2016 Community Health Needs Assessment

Bowman Area
North Dakota

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SOUTHWEST HEALTHCARE SERVICES

Center for Rural Health

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Executive Summary

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

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

With regard to demographics, Bowman County population from 2010 to 2015 increased by 4.5%. The percent average of residents under age 18 (24.7%) is more than nearly two percentage points of the North Dakota average (22.8%). Percentage of residents aged 65 and older is higher (19.0%) than the North Dakota average (14.2%) and rates of education slightly lower than North Dakota averages. The median household income in Bowman County ($63,750) is higher than the state average of North Dakota ($55,579).

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

- Premature death
- Percent Diabetic
- Physical inactivity
- Teen birth rate
- Uninsured

- Preventable hospital stays
- Diabetic screening
- Mammography screening
- Children in single-parent households

Of 82 potential community and health needs set forth in the survey, the 192 SWHS service area residents who completed the survey indicated these six (have at least 76 votes each) needs as the most important:

1. Ability to recruit and retain primary care providers (doctor, nurse practitioner, physician assistant)
2. Cancer
3. Attracting and retaining young families
4. Jobs with livable wages
5. Cost of health insurance
6. Availability of primary care providers (doctor, nurse practitioner, physician assistant)
7. Obesity/overweight

The survey also revealed that the biggest barriers to receiving healthcare (as perceived by community members) were: not able to see the same provider over time (N=71); not enough physicians, physician assistants, nurse practitioners (N=52); and concerns about confidentiality (N=51).

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

- People are friendly, helpful, and supportive
- People who live here are involved in their community
- Feeling connected to people who live here

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

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

Following careful consideration of the results and findings of this assessment, Community Group members determined that, in their estimation, the significant health needs or issues in the community are:

- Ability to recruit and retain primary care providers (physicians, nurse practitioners, physician assistants)
- Mental/behavioral health
- Drug/alcohol use and abuse (including prescription drug abuse & binge drinking)
- Attracting and retaining young families

The group will begin the next step of strategic planning to identify ways to address significant community needs.

Overview and Community Resources

With assistance from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, Southwest Healthcare Services (SWHS) completed a community health assessment of the SWHS service area.

Many community members and stakeholders worked together on the assessment. SWHS is located in southwest North Dakota and serves approximately 5,500 residents in seven rural communities in the southwest corner of North Dakota and the northwest corner of South Dakota. Along with the hospital, agricultural and oil production provide the economic base for southwest North Dakota.

Residents in the service area have options when it comes to health care access. West River Health Services has satellite clinics in Bowman and Scranton as well as a hospital 40 miles way. Other services in the area include a pharmacy, an optometrist, multiple dentists, and chiropractors. Bowman County has a number of community assets and resources that can be mobilized to address population health improvement. In terms of physical assets and features, the community includes a bike path, swimming pool, city parks, tennis courts, golf course, skating rink, and a movie theatre. Bowman Haley Dam (20 minutes from Bowman) offers recreation and camping opportunities. Also, 30 minutes from Bowman County is the Maah Daah Hey Trail which offers 97 miles of trails for biking, hiking, and horseback riding.

The city of Bowman has several fitness centers, public transportation, and good grocery stores which are valued community assets. The Bowman County school system offers a comprehensive program for students K-12.

This assessment examines health needs and concerns in Bowman & Slope counties in North Dakota (Figure 1) and Harding County in South Dakota (Figure 2). Within these three counties there are several communities including; Amidon, Bowman, Buffalo, Camp Crook, Gascoyne, Ludlow, Marmarth, Rhame, and Scranton.

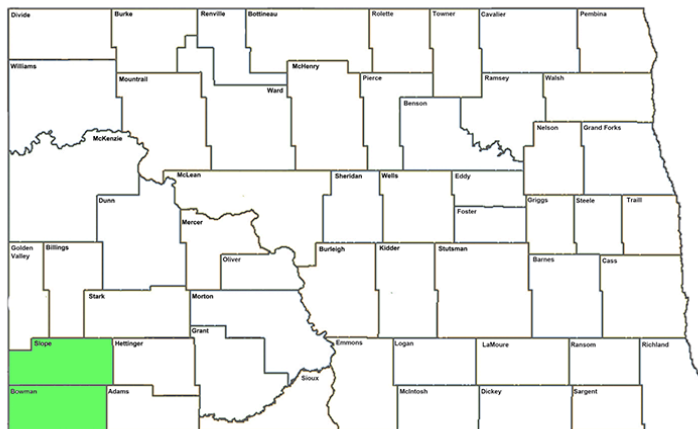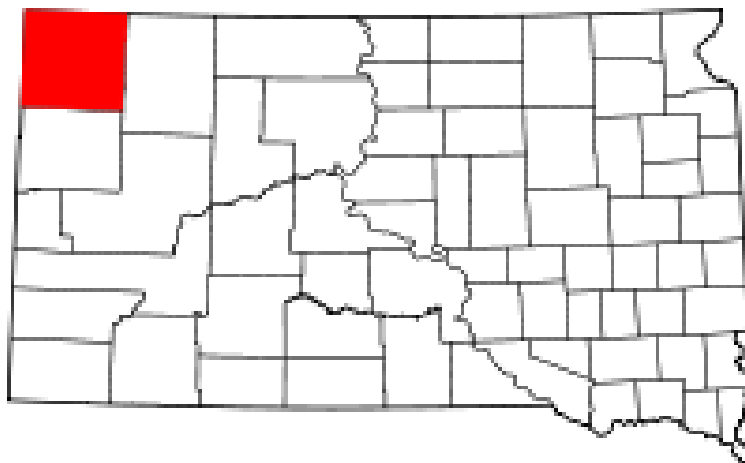**Figure 1: Bowman and Slope Counties, North Dakota**

Figure 2: Harding County, South Dakota

Southwest District Health Unit – Bowman County Location

Southwest District Health Unit (SWDHU) provides public health services that include health, nursing services, the WIC (women, infants, and children) program, health screenings, and education services. Each of these programs provides a wide variety of services in order to accomplish the mission of public health, which is to ensure that North Dakota is a healthy place to live and each person has an equal opportunity to enjoy good health.

Specific services provided by Southwest District Health Unit are:

- Bicycle helmet safety education
- Blood pressure checks
- Breastfeeding resources
- Car seat program (referral only)
- Child health (well-baby checks)
- Correctional facility health (educational programs)
- Diabetes screening
- Emergency Preparedness services-work with community partners as part of local emergency response team
- Environmental Health Services (water, sewer, health hazard abatement)
- Flu shots
- Health Tracks (child health screening) (Medicaid eligible)
- Home health-- In-Home Nursing Care (only 1-2 visits, not ongoing)
- Immunizations (includes in school immunizations)
- Medication setup—home visits
- Newborn Home Visits
- Nutrition education
- School health-- vision, health education and resource to the schools
- Preschool education programs & screening
- Tobacco Prevention and Control
- Tuberculosis testing and management
- West Nile program—surveillance and education
- WIC (Women, Infants & Children) Program
- Worksite Wellness-- Coordinator for County Employees and Sheriff's Dept.
- Youth education programs (First Aid, Bike Safety)
- Health Maintenance Program
- Dental Health Education
- Participate in education for our local food pantry

Southwest Healthcare Services

Opened in 1951, Southwest Healthcare Services (SWHS) is one of the most important assets in the community. SWHS is a private, non-profit organization dedicated to providing quality healthcare for over 5,500 residents in seven rural communities in the southwest corner of North Dakota and the northwest corner of South Dakota.   SWHS consists of 23 beds licensed by the State of North Dakota as a Critical Access Hospital (CAH), a Long-Term Care Facility, Home Care Services, Independent & Assisted Living Apartments, Emergency Medical Services (EMS) and a Rural Health Clinic. The facility has achieved Level IV Trauma designation with physician staffed emergency services available 24 hours a day, seven days a week.

A 2016 economic impact study estimated that SWHS had a total economic impact on Bowman County of about $6.7 million.

The mission of SWHS is:
Guided by faith-based leadership, we are a family of specialists, each performing a unique service. With a spirit of compassion, we provide excellence in healthcare to those we are privileged to serve.

Specific services provided by SWHS are:

Hospital

1. Emergency Room (Level IV Trauma Designation)
2. Inpatient and Outpatient services
3. Swing bed (with Activities and Restorative Maintenance Therapy)
4. Pharmacy
5. Scopes and minor surgical procedures
6. Nutrition counseling
7. Social Services

Therapy Services

1. Respiratory Therapy
2. Cardiac and Pulmonary Rehabilitation
3. Occupational Therapy
4. Physical Therapy

Radiology Services

1. General X-ray
2. Computed Tomography
3. Ultrasound
4. Mammography
5. Bone Density Scanning
6. Body Composition Scanning
7. PADnet testing for peripheral artery disease screening
8. Magnetic Resonance Imaging (every other Wednesday)
9. Echocardiography on specified Wednesdays

Laboratory Services

1. Siemens Dimension Xpand
2. Beckman Coulter Act Diff 5 CP
3. Siemens C600
4. D-Dimer
5. Opti CCA TS
6. Alere Triage
7. Siemens DCA Advantage
8. Siemens Status
9. Quick Kits
   a. Rapid Strep Test
   b. Rapid Influenza A and B Test
   c. Pregnancy Test
   d. Mononucleosis Test
   e. Drug Abuse Screening
10. The Lab also offers Occupational Health Testing and supervises the SWHS Drug and Alcohol testing for all employees
    a. Urine Sample Collection
    b. Breath Alcohol Testing
    c. Hair Sample Collection
    d. Saliva Sample Collection
11. Holiday Health Fair Screening for Glucose, Lipids, PSA and Colon Cancer screening which is held during the first or second week of December
12. Reference Labs
    a. Northern Plains Laboratory in Bismarck under the direction of Dr. Ward Fredrickson and Dr. John Hipp
    b. North Dakota State Health lab

Other Services SWHS Offers

1. Rural Health Clinic
    a. Family Healthcare/ Women's Healthcare
    b. Allergy testing
    c. Sports physicals
    d. Sports Medicine
    e. Skin Cancer Screening
    f. Free breast exams in October
    g. DOT physicals
    h. Wellness exams
    i. Well child care
    j. Free blood pressure screenings
    k. Child and Adult Immunizations
    l. Occupational Health
    m. Diabetic foot care
    n. Concussion testing
    o. Management of Acute & Chronic Illnesses
    p. OB/GYN (visiting physician)
    q. Cardiology, (visiting physician)
    r. Pediatrics (visiting physician)
    s. Orthopedic (visiting physician)
2. Ambulance Services
3. Long Term Care
    a. Skilled Nursing
4. Assisted Living
5. Independent Senior Living

Services offered by OTHER providers/organizations

1. Chiropractic services
2. Dental services
3. Massage therapy
4. Optometric/vision services
5. Rural Health Clinic

Assessment Process

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

A community health needs assessment benefits the community by:

1) Collecting timely input from the local community, providers, and staff;
2) Providing an analysis of secondary data related to health-related behaviors, conditions, risks, and outcomes;
3) Compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan;
4) Engaging community members about the future of healthcare; and
5) Allowing the community hospital to meet federal regulatory requirements of the Affordable Care Act, which requires not-for-profit hospitals to complete a community health needs assessment at least every three years, as well as helping the local public health unit meet accreditation requirements.

This assessment examines health needs and concerns in Bowman and Slope Counties in North Dakota and Harding County in South Dakota. In addition to Bowman, Amidon, Buffalo, Camp Crook, Gascoyne, Ludlow, Marmarth, Rhame, and Scranton.

The Center for Rural Health, in partnership with Southwest Healthcare Services (SWHS) and Southwest District Health Unit, facilitated the community health needs assessment process. Community representatives met regularly by telephone conference and via email. A CHNA Liaison was selected locally, who served as the main point of contact between the Center for Rural Health and Bowman. A small Steering Committee was formed that was responsible for planning and implementing the process locally. Representatives from the Center for Rural Health met and corresponded regularly by teleconference and/or via email with the CHNA Liaison. The Community Group (described in more detail below) provided in-depth information and informed the assessment process in terms of community perceptions, community resources,

community needs, and ideas for improving the health of the population and healthcare services. Community representatives were selected from outside the hospital and local health department, including representatives from local government, businesses, schools, and social services to participate in the key-information interviews and community group meetings.

The base survey instrument used in the process was also developed collaboratively and took into account input from health organizations around the state. The original survey tool was developed and used by the Center for Rural Health. In order to ensure the survey tool met the needs of hospitals and public health, the Center for Rural Health worked with the North Dakota Department of Health's public health liaison and participated in a series of meetings that garnered input from the state's health officer, local public health unit professionals from around North Dakota, representatives of the Center for Rural Health, and representatives from North Dakota State University.

As part of the assessment's overall collaborative process, the Center for Rural Health spearheaded efforts to collect data for the assessment in a variety of ways:

- A survey solicited feedback from area residents;

- Community leaders representing the broad interests of the community took part in one-on-one key informant interviews;

- The Community Group, comprised of community leaders and area residents, was convened to discuss area health needs and the assessment process; and

- A wide range of secondary sources of data were examined, providing information on a multitude of measures including demographics; health conditions, indicators, and outcomes; rates of preventive measures; rates of disease; and at-risk behavior.

The Center for Rural Health (CRH) is one of the nation's most experienced organizations committed to providing leadership in rural health. Its mission is to connect resources and knowledge to strengthen the health of people in rural communities. The CRH is the designated State Office of Rural Health (SORH) and administers the Medicare Rural Hospital Flexibility (Flex) program, funded by the Federal Office of Rural Health Policy,

Health Resources Services Administration (HRSA), Department of Health and Human Services. The Center connects the School of Medicine and Health Sciences, and other necessary resources, to rural communities and their healthcare organizations in order to maintain access to quality care for rural residents. In this capacity the CRH works at a national, state and community level.

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

Community Group

A Community Group consisting of nine community members was convened and first met on August 31, 2016. During this first Community Group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about SWHS service area, and served as a focus group. Focus group topics included community assets and challenges, the general health needs of the community, community concerns, and suggestions for improving the community's health.

The Community Group met again on November 21, 2016 with 12 community members in attendance. At this second meeting the Community Group was presented with survey results, findings from key informant interviews and the focus group, and a wide range of secondary data relating to the general health of the population in Bowman County. The group was then tasked with identifying and prioritizing the community's health needs.

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

Interviews

Interviews, were conducted, in person and via telephone, with seven key informants in Bowman on August 31, 2016, by a representative from the Center for Rural Health. Interviews were held with selected members of the Community Group as well as other key informants who could provide insights into the community's health needs. Included among the informants were public health professionals with special knowledge in public health acquired through several years of direct experience in the community.

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

Survey

A survey was distributed to solicit feedback from the community and was not intended to be a scientific or statistically valid sampling of the population. It was designed to be an additional tool for collecting qualitative data from the community at large – specifically, information related to community-perceived health needs. A copy of the survey instrument is included in Appendix A.

The community member survey was distributed, electronically and paper copy, to a variety of residents of the SWHS service area, described in detail below.

The survey tool was designed to:

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

Specifically, the survey covered the following topics:

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

To promote awareness of the assessment process, press releases were published in Bowman County Pioneer Newspaper. Additionally, information was published on the SWHS website.

Approximately 150 hard-copy community surveys were distributed in Bowman County. The surveys were distributed by SWHS employees and at several SWHS department locations, SDHU in Bowman, city hall, library, and area business offices.

To ensure anonymity, each survey included a postage-paid return envelope to the Center for Rural Health. In addition, to make the survey widely available, residents also could request a paper-copy survey by calling SWHS or SDHU. The survey period ran from August 10 to August 31, 2016. Fifty-nine completed surveys were returned.

Area residents also were given the option of completing an online version of the survey, which was publicized in three community newspapers, SWHS website, and the SWHS Facebook page. One hundred thirty-three online surveys were completed. In total, counting both paper and online surveys, 192 community member surveys were completed, equating to an 11% response rate. This response rate is on par for this type of unsolicited survey methodology and indicates an engaged community.

Secondary Data

Secondary data was collected and analyzed to provide descriptions of: (1) population demographics, (2) general health issues (including any population groups with particular health issues), and (3) contributing causes of community health issues. Data were collected from a variety of sources including: United States Census Bureau; Robert Wood Johnson Foundation's County Health Rankings, which pulls data from 20 primary data sources ([www.countyhealthrankings.org)](www.countyhealthrankings.org); the National Survey of Children's Health which touches on multiple intersecting aspects of children's lives (www.childhealthdata.org/learn/NSCH); and North Dakota KIDS COUNT, which is a national and state-by-state effort to track the status of children, sponsored by the Annie E. Casey Foundation (www.ndkidscount.org).

Social Determinants of Health

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

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

Income-level, educational attainment, race/ethnicity, and health literacy all impact the ability of people to access health services. Basic needs such as clean air and water and safe and affordable housing are all essential to staying healthy, and are also impacted

by the social factors listed above. The impact of these challenges can be compounded by the barriers already present in rural areas, such as limited public transportation options and fewer choices to acquire healthy food.

Figure 3 illustrates the small percent (20%) that healthcare quality and services, while vitally important, play in the overall health of individuals and ultimately of a community. Physical environment, socio-economic factors, and health behaviors play a much larger part (70%) in impacting health outcomes. Therefore, as needs or concerns were raised through this community health needs assessment process, it was imperative to keep in mind how they impact the health of the community and what solutions can be implemented.

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

Figure 3: Social Determinants of Health
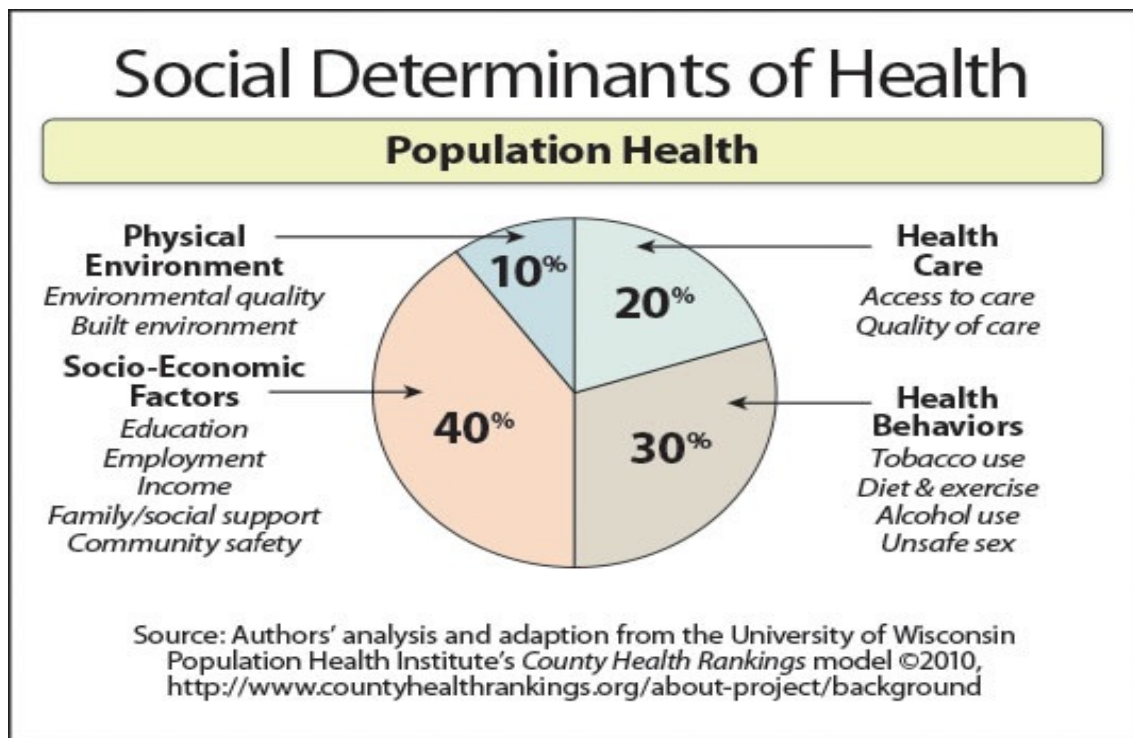
Demographic Information

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

TABLE 1: BOWMAN COUNTY: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2014 American Community Survey; more recent estimates used where available)		
	Bowman County	**North Dakota**
Population, 2015 est.	**3,294**	**739,482**
Population change, 2010-2015	**4.5%**	**9.9%**
Land area, square miles	**1,161**	**69,001**
People per square mile, 2010	**2.7**	**9.7**
White persons (not incl. Hispanic/Latino), 2015 est.	**95.6%**	**89.1%**
Persons under 18 years, 2015 est.	**24.7%**	**22.8%**
Persons 65 years or older, 2015 est.	**19.0%**	**14.2%**
Non-English spoken at home, 2015 est.	**4.0%**	**5.3%**
High school graduates, 2014 est.	**88.7%**	**90.9%**
Bachelor's degree or higher, 2014 est.	**20.0%**	**27.2%**
Live below poverty line, 2013 est.	**7.4%**	**11.9%**

The population of North Dakota has grown in recent years, and Bowman County has seen a slight increase in population since 2010, as the U.S. Census Bureau estimates show that the county's population increased from 3,151 (2010) to 3,294 (2015).

Health Conditions, Behaviors, and Outcomes

As noted above, several sources of secondary data were reviewed to inform this assessment. The data are presented below in three categories: (1) County Health Rankings, (2) the public health community profile, and (3) children's health.

County Health Rankings

The Robert Wood Johnson Foundation, in collaboration with the University of Wisconsin Population Health Institute, has developed County Health Rankings to illustrate community health needs and provide guidance for actions toward improved health. In this report, Bowman County is compared to North Dakota rates and national benchmarks on various topics ranging from individual health behaviors to the quality of healthcare.

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

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

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

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

Bowman County rankings within the state is included in the summary below. For example, Bowman County ranks 11th out of 49 ranked counties in North Dakota on health outcomes and 13th on health factors. The measures marked with a red checkmark (✔) are those where Bowman County is not measuring up to the state rate/percentage; a blue checkmark (✔) indicates that the county is faring better than the North Dakota average, but not meeting the U.S. Top 10% rate on that measure. Measures that are not

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

The data from County Health Rankings show that Bowman County is doing better, when compared to most of the rest of North Dakota, on a number of health *outcomes*, landing at or above rates for North Dakota counties, and not as well on roughly half of the U.S. Top 10% ratings, except poor or fair health, poor physical health and mental health days (in past 30 days), low birth weight, percent of diabetic, food environment index, sexually transmitted infections, dentists, unemployment, children in poverty, drinking water violations and severe housing problems. One particular outcome that Bowman County falls behind on both statewide and nationally is premature death. This is the years of potential life lost before age 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost. This measure allows communities to target resources to high-risk areas and further investigate causes of premature death.

On health *factors*, Bowman County performs above the majority of North Dakota counties.

Bowman County lags the state on the following reported measures:
- Premature death
- % Diabetic
- Physical inactivity
- Teen births
- Uninsured
- Preventable hospital stays
- Diabetic screening
- Mammography screening
- Children in single-parent households

TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS* – BOWMAN COUNTY			
	Bowman County	**U.S. Top 10%**	**North Dakota**
Ranking: Outcomes	11th		(of 49)
Premature death	7,700 ✓✓	5,200	6,600
Poor or fair health	10% ☺	12%	14%
Poor physical health days (in past 30 days)	2.4 ☺	2.9	2.9
Poor mental health days (in past 30 days)	2.4 ☺	2.8	2.9
Low birth weight	6% ☺	6%	6%
% Diabetic	9% ✓	9%	8%
Ranking: Factors	13th		(of 49)
Health Behaviors			
Adult smoking	15% ✓	14%	20%
Adult obesity	30% ✓	25%	30%
Food environment index (10=best)	9.3 ☺	8.3	8.4
Physical inactivity	30% ✓✓	20%	25%
Access to exercise opportunities	71% ✓	91%	66%
Excessive drinking	23% ✓	12%	25%
Alcohol-impaired driving deaths	33% ✓	14%	47%
Sexually transmitted infections	124.9 ☺	134.1	419.1
Teen birth rate	35 ✓✓	19	28
Clinical Care			
Uninsured	15% ✓✓	11%	12%
Primary care physicians	1,070:1 ✓	1,040:1	1,260:1
Dentists	1,080:1 ☺	1,340:1	1,690:1
Mental health providers	-	370:1	610:1
Preventable hospital stays	99 ✓✓	38	51
Diabetic screening	74% ✓✓	90%	86%
Mammography screening	63% ✓✓	71%	68%

Social and Economic Factors			
Unemployment	1.8% ☺	3.5%	2.8%
Children in poverty	10% ☺	13%	14%
Income inequality	4.1 ✓	3.7	4.4
Children in single-parent households	26% ✓	21%	27%
Violent crime	-	59	240
Injury deaths	88☺	51	63
Physical Environment			
Air pollution – particulate matter	9.9 ✓	9.5	10.0
Drinking water violations	No ☺	No	
Severe housing problems	6% ☺	9%	11%

Children's Health

The National Survey of Children's Health touches on multiple intersecting aspects of children's lives. Data are not available at the county level; listed below is information about children's health in North Dakota. The full survey includes physical and mental health status, access to quality healthcare, and information on the child's family, neighborhood, and social context. Data are from 2011-12. The survey is currently being conducted again by the Census Bureau in 2016, with initial data expected in 2017. More information about the survey may be found at: www.childhealthdata.org/learn/NSCH.

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

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

The data on children's health and conditions reveal that while North Dakota is doing better than the national averages on a few measures, it is not measuring up to the national averages with respect to:

- Obese or overweight children
- Children with health insurance

- Preventive primary care and dentist visits
- Developmental/behavioral screening
- Children in smoking households

Table 4 includes selected county-level measures regarding children's health in North Dakota. The data come from North Dakota KIDS COUNT, a national and state-by-state effort to track the status of children, sponsored by the Annie E. Casey Foundation. KIDS COUNT data focus on main components of children's well-being; more information about KIDS COUNT is available at www.ndkidscount.org. The measures highlighted in **red** in the table are those in which Bowman County is doing worse than the state average. The year of the most recent data is noted.

The data show that Bowman County is performing better, than the North Dakota average, on four of the examined measures except the number of uninsured children, number of children enrolled in Healthy Steps, and Licensed child care capacity. The most marked difference was on the measure of availability of licensed child daycare (over half of the state rate).

TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN'S HEALTH		
	Bowman County	**North Dakota**
Uninsured children (% of population age 0-18), 2013	**10.5%**	8.7%
Uninsured children below 200% of poverty (% of population), 2013	**41.9%**	47.8%
Medicaid recipient (% of population age 0-20), 2014	**20.0%**	27.0%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	**0.9%**	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2012	**12.6%**	21.4%
Licensed child care capacity (% of population age 0-13), 2014	**27.8%**	43.1%
High school dropouts (% of grade 9-12 enrollment), 2013	**2.4%**	2.8%

Survey Results

As noted above, 192 community members completed the written survey in communities throughout the service area. The survey requested that respondents list their home zip code. While not all respondents provided a zip code, 116 did, revealing that nearly all respondents lived in Bowman. These results are shown in Figure 4.

Figure 4: Survey Respondents' Home Zip Code
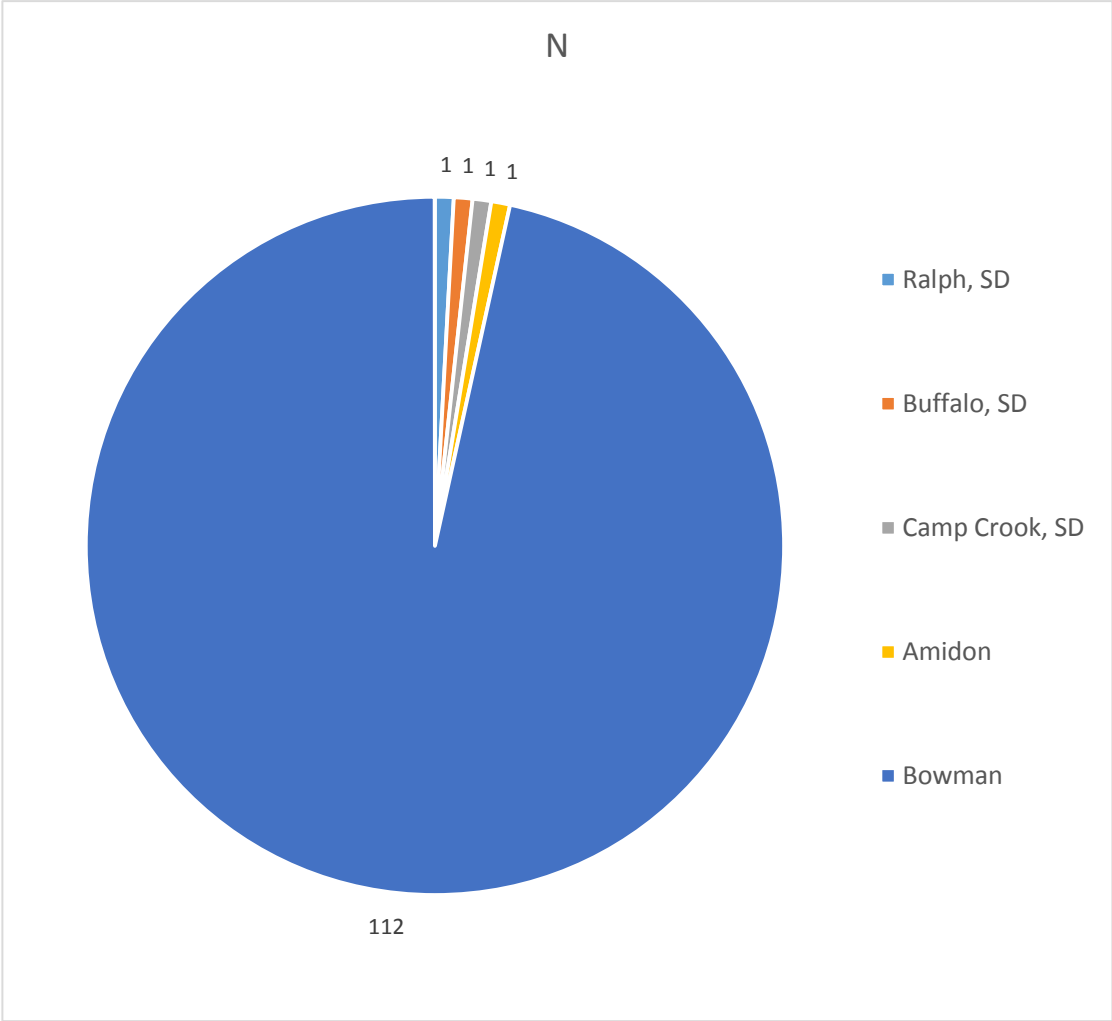
Survey results are reported in six categories: demographics; healthcare access; community assets, challenges; community concerns; delivery of healthcare; and other concerns or suggestions to improve health.

Survey Demographics

To better understand the perspectives being offered by survey respondents, survey-takers were asked a few demographic questions. Throughout this report, numbers (N) instead of percentages (%) are reported because percentages can be misleading with smaller numbers. Survey respondents were not required to answer all questions.

With respect to demographics of those who chose to complete the survey:
- 28% (N=53) were aged 55 or older, although there was a fairly even distribution of ages.
- A large majority (59%, N=113) were female.
- A little less than half of respondents (34%, N=66) had Bachelor's degrees or higher.
- Almost half (47%, N=90) worked full-time
- Less than one fourth of the respondents (17%, N=32) had household incomes of less than $50,000.

Figures 5 through 9 show these demographic characteristics. It illustrates the range of community members' household income and indicates how this assessment took into account input from parties who represent the varied interests of the community served, including a balance of age ranges, those in diverse work situations, and community members with lower incomes. Of those who provided a household income, nine community members reported a household income of less than $25,000. Over 22% (N=42) indicated a household income of $100,000 or more.

Figure 5: Age Demographics of Survey Respondents

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

Values shown: 4, 0, 9, 21, 31, 22, 34, 15
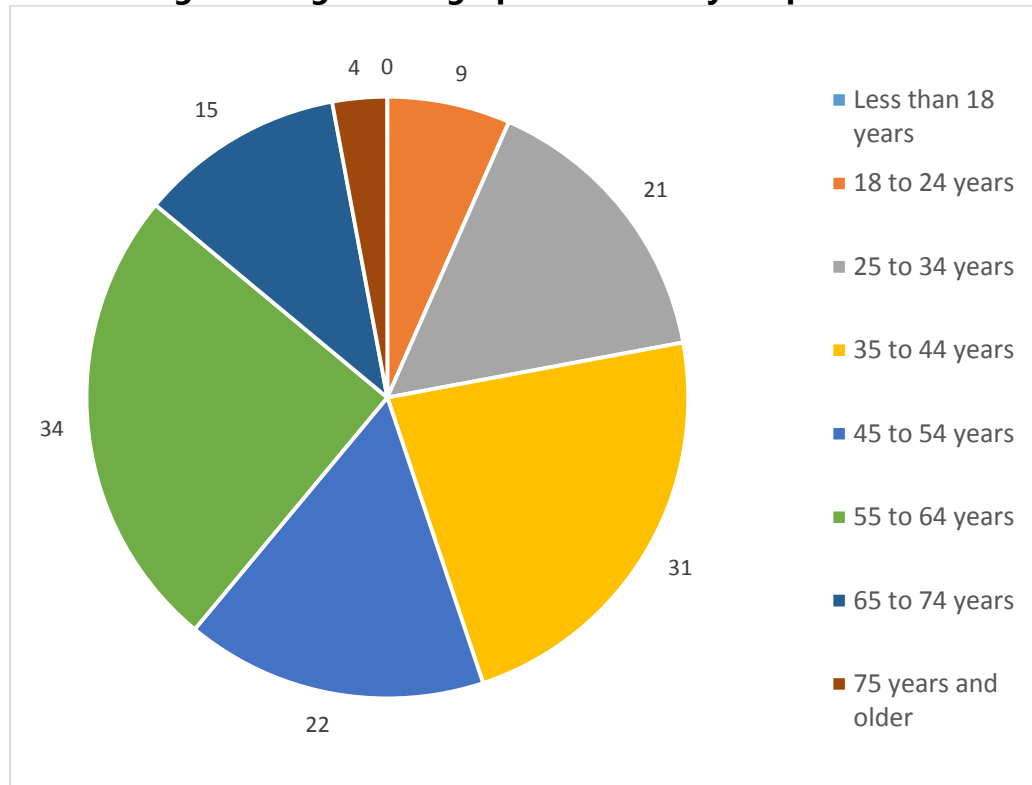
Figure 6: Gender Demographics of Survey Respondents

Legend:
- Female
- Male
- Transgender

Values shown: 0, 21, 113
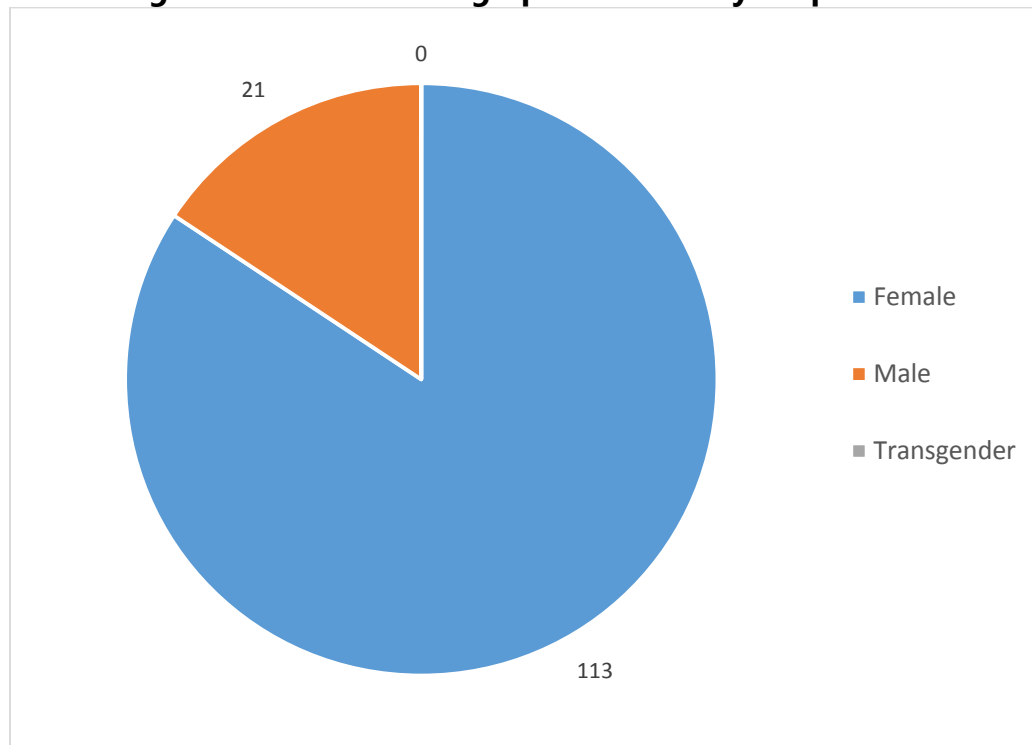
Figure 7: Educational Level Demographics of Survey Respondents

Pie chart legend:
- Less than high school
- High school diploma or GED
- Some college/technical degree
- Associate's degree
- Bachelor's degree
- Graduate or professional degree

Values: 2, 22, 27, 18, 51, 15
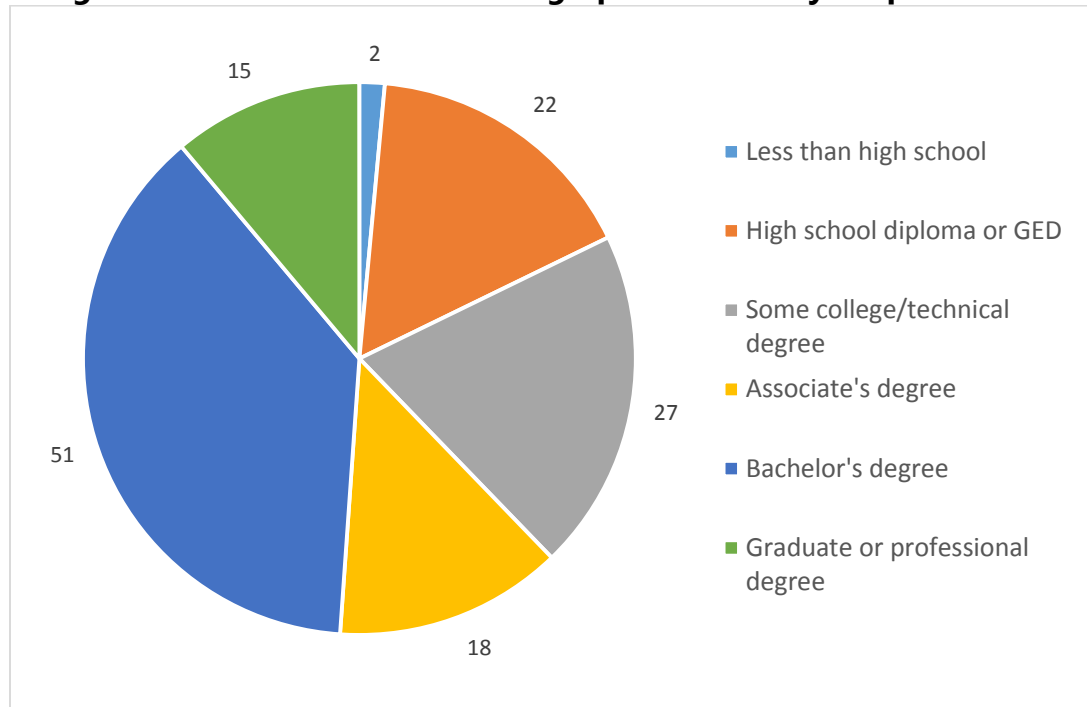
Figure 8: Employment Status Demographics of Survey Respondents

Pie chart legend:
- Full time
- Part time
- Homemaker
- Multiple job holder
- Unemployed
- Retired

Values: 90, 25, 3, 3, 0, 13

Figure 9: Household Income Demographics of Survey Respondents

Community members were asked about their health insurance status which is often associated with whether people have access to healthcare. Five (N=5) of the respondents reported having no health insurance or being under-insured. The most common insurance types were insurance through one's employer or self-purchased (N=121) or Medicare (N=19).

Figure 10: Insurance Status

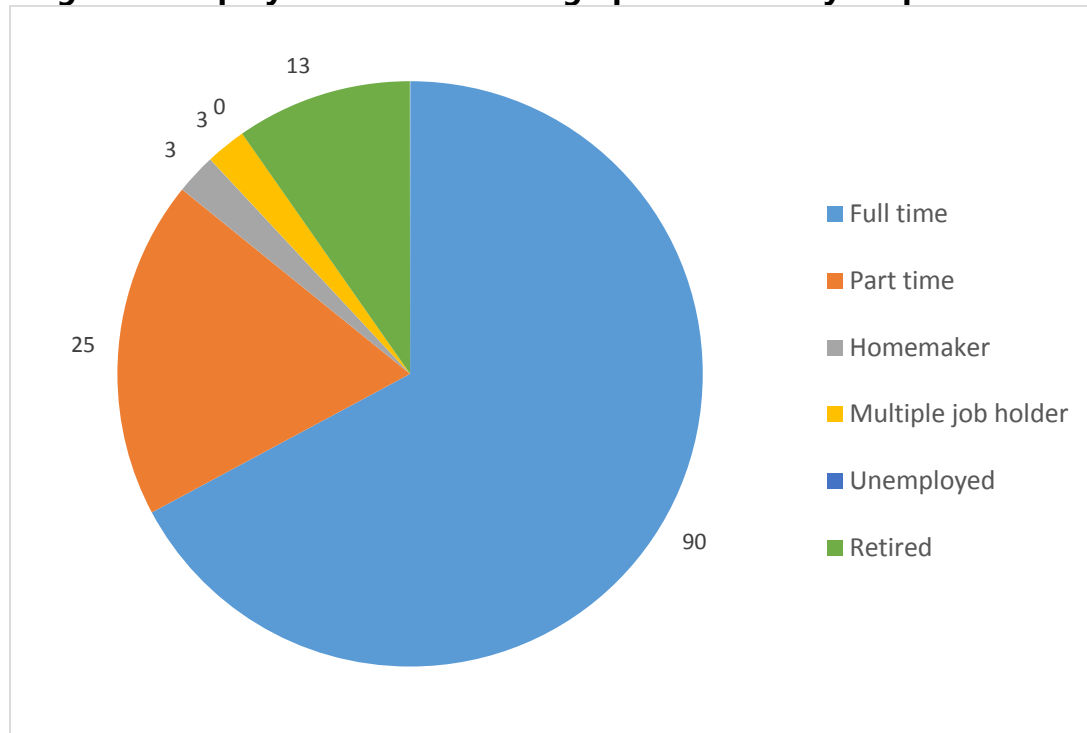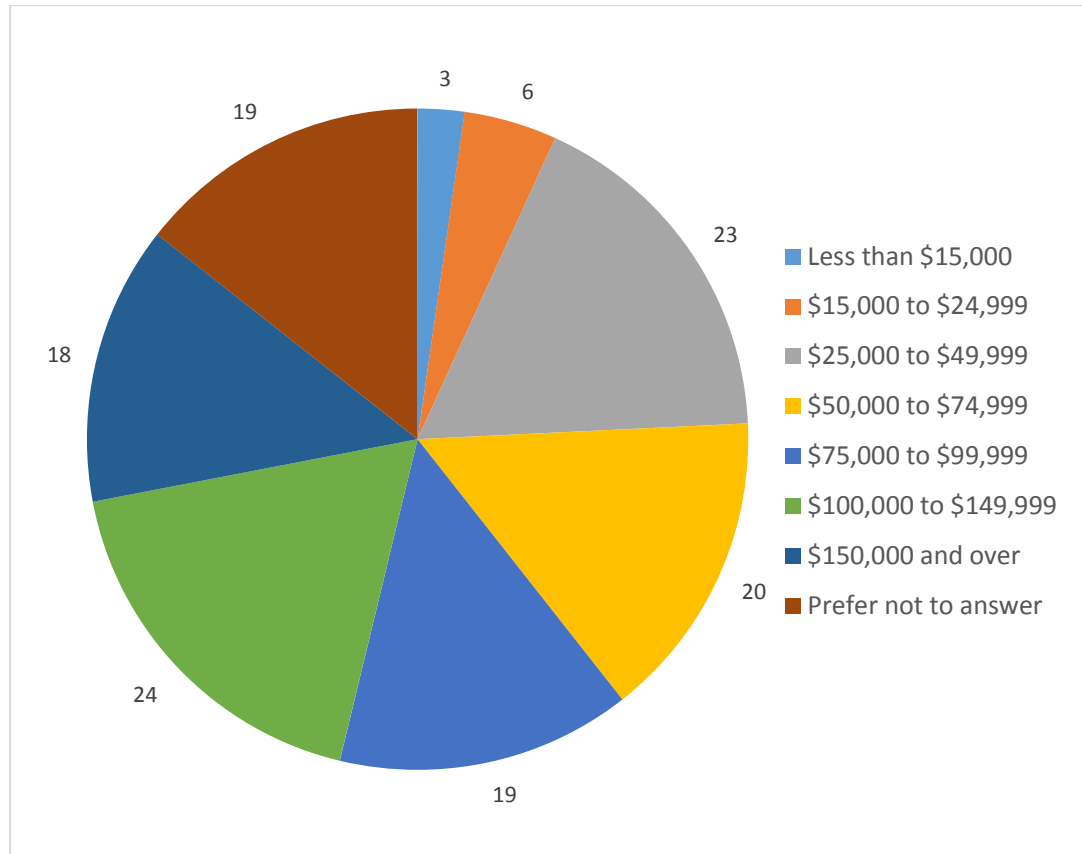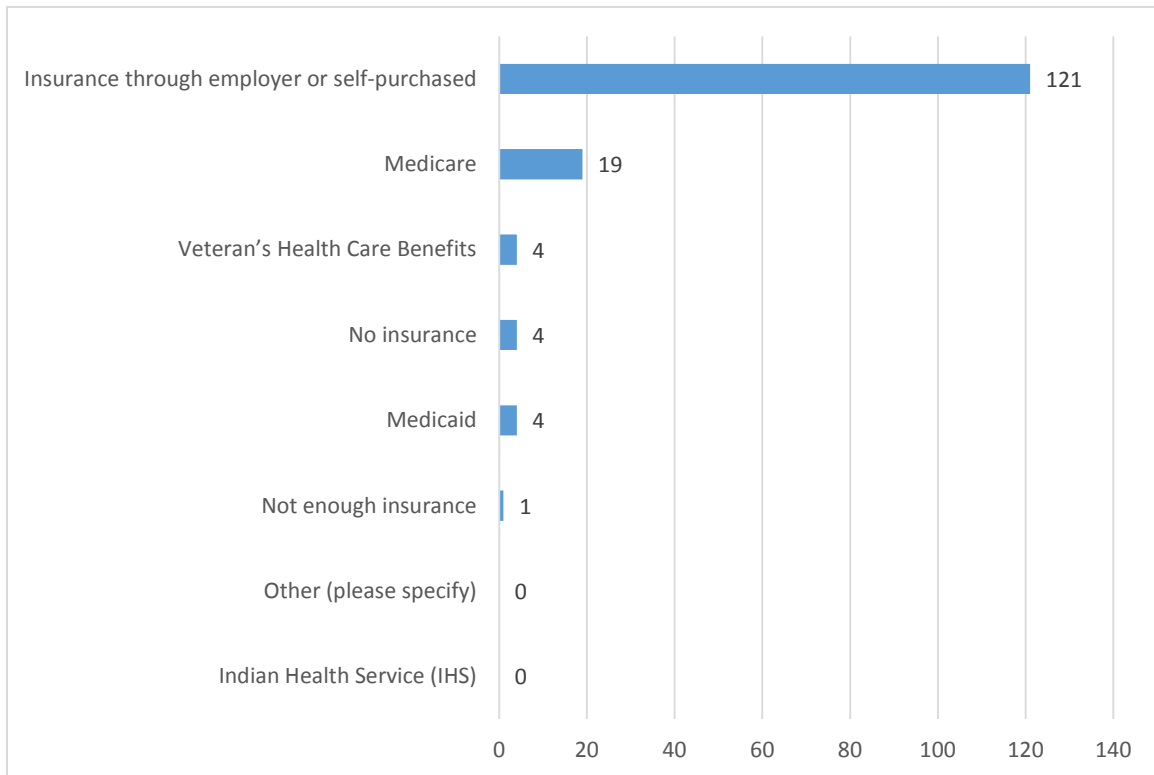| Category	Value
Insurance through employer or self-purchased	121
Medicare	19
Veteran's Health Care Benefits	4
No insurance	4
Medicaid	4
Not enough insurance	1
Other (please specify)	0
Indian Health Service (IHS)	0

Community Assets and Challenges

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

- People are friendly, helpful, and supportive (N=128)
- People who live here are involved in their community (N=95)
- People feel connected to others who live here (N=78)

Figures 11 to 14 illustrate the results of these questions.

Figure 11: Best Things about the PEOPLE in Your Community
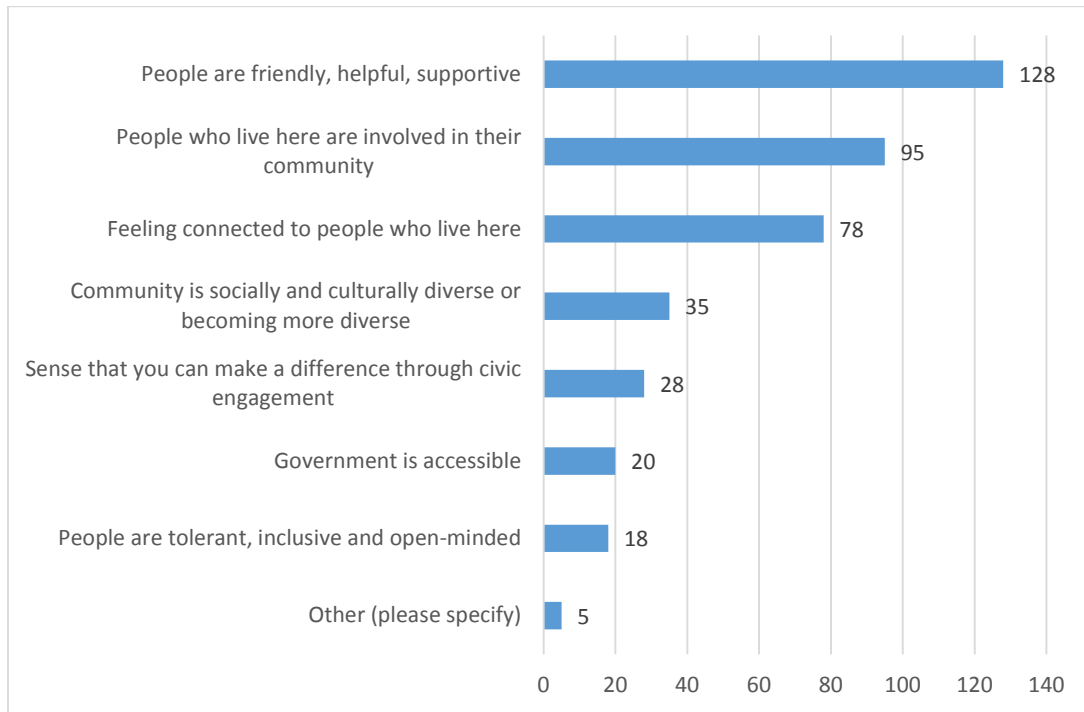
Two respondents specified "Other" specified other things about the people in the community: 1) more community involved activities, and 2) that it is a very closed community.

Figure 12: Best Things about the SERVICES AND RESOURCES in Your Community

Category	Value
Active faith community	105
Quality school systems	94
Healthcare	63
Community groups and organizations	47
Programs for youth	46
Business district (restaurants, availability of goods)	30
Access to healthy food	21
Public transportation	14
Other (please specify)	9
Opportunities for advanced education	4
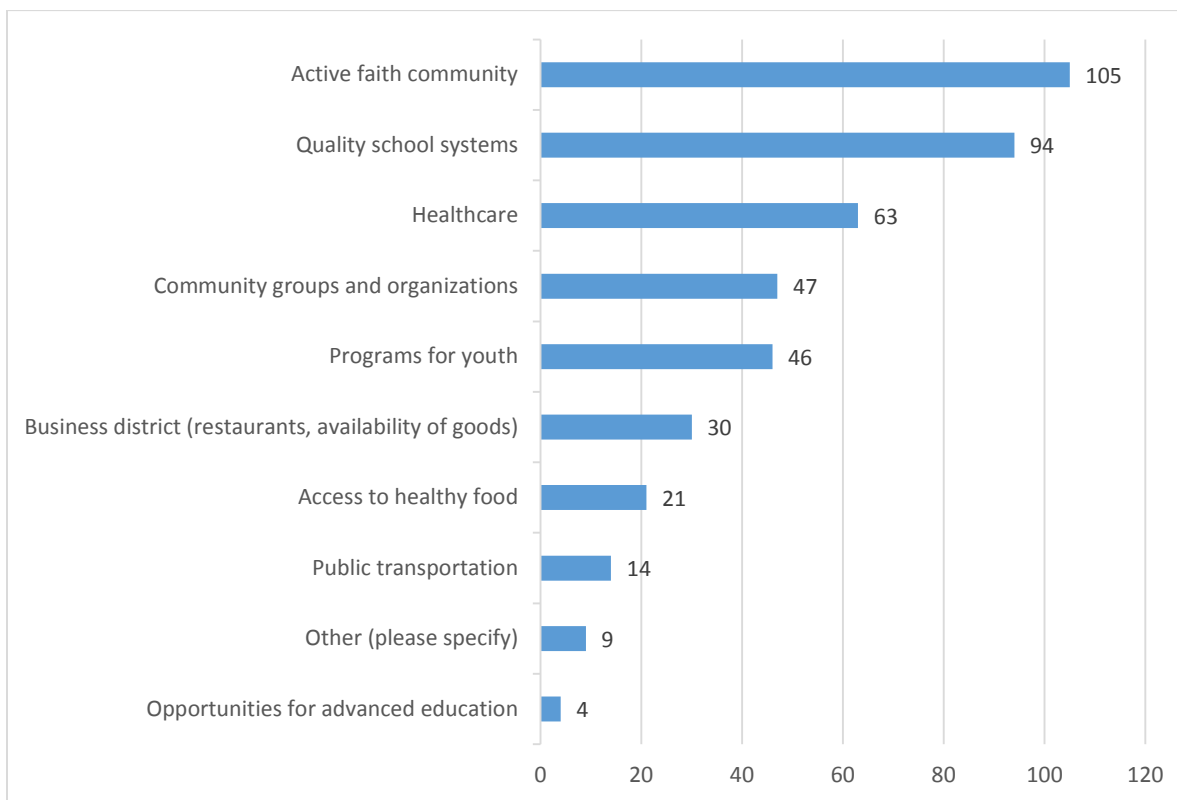
Within the "Other" category, items listed were the public library (2), location, and continuity of care.

Figure 13: Best Things about the QUALITY OF LIFE in Your Community

Category	Value
Family-friendly; good place to raise kids	139
Safe place to live, little/no crime	101
Informal, simple, laidback lifestyle	85
Closeness to work and activities	73
Job opportunities or economic opportunities	23
Other (please specify)	2
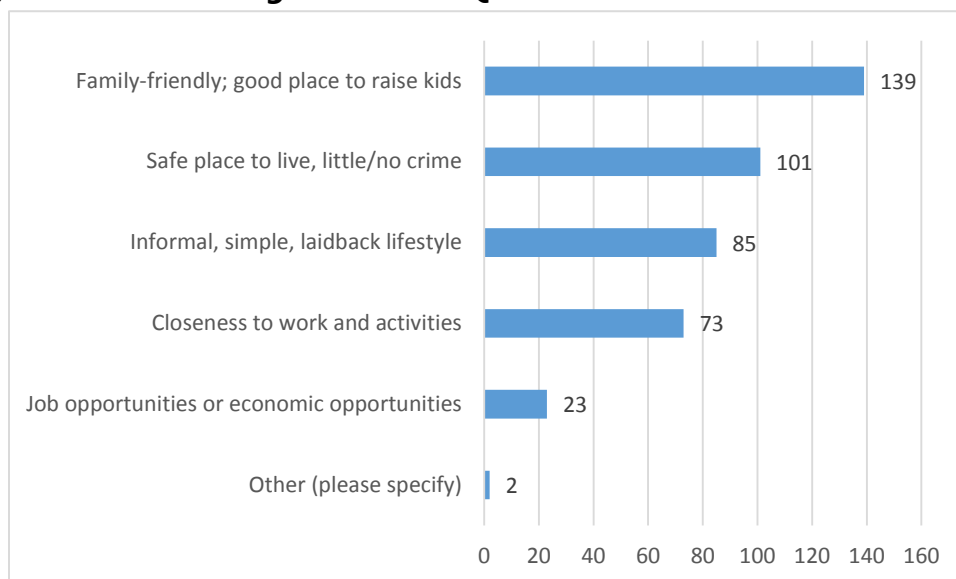
A clean town was indicated as another best thing related to quality of life in the community in the "Other" category.

Figure 14: Best Thing about the ACTIVITIES in Your Community

Category	Value
Recreational and sports activities	89
Activities for families and youth	81
Year-round access to fitness opportunities	80
Local events and festivals	75
Arts and cultural activities	10
Other (please specify)	4
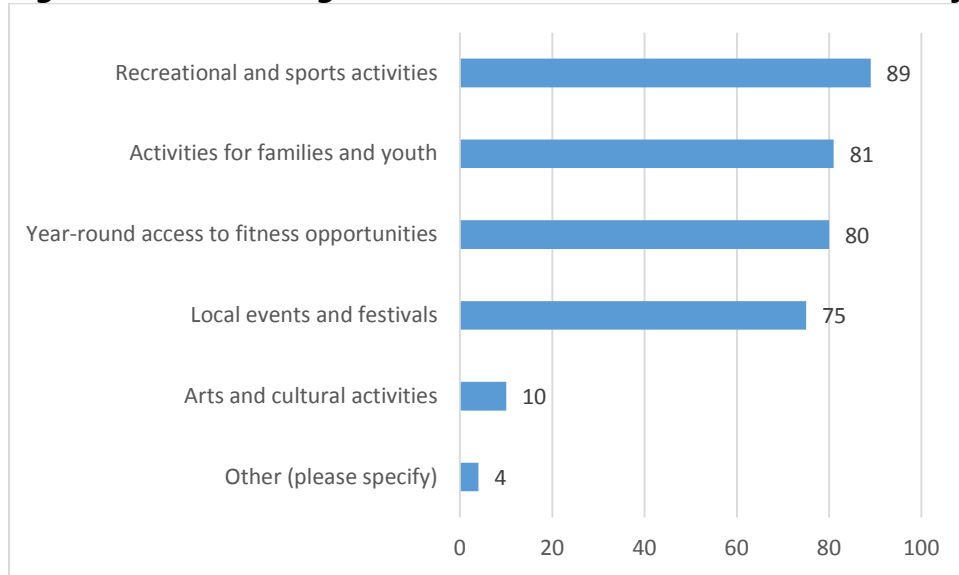
In another open-ended question, residents were asked, "What are the major challenges facing your community?" The most commonly cited challenges include: keeping businesses/restaurants open on main street, drug use, recruiting/retaining healthcare workforce, quality healthcare, and community support of healthcare, lack of things for youth to do. The "Other" category indicated a need for more activities.

Community Concerns

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

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

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

- Ability to recruit and retain primary care providers (N=122, 64%)
- Cancer (N=102, 53%)
- Attracting and retaining young families (N=83, 43%)
- Jobs with livable wages (N=82, 43%)

The other issues identified, that had at least 60 votes included:

- Cost of health insurance (N=78)
- Availability of primary care providers (doctor, nurse practitioner, physician assistant) (N = 76, 40%)
- Obesity/overweight (N =76, 40%)
- Availability of resources to help the elderly stay in their homes (N=72, 37%)
- Availability of specialists (N=66, 34%)
- Crime and safety (N=65, 34%)
- Youth drug use and abuse (including binge drinking) (N=63, 33%)

Figures 15 through 21 illustrate these results.

Figure 15: Community Health Concerns
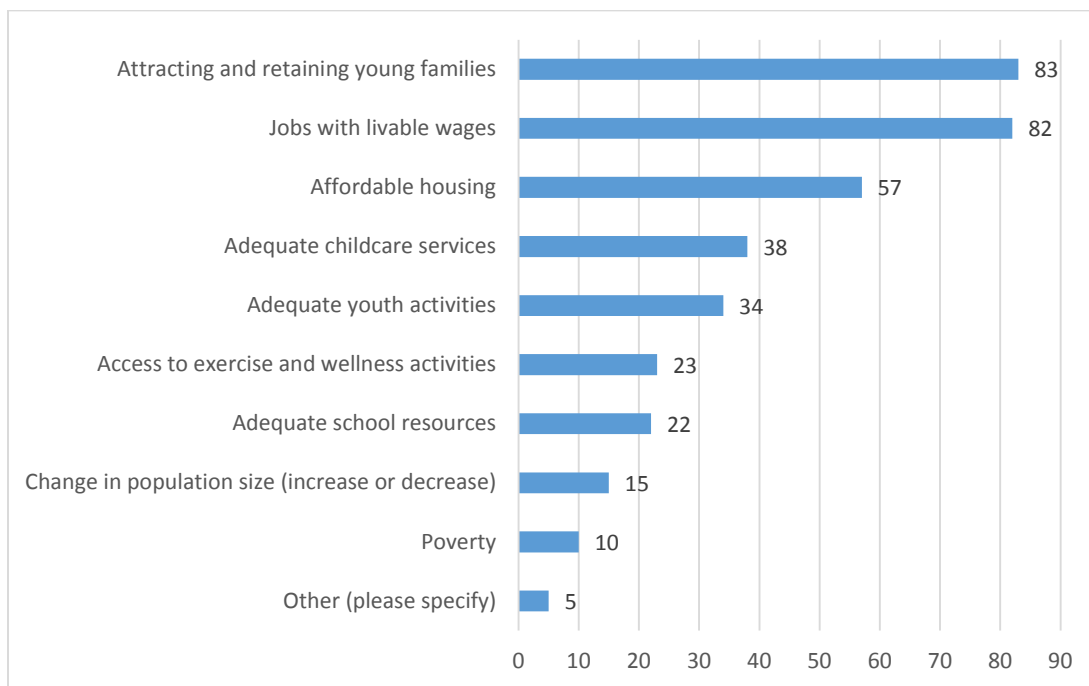
Respondents listed drug and alcohol addiction and drugs on the street, slow criminal system, affordable healthcare, after school programs, and no permanent doctors as other concerns.

Figure 16: Availability of Health Services Concerns

Category	Value
Availability of primary care providers (doctor, nurse practitioner, physician assistant)	76
Availability of specialists	66
Availability of substance abuse/treatment services	54
Availability of mental health services	54
Availability of wellness/disease prevention services	22
Availability of public health professionals	19
Ability to get appointments	17
Availability of dental care	14
Availability of vision care	9
Other (please specify)	6

Other concerns primarily focused on retaining providers who live in the area, quality healthcare, and confidentiality.

Figure 17: Safety/Environmental Health Concerns
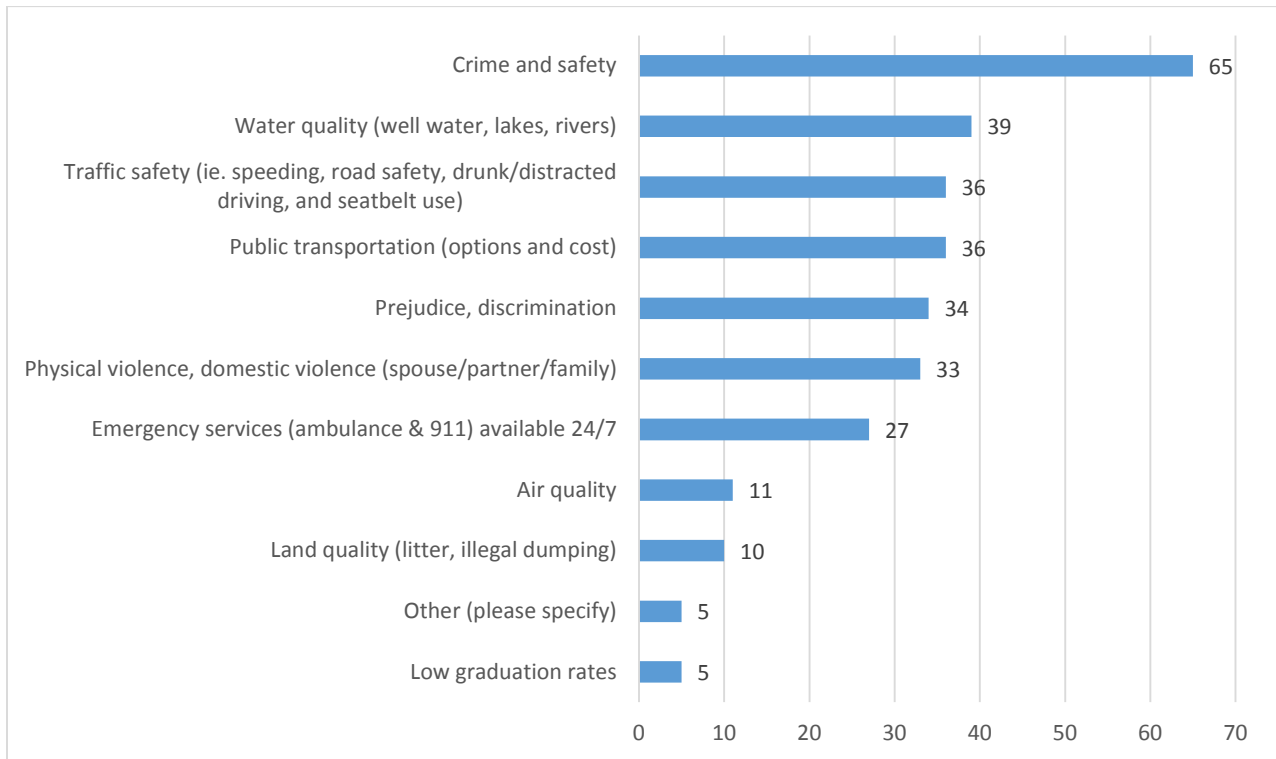
Respondents who selected "Other" listed concerns with farming chemicals and their health effects, the unkempt look of the trailer court, drinking water quality, and high drug use in the area.

Figure 18: Delivery of Health Services Concerns

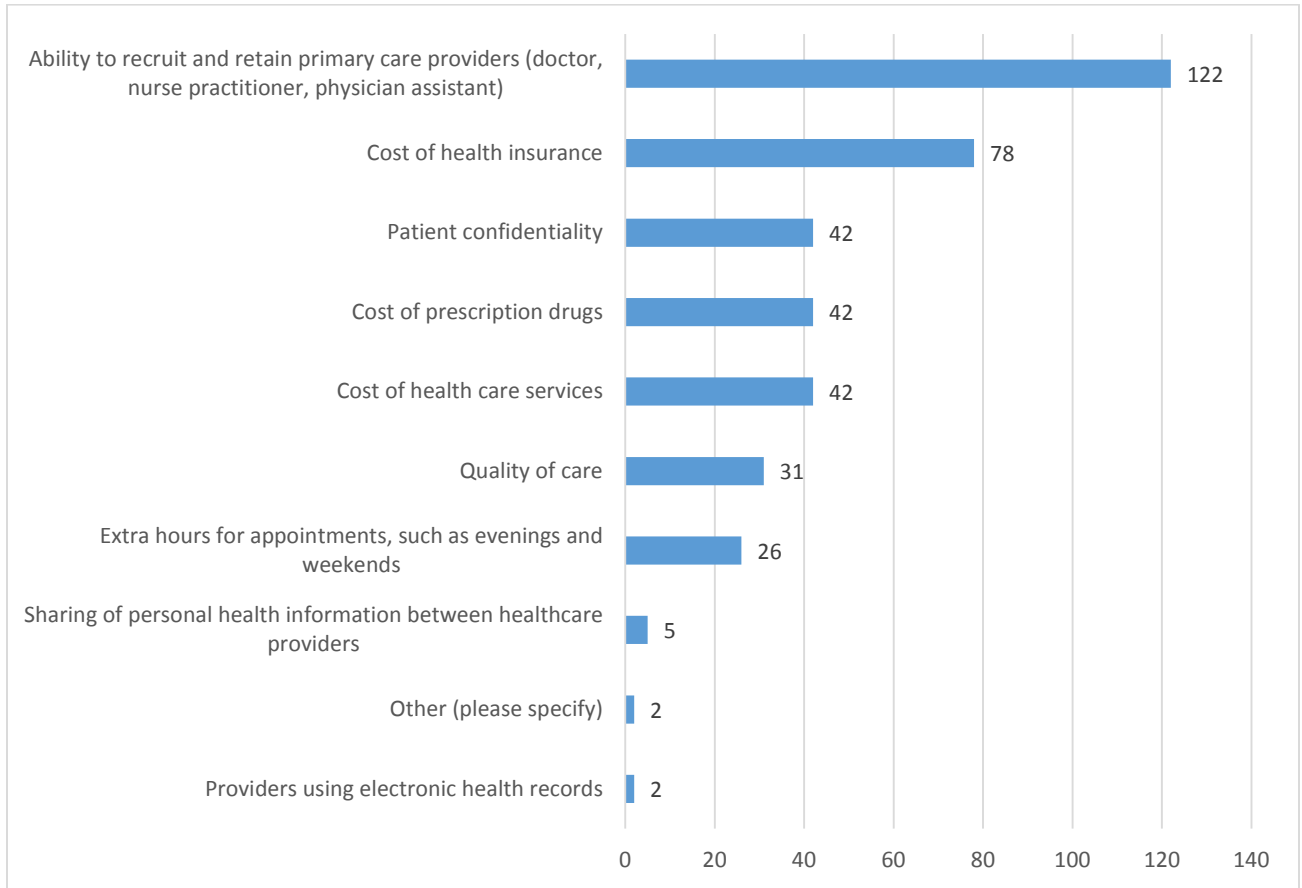| Concern	Value
Ability to recruit and retain primary care providers (doctor, nurse practitioner, physician assistant)	122
Cost of health insurance	78
Patient confidentiality	42
Cost of prescription drugs	42
Cost of health care services	42
Quality of care	31
Extra hours for appointments, such as evenings and weekends	26
Sharing of personal health information between healthcare providers	5
Other (please specify)	2
Providers using electronic health records	2

One other concern listed by a respondent was confidentiality.

Figure 19: Physical Health Concerns
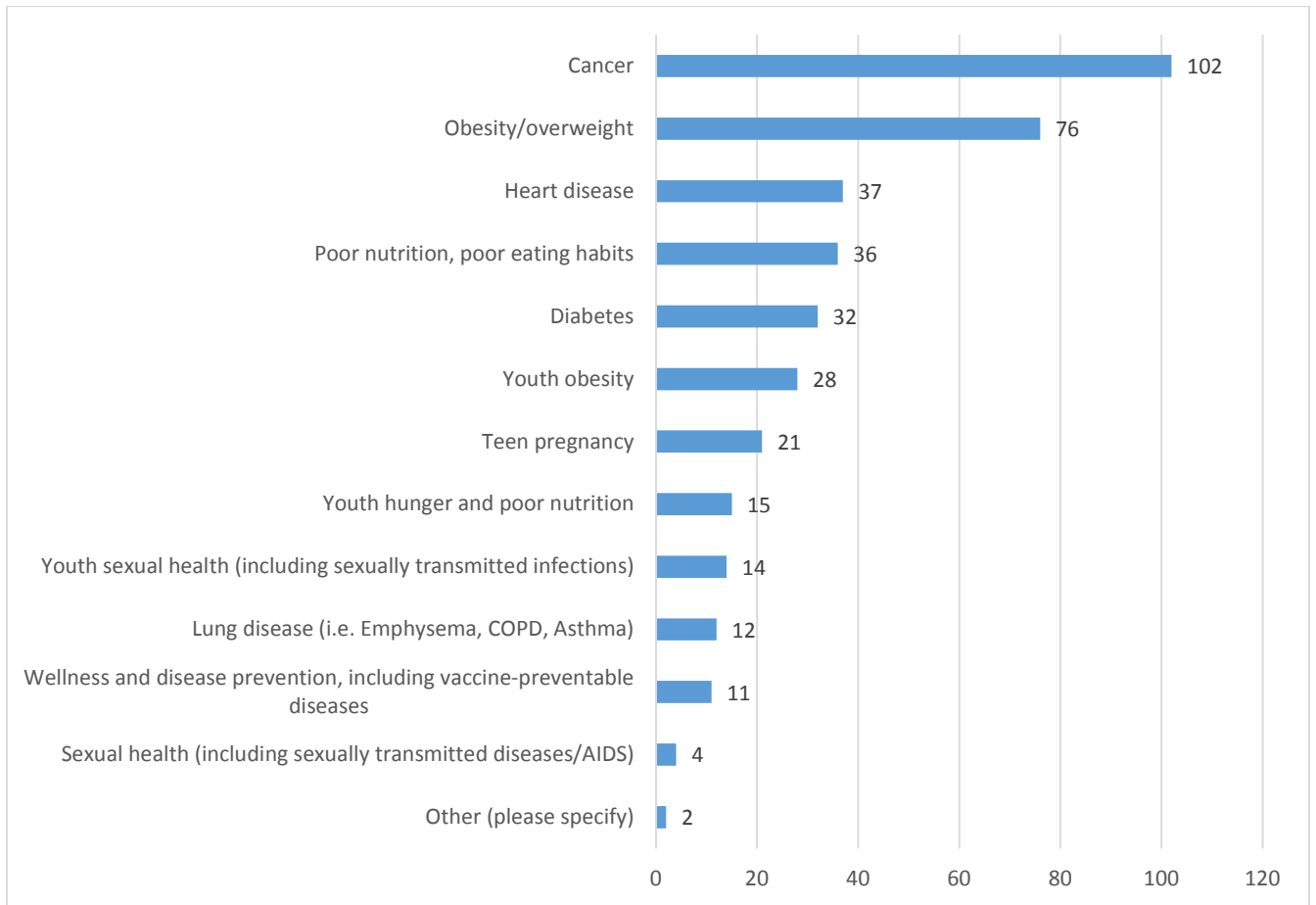
Mental health and kids not getting enough sleep were listed as "Other" concerns regarding physical health in the community.

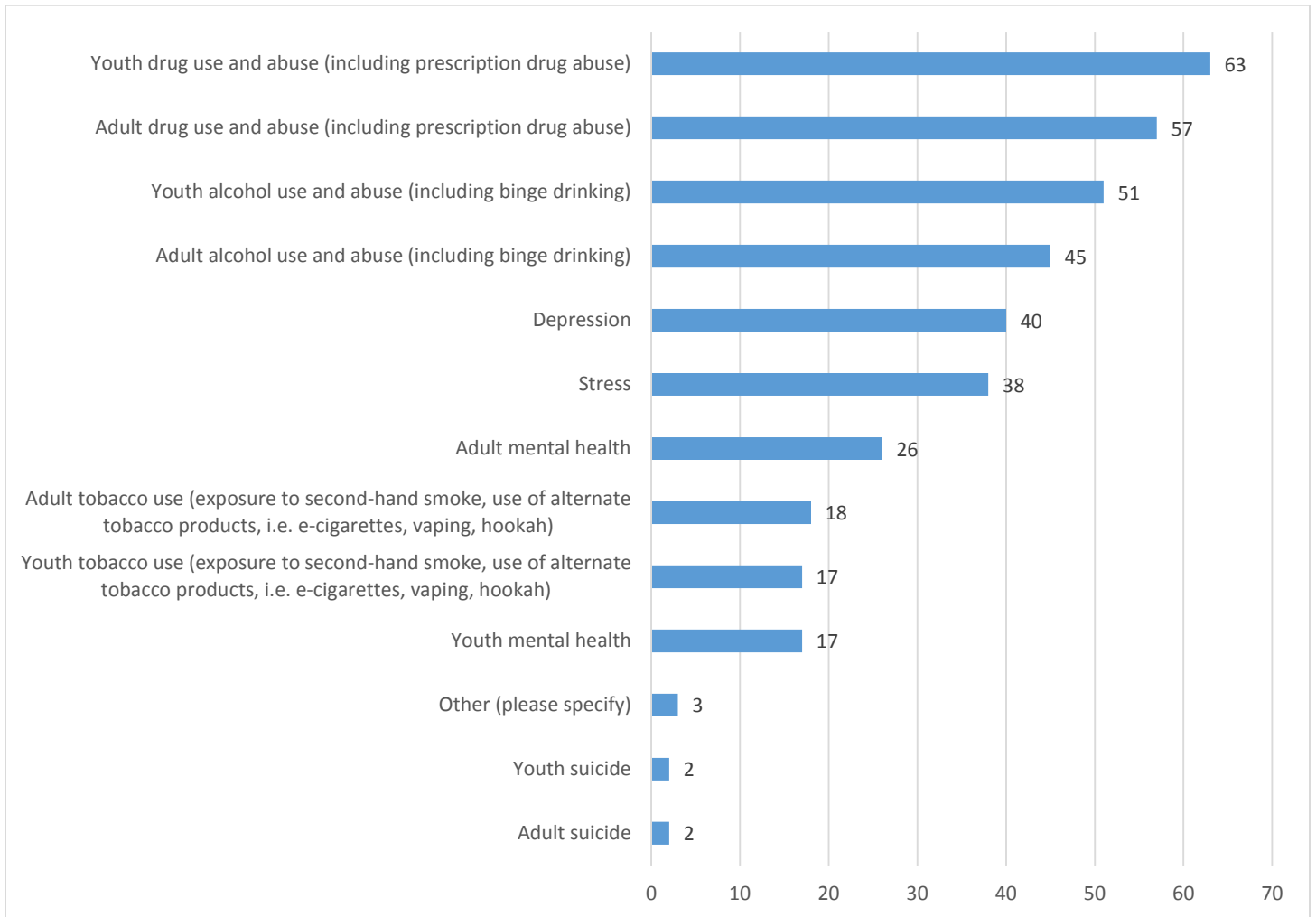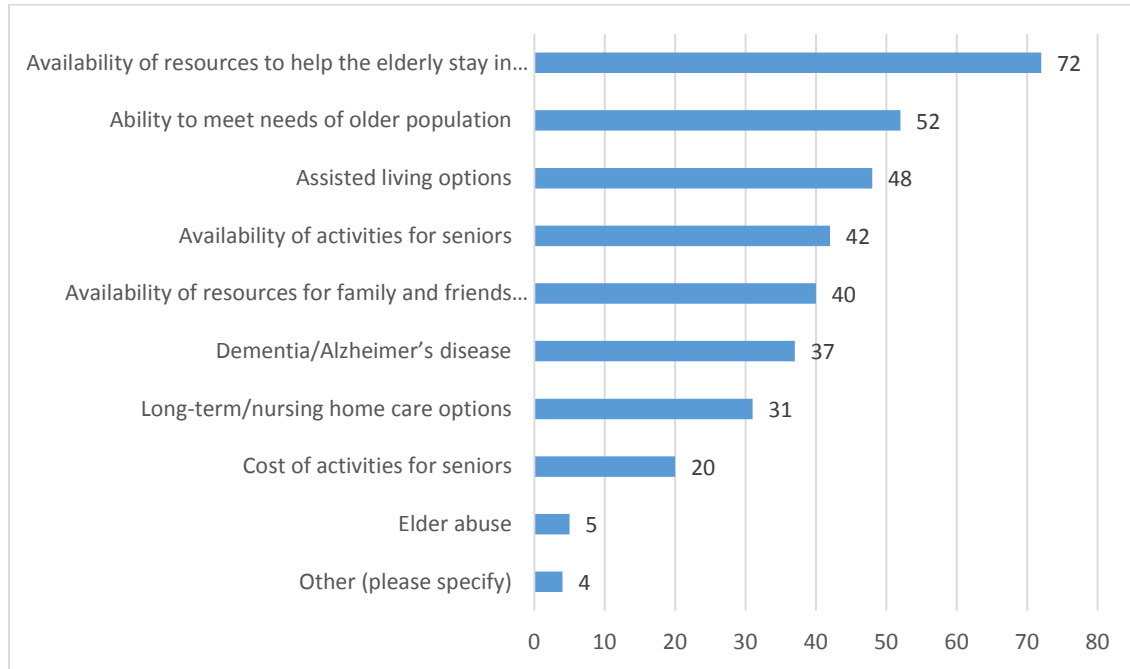**Figure 20: Mental Health and Substance Abuse Concerns**

Concern	Value
Youth drug use and abuse (including prescription drug abuse)	63
Adult drug use and abuse (including prescription drug abuse)	57
Youth alcohol use and abuse (including binge drinking)	51
Adult alcohol use and abuse (including binge drinking)	45
Depression	40
Stress	38
Adult mental health	26
Adult tobacco use (exposure to second-hand smoke, use of alternate tobacco products, i.e. e-cigarettes, vaping, hookah)	18
Youth tobacco use (exposure to second-hand smoke, use of alternate tobacco products, i.e. e-cigarettes, vaping, hookah)	17
Youth mental health	17
Other (please specify)	3
Youth suicide	2
Adult suicide	2

Two "Other" concerns, not listed above, were youth stress and bullying.

Figure 21: Senior Population Concerns

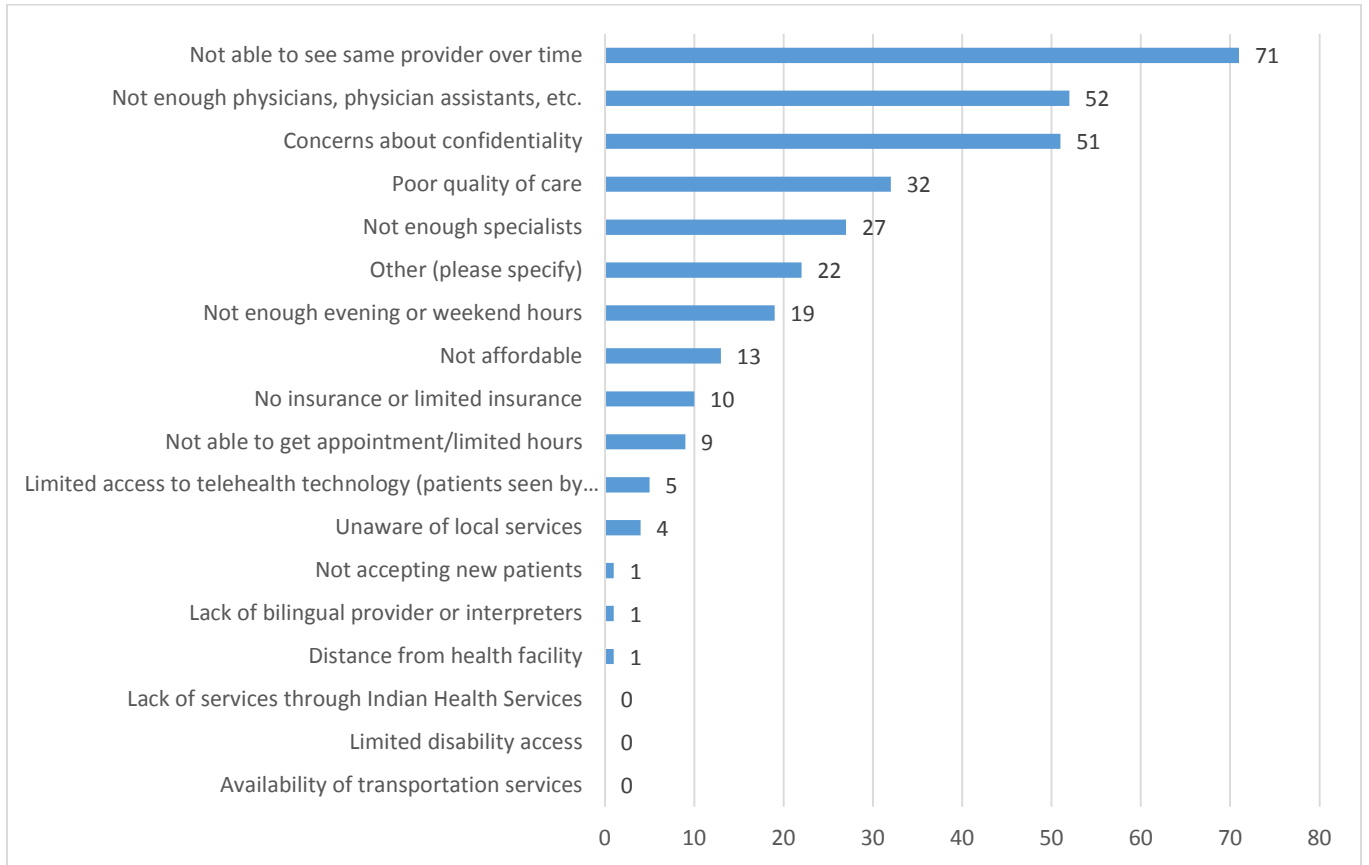| Concern	Value
Availability of resources to help the elderly stay in…	72
Ability to meet needs of older population	52
Assisted living options	48
Availability of activities for seniors	42
Availability of resources for family and friends…	40
Dementia/Alzheimer's disease	37
Long-term/nursing home care options	31
Cost of activities for seniors	20
Elder abuse	5
Other (please specify)	4

"Other" concerns for the senior population included resources limited for evening, night, and weekend care, cost of living for some seniors on fixed incomes, and the need for Meals on Wheels.

Delivery of Healthcare

The survey asked residents what they see as barriers that prevent them, or others, from receiving healthcare. The most prevalent barrier perceived by residents was not being able to see the same provider over time (N=71); with the next highest being not enough physicians, physician assistants, etc. (N=52); and the third most commonly identified barrier was concerns about confidentiality (N=51). The next two barriers, with less responses (N=32) was poor quality of care and not enough specialists (N=27). Figure 22 illustrates these results.
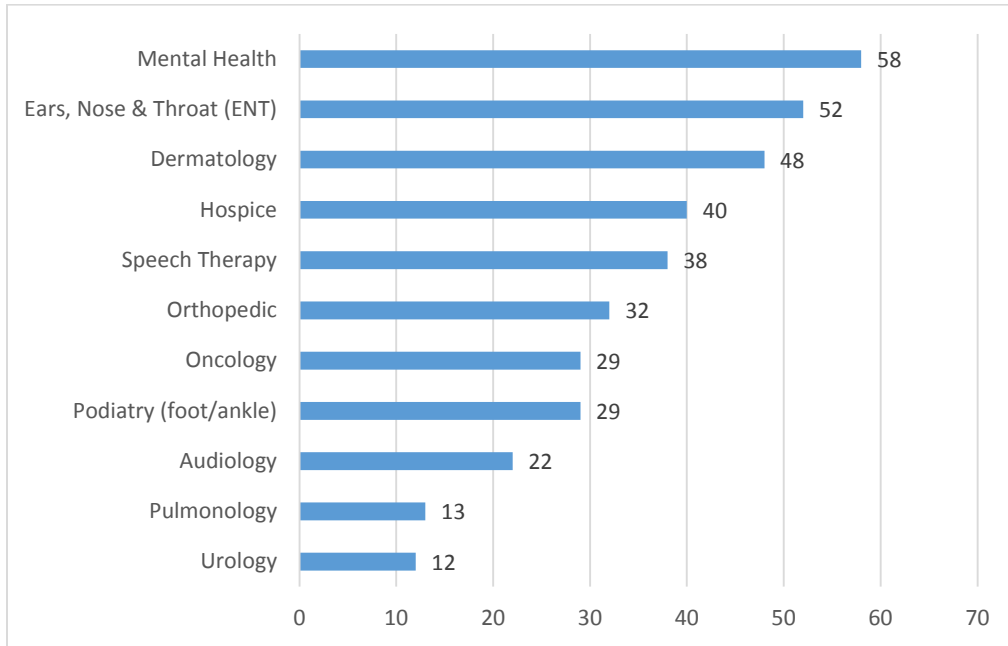
Figure 22: Perceptions about Barriers to Care

Barrier	Value
Not able to see same provider over time	71
Not enough physicians, physician assistants, etc.	52
Concerns about confidentiality	51
Poor quality of care	32
Not enough specialists	27
Other (please specify)	22
Not enough evening or weekend hours	19
Not affordable	13
No insurance or limited insurance	10
Not able to get appointment/limited hours	9
Limited access to telehealth technology (patients seen by…	5
Unaware of local services	4
Not accepting new patients	1
Lack of bilingual provider or interpreters	1
Distance from health facility	1
Lack of services through Indian Health Services	0
Limited disability access	0
Availability of transportation services	0

A number of comments in the "Other" category, include: billing and statement issues; delays in follow up or no follow up care; lack of confident in provider; need more continuity in physicians available; need to see a specialist in Dickinson; long appointment delays; recently moved to location where a provider was close; better (perceived) equipped and staffed facility is only 40 miles away and has a satellite clinic in Bowman; prefer another doctor; cost of labs in Bowman; limited services at Bowman; and I would use SWHS if I needed to.

The survey also solicited input about what healthcare services should be added locally. Most responses were similar to those illustrated in the figures, for example: mental health services, ears, nose & throat (ENT), and dermatology services. See Figure 23 for the full list of specific healthcare services that, those completing the survey felt, should be added locally.

Figure 23: Services Requested to Be Added Locally

Service	Value
Mental Health	58
Ears, Nose & Throat (ENT)	52
Dermatology	48
Hospice	40
Speech Therapy	38
Orthopedic	32
Oncology	29
Podiatry (foot/ankle)	29
Audiology	22
Pulmonology	13
Urology	12

Considering a variety of healthcare services at SWHS (Figure 24-25), respondents were asked what, if any, services they were aware of or had used in the past year.

Figure 24: General and Acute Services

Service	Value
Clinic	113
Emergency Room	89
Ambulance	71
Hospital (acute care)	60
Outpatient services	57
Swing bed services	48
OB/GYN (visiting specialist)	44
Pediatrics (visiting specialist)	42
Home care services	42
Cardiology (visiting specialist)	40
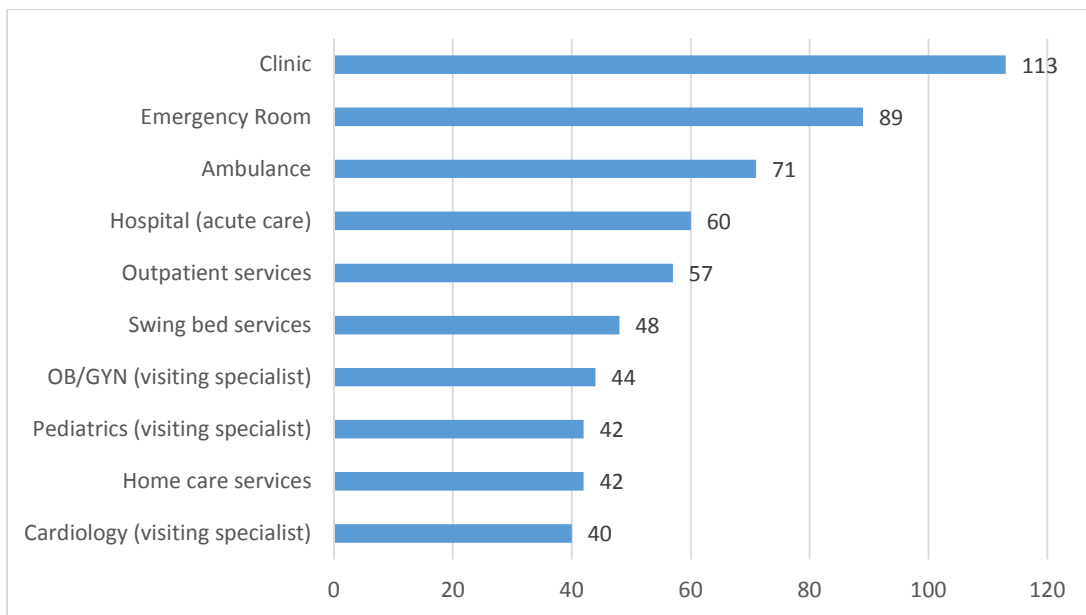
Figure 25: Screening and Therapy Services

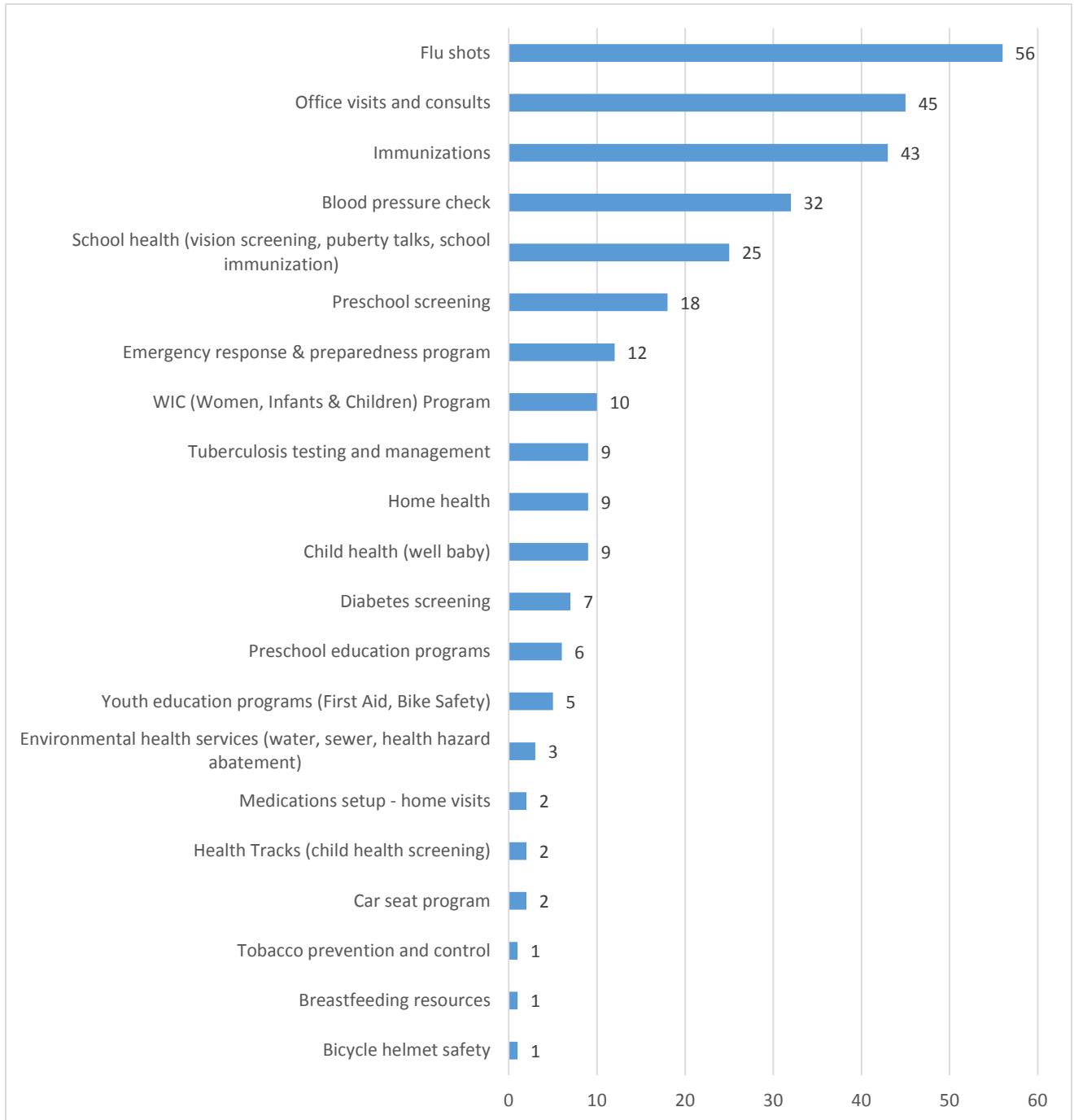| Service	Value
Laboratory services	90
Physical therapy	83
Health screenings	70
Occupational therapy	49
Respiratory therapy	48
Social services	43
Cardiac/Pulmonary Rehab	43
Sleep studies	32
Diet instruction	31
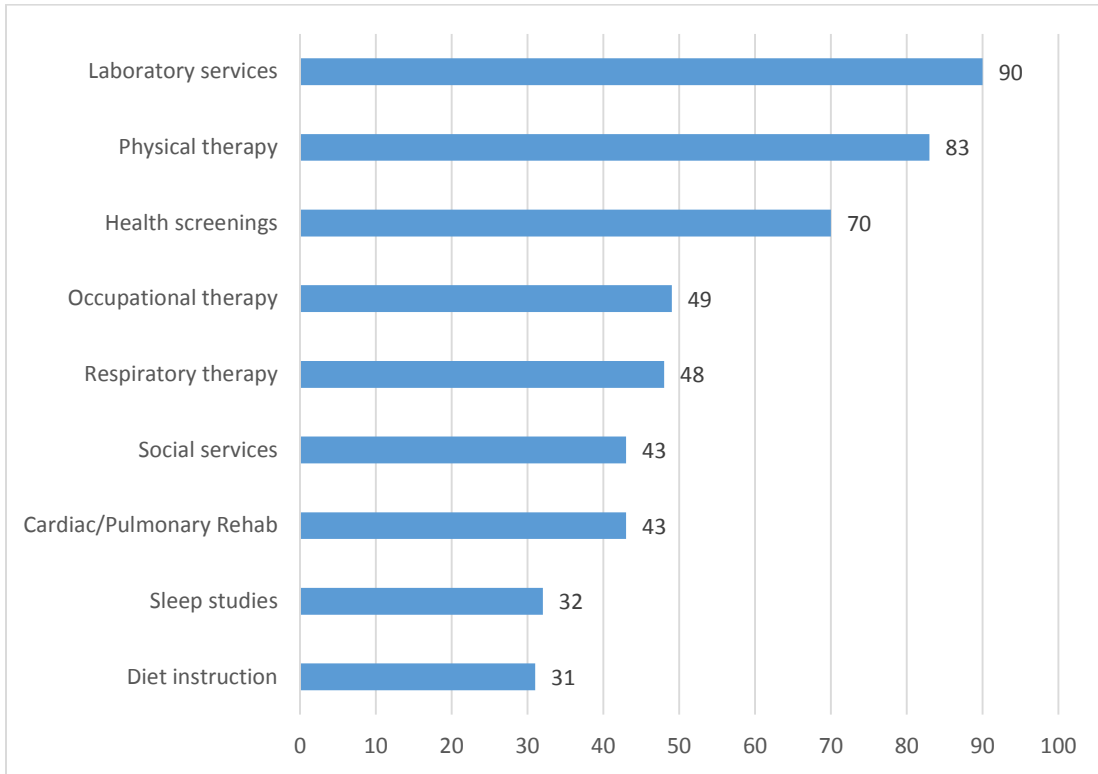
Respondents were also asked what services, offered locally by other providers or organizations, were they aware of or used in the past year. The top services were dental, pharmacy and chiropractic services as illustrated in Figure 26.

Figure 26: Services, offered locally, by other Providers or Organizations

Service	Value
Dental services	118
Pharmacy	111
Chiropractic services	107
Massage therapy	89
Optometric/visionservices	80
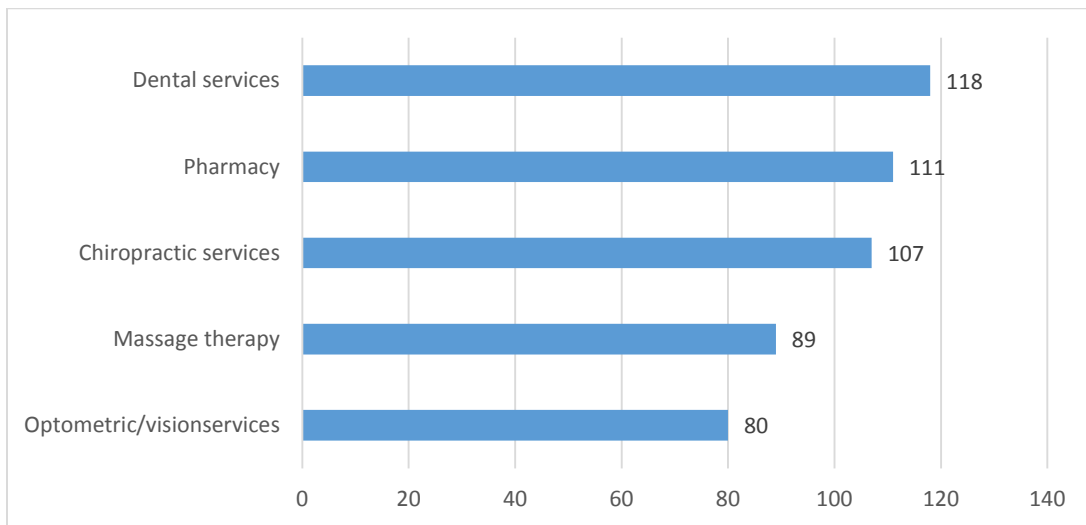
Related to services offered by Southwest District Health Unit, respondents indicated that they, or a family member, mostly utilized flu shots and office visits the past year (Figure 27).

Figure 27: Southwestern District Health Unit Service Utilization

Service	Count
Flu shots	56
Office visits and consults	45
Immunizations	43
Blood pressure check	32
School health (vision screening, puberty talks, school immunization)	25
Preschool screening	18
Emergency response & preparedness program	12
WIC (Women, Infants & Children) Program	10
Tuberculosis testing and management	9
Home health	9
Child health (well baby)	9
Diabetes screening	7
Preschool education programs	6
Youth education programs (First Aid, Bike Safety)	5
Environmental health services (water, sewer, health hazard abatement)	3
Medications setup - home visits	2
Health Tracks (child health screening)	2
Car seat program	2
Tobacco prevention and control	1
Breastfeeding resources	1
Bicycle helmet safety	1

The Southwest Healthcare Services Clinic is open Monday through Friday from 7:30 am to 5:00 pm and is also open during the lunch hour. The survey showed that nearly 85% (N=117) were aware of this.

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

Figure 28: Sources of Trusted Health Information
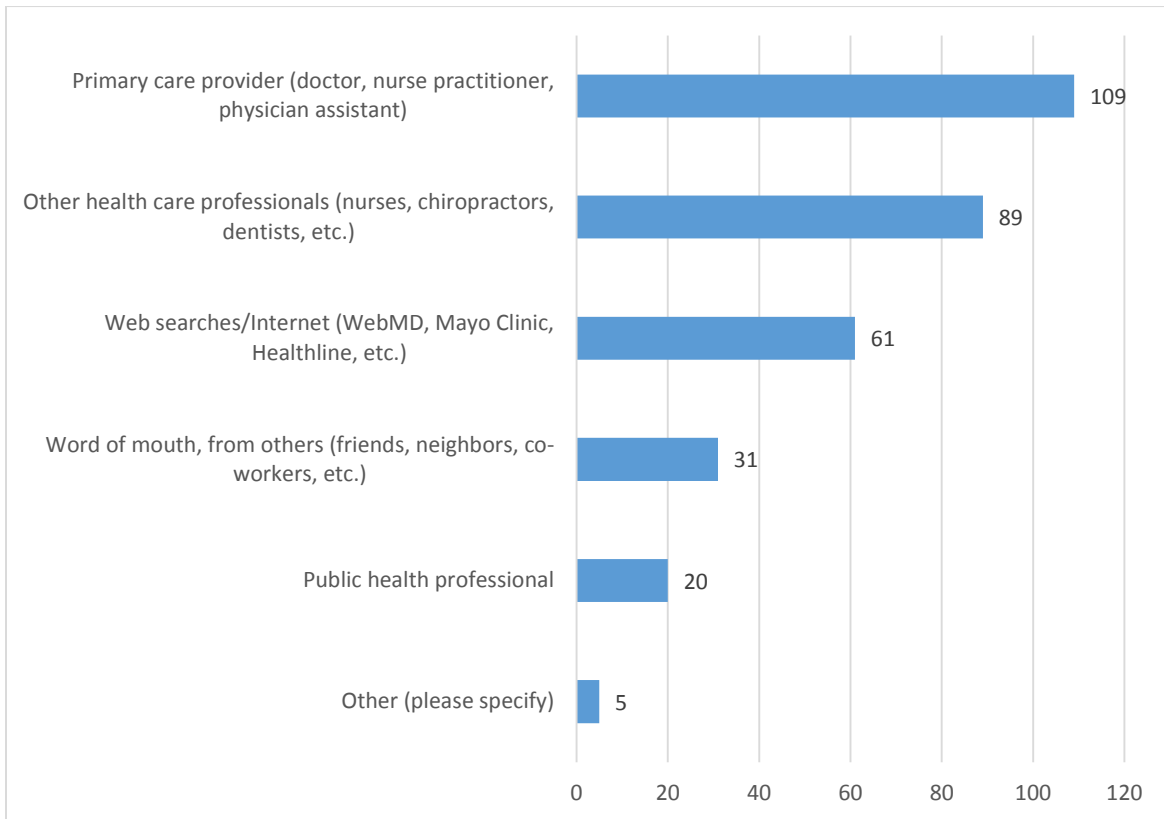
Figure 29: Where do you find out about health services available in our area?

Category	Value
Ability to recruit and retain primary care providers (doctor, nurse practitioner, physician assistant)	122
Cost of health insurance	78
Patient confidentiality	42
Cost of prescription drugs	42
Cost of healthcare services	42
Quality of care	31
Extra hours for appointments, such as evenings and weekends	26
Sharing of personal health information between healthcare providers	5
Other (please specify)	2
Providers using electronic health records	2

The number one reason survey respondents reported that patients might select to receive healthcare services outside of the local community was to access necessary specialty care. See Figure 30.

Figure 30: Reasons Why Patient Might Select Non-Local Healthcare Services?

Reason	Value
Access to necessary specialists	105
More physicians, physician assistants, etc.	85
Higher quality services	62
Confidentiality	46
Insurance network	28
Lower cost services	23
More convenient service times	15
Able to see me sooner	13
Other (please specify)	11
More convenient locations	9
Bilingual providers or interpreters	3
Transportation services provided	2

The majority, 83% (N=100), of respondents were aware that the Sunrise Foundation existed to support Southwest Healthcare Services. Of those, 52 reported they had supported the Sunrise Foundation, with the majority having given a cash or stock gift. See Figure 31.

Figure 31: Support Provided to the MCHF

- Other: (please specify)
- Planned gifts through wills, trust or life insurance policies
- Endowment gifts
- Memorial/Honoraium
- Cash or stock gifts
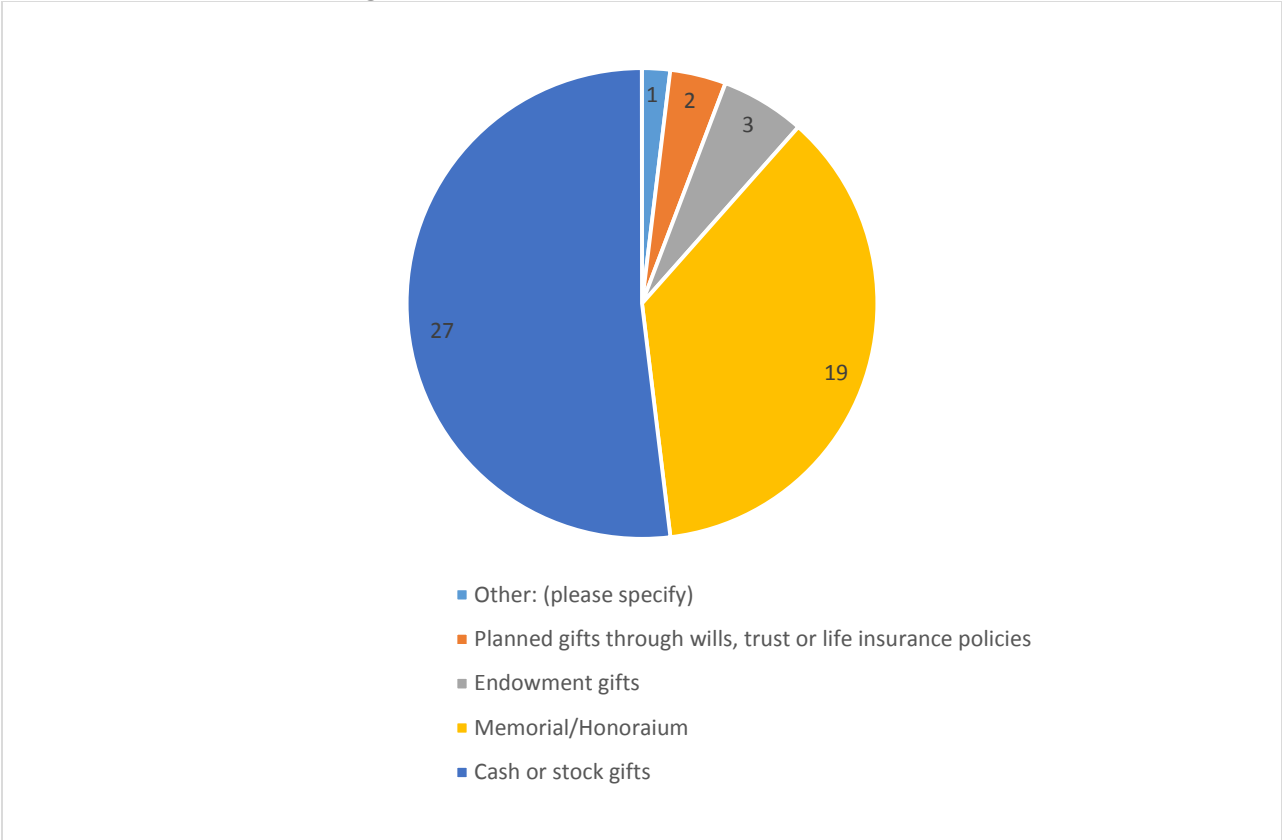
Survey respondents were asked it they would favor a one percent city sales tax to support local healthcare in the community and over half (55%, N=76) reponded they would support this. The second largest number of respondents, 25% (N= 35) stated that they were neutral. See Figure 32.

Figure 32: Are you in favor of the 1% city sales tax to support local healthcare?

In Favor ■ Not In Favor ■ Neutral
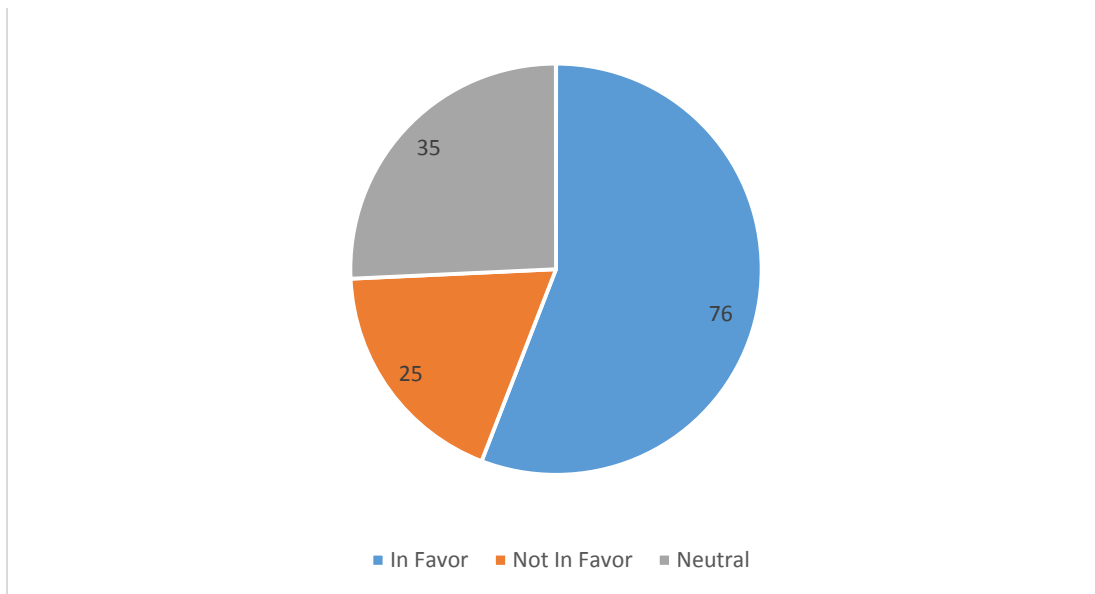
Findings from Key Informant Interviews & the Community Meeting

Questions about the health and well-being of the community, similar to those posed in the survey, were explored during key informant interviews with community leaders and health professionals and also with the community group at the first meeting. The themes that emerged from these sources were wide-ranging, with some directly associated with healthcare and others more rooted in broader community matters.

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

- Ability to retain doctors and nurses in the community
- Attracting and retaining young families
- Availability of mental health services (adult and youth)
- Decentralization of downtown
- Drug and alcohol use and abuse (adult and youth)

To provide context, related to the identified needs, comments made by those interviewed are below:

Ability to retain doctors and nurses in the community

- Workforce recruitment and retention is a major challenge facing the community.

Attracting and retaining young families

- Can't grow businesses if people are retiring, need to bring in the young families.

Availability of mental health services (adult and youth)

- Lack of addiction and mental health services are a major challenge facing the community
- Would like SWHS to add mental health services.

Decentralization of downtown

- Two large businesses have moved locations, grocery store moved, etc.
- Need more restaurants and businesses downtown.

Drug and Alcohol use and abuse (adult and youth)

- Always a problem.

Community Engagement and Collaboration

Key informants also were asked to weigh in on community engagement and collaboration of various organizations and stakeholders in the community. Specifically, participants were asked, "On a scale of 1 to 5, with 1 being no collaboration/community engagement and 5 being excellent collaboration/community engagement, how would you rate the collaboration/engagement in the community among these various organizations?" They were then presented with a list of 13 organizations or community segments to rank. According to these participants, emergency services, including ambulance and fire, economic development organizations, social services, and faith based services are the most engaged in the community. The averages of these rankings (with 5 being "excellent" engagement or collaboration) were:

- Economic development organizations (5)
- Social Services (5)
- Faith based (5)
- Emergency services, including ambulance and fire (5)
- Hospital (Healthcare system) (4)
- Law enforcement (4)
- Public Health (4)
- Business and industry (4)
- Pharmacies (4)
- Long term care, including nursing homes and assisted living (3)
- Schools (2)
- Human services agencies (1)
- Clinics not affiliated with the main health system (1)

Priority of Health Needs

A Community Group met on November 21, 2016. Twelve community members attended the meeting. Representatives from the Center for Rural Health presented the group with a summary of this report, including background and explanation about the secondary data, highlights from the survey results (including perceived community assets, concerns, and barriers to care) and findings from the key informant interviews.

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

The results were totaled, and the concerns most often cited were (in order of most to least votes):

- Availability of mental health services
- Ability to recruit and retain primary care providers (physicians, nurse practitioners, physician assistants)
- Attracting and retaining young families

- Attracting and retaining young families
- Availability of substance abuse/treatment services
- Youth drug use and abuse (including prescription drug abuse)
- Adult drug use and abuse (including prescription drug abuse)
- Youth alcohol use and abuse (including binge drinking)
- Adult alcohol use and abuse (including binge drinking)

These issues were then consolidated into the following four priorities:

- Ability to recruit and retain primary care providers (physicians, nurse practitioners, physician assistants)
- Mental/behavioral health
- Drug and alcohol use and abuse (including prescription drug abuse & binge drinking)
- Attracting and retaining young families

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

1. Ability to recruit and retain primary care providers (physicians, nurse practitioners, physician assistants)

2. Mental/behavioral health

3. Drug and alcohol use and abuse (including prescription drug abuse & binge drinking)

4. Attracting and retaining young families

Following the prioritization process, the second meeting of the Community Group, two items tied as the top identified need, which were the ability to recruit and retain primary care providers and mental and behavioral health. A summary of the prioritization process can be found in Appendix C.

Comparison of Needs Identified Previously

Top Needs Identified 2013 CHNA Process	Top Needs Identified 2016 CHNA Process
Access to needed equipment/facility update	Ability to recruit and retain primary care providers
Emphasis on wellness/education & prevention	Mental/behavioral health
Healthcare workforce shortage	Drug and alcohol use and abuse
Marketing & promotion of hospital services	Attracting and retaining young families
Mental health	
Obesity & physical inactivity	

The current process identified two needs, common to 2013, which are healthcare workforce or ability to recruit and retain primary care providers and mental health.

Hospital and Community Projects and Programs Implemented to Address Needs Identified in 2013

In response to the needs identified in the 2013 community health needs assessment process the following actions were taken:

Southwest Healthcare Services (SWHS) focused on three areas from our 2013 community health needs assessment. The three areas include improvement and replacement of the hospital facility, shortage of healthcare staff and awareness of services provided.

Improvement and Replacement of Hospital Facility: In 2013 SWHS began the process by interviewing architects, completing a cost analysis as well as starting a community capital campaign. In 2014, architectural designs were completed and a building contractor was selected. In the fall of 2015, SWHS started construction of our new hospital, which will be completed by March of 2017.

Shortage of Healthcare Staff: SWHS continues to work on the healthcare staffing needs by collaborating with agencies who support the recruitment efforts to include Bowman's Economic Development Corporation, North Dakota Hospital Association, and the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, and national recruiters. Southwest Healthcare Services also offers CNA course training several times a year.

Awareness of Services Provided: SWHS implemented several different methods for reaching the community to educate them on services provided. These include "Current Happenings," a weekly print in the local newspaper, list of services offered in SWHS newsletter and annual booklets, redesigned and update of the website, created a social media presence, and they continue to educate physicians in surrounding areas about services that are available at SWHS.

Next Steps – Strategic Implementation Plan

Although a community health needs assessment and strategic implementation plan are required by hospitals and local public health units considering accreditation, it is important to keep in mind the needs identified, at this point, will be broad community-wide needs along with healthcare system-specific needs. This process is simply a first step to identify needs and determine areas of priority. The second step will be to convene the steering committee, or other community group, to select an agreed upon prioritized need on which to begin working. The strategic planning process will begin with identifying current initiatives, programs, and resources already in place to address the identified community need(s). Additional steps include identifying what is needed and feasible to address (taking community resources into consideration), and what role and responsibility the hospital, clinic, and various community organizations play in developing strategies and implementing specific activities to address the community health need selected. Community engagement is essential for successfully developing a plan and executing the action steps for addressing one or more of the needs identified.

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

Community Benefit Report

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

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

- Free and discounted care to those unable to afford healthcare.
- Care to low-income beneficiaries of Medicaid and other indigent care programs.

- Services designed to improve community health and increase access to healthcare.

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

What Are Community Benefits?

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

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

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

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

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

Appendix A – CHNA Survey Instrument

Center for Rural Health
The University of North Dakota
School of Medicine & Health Sciences

SOUTHWEST HEALTHCARE SERVICES
Complete Healthcare Today, For a Better Tomorrow

Southwestern District Health Unit
Public Health
Prevent. Promote. Protect.

Bowman Area Health Survey

Southwest Healthcare Services and Bowman County Public Health District is interested in hearing from you about community health concerns.

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

If you prefer, you may take the survey online at http://tinyurl.com/BowmanArea2016 or by clicking on the QR Code at the right.

Surveys will be tabulated by the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. Your responses are anonymous, and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported only in total. If you have questions about the survey, you may contact Kylie Nissen at 701.777.5380 or kylie.nissen@med.und.edu.

Surveys will be accepted through August 31, 2016. Your opinion matters – thank you in advance!

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

Q1. Considering the **PEOPLE** in your community, the best things are (choose up to <u>THREE</u>):

- ☐ Community is socially and culturally diverse or becoming more diverse
- ☐ Feeling connected to people who live here
- ☐ Government is accessible
- ☐ People are friendly, helpful, supportive
- ☐ People who live here are involved in their community
- ☐ People are tolerant, inclusive and open-minded
- ☐ Sense that you can make a difference through civic engagement
- ☐ Other (please specify) _____

Q2. Considering the **SERVICES AND RESOURCES** in your community, the best things are (choose up to <u>THREE</u>):

- ☐ Access to healthy food
- ☐ Active faith community
- ☐ Business district (restaurants, availability of goods)
- ☐ Community groups and organizations
- ☐ Health care
- ☐ Opportunities for advanced education
- ☐ Public transportation
- ☐ Programs for youth
- ☐ Quality school systems
- ☐ Other (please specify) _____

Q3. Considering the **QUALITY OF LIFE** in your community, the best things are (choose up to <u>THREE</u>):

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

Q4. Considering the **ACTIVITIES** in your community, the best things are (choose up to <u>THREE</u>):

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

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

Q5. What are the major challenges facing your community?

_____

_____

Q6. Considering the **COMMUNITY HEALTH** in your community, concerns are (choose up to THREE):

- ☐ Access to exercise and wellness activities
- ☐ Adequate childcare services
- ☐ Adequate school resources
- ☐ Adequate youth activities
- ☐ Affordable housing

- ☐ Attracting and retaining young families
- ☐ Change in population size (increase or decrease)
- ☐ Jobs with livable wages
- ☐ Poverty
- ☐ Other (please specify) _____

Q7. Considering the **AVAILABILITY OF HEALTH SERVICES** in your community, concerns are (choose up to THREE):

- ☐ Ability to get appointments
- ☐ Availability of doctors and nurses
- ☐ Availability of dental care
- ☐ Availability of mental health services
- ☐ Availability of public health professionals

- ☐ Availability of specialists
- ☐ Availability of substance abuse/treatment services
- ☐ Availability of vision care
- ☐ Availability of wellness/disease prevention services
- ☐ Other (please specify) _____

Q8. Considering the **SAFETY/ENVIRONMENTAL HEALTH** in your community, concerns are (choose up to THREE):

- ☐ Air quality
- ☐ Crime and safety
- ☐ Emergency services (ambulance & 911) available 24/7
- ☐ Land quality (litter, illegal dumping)
- ☐ Low graduation rates
- ☐ Physical violence, domestic violence (spouse/partner/family)

- ☐ Prejudice, discrimination
- ☐ Public transportation (options and cost)
- ☐ Traffic safety (i.e. speeding, road safety, drunk/distracted driving, and seatbelt use)
- ☐ Water quality (well water, lakes, rivers)
- ☐ Other (please specify) _____

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

- ☐ Ability to retain doctors and nurses in the area
- ☐ Cost of health care services
- ☐ Cost of health insurance
- ☐ Cost of prescription drugs
- ☐ Extra hours for appointments, such as evenings and weekends

- ☐ Patient confidentiality
- ☐ Providers using electronic health records
- ☐ Quality of care
- ☐ Sharing of information between healthcare providers
- ☐ Other (please specify) _____

Q10. Considering the **PHYSICAL HEALTH** in your community, concerns are (choose up to THREE):

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

- ☐ Teen pregnancy
- ☐ Youth hunger and poor nutrition
- ☐ Youth obesity
- ☐ Youth sexual health (including sexually transmitted infections)
- ☐ Wellness and disease prevention, including vaccine-preventable diseases
- ☐ Other (please specify) _____

Q11. Considering the **MENTAL HEALTH AND SUBSTANCE ABUSE** in your community, concerns are (choose up to THREE):

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

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

Q12. Considering the **SENIOR POPULATION** in your community, concerns are (choose up to THREE):

- ☐ Ability to meet needs of older population
- ☐ Assisted living options
- ☐ Availability of activities for seniors
- ☐ Availability of resources for family and friends caring for elders
- ☐ Availability of resources to help the elderly stay in their homes

- ☐ Cost of activities for seniors
- ☐ Dementia/Alzheimer's disease
- ☐ Elder abuse
- ☐ Long-term/nursing home care options
- ☐ Other (please specify) _____

Delivery of Health Care

Q13. Which of the following **SERVICES** offered through Southwestern District Health Unit have you or a family member used in the past year? (Choose ALL that apply)

- ☐ Bicycle helmet safety
- ☐ Blood pressure check
- ☐ Breastfeeding resources
- ☐ Car seat program
- ☐ Child health (well baby)
- ☐ Diabetes screening
- ☐ Emergency response & preparedness program
- ☐ Flu shots

- ☐ Environmental health services (water, sewer, health hazard abatement)
- ☐ Health Tracks (child health screening)
- ☐ Home health
- ☐ Immunizations
- ☐ Medications setup—home visits
- ☐ Office visits and consults
- ☐ School health (vision screening, puberty talks, school immunizations)

- ☐ Preschool education programs
- ☐ Preschool screening
- ☐ Tobacco prevention and control
- ☐ Tuberculosis testing and management
- ☐ WIC (Women, Infants & Children) Program
- ☐ Youth education programs (First Aid, Bike Safety)

Q14. Considering **GENERAL and ACUTE SERVICES** at Southwest Healthcare Services, which services are you aware of (or have you used in the past year)? (Choose ALL that apply)

- ☐ Ambulance
- ☐ Cardiology (visiting specialist)
- ☐ Clinic
- ☐ Emergency room

- ☐ Home care services
- ☐ Hospital (acute care)
- ☐ OB/GYN (visiting specialist)
- ☐ Pediatrics (visiting specialist)

- ☐ Outpatient procedures
- ☐ Swing bed services

Q15. Considering **SCREENING/THERAPY SERVICES** at Southwest Healthcare Services hospital, which services are you aware of (or have you used in the past year? (Choose ALL that apply)

- ☐ Cardiac/Pulmonary rehab
- ☐ Diet instruction
- ☐ Health screenings

- ☐ Laboratory services
- ☐ Occupational therapy
- ☐ Physical therapy

- ☐ Respiratory therapy
- ☐ Sleep studies

Q16. Considering services offered locally by **OTHER PROVIDERS/ORGANIZATIONS**, which services are you aware of (or have you used in the past year)? (Choose ALL that apply)

- ☐ Chiropractic services
- ☐ Dental services
- ☐ Massage therapy
- ☐ Optometric/vision services
- ☐ Pharmacy

Q17. Are you aware that Southwest Healthcare Services Clinic is open Monday – Friday from 7:30 am – 5 pm and is also open during the lunch hour?

☐ Yes   ☐ No

Q18. What **PREVENTS** you or other community residents from using Southwest Healthcare Services? (Choose ALL that apply)

- ☐ Availability of transportation services
- ☐ Concerns about confidentiality
- ☐ Distance from health facility
- ☐ Unaware of local services
- ☐ Lack of bilingual provider or interpreters
- ☐ Limited of disability access
- ☐ Lack of services through Indian Health Services
- ☐ Limited access to telehealth technology (patients seen by providers at another facility through a monitor/TV screen)
- ☐ No insurance or limited insurance
- ☐ Not able to get appointment/limited hours
- ☐ Not able to see same provider over time
- ☐ Not accepting new patients
- ☐ Not affordable
- ☐ Not enough physicians, physician assistants, etc.
- ☐ Not enough evening or weekend hours
- ☐ Not enough specialists
- ☐ Poor quality of care
- ☐ Other (please specify) _____

Q19. Where do you turn for trusted health information? (Choose ALL that apply)

- ☐ Other health care professionals (nurses, chiropractors, dentists, etc.)
- ☐ Primary care provider (doctor, nurse practitioner, physician assistant)
- ☐ Public health professional
- ☐ Web searches/Internet (WebMD, Mayo Clinic, Healthline, etc.)
- ☐ Word of mouth, from others (friends, neighbors, co-workers, etc.)
- ☐ Other (please specify) _____

Q20. What specific health care services, if any, do you think should be added locally?

- ☐ Audiology
- ☐ Dermatology
- ☐ Ears, Nose & Throat (ENT)
- ☐ Hospice
- ☐ Mental Health
- ☐ Podiatry (foot/ankle)
- ☐ Pulmonology
- ☐ Orthopedic
- ☐ Oncology
- ☐ Speech Therapy
- ☐ Urology

Q21. Consider reasons why patients might select healthcare services outside of our community. (Select ALL that apply)

- ☐ Access to necessary specialists
- ☐ Higher quality services
- ☐ More convenient service times
- ☐ More convenient locations
- ☐ Confidentiality
- ☐ Bilingual providers or interpreters
- ☐ More physicians, physician assistants, etc.
- ☐ Lower cost services
- ☐ Transportation services provided
- ☐ Able to see me sooner
- ☐ Insurance network
- ☐ Other: _____

Q22. How are you made aware of **LOCAL HEALTH SERVICES** available in your area? (Choose ALL that apply)

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

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Q23. Have you supported the Sunrise Foundation, which exists to financially support local healthcare, in any of the following ways? (Choose ALL that apply)

☐ Cash or stock gift
☐ Endowment gifts
☐ Memorial/Honorarium

☐ Planned gifts through wills, trusts or life insurance policies
☐ N/A

☐ Other: (please specify)
_____

Q24. Are you in favor of the 1% city sales tax to support local healthcare in our community?

☐ Yes
☐ No
☐ Neutral

Demographic Information: Please tell us about yourself.

Q25. Do you work for the hospital, clinic, or public health unit?

☐ Yes
☐ No

Q26. Health insurance or health coverage status (choose ALL that apply):

☐ Indian Health Service (IHS)
☐ Insurance through employer or self-purchased
☐ Medicaid

☐ Medicare
☐ No insurance
☐ Not enough insurance
☐ Veteran's Health Care Benefits

☐ Other (please specify)
_____

Q27. Age:

☐ Less than 18 years
☐ 18 to 24 years
☐ 25 to 34 years

☐ 35 to 44 years
☐ 45 to 54 years
☐ 55 to 64 years

☐ 65 to 74 years
☐ 75 years and older

Q28. Highest level of education:

☐ Less than high school
☐ High school diploma or GED

☐ Some college/technical degree
☐ Associate's degree

☐ Bachelor's degree
☐ Graduate or professional degree

Q29. Gender:

☐ Female
☐ Male
☐ Transgender

Q30. Employment status:

☐ Full time
☐ Part time

☐ Homemaker
☐ Multiple job holder

☐ Unemployed
☐ Retired

Q31. Your zip code: _____

Q32. Race/Ethnicity (choose ALL that apply):

☐ American Indian
☐ African American
☐ Asian

☐ Hispanic/Latino
☐ Pacific Islander
☐ White/Caucasian

☐ Other: _____
☐ Prefer not to answer

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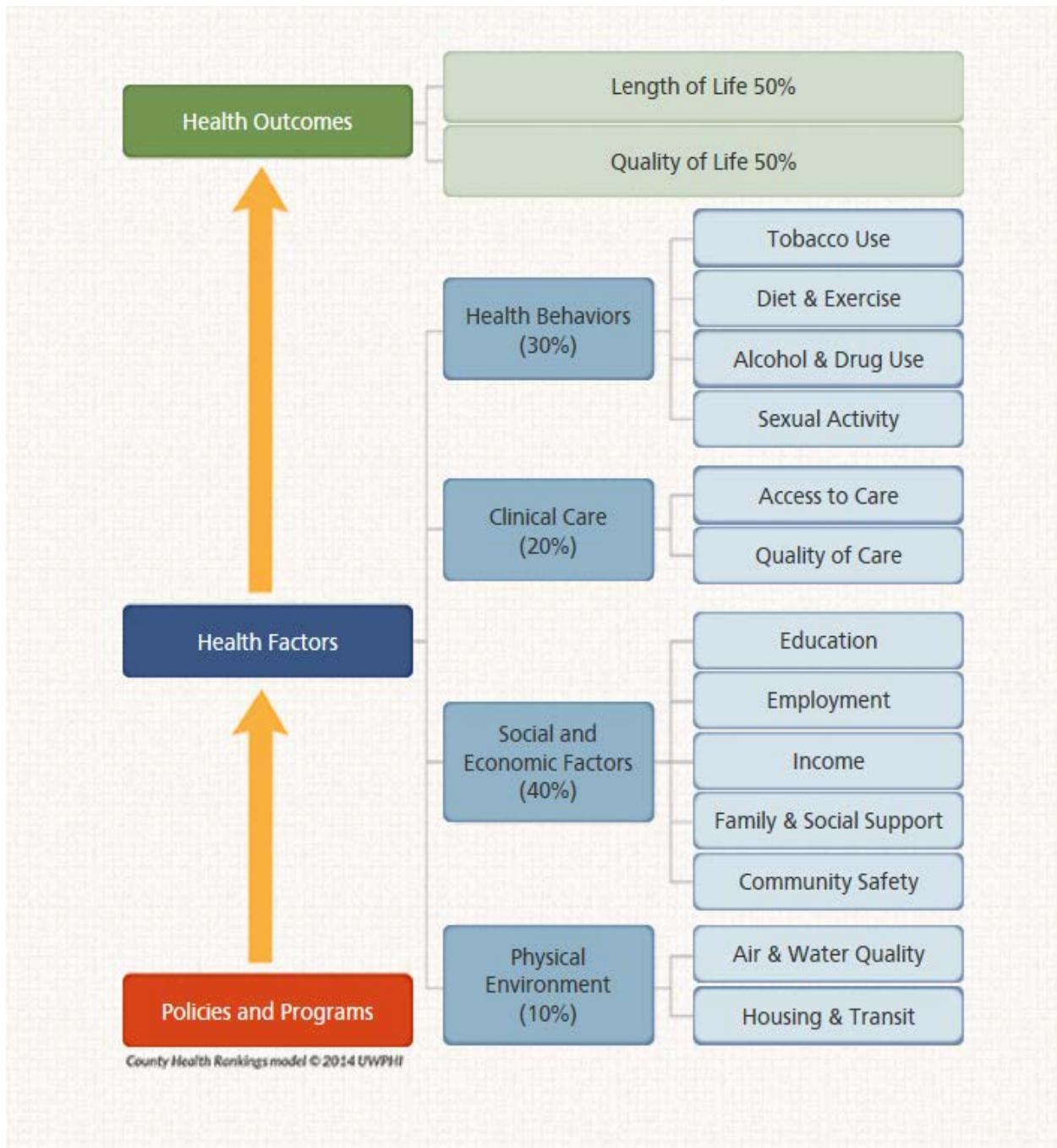
Q33. Annual household income before taxes:

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

Q34. Overall, please share concerns and suggestions to improve the delivery of local health care.

_____

_____

Thank you for assisting us with this important survey!

Appendix B – County Health Rankings Model

County Health Rankings model © 2014 UWPHI

- Health Outcomes
  - Length of Life 50%
  - Quality of Life 50%
- Health Factors
  - Health Behaviors (30%)
    - Tobacco Use
    - Diet & Exercise
    - Alcohol & Drug Use
    - Sexual Activity
  - Clinical Care (20%)
    - Access to Care
    - Quality of Care
  - Social and Economic Factors (40%)
    - Education
    - Employment
    - Income
    - Family & Social Support
    - Community Safety
  - Physical Environment (10%)
    - Air & Water Quality
    - Housing & Transit
- Policies and Programs

Appendix C – Prioritization of Community's Health Needs

Community Health Needs Assessment
Bowman, North Dakota

Ranking of Concerns

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

	Priorities	Most Important
DELIVERY OF HEALTH SERVICES		
Ability to recruit and retain primary care providers (MD, NP, PA) Tied for top	8	6
Cost of health care insurance	0	
Patient confidentiality	2	
Cost of prescription drugs	0	
Cost of health care services	1	
AVAILABILITY OF HEALTH SERVICES		
Availability of primary care providers	0	
Availability of specialists	0	
Availability of substance abuse/treatment services*	5.5	
Availability of mental health services *	8.5	
Consolidated to: Mental/Behavioral Health Tied for top		6
MENTAL HEALTH AND SUBSTANCES ABUSE		
Youth drug use and abuse (including prescription drug abuse)**	3.5	
Adult drug use and abuse (including prescription drug abuse)**	3.5	
Youth alcohol use and abuse (including binge drinking)**	3.5	
Adult alcohol use and abuse (including binge drinking)**	1.5	
Consolidated to: Drug and alcohol use and abuse		0
SAFETY/ENVIRONMENTAL HEALTH		
Crime and safety	0	
Water quality (well water, lakes, rivers)	1	
Traffic safety (speeding, road safety, drunk/distracted driving, seat belt use)	1	
Public transportation (options/costs)	0	
AGING POPULATION		
Availability of resources to help the elderly stay in their homes	0	
Ability to meet the needs of the older population	0	
Assisted living options	1	
Availability of activities for seniors	0	
COMMUNITY HEALTH		
Attracting and retaining young families	6	0
Jobs with livable wages	0	
Affordable housing	0	
Adequate childcare services	0	
PHYSICAL HEALTH		
Cancer	2	
Obesity/overweight	0	
Heart disease	0	
Poor nutrition, and poor eating habits	0	