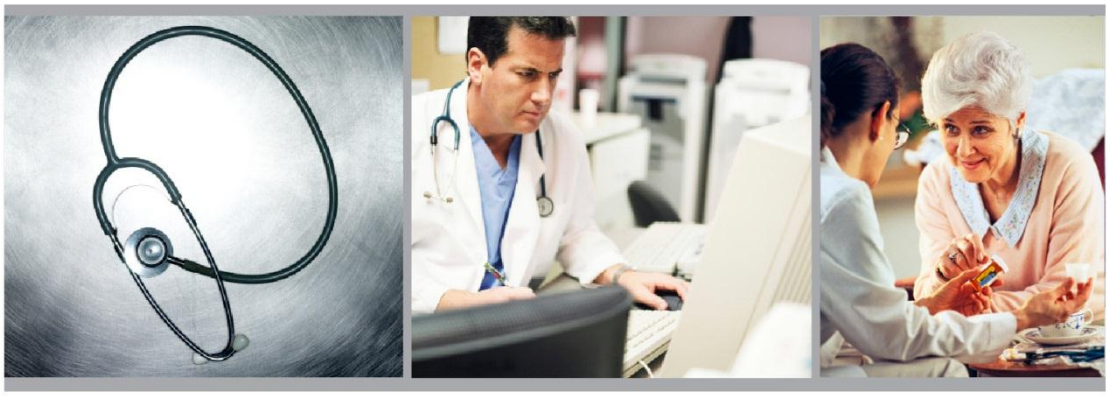
Community Health Needs Assessment



Unity Medical Center
Grafton, North Dakota

2012

Completed by

The North Dakota Medicare Rural Hospital Flexibility (Flex) Program
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Introduction

To help inform future decisions and strategic planning, Unity Medical Center (UMC) in Grafton, N.D., conducted a community health needs assessment. Through a joint effort, UMC and the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences analyzed community health-related data and solicited input from community members and area health care professionals. The Center for Rural Health's involvement was funded through its Medicare Rural Hospital Flexibility (Flex) Program. The Flex Program is federally funded by the Office of Rural Health Policy and as such associated costs of the assessment were covered by a federal grant.

To gather feedback from the community, residents of the health care service area and local health care professionals were given the chance to participate in a survey. Additional information was collected through a Community Group comprised of community leaders as well as through key informant interviews.

The purpose of conducting a community health needs assessment is to describe the health of local people, identify use of local health care services, identify and prioritize community needs, and identify action needed to address the future delivery of health care in the defined area. A health needs assessment benefits the community by: 1) collecting timely input from the local community, providers, and staff; 2) providing an analysis of secondary data related to health 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 health care delivery; and 5) allowing the charitable hospital to meet federal regulation requirements of the Affordable Care Act, which requires not-for-profit hospitals to complete a community health needs assessment at least every three years.

Unity Medical Center

Unity Medical Center brings health and healing to all people living in Grafton and throughout the region. According to its mission statement, UMC is committed to "serving Grafton and its surrounding area with a dedicated and caring staff, promoting health care for the community, and serving its needs through all stages of life." Unity Medical Center is a 17-bed critical access hospital. It is a state-designated Level IV trauma hospital and family care clinic. The facility offers 24-hour acute care, swing bed, emergency care, and respite services and is staffed by a team of licensed and certified professional staff, including physicians, nurses, technicians, therapists, and a nurse practitioner.

For more than 110 years, Unity Medical Center and its predecessors Grafton Deaconess Hospital, St. Joseph's Hospital, and Grafton Family Clinic have existed to bring health care to people in northeast North Dakota. In 2001 it was designated as a critical access hospital. It is a not-for-profit corporation and employs more than 100 people with annual salaries totaling $3,189,000 in the Grafton area. UMC has benefitted from a recent remodel, completed in 2011, which was supported and approved by a community sales tax increase. Included in the physical remodeling of the facility was a technological advancement in equipment.

UMC offers a number of specialty clinics that bring in medical professionals from around the region to Grafton. Some of the medical specialties include: audio care, cardiology, diabetes education, Ear, Nose and Throat (ENT), oncology, orthopedics, podiatry, psychiatry and psychology. Additionally, UMC has a Convenience Clinic which is staffed after hours, from 5:00-7:00pm on week days and from 10:00-12:00pm on Saturdays.

Another critical access hospital is located in Walsh County. First Care Health Center, (FCHC) located in Park River, is just 16 miles west from Grafton. Opened in 1950, this hospital is a 14-bed Level IV Trauma Center. Many physicians and services are shared between UMC and FCHC and the relationship between these two facilities is marked with friendly collaboration.

Health Care Facilities and Other Resources

Other health care clinics in Grafton include a Veterans Administration Clinic and a migrant health clinic. Migrant Health Services, Inc. (MHSI), located in Grafton, is the only year-round migrant health location in North Dakota. A nurse practitioner sees patients from around the region, including patients from northwestern Minnesota. MHSI offers programs to target two groups: pregnant women and individuals with chronic diseases like diabetes, high blood pressure and depression. MHSI offers free health assessments, health and nutrition education, bilingual health education materials and interpreters to all patients.

The North Dakota Developmental Center is located in Grafton and is a state-operated, comprehensive support agency for people with intellectual and developmental disabilities as well as medical and health issues. Some of the services provided include medical, mental health and substance abuse, child protection, refugee services, adult and aging services and child support enforcement. The Development Center currently provides specialized services and acts as a safety net for 130 people whose needs exceed community resources.

Grafton is also home to Lutheran Sunset Home, a nursing home. Additional health care resources servicing Grafton include two chiropractors, two dentists and an eye doctor.

Services offered locally by Unity Medical Center include:

General and Acute Services

- 24- hour emergency room
- Anesthesia
- Cardiology (visiting specialist)
- Clinic
- Home health care
- Family Medicine
- General Surgery
- Hospice
- Hospital (acute care)
- Oncology (visiting specialist)
- Ophthalmology (visiting specialist)
- Podiatry (visiting specialist)
- Social services
- Specialty Clinics
- Swing Bed and respite care
- Telemedicine via eEmergency

Screening/therapy services

- Cardiac rehab
- Chemotherapy/antibiotic therapy
- Diabetic services
- Drug testing
- Hearing services
- Home oxygen
- Laboratory services
- Nutritional services
- Occupational therapy
- Physical therapy
- Respiratory therapy
- Sleep apnea services
- Speech therapy
- Stress testing

Radiology services

- CT scan
- DEXA) bone density
- Echocardiogram
- General x-ray
- Mammography

Community Assets

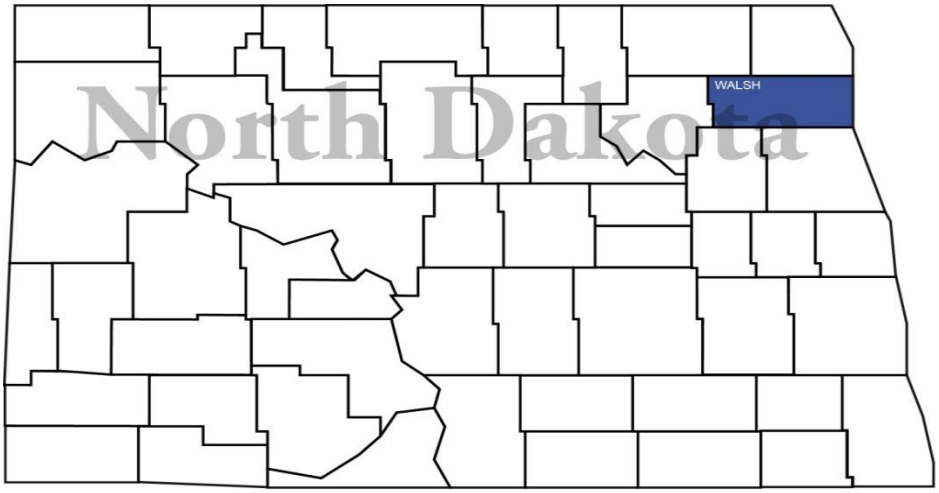
Grafton is located in northeastern North Dakota, the heart of the Red River Valley, which comprises some of the richest soil in the world. The population of Grafton is 4,289, which accounts for over a third of Walsh County's population of 11,119. The city, an attractive residential community, is a retail trade center, and a primary market and distribution center for agricultural commodities produced in the surrounding area. Grafton's school system provides educational opportunities to students K-12.

Grafton Parks and Recreation Department offers an extensive number of organized sports programs and activities for all ages. Facilities include a heated swimming pool, eight tennis courts, lighted football field, bowling, curling, baseball and softball, an armory gymnasium, winter sports arena, gun club and overnight camping.

Assessment Methodology

Unity Medical Center claims Walsh County as its primary county of service. Specifically, UMC serves Grafton and a ten mile radius extending from it. Beyond that distance, residents typically go to Grand Forks if they live south of town, to Cavalier if they live north of town, to Park River if they live west of town and to Minnesota if they live east of town. This service area is based on a study UMC had done a few years ago and from correspondence with its CEO. For the purpose of this health assessment, the focus will be on Walsh County. Located in the hospital's service area are the communities of Auburn, Hoople, Minto, Nash, Voss, and Warsaw.

FIGURE 1: SERVICE AREA OF UNITY MEDICAL CENTER



The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences supported Unity Medical Center in conducting this assessment by administering the survey, locating and analyzing secondary data sources, conducting interviews, and writing this assessment report. The Center has extensive experience in conducting community health needs assessments and has worked on community assessments since its inception in 1980.

The Center for Rural Health is one of the nation's most experienced organizations committed to providing leadership in rural health. Its mission is to connect resources and knowledge to strengthen the health of people in rural communities. The Center serves as a resource to health care providers, health organizations, citizens, researchers,

educators, and policymakers across the state of North Dakota and the nation. Activities are targeted toward identifying and researching rural health issues, analyzing health policy, strengthening local capabilities, developing community-based alternatives, and advocating for rural concerns.

As the federally designated State Office of Rural Health (SORH) for the state and the home to the North Dakota Medicare Rural Hospital Flexibility (Flex) program, the Center connects the School of Medicine and Health Sciences and the University to rural communities and their health institutions to facilitate developing and maintaining rural health delivery systems. In this capacity the Center works both at a national level and at state and community levels.

In addition to its work in the state, the Center also runs five national programs: (1) Rural Assistance Center (www.raconline.org), an information portal that received more than 900,000 web visits in the most recent year; (2) the Health Workforce Information Center (HWIC), which provides free access to the most recent resources on the nation's health workforce in one easy-to-use online location (www.hwic.org); (3) the Rural Health Research Gateway program, which extends the reach and impact of important findings at the national, state, and community level; (4) the National Resource Center on Native American Aging, the foremost authority on the subject of aging issues for Native Americans in the country; and (5) the newest program, the National Indigenous Elder Justice Initiative (NIEJI), which will focus on elder abuse in Indian Country.

Data for this community health needs assessment was collected in a variety of ways: (1) a survey solicited feedback from area residents; (2) another version of the survey gathered input from health care professionals who work at Unity Medical Center (3) community leaders representing the broad interests of the community took part in one-on-one key informant interviews; (4) a Community Group comprised of community leaders and area residents was convened to discuss area health needs; and (5) a wide range of secondary sources of data was examined, providing information on a multitude of measures including demographics; health conditions, indicators, and outcomes; rates of preventive measures; rates of disease; and at-risk activities.

Survey

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

Two versions of a survey tool were distributed to two different audiences: (1) community members and (2) health care professionals. Copies of both survey instruments are included in Appendix A.

Community Member Survey

The community member survey was distributed to various residents of the service area of Unity Medical Center. The survey tool was designed to:

- Understand community awareness about services provided by the local health system and whether consumers are using local services;
- Understand the community's need for services and concerns about the delivery of health care in the community;
- Learn about broad areas of community concerns;
- Learn of residents' perceptions about community assets;
- Determine preferences for using local health care versus traveling to other facilities; and
- Solicit suggestions and help identify any gaps in services (now and in the future).

Specifically, the survey covered the following topics: community assets, awareness and utilization of local health services, barriers to using local services, suggestions for improving collaboration within the community, local health care delivery concerns, reasons consumers use local health care providers and reasons they seek care elsewhere, travel time to the nearest clinic and to the Unity Medical Center hospital in Grafton, demographics (gender, age, years in community, marital status, employment status, income, and insurance status), and respondents' current health conditions or diseases.

Approximately 500 community member surveys were distributed in the service area. The surveys were distributed through members of the Community Group and at area churches, community events, UMC facilities, and senior centers. To help ensure confidentiality and anonymity, included with each survey was a postage-paid return

envelope to the Center for Rural Health. The survey took place in June and July, 2012. Approximately 47 completed community member surveys were returned.

Area residents also were given the option of completing an online version of the survey, which was publicized in the local newspaper. Twenty-three online surveys were completed, making a total of 70 surveys completed by community members.

Health Care Professional Survey

Employees of Unity Medical Center were encouraged to complete an online version of the survey geared to health care professionals. Approximately 59 of these surveys were completed online. The version of the survey for health care professionals covered the same topics as the consumer survey, although it sought less demographic information and didn't ask whether health care professionals were aware of the services offered by Unity Medical Center.

Interviews

One-on-one interviews with key informants were conducted in person in Grafton on June 27, 2012. A representative of the Center for Rural Health conducted the interviews. Interviews were held with selected members of the Community Group who could provide insights into the community's health needs. These interviewees represented the broad interests of the community served by UMC. They included representatives of the health community, business community, nonprofit agencies, and public health. Included among the informants was a public health nurse with special knowledge in public health acquired through several years of direct care experience in the community, including working with medically underserved, low income, and minority populations, as well as with populations with chronic diseases. Those who took part in interviews are listed in Appendix B.

Topics covered during the interviews included the general health needs of the community, delivery of health care by local providers, awareness of health services offered locally, utilization of local services, barriers to using local services, suggestions for improving collaboration within the community, local health care delivery concerns, reasons community members use local health care providers, and reasons community members use other facilities for health care.

Community Group

A Community Group consisting of 15 community members was convened and met for the first time on June 27, 2012. During the first community meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about UMC's service area, and served as a focus group. Covered topics included the general health needs of the community, delivery of health care by local providers, awareness of health services offered locally, utilization of local services, barriers to using local services, suggestions for improving collaboration within the community, local health care delivery concerns, reasons community members use UMC and reasons community members use other facilities for health care.

The Community Group met again on August 15, 2012. 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 the UMC service area. 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 UMC. They included representatives of the health community, business community, schools, nonprofit agencies, and public health. Members of the Community Group are listed in Appendix B. Not all members of the group were present at both meetings.

Secondary Research

Secondary data were collected and analyzed to provide a snapshot of the area's overall health conditions, risks, and outcomes. Information was collected from a variety of sources including the U.S. Census Bureau; the North Dakota Department of Health; the Robert Wood Johnson Foundation's *County Health Rankings* (which pulls data from 14 primary data sources); North Dakota Health Care Review, Inc. (NDHCRI); the National Survey of Children's Health Data Resource Center; the Centers for Disease Control and Prevention; the North Dakota Behavioral Risk Factor Surveillance System; and the National Center for Health Statistics.

Demographic Information

The following table summarizes general demographic and geographic data about the counties served by UMC.

TABLE 1: COUNTY INFORMATION AND DEMOGRAPHICS (From 2010 Census where available; some figures from earlier Census data)		
	Walsh County	**North Dakota**
Population	11,119	**672,591**
Population change, 2000-2010	-10.3%	**4.7%**
Square miles	1,282	**69,001**
People per square mile	8.7	**9.7**
White persons	93.5%	**90.0%**
High school graduates	81.4%	**89.4%**
Bachelor's degree or higher	15.8%	**26.3%**
Persons below poverty level	9.9%	**12.3%**
Children in poverty	16%	**16%**
65 years or older	20.1%	**14.5%**
Median age	45.9	**37.0**
Not proficient in English language	1.9%	**1%**

The data indicate that Walsh County has a greater percentage of individuals over the age of 65 than the North Dakota average. Walsh County also has a higher median age, by almost nine years, than the North Dakota median. This may signify an increased need for medical care due to an aging population. Moreover, Walsh County has almost double the rate of residents who are not proficient in the English language due to a high migrant population. Providing health care for this population requires bilingual services.

Walsh County has lower rates, compared to the state average, in terms of individuals with a high school diploma and a bachelor's degree or higher. The rate of county residents aged 25 and older that are high school graduates trails the state average by eight percentage points, while the rate of county residents with a bachelor's degree or higher trails the state average by more than ten percentage points. The educational

backgrounds of area residents can affect a health care facility's ability to find qualified staff members.

Fewer adults live below the federal poverty level in Walsh County, compared to the state average, however the rate of children in poverty matches the state rate. Unity Medical Center's service area is fairly rural with an average of 8.7 people per square mile, compared to the state average of 9.7 people per square mile. The generally rural area has implications for the delivery of services and residents' access to care. Transportation can be an issue for rural residents, as can isolation, which can have many effects on health status.

Health Conditions, Behaviors and Outcomes

As noted above, several sources were reviewed to inform this assessment. This data is presented below in four categories: (1) County Health Rankings, (2) public health community profiles, (3) preventive care data, and (4) children's health. One other source of information, the Gallup-Healthways Well-Being Index, shows that North Dakota ranked second nationally in well-being during 2011. The index is an average of six sub-indexes, which individually examine life evaluation, emotional health, work environment, physical health, healthy behaviors, and access to basic necessities.

County Health Rankings

The Robert Wood Johnson Foundation, in collaboration with the University of Wisconsin Population Health Institute, has developed the County Health Rankings to illustrate community health needs and provide guidance for actions toward improved health. In this report, counties are compared to national benchmark data and state rates in various topics ranging from individual health behaviors to the quality of health care.

The data used in the 2012 County Health Rankings is pulled from 14 primary data sources and then is 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, e.g. 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 2012 County Health Rankings – a flow chart of how a

county's rank is determined – may be found in Appendix C. For further information, visit the County Health Rankings website at www.countyhealthrankings.org.

HEALTH MEASURES
(ACCORDING TO COUNTY HEALTH RANKINGS)

Health Outcomes
- Mortality (length of life)
- Morbidity (quality of life)

Health Factors
- Health Behavior
  - Tobacco use
  - Diet and exercise
  - Alcohol use
  - Unsafe sex
- Clinical Care
  - Access to care
  - Quality of care

Health Factors (continued)
- Social and Economic Factors
  - Education
  - Employment
  - Income
  - Family and social support
  - Community safety
- Physical Environment
  - Air quality
  - Built environment

Below is a summary of the pertinent information taken from County Health Rankings as it relates to Unity Medical Center service area in Walsh County. It is important to note that these statistics describe the population of each 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 behavior and conditions of Walsh County residents, not necessarily patients of UMC. Moreover, other health facilities are located in nearby counties. For example, other critical access hospitals are located in neighboring counties in the towns of Park River and Grand Forks.

For some of the measures included in the rankings, the County Health Rankings' authors have calculated a national benchmark for 2012. As the authors explain, "The national benchmark is 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 (e.g., high school graduation) or negatively (e.g., adult smoking)." In all of the measures highlighted in this report, the national benchmark outperformed the North Dakota average. Thus, a county that falls short of the state average is falling short of the

national benchmark as well; conversely, a county meeting or exceeding the national benchmark will be performing better than the state average on that measure.

Each of the county's ranking is also listed in the table below. For example, Walsh County ranks 16th out of 46 ranked counties in North Dakota on health outcomes and 33rd on health factors The variables marked by a diamond (❖) are areas where that county is not measuring up to the national benchmark. The variables marked by a red checkmark (✓) are areas where that county is not measuring up to state averages. Appendix D sets forth definitions for each of the measures.

TABLE 2: SELECTED MEASURES FROM COUNTY HEALTH RANKINGS

	Walsh County	National Benchmark ❖	North Dakota ✓
Ranking: Outcomes	**16th**		(of 46)
Poor or fair health	❖✓ 13%	10%	12%
Poor physical health days (in past 30 days)	2.6	2.6	2.7
Poor mental health days (in past 30 days)	2.0	2.3	2.5
Low birth weight	6.0%	6.0%	6.5%
% Diabetic	✓9%	-	8%
Ranking: Factors	**33rd**		(of 46)
Health Behaviors			
Adult smoking	❖ 15%	14%	19%
Adult obesity	❖ ✓33%	25%	30%
Physical inactivity	❖ ✓ 29%	21%	26%
Excessive drinking	❖ 20%	8%	22%
Sexually transmitted infections	❖ 101	84	305
Motor vehicle crash death rate	❖ ✓ 26	12	19
Teen birth rate	❖ ✓ 42	22	28
Clinical Care			
Uninsured	✓ 12%	11%	12%
Primary care provider ratio	❖✓908:1	631:1	665:1
Mental health provider ratio	❖ ✓ 10,899:0	-	2,555:1
Preventable hospital stays	❖ ✓ 80	49	64
Diabetic screening	✓ 88%	89%	85%
Mammography screening	❖ ✓ 65%	74%	72%

Physical Environment			
Limited access to healthy foods	❖ ✓ 15%	0%	11%
Access to recreational facilities	☺ 28	16	13
Fast food restaurants	❖ 28%	25%	41%

In terms of health outcomes, Walsh County showed a higher percentage of adults (13%) reporting poor or fair health than both the state average and the national benchmark. In terms of self-reported number of poor physical health and mental health days each month, Walsh County is outperforming the North Dakota average and meeting or outperforming the national benchmark. County residents reported on average 2.6 poor physical health days each month, compared to the state average of 2.7 and the national benchmark of 2.6. For self-reported poor mental health days, county residents reported on average 2.0 days per month compared, to a state average of 2.5 days and the national benchmark of 2.3 days. Walsh County also outperformed the state average and met the national benchmark on the measure of low birth rate. Nine percent of adults aged 20 and above in Walsh County have diagnosed diabetes, compared to a state average of 8%.

With respect to health factors, including health behaviors, clinical care measures, and physical environment, UMC's service area was not beating the state averages or the national benchmarks on several measures. Walsh County showed rates that were the same as or worse than the state average – and worse than the national benchmarks – on the following measures:

- Adult obesity
- Physical inactivity
- Motor vehicle crash death rate
- Teen birth rate
- Primary care provider ratio
- Mental health provider ratio
- Preventable hospital stays
- Mammography screening
- Limited access to healthy foods

Most of the gaps between the Walsh County rate and the North Dakota rate on these measures tended to be fairly small. It is worth noting, however, that the ratios of county

residents to primary care and mental health providers were substantially higher than the state ratios.

Additionally, the county was not meeting the national benchmarks on the following measures:

- Adult smoking
- Excessive drinking
- Sexually transmitted infections
- Percentage of population under age 65 without health insurance
- Diabetic screening
- Prevalence of fast food restaurants

The data also show that Walsh County's rate of excessive drinking (which includes binge and heavy drinking) was more than *two times* the national benchmark. The rates in the county of adult obesity and physical inactivity (which are, for apparent reasons, interrelated) were eight percentage points higher than the national benchmarks. Examining these statistics together demonstrates their interrelatedness. The Center for Disease Control and Prevention (CDC) explains that physical inactivity can lead to obesity and type 2 diabetes, while physical activity can help control weight, reduce the risk of heart disease and some cancers, strengthen bones and muscles, and improve mental health. Limited access to healthy foods can further exacerbate the issue. A strength of Walsh County is its access to recreational facilities. Encouraging more use of these resources could help to combat the physical inactivity and obesity problems discussed above.

Other trends to be aware of are that the county's motor vehicle crash death rate was more than twice the national benchmark and the teen birth rate was almost twice the national benchmark.

According to County Health Rankings, Walsh County has no mental health providers, which gives it a population-to-mental-health-provider ratio of 10,899:0, as compared to the state average ratio of 2,555:1. Walsh County's ratio is the worst in the state, which has a minimum-maximum range of 10:899:0 to 1,191:1. Under the rankings model, mental health providers include full-time psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. While no qualifying providers reside in Walsh County, it should be noted that graduate counseling students from the University

of North Dakota do provide regular mental health services at UMC. There is a clear need for mental health providers to practice in rural areas as well as a strong demand for more general practitioners.

Public Health Community Health Profile

Included as Appendix E is North Dakota Department of Health's community health profiles for Walsh County. Some of the demographic information presented in these community health profiles is based on earlier census data. Data concerning causes of death is from 2004 to 2008.

For Walsh County, the leading cause of death for people aged 15-44 is unintentional injury. Other leading causes of death for adults aged 44 and younger include suicide, cancer and heart disease. Cancer is the leading cause of death for those aged 45-64, followed by heart disease. The reverse is true for those aged 65 and older as heart disease is the leading cause of death, followed by cancer. A graph illustrating leading causes of death in various age groups in the public health unit may be found as part of Appendix E.

This data on causes of death suggests that in Walsh County, reductions in mortality may be achieved by focusing on early detection and prevention of cancer and heart disease, as well as prevention of accidents and suicides.

According to the county's community health profile, measures of self-reported adult behavioral risk factors in which there is a statistically significant difference between the Walsh County rate and the state average (with Walsh County performing below the state average) include residents who are overweight but not obese, residents who report not always using a seatbelt, and residents who report not getting the recommended amount of physical activity. Walsh County was performing better than the state averages on the following measures: residents reporting they have ever been diagnosed with asthma, residents reporting they currently have asthma, and residents reporting they have a personal health care provider.

In assessing the region's health needs, attention also should be paid to other information provided in the public health profiles about quality of life issues and conditions such as

arthritis, asthma, cardiovascular disease, cholesterol, crime, drinking habits, fruit and vegetable consumption, health insurance, health screening, high blood pressure, mental health, obesity, physical activity, smoking, stroke, tooth loss and vaccination.

Preventive Care Data

North Dakota Health Care Review, Inc., (NDHCRI), the state's quality improvement organization, reports rates related to preventive care. They are summarized in the table below for Walsh County.[1] For a comparison with other counties in the state, see the respective maps for each variable found in Appendix F.

The rates highlighted below marked with a red checkmark (✓) signify that Walsh County falls into the lower two performing quintiles overall – meaning that more than half of the counties in North Dakota are performing better on that measure. Those rates marked with a happy face (☺) are those that fall in the highest performing quintile and refer to measures on which that county is performing better as compared to 80% of the other counties in the state.

TABLE 3: SELECTED PREVENTATIVE MEASURES

	Walsh County	North Dakota
Colorectal cancer screening rates	✓ 50.4%	55.5%
Pneumococcal pneumonia vaccination rates	✓ 38.6%	51.3%
Influenza vaccination rates	✓ 45.6%	50.4%
Annual hemoglobin A1C screening rates for patients with diabetes	☺ 93.6%	92.2%
Annual lipid testing screening rates for patients with diabetes	☺ 84.6%	81%
Annual eye examination screening rates for patients with diabetes	☺ 80.9%	72.5%
PIM (potentially inappropriate medication) rates	10.1%	11.1%
DDI (drug-drug interaction) rates	9.9%	9.8%

[1] The rates were measured using Medicare claims data from 2009 to 2010 for colorectal screenings, and using all claims through 2010 for pneumococcal pneumonia vaccinations, A1C screenings, lipid test screenings, and eye exams. The influenza vaccination rates are based on Medicare claims data between March 2009 and March 2010 while the potentially inappropriate medication rates and the percent of drug-drug interactions are determined through analysis of Medicare part D data between January and June of 2010.

The data indicate that Walsh County is doing well in a number of preventive care measures, with several instances of scoring in the top quintile compared to other North Dakota counties. There is, however, room for improvement in several measures related to the delivery of preventive care. For example, Walsh County is below state averages on annual colorectal cancer screening rates, pneumococcal pneumonia vaccination rates and influenza vaccination rates

Children's Health

The National Survey of Children's Health touches on multiple, intersecting aspects of children's lives. Data is not available at the county level; listed below is information about children's health in North Dakota. The full survey includes physical and mental health status, access to quality health care, and information on the child's family, neighborhood, and social context. Data is from 2007. 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 marked with a red checkmark (✓) signify that North Dakota is faring worse on that measure than the national average.

TABLE 4: SELECTED MEASURES REGARDING CHILDREN'S HEALTH
(For children aged 0-17 unless noted otherwise)

Measure	North Dakota	National
Children currently insured	91.6%	90.9%
Children whose current insurance is *not* adequate to meet child's needs	✓ 26.8%	23.5%
Children who had preventive medical visit in past year	✓ 78.9%	88.5%
Children who had preventive dental visit in past year	✓ 77.2%	78.4%
Children aged 10-17 whose weight status is at or above the 85th percentile for Body Mass Index	25.7%	31.6%
Children aged 6-17 who engage in daily physical activity	✓ 27.1%	29.9%
Children who live in households where someone smokes	✓ 26.9%	26.2%
Children aged 6-17 who exhibit two or more positive social skills	95.6%	93.6%

Children aged 6-17 who missed 11 or more days of school in the past year	3.9%	5.8%
Young children (10 mos.-5 yrs.) receiving standardized screening for developmental or behavioral problems	✓ 17.6%	19.5%
Children aged 2-17 years having one or more emotional, behavioral, or developmental condition	✓ 11.4%	11.3%
Children aged 2-17 with problems requiring counseling who received mental health care	72.4%	60.0%

The data on children's health and conditions reveals that while Walsh County is doing better than the national average on several measures, it is not measuring up to the national average in annual preventive medical and dental visits, with respect to health insurance that is adequate to meet children's needs, and in terms of daily physical activity, households with smokers, developmental screening, and rates of emotional, behavioral or developmental conditions. Over 20% of the state's children are not receiving an annual preventive medical visit or a preventive dental visit. Lack of preventive care now affects these children's future health status. Access to behavioral health is an issue throughout the state, especially in frontier and rural areas. Anecdotal evidence from the Center for Rural Health indicates that children living in rural areas may be going without care due to the lack of mental health providers in those areas.

Survey Results

Survey Demographics

Two versions of the survey were administered: one for community members and one for health care professionals. With respect to demographics, both versions asked participants about their gender, age, and education level, and how long they have lived in the community. In addition, health care professionals were asked to state their professions and how long they have worked in the community. Community members were asked about marital status, employment status, household income, and travel time to the nearest clinic and to the Unity Medical Center in Grafton. Figures 2 through 16 illustrate the demographics of health care professionals and community members.

Throughout this report, numbers (N) instead of percentages (%) are reported because percentages can be misleading with smaller numbers. Survey respondents were not required to answer all survey questions; they were free to skip any questions they wished.

Community Members and Health Care Professionals

The demographic results from both the community member version and the health care professional version of the survey revealed similar findings about several measures. In both response groups, as illustrated in Figures 2 and 3, the number of females responding was significantly higher than the number of males responding. In the case of health care professionals, the number of female respondents outnumbered male respondents four to one.

Figure 2: Gender - Community Members

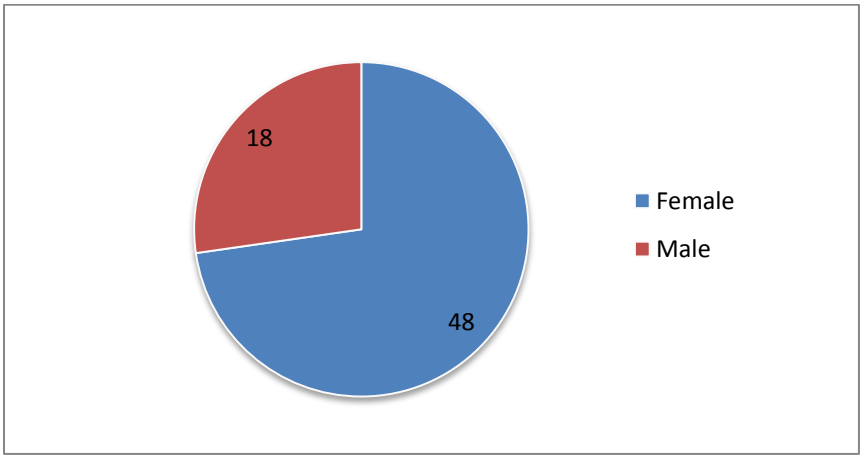
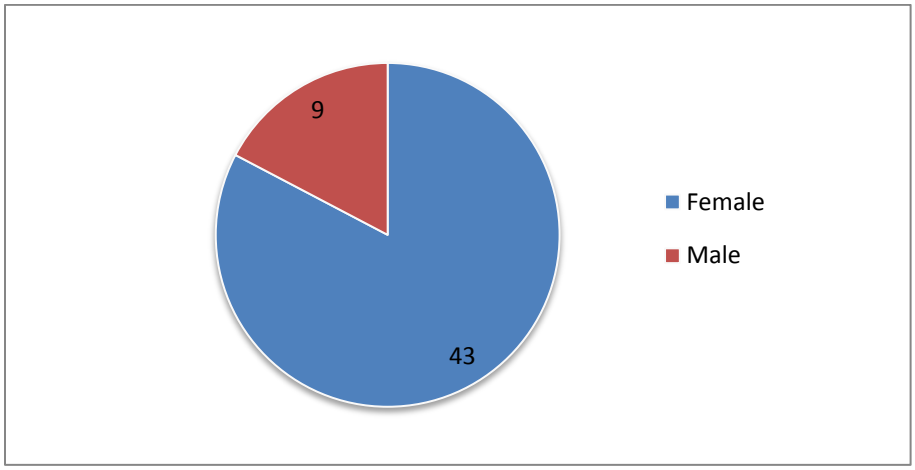


Figure 3: Gender – Health Care Professionals



A plurality of community members completing the survey were between the ages of 45 and 54 (N=18). The next most represented groups were those aged 55 to 64 (N=13) and those 65 years and older (N=24). No one under the age of 25 completed the survey, which could indicate an older community population or a younger population that is less engaged in community concerns. Only four people under the age of 35 completed the survey.

With respect to health care professionals, an equal number of respondents (N=15) completed the survey from the 45 to 54 age bracket and the 55 to 64 age bracket. Figures 4 and 5 illustrate respondents' ages.

Figure 4: Age – Community Members

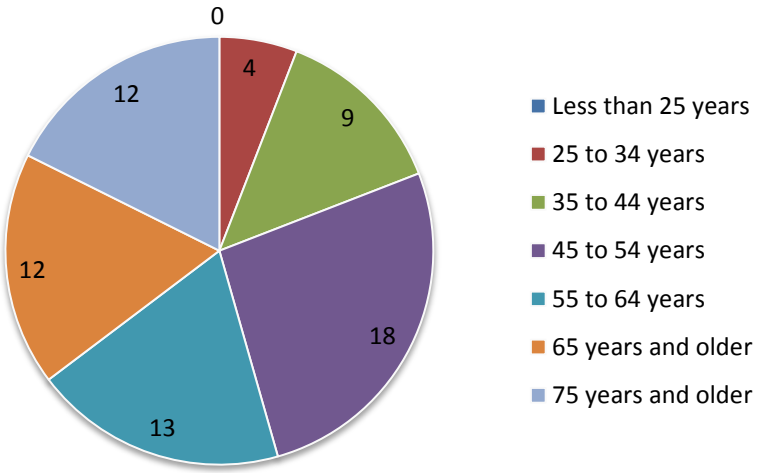
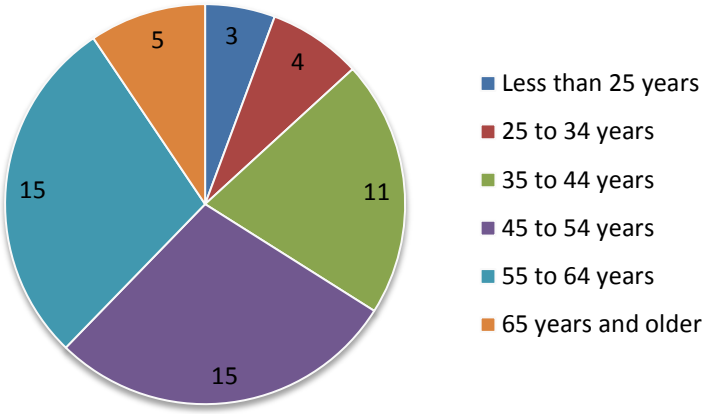


Figure 5: Age – Health Care Professionals



Both community members and health care professionals responding to the survey tended to be long-term residents of the area. A majority of both community members (N=56) and health care professionals (N=32) reported living in the community for more than 20 years. These results are shown in Figures 6 and 7.

Figure 6: Years Lived in the Community – Community Members

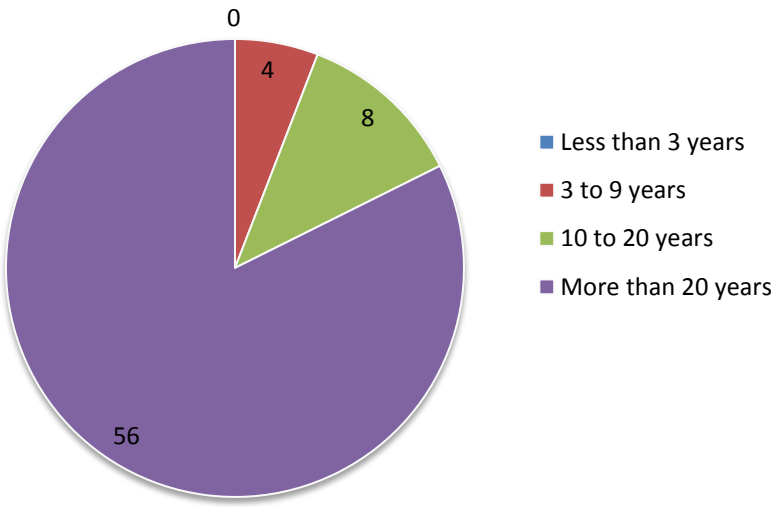
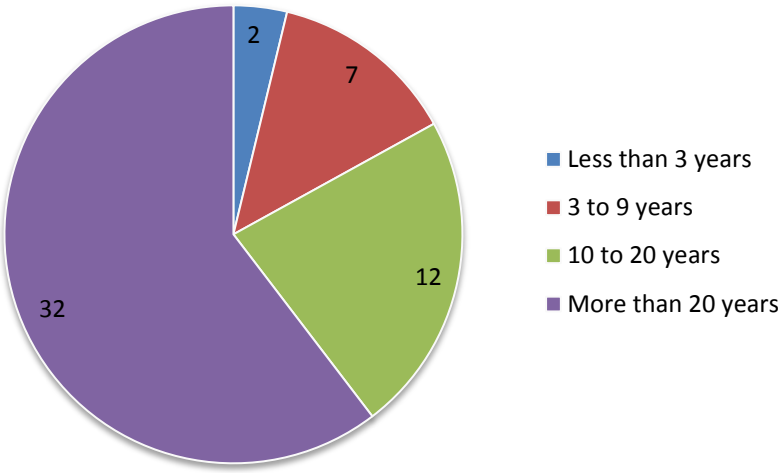


Figure 7: Years Lived in the Community – Health Care Professionals



Community members and health care professionals represented a wide range of educational backgrounds, with similar distributions for each population. The largest group had a bachelor's degree among both community members (N=24) and health care professionals (N=17). The next largest groups consisted of those having a technical

degree or some college (N=14) for both populations. A larger proportion of community members responding had a graduate or professional degree (N=12) as compared to health care professionals responding (N=5). Figures 8 and 9 illustrate the diverse background of respondents and demonstrate that the assessment took into account input from parties with a wide range of educational experiences.

Figure 8: Education Level – Community Members

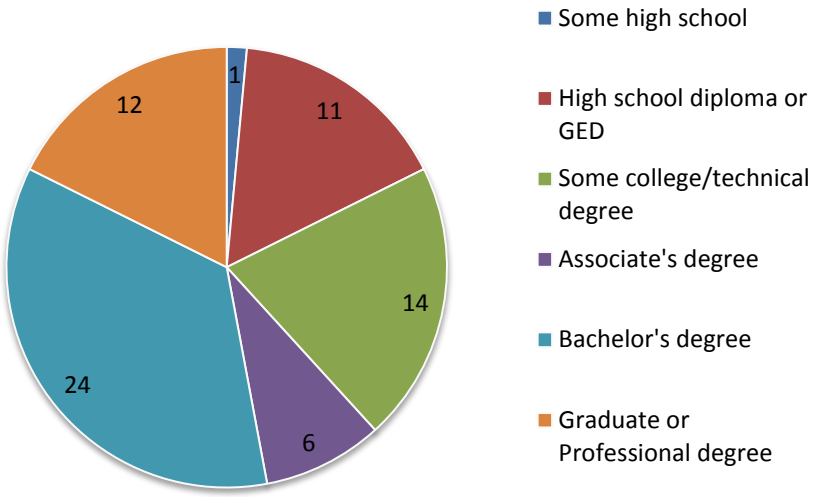
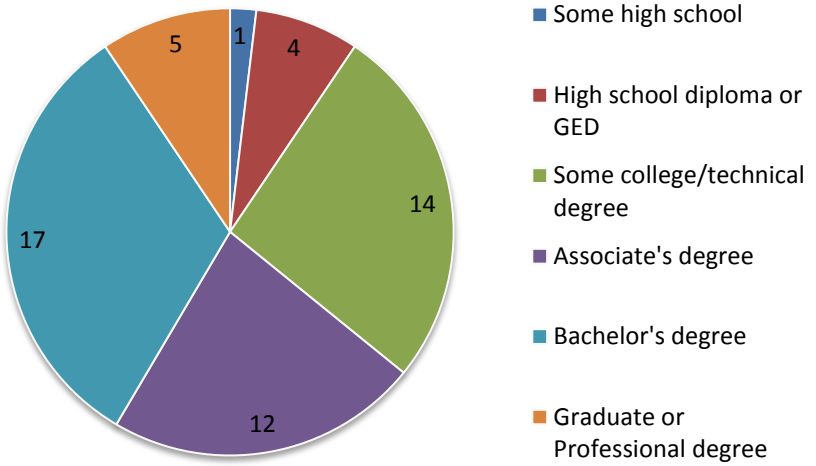


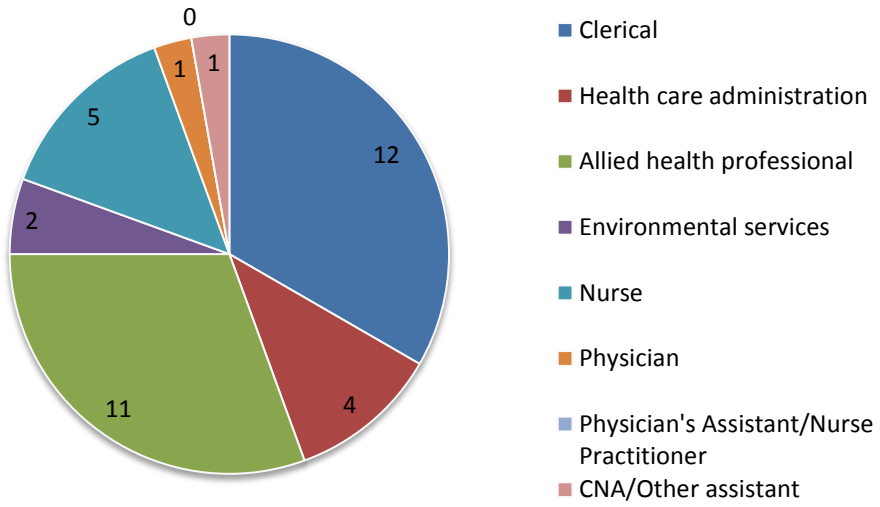
Figure 9: Education Level – Health Care Professionals



Health Care Professionals

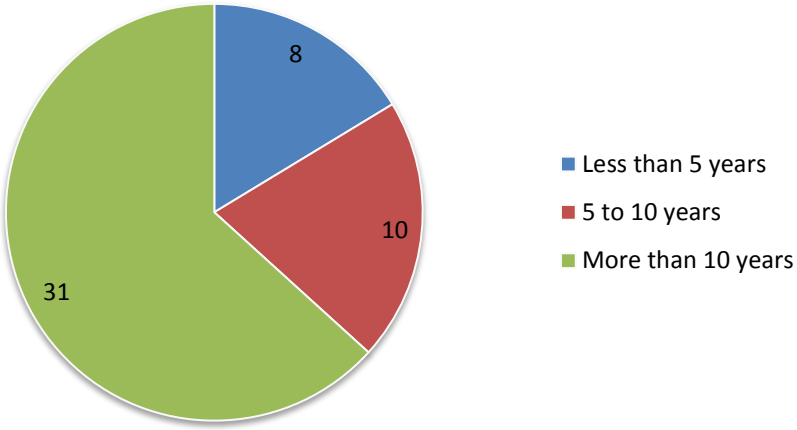
Health care professionals were asked to identify their specific professions within the health care industry. As shown in Figure 10, respondents represented a range of job roles, with the greatest response from clerical staff (N=12) and allied health professionals (N=11). There were no responses from physician assistants or nurse practitioners.

Figure 10: Jobs – Health Care Professionals



Health care professionals also were asked how long they have been employed or in practice in the area. As shown in Figure 11, the responses show most employees are long-term area employees, with 31 respondents reporting employment in the area for more than ten years. Eight respondents said they were employed in the area less than five years.

Figure 11: Length of Employment or Practice – Health Care Professionals

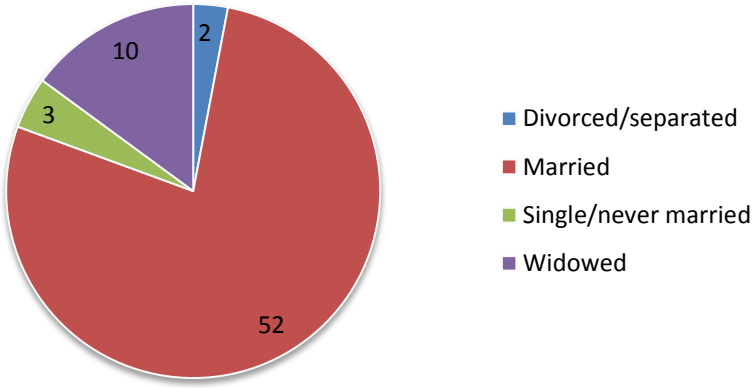


Community Members

Community members were asked additional demographic information not asked of health care professionals. This additional information included marital status, employment status, household income, and their proximity to the nearest clinic and to Unity Medical Center in Grafton.

The majority of community members (N=52) identified themselves as married, as exhibited in Figure 12.

Figure 12: Marital Status – Community Members



As illustrated by Figure 13, a majority of community members reported being employed full time (N=36), followed by retired (N=23).

Figure 13: Employment Status – Community Members

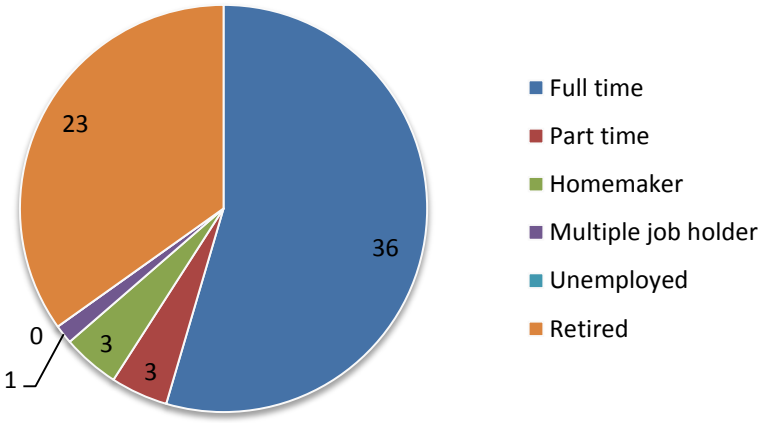
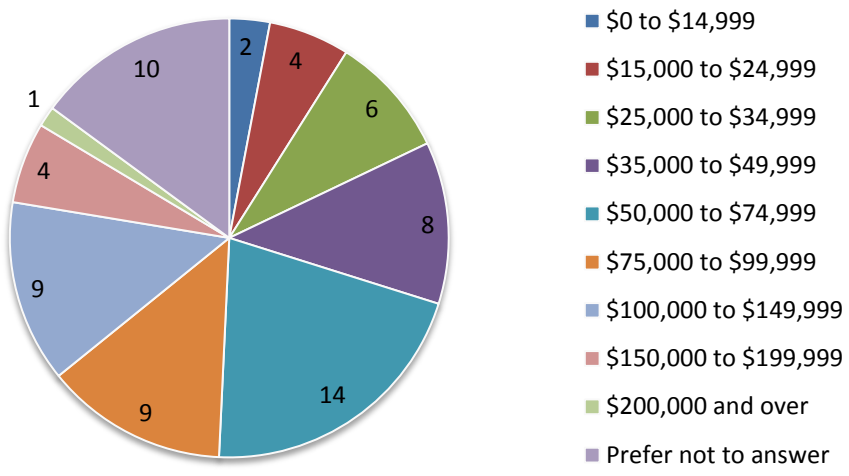


Figure 14 illustrates the wide range of community members' household income and again indicates how this assessment took into account input from parties who represent the broad interests of the community served, including lower-income community members. Of those who answered this question, the most commonly reported annual household income was $50,000-74,999 (N=14), followed by nine respondents each in the $75,000--99,999 income bracket and $100,000-149,999 income bracket. Six community members reported a household income of less than $25,000; of those, two reported an annual household income of less than $15,000.

Figure 14: Annual Household Income – Community Members



Community members responding to the survey represented a fairly large geographic area. As shown in Figure 15, a majority of the community members responding (N=45) lived less than ten minutes from the nearest clinic, followed by those living 10 to 30 minutes from the nearest clinic (N=13). Survey results about the travel time to Unity Medical Center in Grafton mirrored the results pertaining to clinic proximity, with a majority (N=57) living less than ten minutes from the hospital, followed by 10 to 30 minutes (N=7) as illustrated in Figure 16.

Figure 15: Respondent Travel Time to Nearest Clinic

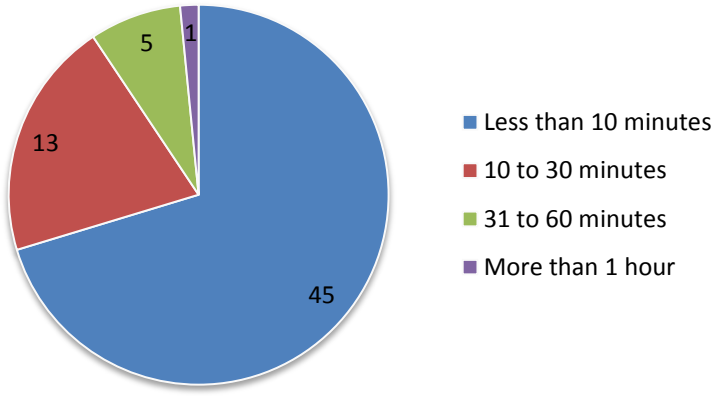
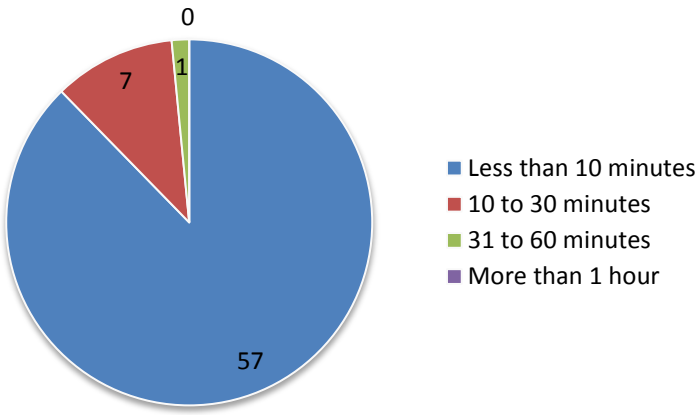


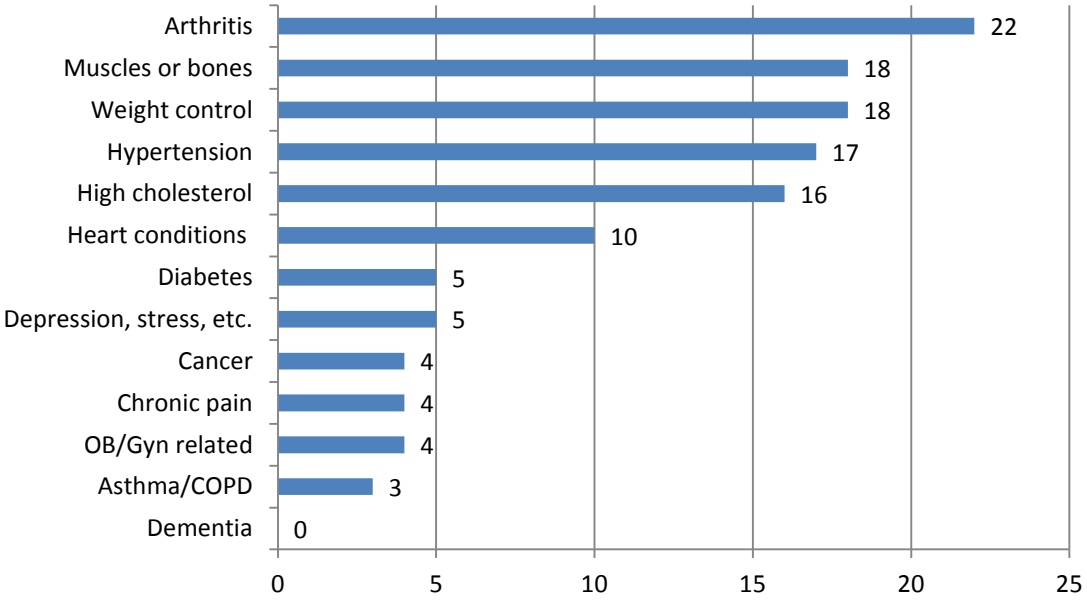
Figure 16: Respondent Travel Time to Unity Medical Center



Health Status and Access

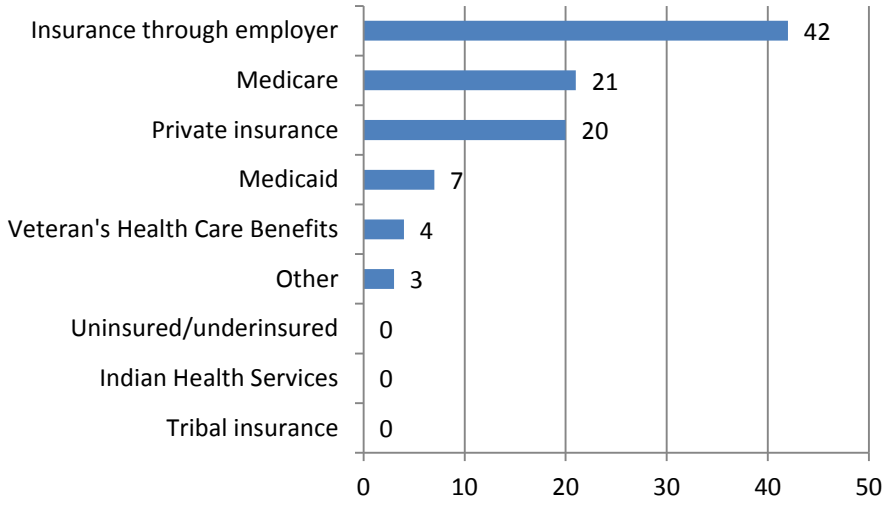
Community members were asked to identify general health conditions and/or diseases they have. As illustrated in Figure 17, the results demonstrate that the assessment took into account input from those with chronic diseases and conditions. The conditions reported most often were arthritis (N=22), muscles or bones (e.g., back problems, broken bones) (N=18), weight control (N=18) and hypertension (N=17).

Figure 17: Health Status - Community Members



Community members also were asked what, if any, health insurance they have. Health insurance status often is associated with whether people have access to health care. Not one community member reported having no insurance or being underinsured. As demonstrated in Figure 18, the most common insurance types were insurance through one's employer (N=42), Medicare (N=21) and private insurance (N=20).

Figure 18: Insurance Status – Community Members



Community Health Concerns

Respondents were asked to review a list of potential health concerns or conditions and rank them on a scale of 1 to 5 based on the importance of each potential concern to the community, with 5 being more of a concern and 1 being less of a concern.

Higher cost of health care for consumers was the number one concern for both community members and health care professionals (average rating of 4.05 and 3.63 respectively). Cancer and obesity were also ranked in the top five concerns by both community members and health care professionals, with community members placing it as the second most important concern (3.80) and health care professionals positioning it as the fourth most important concern (3.39). Obesity was the fourth highest concern for

community members (3.65) while it was the second gravest concern for health care professionals (3.62).

Rounding out the top five concerns held by community members were adequate number of providers (3.73) and mental health issues (3.64). Health care professionals ranked addiction/substance abuse as their third highest concern (3.56) and mental health issues (3.24) was positioned in fifth place.

On the opposite end of the spectrum, family planning and accident and injury prevention were perceived to be the lowest concerns for community members with average rankings of 2.55 and 2.83 respectively. For health care professionals, emergency services (2.04) and emergency preparedness (2. 27) were their least important concerns.

Figures 19 and 20 illustrate these results.

Figure 19: Concerns of Community Members

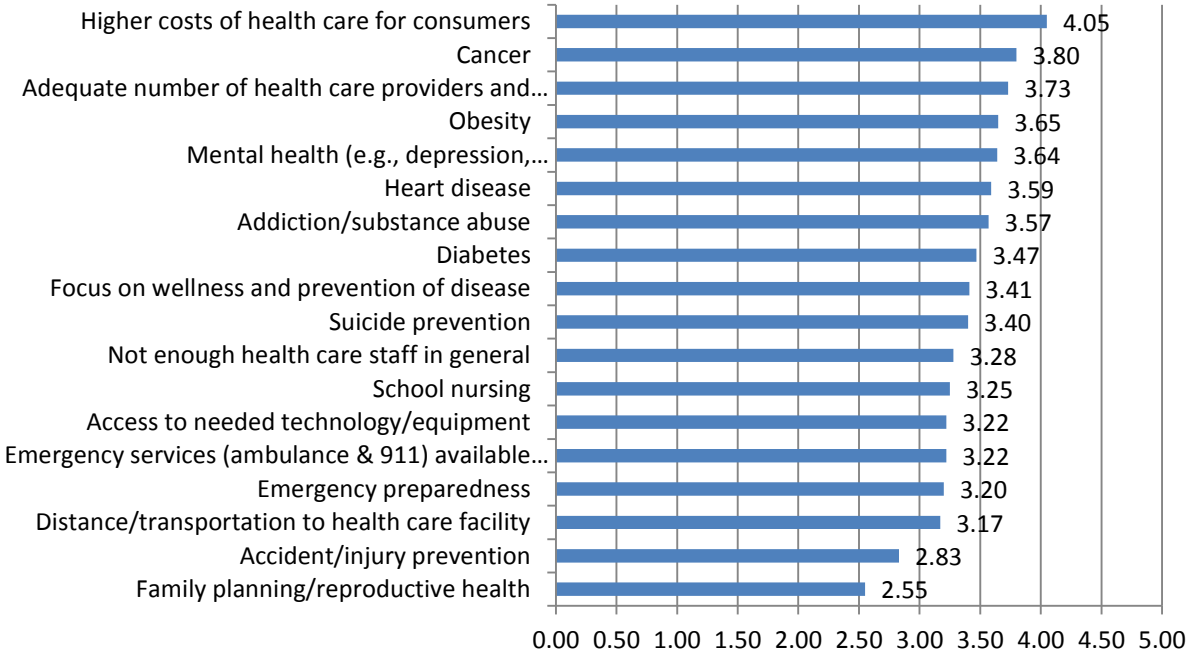
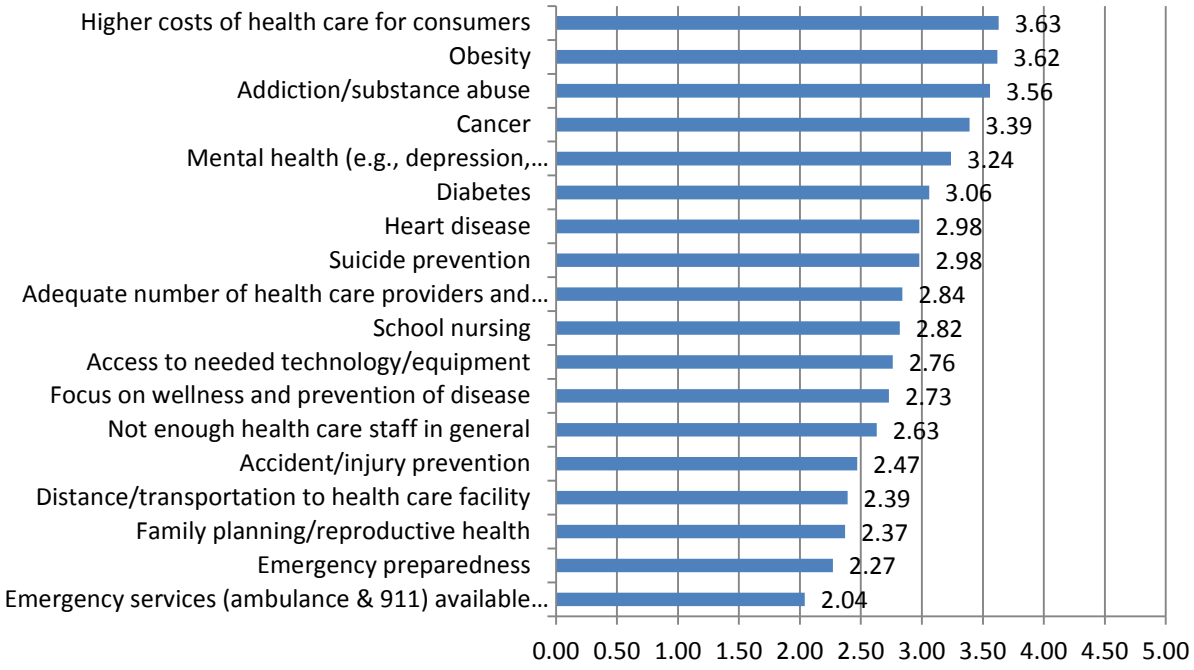


Figure 20: Concerns of Health Care Professionals



Respondents also were asked, in an open-ended question, to identify their most important concern and explain why it was the most important. Thirty community members answered this question, as did 25 health care professionals.

A plurality of community members (N=5) chose the need for school nursing as the most important concern. The concern of aging doctors (N=1) and "not enough good doctors" (N=2) could be grouped with the concern of not enough health care staff in general (N=4), making this theme of inadequate number of doctors the most frequently cited concern (N=7 collectively).

Also cited as most important concerns were the following:

- Suicide prevention (N=4)
- Higher costs of health care (N=3)
- Cancer (N=3)
- Bullying (N=2)
- Addiction/substance abuse (N=2)

Twenty-five health care professionals responded and their most important concerns were high costs for health care (N=7) and addiction/substance abuse (N=5).

Comments from both community members and health care professionals about what they view as the most important concerns included:

Community members' comments relating the need for school nurses

- We have school age children and have witnessed bullying and believe it is not being adequately dealt with. In fact, it is ignored and tolerated.
- They have a cop in the school, they could have a nurse.
- School Nursing- Intervention of student's depression, etc.

Community members' comments relating to suicide prevention

- No one should ever die from suicide. More public awareness.
- If this issue was addressed better it may be able to prevent other issues... disease, mental health and lower health costs.
- Too many suicides lately.
- It's usually younger folks, who should have a 'whole' life ahead of them!

Health care professionals' comments relating to addiction and substance abuse

- It seems to me we have an exceptionally high rate of addiction and abuse in our community.
- Working in a health care facility we see it EVERYDAY. People coming in seeking pills/drugs.
- Illicit drug use sales. Very high number of incidents in the area.
- Addiction & substance abuse is high & is leading to more violence & higher health care.
- Lots of substance abuse in community, but limited resources for treatment.

Community Violence

Respondents were asked to review a list of community violence concerns and rank them on a scale of 1 to 5 based on the importance of each potential concern to the community, with 5 being more of a concern and 1 being less of a concern. Community members ranked domestic/spouse violence as being the highest concern and it was the second highest concern for health care professionals (average rating of 3.45 and 3.25 respectively). Bullying was the second most important community violence concern for community members whereas health care professionals ranked it their top concern (3.44 and 3.54).

Violence against women and children and emotional abuse were also similarly ranked in the top five violence concerns for both groups. Community members also prioritized physical abuse whereas health care professionals ranked intimidation in the top five concerns.

Figures 21 and 22 illustrate these results.

Figure 21: Violence Concerns of Community Members

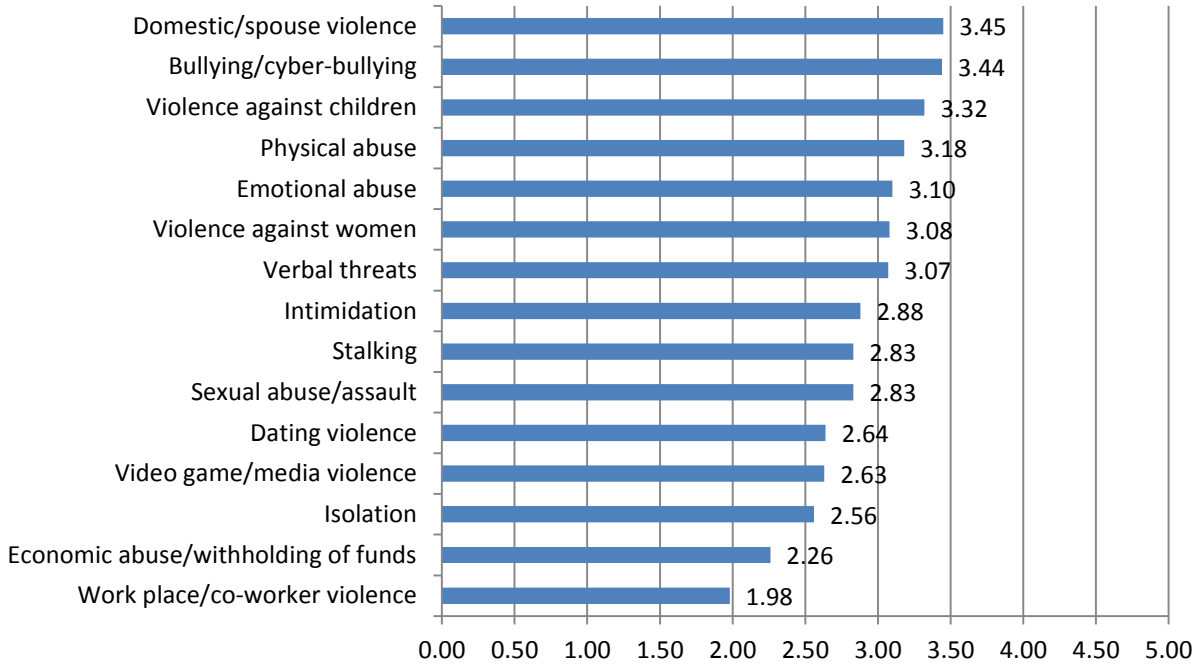
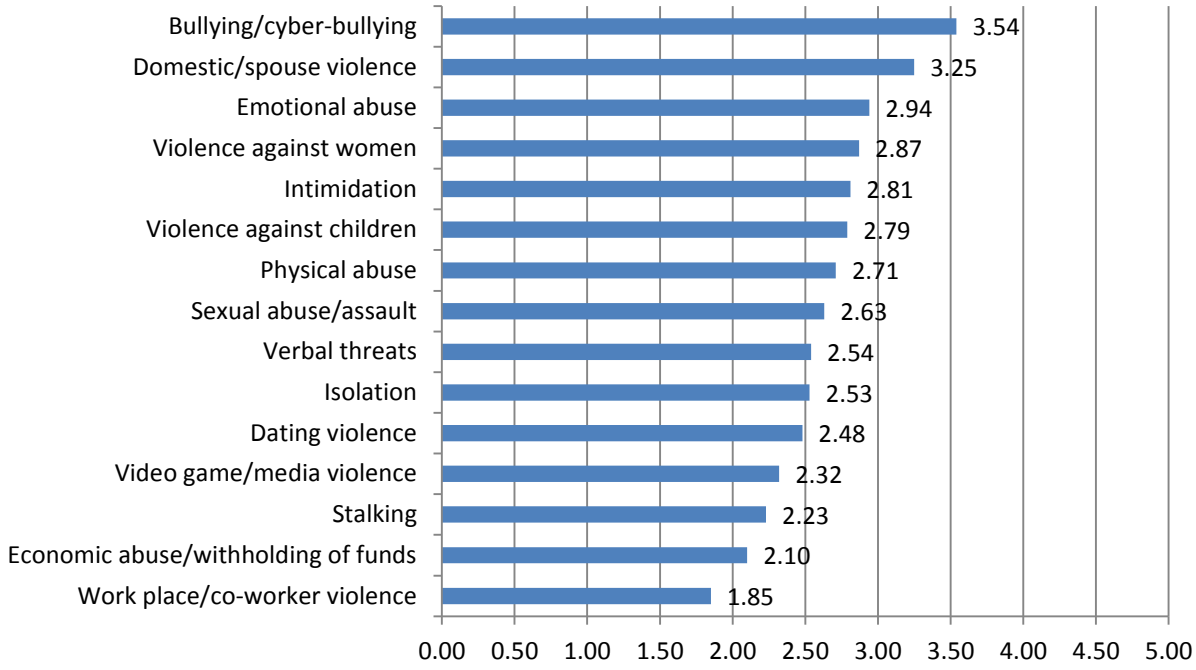


Figure 22: Violence Concerns of Health Care Professionals



Awareness of Services

The survey asked community members whether they were aware of the services offered locally by Unity Medical Center. The survey given to health care professionals did not include this inquiry as it was assumed they were aware of local services due to their direct work in the health care system.

In the paper version of the survey, respondents were given the option to check a "Yes" or "No" box for each listed service to indicate whether they were familiar with the service. Because a large number of respondents checked only the "Yes" boxes, reported below are the numbers of "Yes" choices for each service offered. The online version included only a choice for "Yes, aware this service is offered locally." The limitation with this reporting method is that it is implied that the gap between how many answered "Yes" and the total response count reflects those who are not aware. However, it is unknown if the difference reflects unawareness or respondents skipping that particular listed service.

Overall, community members were cognizant of UMC's service offerings, indicating successful advertising strategies by the hospital. Community members were most aware of:

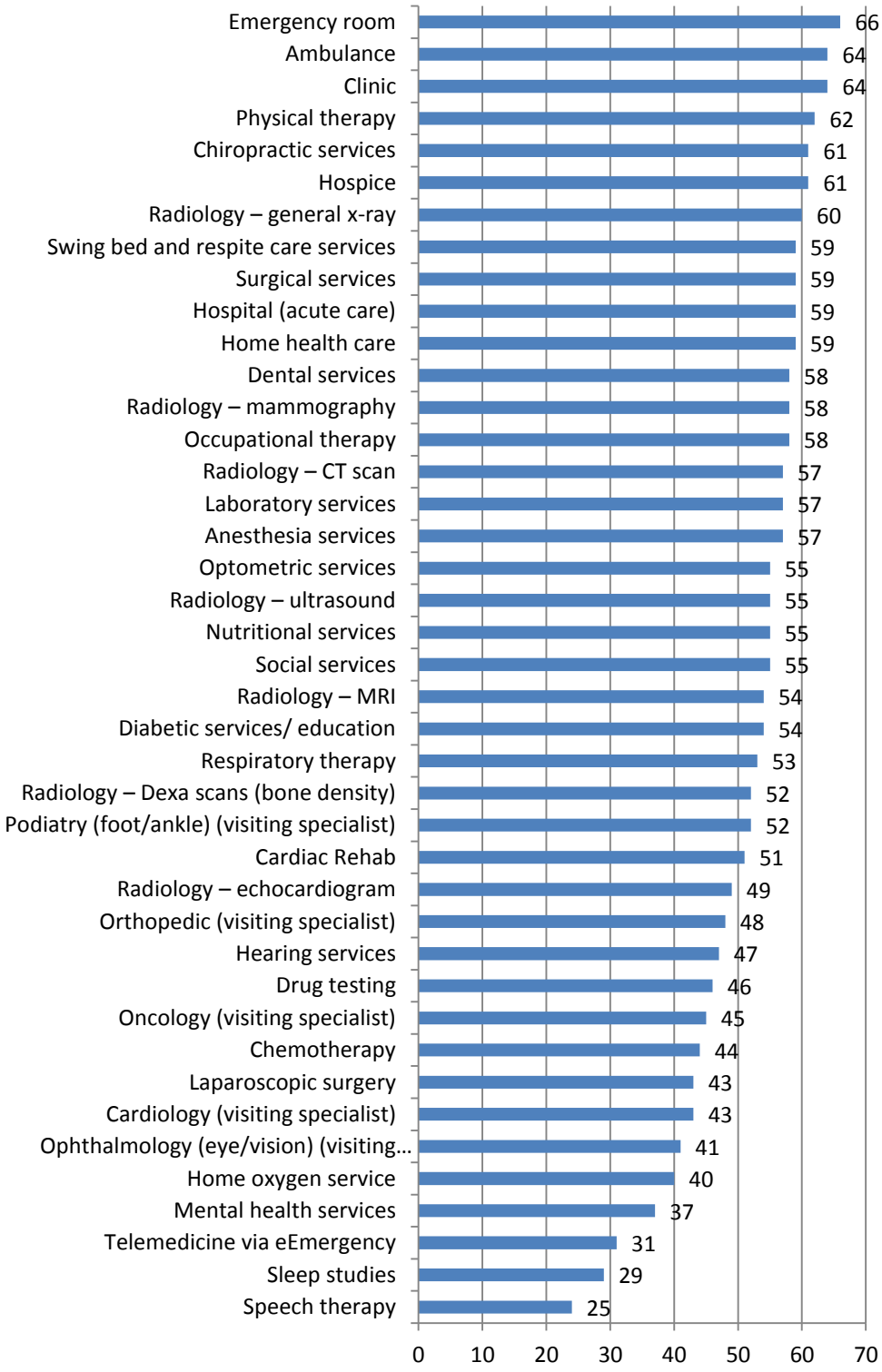
- Emergency room (N=66)
- Ambulance (N=64)
- Clinic (N=64)
- Physical therapy (N=62)
- Chiropractic services (N=61)
- Hospice (N=61)

Community members were least aware of the following services:

- Speech therapy (N=25)
- Sleep studies (N=29)
- Telemedicine via E-emergency (N=31)

The services with lower levels of awareness may present opportunities for further marketing, greater utilization, and increased revenue. Figure 23 illustrates community members' awareness of services.

Figure 23: Community Members' Awareness of Locally Available Services


Emergency room 66
Ambulance 64
Clinic 64
Physical therapy 62
Chiropractic services 61
Hospice 61
Radiology – general x-ray 60
Swing bed and respite care services 59
Surgical services 59
Hospital (acute care) 59
Home health care 59
Dental services 58
Radiology – mammography 58
Occupational therapy 58
Radiology – CT scan 57
Laboratory services 57
Anesthesia services 57
Optometric services 55
Radiology – ultrasound 55
Nutritional services 55
Social services 55
Radiology – MRI 54
Diabetic services/ education 54
Respiratory therapy 53
Radiology – Dexa scans (bone density) 52
Podiatry (foot/ankle) (visiting specialist) 52
Cardiac Rehab 51
Radiology – echocardiogram 49
Orthopedic (visiting specialist) 48
Hearing services 47
Drug testing 46
Oncology (visiting specialist) 45
Chemotherapy 44
Laparoscopic surgery 43
Cardiology (visiting specialist) 43
Ophthalmology (eye/vision) (visiting… 41
Home oxygen service 40
Mental health services 37
Telemedicine via eEmergency 31
Sleep studies 29
Speech therapy 25
0 10 20 30 40 50 60 70

Information about how community members learn of local services emerged during the focus group session. Participants commented that the hospital's strategy of listing all of the available service offerings available while a caller is on hold is very effective. Some participants said that although the outgoing message was tedious to listen to, it did work. The level of awareness confirms the usefulness of this practice.

Health Service Use

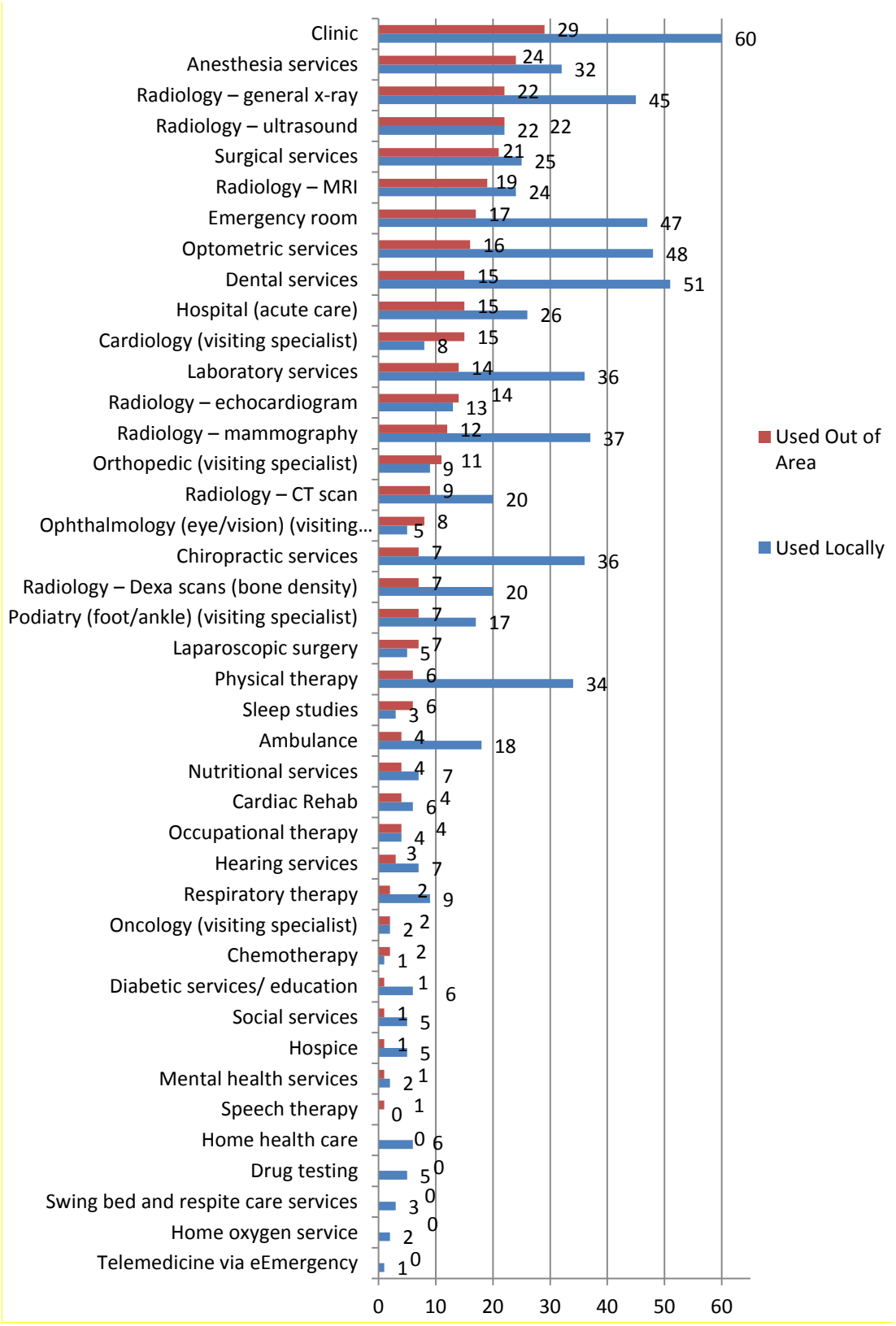
Community members were asked to review a list of services provided locally by Unity Medical Center and indicate whether they had used those services locally, out of the area, or both. Figure 24 illustrates these results.

Respondents identified clinic (N=60), dental services (N=51), optometric services (N=48), and emergency room (N=47) as the services most commonly used locally. There were a few services that respondents traveled outside of the area to receive, even though they are available locally. The services they most commonly sought out of the area were:

- Clinic (N=29)
- Anesthesia services (N=24)
- Radiology-- general X-ray (N=22)
- Radiology--ultrasound (N=22)
- Surgical services (N=21)

As with low-awareness services, these services – for which community members are going elsewhere – may provide opportunities for additional education about their availability from the local health system and potential greater utilization of local services.

Figure 24: Community Member Use of Locally Available Services


Clinic 29 60
Anesthesia services 24 32
Radiology – general x-ray 22 45
Radiology – ultrasound 22 22
Surgical services 21 25
Radiology – MRI 19 24
Emergency room 17 47
Optometric services 16 48
Dental services 15 51
Hospital (acute care) 15 26
Cardiology (visiting specialist) 15 8
Laboratory services 14 36
Radiology – echocardiogram 14 13
Radiology – mammography 12 37
Orthopedic (visiting specialist) 11 9
Radiology – CT scan 9 20
Ophthalmology (eye/vision) (visiting... 8 5
Chiropractic services 7 36
Radiology – Dexa scans (bone density) 7 20
Podiatry (foot/ankle) (visiting specialist) 7 17
Laparoscopic surgery 7 5
Physical therapy 6 34
Sleep studies 6 3
Ambulance 4 18
Nutritional services 4 7
Cardiac Rehab 4 6
Occupational therapy 4 4
Hearing services 3 7
Respiratory therapy 2 9
Oncology (visiting specialist) 2 2
Chemotherapy 2 1
Diabetic services/ education 1 6
Social services 1 5
Hospice 1 5
Mental health services 1 2
Speech therapy 1 0
Home health care 0 6
Drug testing 0 5
Swing bed and respite care services 0 3
Home oxygen service 0 2
Telemedicine via eEmergency 0 1
0 10 20 30 40 50 60
Used Out of Area
Used Locally

Additional Services

In another open-ended question, both community members and health care professionals were asked to identify services they think Unity Medical Center needs to add. Fifteen community members provided responses to this question, with two of those each suggesting adding dermatology and dialysis. Other responses included offering more hands-on stroke patient care, birthing, pediatrics, increasing customer service and increasing cooperation with area fitness centers.

Of the twenty-one health care professionals who gave responses, four recommended adding an Ob/Gyn and two suggested adding a pediatrician. The request for renal care and dialysis was echoed by health care professionals as was the desire for dermatology. Other suggestions varied from internal medicine, endocrinologist, mental health services, orthopedic surgeon, alternative medicine, substance abuse counselor and oncologist.

Reasons for Using Local Health Care Services and Non-Local Health Care Services

The survey asked community members why they seek health care services at Unity Medical Center and why they seek services at another health care facility. Health care professionals were asked why they think patients use services at UMC and why they think patients use services at another facility. Respondents were allowed to choose multiple reasons.

Community members and health care professionals were in alignment across the board concerning why people choose care at UMC. The top four reasons were: convenience to UMC (N=59 and N=52), proximity (N=47 and N=41), familiarity with providers (N=45 and N=42) and loyalty to local service providers (N=41 and N=40). The similarities among the results from the two groups indicate a shared set of health care values from community members and health care professionals. The parallel results could also indicate an accurate assessment of the hospital's strengths and weaknesses.

Figures 25 and 26 illustrate these responses.

Figure 25: Reasons Community Members Seek Services at Unity Medical Center

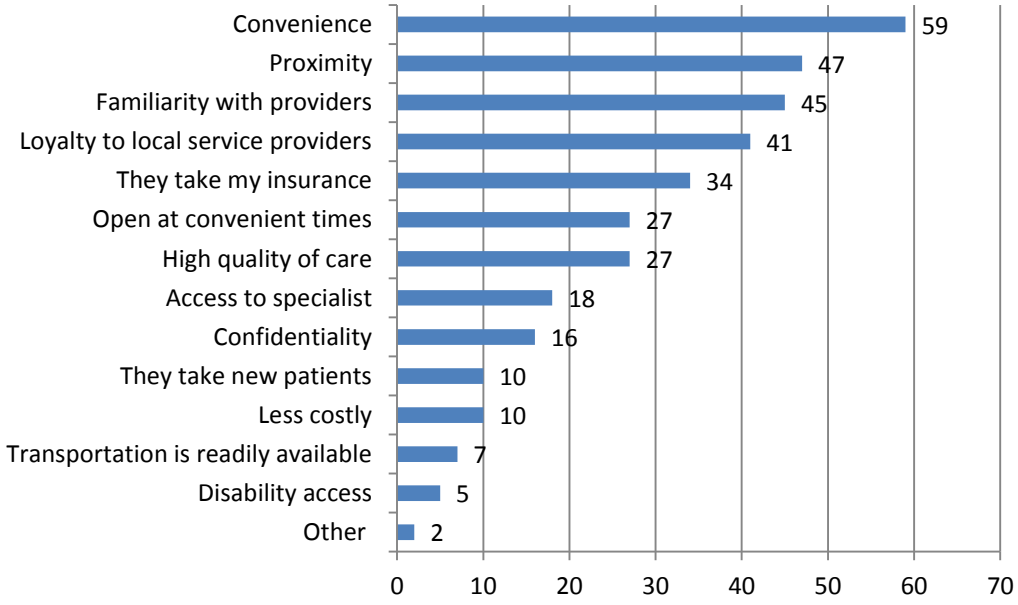
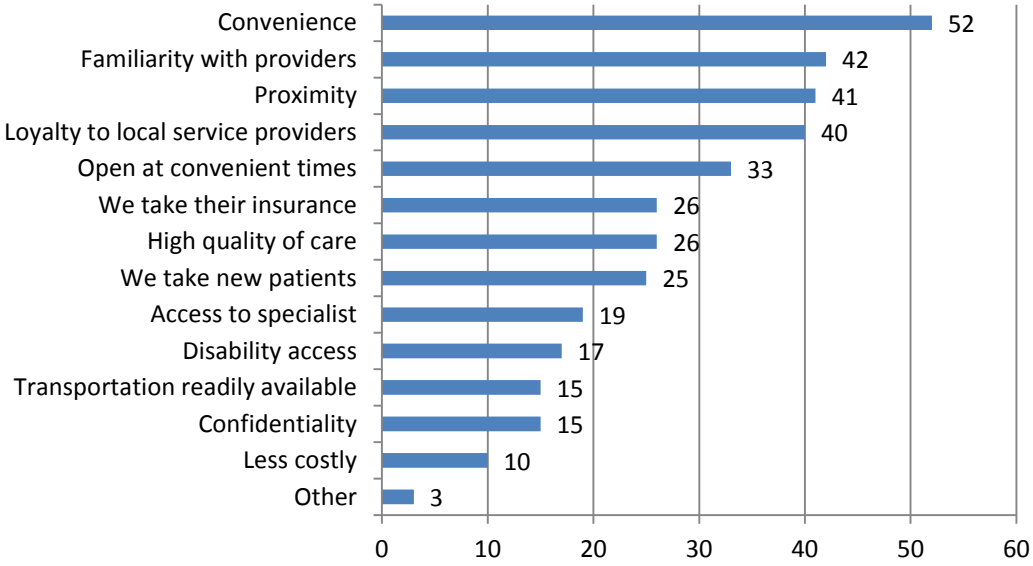


Figure 26: Reasons Health Care Professionals Believe Community Members Seek Services at Unity Medical Center



The similarities continued in results from community members and health care professionals with respect to seeking health care services at other facilities. Both groups indicated that the primary motivator for seeking care elsewhere was, by a large margin,

that another facility has a needed specialist (N=45 and N=44). Another oft-cited reason for seeking care elsewhere was high quality care (N=27 and N=26). Confidentiality was rated in the top four reasons among both groups. Differences emerged in that health care professionals rated open at convenient times above the community members' concern of taking their insurance. These results are illustrated in Figures 27 and 28.

Figure 27: Reasons Community Members Seek Services at Other Health Care Facilities

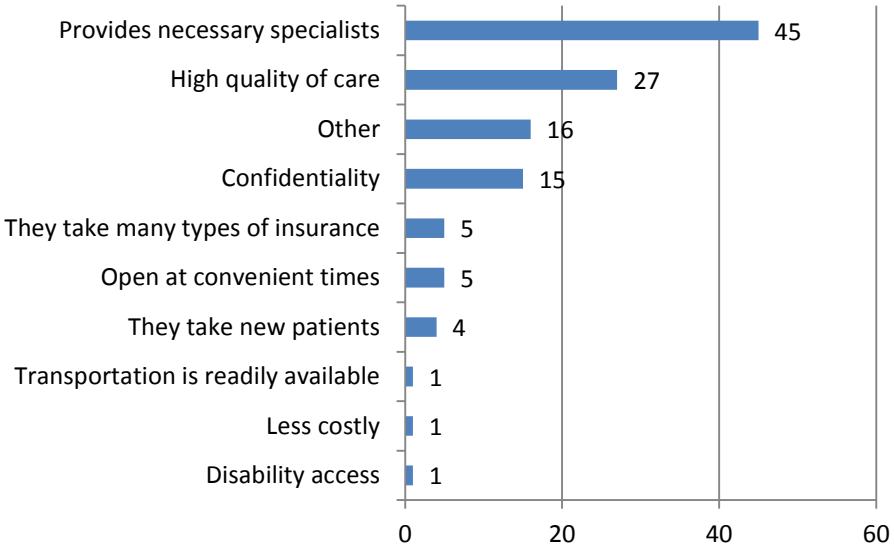
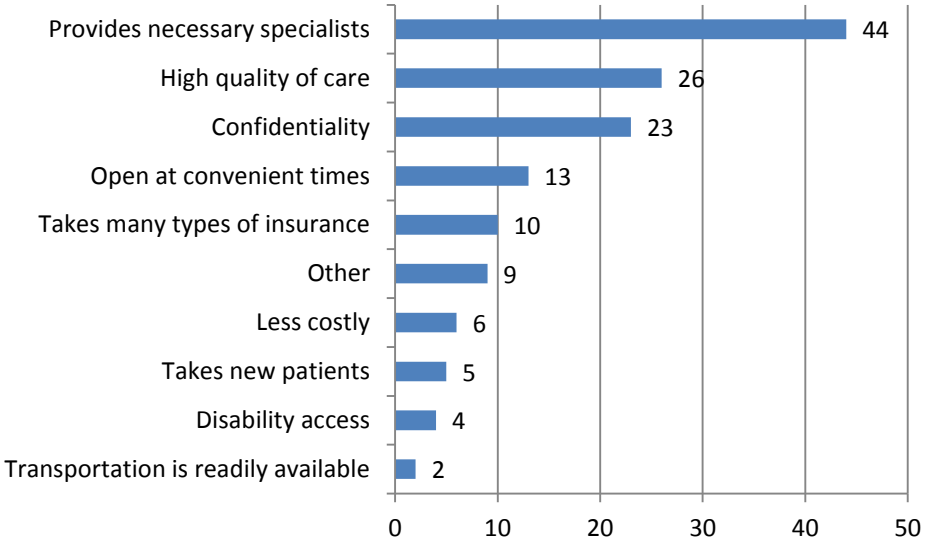


Figure 28: Reasons Health Care Professionals Believe Community Members Seek Services at Other Health Care Facilities



The survey provided both community members and health care professionals the opportunity to suggest "other" reasons patients seek health care services in the local area as well as other reasons they seek services outside of the area. In terms of using local services, one community member praised the availability of care, saying "can always get in and don't have to miss work." Three health care professionals typed in "other" responses, one of which echoed the above comment on easy availability. The other comments spoke to the high elderly population in the Grafton area. Health care professionals said the lack of transportation and the ease of convenience make the elderly choose UMC.

In terms of using other health care facilities, 15 community members chose the open-ended "other" answer, most often citing access to specialized services or specialists (N=3), being referred to another provider (N=3), and loyalty to another doctor or clinic (N=3).

Nine health care professionals offered "other" responses, noting that dissatisfaction and conflict with local doctors is a motivator to seek care elsewhere (N=4). One commented specifically on the rude behavior of nurses and doctors, writing that "A lot of doctors complain at Grafton Family Clinic that they don't want to see new patients, we hear them say these things while we are sitting in the waiting area. The nurses talk very loud about patients (complain about why they are coming in) at the clinic front desk, while we are sitting in the waiting room." Other comments touched on the perception that "bigger is better" and "further away is better."

Barriers to Accessing Health Care

Both community members and health care professionals were asked what would help to address the reasons why patients do not seek health care services in the Grafton area. Community members and health care professionals agreed in their top recommendations that having greater access to specialists (N=33 and N=34) would help remove barriers to using local care. The next most common responses from community members were more doctors (N=17) and adequate training of providers and staff (N=14). Ten of the "other" responses indicated that those respondents were satisfied or happy with local offerings.

Among health care professionals, the next most common responses were flipped from the community members, with adequate training of staff the second most cited response (N=22), followed by more doctors (N=21) in third place. See Figures 29 and 30 for additional items that may help remove barriers to local health care use.

Figure 29: Community Members' Recommendations to Help Remove Barriers to Using Local Care

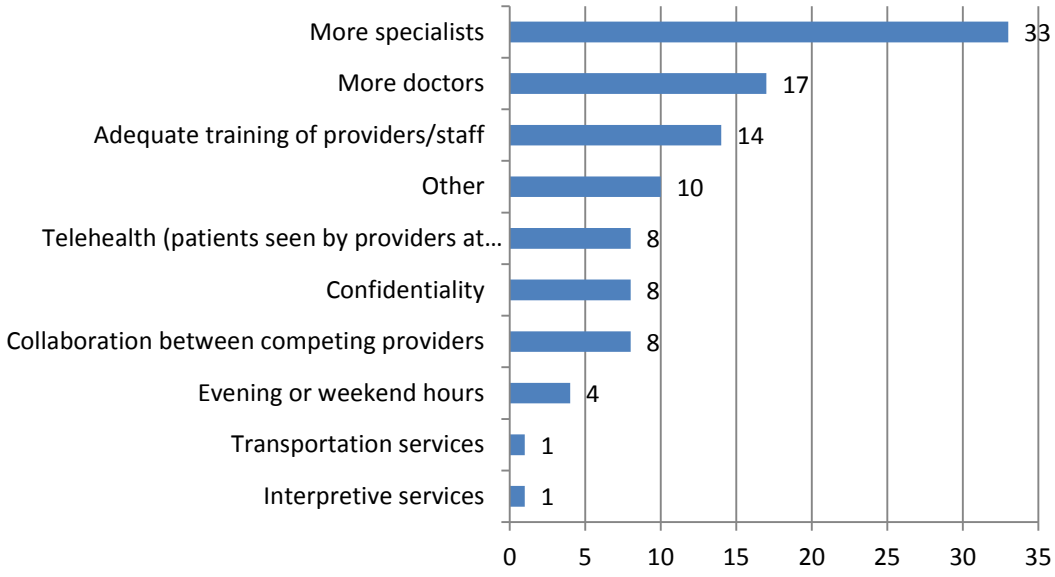
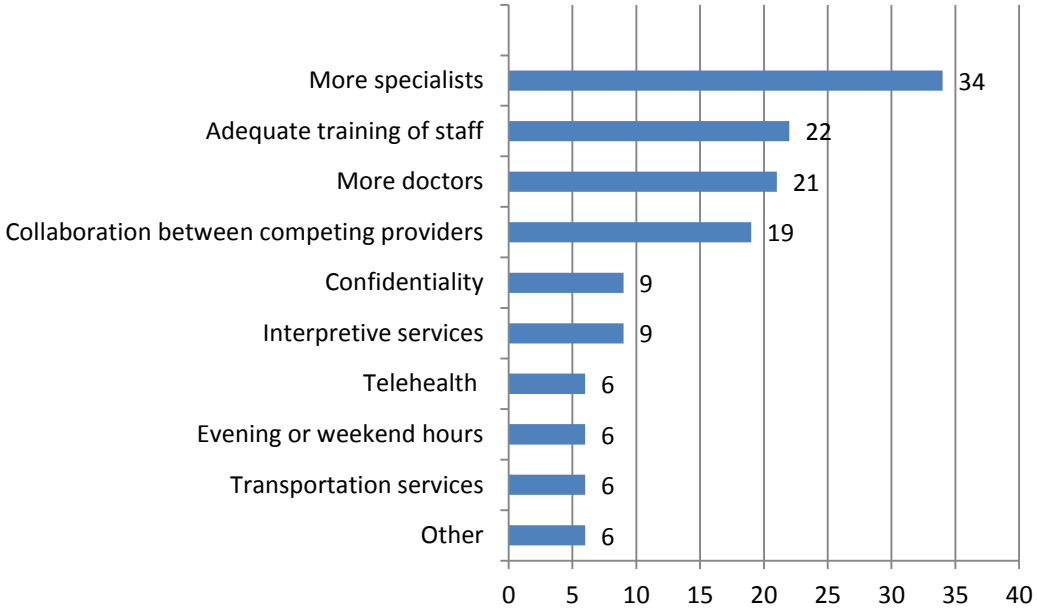


Figure 30: Health Care Professionals' Recommendations to Help Remove Barriers to Using Local Care



Concerns and Suggestions for Improvement

Each version of the survey concluded with an open-ended question that asked, "Overall, please share concerns and suggestions to improve the delivery of local health care." Responses were supplied by eight community members and nineteen health care professionals. Responses varied widely, but an appreciation for and contentment with the services offered by UMC was often expressed.

Below are some of the specific comments relating to overall concerns and suggestions from community members. Unless otherwise indicated, each response was expressed once.

- I am very satisfied with the quality of health care. (N=2)
- In the ER, you have to wait for doctors to get there. It takes so long sometimes.

- I am concerned that UMC will be able to keep/attract sufficient MDs. Physician Assistants (Pas) are great but we need more MDs. Addition of more P.A.s was a good move.
- Keep our hospital and clinic open.
- All of my experiences have been favorable!
- Not living in the community, I miss out on community collaborations if they are occurring.
- Keep the public constantly aware of services.

Below are some of the specific comments relating to overall concerns and suggestions from health care professionals. Unless otherwise indicated, each response was expressed once.

- Recruiting new, younger physicians (N=4)
- Develop outpatient surgical center as part of the hospital and upgrade OR suite (N=2).
- Staff retention and education; employees should be consistently trained and retrained (N=2)
- Outpatient orthopedic surgery would be good service.
- Would like to see more financial support from community, e.g. UMC as beneficiary and estate gifts.
- Improve wages for the employees so the facility can keep good quality employees.
- Collaborate with other local health care providers; improve discharge planning.
- We are fortunate to have Unity. They do a very good job for a small community—or any community.
- Geriatric populations need more specialized services.
- Affordability of health care.
- I like the evening and weekend clinics provided.

Collaboration

Respondents were asked whether Unity Medical Center could improve its levels of collaboration with other local entities, such as schools, economic development organizations, local businesses, schools and other providers. Of the three answer choices ("yes," "no, it's fine as is," "don't know") community members and health care professionals were both most likely to choose "no, it's fine as is." However, results show that both groups would like UMC to improve its collaboration with hospitals in other cities (N=24 and N=25) and schools (N=22 and N=22).

Health care professionals were mixed in their decision regarding collaboration with other local health providers. Results show a tie between wanting more collaboration and saying it is fine as it is (N=23 for each).Figures 31 and 32 illustrate these results.

Figure 31: Community Members – Could Unity Medical Center Improve Collaboration?

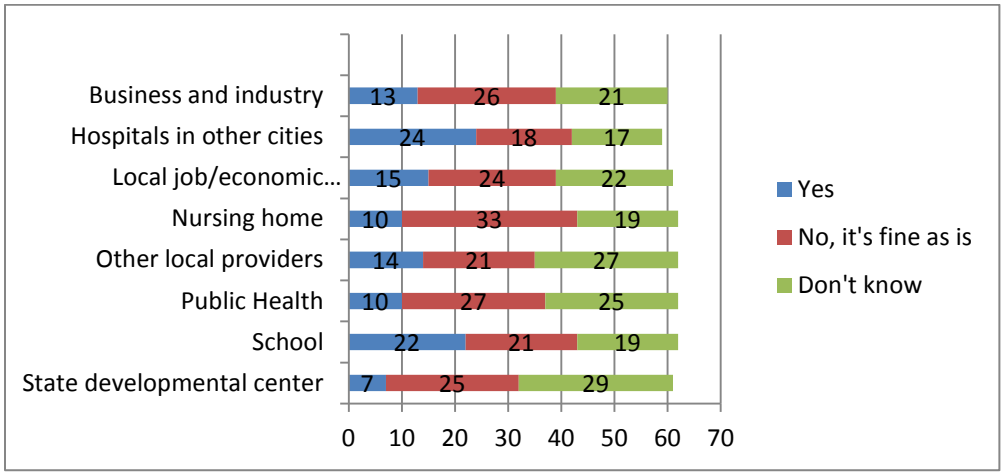
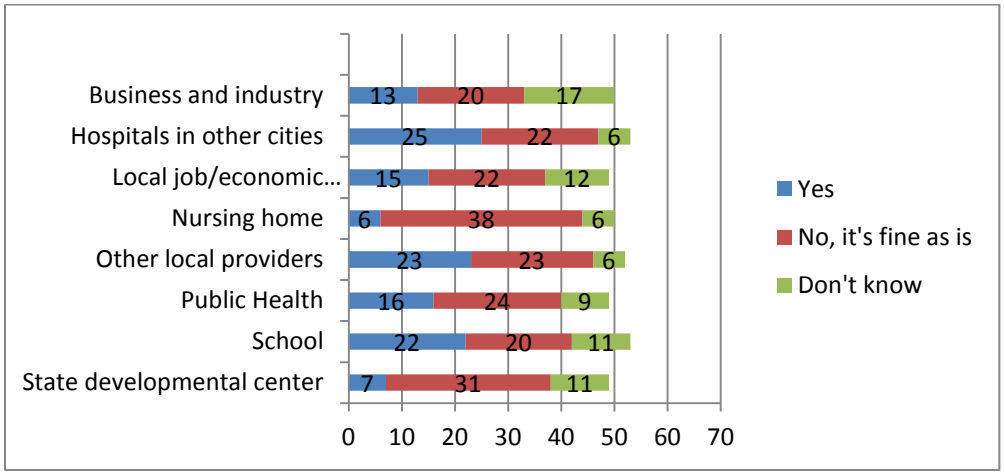


Figure 32: Health Care Professionals – Could Unity Medical Center Improve Collaboration?



Foundational Awareness and Support

Community members were polled regarding their awareness of UMC's foundation and whether or not they had supported it. The majority of community members were aware of UMC's foundation (N=60). Of those that support the foundation, cash or stock gifts are the most common option (N=31), followed by giving a memorial or honorarium (N=28). Figures 33 and 34 illustrate these results.

Figure 33: Aware of UMC's Foundation

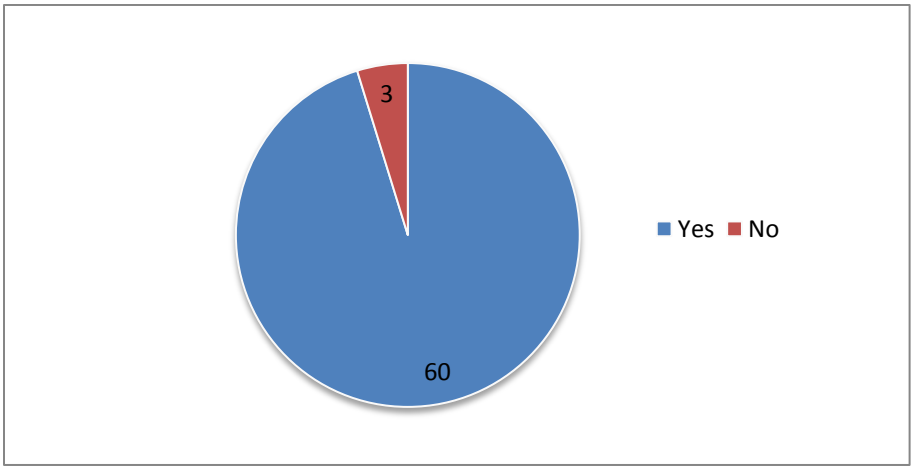
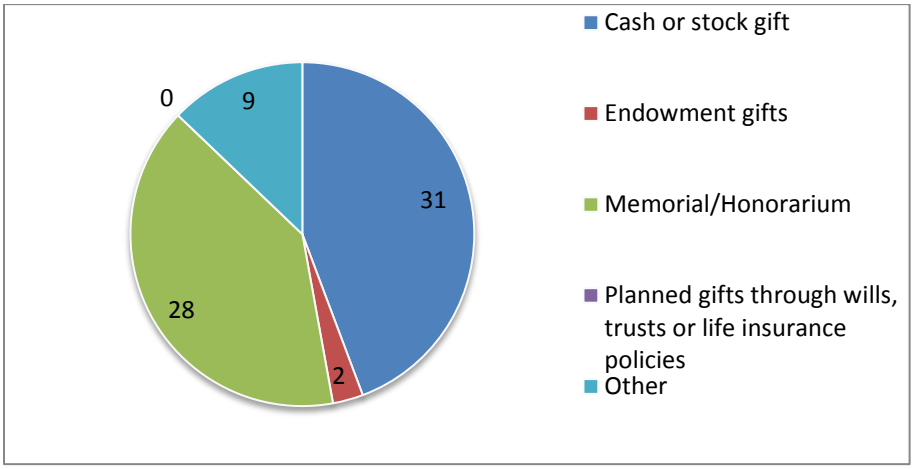
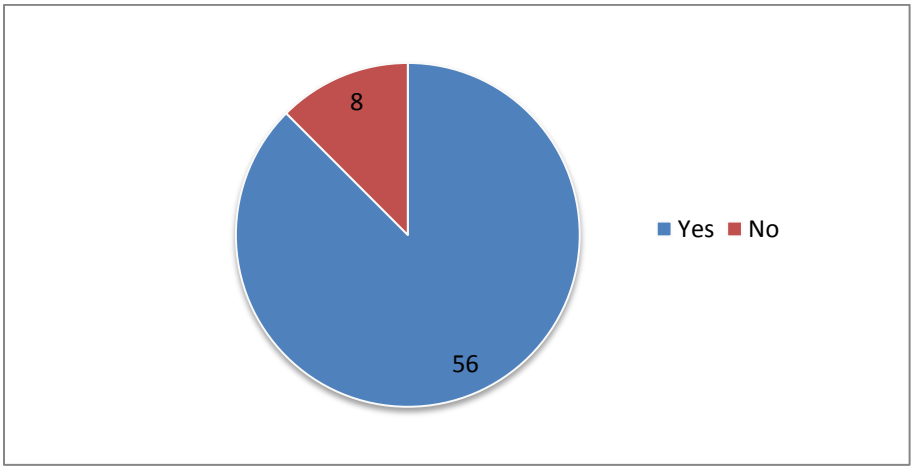


Figure 34: Support for UMC's Foundation



Finally, community members were asked if they were aware of UMC's Convenience Clinic, which is open Monday-Friday from 5:00-7:00pm and Saturdays from 10:00 am-12:00 pm. The majority of respondents indicated they were aware of the Clinic's new extended availability. Figure 35 shows these results.

Figure 35: Awareness of UMC's Convenience Clinic



Community Assets

Both community members and health care professionals were asked what they perceived as the best things about their community in five categories: people, services and resources, quality of life, geographic setting, and activities. In each category, respondents were given a list of choices and asked to pick the top three. Respondents occasionally chose less than three or more than three choices within each category. The results indicate that residents view the friendliness and helpfulness of people as the top community asset.

Other assets include things such as a sense of community; socially and culturally diverse community. Health care professionals added the sense of community engagement. Figures 36 to 40 illustrate the results of these questions.

Figure 36: Best Things about the PEOPLE in Your Community

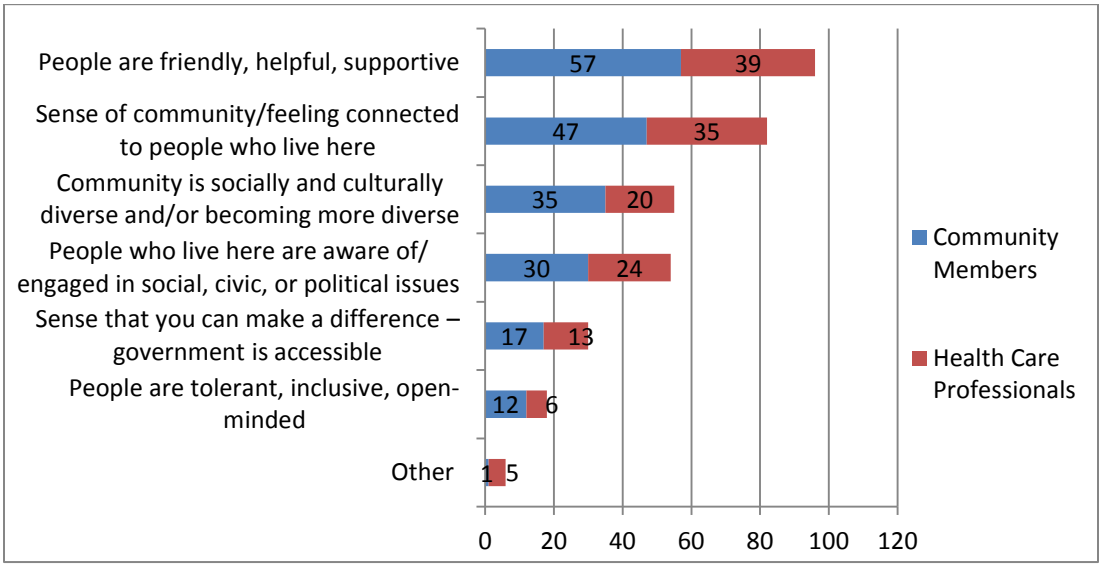


Figure 37: Best Things about the SERVICES AND RESOURCES in Your Community

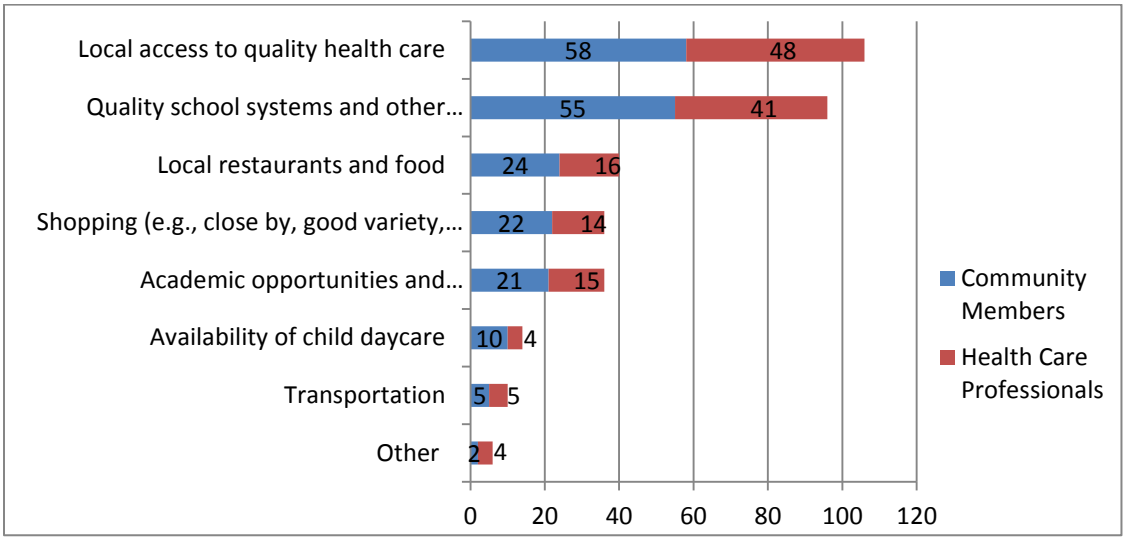


Figure 38: Best Things about the QUALITY OF LIFE in Your Community

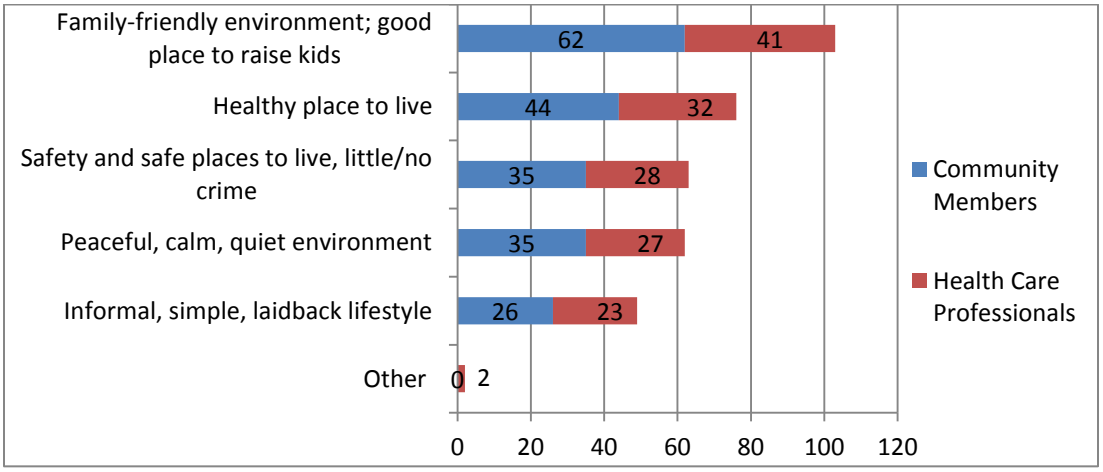


Figure 39: Best Things about the GEOGRAPHIC SETTING of Your Community

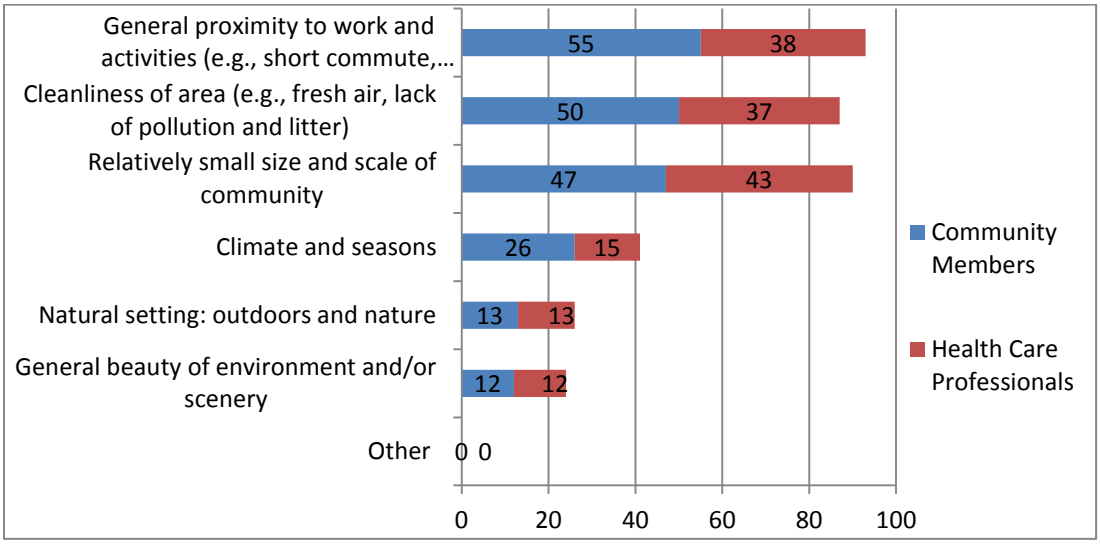
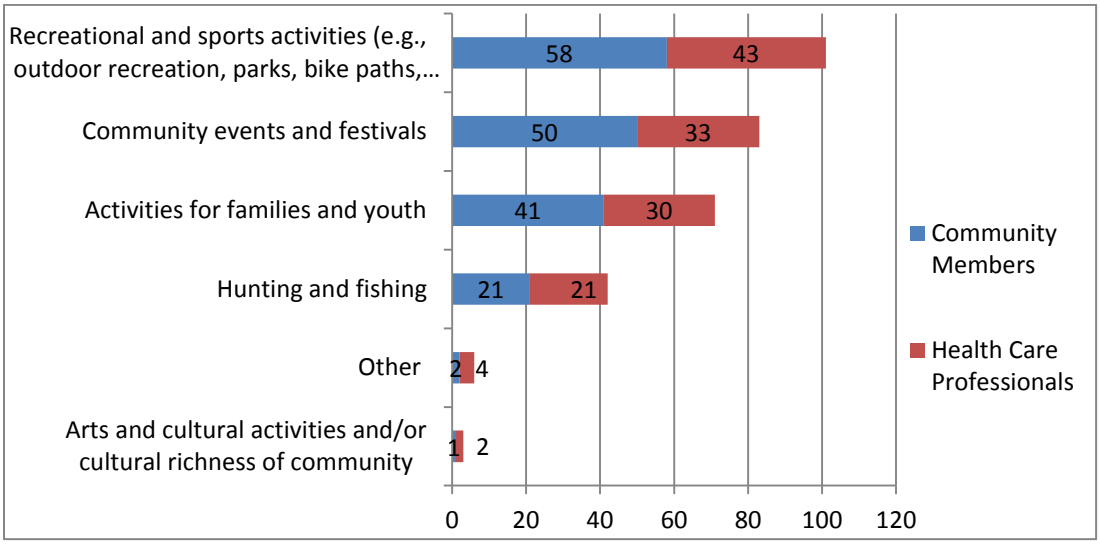


Figure 40: Best Thing about the ACTIVITIES in Your Community



Findings from Key Informant Interviews and Focus Group

The questions posed in the survey also were explored during a focus group session with the Community Group as well as during key informant interviews with community leaders and public health professionals. As an initial matter, interviewees and focus group participants generally were complimentary toward hospital staff and overall health care services in the community. As one key informant summarized, "Service is good. Wonderful doctors on staff." Another commented, "I've never known poor care. Keep up the good work." Participants also pointed to the availability of services and how they are "seen immediately." Community members were very proud of the variety of health care offerings available in such a small town: three health clinics, two chiropractors, two dentists, an eye doctor, three fitness centers that offer classes such as yoga and zumba, and a bike path.

Several themes emerged from these sessions. Many of the same issues which were prevalent in the survey results emerged during the key informant interviews as well (and were further explored during the discussions), but additional issues also appeared. Generally, overarching issues that developed during the interviews can be grouped into five categories (listed in no particular order):

1. Having adequate number of health care staff
2. Desire for more visiting specialists
3. Financial ability of UMC and patients
4. Need for more mental health providers
5. Technological currency

A more detailed discussion about these noteworthy issues follows:

1. Having adequate availability of health care staff

A pressing immediate concern facing the community is having an adequate number of health care personnel and keeping the hospital staffed with physicians, nurses and technicians. It was noted that Grafton has an aging population with aging doctors. Three or four doctors are over the age of 60 and may be close to retiring. There is a

general concern of where their replacements will be coming from. This is a long-range concern as community members fret that when these doctors retire, no one else is in line to replace them. Participants worry about recruiting young doctors to come and stay in the community. This concern was heightened by "all the other little hospitals" around the area. Further exacerbating the recruitment problem is the perception that salaries are lower in Grafton and competition is high. To this end, participants suggested recruitment efforts should focus on the advantages of living here, such as the low-cost of living and variety of patients seen. Other suggestions to entice young doctors include having a local organization sponsor a new doctor to help offer incentives or pay for medical school loans. Also, respondents would like the hospital to be more proactive in offering internships and training to UND medical students, in hopes of recruiting them. One participant referred to this recruitment attempt as the "grow your own doctor" approach.

2. Desire for more visiting specialists

Although participants were generally pleased with the variety of specialists available, they expressed a strong desire for maternity and pediatric care to be offered locally. Without having an OB or pediatrician, UMC may be losing an entire family of patients. An expecting mother may be able to start her care at UMC but at a certain point in her pregnancy, she will be referred to Grand Forks. The disruption in continuity of care is troublesome to mothers. Due to the relationship with the doctor that is developed through frequent visits, many women opt to continue their health care with that doctor, despite the fact those services could be met locally.

Specific comments include:

- I stayed with my pediatrician in Grand Forks for 17 years rather than see a family doctor here.
- I would like to have my babies delivered locally. Some women refuse to go elsewhere and it is frightening because new nurses here don't know OB.
- Liability for the hospital is great because sometimes ambulances get re-routed here and they need to be prepared for delivery.
- I still get my well-baby check-ups in Grand Forks.
- The doctors there [Grand Forks] know my medical history so why would I change?
- Longevity of relationship with that doctor makes me travel outside of the community to get care.

Other visiting specialists sought at UMC include a gerontologist and a sports medicine doctor. Respondents articulated that the aging process is similar to the birthing process where specific services and care are needed. With an aging community a specialized doctor is needed to address the particular concerns of this population. Moreover, this aging population needs greater medical services. Respondents stated that the elderly population's needs are not met locally all the time and travel is hardest on this sector.

Conversely, at the other end of the spectrum, an active population warrants the need for a sports medicine doctor. One respondent said "we have enough students and they have a lot of concussions. A sports medicine doctor on a visiting basis would be really beneficial." One respondent furthered this recommendation by saying UMC could model the sports medicine rotation that is currently being implemented in the town of Cavalier.

The above two concerns were addressed in a couple of question in the survey, where respondents were asked to rank the potential health concern of "Adequate number of health care providers and specialists" and "Not enough health care staff in general." Community members ranked the adequate number of health care providers as their third most important concern, while health care professionals perceived it as a less important concern, ranking it eighth. Not enough health care staff was ranked as the 11th (out of 19 concerns) for community members and 12th for health care professionals.

3. Financial ability of UMC and patients

Another health concern expressed by the participants was the financial solvency of the hospital as well as the financial ability of patients. The community as a whole seems unaware of the financial viability of the hospital and there is a concern that the hospital may close and along with it, bring down the community as well. The majority said they had "no sense of financial stability" of the hospital. The viability of the hospital is very important to the community as it has a strong economic impact. UMC is one of the last stand-alone hospitals left; it is not affiliated with a larger health care system and that could make it more vulnerable. Participants were unsure if the hospital should publish its financial statements in the newspaper but some thought more awareness of the financial situation would be appreciated.

In terms of patient ability to pay for care, participants noted that a lot of low income people "fall between the cracks" with no insurance, but they also don't qualify for the programs that are out there. If patients don't qualify for programs, they won't get seen because they can't afford it. One respondent observed that there used to be someone

working as an individual case manager to help get grants and secure financial aid but that position no longer exists.

Participants also noted that prescription medications can be cost prohibitive as well, especially in the child population. One suggestion that emerged from the focus group to help fill this need was to form partnerships between the hospital and local service organizations. For example, civic groups like Kiwanis that work with kids could collaborate with the hospital and sponsor a child's medical prescriptions.

Specific comments include:

- Service organizations live to help children in this capacity but they are disappearing everywhere.
- If kids don't qualify for programs, things don't get done.
- Uninsured won't go out of town to community center because they don't have gas money.

While the survey did not address the financial viability of the hospital, it did ask community members to convey their health insurance status. Of the 66 respondents who answered the question, all had some type of insurance. It is important to note that the survey sample may not be a representative sample of the residents of Walsh County and that this expressed concern is valid. While no survey respondents indicated they lacked insurance, among key informant interviews were those who worked with vulnerable populations and have witnessed the struggles of those who lack insurance and experience other financial barriers to receiving proper health care

4. Need for more mental health providers

Respondents expressed a strong need for more mental health providers. Historically, there have been high suicide rates in the area although recently they have declined. Respondents commented that social workers seem to come and go. There is a need for proper referrals and resource information to patients. Without a social worker, the job gets passed on to the hospital's director of nursing who is over-worked.

Participants expressed concern about the rates of addiction and substance use in the community, especially among youth. It was noted that there are high rates of domestic violence, particularly among the Native American population. Child abuse and neglect are other unmet needs. According to Kids Count North Dakota factbook, the percentage

of children who are suspected victims of child abuse and neglect (4.7%) is slightly higher than the state's percentage (4.4%). The percentage of children who are victims requiring services is 20.9% in Walsh County, compared to the state average of 17.8%. The percentage of children directly impacted by domestic violence is significantly less at 1.3% in Walsh County compared to the state average of 2.9%. It is important to point out that race is not identified in these statistics. www.ndkidscount.org/

Other community health concerns expressed were synthetic drug abuse. Respondents were unsure if the ER staff was able to competently handle the issue. Participants were aware of risky behaviors children participate in such as sexting and bullying. There are a high number of kids using drugs and alcohol and who present in the ER on weekends with suicidal tendencies. It was suggested that more collaboration is needed between the hospital, clinic, schools and fitness centers to address these mental health issues because if they are left unaddressed, kids end up in the ER.

This concern was echoed in the survey as both community members and health care professionals ranked it as their fifth most pressing concern.

5. Technological currency

Some participants wondered about the hospital's currency with regards to technology and treatment. They wondered if patients have access to the needed and current technology. Respondents were unsure if UMC has the most current technology in medicine locally. Some respondents expressed dissatisfaction about receiving outdated prescriptions for medication that is no longer being used and receiving stitches that are outdated. The perception that some local physicians are not up on current practices, treatments and technology incline residents to go elsewhere for care in order to avoid an unnecessary second visit (and additional payment) to a larger hospital. Some prefer to see more experienced doctors, where performing a certain test is a daily occurrence, not "every once six months." Not enough physician choice and personality clashes are other reasons why residents may seek care elsewhere.

Specific comments include:

- A few issues like this will leave a bad taste in your mouth and you'll start to go elsewhere even if it is further and less convenient because it's "not worth it" to stay here.

- Doctor said he had only seen kids every once in a while.
- When I went to Altru to have my stitches removed, the doctor asked where I had gotten them. He said he hadn't seen those type used in years. They will leave a bigger scar.

On the survey, the concern that correlates to this is worded as "Access to needed technology/equipment." It was rated 13th (out of 19 given concerns) by community members and 10th by health care professionals.

Additional Issues

Other issues that did not emerge as themes, but were mentioned, may warrant additional consideration. These other comments include:

- There is a need for support groups for cancer patients and families.
- Respondents would like to see UMC adopt an "Eating Healthy" program that is implemented at the clinic, Public Health and schools.
- There is a need for a bilingual staff. A lot of Hispanics and other folks are coming into the area and need an interpreter.
- Community members would like to see more social events with the hospital staff and board members, such as a golf scramble. A social setting is a good way to get people on the same page. Networking can build relationships and utilize staff and resources.
- There is a lot of agricultural use in the area. The population uses lots of chemicals. We hope that people are diligently following usage rules and not contaminating water. More information and awareness about proper disposal of chemicals could avert a potential disaster.
- There is a concern that the Walsh County bus is taking elderly patients to appointments in Grand Forks when they could be getting these services treated locally.

Finally, although by its nature this assessment process was more likely to uncover needs than measure satisfaction, several participants in the survey, focus group, and key informant interviews noted that the health system in Walsh County is highly regarded and is an important asset to the community. Participants had praise for health care staff and leadership and the hospital's marketing efforts. Respondents feel that UMC has a

strong presence in the community. They succeed at communicating their services provided, notably by their weekly newspaper ads, radio spots on the local AM station, KXBO, and anytime people call and are put on hold, the outgoing message voices the whole list of services provided. Relaying the services provided through the telephone seems to be a very effective practice as most participants were aware of all the services and specialists that UMC has.

This perception is consistent with the survey result that the primary motivator for residents to seek care at UMC is its high quality of care. A few specific comments included:

- Good job serving the community; we appreciate you.
- Doctors readily return phone calls.
- Unity has done a great job providing coverage for on-call doctors.
- Good collaboration with Altru and Sanford.
- Good job at updating facility and equipment. Hospital doesn't look like an institution. Nice rooms.
- Extended Clinic hours are nice. Great job.
- Female staff is very important. Women want that option for their care.
- Toot your horn more. This hospital does awesome things. More personal stories and testimonials need to be shared. General public has no idea of the serious situations that go on here and are treated well.

Priority of Needs

The Community Group held its second meeting on the evening of August 15, 2012. Sixteen members of the group attended the meeting. A representative from the Center for Rural Health presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the results of the survey (including perceived community health concerns, awareness of local services, why patients seek care at UMC, community collaboration, and barriers to care), and findings from the focus group and key informant interviews.

Following the presentation of the assessment findings, and after careful consideration of and discussion about the findings, each member of the group was asked to identify on a

ballot what they perceived as the top five community needs. There was a tie (five votes each) between higher cost of health care for consumers and financial ability of UMC and patients. Since both of these concerns were financially related issues, the community group decided to lump them together as their fourth concern. The results were totaled, and the concerns most often cited were:

- Rates of adult obesity (12 votes)
- Limited number of health care providers (11 votes)
- Adequate number of visiting specialists (6 votes)
- Higher cost of health care for consumers & (5 votes)
  Financial ability of UMC and patients (5 votes)
- Decreased rate of colorectal cancer screening (5 votes)

Based on the Community Group's feedback about the prioritization of community health needs, the needs were ranked from one to five based on how many votes each concern received, with the number one concern receiving the most votes. After ranking the concerns, the Community Group was asked if they thought the list adequately reflected the health needs of their community. The Community Group thought the ranked list did reflect the health needs of the community and would serve as a guiding template for the hospital's strategic planning.

Unity Medical Center may use this prioritization for informational purposes – and as one form of community feedback – as it develops its implementation strategy, which is a plan for addressing community health needs. These identified needs satisfy the requirements the community health needs assessment, as mandated by the ACA, and they can help UMC's strategic planning and programming implementation. A summary of this priority of needs may be found in Appendix G.

Limitations

While this community health needs assessment tried to invite community participation and involve community members who represent various demographics, it is by no means a representative sample. The survey sampling method utilized convenience and snowballing strategies, which may produce non-representative information. Having the hospital staff select key informant interviewees may result in biased responses. The mixed methods research design, using both qualitative (interviews and focus group) and quantitative (survey and secondary data) methods, triangulates results and strengthens

overall research design but ultimately, the prioritization of needs is based on the participants who attend the second community meeting. Granting this much influence on attendees may result in one particular community group having too much power.

Summary

This study took into account input from approximately 129 community members and health care professionals from several counties as well as a total 29 community leaders, including a public health professional. This input represented the broad interests of the community served by Unity Medical Center. Together with secondary data gathered from a wide range of sources, the information presents a snapshot of health needs and concerns in the community.

An analysis of secondary data reveals a large portion of UMC's service area has a higher percentage of adults over the age of 65 than the state average and a higher median age than the state median, indicating an increased need for medical services to attend to an aging population. Additionally, the data compiled by County Health Rankings shows that Walsh County is performing below the state average on the measures of adult obesity, physical inactivity, motor vehicle crash death rate, teen birth rate, preventable hospital stays, mammography screening, limited access to healthy foods, and the ratio of population to primary care and mental health care providers.

Walsh County is not meeting the national benchmark with respect to excessive drinking, with a rate that is 2½ times the national benchmark. Additionally, the county's motor vehicle crash death rate was more than twice the national benchmark, while the teen birth rate was almost twice the national benchmark.

Results from the survey revealed that among community members the top five community health concerns were: (1) higher costs of health care for consumers, (2) cancer, (3) adequate number of health care providers and specialists (4) obesity and (5) mental health issues.

Health care professionals also focused on medical and health conditions, collectively ranking as the top five concerns (1) higher costs of health care for consumers, (2) obesity, (3) addiction and substance abuse, (4) cancer and (5) mental health issues. The amount of overlap between these two survey results indicates strong alignment in the perception

of community health care needs from community members and health care professionals.

There is similar alignment in thought regarding the perception of community violence. Both community members and health care professionals ranked bullying, domestic/spouse violence, violence against women and children, and physical and emotional abuse as their most pressing concerns.

Input from Community Group members and community leaders echoed many of the concerns raised by survey respondents, and also highlighted concerns about not having adequate numbers of health care providers, mental health providers and specialists in the community, the financial solvency of the hospital and its patients, and being technologically current.

Following careful consideration of the results and findings of this assessment, Community Group members determined that the top health needs or issues in the community are elevated rates of obesity, limited number of health care providers and visiting specialists, financial ability of hospital and patients and low colorectal cancer screening rates.

Appendix A – Community Member Survey Instrument

Center for Rural Health Community Health Needs Assessment (Community Member Survey)

Unity Medical Center in Grafton is interested in hearing from you about area health needs. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences is administering this survey on behalf of Unity Medical Center. This initiative is funded by the N.D. Medicare Rural Hospital Flexibility Program. The focus of the assessment is to:

- Learn about your community's assets
- Learn of your community's awareness of local health care services being provided
- Hear suggestions and help identify any gaps in services
- Determine preferences for using local health care versus traveling to other facilities

Please take a few moments to complete the survey. If you prefer, this survey may be completed electronically by visiting: https://www.surveymonkey.com/s/grafton-comm. 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 in aggregate form. If you have questions about the survey, you may contact:
Karin Becker at the Center for Rural Health, 701.777.4499, Karin.becker@email.und.edu

Surveys will be accepted through July 18, 2012. Your opinion matters – thank you in advance!

Community Assets/Best Things about Your Community

Please tell us about your community by choosing the top three options you most agree with in each category (i.e., people, services and resources, quality of life, geographic setting, and activities).

Q1a. Considering the PEOPLE in your community (choose the top THREE):

	Community is socially and culturally diverse and/or becoming more diverse		Sense of community/feeling connected to people who live here
	People are friendly, helpful, supportive		Sense that you can make a difference – government is accessible
	People are tolerant, inclusive, open-minded		Other (please specify)_____
	People who live here are aware of/ engaged in social, civic, or political issues		

Q1b. Considering the SERVICES AND RESOURCES in your community (choose the top THREE):

	Academic opportunities and institutions (benefits that come from the presence of or proximity to educational opportunities)		Quality school systems and other educational institutions and programs for youth
	Availability of child daycare		Shopping (e.g., close by, good variety, availability of goods)
	Local access to quality health care		Transportation
	Local restaurants and food		Other (please specify)_____ _____

1

Q1c. Considering the QUALITY OF LIFE in your community (choose the top THREE):

	Family-friendly environment; good place to raise kids		Peaceful, calm, quiet environment
	Healthy place to live		Safety and safe places to live, little/no crime
	Informal, simple, laidback lifestyle		Other (please specify)_____

Q1d. Considering the GEOGRAPHIC SETTING of your community (choose the top THREE):

	Cleanliness of area (e.g., fresh air, lack of pollution and litter)		General proximity to work and activities (e.g., short commute, convenient access)
	Climate and seasons		Natural setting: outdoors and nature
	General beauty of environment and/or scenery		Relatively small size and scale of community
	Other (please specify)_____		

Q1e. Considering the ACTIVITIES in your community (choose the top THREE):

	Arts and cultural activities and/or cultural richness of community		Hunting and fishing
	Activities for families and youth		Recreational and sports activities (e.g., outdoor recreation, parks, bike paths, exercise/wellness facilities, and other sports and fitness activities)
	Community events and festivals		Other (please specify)_____

Q1f. What are other "best things" about your community that are not reflected in the questions above?

_____

_____

Health Care Services

Regarding the health care services listed on the following pages (i.e., general and acute services, screening and therapy services, and radiology services) please tell us:

a) Whether you are aware of the health care services offered locally by Unity Medical Center (UMC).

b) Whether you have used the health care services at Unity Medical Center (UMC), at another facility, or both.

Q2a. General and acute services

a) Aware of services offered locally at UMC?			b) Used services at UMC or used services at another facility? (Check both if applicable.)	
Yes	No	Type of service offered	Used Services at UMC	Used Services at Another Facility
		Anesthesia services		
		Cardiology (visiting specialist)		
		Clinic		
		Emergency room		
		Home health care		
		Hospice		
		Hospital (acute care)		
		Laparoscopic surgery		
		Mental health services		
		Oncology (visiting specialist)		
		Ophthalmology (eye/vision) (visiting specialist)		
		Orthopedic (visiting specialist)		
		Podiatry (foot/ankle) (visiting specialist)		
		Social services		
		Surgical services		
		Swing bed and respite care services		
		Telemedicine via eEmergency		

Q2b. Screening/therapy services

a) Aware of services offered locally at UMC?			b) Used services at UMC or used services at another facility? (Check both if applicable.)	
Yes	No	Type of service offered	Used Services at UMC	Used Services at Another Facility
		Cardiac rehab		
		Chemotherapy		
		Diabetic services/ education		
		Drug testing		
		Hearing services		
		Home oxygen service		
		Laboratory services		
		Nutritional services		
		Occupational therapy		
		Physical therapy		
		Respiratory therapy		
		Sleep studies		
		Speech therapy		

3

Q2c. Radiology services

a) Aware of services offered locally at UMC?			b) Used services at UMC or used services at another facility? (Check both if applicable.)	
Yes	No	Type of service offered	Used Services at UMC	Used Services at Another Facility
		Radiology – CT scan		
		Radiology – DEXA scan (bone density)		
		Radiology – echocardiogram		
		Radiology – general x-ray		
		Radiology – mammography		
		Radiology – MRI		
		Radiology – ultrasound		

Q3. What specific services, if any, do you think Unity Medical Center needs to add, and why?

_____

_____

Q4. Regarding the following health care services offered by providers other than UMC please tell us:

a) Whether you are aware of the health care services offered locally.

b) Whether you have used the health care services locally, out of the area, or both.

a) Aware of services offered Locally?			b) Used services locally or used services out of the area? (Check both if applicable.)	
Yes	No	Type of service offered	Used Services Locally	Used Services Out of the Area
		Ambulance		
		Chiropractic services		
		Dental services		
		Optometric services		

SURVEY CONTINUES ON NEXT PAGE.

Violence in the Community

Q5. Regarding various forms of violence in your community, please rank each of the potential concerns about violence on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

Potential concerns about community violence	Less of a concern 1	2	3	4	More of a concern 5
Bullying/cyber-bullying					
Dating violence					
Domestic/spouse violence					
Economic abuse/withholding of funds					
Emotional abuse					
Intimidation					
Isolation					
Physical abuse					
Stalking					
Sexual abuse/assault					
Verbal threats					
Video game/media violence					
Violence against children					
Violence against women					
Work place/co-worker violence					

Delivery of Health Care

Q6. Regarding the delivery of health care in your community, please rank each of the potential health concerns listed below on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

Health concerns	Less of a concern 1	2	3	4	More of a concern 5
Access to needed technology/equipment					
Accident/injury prevention					
Addiction/substance abuse					
Adequate number of health care providers and specialists					
Cancer					
Diabetes					
Distance/transportation to health care facility					
Emergency preparedness					
Emergency services (ambulance & 911) available 24/7					
Family planning/reproductive health					
Focus on wellness and prevention of disease					
Heart disease					
Higher costs of health care for consumers					
Mental health (e.g., depression, dementia/Alzheimer)					
Not enough health care staff in general					
Obesity					

5

Health concerns	Less of a concern 1	2	3	4	More of a concern 5
School nursing					
Suicide prevention					

b) Which concern above is the most important? _____

c) Why is that concern the most important?_____

_____

Q7. Please tell us why you seek health care services at Unity Medical Center. (Choose ALL that apply.)

- Access to specialist
- Confidentiality
- Convenience
- Disability access
- Familiarity with providers
- High quality of care
- Less costly
- Loyalty to local service providers
- Open at convenient times
- Proximity
- They take my insurance
- They take new patients
- Transportation is readily available
- Other: (Please specify)_____

Q8. Please tell us why you seek health care services at another health care facility. (Choose ALL that apply.)

- Confidentiality
- Disability access
- High quality of care
- Less costly
- Open at convenient times
- Provides necessary specialists
- They take many types of insurance
- They take new patients
- Transportation is readily available
- Other: (Please specify)_____

Q9. What would help to address the reasons why you do not seek health care services in the Grafton area? (Choose ALL that apply.)

- Confidentiality
- Evening or weekend hours
- Interpretive services
- Adequate training of providers/staff
- Telehealth (patients seen by providers at another facility through a monitor/TV screen)
- More doctors
- More specialists
- Transportation services
- Collaboration between competing providers
- Other: (Please specify)_____

Q10. How long does it take you to reach the nearest clinic?

- Less than 10 minutes
- 10 to 30 minutes
- 31 to 60 minutes
- More than 1 hour

Q11. How long does it take you to reach Unity Medical Center in Grafton?

- Less than 10 minutes
- 10 to 30 minutes
- 31 to 60 minutes
- More than 1 hour

Q12. Do you believe that Unity Medical Center could improve its collaboration with:

	Yes	No. It's fine as it is.	Don't know
a) Business and industry			
b) Hospitals in other cities			
c) Local job/economic development			
d) Nursing Home			
e) Other local health providers			
f) Public Health			
g) School			
h) State Developmental Center			

Q13. Are you aware of Unity Medical Center's Foundation, which exists to financially support UMC?

☐ Yes ☐ No

Q14. Have you supported the Unity Medical Center Foundation in any of the following ways? (Choose ALL that apply.)

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

_____

Q15. Are you aware of Unity Medical Center's Convenience Clinic, open Monday – Friday from 5-7pm and Saturdays 10-12?

☐ Yes ☐ No

Demographic Information

Please tell us about yourself.

Q16. Listed below are some general health conditions/diseases. Please select all that apply to you.

Arthritis	Diabetes
Asthma/COPD	Heart conditions (e.g., congestive heart failure)
Cancer	High cholesterol
Chronic pain	Hypertension
Dementia	OB/Gyn related
Depression, stress, etc.	Weight control
Muscles or bones (e.g., back problems, broken bones)	

Q17. Insurance status. (Choose all that apply.)

Insurance through employer	Medicaid
Private insurance	Veteran's Health Care Benefits
Tribal insurance	Uninsured/underinsured
Indian Health Services	Other
Medicare	

Q18. Age:

- Less than 25 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

Q19. Years lived in your community:

- Less than 3 years
- 3 to 9 years
- 10 to 20 years
- More than 20 years

Q20. Highest level of education:

- Some high school
- High school diploma or GED
- Some college/technical degree
- Associate's degree
- Bachelor's degree
- Graduate or professional degree

Q21. Gender:

- Female
- Male

Q22. Marital status:

- Divorced/separated
- Married
- Single/never married
- Widowed

Q23. Employment status:

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

Q24. Annual household income before taxes:

- $0 to $14,999
- $15,000 to $24,999
- $25,000 to $34,999
- $35,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 to $149,999
- $150,000 to $199,999
- $200,000 and over
- Prefer not to answer

Q25. Your zip code: _____

Q26. Overall, please share concerns and suggestions to improve the delivery of local health care.

Thank you for assisting us with this important survey!

Appendix A1 – Health Care Professional Survey Instrument

Community Assets/Best Things about Your Community

As you may know, Unity Medical Center is in the process of conducting a community health needs assessment. Community members and health care professionals are being asked to complete a survey. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences is administering this survey on behalf of Unity Medical Center. This initiative is funded by the N.D. Medicare Rural Hospital Flexibility Program. The focus of the assessment is to:

- Learn about the community's assets
- Learn of the community's awareness and use of local health care services
- Hear suggestions and help identify any gaps in services (now and in the future)
- Determine preferences for using local health care versus traveling to other facilities

Please take a few moments to complete the survey. The survey has 21 QUESTIONS on 3 PAGES.

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 in aggregate form. If you have questions about the survey, you may contact:

Karin Becker at the Center for Rural Health,
701.777.4499,
karin.becker@email.und.edu

1. Considering the PEOPLE in your community, the best things are (choose the top THREE):

- ☐ Community is socially and culturally diverse and/or becoming more diverse
- ☐ People who live here are aware of/engaged in social, civic, or political issues
- ☐ People are friendly, helpful, supportive
- ☐ Sense of community/feeling connected to people who live here
- ☐ People are tolerant, inclusive, open-minded
- ☐ Sense that you can make a difference – government is accessible
- ☐ Other (please specify in the box below)

2. Considering the SERVICES AND RESOURCES in your community, the best things are (choose the top THREE):

- ☐ Academic opportunities and institutions (benefits that come from the presence of or proximity to educational opportunities)
- ☐ Quality school systems and other educational institutions and programs for youth
- ☐ Availability of child daycare
- ☐ Shopping (e.g., close by, good variety, availability of goods)
- ☐ Local access to quality health care
- ☐ Transportation
- ☐ Local restaurants and food
- ☐ Other (please specify in the box below)

3. Considering the QUALITY OF LIFE in your community, the best things are (choose the top THREE):

- ☐ Family-friendly environment; good place to raise kids
- ☐ Healthy place to live
- ☐ Informal, simple, laidback lifestyle
- ☐ Peaceful, calm, quiet environment
- ☐ Safety and safe places to live, little/no crime
- ☐ Other (please specify in the box below)

4. Considering the GEOGRAPHIC SETTING of your community, the best things are (choose the top THREE):

- ☐ Cleanliness of area (e.g., fresh air, lack of pollution and litter)
- ☐ Climate and seasons
- ☐ General beauty of environment and/or scenery
- ☐ General proximity to work and activities (e.g., short commute, convenient access)
- ☐ Natural setting: outdoors and nature
- ☐ Relatively small size and scale of community
- ☐ Other (please specify in the box below)

5. Considering the ACTIVITIES in your community, the best things are (choose the top THREE):

- ☐ Arts and cultural activities and/or cultural richness of community
- ☐ Activities for families and youth
- ☐ Community events and festivals
- ☐ Hunting and fishing
- ☐ Recreational and sports activities (e.g., outdoor recreation, parks, bike paths, exercise/wellness facilities, and other sports and fitness activities)
- ☐ Other (please specify in the box below)

6. What are other "best things" about your community that are not reflected in the questions above?

7. Regarding various forms of violence in your community, please rank each of the potential concerns about violence on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

	1- Less of a concern	2	3	4	5- More of a concern
Bullying/cyber-bullying	○	○	○	○	○
Dating violence	○	○	○	○	○
Domestic/spouse violence	○	○	○	○	○
Economic abuse/withholding of funds	○	○	○	○	○
Emotional abuse	○	○	○	○	○
Intimidation	○	○	○	○	○
Isolation	○	○	○	○	○
Physical abuse	○	○	○	○	○
Sexual abuse/assault	○	○	○	○	○
Stalking	○	○	○	○	○
Verbal threats	○	○	○	○	○
Video game/media violence	○	○	○	○	○
Violence against women	○	○	○	○	○
Violence against children	○	○	○	○	○
Work place/co-worker violence	○	○	○	○	○

Delivery of Health Care

8. Regarding the delivery of health care IN YOUR COMMUNITY, please rank each of the potential health concerns listed below on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

	1 - Less of a concern	2	3	4	5 - More of a concern
Access to needed technology/equipment	○	○	○	○	○
Accident/injury prevention	○	○	○	○	○
Addiction/substance abuse	○	○	○	○	○
Adequate number of health care providers and specialists	○	○	○	○	○
Cancer	○	○	○	○	○
Diabetes	○	○	○	○	○
Distance/transportation to health care facility	○	○	○	○	○
Emergency preparedness	○	○	○	○	○
Emergency services (ambulance & 911) available 24/7	○	○	○	○	○
Family planning/reproductive health	○	○	○	○	○
Focus on wellness and prevention of disease	○	○	○	○	○
Heart disease	○	○	○	○	○
Higher costs of health care for consumers	○	○	○	○	○
Mental health (e.g., depression, dementia/Alzheimer)	○	○	○	○	○
Not enough health care staff in general	○	○	○	○	○
Obesity	○	○	○	○	○
School nursing	○	○	○	○	○
Suicide prevention	○	○	○	○	○

Which concern is the most important, and why?

9. Please tell us why you think patients seek services at UNITY MEDICAL CENTER. (Choose ALL that apply.)

- ☐ Access to specialist
- ☐ Confidentiality
- ☐ Convenience
- ☐ Disability access
- ☐ Familiarity with providers
- ☐ High quality of care
- ☐ Less costly
- ☐ Loyalty to local service providers
- ☐ Open at convenient times
- ☐ Proximity
- ☐ Transportation is readily available
- ☐ We take their insurance
- ☐ We take new patients
- ☐ Other (please specify in the box below)

10. Please tell us why you think patients seek services AT ANOTHER HEALTH CARE FACILITY. (Choose ALL that apply.)

- ☐ Confidentiality
- ☐ Disability access
- ☐ High quality of care
- ☐ Less costly
- ☐ Open at convenient times
- ☐ Provides necessary specialists
- ☐ Takes many types of insurance
- ☐ Takes new patients
- ☐ Transportation is readily available
- ☐ Other (please specify in the box below)

11. What would help to address the reasons why patients do not seek health care services in the Grafton area? (Choose ALL that apply.)

- ☐ Adequate training of providers/staff
- ☐ Collaboration between competing providers
- ☐ Confidentiality
- ☐ Evening or weekend hours
- ☐ Interpretive services
- ☐ More doctors
- ☐ More specialists
- ☐ Telehealth (patients seen by providers at another facility through a monitor/TV screen)
- ☐ Transportation services
- ☐ Other (please specify in the box below)

12. What specific services, if any, do you think Unity Medical Center needs to add, and why?

13. Do you seek health care services outside of the area? If so, why?

14. Do you believe that Unity Medical Center could improve its collaboration with:

	Yes	No, it's fine as it is	Don't know
Business and industry	○	○	○
Hospitals in other cities	○	○	○
Local job/economic development	○	○	○
Nursing home	○	○	○
Other local health providers	○	○	○
Public Health	○	○	○
School	○	○	○
State developmental center	○	○	○

Demographic Information

Please tell us about yourself.

15. Age:

- ○ Less than 25 years
- ○ 25 to 34 years
- ○ 35 to 44 years
- ○ 45 to 54 years
- ○ 55 to 64 years
- ○ 65 years and older

16. Years lived in your community:

- ○ Less than 3 years
- ○ 3 to 9 years
- ○ 10 to 20 years
- ○ More than 20 years

17. Highest level of education:

- ○ Some high school
- ○ High school diploma or GED
- ○ Some college/technical degree
- ○ Associate's degree
- ○ Bachelor's degree
- ○ Graduate or Professional degree

18. Gender:

- ○ Female
- ○ Male

19. Profession:

- ○ Clerical
- ○ Health care administration
- ○ Allied health professional
- ○ Environmental services
- ○ Nurse
- ○ Physician
- ○ Physician's Assistant/Nurse Practitioner
- ○ CNA/Other assistant

Other (please specify)

20. How long have you been employed or in practice in the area?

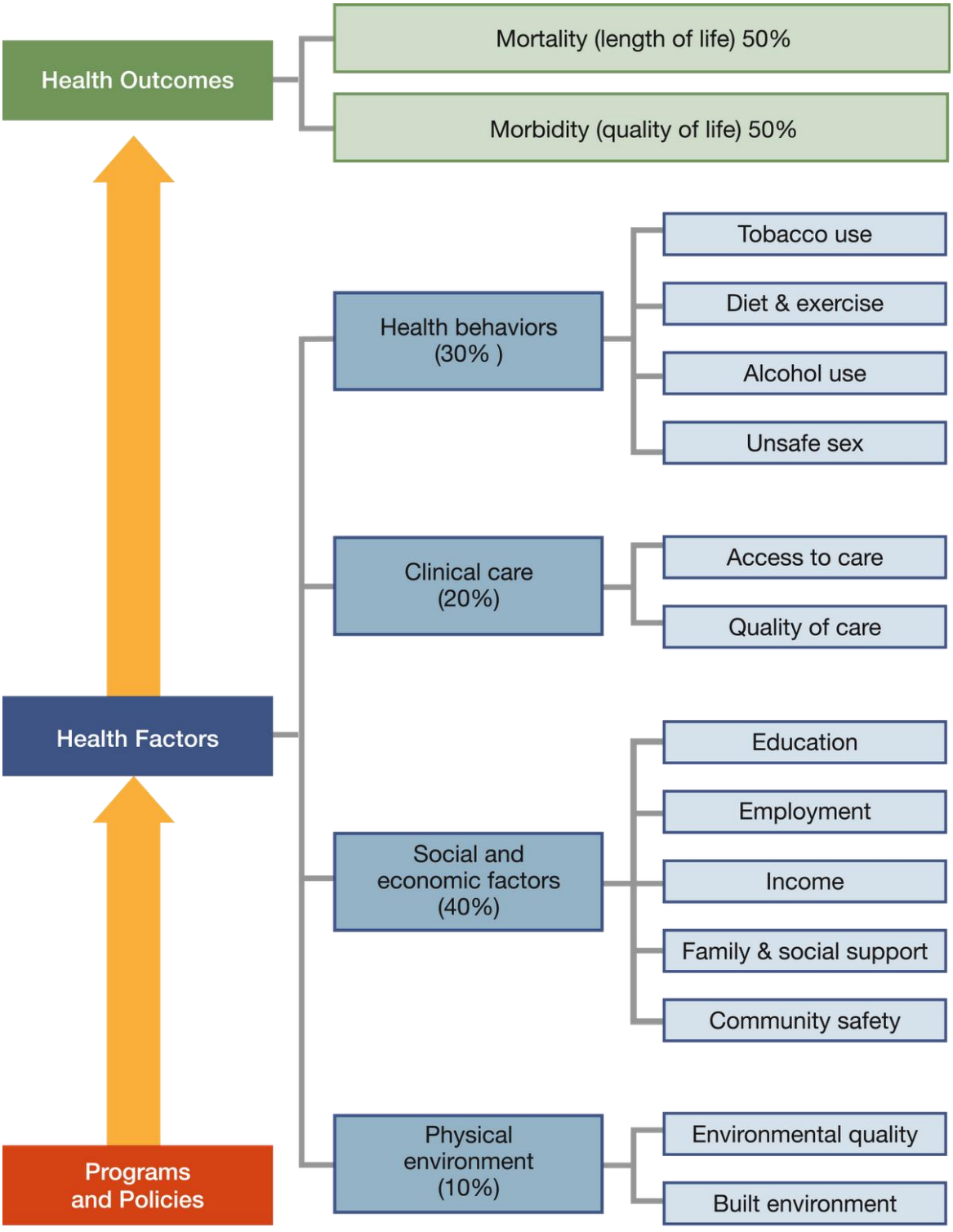
- ○ Less than 5 years
- ○ 5 to 10 years
- ○ More than 10 years

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

Appendix B – Community Group Members and Key Informants Participating in Interviews

Name	Organization	Title
Heather Narloch	Homecare Social Worker	Social Worker
Christine Bjorneby	Homemaker	Homemaker
Jean Jiskra	Country Realty	Owner
Claudia Thompson	Valley Special Education	Speech Pathologist
James Aasand	Farmer	Farmer
Jackie Adamen	Construction Owner	Retired
Rob Gellner	Agriculture	Agriculture
Jeff Rerick	Grafton Public Schools	School Principle
Mark Wagner	North Valley Career Tech.	Center Administrator
Mary Beth Feltman	Juvenile Court	Administrator
Pat Dusek	Grafton Public Schools	Retired Educator
Patti Olson	Homemaker	Homemaker
Karen A. Anderson	Homemaker	Homemaker
Tim Carlson	Pastor	Pastor
Norv Elbert	Retail	Retired
Jane Myers	Unity Medical Center	
Sandra Lessard	Unity Medical Center	
Tim Johnson	Unity Medical Center	
Marilyn Bryan	Unity Medical Center	
Christie Durand	Unity Medical Center	
Mark Wagner	Unity Medical Center	
Jeff Rerick		
Susan Geiger	Invisima	
Everett Butler	Unity Medical Center	CEO
Mary Beth Feltman	North Dakota Judicial System	
Kathryn Miskavige	Unity Medical Center	
Rachel Ray	Unity Medical Center	
Jacqualyn Adamsen		
Linda Whip	Unity Medical Center	

Appendix C – County Health Rankings Model



County Health Rankings model ©2010 UWPHI

Appendix D – Definitions of Health Variables

Definitions of Health Variables from the *County Health Rankings 2011 Report*

Variable	Definition
Poor or Fair Health	Self-reported health status based on survey responses to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor?"
Poor Physical Health Days (in past 30 days)	Estimate based on responses to the question: "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"
Poor Mental Health Days (in past 30 days)	Estimate based on responses to the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"
Adult Smoking	Percent of adults that report smoking equal to, or greater than, 100 cigarettes and are currently a smoker
Adult Obesity	Percent of adults that report a BMI greater than, or equal to, 30
Excessive Drinking	Percent of as individuals that report binge drinking in the past 30 days (more than 4 drinks on one occasion for women, more than 5 for men) or heavy drinking (defined as more than 1 (women) or 2 (men) drinks per day on average
Sexually Transmitted Infections	Chlamydia rate per 100,000 population
Teen Birth Rate	Birth rate per 1,000 female population, ages 15-19
Uninsured Adults	Percent of population under age 65 without health insurance
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
Mammography Screening	Percent of female Medicare enrollees that receive mammography screening
Access to Healthy Foods	Healthy food outlets include grocery stores and produce stands/farmers' markets
Access to Recreational Facilities	Rate of recreational facilities per 100,000 population
Diabetics	Percent of adults aged 20 and above with diagnosed diabetes
Physical Inactivity	Percent of adults aged 20 and over that report no leisure time physical activity
Primary Care Provider Ratio	Ratio of population to primary care providers
Mental Health Care Provider Ratio	Ratio of population to mental health care providers
Diabetic Screening	Percent of diabetic Medicare enrollees that receive HbA1c screening.
Binge Drinking	Percent of adults that report binge drinking in the last 30 days. Binge drinking is consuming more than 4 (women) or 5 (men) alcoholic drinks on one occasion.

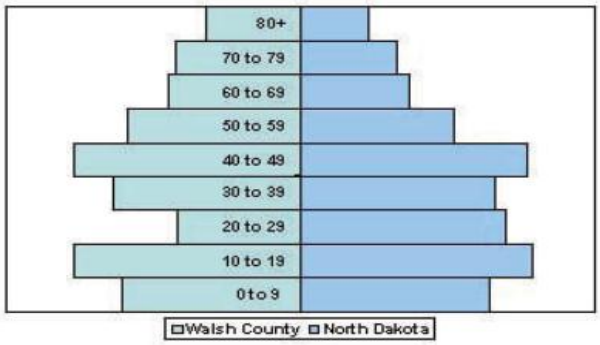
Appendix E – Walsh Community Health Profile

Walsh County Community Health Profile

POPULATION

Population by Age Group

Age Group	Walsh County		North Dakota	
	Number	Percent	Number	Percent
0-9	1495	12.1%	82,382	12.8%
10-19	1906	15.4%	101,082	15.7%
20-29	1044	8.4%	89,295	13.9%
30-39	1579	12.7%	85,086	13.2%
40-49	1944	15.7%	98,449	15.3%
50-59	1465	11.8%	66,921	10.4%
60-69	1116	9.0%	47,649	7.4%
70-79	1048	8.5%	41,844	6.5%
80+	792	6.4%	29,492	4.6%
Total	12389	100.0%	642,200	100.0%
0-17	3091	24.9%	160,849	25.0%
65+	2390	19.3%	94,478	14.7%



Female Population and Percentage Female by Age

Age Group	Walsh County		North Dakota	
	Number	Percent	Number	Percent
0-9	737	49.3%	40,200	48.8%
10-19	875	45.9%	48,823	48.3%
20-29	498	47.7%	42,196	47.3%
30-39	763	48.3%	41,884	49.2%
40-49	932	47.9%	48,521	49.3%
50-59	708	48.3%	32,799	49.0%
60-69	578	51.8%	24,937	52.3%
70-79	580	55.3%	23,106	55.2%
80+	522	65.9%	19,210	65.1%
Total	6193	50.0%	321,676	50.1%

Population Change 1990 to 2000 Census

Census	Walsh County	North Dakota
1990	13,840	638,800
2000	12,389	642,200
Change	-10.5%	0.5%

Race, 2000 Census

Race	Walsh County		North Dakota	
	Number	Percentage	Number	Percentage
Total	12389	100.0%	642,200	100.0%
White	11752	94.9%	593,181	92.4%
Black	41	0.3%	3,916	0.6%
Am.Indian	126	1.0%	31,329	4.9%
Asian	24	0.2%	3,606	0.6%
Pac. Islander	2	0.0%	230	0.0%
Other	311	2.5%	2,540	0.4%
Multirace	133	1.1%	7,398	1.2%

Walsh County Community Health Profile

POPULATION

Household Populations	Walsh County		North Dakota	
	Number	Percent	Number	Percent
Total	12389	100.0%	642,000	100.0%
In Family Households	10,121	81.7%	507,581	79.1%
In Non-Family Households	1,886	15.2%	110,988	17.3%
Total In Households	12,007	96.9%	618,569	96.4%
Institutionalized	202	1.6%	9,688	1.5%
Non-Institutionalized	180	1.5%	13,943	2.2%
Total in Group Quarters	382	3.1%	23,631	3.7%

Educational Attainment Among Persons 25+	Walsh County		North Dakota	
Education	Number	Percent	Number	Percent
No schooling completed	135	1.6%	1605	0.4%
No High School	1072	12.6%	34053	8.3%
Some High School	788	9.2%	30326	7.4%
High school or GRE	2736	32.1%	113931	27.9%
Some College	2666	31.3%	138855	34.0%
Bachelor's degree	931	10.9%	67551	16.5%
Post Graduate Degree	202	2.4%	22292	5.5%

Persons Age 5 and Older with Disabilty (Non-Institutionalized)	Walsh County		North Dakota	
Group	Number	Percent	Number	Percent
Total	11,474	100.0%	586,289	100.0%
No Disability	9,131	79.6%	488,472	83.3%
Any Disability	2,343	20.4%	97,817	16.7%
Self Care Disability	401	3.5%	11,011	1.9%
5-15 with any disability	121	6.4%	5,586	5.6%
16-64 with any disabilty	1,354	18.4%	58,630	14.7%
65+ with any disability	838	37.6%	33,601	38.5%

Income and Poverty Status by Age Group	Walsh County		North Dakota	
Median Household Income	$33,845		$34,604	
Per Capita Income	$16,496		$16,227	
	Number	Percent	Number	Percent
Below Poverty Level	1331	10.9%	73,457	11.9%
Under 5 years	113	16.1%	6,784	17.6%
5 to 11 years	155	14.0%	8,666	14.3%
12 to 17 years	116	9.3%	6,713	11.3%
18 to 64 years	752	10.9%	41,568	11.1%
65 to 74 years	83	7.4%	3,797	8.4%
75 years and over	112	10.2%	5,929	14.1%

Walsh County Community Health Profile

POPULATION

Family Poverty and Childhood and Elderly Poverty*,1999	Walsh County		North Dakota	
	Number	Percent	Number	Percent
Total Families	3317		166,963	
Families in Poverty	254	7.7%	13,890	8.3%
Families with Own Children	1589		83,678	
Families with Own Children in Poverty	188	11.8%	10,043	12.0%
Families with Own Children and Female Parent Only	236		13,971	
Families with Own Children and Female Parent Only in Poverty	105	44.5%	5,402	38.7%
Total Known Children in Poverty	384	14.8%	22,163	13.8%
Total Known Age 65+ in Poverty	204	9.1%	9,726	10.2%

Age of Housing	Walsh County		North Dakota	
	Number	Percent	Number	Percent
Housing units: Total	5,757	100.0%	289,677	100.0%
1980 and Later	775	13.5%	76,239	26.3%
1970 to 1979	1,267	22.0%	68,376	23.6%
Prior to 1970	3,715	64.5%	145,062	50.1%

Walsh County Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Births, 2004-2008	Walsh County		North Dakota	
	Number	Rate	Number	Rate
Live Births and Rate	676	11	42925	13
Pregnancies and Rate	729	12	47350	15
Fertility Rate		62		63
Teen Births and Rate	74	18	3306	17
Teen Pregnancies and Rate	84	22	4097	21
Out of Wedlock Births and Ratio	253	374	13743	320
Out of Wedlock Pregnancies and Ratio	275	377	16862	356
Low Birth Weight Birth and Ratio	42	62	2823	66

Child Deaths, 2004-2008	Walsh County		North Dakota	
	Number	Rate	Number	Rate
Infant Deaths	*	5.9	261	6.1
Child and Adolescent Deaths	5	31	290	33
Total Deaths	743	1199	28490	887

Deaths and Age Adjusted Death Rate by Cause, 2004-2008	Walsh County	North Dakota
	Number (Adj. Rate)	Number (Adj. Rate)
All Causes	743 (778)	28,494 (739)
Heart Disease	237 (230)	7,327 (183)
Cancer	148 (162)	6,573 (180)
Stroke	47 (47)	1,872 (45)
Alzheimers Disease	31 (27)	1,679 (38)
COPD	30 (30)	1,449 (37)
Unintentional Injury	29 (41)	1,477 (42)
Diabetes Mellitus	24 (24)	1,059 (28)
Pneumonia and Influenza	28 (26)	760 (18)
Cirrhosis	7 (9)	295 (9)
Suicide	6 (11)	433 (13)

Adj. Rate = Age Adjusted Rate; *= fewer than 5 deaths

Walsh County Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Leading Causes of Death by Age Group for Walsh County, 2004-2008

Age	1	2	3
0-4	Prematurity	Pregnancy Comp Unintentional Injury	
5-14	Unintentional Injury		
15-24	Unintentional Injury	Suicide Cancer	
25-34	Unintentional Injury	Suicide	Heart Disease Stroke
35-44	Unintentional Injury	Cancer Heart Disease	Cirrhosis Stroke
45-54	Cancer 8	Heart Disease	Suicide
55-64	Cancer 24	Heart Disease 10	Unintentional Injury
65-74	Heart Disease 28	Cancer 26	Stroke 7
75-84	Heart Disease 71	Cancer 43	Pneumonia/Influenza 13
85+	Heart Disease 121	Cancer 44	Stroke 25

Walsh County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2002-2008

	ALCOHOL	Walsh County	North Dakota
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.	18.8 (14.0-23.5)	21.2 (20.5-21.9)
Heavy Drinking	Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) during the past 30 days	4.9 (2.5- 7.3)	5.1 (4.7- 5.5)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days	3.1 (0.1- 6.2)	5.5 (4.9- 6.1)
Chronic Joint Symptoms	Respondents who reported pain, aching of stiff in a joint during the past 30 days which started more than 3 months ago	41.0 (33.5-48.4)	35.3 (34.4-36.2)
Activity Limitation Due to Arthritis	Respondents who reported being limited in any usual activities because of arthritis or joint symptoms.	13.1 (8.5-17.6)	10.9 (10.4-11.5)
Doctor Diagnosed Arthritis	Respondents who reported ever have been told by a doctor or other health professional that they had some form or arthritis.	29.4 (22.8-36.0)	27.2 (26.3-28.0)
	ASTHMA		
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	6.6 (3.7- 9.5)	10.8 (10.3-11.3)
Current Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma and who still have asthma.	4.5 (2.5- 6.5)	7.4 (7.0- 7.8)
	BODY WEIGHT		
Overweight But Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30	45.8 (40.1-51.5)	38.7 (38.0-39.5)
Obese	Respondents with a body mass index greater than or equal to 30	23.0 (18.2-27.9)	25.4 (24.7-26.0)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25	68.9 (63.3-74.4)	64.1 (63.3-64.8)
	CARDIOVASCULAR		
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.	5.1 (2.8- 7.4)	4.1 (3.9- 4.4)
Angina	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.	6.5 (4.0- 9.1)	4.1 (3.8- 4.4)
Stroke	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke.	2.0 (0.3- 3.7)	2.1 (1.9- 2.3)
Cardiovascular Disease	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had any of the following: heart attack, angina or stroke.	9.8 (6.6-13.1)	7.4 (7.1- 7.8)

Walsh County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2002-2008

	CHOLESTEROL	Walsh County	North Dakota
Never Cholesterol Test	Respondents who reported never having a cholesterol test	20.3 (13.4-27.3)	23.5 (22.5-24.5)
No Cholesterol Test in Past 5 Years	Respondents who reported not having a cholesterol test in the past five years	24.9 (17.7-32.1)	29.0 (28.0-30.0)
High Cholesterol	Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol.	34.6 (26.8-42.5)	34.9 (33.9-35.8)
	COLORECTAL CANCER		
Fecal Occult Blood	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	75.4 (65.7-85.1)	77.7 (76.4-79.0)
Never Sigmoidoscopy	Respondents age 50 and older who reported never having had a sigmoidoscopy or colonoscopy	39.7 (30.7-48.7)	43.9 (42.5-45.2)
No Sigmoidoscopy in Past 5 Years	Respondents age 50 and older who reported not having a sigmoidoscopy or colonoscopy in the past five years.	55.1 (46.5-63.8)	55.4 (54.2-56.7)
	DIABETES		
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	6.8 (4.3- 9.3)	6.6 (6.2- 7.0)
	FRUITS AND VEGETABLES		
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day	78.8 (72.7-85.0)	78.6 (77.8-79.4)
	GENERAL HEALTH		
Fair or Poor Health	Respondents who reported that their general health was fair or poor	15.2 (11.5-18.9)	12.6 (12.2-13.1)
Poor physical Health	Respondents who reported they had 8 or more days in the last 30 when their physical health was not good	11.7 (8.1-15.4)	10.3 (9.9-10.8)
Poor Mental Health	Respondents who reported they had 8 or more days in the last 30 when their mental health was not good	7.7 (5.0-10.5)	9.6 (9.1-10.1)
Activity Limitation Due to Poor Health	Respondents who reported they had 8 or more days in the last 30 when poor physical or mental health kept them from doing their usual activities.	6.1 (3.7- 8.6)	5.6 (5.3- 6.0)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	13.8 (10.4-17.1)	15.7 (15.2-16.2)
	HEALTH CARE ACCESS		
Health Insurance	Respondents who reported not having any form or health care coverage	10.4 (6.7-14.1)	11.5 (11.0-12.1)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	5.5 (3.0- 8.1)	6.9 (6.5- 7.3)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	12.9 (8.6-17.3)	23.6 (22.9-24.3)

Walsh County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2002-2008

	HYPERTENSION	Walsh County	North Dakota
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	26.1 (20.3-31.9)	24.6 (23.8-25.4)
	IMMUNIZATION		
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year	28.1 (19.7-36.5)	27.4 (26.2-28.6)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	30.6 (22.2-39.0)	29.4 (28.2-30.7)
	INJURY		
Fall	Respondents 45 years and older who reported that they had fallen in the past 3 months	16.9 (8.9-24.9)	14.9 (14.0-15.9)
Seat Belt	Respondents who reported not always wearing their seatbelt	58.8 (50.7-66.8)	43.3 (42.2-44.5)
	ORAL HEALTH		
Dental Visit	Respondents who reported that they have not had a dental visit in the past year	29.1 (22.7-35.6)	29.7 (28.8-30.6)
Tooth Loss	Respondents who reported they had lost 6 or more permanent teeth due to gum disease or decay.	20.1 (15.0-25.2)	16.3 (15.7-17.0)
	PHYSICAL ACTIVITY		
Recommend Physical Activity	Respondents who reported that they did not get the recommended amount of physical activity	49.3 (41.5-57.0)	40.2 (39.2-41.2)
No Leisure Physical Activity	Respondents who reported that they participated in no leisure time physical activity	10.1 (5.8-14.4)	6.9 (6.4- 7.5)
	TOBACCO		
Current Smoking	Respondents who reported that they smoked every day or some days	19.3 (15.0-23.5)	20.1 (19.5-20.7)
	PROSTATE CANCER		
PSA Testing	Men age 40 and older who reported that they have not had a PSA test in the past two years	NA	49.5 (47.8-51.1)
	WOMEN'S HEALTH		
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years	17.3 (8.0-26.7)	13.3 (12.3-14.3)
Mammogram Age 40+	Women 40 and older who reported that they have not had a mammogram in the past two years	25.8 (16.7-34.9)	24.2 (23.0-25.3)

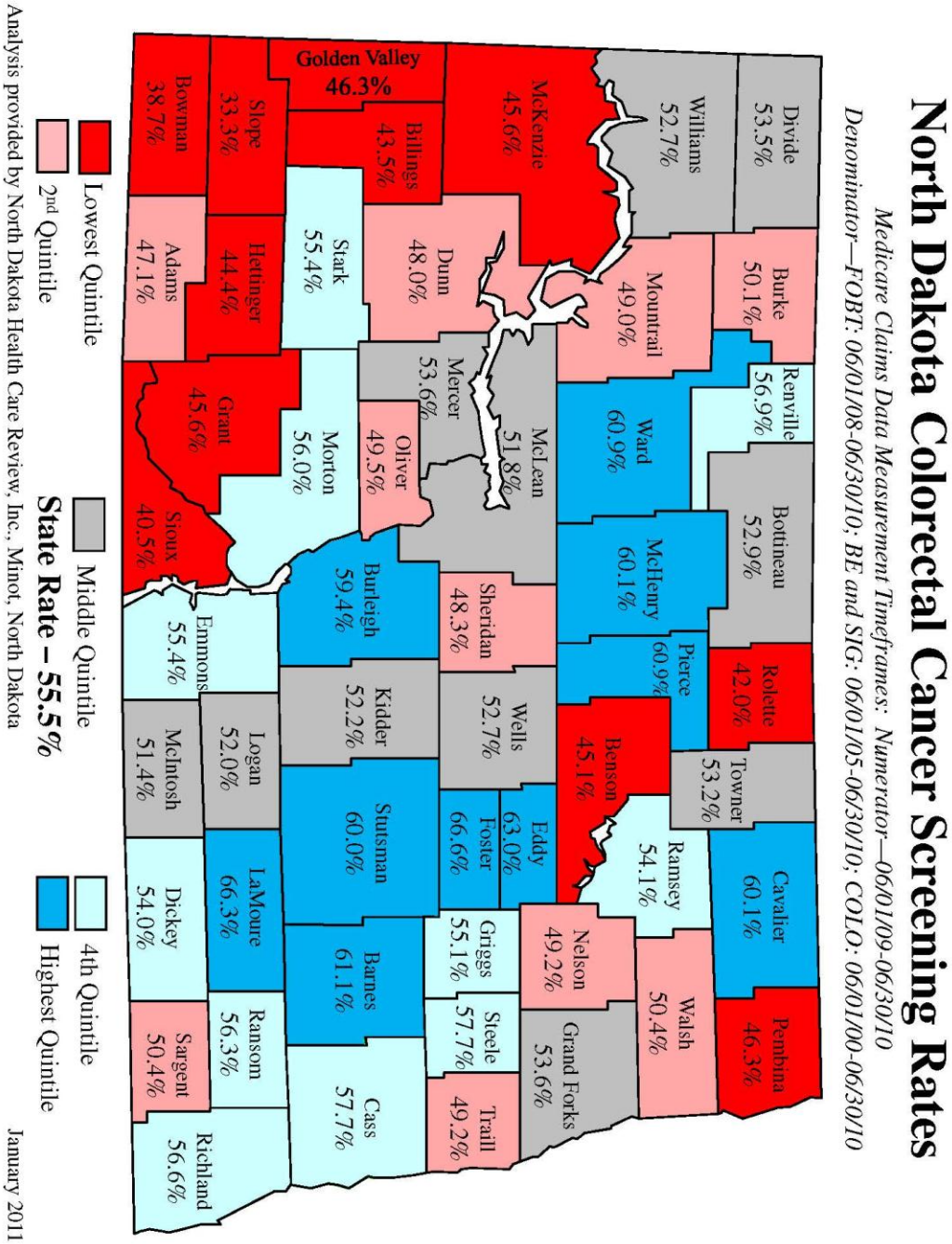
Walsh County Community Health Profile

CRIME

Walsh County							
	2004	2005	2006	2007	2008	5 year	5-Year Rate
Murder	1	0	0	0	0	1	1.7
Rape	1	2	3	1	4	11	19.0
Robbery	0	1	0	1	0	2	3.5
Assualt	13	3	6	8	7	37	63.8
Violent crime	15	6	9	10	11	51	88.0
Burglary	56	48	47	33	90	274	472.7
Larceny	207	179	190	126	163	865	1492.4
Motor vehicle theft	30	20	33	20	23	126	217.4
Property crime	293	247	270	179	276	1,265	2182.5
Total	308	253	279	189	287	1,316	2270.5

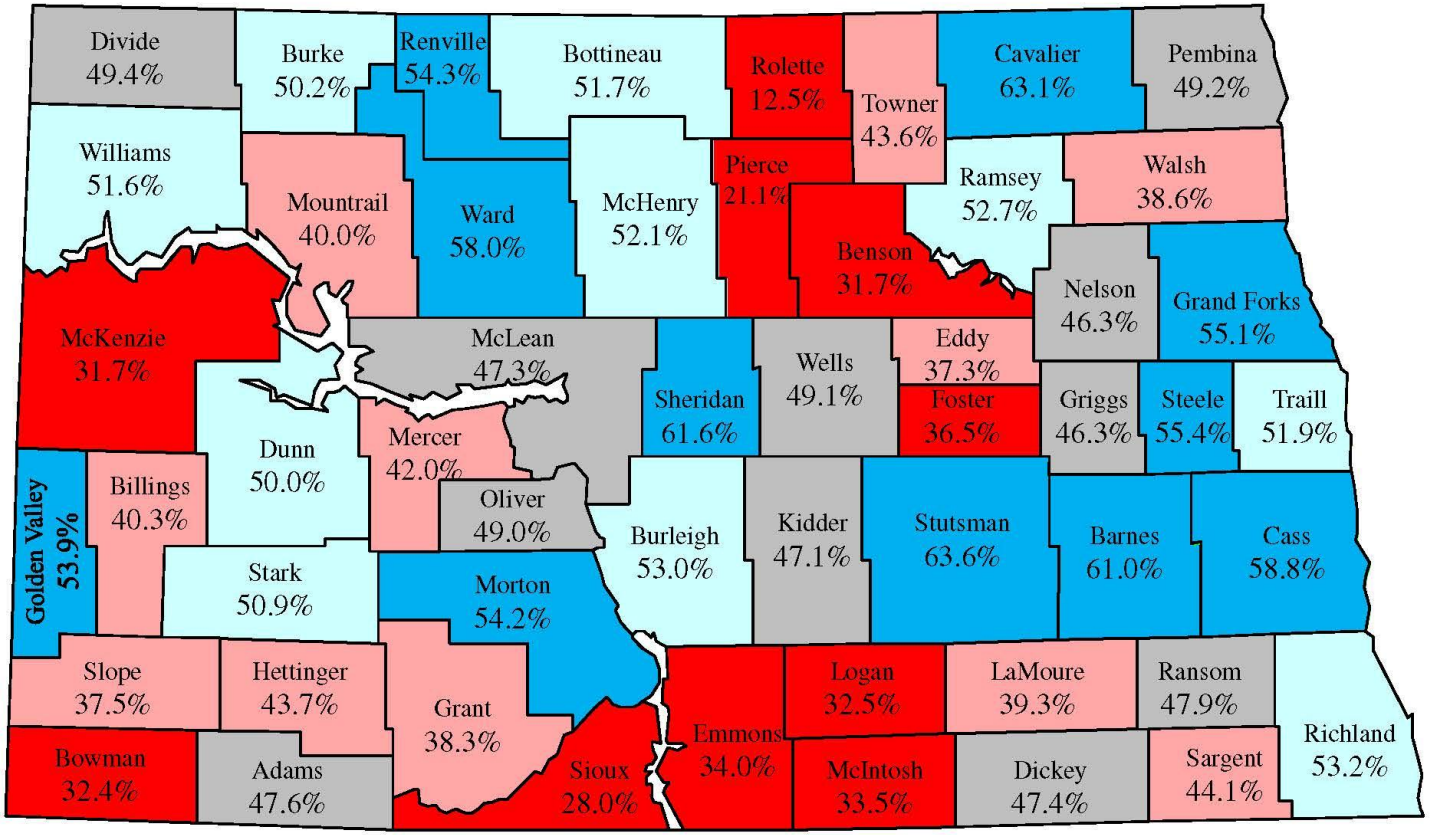
North Dakota							
	2004	2005	2006	2007	2008	5 year	5-Year Rate
Murder	10	13	8	16	4	51	1.6
Rape	157	146	184	202	222	911	28.4
Robbery	42	45	69	68	71	295	9.2
Assualt	319	396	525	599	738	2,577	80.3
Violent crime	528	600	786	885	1,035	3,834	119.5
Burglary	1,855	1,884	2,364	2,096	2,035	10,234	319.1
Larceny	8,832	9,081	8,884	8,672	8,926	44,395	1384.1
Motor vehicle theft	858	998	966	878	854	4,554	142.0
Property crime	11,545	11,963	12,214	11,646	11,815	59,183	1845.1
Total	12,073	12,563	13,000	12,531	12,850	63,017	1964.7

Appendix F – County Analysis by North Dakota Health Care Review, Inc.



North Dakota Pneumococcal Pneumonia Vaccination Rates

Medicare Claims Data – Claims through 06/30/10

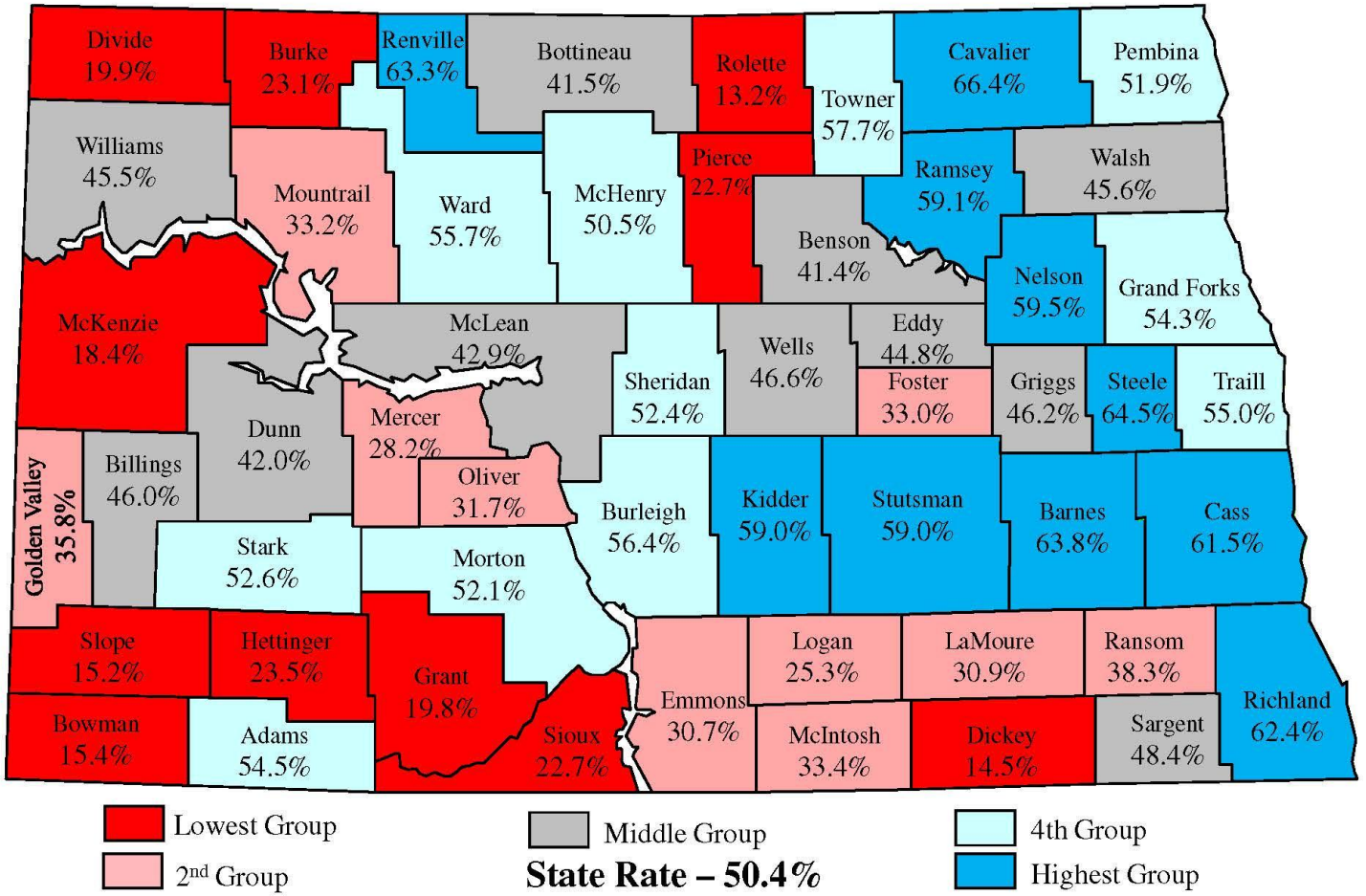


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

North Dakota Influenza Vaccination Rates

Medicare Claims Data – 03/01/09-03/31/10

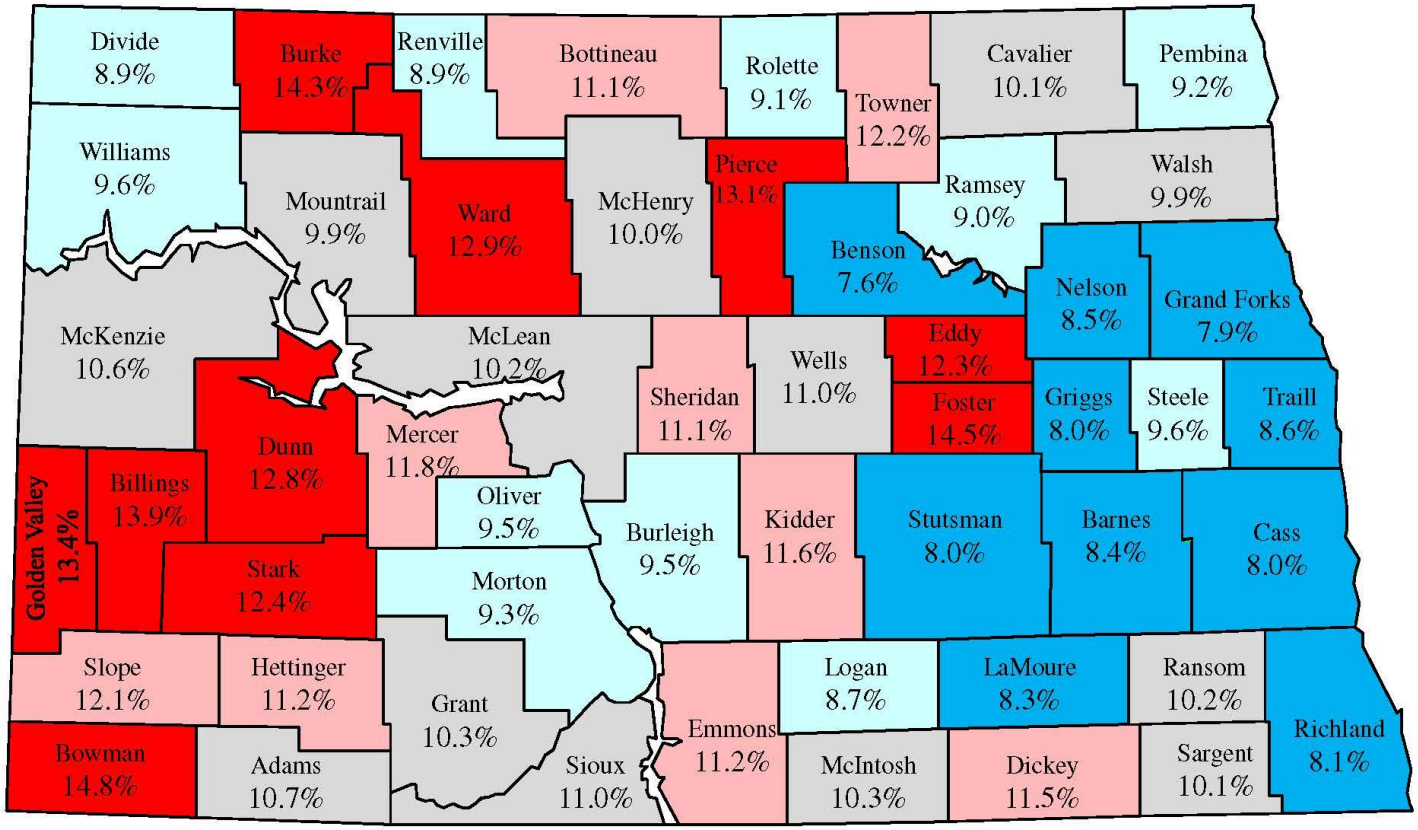


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

October 2010

North Dakota DDI Rates

Timeframe: 01/01/10-06/30/10; Data Source: Medicare Part D

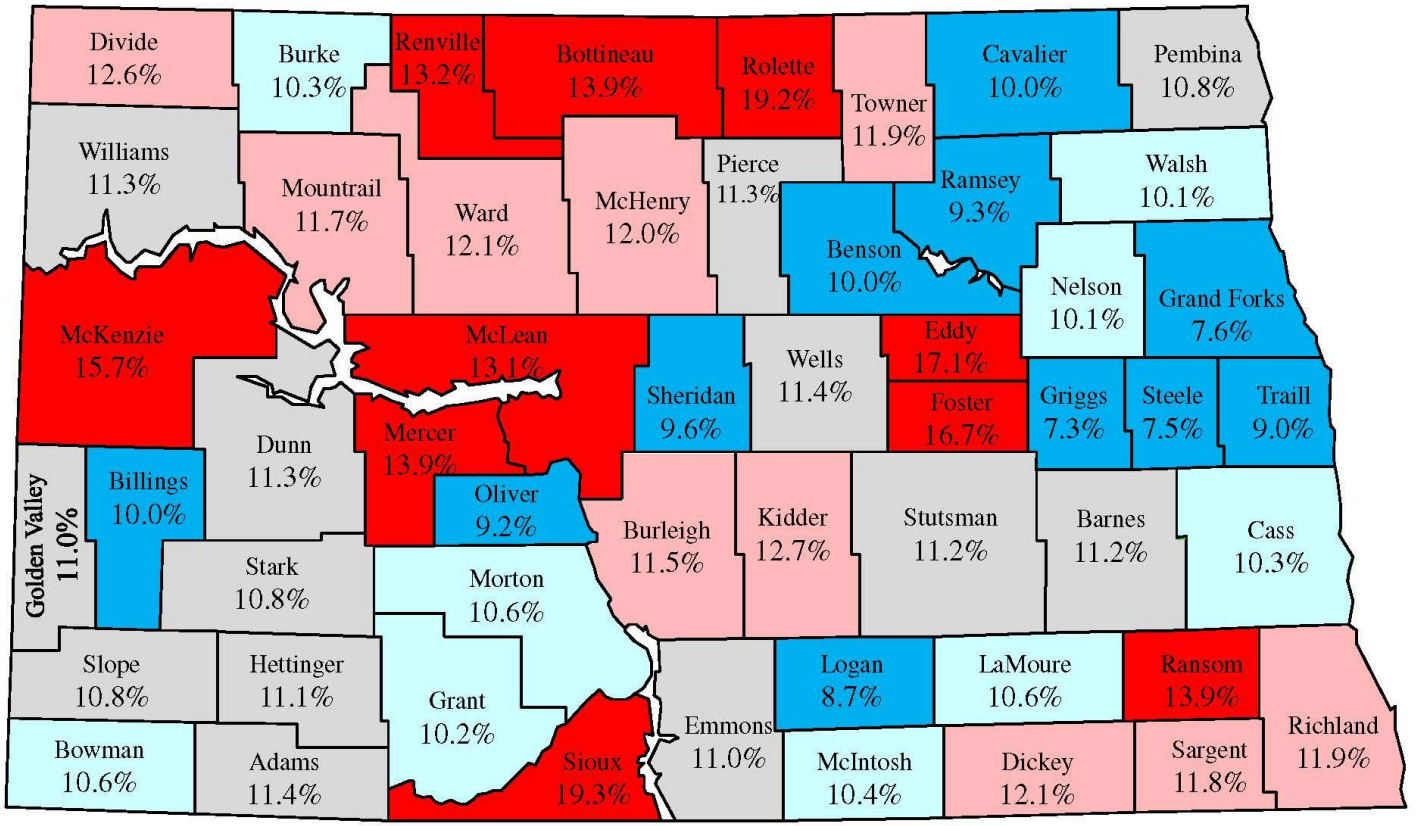


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

North Dakota PIM Rates

Timeframe: 01/01/10-06/30/10; Data Source: Medicare Part D

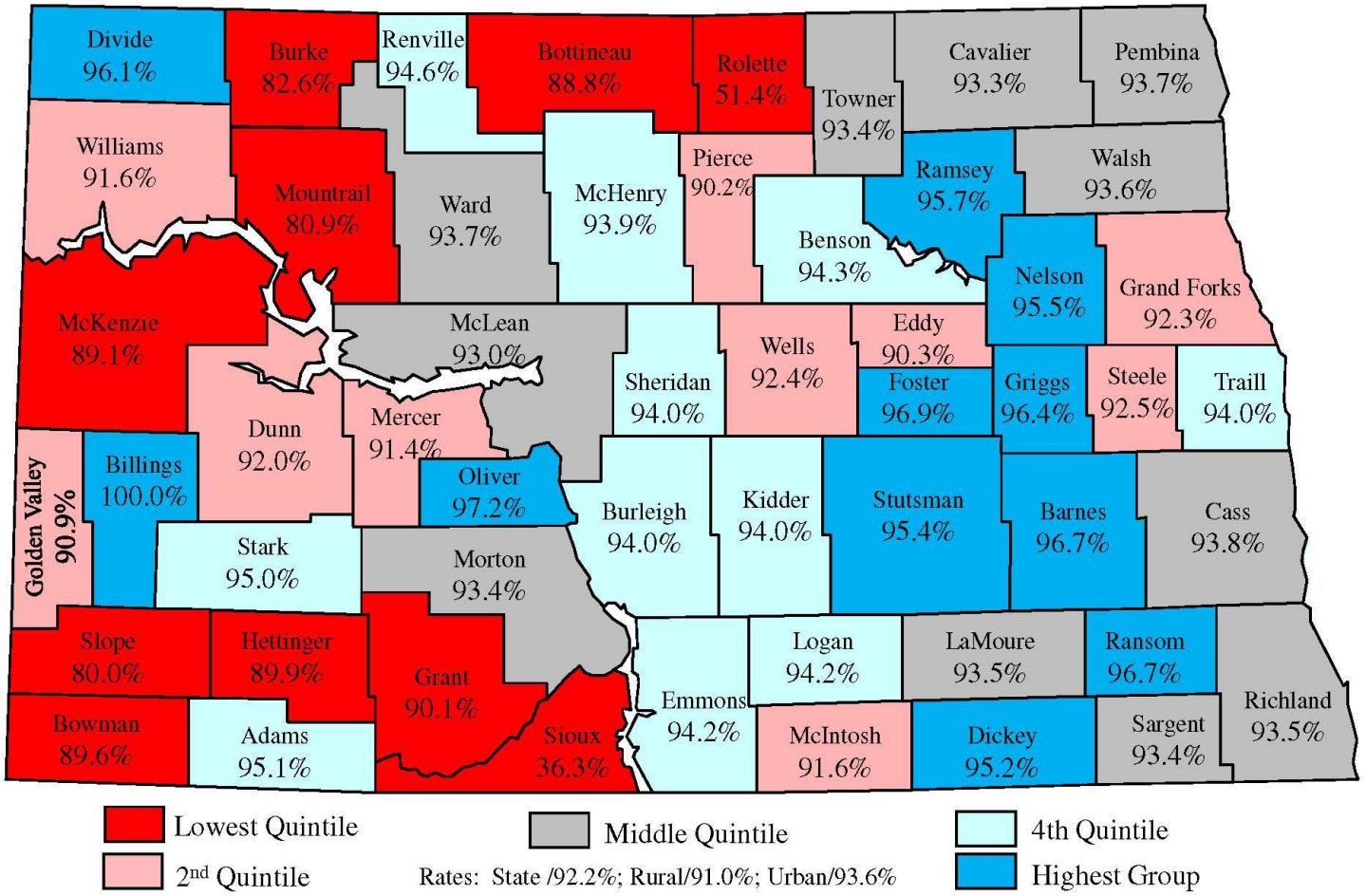


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

Annual Hemoglobin A1C Screening Rates for Patients with Diabetes

Medicare Claims Data Quarter 10 – End date 06/30/10

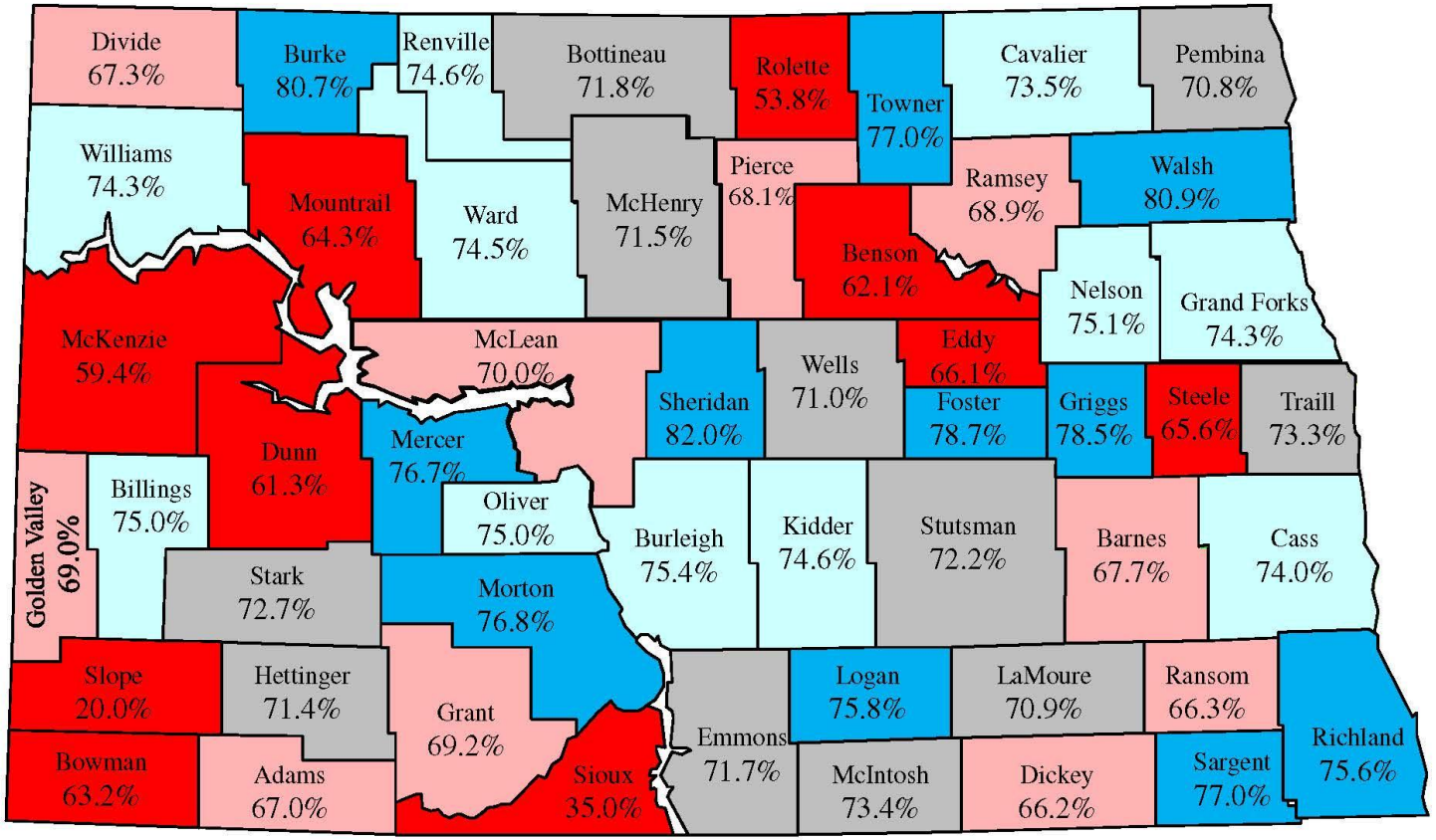


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

Annual Eye Examination Screening Rates for Patients with Diabetes

Medicare Claims Data Quarter 10 – End date 06/30/10

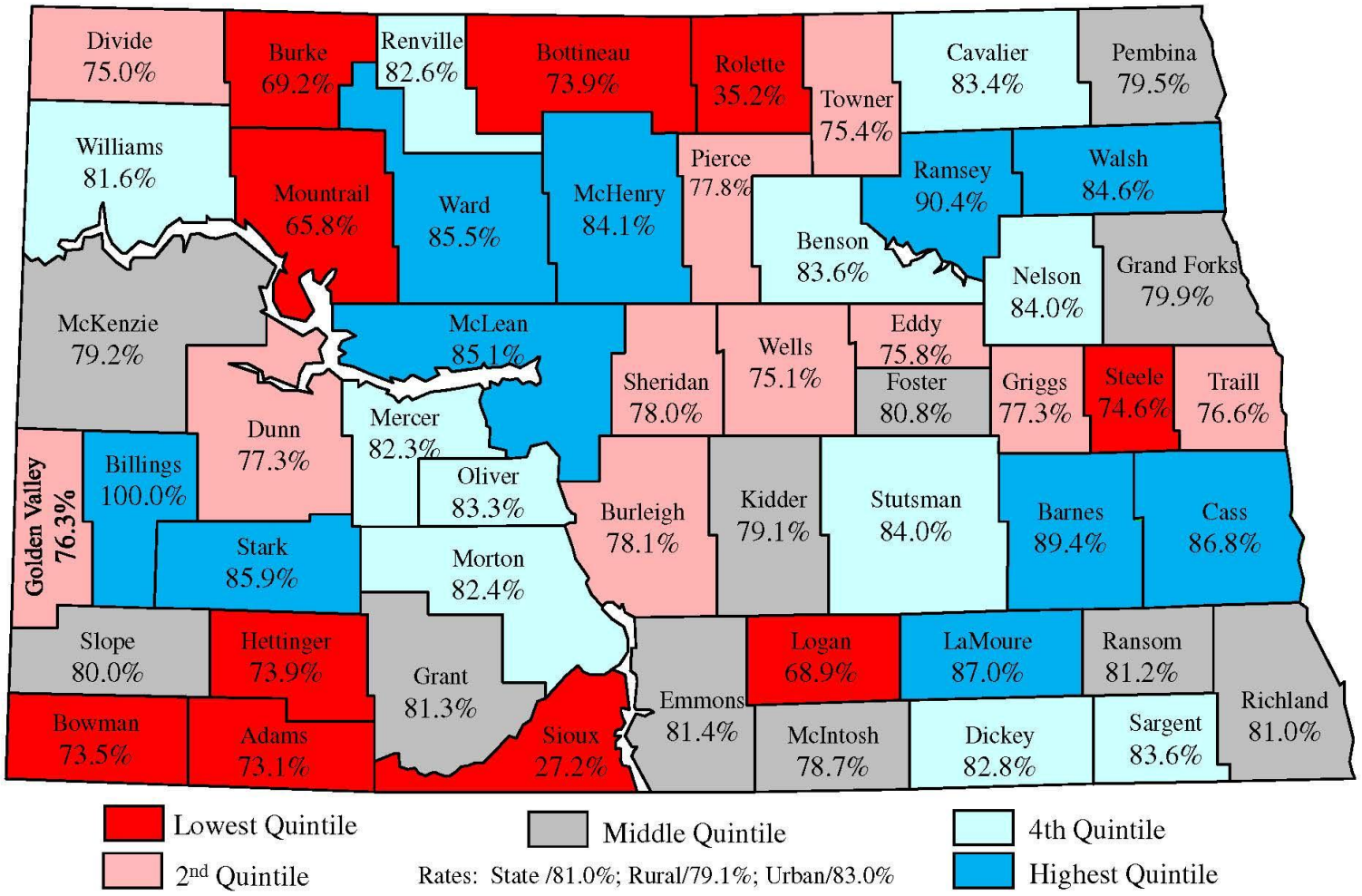


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

Annual Lipid Testing Screening Rates for Patients with Diabetes

Medicare Claims Data Quarter 10 – End date 06/30/10



Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

Appendix G – Prioritization of Community's Health Needs

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

POTENTIAL COMMUNITY HEALTH NEEDS – GRAFTON

(Listed in no particular order)

	IDENTIFIED NEED	VOTE
1.	Secondary data: Elevated rate of diabetics ✓	5
2.	Secondary data: Elevated rate of adult smoking ❖	2
12	Secondary data & Survey: Elevated rate of adult obesity ✓❖	12
4.	Secondary data: Elevated rate of physical inactivity ✓❖	5
5.	Secondary data: Elevated rate of excessive drinking ❖	11
6.	Secondary data: Elevated level of sexually transmitted infections❖	0
7.	Secondary data: Elevated motor vehicle crash death rate ✓❖	0
8.	Secondary data: Elevated teen birth rate ✓❖	2
9.	Secondary data: Elevated rate of uninsured adults ❖	1
10.	Secondary data & Survey & Interview/Focus Group: Limited number of health care providers ✓❖	11
11.	Secondary data & Interviews/Focus Group: Limited number of mental health care providers ✓❖	2
12.	Secondary data: Elevated level of preventable hospital stays ✓❖	1
13.	Secondary data: Decreased rate of diabetic screening ❖	0
14.	Secondary data: Decreased rate of mammography screening ✓ ❖	1
15.	Secondary data: Limited access to healthy foods ✓❖	0
16.	Secondary data: Decreased rate of colorectal cancer screening	5
17.	Secondary data: Decreased rate of pneumococcal pneumonia vaccination	0
18.	Survey: Cancer	4
19.	Survey: Higher cost of health care for consumers	5
20.	Survey: Addiction/substance abuse	3

21.	Interview/Focus Group: Adequate number of visiting specialists	6
22.	Interview/Focus Group: Financial ability of UMC and patients	5
23.	Interviews/Focus Group: Technological currency	3

✓ = Not meeting state average

❖ = Not meeting national benchmark