriers	Row N %	89.5%	7.4%	3.2%	100.0%
To what degree are each of the following issues a barrier to your ability to	Count	75	11	1	87
access health care services? - Disability accommodations	Row N %	86.2%	12.6%	1.1%	100.0%
To what degree are each of the following issues a barrier to your ability to	Count	65	31	3	99
access health care services? - Scheduling health care services within clinic hours	Row N %	65.7%	31.3%	3.0%	100.0%
To what degree are each of the following issues a barrier to your ability to	Count	58	32	9	99
access health care services? - The length of time to see a provider, from making an appointment to attending the appointment	Row N %	58.6%	32.3%	9.1%	100.0%
To what degree are each of the following issues a barrier to your ability to	Count	43	41	11	95
access health care services? - The price of prescription drugs, even with insurance	Row N %	45.3%	43.2%	11.6%	100.0%
To what degree are each of the following issues a barrier to your ability to	Count	37	38	22	97
access health care services? - The price of health care services (such as co-payments or deductibles), even with insurance	Row N %	38.1%	39.2%	22.7%	100.0%



Do you currently have a primary care doctor?							
		Frequency	Percent	Valid Percent	<b>Cumulative Percent</b>		
Valid	Yes	83	82.2%	85.6%	85.6%		
	No	14	13.9%	14.4%	100.0%		
	Total	97	96.0%	100.0%			
Missing	Prefer not to respond	4	4.0%				
Total	•	101	100.0%				

Multiple Response									
	Cases								
	Valid		Missing	Missing					
	N	Percent	N	Percent	N	Percent			
MRQ5.5 <sup>a</sup>	100	99.0%	1	1.0%	101	100.0%			
a. Dichotomy grou	up tabulated at value 1								

		Responses		Percent of	
		N	Percent	Cases	
MRQ5.5ª	Where do you find out about health information? Other health care professionals	55	16.9%	55.0%	
	Where do you find out about health information? Primary care provider	76	23.3%	76.0%	
	Where do you find out about health information? Public health professionals	32	9.8%	32.0%	
	Where do you find out about health information? Internet sources	58	17.8%	58.0%	
	Where do you find out about health information? Word of mouth (including family and friends)	49	15.0%	49.0%	
	Where do you find out about health information? Advertising, such as TV commercials	13	4.0%	13.0%	
	Where do you find out about health information? My employer	27	8.3%	27.0%	
	Where do you find out about health information? Newspaper	8	2.5%	8.0%	
	Where do you find out about health information? Radio	5	1.5%	5.0%	
	Where do you find out about health information? Other source	3	0.9%	3.0%	
Total		326	100.0%	326.0%	



Multiple Respons	se .					
Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ5.6a	101	100.0%	0	0.0%	101	100.0%
	p tabulated at value 1			0.070	101	100.

		Responses		Percent of	
		N	Percent	Cases	
MRQ5.6ª	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Insurance through employer (either your own or a family member's)	80	63.0%	79.2%	
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Private health insurance (coverage purchased by you)	16	12.6%	15.8%	
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Government program (Medicare, Medicaid, etc.)	18	14.2%	17.8%	
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Indian Health Service (IHS)	2	1.6%	2.0%	
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Military (Tricare, Champus, VA)	3	2.4%	3.0%	
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Other (please specify)	1	0.8%	1.0%	
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice No health insurance	2	1.6%	2.0%	
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Prefer not to say	5	3.9%	5.0%	
Total	1	127	100.0%	125.7%	



#### SOCIAL HARDSHIP AND DISCRIMINATION

Did you move to your community in the past year?								
		Frequency	Percent	Valid Percent	Cumulative Percent			
Valid	Yes	10	9.9	9.9	9.9			
	No	91	90.1	90.1	100.0			
	Total	101	100.0	100.0				

		Not difficult at all	Slightly difficult	Somewhat difficult	Very difficult	Total
How difficult was it to do the following things?	Count	3	3	1	1	8
- Enroll children in school	Row N %	37.5%	37.5%	12.5%	12.5%	100.0%
How difficult was it to do the following things?	Count	3	3	3	1	10
- Find housing	Row N %	30.0%	30.0%	30.0%	10.0%	100.0%
How difficult was it to do the following things?	Count	6	3	1	0	10
- Find health care	Row N %	60.0%	30.0%	10.0%	0.0%	100.0%
How difficult was it to do the following things?	Count	3	3	1	3	10
- Find a job	Row N %	30.0%	30.0%	10.0%	30.0%	100.0%
How difficult was it to do the following things?	Count	4	2	2	1	9
- Find child care	Row N %	44.4%	22.2%	22.2%	11.1%	100.0%

Have you experience	ed discrimination in the past 12 mon	ths?			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	10	9.9%	10.1%	10.1%
	No	89	88.1%	89.9%	100.0%
	Total	99	98.0%	100.0%	
Missing	Prefer not to respond	1	1.0%		
	System	1	1.0%		
	Total	2	2.0%		
Total	•	101	100.0%		



Multiple Response										
Case Summary										
	Cases	Cases								
	Valid		Missing			Total				
	N	Percent	N	Pe	ercent	N	Per	cent		
MRQ6.4 <sup>a</sup>	10	9.9%	91	90	).1%	101	100	0.0%		
a. Dichotomy group tab	ulated at value 1		I	<u> </u>		1				

		Response	es	Percent of	
		N	Percent	Cases	
MRQ6.4ª	In what areas have you experienced discrimination? Select all that apply Selected Choice Race	4	15.4%	40.0%	
	In what areas have you experienced discrimination? Select all that apply Selected Choice Ethnicity	4	15.4%	40.0%	
	In what areas have you experienced discrimination? Select all that apply Selected Choice Sex	3	11.5%	30.0%	
	In what areas have you experienced discrimination? Select all that apply Selected Choice Gender identity		11.5%	30.0%	
	In what areas have you experienced discrimination? Select all that apply Selected Choice Sexual orientation	4	15.4%	40.0%	
	In what areas have you experienced discrimination? Select all that apply Selected Choice Age	3	11.5%	30.0%	
	In what areas have you experienced discrimination? Select all that apply Selected Choice Weight	3	11.5%	30.0%	
	In what areas have you experienced discrimination? Select all that apply Selected Choice Disability	1	3.8%	10.0%	
	In what areas have you experienced discrimination? Select all that apply Selected Choice Another area (please specify)	1	3.8%	10.0%	
Total		26	100.0%	260.0%	



Multiple Response										
Case Summary										
	Cases	Cases								
	Valid		Missing			Total				
	N	Percent	N	Percei	nt	N	Pe	rcent		
MRQ6.5ª	10	9.9%	91	90.1%	0	101	10	0.0%		
a. Dichotomy group tab	ulated at value 1.		<u> </u>			•	•			

		Respons	es	Percent of	
		N	Percent	Cases	
MRQ6.5ª	In which of the following situations did you experience discrimination? Select all that apply Selected Choice Applying for a job	4	13.8%	40.0%	
	In which of the following situations did you experience discrimination? Select all that apply Selected Choice At a job, work or my place of employment	5	17.2%	50.0%	
	In which of the following situations did you experience discrimination? Select all that apply Selected Choice Receiving medical care	3	10.3%	30.0%	
	In which of the following situations did you experience discrimination? Select all that apply Selected Choice Looking for housing	3	10.3%	30.0%	
	In which of the following situations did you experience discrimination? Select all that apply Selected Choice Applying for a credit card, mortgage, or bank loan	2	6.9%	20.0%	
	In which of the following situations did you experience discrimination? Select all that apply Selected Choice Shopping at a store or eating at a restaurant	6	20.7%	60.0%	
	In which of the following situations did you experience discrimination? Select all that apply Selected Choice Applying for social services or public assistance	3	10.3%	30.0%	
	In which of the following situations did you experience discrimination? Select all that apply Selected Choice Interacting with the police	1	3.4%	10.0%	
	In which of the following situations did you experience discrimination? Select all that apply Selected Choice Another area (please specify)	1	3.4%	10.0%	
	In which of the following situations did you experience discrimination? Select all that apply Selected Choice Prefer not to respond	1	3.4%	10.0%	
Total		29	100.0%	290.0%	



		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not difficult at all	55	54.5%	57.9%	57.9%
	Slightly difficult	19	18.8%	20.0%	77.9%
	Somewhat difficult	14	13.9%	14.7%	92.6%
	Very difficult	7	6.9%	7.4%	100.0%
	Total	95	94.1%	100.0%	
Missing	I don't know	3	3.0%		
	Prefer not to respond	3	3.0%		
	Total	6	5.9%		
Total		101	100.0%		

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	4.0%	4.0%	4.0%
	No	95	94.1%	96.0%	100.0%
	Total	99	98.0%	100.0%	
Missing	Prefer not to respond	1	1.0%		
	System	1	1.0%		
	Total	2	2.0%		
Total		101	100.0%		

Statistics							
What is your age? - Select your age on the slider							
N	Valid	93					
	Missing	8					
Mean	Mean						
Median		43.0000					



RECODE: Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 18 years	2	2.0%	2.0%	2.0%
	18 to 34 years	26	25.7%	26.5%	28.6%
	35 to 44 years	23	22.8%	23.5%	52.0%
	45 to 64 years	41	40.6%	41.8%	93.9%
	65 to 84 years	5	5.0%	5.1%	99.0%
	85 years and older	1	1.0%	1.0%	100.0%
	Total	98	97.0%	100.0%	
Missing	System	3	3.0%		
Total	·	101	100.0%		

What is your gender? - Selected Choice							
		Frequency	Percent	Valid Percent	Cumulative Percent		
Valid	Male	11	10.9%	11.1%	11.1%		
	Female	88	87.1%	88.9%	100.0%		
	Total	99	98.0%	100.0%			
Missing	Prefer not to say	1	1.0%				
	System	1	1.0%				
	Total	2	2.0%				
Total		101	100.0%				

Multiple Respon	se					
Case Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ7.3 <sup>a</sup>	100	99.0%	1	1.0%	101	100.0%
a. Dichotomy grou	up tabulated at value 1		I	<u> </u>	I	<u> </u>



		Response	S	Percent of	
		N	Percent	Cases	
MRQ7.3 <sup>a</sup>	Which of these groups best represents your race? Select all that apply Selected Choice White	93	88.6%	93.0%	
	Which of these groups best represents your race? Select all that apply Selected Choice Black or African American	1	1.0%	1.0%	
	Which of these groups best represents your race? Select all that apply Selected Choice American Indian or Alaska Native	6	5.7%	6.0%	
	Which of these groups best represents your race? Select all that apply Selected Choice Asian	2	1.9%	2.0%	
	Which of these groups best represents your race? Select all that apply Selected Choice Native Hawaiian or Pacific Islander	1	1.0%	1.0%	
	Which of these groups best represents your race? Select all that apply Selected Choice Prefer not to say	2	1.9%	2.0%	
Total	1	105	100.0%	105.0%	

Do you identify as Hispanic, Latine, or of Spanish origin?							
		Frequency	Percent	Valid Percent	Cumulative Percent		
Valid	Yes	5	5.0%	5.1%	5.1%		
	No	93	92.1%	94.9%	100.0%		
	Total	98	97.0%	100.0%			
Missing	Prefer not to say	2	2.0%				
	System	1	1.0%				
	Total	3	3.0%				
Total		101	100.0%				



What is your estima	ated annual household income?				
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than \$15,000	4	4.0%	4.3%	4.3%
	\$15,000 - \$24,999	1	1.0%	1.1%	5.4%
	\$25,000 - \$49,999	17	16.8%	18.5%	23.9%
	\$50,000 - \$74,999	17	16.8%	18.5%	42.4%
	\$75,000 - \$99,999	19	18.8%	20.7%	63.0%
	\$100,000 - \$149,999	25	24.8%	27.2%	90.2%
	\$150,000 and over	9	8.9%	9.8%	100.0%
	Total	92	91.1%	100.0%	
Missing	Prefer not to say	7	6.9%		
	System	2	2.0%		
	Total	9	8.9%		
Total	-	101	100.0%		

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	9th to 12th Grade, no diploma	2	2.0%	2.1%	2.1%
	High school graduate or equivalency	11	10.9%	11.3%	13.4%
	Some college, no degree	13	12.9%	13.4%	26.8%
	Associate's degree	31	30.7%	32.0%	58.8%
	Bachelor's degree	28	27.7%	28.9%	87.6%
	Graduate or professional degree	12	11.9%	12.4%	100.0%
	Total	97	96.0%	100.0%	
Missing	Prefer not to say	1	1.0%		
	System	3	3.0%		
	Total	4	4.0%		
Total	•	101	100.0%		



Which of these categories best describes your employment status?							
		Frequency	Percent	Valid Percent	Cumulative Percent		
Valid	Employed full time	68	67.3%	78.2%	78.2%		
	Employed part time	11	10.9%	12.6%	90.8%		
	Unemployed	3	3.0%	3.4%	94.3%		
	Retired	2	2.0%	2.3%	96.6%		
	Student	2	2.0%	2.3%	98.9%		
	Disabled	1	1.0%	1.1%	100.0%		
	Total	87	86.1%	100.0%			
Missing	System	14	13.9%				
Total	·	101	100.0%				

What is your marital status?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	22	21.8%	22.4%	22.4%
	Married or in a domestic partnership	65	64.4%	66.3%	88.8%
	Divorced or separated	9	8.9%	9.2%	98.0%
	Widowed	2	2.0%	2.0%	100.0%
	Total	98	97.0%	100.0%	
Missing	Prefer not to say	1	1.0%		
	System	2	2.0%		
	Total	3	3.0%		
Total	·	101	100.0%		

Statistics				
How many people live in your household? Use numbers only. If you live alone, put "1".				
N	Valid	99		
	Missing	2		
Mean		2.8283		
Median		2.0000		



RECODE: How many people live in your household?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 person	15	14.9%	15.2%	15.2%
	2 to 4 people	67	66.3%	67.7%	82.8%
	5 or more people	17	16.8%	17.2%	100.0%
	Total	99	98.0%	100.0%	
Missing	System	2	2.0%		
Total		101	100.0%		

Do you have access to reliable internet in your home?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	97	96.0%	98.0%	98.0%
	No	2	2.0%	2.0%	100.0%
	Total	99	98.0%	100.0%	
Missing	Prefer not to respond	1	1.0%		
	System	1	1.0%		
	Total	2	2.0%		
Total	·	101	100.0%		

•		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hospital or public health website	17	16.8%	17.2%	17.2%
	Hospital or public health social media page (e.g., Facebook)	10	9.9%	10.1%	27.3%
	Hospital or public health employee directly	27	26.7%	27.3%	54.5%
	Economic development website or social media page	2	2.0%	2.0%	56.6%
	Other website or social media page (please specify)	4	4.0%	4.0%	60.6%
	Newspaper advertisement	1	1.0%	1.0%	61.6%
	Church bulletin	2	2.0%	2.0%	63.6%
	Word of mouth	4	4.0%	4.0%	67.7%
	Direct email (please specify from where)	28	27.7%	28.3%	96.0%
	Another way (please specify)	4	4.0%	4.0%	100.0%
	Total	99	98.0%	100.0%	
Missing	System	2	2.0%		
Total		101	100.0%		