

Community Health Needs Assessment

for

SMP Health St. Andrew's

Sisters of Mary of the Presentation



SMP Health

St. Andrew's

Approved:

Date:

[Signature]
Board Chairperson

[Signature]
Dec 6/22

2022

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Executive Summary

Organizational History¹

SMP Health – St. Andrew’s has been providing Catholic health care to Bottineau, North Dakota since 1913. We focus on care for the elderly and poor in view of Jesus Christ’s teachings.

We are part of the SMP Health network of hospitals, nursing homes and home care, all sponsored by the Sisters of Mary of the Presentation.

We provide skilled and compassionate hospital services and mental health services, and independent living at our SMP Health – St. Andrew’s apartments.

Mission and Values²

Mission

SMP Health – St. Andrew’s, in union with the Sisters of Mary of the Presentation, works for the glory of God by bringing the Word and Healing of Jesus Christ to all, with a special concern for the poor and elderly. Through the shared ministry with the laity, SMP Health – St. Andrew’s participates in the health care mission in the work of healing which is the work of God. Our individual inspiration is Jesus and His Gospel message. Permeated with the Charism of the Sister of Mary of the Presentation, we minister to one another and all who come to us for care.

Values

We show care and compassion through:

- **Commitment:** We strive to provide excellent service to the people of our community by caring for each person’s spiritual, physical, and emotional needs.
- **Respect:** Our goal is to protect the privacy and dignity of our patients and one another. We respect those we serve and each other by showing consideration for each person’s values and spirituality.
- **Trust:** We aim to develop trust with our patients by building their confidence in our ability to deliver quality health care in an honest and reliable manner.
- **Teamwork:** Working together we create a team atmosphere by which we support one another, remembering we are all equal and all work to fulfill our mission.

¹ [SMP Health. St. Andrew’s About Us, 2019](#)

² [SMP Health. St. Andrew’s Our Mission, 2019](#)

Methodology

The CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of stakeholders and health care consumers – especially those from underserved populations. The methodology that was used helps prioritize the needs and establish a basis for continued community engagement, in addition to simply developing a broad, community-based list of needs.

The major sections of the methodology and report include the following:



Community Health Needs Assessment Purpose and Goals

As part of Section 501 (r) (3), all charitable tax-exempt hospital organizations are required to complete a community health needs assessment (CHNA) every three years. The CHNA assesses the unmet need for health services in the hospital's service area.³

The purpose of the SMP Health St. Andrew's CHNA is to identify and prioritize community needs. In doing so, it will also provide a solid technical platform to analyze population health at a county level (based on the actual service area), categorize factors associated with access to care and health care utilization, finely tune outreach activities, highlight the most significant causes of morbidity and mortality, strengthen the existing community health activities, and use collaborative outreach to highlight other unique health care needs or characteristics that impact health status and primary care.

The goal of the CHNA is to help develop and drive the activities that impact people's health the most, address the most urgent needs, and otherwise respond to the highest priority needs within SMP Health St. Andrew's purview.

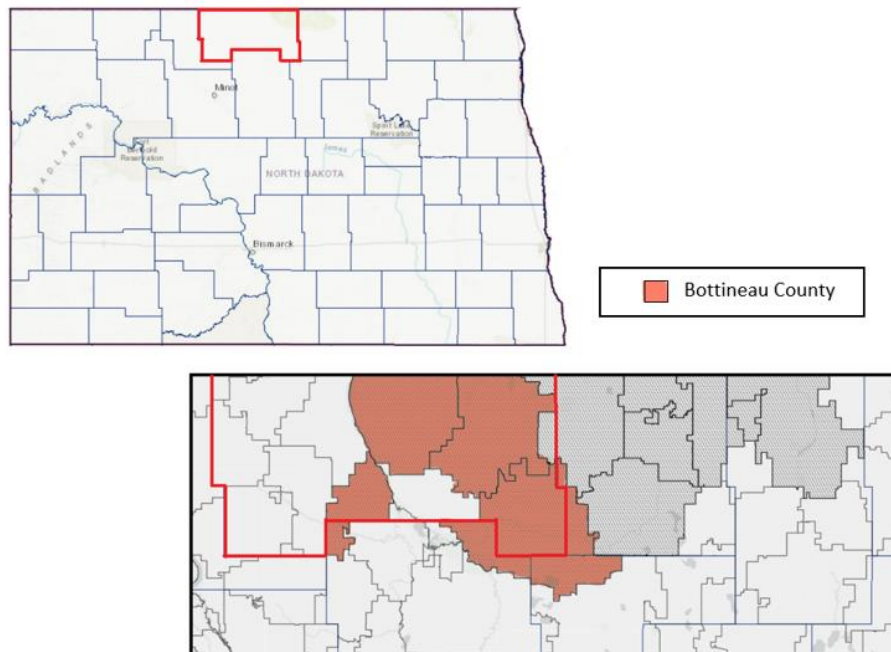
Service Area

SMP Health St. Andrew's primary service area is defined by five zip codes in Bottineau County. The five Zip Code Tabulation Areas (ZCTAs) include 58318, 58384, 58739, 58762, and 58783. ZCTAs for 58739 is not available in the United States Census which is why the ZCTA is not included in the aggregated secondary data.

³ Internal Revenue Service. Community Health Needs Assessment for Charitable Hospital Organizations- Section 501 (r) (3), 2021 <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

Exhibit 1 displays SMP Health St. Andrew's primary service area which is shaded in red (lower graphic). The areas shaded in gray are the service area for SMP Health St. Kateri. In each graphic, Bottineau County boundaries are outlined in bright red.

Exhibit 1: SMP Health St. Andrew's Service Area



Secondary Data Summary

Social Vulnerability Index

This assessment contains an extensive data analytics section which presents a profile of service area demographics, social determinants of health, lifestyle factors, and many others. As part of county-specific summaries, there are also data change tables utilizing the Social Vulnerability Index (SVI) model. The SVI was developed by the U.S. Centers for Disease Control and Prevention as a way to use population data to identify vulnerable populations. The SVI may be used to rank overall population well-being and mobility relative to County and State averages. Measures are grouped into four major categories: Socioeconomic Status, Household Composition and Disability, Minority Status and Language, and Housing and Transportation. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies, including pandemics.⁴ An SVI service area profile follows.

⁴ [Agency for Toxic Substances and Disease Registry, CDC/ATSDR Social Vulnerability Index.](#)

The SVI of St. Andrew's Service Area

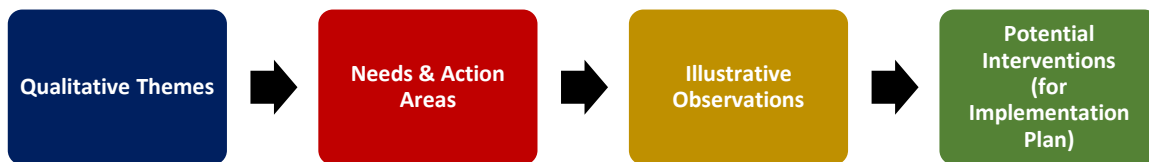
Socioeconomic Status	10.1% below poverty	2.9% unemployment rate	\$74,960 median household income	3.3% have no high school diploma
Household Composition & Disability	25.2% are under 18 years old	20.5% are 65 years and older	18.1% of the population has a disability	14.0% children live in single-parent households
Minority Status & Language		11.9% of the population are ethnic/racial minority	1.5% have limited or no English proficiency	
Household Type & Transportation	22.5% of housing structures are multi-unit	3.8% have no vehicle	5.5% live in group quarters	10.1% live in mobile homes

Source: U.S. Census Bureau, American Community Survey Five-Year Estimates, 2016-2020

Qualitative Summary

The qualitative primary research methodology consisted of stakeholder interviews and focus group discussions with key community stakeholders, policymakers, and residents. An interview guide and focus group moderator's guide were implemented to help guide conversations, found in Appendix C.

Qualitative data collection resulted in a consensus of several top areas of need that can be described as qualitative themes. Each of these qualitative themes impacts the subsequent high-level action areas. The action areas include an overview of the subject and utilize de-identified illustrative observations in italics which are representative of respondents' consensus perspectives.



One-on-One Interviews

In total, five one-on-one virtual phone interviews were conducted, lasting approximately 30 minutes, although some community members chose to share a great deal of information and exceeded 30 minutes. These conversations provided the opportunity for:

- In-depth conversations about the strengths and challenges to receiving health care, services, impacts of the COVID-19 pandemic, and ideas for solutions to improve their communities.
- In-depth discussions about health care, social service, mental health, and other service issues with leaders, community partners, and individuals from the community.

Focus Group Discussions

One community-wide focus group started with brief introductions, followed by hearing participants' broad thoughts about topic areas. Discussions were then narrowed down to focus on topics participants observed as the greatest concerns facing their community and what possible solutions they envisioned. Participants were encouraged to speak about his or her particular areas of concern, interest, or experience, as many opinions and observations were grounded in both personal and professional experiences.

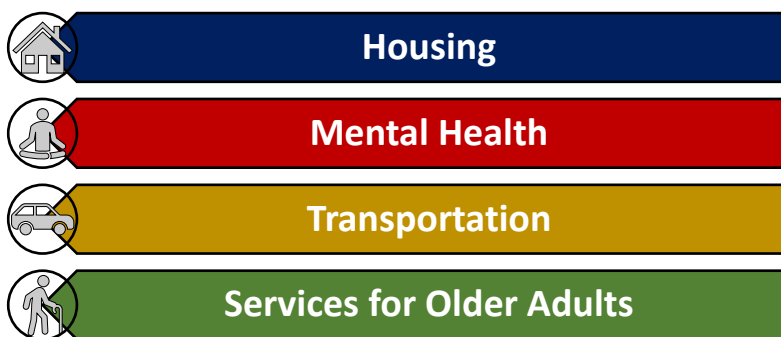
Insights into St. Andrew's Region

Community stakeholders were asked to share positive traits about their community. Many community members emphasized that Bottineau County is a great place to live. Residents appreciate the events and recreational activities, caring people, and the health care system that the community has to offer.

High-Level Action Areas & Observations

Listed below are the high-level observations and action areas gleaned from the qualitative data. In addition to the observations, certain actions flow naturally from the themes above. These are important to include in any planning response. The comments in the following high-level action areas are most representative of respondents' consensus in the qualitative interviews.

Please note that the Action Areas are in alphabetical, not prioritized, order.



Housing

Across North Dakota, housing prices have increased causing many households to be severely cost-burdened. Approximately 66% of renters who are low income are spending more than half of their income on housing costs.⁵ When asked about their top concerns, interviewees noted quality, affordable housing as a priority community challenge. Community members frequently cited a sheer lack of units, as well as the overall affordability.

Mental Health

In Bottineau County, 12% of residents report frequent mental distress. Across the state, 54.5% of residents report having a mental illness but do not receive treatment. Almost a quarter of North Dakota residents report an unmet need for treatment (23.3%).

Conversations with community members have revealed that the lack of mental health access is a concern across St. Andrew's service area. Community discussions indicate that high-level needs for mental health are rooted in the lack of local mental health services, wait times, and bed shortages.

⁵ National Low Income Housing Coalition. North Dakota, 2022.

Transportation

Unreliability and timely access were themes that were heard in interviews. Public transportation can impact a person's health and influence health equity. Lack of transportation can cause an individual to miss their health appointments which can cause poorer health outcomes and added health expenditures. Reliable transportation can improve stability in access to health, nutrition, employment opportunities, and social inclusion.⁶

Services for Older Adults

The older adult population is a subgroup of the population that Bottineau County community members have identified as a vulnerable population. The age of residents in St. Andrew's service area trends older than SMP Health St. Kateri. Approximately 20.5% of residents are 65 years and over.

Community Survey

The purpose of the SMP Health community survey is to help identify the top needs of residents and the barriers/gaps that may prevent residents from accessing resources. The survey took respondents less than 15 minutes to complete. Answers were anonymous, and no personally identifiable information was used to identify respondents. The community survey can be found in Appendix D.

The community survey was deployed from July 7, 2022, through October 10, 2022. Of 122 survey responses received, 30 were from Bottineau County.

Respondents ranked several community/environmental concerns in the Bottineau County area. The top five areas of community/environmental concerns include having enough child daycare services, attracting and retaining young families, not enough affordable housing, work opportunities, and not enough public transportation options. Note that each issue was evaluated on a 5-point scale with "5" indicating the greatest need or concern.

Exhibit 2: Community/Environmental Concerns, Bottineau County Respondents

<i>Community / Environmental Issues</i>	<i>More of a concern</i>
Having enough child daycare services	48.3%
Attracting and retaining young families	44.8%
Not enough affordable housing	37.9%
Work opportunities	34.5%
Not enough public transportation options	31.0%
Not enough places for exercise and wellness activities	24.1%
Education opportunities	21.4%

⁶ Health Affairs. Culture of Health: Public Transportation in the US, 2021
<https://www.healthaffairs.org/doi/10.1377/hpb20210630.810356/full/health-affairs-brief-public-transportation-health-equity-heaps.pdf>

<i>Community / Environmental Issues</i>	<i>More of a concern</i>
Poverty	20.7%
Having enough quality school resources	20.7%
Child abuse (violence against children)	20.7%
Changes in population size (increasing or decreasing)	17.2%
Physical violence, domestic violence	17.2%
Crime and safety, adequate law enforcement personnel	13.8%
Racism, prejudice, hate, discrimination	13.8%
Active faith community	10.3%
Traffic safety (speeding, road safety, drunk/distracted driving)	10.3%
Sexual abuse/assault	10.3%
Stalking	10.3%
Fear of crime against me or my property	6.9%
Air quality	6.9%
Litter (amount of litter, adequate garbage collection)	6.9%
Cost of public transportation	6.9%
Seatbelt use	6.9%
Dating violence	3.6%

Respondents ranked several health services concerns in the Bottineau County area. The top five areas of health services concerns include mental health and substance abuse/treatment services, health care worker retainment, cost of health insurance, and the number of health care staff in general.

Exhibit 3: Health Services Concerns, Bottineau County Respondents

<i>Health Services Issues</i>	<i>More of a concern</i>
Availability of mental health services	80.8%
Availability of substance abuse/treatment services	69.2%
Ability to retain doctors and nurses in the area	61.5%
Cost of health insurance	61.5%
Not enough health care staff in general	53.8%
Availability of specialists	50.0%
Adequacy of health insurance (concerns about out-of-pocket costs)	50.0%
Availability of doctors and nurses	46.2%
Availability of women's health services/prenatal care	42.3%
Cost of health care services	42.3%
Cost of prescription drugs	36.0%
Ability to get appointments for health services	34.6%
Services to help people learn about, and enroll in, programs that provide financial support for people needing health care	30.8%
Transportation services for people needing to go to doctor's appointments or the hospital	30.8%
Availability of public health professionals	26.9%
Sharing of information between health care providers for coordination of care	26.9%

<i>Health Services Issues</i>	<i>More of a concern</i>
Emergency services (ambulance & 911) available 24/7	26.9%
Extra hours for appointments, such as evenings and weekends	23.1%
Providers using electronic health records	23.1%
Patient confidentiality	23.1%
Quality of care	23.1%
Availability of wellness and disease prevention services	20.0%
Availability of vision care	19.2%
Understanding where and how to get health insurance	15.4%
Health care services for people experiencing homelessness	15.4%
Availability of dental care	7.7%
Adequacy of Indian Health Service or Tribal Health services	3.8%

Respondents ranked several concerns of physical health, mental health and substance use services for adults in the Bottineau County area. The top five areas of concern include counseling services for mental health issues, depression, programs to help substance use disorder patients stay healthy, stress, and suicide.

Exhibit 4: Adult Physical Health, Mental Health, and Substance Abuse Concerns, Bottineau County Respondents

<i>Physical Health, Mental Health, and Substance Abuse ADULT Issues</i>	<i>More of a concern</i>
Counseling services for mental health issues such as depression, anxiety, and others for adults	80.8%
Depression	69.2%
Programs to help to recover drug and other substance use disorder patients stay healthy	60.0%
Stress	57.7%
Suicide	57.7%
Drug use and abuse (including prescription drug abuse, marijuana, and opioids)	57.7%
Alcohol use and abuse (including binge drinking)	46.2%
Heart disease	42.3%
Cancer	42.3%
Smoking and tobacco use	42.3%
Diabetes	40.0%
Obesity/overweight	38.5%
Drug and other substance abuse education and prevention	38.5%
Use of alternate tobacco products (e-cigarettes, vaping, hookah, Juul)	38.5%
Wellness and disease prevention, including vaccine-preventable diseases	34.6%
Dementia/Alzheimer's disease	34.6%
Lung disease (emphysema, COPD, asthma, etc..)	26.9%
Support services for adults with developmental disabilities	26.9%
Not getting enough exercise	26.9%
Poor nutrition, poor eating habits	26.9%

<i>Physical Health, Mental Health, and Substance Abuse ADULT Issues</i>	<i>More of a concern</i>
Exposure to secondhand smoke	23.1%
Use of smokeless tobacco products (chewing tobacco)	23.1%
Diseases that can be spread, such as sexually transmitted diseases	19.2%

Respondents ranked several concerns of physical health, mental health, and substance use services for youth in the Bottineau County area. The top five areas of concern include youth mental health, counseling services for mental health issues, youth suicide, school-based mental health support, and illegal drug use.

Exhibit 5: Youth Physical Health, Mental Health, and Substance Abuse Concerns, Bottineau County Respondents

<i>Physical Health, Mental Health, and Substance Abuse YOUTH Issues</i>	<i>More of a concern</i>
Youth mental health	88.5%
Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	88.5%
Youth suicide	80.8%
School-based mental health support for children	76.0%
Use of illegal drugs (methamphetamines, heroin, cocaine)	65.4%
Youth use of alternate tobacco products (e-cigarettes, vaping, hookah, Juul)	61.5%
Youth use of smokeless tobacco products (chewing tobacco)	57.7%
Youth drug use and abuse (including prescription drug abuse and marijuana)	53.8%
Services or education to help reduce teen pregnancy	50.0%
Youth sexual health (including sexually transmitted infections)	50.0%
Youth tobacco use	48.0%
Youth hunger and poor nutrition	42.3%
Teen pregnancy	42.3%
Youth crime	42.3%
Support services for children with developmental disabilities	42.3%
Not enough youth activities	40.0%
Youth exposure to secondhand smoke	38.5%
Youth obesity	34.6%
Youth graduating from school	23.1%

When asked about services needed for the aging population, over 50% of survey respondents ranked long-term/nursing home care options, assisted living options, and availability of resources to help the elderly stay in their homes as more of a concern.

Exhibit 6: Aging Population Concerns, Bottineau County Respondents

<i>Aging Population Issues</i>	<i>More of a concern</i>
Long-term/nursing home care options	60.0%
Assisted living options	60.0%

<i>Aging Population Issues</i>	More of a concern
Availability of resources to help the elderly stay in their homes (home health, senior meals, etc.)	52.0%
Availability of resources for family and friends caring for elders	45.8%
Being able to meet the needs of the older population	44.0%
Availability of activities for seniors	36.0%
Cost of activities for seniors	24.0%

Access Audit

Access audits calls are an effective way to evaluate the communities' access to health care services within the Bottineau County area – *not to profile any site*. The goal of conducting access audits is to understand practical access to health care and other services and barriers experienced by community members seeking care. Results provide insight to access gaps, improvement strategies, and service variations. The service sites were called on the telephone by Crescendo, seeking to schedule an appointment or to learn about other factors that potentially impact community members' access to services.

Calls were made at different times throughout the day in mid-October 2022. Six calls were attempted across the service area, all of which resulted in the caller being connected to a staff person.

Ability of the site or facility to accept new patients

Of the health care sites, all are accepting new patients, although in a few instances, not all providers were accepting new patients. Wait times for an appointment ranged depending on the facility type and/or services offered. Health department sites for routine vaccinations for instance, were available within hours, while primary care appointments were commonly available within three weeks to two months, with availability often varying by provider within a practice or medical group. Wait times to see a specialist in the county had longer wait times due to the rotation of visiting specialists in Bottineau County. Staff commonly inquired specific services being sought in order to provide a specific estimate of provider and/or appointment availability.

Ability of the facility to answer questions and refer the caller elsewhere when the desired services are unavailable

The vast majority of sites contacted had staff members who were friendly and informative, often anticipating patient questions and providing specific information without it being explicitly requested by the caller. The staff members asked questions to assess the appropriate level of care needed and were willing to explain the process of becoming a new patient to the caller. Staff told the caller the names of providers and asked if they had a preference of seeing a doctor or physician assistant.

How staff asks questions to define prospective patient's needs

All staff members asked questions to ensure that their facilities' services aligned with the caller's needs. Staff members often proactively asked what type of insurance the caller had to make sure that the site accepts their insurance to help the caller to avoid paying out of pocket for services. Beyond insurance coverage, other probing questions intended to tailor service appropriateness included inquiries about caller (and/or family member's) age, if the requested information was on behalf of a family member. When services for children were not available at the site, staff members directed the caller to resources in the surrounding region.

Ease of speaking with a person

The ease of speaking with a person was easy and efficient. All calls were answered immediately by staff members with a friendly voice and were eager to help the caller. A few calls were directed to another line so that another staff member was able to give further information regarding specific needs and numbers needed to fax over patient records prior to the appointment.

Needs Prioritization

The Needs Prioritization Process brought together the summary of results from the secondary research data, qualitative research themes, and the community survey.

A detailed list of 29 needs were identified for SMP Health St. Andrew's service area through both qualitative and quantitative data, which is a unique process essential to building consensus between organizational leadership, community members, and partnering agencies on which interventions to initiate and implement within the service area. St. Andrew's leaders and community experts participated in a modified Delphi process by which they ranked and rated each of the community needs identified in the qualitative and quantitative research (see Appendix D for full list).

The final step of the Delphi process included a meeting of St. Andrew's leaders to discuss the results of the Prioritization Process (see list of 15 needs below) along with any other observations that may have been missed along the way (see Appendix E for the presentation). The group utilized a score metric that measured community partnership and feasibility, resources and capacity, and timeline. The group also compared and discussed the rankings of each need in the community survey relative to the prioritization survey and discussed disparities across Bottineau County. The individual needs were also grouped to weigh the relative acuity of broad, high-level domains of need.

Rank	Need	Mission/Vision	Degree of Control	Timeline
1	Increase the number of mental health providers for adults	Yes	Partner/Collaborate	1.5 years
2	Increase the number of mental health providers for children and youth	Yes	Partner/Collaborate	2-3 years
3	Increase the number of prescribing mental health providers (i.e., psychiatrists)	Yes	Partner/Collaborate	1.5 years
4	Improve school-based mental health support for children and youth	Yes	Support/Advocate	3+ years
5	Improve drug and other substance abuse early intervention and prevention services	Yes	Support/Advocate	3+ years
6	Increase availability of resources to help seniors stay in their homes (e.g., home health, senior meals, etc..)	Yes	Support/Advocate	3+ years
7	Improve care coordination between the hospital and other clinics, private doctors, or other health service providers	Yes	Partner/Collaborate	Within year 1
8	Increase drug and other substance abuse treatment services	Yes	Support/Advocate	3+ years
9	Increase or promote opportunities for physical fitness	Yes	Support/Advocate	2-3 years
10	More intentionally engage the Native American community in health and wellness initiatives	Yes	Support/Advocate	3+ years
11	Increase access to affordable quality childcare	No	Support/Advocate	3+ years
12	Increase access to affordable rental housing	No	Support/Advocate	3+ years
13	Increase access to specialty health care providers in the community (i.e., neurologists, endocrinologists)	Yes	Partner/Collaborate	2-3 years
14	Increase awareness of services or programs to help people learn about, and enroll in, programs that provide financial support for people needing health care	Yes	Partner/Collaborate	Within year 1
15	Increase case management services for people with complex chronic health conditions	Yes	Lead	2.5 years

Organizational History⁷

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Facility timeline⁸:

1911 St. Andrew’s Health Center was founded by Father Joseph L. Andrieux, Pastor of St. Mark’s Church, in collaboration with Dr. J.A. Johnson, Dr. Alexander Russell MacKay, and other community leaders. He obtained a building from the School of Forestry located on the bank of the creek.

1913 With the Provincial Superior of the Sisters of Mary of the Presentation, Fr. Andrieux arranged to employ sisters for the health care facility. The first of these sisters arrived in September. After staffing rose to seven sisters, the hospital opened on October 10, 1913.

1918 A new hospital building was erected.

1920-1921 In six months between these years, three of the founding sisters died (Sr. Olympe, Sr. Marie Gildas, and Sr. Gilbert). A hospital staffed by the sisters in Spring Valley, IL provided much needed assistance by sending two nurses (Sr. Marie Rosaire [Mother Rose] and Sr. Joseph).

1928 The hospital building that was erected in 1918 needed upgrades to accommodate the Bottineau community. Its size was doubled by the addition of a new wing, which included 22 rooms and two large wards that were able to house over 40 patients.

1938 A four-story nurse’s dormitory was built with accommodations for 50 students.

1956 A grant from the Ford Foundation was used in the construction of a new ambulance entrance and a new wing, which housed new obstetrics, central service, and laundry departments.

1959 To invite greater community involvement in the operation of St. Andrew’s, an advisory board was organized. The board coordinated the facility’s first fundraiser for an x-ray machine and boiler equipment the following year. The goal was to raise \$35,000. The fund drive netted \$29,613.

1966 The health care facility required additional upgrades, and another fundraiser was launched. The total expansion project cost was \$2.2M and was completed in 1970. This is the present St. Andrew’s.

1986 The 1957 addition was renovated into 14 apartments.

⁷ [SMP Health. St. Andrew’s About Us, 2019](#)

⁸ [SMP Health. St. Andrew’s Facility History, 2019](#)

1993 St. Andrew's changed its name from St. Andrew's Hospital and Nursing Home to St. Andrew's Health Center.

1996 The nurse's dorm was demolished, and apartments were constructed on the southeast side of the facility.

1999 The former ambulance garage and conference room on the northwest side of the health care facility were remodeled to become St. Andrew's Clinic, which now includes nine exam rooms and a minor surgery room.

2000 (July) St. Andrew's was designated as both a Level IV Trauma and a Critical Access Hospital. A number of changes were made to meet requirements of Critical Access Hospital designation.

2001 (September 30) St. Andrew's de-certified its nursing home beds.

2002 (December) The 1986 apartment space was allocated into offices and storage space.

2004 (July 1) St. Andrew's was designated as a Trauma Level V hospital.

2004 (October 1) St. Andrew's Clinic changed its designation to a Rural Health Clinic.

2001-2005 St. Andrew's had a campaign drive to assist with its financial viability.

2014 (May) The emergency room renovation project was completed, expanding from a 2-bed to a 4-bed emergency room. A campaign drive assisted to fundraise for the project.

2016 (February) The St. Andrew's Health Center Auxiliary made the difficult decision to disband. In addition, St. Andrew's Health Center had a generator upgrade to meet the ND Life Safety Code requirements. The new generator provides 500kw of power which is sent to necessary medical equipment, patient rooms, bathrooms, and hallways.

2021 (October 1) St. Andrew's changed its name from St. Andrew's Health Center to SMP Health – St. Andrew's.

Currently St. Andrew's is currently licensed as a 25-bed Critical Access Hospital with a Rural Health Clinic and 14 apartment units called St. Andrew's Apartments. Although the original hospital that Fr. Andrieux initiated in 1913 has now been completely replaced, we will forever remember our beginnings.

Mission and Values⁹

Mission

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- *Teamwork:* Working together we create a team atmosphere by which we support one another, remembering we are all equal and all work to fulfill our mission.

⁹ [SMP Health. St. Andrew’s Our Mission, 2019](#)

Methodology, Purpose, and Data Limitations

Methodology

The CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of stakeholders and health care consumers – especially those from underserved populations. The methodology that was used helps prioritize the needs and establish a basis for continued community engagement, in addition to simply developing a broad, community-based list of needs.

The major sections of the methodology and report include the following:

- **Strategic Secondary Research:** This type of research includes a thorough analysis of previously published materials that provide insight regarding the community profile and health-related measures.
- **Qualitative Interviews:** This form of primary research includes stakeholder interviews with SMP Health St. Andrew's leadership, other community service and health care providers, and health care consumers who represent a span of health care consumers in the service area.
- **Community Survey:** Crescendo conducted an online survey with more 100 responses from community members. Survey results and analysis can be found in this report. The survey instrument is contained in the appendix.
- **Access Audit:** The Crescendo Team conducted access audits to understand practical access to care issues perceived by community service clients. Access audits, or "mystery shopper" calls, are a highly effective way to evaluate customer service data and consumer-level access to care issues.
- **Needs Prioritization:** Following the secondary research, qualitative interviews, and community survey, a large list of community health-related issues was generated. Project leadership group members participated in a needs prioritization meeting where top needs were discussed, along with SMP Health St. Andrew's locus of control for each item.

Community Health Needs Assessment Purpose and Goals

As part of Section 501 (r) (3) requires all charitable tax-exempt hospital organizations to complete a community health needs assessment (CHNA) every three years. The CHNA assesses the unmet need for health services in the hospital's service area.¹⁰

The purpose of the SMP Health St. Andrew's CHNA is to identify and prioritize community needs. In doing so, it will also provide a solid technical platform to analyze population health at a county level (based on the actual service area), categorize factors associated with access to care and health care

¹⁰ Internal Revenue Service. Community Health Needs Assessment for Charitable Hospital Organizations- Section 501 (r) (3), 2021 <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

utilization, finely tune outreach activities, highlight the most significant causes of morbidity and mortality, strengthen the existing community health activities, and use collaborative outreach to highlight other unique health care needs or characteristics that impact health status and primary care.

The goal of the CHNA is to help develop and drive the activities that impact people's health the most, address the most urgent needs, and otherwise respond to the highest priority needs within SMP Health St. Andrew's purview.

Public Health Involvement

Throughout SMP Health St. Andrew's CHNA process, public health has been involved through the participation of stakeholder interviews, focus groups, and community survey development and dissemination.

Outreach to Underserved or High-Need Communities

SMP Health St. Andrew's provides a host of benefits to the communities in Bottineau County, including those who are underserved. St. Andrew's has caring programs such as Charity Care for those patients who need financial assistance and qualify for the programs. More information about the programs and the application can be found here: <https://smphealth.org/standrews/resources/>

Data Limitations

In general, the secondary data utilizes the most current data sets available. The dramatic changes in 2020 and 2021 due to the COVID-19 pandemic may have impacted some of the traditional projection tools, source data, and data collection methods. For example, the American Community Survey (ACS) which provides detailed population and housing information revised its messaging, altered their mailout strategy, and made sampling adjustments to accommodate the National Processing Center's staffing limitations.¹¹ Where relevant, the impacts or new data due to the COVID-19 pandemic are noted.

In this report, some secondary data measures are only available at the county level and not at the zip code level. There are tables throughout this report where SMP Health St. Andrew's service area is generalized into Bottineau County instead of the service area by zip code.

¹¹ See U.S. Census Bureau: <https://www2.census.gov/ces/wp/2021/CES-WP-21-02.pdf>

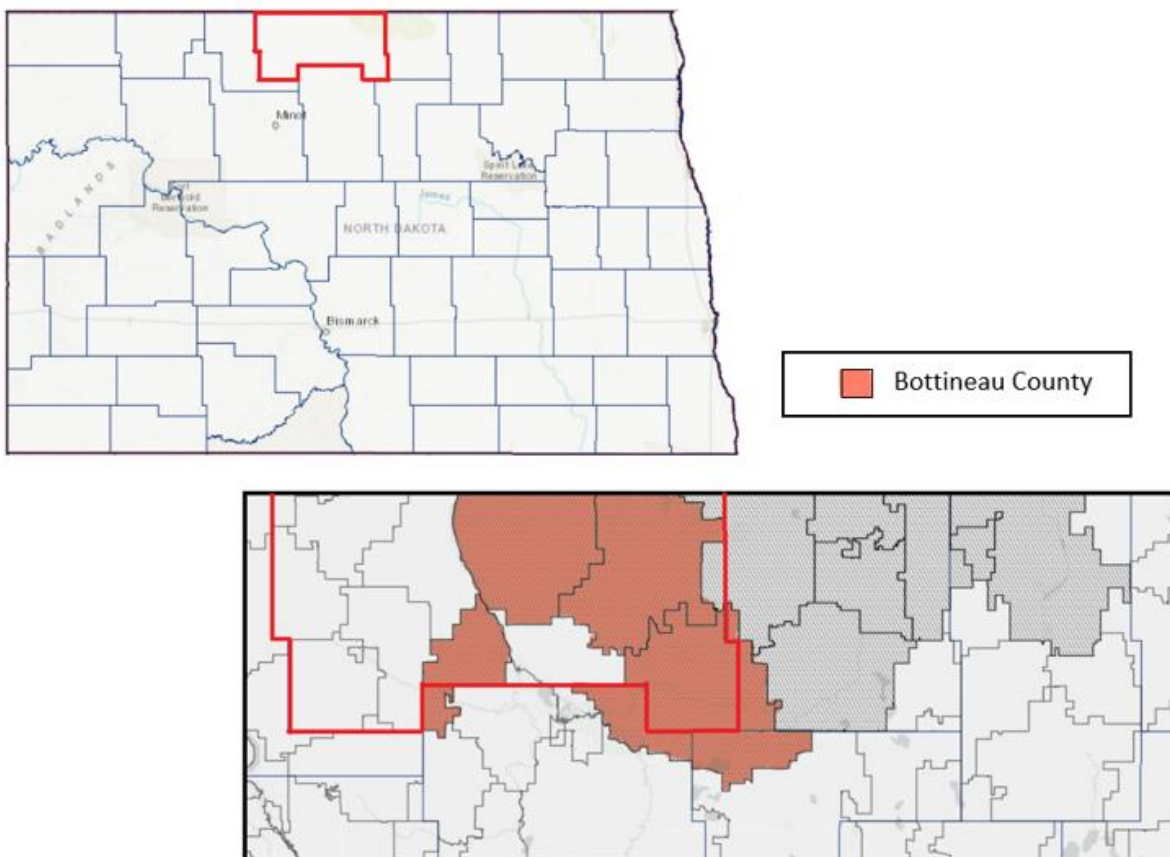
Overview of Communities Served

SMP Health St. Andrew's primary service area is defined by five zip codes in Bottineau County. The five Zip Code Tabulation Areas (ZCTAs) include 58318, 58384, 58739, 58762, and 58783. ZCTAs for 58739 is not available in the United States Census which is why the ZCTA is not included in the aggregated secondary data.

SMP Health St. Kateri primary service area is defined by seven zip codes in Rolette County and Towner County. The five zip codes in Rolette County include 58316, 58329, 58366, 58367, and 58369. The two zip codes in Towner County include 58339 and 58365.

Exhibit 1 displays SMP Health St. Andrew's primary service area which is shaded in red (lower graphic). The areas shaded in gray are the service area for SMP Health St. Kateri. In each graphic, Bottineau County boundaries are outlined in bright red.

Exhibit 1: SMP Health St. Andrew's Service Area



Social Vulnerability Index

As part of county-specific summaries, there are data change tables utilizing The Social Vulnerability Index (SVI) model. The SVI was developed by the U.S. Centers for Disease Control and Prevention as a way to use population data to identify vulnerable populations. The SVI may be used to rank overall population well-being and mobility relative to County and State averages. Measures are grouped into four major categories: Socioeconomic Status, Household Composition and Disability, Minority Status and Language, and Housing and Transportation. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies, including pandemics.¹²

Socioeconomic Status	Below Poverty Unemployed Income No High School Diploma
Household Composition & Disability	Aged 65 + Aged Below 18 Disabled Single-Parent Households
Minority Status & Language	Ethnic/Racial Minority Don't Speak English
Housing Type & Transportation	Multi-Unit Structures Mobile Homes No Vehicle Group Quarters

¹² [Agency for Toxic Substances and Disease Registry, CDC/ATSDR Social Vulnerability Index.](#)

The following table highlights factors that impact the needs of those most vulnerable in SMP Health's service area.

Exhibit 2: Social Vulnerability Index

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	Towner County
Total population	326,569,308	760,394	7,818	14,350	1,733
Below poverty	12.8%	10.5%	10.1%	27.1%	19.3%
Unemployed	3.4%	2.1%	2.9%	4.0%	4.4%
Median income	\$64,994	\$65,315	\$74,960	\$47,217	\$55,193
9 th – 12 th grade, no diploma	6.6%	4.2%	3.3%	8.2%	4.9%
Age 65+	16.0%	15.3%	20.5%	12.7%	14.9%
Under 18 years	22.4%	23.4%	25.2%	34.8%	41.2%
Population living with a disability	12.7%	10.9%	18.1%	16.6%	14.9%
Ethnic/racial minority	39.9%	16.3%	11.9%	63.1%	59.4%
Speak English less than "very well"	8.2%	1.9%	1.5%	3.3%	4.0%
Multi-unit housing structures	26.1%	29.9%	22.5%	19.3%	24.3%
Mobile homes	6.0%	7.1%	10.1%	22.1%	9.6%
No vehicle	8.5%	5.1%	3.8%	11.7%	8.1%
Group quarters ¹³	2.5%	3.3%	5.5%	1.1%	0.0%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Both counties in St. Kateri service area have a higher percentage of the population below poverty than state and national percentages (Rolette County service area 27.1%, Towner County service area 19.3%).
- In St. Kateri service area, approximately 4.0% of people are unemployed.
- The median income is highest in St. Andrew's service area (\$74,960) and lowest in St. Kateri's service area (\$47,217 Rolette County service area, \$55,193 Towner County service area). It is important to note that high income levels often mask hidden poverty.
- St. Kateri's Rolette County has the highest percentage of residents who do not have a high school diploma (8.2%).
- St. Andrew's service area has the highest percentage of people who are 65 years and older.
- In both St. Andrew's and St. Kateri's service areas, there are more people under 18 years old than state and national percentages. Approximately 25.2% of the people are under 18 years old

¹³ A group quarters is a place where people live or stay, in a group living arrangement, that is owned or managed by an entity or organization providing housing and/or services for the residents

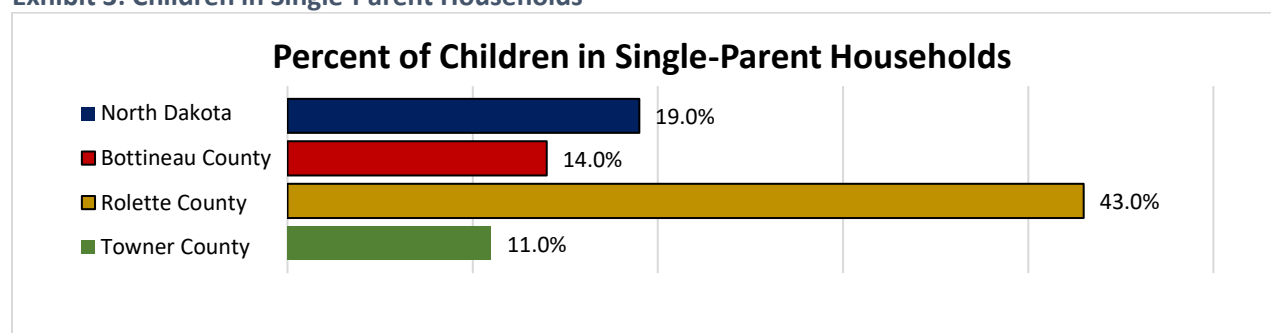
and 34.8% of people in St. Kateri Rolette County service area, and 41.2% of people in St. Kateri Towner County service area are under 18 years old.

- St. Andrew's service area has the highest percentage of people living with a disability (18.1%), followed by St. Kateri Rolette County (16.6%) and St. Kateri Towner County (14.9%).
- Higher than state and national percentages, St. Kateri has the highest percentage of people who identify as ethnic/racial minority (Rolette County 63.1%, Towner County 59.4%).
- Approximately 4.0% of the population in St. Kateri Rolette County service area speak English less than very well and a little over 3.0% in Towner County service area speak English less than very well.
- In both hospital service areas, the percentage of multi-unit housing structures is lower than the North Dakota state percentage.
- The percentage of people living in mobile homes is higher in both hospital service areas than state and national percentages. In St. Kateri Rolette County service area 22.1% of residents live in mobile homes.
- In St. Kateri Rolette County service area 11.7% of people have no vehicle and 8.1% of St. Kateri Towner County service area do not have a vehicle.
- St. Andrew's Bottineau County service area has the highest percentage of residents living in group quarters (5.5%).

Adverse health outcomes including mental illness, unhealthy behaviors, severe morbidity, and all-cause mortality are more common for children in single-parent households than in two-parent households.¹⁴

Rolette County has the greatest percentage of children that live in a household that is headed by a single parent.

Exhibit 3: Children in Single-Parent Households



Source: [County Health Rankings. Children in Single Parent Households, 2016-2020](#)

- Approximately 43.0% of children in Rolette County live in single-parent households which is more than two times higher than the state average and more than three to four times higher than Bottineau and Towner counties.

¹⁴ Anderson, J. The impact of family structure on the health of children: Effects of divorce, 2014.

Demographics

The demographic profile of St. Andrew's service area



Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

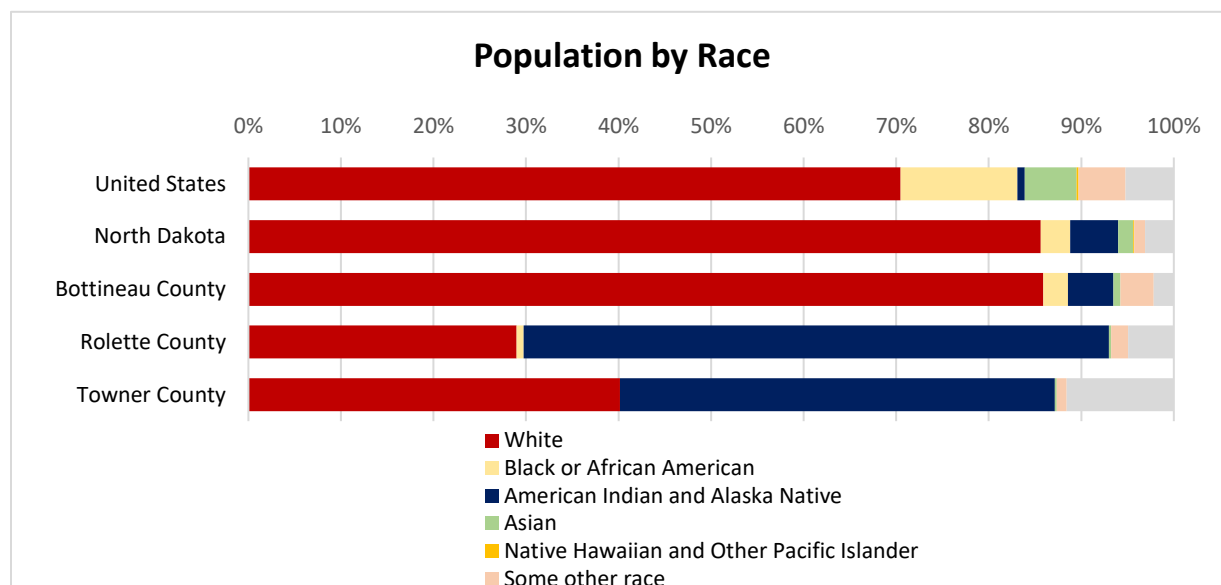
At SMP St. Andrew's, the majority of the population is primarily White. At SMP St. Kateri, a large percentage of the population is American Indian and Alaska Native.

Exhibit 4: Population by Race and Ethnicity

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	Towner County
Total population	326,569,308	760,394	7,818	14,350	1,733
White	70.4%	85.7%	90.8%	38.1%	40.6%
Black or African American	12.6%	3.2%	2.8%	1.0%	0.0%
American Indian and Alaska Native	0.8%	5.2%	5.2%	83.2%	47.5%
Asian	5.6%	1.6%	0.8%	0.3%	0.2%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.0%	0.0%	0.0%
Some other race	5.1%	1.2%	3.8%	2.4%	1.1%
Two or more races	5.2%	3.1%	2.3%	6.5%	11.7%
Hispanic or Latino	18.2%	4.0%	7.5%	3.3%	4.5%
Not Hispanic or Latino	81.8%	96.0%	95.1%	97.7%	95.6%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

Exhibit 5: Distribution of Population, by Race



- The population who identifies as Black or African American in St. Andrew's service area is nearly triple that of St. Kateri.
- The population who identifies as Hispanic or Latino accounts for 7.5% of the population at St. Andrew's, higher than the percentage in North Dakota (4.0%).
- Approximately 83.2% of the population at the Rolette County service area at St. Kateri is American Indian and Alaska Native while 47.5% are American Indian and Alaska Native at the Towner County service area.
- Residents who identify as two or more races in the St. Kateri service area make up a larger percentage of the population than the North Dakota state percentage.

The median age of the population is oldest at St. Andrew's Bottineau County service area and youngest at St. Kateri Towner County service area.

Exhibit 6: Population by Sex and Age

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	St. Kateri Towner County
Total population	326,569,308	760,394	7,818	14,350	1,733
Male	49.2%	51.2%	53.0%	49.4%	52.2%
Female	50.8%	48.8%	47.3%	50.8%	47.8%
Median age	38.2	35.2	39.7	30.5	25.0
Under 5	6.0%	7.0%	9.0%	9.3%	11.2%

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	Towner County
5 to 9	6.1%	6.6%	7.2%	9.8%	12.3%
10 to 14	6.5%	6.3%	7.2%	11.1%	12.0%
15 to 19	6.5%	6.3%	6.4%	8.2%	7.6%
20 to 24	6.7%	8.3%	5.2%	6.1%	7.3%
25 to 34	13.9%	15.2%	15.4%	11.9%	9.8%
35 to 44	12.7%	11.9%	11.3%	11.6%	9.0%
45 to 54	12.7%	10.6%	11.3%	11.2%	7.0%
55 to 59	6.7%	6.3%	7.3%	7.8%	4.6%
60 to 64	6.2%	6.1%	7.0%	5.4%	5.3%
65 to 74	9.4%	8.4%	11.7%	7.8%	6.8%
75 to 84	4.7%	4.5%	6.1%	3.5%	4.8%
85 +	2.0%	2.3%	3.5%	3.0%	3.5%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- The Towner County service area has the highest number of residents that are less than 14 years old.
- Bottineau County accounts for the highest percentage of older adults aged 60 years and older.

Similar to the United States and North Dakota generally, the vast majority of residents in the three market areas speak only English. However, there is a presence of residents whose primary language is other than English.

Exhibit 7: Languages Spoken

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	Towner County
English only	78.5%	94.0%	95.1%	96.5%	92.6%
Language other than English	21.5%	6.0%	6.2%	4.5%	7.5%
Spanish	13.2%	1.9%	5.5%	1.8%	1.7%
Other Indo-European languages	3.7%	2.0%	1.3%	1.2%	0.7%
Asian and Pacific Islander languages	3.5%	0.9%	0.4%	1.2%	1.5%
Other languages	1.1%	1.2%	0.3%	1.9%	3.7%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- At the St. Andrew's Bottineau County service area, approximately 6.2% of the population speaks a language other than English and 7.5% in St. Kateri Rolette County.
- Bottineau County has nearly double the number of Spanish-speaking residents as St. Kateri.

St. Andrew's service area has a slightly higher population living with a disability than St. Kateri service area.

Exhibit 8: People Living with a Disability

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	Towner County
Population living with a disability	12.7%	10.9%	18.1%	16.6%	14.9%
Male	12.5%	11.3%	19.5%	17.0%	12.65
Female	12.8%	10.5%	16.8%	17.2%	18.2%
White	13.3%	11.0%	19.3%	68.9% ¹⁵	25.1%
Black or African American	14.0%	7.5%	15.3% ¹⁶	16.8%	ND
American Indian and Alaska Native	16.9%	15.0%	16.3% ¹⁷	ND	12.5%
Asian	7.2%	5.8%	ND	ND	ND
Native Hawaiian and Other Pacific Islander	11.3%	8.6%	ND	ND	ND
Some other race	9.1%	5.5%	43.5% ¹⁸	ND	ND
Two or more races	10.4%	10.4%	ND	17.0%	4.0% ¹⁹
Hispanic or Latino	9.2%	8.5%	17.8%	39.1%	ND
Not Hispanic or Latino	14.0%	11.1%	19.8% ²⁰	20.2%	25.1%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Residents of Bottineau County have the highest percentage of the population living with a disability. Of those reporting a disability, approximately 19.3% are White, 15.3% are Black or African American, 16.3% are American Indian and Alaska Native, 43.5% are some other race, 17.8% are Hispanic or Latino, and 19.8% are not Hispanic or Latino.
- In Rolette County, 39.1% of residents reporting a disability are Hispanic or Latino. Residents identifying as two or more races make up 17.0% of those with a disability, and Black or African American at 16.8%.

¹⁵ No data available for zip codes 58329, 58367

¹⁶ No data available for zip codes 58762, 58783

¹⁷ No data available for zip codes 58783

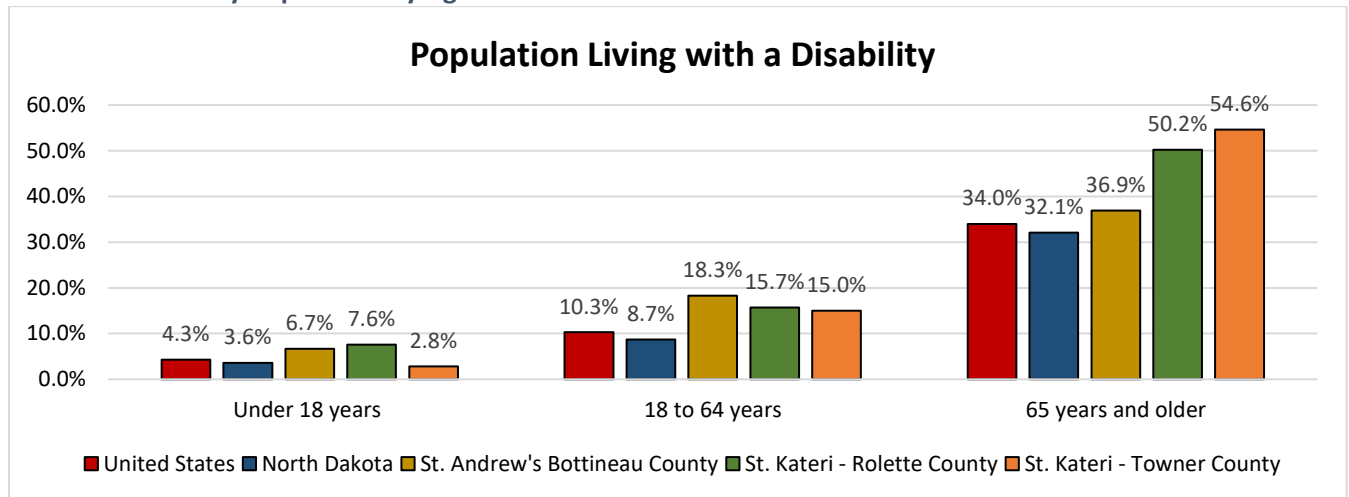
¹⁸ No data available for zip codes 58762, 58783

¹⁹ No data available for zip code 58339

²⁰ No data available for zip codes 58783

Across age groups, the population living with a disability by age is highest in those who are 65 years and older.

Exhibit 9: Disability Population by Age



Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- In St. Kateri's two service area counties 50.2% of those living with a disability live in Rolette County and 54.6% live in Towner County are 65 years and older.

While there are some variations on specific measures, the population of people living with a disability in the service areas has generally higher percentages of those living with ambulatory, cognitive, hearing, self-difficulty, and living independently difficulties than state and national averages.

Exhibit 10: Disability Population by Type

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	St. Kateri Towner County
Population living with a disability	12.7%	10.9%	18.1%	16.6%	14.9%
Hearing difficulty	3.6%	3.7%	7.0%	4.4%	7.5%
Vision difficulty	2.4%	2.0%	5.0%	4.1%	3.8%
Cognitive difficulty	5.1%	4.2%	8.4%	5.7%	5.1%
Ambulatory difficulty	6.8%	5.1%	8.4%	10.9%	8.1%
Self-difficulty	2.6%	1.7%	2.7%	2.7%	2.9%
Independent living difficulty	5.8%	4.0%	6.5%	6.8%	9.5%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- The percentage of residents in Towner County (7.5%) living with a hearing difficulty is more than double national and state percentages (3.6%, 3.7%, respectively). Bottineau County is a close second at 7.0%.

- Bottineau County has the highest number of residents living with a cognitive difficulty (8.4%), which is double the state percentage (4.2%).
- The percentage of residents living with an ambulatory difficulty in Rolette County is double the state percentage (10.9%, 5.1%, respectively).

Social Determinants of Health

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and grow older. These factors affect a wide range of health, functioning, and quality-of-life outcomes and risks.

These conditions contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.²¹

Exhibit 11: Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				
Health Outcomes Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					

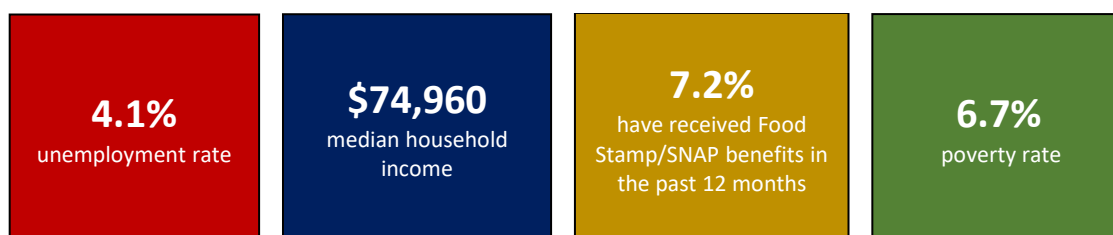
Source: Kaiser Family Foundation

²¹ [U.S. Department of Health and Human Services. Healthy People 2030, Social Determinants of Health.](#)

Economic Stability

Economic stability includes a wide range of factors not limited to employment, individual and family income, expenses, medical debt, and support.²² People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to die from preventable diseases.²³ Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates, and other poor health outcomes.²⁴

The economic profile of St. Andrew's service area



Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

Across both hospitals' service areas, over half of the working age population is employed. The unemployment rate is highest in St. Kateri Towner County (7.4%) service area and lowest in St. Andrew's Bottineau County (4.1%) service area.

Exhibit 12: Employment Status

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	St. Kateri Towner County
Population 16 years and over	261,649,873	599,849	6,134	9,986	1,089
Employed	59.6%	66.9%	63.2%	52.4%	54.7%
Unemployed	3.4%	2.1%	2.9%	4.0%	4.4%
Civilian labor force	63.0%	69.1%	66.0%	56.2%	59.0%
Armed forces	0.4%	1.2%	0.0%	0.0%	0.0%
Not in labor force	36.6%	29.7%	34.5%	45.0%	41.2%
Unemployment rate	5.4%	3.1%	4.1%	6.9%	7.4%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

²² Kaiser Family Foundation. [Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018.](#)

²³ U.S. Department of Health and Human Services. [Healthy People 2030. Social Determinants of Health, Economic Stability.](#)

²⁴ American Academy Of Family Physicians, Poverty & Health. The Family Medicine Perspective, April 2021. [Link to source: www.aafp.org/about/policies/all/poverty-health.html](http://www.aafp.org/about/policies/all/poverty-health.html)

Across both hospitals' service areas, the largest employment category is educational services, health care, and social assistance.

Exhibit 13: Employment by Industry

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	Towner County
Civilian employed population, 16 years and older	155,888,980	401,579	3,869	5,180	594
Agriculture, forestry, fishing and hunting, and mining	1.7%	9.2%	19.1%	10.3%	11.9%
Construction	6.7%	7.4%	8.5%	8.1%	3.1%
Manufacturing	10.0%	6.7%	5.7%	2.1%	1.4%
Wholesale trade	2.5%	3.4%	4.6%	2.2%	2.8%
Retail trade	11.0%	11.3%	12.0%	10.5%	18.6%
Transportation and warehousing, and utilities	5.5%	5.4%	9.3%	3.8%	2.6%
Information	2.0%	1.2%	1.2%	1.4%	1.9%
Finance and insurance, and real estate and rental and leasing	6.6%	5.7%	5.5%	5.5%	1.0%
Professional, scientific, management, administrative, and waste management services	11.7%	6.6%	3.0%	3.4%	4.0%
Educational services, health care, and social assistance	23.3%	26.0%	22.9%	43.9%	37.5%
Arts, entertainment, recreation, and accommodation and food services	9.4%	7.9%	7.2%	10.8%	6.0%
Other services, except public administration	4.8%	4.4%	6.1%	3.4%	4.1%
Public administration	4.7%	4.7%	10.5%	9.7%	9.1%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- The second largest employment industry in St. Andrew's service area is the "Agriculture, forestry, fishing and hunting, and mining" industry. Approximately 19.1% are employed in the industry.
- The second largest employment industry in St. Kateri Rolette County service area is the "Arts, entertainment, recreation, and accommodation and food services" industry with 10.8% employed in the industry.
- The second largest employment industry in St. Kateri Towner County service area is retail trade (18.6%).

Differences between household income across the two hospital service areas are evident. The median annual household income is lowest in St. Kateri's Rolette County service area, almost \$28,000 less than residents of St. Andrew's service area.

Exhibit 14: Annual Household Income

	United States	North Dakota	St. Andrew's	St. Kateri	
			Bottineau County	Rolette County	Towner County
Total households	122,354,219	320,873	3,065	4,366	543
Median household income	64,994	\$65,315	\$74,960	\$47,217	\$55,193
Less than \$10,000	5.8%	5.6%	2.6%	19.0%	11.2%
\$10,000 to \$14,999	4.1%	3.9%	2.8%	4.0%	5.1%
\$15,000 to \$24,999	8.5%	8.0%	11.6%	8.1%	8.6%
\$25,000 to \$34,999	8.6%	8.4%	9.9%	12.5%	7.7%
\$35,000 to \$49,999	12.0%	11.8%	13.9%	13.0%	15.0%
\$50,000 to \$74,999	17.2%	18.7%	19.7%	15.8%	20.4%
\$75,000 to \$99,999	12.8%	14.1%	9.6%	13.3%	13.5%
\$100,000 to \$149,999	15.6%	17.0%	23.1%	14.0%	15.0%
\$150,000 to \$199,999	7.1%	6.3%	9.4%	5.2%	2.4%
\$200,000 or more	8.3%	6.0%	7.7%	3.1%	5.1%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Nearly one-fifth of the residents in Rolette County have an annual household income of less than \$10,000, a substantially higher proportion than national, state, and surrounding service area figures.
- Approximately 23.1% of Bottineau County residents make an income of \$100,000-\$149,999. To contrast, 15.0% of Towner County residents and 14.0% of Rolette County residents make the same income.
- Over 9.0% of residents in Bottineau make \$150,000 or more, whereas only 2.4% of Towner County residents and 5.2% of Rolette County residents make that income.

- Only 3.1% of residents in Rolette County make \$200,000 or more. More than double the proportion of residents in Bottineau (7.7%) are in that income bracket.

The percentage of St. Kateri residents receiving various types of public assistance is consistently higher than national, state, or Bottineau County averages.

Exhibit 15: Income and Benefits

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	Towner County
Social security	31.4%	26.6%	34.4%	30.3%	36.6%
Retirement income	21.1%	15.5%	16.1%	16.3%	17.2%
Supplemental security income	5.2%	2.9%	8.2%	12.5%	9.0%
Cash public assistance income	2.4%	2.0%	2.1%	6.5%	12.0%
Food Stamp/SNAP benefits in the past 12 months	11.4%	6.6%	7.2%	28.8%	24.0%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Approximately 12.5% of the population in the St. Kateri service areas in Rolette County receive supplemental security income.
- Approximately 12.0% of the population in the St. Kateri service areas in Towner County receive cash public assistance income, which is five times the national figure and six times the state figure.
- In the two St. Kateri service areas, approximately 24.0% to 28.8% of the population received food stamps/SNAP benefits in the past 12 months. This is significantly higher than the national (11.4%), state (6.6%), and Bottineau County (7.2%) proportions.

Economically Disadvantaged Populations

Socioeconomic status can be determined by a family's income level, education level, and occupational status. Despite the differences in definition between poverty and socioeconomic status, researchers agree that there is a clear and established relationship between poverty, socioeconomic status, and health outcomes, including increased risk for disease and premature death.²⁵

SMP Health St. Andrew's has the lowest poverty rate (6.7%). St. Kateri's Rolette County service area has the highest rate of poverty, as over a quarter of the population has an income below the poverty level (27.1%).

Exhibit 16: Poverty Rate by Age Group

	United States	North Dakota	St. Andrew's	St. Kateri	
			Bottineau County	Rolette County	Towner County
Poverty rate of total population	12.8%	10.5%	6.7%	27.1%	19.3%
Under 18	17.5%	11.1%	9.9%	36.1%	22.8%
18 to 64 years	12.1%	10.7%	5.8%	23.9%	18.2%
65 years and over	9.3%	8.9%	6.2%	19.2%	12.7%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- The poverty rate by age is highest in those who are under 18 in both hospital service areas.
- Among those under age 18, approximately 36.1% of residents in SMP Health St. Kateri Rolette County are living in poverty, compared to 22.8% in SMP Health St. Kateri Towner County and 9.9% in SMP Health St. Andrew's.

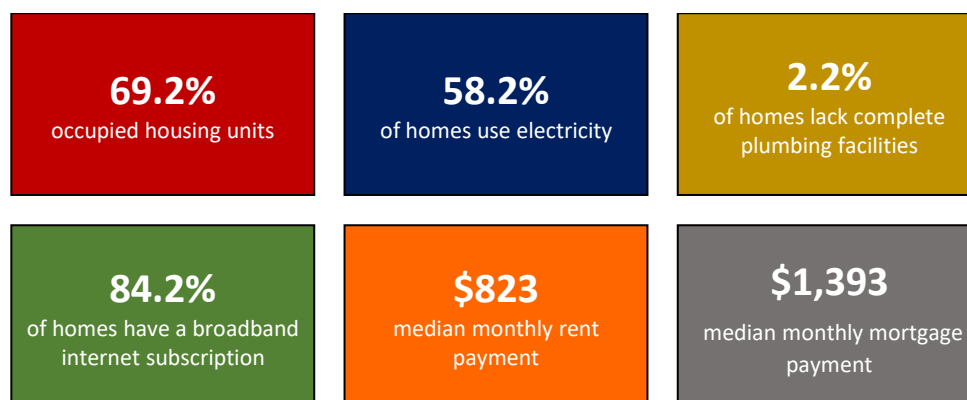
²⁵ [U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Poverty.](#)

Neighborhood and Physical Environment

The neighborhoods people live in have a major impact on their health and well-being. Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. The physical environment includes housing and transportation, parks and playgrounds, and the opportunities for recreational opportunities.²⁶ Understanding the environment within communities can help further understand vulnerable populations.

*Note: Due to granular zip code level data provided by the Census, some of the data in this section is only available at county level.

The housing profile of St. Andrew's service area



Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

Housing quality refers to the physical condition of a person's home as well as the quality of the social and physical environment in which the home is located. Poor-quality housing is associated with various negative health outcomes, including chronic disease and injury and poor mental health.²⁷

Both St. Andrew's and St. Kateri service areas have a lower percentage of occupied housing units than the state or nation. More than one in four housing units are renter-occupied, and these are lower than proportions for the state or nation.

Exhibit 17: Housing Units & Occupancy

	United States	North Dakota	St. Andrew's	St. Kateri	
			Bottineau County	Rolette County	Towner County
Total housing units	138,432,751	376,597	4,524	5,591	687
Occupied housing units	88.4%	85.2%	69.2%	78.2%	80.4%
Vacant housing units	11.6%	14.8%	35.3%	22.2%	25.8%
Owner-occupied	64.4%	62.5%	73.0%	72.3%	63.3%

²⁶ [Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018.](#)

²⁷ [U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health, Quality of Housing.](#)

Renter-occupied	35.6%	37.5%	28.9%	28.8%	37.0%
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Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Across the two hospital service areas over 50.0% of homes are owned (73.0% St. Andrew's Bottineau County, 72.3% St. Kateri Rolette County, and 63.3% St. Kateri Towner County).
- St. Kateri's Towner County service area has the highest percentage of renter-occupied homes (37.0%).

Households that spend over 35.0% of their income on housing are considered housing burdened, which may impact their ability to afford other basic needs and regular home maintenance to maintain a healthy and safe place to live.

Exhibit 18: Selected Monthly Owner Costs as Percentage of Household Income with a Mortgage

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	St. Kateri Towner County
Occupied units paying rent	40,484,226	111,476	716	1,050	200
Less than 15.0%	13.4%	20.9%	41.2%	31.7%	23.6%
15.0 to 19.9%	13.0%	16.4%	10.4%	27.3%	15.9%
20.0 to 24.9%	12.9%	14.3%	11.7%	10.5%	16.5%
25.0 to 29.9%	11.6%	9.8%	7.4%	18.1%	27.7%
30.0 to 34.9%	9.1%	7.0%	7.7%	5.2%	3.1%
35.0% or more	40.0%	31.6%	32.7%	38.3%	23.4%
Median rent	\$1,096	\$828	\$823	\$454	\$629
Housing units with a mortgage²⁸	48,744,731	106,414	1,004	633	102
Less than 20.0%	46.7%	56.1%	65.2%	75.8%	74.0%
20.0 to 24.9%	15.6%	16.2%	10.8%	16.2%	5.0%
25.0 to 29.9%	10.3%	10.1%	11.0%	10.0%	25.0%
30.0 to 34.9%	6.8%	5.3%	2.2%	7.5%	0.0%
35.0% or more	20.6%	12.3%	16.2%	13.2%	11.0%
Median mortgage	\$1,621	\$1,457	\$1,393	\$1,009	\$1,125 ²⁹

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Bottineau County has the highest number of renters that are on the cusp of being house burdened (7.7%).
- The highest percentage of cost burdened renters reside in Rolette County (38.3%). Bottineau County has the second highest percentage of cost burdened renters (32.7%).

²⁸ Excluding units where SMOCAPI (Selected Monthly Owner Costs as a Percentage of Household Income) cannot be computed

²⁹ No data available for zip code 58339

- All three counties have higher than national and state percentages of residents with a mortgage that spend less than 20.0% of their income on housing.
- Notably high, one-fourth of Towner County residents spend 25.0% to 29.9% of their income on housing.
- The number of households that are on the cusp of being housing burdened is high in Rolette County, with 7.5% of households spending 30.0% to 34.9% of their income on housing.
- Of households with a mortgage, approximately 16.2% of St. Andrew's households, 13.2% of St. Kateri Rolette County households, and 11.0% of St. Kateri Towner County households pay over 35.0% of their household income towards housing-related costs.

Over half of homes in SMP Health St. Andrew's service area are heated by utility gas or electricity while the majority of homes in SMP Health's St. Kateri service area are heated by electricity.

Exhibit 19: Sources of Heating Fuel

	United States	North Dakota	St. Andrew's	St. Kateri	
			Bottineau County	Rolette County	Towner County
Occupied housing units	122,354,219	320,873	3,065	4,366	543
Utility gas	47.6%	40.5%	57.5%	2.4%	0.9%
Bottled, tank, or LP gas	4.8%	13.4%	21.5%	32.7%	20.4%
Electricity	39.3%	40.9%	58.2%	61.5%	80.1%
Fuel oil, kerosene	4.6%	2.4%	8.4%	7.1%	6.2%
Coal or coke	0.1%	0.2%	0.8%	0.9%	0.0%
Wood	1.7%	0.4%	2.2%	4.9%	0.0%
Solar energy	0.2%	0.0%	0.0%	0.0%	0.0%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- In St. Andrew's Bottineau County service area, 58.2% of homes are heated by electricity and 57.5% are heated by utility gas.
- In St. Kateri Rolette County, 61.5% of homes are heated by electricity while 80.1% of homes in St. Kateri Towner County are heated by electricity.

Higher than state and national figures, SMP Health’s service areas have more homes that lack complete plumbing and kitchen facilities. Access to a computer and broadband internet subscription is lower in SMP St. Kateri’s than SMP St. Andrew’s, state, and national averages.

Exhibit 20: Selected Housing Indicators

	United States	North Dakota	St. Andrew’s	St. Kateri	
			Bottineau County	Rolette County	Towner County
Lacking complete plumbing facilities	0.4%	0.4%	2.2%	7.9%	0.0%
Lacking complete kitchen facilities	0.8%	0.7%	0.0%	2.8%	3.4%
No telephone service available	1.6%	1.4%	1.3%	5.9%	0.7%
With a computer	91.9%	91.3%	92.5%	76.6%	85.5%
With a broadband internet subscription	85.2%	83.1%	84.2%	70.1%	74.9%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Approximately 7.9% of homes in St. Kateri Rolette County and 2.2% of homes in St. Andrew’s Bottineau County lack complete plumbing facilities.
- Higher than state and national percentages, 2.8% of homes in St. Kateri’s Rolette County and 3.4% of homes in St. Kateri’s Towner County are lacking complete kitchen facilities.
- Slightly over three-quarters of homes in St. Kateri Rolette County have a computer (76.6%).
- Lower than SMP Health St. Andrew’s, state, and national percentages, SMP St. Kateri Rolette County and Towner County have fewer homes with a broadband internet subscription (70.1% and 74.9%, respectively).

Most workers in the hospitals’ service areas drive alone to work and have an average drive time of 12 to 16 minutes. Other means of transportation to work vary across the service area.

Exhibit 21: Means of Transportation to Work

	United States	North Dakota	St. Andrew’s	St. Kateri	
			Bottineau County	Rolette County	Towner County
Mean travel time to work	26.9	17.6	16.2	15.6	12.4
Drove alone	74.9%	80.8%	80.4%	84.8%	84.1%
Carpooled	8.9%	8.9%	6.5%	9.7%	9.4%
Public transportation (excluding taxicab)	4.6%	0.5%	0.7%	0.6%	0.0%
Walked	2.6%	3.2%	6.1%	5.1%	1.4%

Other means	1.8%	1.4%	1.2%	1.1%	1.0%
Worked from home	7.3%	5.2%	7.7%	4.5%	4.3%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Approximately 9.4% to 9.7% of workers who reside in St. Kateri's service areas carpool to work.
- Workers who walk to work make up higher percentages than state and national percentages. Approximately 6.1% of residents in St. Andrew's service area and 5.1% of residents in St. Kateri Rolette County service area walk to work.
- Residents of St. Andrew's service area make up a higher percentage of people who work from home compared to the two service areas of St. Kateri.

Housing Insecure Population

Housing instability encompasses a number of challenges, such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. These experiences may negatively affect physical health and make it harder to access health care. This summary will discuss the cost of housing as well as the health effects of substandard housing and forced evictions. Certain populations may be more affected by housing instability, such as children who move frequently.³⁰

In the state of North Dakota, families, students, and individuals experience homelessness, with approximately 541 reported homeless. Of those reported homeless in 2021, the majority (507) are individuals.

Exhibit 22: Homelessness Point-in-Time Count

	United States	North Dakota
Total homeless population	580,466	541
Sheltered	354,386	507
Unsheltered	226,080	34
Individuals	408,891	371
People in families	171,575	170
Chronically homeless individuals	110,528	87
Veterans	37,252	49
Unaccompanied youth	34,210	45

[National Alliance to End Homelessness. State of Homelessness 2021 Edition, 2020](#)

- Most of the homeless population in the state identified in the Point-in-Time Count is sheltered.
- Over half of the homeless population are individuals (371 people), with 170 people in families that are homeless.

³⁰ [U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Housing Instability.](#)

In Rolette County 2.1% of students are homeless, higher than the North Dakota average (1.4%). Rolette County also has the highest percentage of children in foster care – five times higher than the state average.

Exhibit 23: Youth Housing

	North Dakota	Bottineau County	Rolette County	Towner County
Students who are homeless ³¹ (2020-2021)	1.4%	ND	2.1%	ND
Children in foster care (2020)	1.1%	ND	5.3%	1.5%

Source: [Kids County Data Center, 2020](#)

Compared to Bottineau and Towner counties, Rolette County has the largest number of HUD subsidized housing units.

Exhibit 24: Public Housing Assisted Housing Units

	United States	North Dakota	Bottineau County	Rolette County	Towner County
HUD subsidized housing units	5,098,041	14,200	67	145	46
% occupancy of public housing assisted housing units	89.0%	74.0%	70.4%	43.0%	50.0%
Average months on waiting list for HUD assisted housing units	27	13	ND	3	4

Source: U.S. Department of Housing and Urban Development. Assisted Housing: National and Local, Picture of Subsidized Households, 2021

- In Bottineau County, 70.4% of public housing assisted housing units are occupied.
- The average waiting time to get into public housing is three months in Rolette County. Of available public housing units in Rolette County, 43% are occupied.
- In Towner County 50% of public housing units are occupied.

³¹ "This indicator represents the total unduplicated number of homeless students who are enrolled in North Dakota public schools, for each respective geographic area."

Education

Education is not only about the schools or higher education opportunities within a community.

Education includes the languages spoken, literacy, vocational training, and early childhood education.³²

People with higher levels of education are more likely to be healthier and live longer. Some children live in places with poorly performing schools, and the stress of living in poverty can affect children's brain development, making it harder for them to do well in school.³³

In the service areas for St. Andrew's hospital and St. Kateri's hospital consistent with national and statewide trends, residents aged 25 years or older with a high school diploma make up the highest percentage of educational attainment.

Exhibit 25: Educational Attainment by Population 25 Years and Older

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	Towner County
Population 25 years and older	222,836,834	497,525	5,349	8,243	864
Less than 9 th grade	4.9%	2.7%	3.6%	4.0%	5.8%
9 th – 12 th grade, no diploma	6.6%	4.2%	3.3%	8.2%	4.9%
High school graduate and equivalency	26.7%	26.1%	33.4%	26.6%	23.5%
Some college, no degree	20.3%	22.2%	24.7%	28.7%	29.9%
Associate degree	8.6%	14.1%	12.9%	17.9%	14.6%
Bachelor's degree	20.2%	22.1%	21.6%	14.7%	17.1%
Graduate or professional degree	12.7%	8.6%	6.5%	5.0%	7.4%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- The percentage of residents in Towner County that have less than a 9th grade education (5.8%) is more than double the state level (2.7%) and greater than the national level (4.9%).
- St. Kateri Rolette County service area has a higher percentage of the population with no high school diploma (12.2%), which is nearly double the state level.
- Higher than state and national figures, St. Andrew's Bottineau County service area has the highest percentage of those with a high school diploma alone (33.4%, compared to North Dakota's 26.1% and the national 26.7%).
- St. Andrew's Bottineau County has the highest percentage of those over age 25 holding a Bachelor's degree (21.6%).

³² Kaiser Family Foundation. [Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018.](#)

³³ U.S. Department of Health and Human Services, Healthy People 2030. [Social Determinants of Health, Education Access & Quality.](#)

Food

Food insecurity is defined as the disruption of food intake or eating patterns because of a lack of money and other resources. Food insecurity may be long-term or temporary. It may be influenced by several factors including income, employment, race/ethnicity, and disability. The risk for food insecurity increases when money to buy food is limited or not available. People living in some urban areas, rural areas, and low-income neighborhoods may have limited access to full-service supermarkets or grocery stores.³⁴

*Note: Due to granular zip code level data provided by the Census, some of the data in this section is only available at county level.

Out of all three counties, Rolette County has the highest at-risk populations who are food insecure and the greatest amount of children who are eligible for free and reduced price lunch.

Exhibit 26: Nutrition Indicators

	North Dakota	Bottineau County	Rolette County	Towner County
Child food insecurity	9.3%	12.9%	25.7%	10.4%
Children eligible for free and reduced-price lunch ³⁵	32.0%	35.0%	90.0%	25.0%
Food insecurity ³⁶	7.0%	7.0%	16.0%	7.0%
Limited access to healthy foods	7.0%	10.0%	5.0%	8.0%
Average cost per meal	\$3.18	\$3.34	\$3.06	\$3.12

Source: Kids Count Data Center. North Dakota Indicators, 2019.

- Approximately 25.7% of children in Rolette County are food insecure while 10.4% in Towner County and 12.9% in Bottineau County are food insecure.
- In Rolette County 90.0% of children are eligible for free and reduced-price lunch, which is much higher than figures in Bottineau County (35.0%) and Towner County (25.0%).
- In Rolette County 16.0% of the population lacks adequate access to food.
- Approximately 10.0% of the population in Bottineau County are low-income and do not live in close proximity to a grocery store, higher than Rolette County (5.0%) and Towner County (8.0%).
- The average cost per meal across all three counties ranges from \$3.06 to \$3.34.

³⁴ U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Food Insecurity.

³⁵ County Health Rankings. Children Eligible for Free or Reduced Price Lunch, 2019-2020.

³⁶ County Health Rankings. Food Insecurity, 2019.

Community and Social Context

Community and social context refer to the support systems and community engagement, including discrimination, non-profits, and social integration. People's relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being. Positive relationships at home, at work, and in the community can help reduce negative impacts caused by challenges people can't control, like unsafe neighborhoods, discrimination, or trouble affording the things they need. But some people — like children whose parents are in jail and adolescents who are bullied — often don't get support from loved ones or others.³⁷

*Note: Due to granular zip code level data provided by the Census, some of the data in this section is only available at county level.

In both hospital service areas, the veteran population is larger than state and national averages.

Exhibit 27: Veteran Population

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	Towner County
Citizen, 18 and over population	252,130,477	575,069	5,880	9,450	1,019
Veterans	7.1%	8.0%	9.8%	8.6%	8.1%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Approximately 9.8% of the population in St. Andrew's service area are veterans, while 8.6% in Rolette County and 8.1% in Towner County service areas are veterans.

³⁷ [U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health, Social & Community Context.](#)

Civic Engagement

Civic participation encompasses a wide range of formal and informal activities including voting, volunteering, participating in group activities, and community gardening. Some are individual activities that benefit society (e.g., voting) or group activities that benefit either the group members (e.g., recreational soccer teams) or society (e.g., volunteer organizations).³⁸

In all three counties in SMP Health’s service area, there are more people registered to vote than who participate in elections.

Exhibit 28: Voter Registration

	North Dakota	Bottineau County	Rolette County	Towner County
2022 Primary Election				
Eligible voters	564,935	4,955	9,500	1,650
Voter turnout	106,168	1,899	1,733	554
% of eligible voters who voted	18.8%	38.3%	18.2%	33.6%
2020 General Election				
Eligible voters	581,379	5,070	9,444	1,729
Voter turnout	364,251	3,494	3,843	1,188
% of eligible voters who voted	62.7%	68.9%	40.7%	68.7%
2020 Primary Election				
Eligible voters	581,379	5,070	9,444	1,729
Voter turnout	160,114	1,969	1,699	658
% of eligible voters who voted	27.5%	38.8%	18.0%	38.1%

Source: [ND Voices. North Dakota Election Officials County Auditors and Secretary of State, 2022](#)

- In the most recent primary election in 2022 less than half of the registered voter population voted (38.3% Bottineau County, 18.2% Rolette County, 33.6% Towner County).
- Rolette County had the lowest percentage of voters turn out at the election polls (40.7%), while Bottineau County and Towner County had over 60.0% of the population turn out to vote in the 2020 general election.
- A larger percentage of voters in Bottineau and Towner counties voted in the 2020 primary election than the state average. Only 18.0% of registered voters in Rolette County voted in the 2020 primary election.

³⁸ [U.S. Department of Health and Human Services, Healthy People 2020. Social Determinants of Health Literature Summaries, Civic Participation.](#)

Crime & Violence

Violence can lead to premature death or cause non-fatal injuries. People who survive violent crimes endure physical pain and suffering and may also experience mental distress and reduced quality of life. Repeated exposure to crime and violence may be linked to an increase in negative health outcomes. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes regardless of whether they are victims, direct witnesses, or hear about the crime.³⁹

In 2020, 22 people in Bottineau County and 20 people in Rolette County went to jail. During the same year 18 people in Bottineau County and 16 people in Rolette County went to prison.

Exhibit 29: Incarceration

Residents aged 15 to 64	North Dakota	Bottineau County	Rolette County	Towner County
Jail incarceration	1,324	22	20	ND
Prison incarceration	1,378	18	16	ND

Source: [Vera Institute of Justice. Incarceration Trends, 2020.](#)

In North Dakota, the top five arrests in 2020 were due to other offenses (except traffic), drug abuse violations, driving under the influence, simple assault, and liquor laws.

Exhibit 30: Annual Arrests by Top Five Offenses in North Dakota

	United States	North Dakota	Bottineau County Sheriff's Department	Rolette County Sheriff's Department	Towner County Sheriff's Department
All other offenses (except traffic)	1,796,951	9,260	10	17	27
Drug abuse violations	894,383	4,593	7	4	17
Driving under the influence	575,746	4,454	15	9	17
Simple assault	732,073	3,138	8	6	7
Liquor laws	79,347	2,655	7	1	16

Source: [Federal Bureau of Investigation. Crime Data Explorer, 2020](#)

The FBI Uniform Crime Reporting Program defines a hate crime as a committed criminal offense that is motivated, in whole or in part, by the offender's bias(es) against a race, religion, disability, sexual orientation, ethnicity, gender, or gender identity.⁴⁰

Trend data indicate that hate crimes have risen both nationally and, on a state level since 2017, increasing by six arrests within four years in North Dakota.

³⁹ [U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Crime & Violence.](#)

⁴⁰ [Federal Bureau of Investigation, Crime Data Explorer.](#)

Exhibit 31: Trend of Hate Crime Bias

	United States	North Dakota
2020	8,263	21
2019	7,287	19
2018	7,091	10
2017	7,321	15

Source: [Federal Bureau of Investigation. Crime Data Explorer, 2020](#)

Anti-Black or African American is the leading bias of hate crime followed by anti-lesbian, gay, bisexual, or transgender.

Exhibit 32: Annual Hate Crime by Bias

	United States	North Dakota
Anti-Black or African American	2,871	10
Anti-Lesbian, Gay, Bisexual, or Transgender (Mixed Group)	306	4
Anti-Multiple Races, Group	211	2
Anti-Transgender	213	1
Anti-American Indian or Alaska Native	96	1

Source: [Federal Bureau of Investigation. Crime Data Explorer, 2020](#)

There are three reservations in North Dakota. The entirety of the Turtle Mountain Reservation is in Rolette County. In 2020, Turtle Mountain had the greatest number of reported crime.

Exhibit 33: Tribal Crime in North Dakota

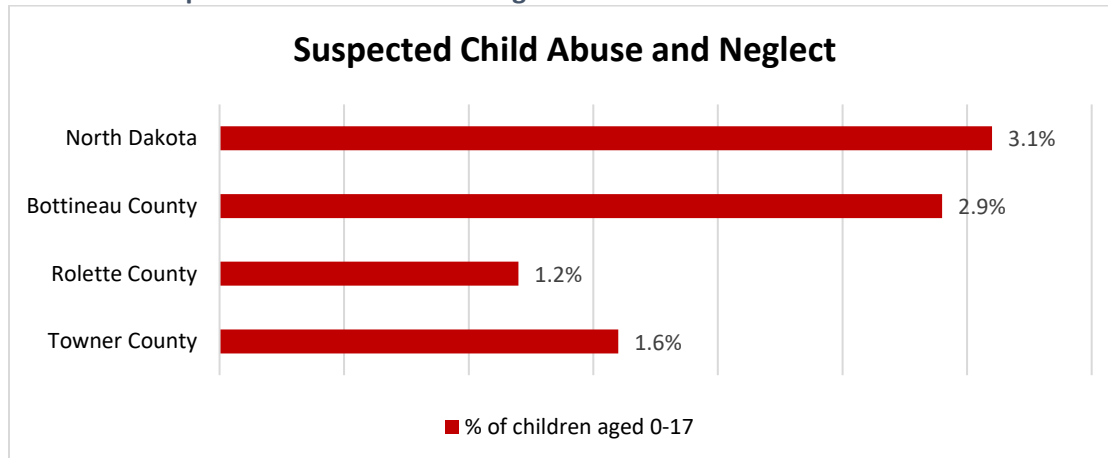
	Fort Totten Agency	Standing Rock Agency	Turtle Mountain Agency
Total	778	132	1,571
Violent	180	51	310
Murder	0	1	0
Rape	4	4	10
Robbery	7	0	0
Aggravate	169	46	300
Property crime	205	15	474
Burglary	52	3	114
Larceny	98	5	213
Murder	55	7	147
Arson	8	0	3

Source: [Bureau of Justice Statistics. Tribal Crime, 2020](#)

- The highest crime in 2020 on the Turtle Mountain Reservation was property crime (474), followed by aggravate (300) and violent crimes (310).

Suspected child abuse and neglect is the reported number of children in assessments to the North Dakota Department of Human Services. Although a small percentage, out of all three counties Bottineau County has the largest percentage of children who have been reported victims of suspected child abuse and neglect.

Exhibit 34: Suspected Child Abuse and Neglect



Source: [The Annie E. Casey Foundation Kids COUNT Data Center. Suspected victims of child abuse and neglect in North Dakota, 2020.](#)

- In Bottineau County, 2.9% of children aged 0 to 17 are victims of child abuse and neglect, slightly higher than children in Rolette County (1.2%) and Towner County (1.6%).

Health Care System

Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities. Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health. Out-of-pocket medical care costs may lead individuals to delay or forgo needed care (such as doctor visits, dental care, and medications), and medical debt is common among both insured and uninsured individuals. Additionally, primary care providers offer a usual source of care, early detection, and treatment of disease, chronic disease management, and preventive care. Patients with a usual source of care are more likely to receive recommended preventive services such as flu shots, blood pressure screenings, and cancer screenings.⁴¹

*Note: Some of the data in this section is only available at county level.

⁴¹ [U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Access to Health Services.](#)

The percentage of the population with health insurance coverage varies across the two hospitals' service areas.

Exhibit 35: Health Insurance Coverage

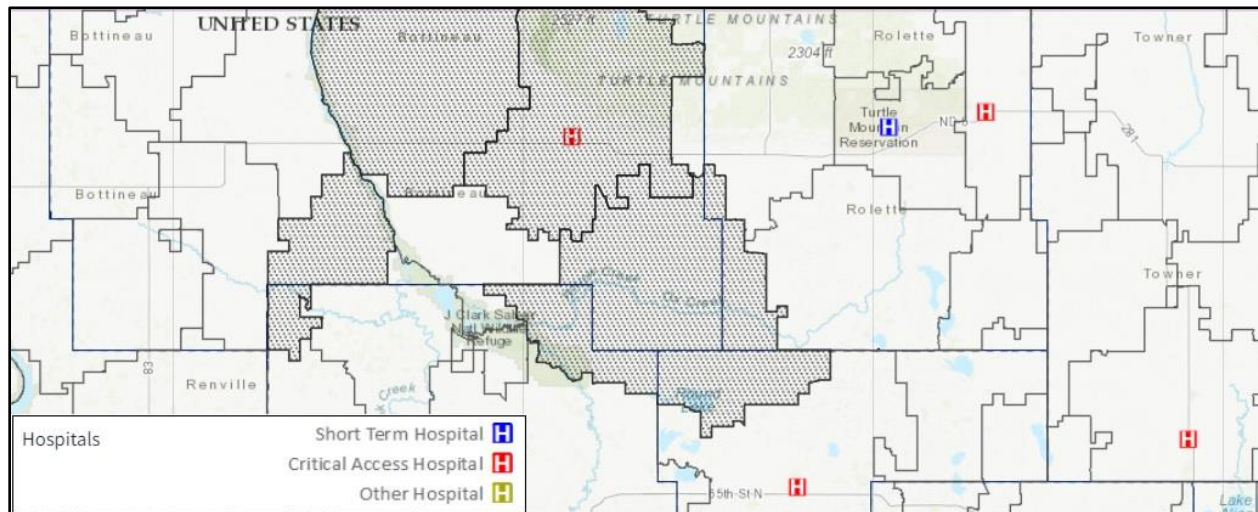
	United States	North Dakota	St. Andrew's	St. Kateri	
			Bottineau County	Rolette County	Towner County
Civilian non-institutionalized population	321,525,041	743,105	7,659	14,242	1,705
With health insurance coverage	91.3%	92.8%	93.8%	74.4%	82.9%
With private health insurance	68.1%	79.7%	79.6%	43.0%	55.8%
With public coverage	35.3%	26.5%	32.0%	43.4%	37.9%
No health insurance coverage	8.7%	7.2%	10.4%	27.0%	17.2%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Health insurance coverage is highest for those who live in the Bottineau County service area (93.8%) and lowest for those who live in Rolette County (74.4%).
- Private health insurance coverage is highest for those who live in Bottineau County (79.6%) and lowest for those who live in the St. Kateri service areas (43.0% in Rolette County, 55.8% in Towner County).
- Over a quarter of the population in the St. Kateri Rolette County service area does not have health insurance coverage, which is nearly four times the state percentage.

In St. Andrew's service area, there are no other hospitals other than SMP Health St. Andrew's which is a critical access hospital.

Exhibit 36: Hospital Locations



Source: UDS Mapper. U.S. Census Bureau. American Community Survey Five-year estimates for ZCTAs, 2015-2019

The shortage of health care providers being seen nationwide is evident in the state of North Dakota and in Bottineau, Rolette, and Towner counties. Bottineau County has the worst provider to patient ratios out of all three counties.

Exhibit 37: Health Care Provider Ratios

	North Dakota	Bottineau County	Rolette County	Towner County
Ratio of population to dentist providers (2020)	1,480:1	3,140:1	1,290:1	2,110:0
Ratio of population to mental health providers (2021)	470:1	6,290:1	790:1	300:1
Ratio of population to primary care physicians (2019)	1,290:1	3,140:1	1,770:1	ND

Source: [County Health Ranking. North Dakota, 2022.](#)

- In Bottineau County there is one dentist for every 3,140 residents, one mental health provider for 6,290 residents, and one primary care physician for every 3,140 residents.
- In Rolette County there is one mental health provider for every 1,290 residents, one mental health provider for 790 residents, and one primary care physician for every 1,770.
- In Towner County there is one dentist for every 2,110 residents and one mental health provider for every 300 residents.

Overall, residents of the three counties are receiving prevention screenings.

Exhibit 38: Health Prevention Screenings

Age-adjusted rate	Bottineau County	Rolette County	Towner County
Visits to dentist or dental clinic ⁴²	64.0	53.6	63.1
Visits to doctor for routine checkup within the past year ⁴³	69.7	71.3	68.6
Cervical cancer screening ⁴⁴	84.7	79.8	83.4
Cholesterol screening ⁴⁵	81.8	80.0	80.9
Fecal, occult blood test, sigmoidoscopy, or colonoscopy ⁴⁶	62.3	47.5	61.5
Mammogram screening ⁴⁷	73.3	69.5	72.5
Up-to-date clinical preventive measures male ⁴⁸	28.9	20.5	24.9
Up-to-date clinical preventative measures female ⁴⁹	25.5	24.1	25.6

Source: [Centers for Disease Control and Prevention. Places: County Data, 2019.](#)

Health Outcomes

Many multifactorial factors influence health outcomes. Both physical and mental well-being are reflected by length of life as well as quality of life.⁵⁰ Within the social determinants of health framework, health outcomes include mortality, morbidity, life expectancy, health care expenditures, health status, and functional limitations.

*Note: Due to granular zip code level data provided by the Census, some of the data in this section is only available at county level.

Out of the three counties, Rolette County has the lowest life expectancy and a higher mortality.

Exhibit 39: Leading Cause of Death

	United States	North Dakota	Bottineau County	Rolette County	Towner County
Life expectancy	77.3	79.3	75.6	71.9	80.1
Age adjusted death rate per 100,000					

⁴² Among adults 18 years and older

⁴³ Among adults 18 years and older

⁴⁴ Cervical cancer screening among adult women aged 21-65 years

⁴⁵ Cervical cancer screening among adults 18 years and older

⁴⁶ Adults aged 50-75 years

⁴⁷ Mammography use among women 50-74 years

⁴⁸ Older adult men aged 65 years and older who are up to date on a core set of clinical measures (flu shot in the past year, PPV shot ever, colorectal cancer screening)

⁴⁹ Older adult women aged 65 years and older who are up to date on a core set of clinical measures (flu shot past year, PPV shot ever, colorectal cancer screening, and mammogram past 2 years)

⁵⁰ [County Health Rankings. Health Outcomes, 2022](#)

Accidents	49.3	45.0	47.1	85.8	43.9
Alzheimer's	30.0	37.6	41.3	20.7	13.6
Blood poisoning	9.5	10.6	6.8	13.8	5.7
Cancer	146.2	140.7	161.7	228.3	153.4
Diabetes	21.6	20.0	28.3	82.1	12.1
Heart disease	161.5	147.7	160.4	235.1	176.0
Homicide	6.0	3.1	2.5	7.6	1.7
Hypertension/renal hypertension	8.9	12.1	13.3	8.6	13.1
Influenza/pneumonia	12.3	14.3	27.7	24.3	21.3
Liver disease	11.3	15.2	8.4	24.6	4.6
Lung disease	38.2	35.0	44.8	69.6	52.9
Parkinson's	8.8	8.6	5.3	4.1	7.9
Nephritis/kidney disease	12.7	10.9	12.8	17.4	9.1
Stroke	37.0	31.7	45.9	50.1	51.4
Suicide	13.9	18.1	17.3	20.1	14.2

Source: [Centers for Disease Control and Prevention. Final Deaths 2019 Release Data, 2019](#)

- Out of all three counties, Rolette County has significantly more people dying from accidents, blood poisoning, cancer, diabetes, heart disease, homicide, liver disease, lung disease, Nephritis/kidney disease, and suicide than Bottineau and Towner counties.
- Residents of Rolette County have over two times higher rates of residents dying from accidents, blood poisoning, cancer, and heart disease than Bottineau and Towner counties.
- Rates of homicide (7.6 per 100,000) and liver disease (24.6 per 100,000) are over three times higher in Rolette County than in Bottineau County (2.5 per 100,000, 8.4 per 100,000 respectively) and Towner County (1.7 per 100,000, 4.6 per 100,000 respectively).
- The number of residents who have died from Alzheimer's disease is more than two times higher in Bottineau County (41.3 per 100,000) than in Rolette and Towner counties (20.7 per 100,000, 13.6 per 100,000, respectively).
- Residents who have died from Parkinson's is highest in Towner County (7.9 per 100,000).

Similar to mortality rates, Rolette County has higher chronic disease prevalence rates than Bottineau and Towner counties.

Exhibit 40: Chronic Disease Prevalence

Age-adjusted ⁵¹	Bottineau County	Rolette County	Towner County
Arthritis	24.6	30.5	25.1
Asthma	8.7	11.7	9.0
Cancer	6.7	7.0	6.7
Chronic obstructive pulmonary disease	5.5	10.0	8.3
Chronic kidney disease	2.5	4.2	2.7

⁵¹ Prevalence among adults aged 18 years and older

Coronary heart disease	5.5	9.0	5.9
Diabetes	8.2	15.7	9.1
High cholesterol	27.7	29.2	28.2
High blood pressure	29.5	39.8	31.9
Obesity	34.4	48.4	37.8
Stroke	2.8	5.3	3.0

Source: [Centers for Disease Control and Prevention. Places: County Data, 2019.](#)

- Obesity and blood pressure have the highest mortality rates in all three counties.
- High cholesterol is the third-highest leading cause of death in Bottineau and Towner Counties, while arthritis is the third-highest leading cause of death in Rolette County.

The average prevalence and death of HIV and AIDS is lower in North Dakota than in the United States.

Exhibit 41: Sexually Transmitted Infections

Disease Incidence (Rate per 100,000)		
Condition	United States	North Dakota
AIDS prevalence	192.9	34.9
AIDS deaths	4.3	0.3
HIV prevalence	378.0	78.6
HIV diagnoses	13.2	6.4
HIV deaths	5.6	0.3
Chlamydia	653.4	617.6
Gonorrhea	223.0	230.1
Primary and secondary syphilis	14.1	7.2

Source: [Centers for Disease Control and Prevention. NCHSTP AtlasPlus, 2019.](#)

- In North Dakota the rate of chlamydia is 617.6 per 100,000 and the rate of gonorrhea is 230.1 per 100,000.
- The prevalence of HIV in North Dakota is nearly five times lower than the national rate, and the prevalence of AIDS is nearly six times lower the national average.

Rolette County has higher rates of birth than Bottineau and Towner counties.

Exhibit 42: Birth Outcomes

	North Dakota	Bottineau County	Rolette County	Towner County
Birth rate ⁵²	70.9	71.5	90.2	79.8
Total births	10,051	63	238	25
Low birth weight babies ⁵³	6.9%	ND	7.6%	ND
Births to unmarried women	32.8%	25.4%	83.6%	32.0%
Births to teens ages 12 to 19	3.2%	ND	14.7%	ND
Births to unmarried teens ages 12 to 19	3.0%	ND	14.7%	ND

Source: [March of Dimes. Births, 2018-2020](#); [Kids Count Data Center. North Dakota Indicators, 2020](#).

- The birth rate in Rolette County is 90.2 per 1,000 women, which is higher than the birth rate in Bottineau County and Towner County (71.5, 79.8 respectively).
- Approximately 83.6% of births were to unmarried women in Rolette County, much higher than Bottineau County (25.4%) and Towner County (32%).

Out of all three counties, Rolette County residents report the lowest quality of life.

Exhibit 43: Quality of Life

	North Dakota	Bottineau County	Rolette County	Towner County
Frequent mental distress	11.0%	12.0%	17.0%	13.0%
Frequent physical distress	9.0%	10.0%	18.0%	11.0%
Poor to fair health	13.0%	15.0%	28.0%	17.0%
Poor mental health days	3.7	3.5	4.8	3.7
Poor physical health days	3.1	3.3	4.8	3.7

Source: [County Health Rankings. North Dakota, 2019](#)

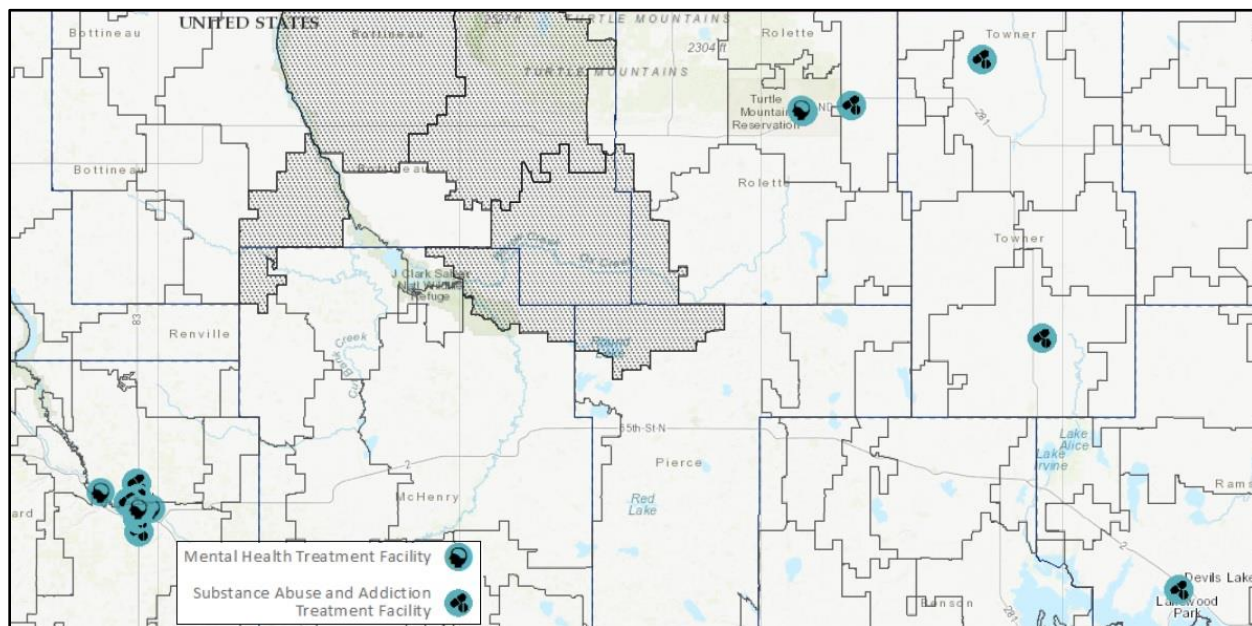
- Approximately 17.0% of residents in Rolette County report frequent mental distress while 12.0% in Bottineau County and 13.0% in Towner County report frequent mental distress.
- Approximately 18.0% of residents in Rolette County report frequent physical distress while 10.0% in Bottineau County and 11.0% in Towner County report frequent mental distress.
- Over a quarter of the population reports poor to fair health in Rolette County (28%).
- In Rolette County, residents have an average of 4.8 poor mental health and physical health days.

⁵²Birth rate per 1,000 women ages 15-44, 2017-2020

⁵³ The number of babies who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth

Exhibit 44 displays the locations of mental health and substance abuse treatment facilities. It is important to note that there are no facilities located within the St. Andrew's service area, but clusters of treatment facilities are located in the city of Minot, and a few are located in Rolette and Towner counties.

Exhibit 44: Substance Use and Mental Health Facilities



A large proportion of North Dakota's adult mental illness population did not receive treatment. Out of 50 states, North Dakota ranks 23rd in having a higher prevalence of adults with mental illness and low access to care.

Exhibit 45: Adult Mental Health

2021 Adult Mental Health America Indicators	United States	North Dakota	Rank
North Dakota state ranking			23
With any mental illness	19.0%	19.1%	20
Diagnosed with a substance use disorder	7.7%	8.8%	37
Have had serious thoughts of suicide	4.3%	5.1%	38
With a mental illness who are uninsured	10.8%	8.8%	23
With any mental illness who did not receive treatment	57.0%	54.5%	29
Reported an unmet need for treatment	23.6%	23.3%	20
With a cognitive disability who could not see a doctor due to cost	28.7%	23.7%	12

Source: [Mental Health America. Adult Data 2021](#)

- Approximately 19.1% of individuals in North Dakota have a mental illness but 54.5% did not receive treatment. Unmet need for treatment was reported by 23.3% of individuals.

- Cost of treatment creates a barrier for those with a cognitive disability seeking treatment (23.7%) and uninsured individuals with mental illness (8.8%).

Over half of North Dakota's youth mental illness population did not receive treatment. Out of 50 states, North Dakota ranks 25th in having a higher prevalence of youth with mental illness and low access to care.

Exhibit 46: Youth Mental Health

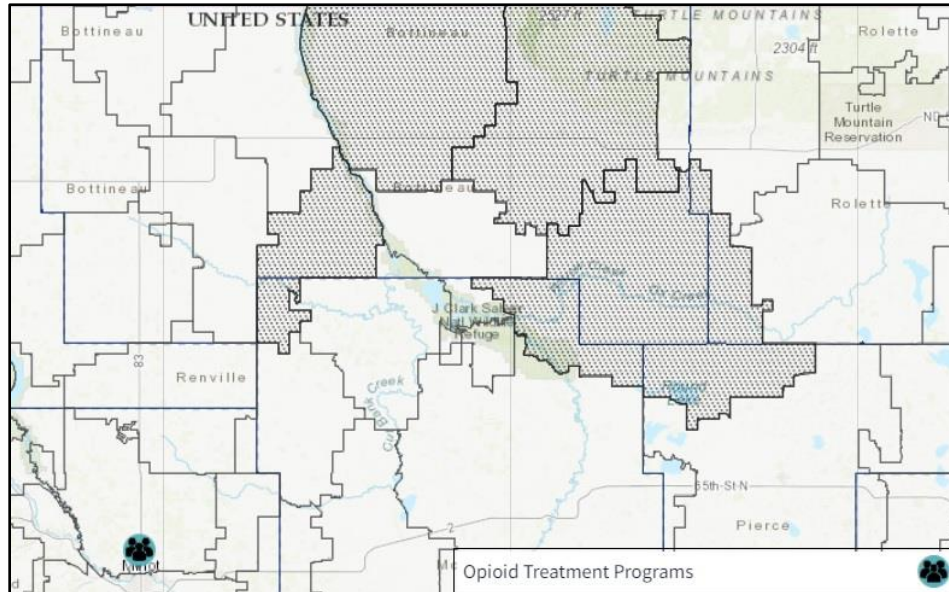
2021 Youth Mental Health America Indicators	United States	North Dakota	Rank
North Dakota state ranking			25
With at least one major depressive episode	13.8%	13.8%	21
With a severe major depressive episode	9.7%	8.5%	9
With a substance use disorder	3.8%	4.4%	39
With any mental illness who did not receive treatment	59.6%	53.4%	15
With a mental illness who received some consistent treatment	27.3%	33.0%	18
With private insurance that did not cover mental or emotional problems	7.8%	13.5%	48
Identified with emotional disturbance for an individualized education program	7.6%	11.9%	13

Source: [Mental Health America. Youth Data 2021](#)

- Approximately 53.4% of youth with mental illness in North Dakota did not receive treatment and 33.0% did not receive consistent treatment.

Exhibit 47 displays the locations of opioid treatment programs. It is important to note that there are no opioid treatment programs located in SMP Health St. Andrew's service area. The closest opioid treatment program is located in Minot.

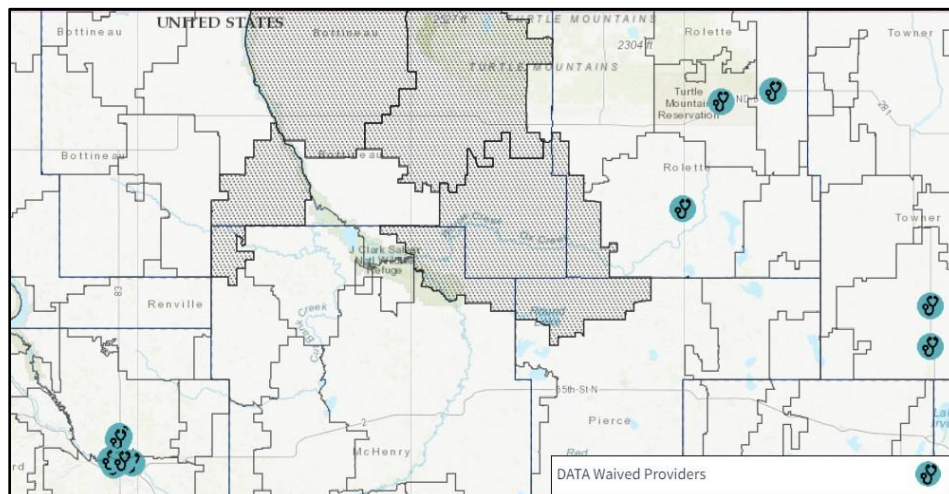
Exhibit 47: Opioid Treatment Programs



Source: UDS Mapper. U.S. Census Bureau. American Community Survey Five-year estimates for ZCTAs, 2015-2019

The exhibit below displays the locations where there are DATA Waived Providers. DATA Waived Providers prescribe or dispense buprenorphine for patients who have opioid use disorder.⁵⁴ There are no DATA Waived Providers in St. Andrew's service area, however there are in St. Kateri's service area.

Exhibit 48: DATA Waived Providers



Source: UDS Mapper. U.S. Census Bureau. American Community Survey Five-year estimates for ZCTAs, 2015-2019

⁵⁴ Substance Abuse and Mental Health Services Administration (SAMHSA). Practitioner and Program Data, 2021

The most used substance for high school youth is alcohol and vaping.

Exhibit 49: High School Youth Lifetime Substance Use

	North Dakota
Alcohol	56.6%
Vaping	52.8%
Cigarette smoking	29.3%
Marijuana	27.2%
Prescription pain medication	14.5%
Cocaine	3.4%
Methamphetamine	1.6%
Heroin	1.3%

Source: [North Dakota Behavioral Health Data. Behavioral Health in North Dakota, 2020.](#)

- In North Dakota 56.6% of high school youth have drunk alcohol in their lifetime and 52.8% have vaped in their lifetime.
- Over a quarter of high school youth have smoked cigarettes (29.3%) and marijuana (27.2%) in their lifetime.
- Approximately 3.4% of high school youth have used cocaine, and over 1.0% have used methamphetamine, and heroin in their lifetime.

Compared to the United States, more people in North Dakota have binged alcohol and used tobacco in the past 30 days.

Exhibit 50: Adult Past 30 Days Substance Use

	United States	North Dakota
Binge alcohol use ⁵⁵	26.5%	34.1%
Tobacco	23.7%	28.3%
Marijuana	10.2%	7.9%
Illicit drugs (other than marijuana)	3.4%	3.1%

Source: [North Dakota Behavioral Health Data. Behavioral Health in North Dakota, 2020.](#)

- Approximately 34.1% of adults have binged alcohol in the past 30 days.
- Over a quarter of adults have used tobacco in the past 30 days (28.3%).
- A smaller percentage of adults have used marijuana (7.9%) and illicit drugs (3.1%) in the past 30 days.

⁵⁵ 5 or more drinks of alcohol in a row within a couple of hours

Relative to the state and county population, deaths due to COVID-19 have been low. In all three counties in SMP Health's service areas, over 50.0% of the population is vaccinated (at least one primary series complete) for all age groups eligible to receive a COVID-19 vaccine. Rolette County has slightly better rates of vaccination for the primary series of the COVID-19 vaccine compared to Bottineau and Towner counties.

Exhibit 51: The COVID-19 Pandemic⁵⁶

	North Dakota	Bottineau County	Rolette County	Towner County
Total population	760,394	6,418	14,437	2,191
COVID-19 deaths ⁵⁷	1,159	19	21	9
Primary series complete				
6 months and older	50.9%	50.6%	71.6%	53.7%
5 years and older	54.6%	53.7%	77.3%	56.7%
12 years and older	58.6%	57.9%	79.3%	60.6%
18 years and older	60.5%	60.2%	79.4%	62.1%
65 years and older	76.8%	76.7%	87.3%	77.3%
Bivalent booster dose				
5 years and older	14.8%	18.0%	12.1%	17.0%
12 years and older	15.3%	18.4%	13.6%	16.9%
18 years and older	15.8%	19.2%	14.8%	17.1%
65 years and older	30.0%	30.4%	27.4%	28.2%

Source: [North Dakota Health. Coronavirus, 2022.](#); [North Dakota Health. North Dakota Resident Vital Event Summary Data, 2020.](#)

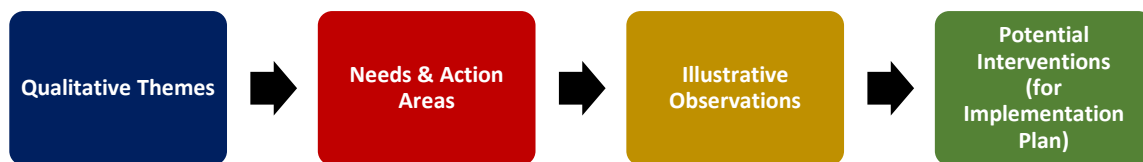
⁵⁶ As of October 27, 2022

⁵⁷ 2020

Qualitative Research Approach

The qualitative primary research methodology consisted of stakeholder interviews and focus group discussions with key community stakeholders, policymakers, and residents. An interview guide and focus group moderator's guide were implemented to help guide conversations, found in Appendix C.

Qualitative data collection resulted in a consensus of several top areas of need that can be described as qualitative themes. Each of these qualitative themes impacts the subsequent high-level action areas. The action areas include an overview of the subject and utilize de-identified illustrative observations in italics which are representative of respondents' consensus perspectives.



One-on-One Interviews

In total, five one-on-one virtual phone interviews were conducted, lasting approximately 30 minutes, although some community members chose to share a great deal of information and exceeded 30 minutes. These conversations provided the opportunity for:

- In-depth conversations about the strengths and challenges to receiving health care, services, impacts of the COVID-19 pandemic, and ideas for solutions to improve their communities.
- In-depth discussions about health care, social service, mental health, and other service issues with leaders, community partners, and individuals from the community.

Focus Group Discussions

One community-wide focus group started with brief introductions, followed by hearing participants' broad thoughts about topic areas. Discussions were then narrowed down to focus on topics participants observed as the greatest concerns facing their community and what possible solutions they envisioned. Participants were encouraged to speak about his or her particular areas of concern, interest, or experience, as many opinions and observations were grounded in both personal and professional experiences.

Insights into St. Andrew's Region

Community stakeholders were asked to share positive traits about their community. Many community members emphasized that Bottineau County is a great place to live. Residents appreciate the events and recreational activities, caring people, and the health care system that the community has to offer.

Sample voices from the community,

- *"We have a very active community and are striving to make it better and make improvements."*
- *"It is a tight-knit community. Everybody knows everybody"*
- *"It is a good place to raise kids. There are a lot of family friendly events."*
- *"There is a lot to do as far as recreation."*
- *"There are good places to eat with more healthier options."*
- *"We have more health care services in a town of 2,000 people than others and I am always surprised. We have primary care and dentists and even specialty care like chiropractors. We have an amazing walk-in clinic."*

High-Level Action Areas & Observations

Listed below are the high-level observations and action areas gleaned from the qualitative data. In addition to the observations, certain actions flow naturally from the themes above. These are important to include in any planning response. The comments in the following high-level action areas are most representative of respondents' consensus in the qualitative interviews.

Please note that the Action Areas are in alphabetical, not prioritized, order.



Housing



Mental Health



Transportation



Services for Older Adults

Housing

Across North Dakota, housing prices have increased causing many households to be severely cost-burdened. Approximately 66.0% of renters who are low income are spending more than half of their income on housing costs.⁵⁸ When asked about their top concerns, interviewees noted quality, affordable housing as a priority community challenge. Community members frequently cited a sheer lack of units, as well as the overall affordability.

Sample voices from the community,

- *“We are very limited on decent housing for renting. It has been a struggle for a long time, and it is not improving.”*
- *“There aren’t many places that can house more than a couple of kids. Unless you have a pretty good income, it is hard to find a place.”*
- *“Housing is a challenge. There is not a lot for sale. When decent things go on the market, they are gone quickly.”*
- *“The housing market is tight. There are not enough available houses and no infrastructure. There is no new construction going on. Rent is high and there are no rental units available. There are waiting lists for low-income rental units.”*

Mental Health

In Bottineau County, 12.0% of residents report frequent mental distress. Across the state, 54.5% of residents report having a mental illness but do not receive treatment. Almost a quarter of North Dakota residents report an unmet need for treatment (23.3%).

Conversations with community members have revealed that the lack of mental health access is a concern across St. Andrew’s service area. Community discussions indicate that high-level needs for mental health are rooted in the lack of local mental health services, wait times, and bed shortages.

Sample voices from the community,

- *“We are lacking mental health care. I don’t think there is enough information as to what is available in the area. If people are seeking mental health services, they don’t know where to start.”*
- *“There is no mental health facility in the county. Outside of the county, there is limited bed space throughout the whole state. There is Dakota Boys and Girls Ranch, but you have to apply.”*
- *“We are beginning to access mental health through telemedicine. We use telemedicine mental health services through Bismarck but there are wait times. It can take four weeks for an assessment and seven weeks to be seen.”*

⁵⁸ [National Low Income Housing Coalition. North Dakota, 2022.](#)

- *“Law enforcement sees a lot of people in a mental health crisis. There was a woman in town who was making suicidal statements and she ended up in the ER. We called Bismarck, Fargo, and Grand Forks, and there was no place for her to go.”*

Transportation

Unreliability and timely access were themes that were heard in interviews. Public transportation can impact a person’s health and influence health equity. Lack of transportation can cause an individual to miss their health appointments which can cause poorer health outcomes and added health expenditures. Reliable transportation can improve stability in access to health, nutrition, employment opportunities, and social inclusion.⁵⁹

Sample voices from the community:

- *“People have to rely on family and friends if they don't have a car.”*
- *“There are some taxis around, but I am not sure how often they are available. There is a senior bus that is able to take seniors places. They have to call to set up times for appointments. There is no daily bus route.”*
- *“We have people come to the emergency room that have no ride and no family to take them home. We have had to call the sheriff’s department or have someone from maintenance take them home.”*
- *“There is a bus that goes to Minot on Thursdays, but you have to plan to be gone all day.”*

Services for Older Adults

The older adult population is a subgroup of the population that Bottineau County community members have identified as a vulnerable population. The age of residents in St Andrew’s service area trends older than SMP Health St. Kateri. Approximately 20.5% of residents are 65 years and over.

Sample voices from the community,

- *“I would say the biggest struggle we face is the facilities for assisted living for the elderly. There is a lack of facilities and the facilities that are available are very expensive.”*
- *“We do not have home health in the area. The closest we have is TRICARE home health care, which is in Rolla.”*
- *“We can get hospice services out of Rugby and Minot, but there are geography restrictions and they do not come out this far. We do a lot of end-of-life care in the hospital.”*

⁵⁹ Health Affairs. Culture of Health: Public Transportation in the US, 2021
<https://www.healthaffairs.org/doi/10.1377/hpb20210630.810356/full/health-affairs-brief-public-transportation-health-equity-heaps.pdf>

- *“We are lacking assisted living facilities. We have senior apartments and nursing care, but we have nothing in between.”*

Potential Interventions

At the end of the interview, community stakeholders were asked the “magic wand” question: “If you had all the money and access to resources in the world, what is one thing you would do to make your community a better place?” Many stakeholders shared potential solutions to enhance access to services and increase opportunities for social connectivity.

Sample voices from the community,

- *“I would like to have a recreation center that provides activities for all ages.”*
- *“I would like an updated hospital.”*
- *“I would love to see an assisted living facility for those who are elderly or have disabilities.”*

Community Survey

The purpose of the SMP Health community survey is to help identify the top needs of residents and the barriers/gaps that may prevent residents from accessing resources. The survey took respondents less than 15 minutes to complete. Answers were anonymous, and no personally identifiable information was used to identify respondents. The community survey can be found in Appendix D.

The community survey was deployed from July 7, 2022, through October 10, 2022. Of 122 survey responses received, 30 were from Bottineau County.

The following summary tables should be interpreted cautiously, as it is uncertain to what degree this small sample is representative of the county population.

Exhibit 52: Respondents by County

What county do you live in?	n	Percent
Rolette County	79	70.5%
Bottineau County	30	26.8%
Towner County	2	1.8%
Cavalier County	1	0.9%

From this point forward, tables feature data from respondents from Bottineau County alone. Of Bottineau County respondents, two in three reside in the 58318 zip code.

Exhibit 53: Respondents by Zip Code, Bottineau County

What is your zip code?	n	Percent
58318	20	66.7%
58748	4	13.3%
58783	3	10.0%
58384	2	6.7%
58793	1	3.3%

Four in five Bottineau County respondents report using St. Andrew's, and three in five report using Pyramid Health.

Exhibit 54: Use of Health Centers, Bottineau County Respondents

Do you use any of the following health services?	Percent
St. Andrew's	80.0%
Pyramid Health	60.0%
St. Kateri	6.7%
None of the above	3.3%

Health Status

The vast majority of respondents reported 'good' or 'excellent' health; none reported 'poor' health. All respondents reported being insured, with the most common source of health insurance being through one's employer.

Exhibit 55: Self-reported Health, Bottineau County Respondents

In general, how would you rate your health?	Percent
Excellent	20.0%
Good	63.3%
Fair	16.7%

Food insecurity is not being experienced by survey respondents of the Bottineau County.

Exhibit 56: Food Insecurity, Bottineau County Respondents

Have you or your family experienced food insecurity, that is, not knowing where your next meal is coming from or involuntarily eating less than you need on a regular basis, for a period of time?	Percent
No	100.0%

The majority of survey respondents have insurance through their employer.

Exhibit 57: Health Insurance Status, Bottineau County Respondents

Do you have health insurance?	Percent
Insurance plan through employer	50.0%
Medicare	16.7%
Insurance plan through spouse's employer	13.3%
Another government program	6.7%
Purchased insurance from state or federal health insurance exchange	6.7%
Purchased own insurance	6.7%

Over half of survey respondents are aware of Medicaid Expansion (66.7%).

Exhibit 58: Awareness of Medicaid Expansion, Bottineau County Respondents

Are you aware of Medicaid Expansion?	Percent
Yes	66.7%
No	33.3%

Routine Care

The vast majority of respondents reported having a family doctor or other source of routine care, and fewer than one in three reported choosing not to get needed care. Among those who chose not to get needed care, the most common reason was lack of money or ability to pay (n=5).

Exhibit 59: Source of Routine Care, Bottineau County Respondents

Do you have a family doctor or a place where you go for routine care?	Percent
Yes, family doctor, family health center, or clinic	93.3%
No	6.7%

Exhibit 60: Avoidance of Needed Health Care, Bottineau County Respondents

In the past two years, has there been one or more occasions when you needed health care but chose NOT to get it?	Percent
Yes	30.0%
No	70.0%

Exhibit 61: Factors Influencing Avoidance of Needed Health Care, Bottineau County Respondents

What prevented you from accessing health care or mental health services when you needed it? (Only those who reported choosing not to get needed health care)	n
Lack of money/ability to pay	5
Did not feel comfortable with available providers	3
I don't like the providers	2
Didn't want to take time off from work	1
Long wait times to see a provider	1

Respondents most commonly find out about health services by word of mouth, and nearly as many report finding about services from hospital or clinic health care professionals.

Exhibit 62: Sources of Information about Health Services, Bottineau County Respondents

Where do you find out what health services are available in your area?	Percent
Word of mouth, from others (friends, neighbors, co-workers, etc..)	76.7%
From hospital/clinic health care professionals	66.7%
Advertising	40.0%
Newspaper	33.3%
Radio	30.0%
Web searches	26.7%
From public health professionals	23.3%
Employer/worksites wellness	10.0%
I just know	3.3%

Challenges and Concerns

Survey respondents were asked, "What are the major challenges facing your community?" Bottineau County residents stated the following,

- *"Finding employees"*
- *"Low income, lack of faith"*
- *"Behavioral Health"*
- *"Lack of activities for youth. Loss of businesses"*
- *"Poor health care. Not many specialists available. Long waits for appointments."*
- *"Illegal drug use and lack of rehabilitation services"*
- *"Drugs, especially in the younger ages. Lack of reliable daycare. Lack of OB/gyn care."*
- *"Lack of mental health services"*
- *"Cost"*
- *"Loss of the Rural Mental Health Service Lack of being able to get an appointment at SMP St Andrew's Clinic; very frustrating! Loss of businesses because of no employee"*
- *"Health care – housing"*
- *"Living healthy is expensive. The majority of our population cannot afford the 'healthier' lifestyle, especially in the way of eating."*
- *"Lack of mental health counseling services."*
- *"Lack of mental health care"*
- *"Availability of mental health services, women's health options, opportunities for career advancement"*
- *"Outdated health care facilities. Health care workers not being respectful of patients privacy"*
- *"Employees to fill positions. Low wages with few benefits. Flexible affordable child care."*
- *"Lack of mental health providers Lack of Women's health and OB services"*
- *"Mental health"*
- *"Maintaining staff i.e. doctors, nurses, lab personnel plus support staff"*
- *"Enough qualified medical doctors"*

Respondents ranked several community/environmental concerns in the Bottineau County area. The top five areas of community/environmental concerns include having enough child daycare services, attracting and retaining young families, not enough affordable housing, work opportunities, and not enough public transportation options. The needs were evaluated on a 5-point scale in which “5” indicated the greatest concern or need. Detailed results are illustrated in the table below.

Exhibit 63: Community/Environmental Concerns, Bottineau County Respondents

<i>Community / Environmental Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
Having enough child daycare services	48.3%	31.0%	3.4%	3.4%	3.4%	10.3%
Attracting and retaining young families	44.8%	31.0%	17.2%	3.4%	-	3.4%
Not enough affordable housing	37.9%	20.7%	24.1%	6.9%	3.4%	6.9%
Work opportunities	34.5%	3.4%	34.5%	17.2%	6.9%	3.4%
Not enough public transportation options	31.0%	31.0%	17.2%	6.9%	3.4%	10.3%
Not enough places for exercise and wellness activities	24.1%	20.7%	24.1%	13.8%	17.2%	-
Education opportunities	21.4%	10.7%	46.4%	14.3%	7.1%	-
Poverty	20.7%	27.6%	41.4%	3.4%	-	6.9%
Having enough quality school resources	20.7%	27.6%	24.1%	13.8%	10.3%	3.4%
Child abuse (violence against children)	20.7%	37.9%	13.8%	17.2%	3.4%	6.9%
Changes in population size (increasing or decreasing)	17.2%	17.2%	44.8%	3.4%	10.3%	6.9%
Physical violence, domestic violence	17.2%	20.7%	24.1%	17.2%	6.9%	13.8%
Crime and safety, adequate law enforcement personnel	13.8%	37.9%	20.7%	13.8%	13.8%	-
Racism, prejudice, hate, discrimination	13.8%	24.1%	37.9%	6.9%	13.8%	3.4%
Active faith community	10.3%	6.9%	41.4%	6.9%	34.5%	-
Traffic safety (speeding, road safety, drunk/distracted driving)	10.3%	34.5%	31.0%	13.8%	6.9%	3.4%
Sexual abuse/assault	10.3%	41.4%	13.8%	13.8%	6.9%	13.8%
Stalking	10.3%	17.2%	17.2%	24.1%	10.3%	20.7%
Fear of crime against me or my property	6.9%	31.0%	27.6%	10.3%	24.1%	-
Air quality	6.9%	3.4%	20.7%	24.1%	44.8%	-
Litter (amount of litter, adequate garbage collection)	6.9%	3.4%	20.7%	31.0%	37.9%	-
Cost of public transportation	6.9%	13.8%	27.6%	6.9%	13.8%	31.0%
Seatbelt use	6.9%	17.2%	27.6%	10.3%	27.6%	10.3%
Dating violence	3.6%	35.7%	10.7%	21.4%	10.7%	17.9%

Respondents ranked several health services concerns in the Bottineau County area. The top five areas of health services concerns include mental health and substance abuse/treatment services, health care worker retainment, cost of health insurance, and the number of health care staff in general.

Exhibit 64: Health Services Concerns, Bottineau County Respondents

<i>Health Services Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
Availability of mental health services	80.8%	11.5%	-	-	7.7%	-
Availability of substance abuse/treatment services	69.2%	23.1%	7.7%	-	-	-
Ability to retain doctors and nurses in the area	61.5%	23.1%	3.8%	-	11.5%	-
Cost of health insurance	61.5%	19.2%	3.8%	7.7%	3.8%	3.8%
Not enough health care staff in general	53.8%	19.2%	15.4%	3.8%	7.7%	-
Availability of specialists	50.0%	19.2%	19.2%	3.8%	7.7%	-
Adequacy of health insurance (concerns about out-of-pocket costs)	50.0%	34.6%	11.5%	-	-	3.8%
Availability of doctors and nurses	46.2%	26.9%	3.8%	7.7%	15.4%	-
Availability of women's health services/prenatal care	42.3%	11.5%	23.1%	11.5%	7.7%	3.8%
Cost of health care services	42.3%	11.5%	30.8%	7.7%	3.8%	3.8%
Cost of prescription drugs	36.0%	36.0%	20.0%	-	4.0%	4.0%
Ability to get appointments for health services	34.6%	11.5%	11.5%	26.9%	15.4%	-
Services to help people learn about, and enroll in, programs that provide financial support for people needing health care	30.8%	38.5%	7.7%	15.4%	3.8%	3.8%
Transportation services for people needing to go to doctor's appointments or the hospital	30.8%	30.8%	19.2%	3.8%	7.7%	7.7%
Availability of public health professionals	26.9%	26.9%	15.4%	15.4%	11.5%	3.8%
Sharing of information between health care providers for coordination of care	26.9%	19.2%	23.1%	7.7%	11.5%	11.5%
Emergency services (ambulance & 911) available 24/7	26.9%	19.2%	15.4%	15.4%	19.2%	3.8%
Extra hours for appointments, such as evenings and weekends	23.1%	34.6%	11.5%	7.7%	23.1%	-
Providers using electronic health records	23.1%	19.2%	19.2%	7.7%	26.9%	3.8%
Patient confidentiality	23.1%	19.2%	15.4%	11.5%	30.8%	-
Quality of care	23.1%	23.1%	19.2%	23.1%	11.5%	-
Availability of wellness and disease prevention services	20.0%	28.0%	32.0%	12.0%	8.0%	-
Availability of vision care	19.2%	19.2%	15.4%	19.2%	26.9%	-

<i>Health Services Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
Understanding where and how to get health insurance	15.4%	11.5%	23.1%	3.8%	38.5%	7.7%
Health care services for people experiencing homelessness	15.4%	23.1%	34.6%	3.8%	7.7%	15.4%
Availability of dental care	7.7%	7.7%	26.9%	19.2%	38.5%	-
Adequacy of Indian Health Service or Tribal Health services	3.8%	-	26.9%	7.7%	15.4%	46.2%

Respondents ranked several concerns of physical health, mental health and substance use services for adults in the Bottineau County area. The top five areas of concern include counseling services for mental health issues, depression, programs to help substance use disorder patients stay healthy, stress, and suicide.

Exhibit 65: Adult Physical Health, Mental Health, and Substance Abuse Concerns, Bottineau County Respondents

<i>Physical Health, Mental Health, and Substance Abuse ADULT Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
Counseling services for mental health issues such as depression, anxiety, and others for adults	80.8%	11.5%	3.8%	-	-	3.8%
Depression	69.2%	23.1%	7.7%	-	-	-
Programs to help to recover drug and other substance use disorder patients stay healthy	60.0%	36.0%	4.0%	-	-	-
Stress	57.7%	38.5%	3.8%	-	-	-
Suicide	57.7%	38.5%	3.8%	-	-	-
Drug use and abuse (including prescription drug abuse, marijuana, and opioids)	57.7%	30.8%	3.8%	-	-	7.7%
Alcohol use and abuse (including binge drinking)	46.2%	46.2%	3.8%	-	-	3.8%
Heart disease	42.3%	38.5%	11.5%	3.8%	-	3.8%
Cancer	42.3%	26.9%	30.8%	-	-	-
Smoking and tobacco use	42.3%	26.9%	26.9%	3.8%	-	-
Diabetes	40.0%	40.0%	16.0%	4.0%	-	-
Obesity/overweight	38.5%	38.5%	19.2%	3.8%	-	-
Drug and other substance abuse education and prevention	38.5%	42.3%	7.7%	-	-	11.5%
Use of alternate tobacco products (e-cigarettes, vaping, hookah, Juul)	38.5%	34.6%	26.9%	-	-	-

<i>Physical Health, Mental Health, and Substance Abuse ADULT Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
Wellness and disease prevention, including vaccine-preventable diseases	34.6%	19.2%	34.6%	3.8%	7.7%	-
Dementia/Alzheimer's disease	34.6%	30.8%	26.9%	3.8%	-	3.8%
Lung disease (emphysema, COPD, asthma, etc.)	26.9%	38.5%	23.1%	3.8%	-	7.7%
Support services for adults with developmental disabilities	26.9%	38.5%	26.9%	3.8%	-	3.8%
Not getting enough exercise	26.9%	34.6%	23.1%	7.7%	-	7.7%
Poor nutrition, poor eating habits	26.9%	34.6%	34.6%	3.8%	-	-
Exposure to secondhand smoke	23.1%	30.8%	34.6%	7.7%	3.8%	-
Use of smokeless tobacco products (chewing tobacco)	23.1%	42.3%	30.8%	-	3.8%	-
Diseases that can be spread, such as sexually transmitted diseases	19.2%	26.9%	34.6%	7.7%	7.7%	3.8%

Respondents ranked several concerns of physical health, mental health and substance use services for youth in the Bottineau County area. The top five areas of concern include youth mental health, counseling services for mental health issues, youth suicide, school-based mental health support, and illegal drug use.

Exhibit 66: Youth Physical Health, Mental Health, and Substance Abuse Concerns, Bottineau County Respondents

<i>Physical Health, Mental Health, and Substance Abuse YOUTH Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
Youth mental health	88.5%	3.8%	-	-	-	7.7%
Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	88.5%	7.7%	-	-	-	3.8%
Youth suicide	80.8%	7.7%	3.8%	-	-	7.7%
School-based mental health support for children	76.0%	16.0%	4.0%	-	-	4.0%
Use of illegal drugs (methamphetamines, heroin, cocaine)	65.4%	19.2%	7.7%	-	-	7.7%
Youth use of alternate tobacco products (e-cigarettes, vaping, hookah, Juul)	61.5%	26.9%	7.7%	-	-	3.8%
Youth use of smokeless tobacco products (chewing tobacco)	57.7%	19.2%	15.4%	-	3.8%	3.8%
Youth drug use and abuse (including prescription drug abuse and marijuana)	53.8%	38.5%	3.8%	-	-	3.8%

<i>Physical Health, Mental Health, and Substance Abuse YOUTH Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
Services or education to help reduce teen pregnancy	50.0%	23.1%	15.4%	-	-	11.5%
Youth sexual health (including sexually transmitted infections)	50.0%	19.2%	15.4%	3.8%	3.8%	7.7%
Youth tobacco use	48.0%	28.0%	16.0%	-	-	8.0%
Youth hunger and poor nutrition	42.3%	23.1%	30.8%	-	-	3.8%
Teen pregnancy	42.3%	26.9%	26.9%	-	-	3.8%
Youth crime	42.3%	26.9%	23.1%	-	3.8%	3.8%
Support services for children with developmental disabilities	42.3%	26.9%	23.1%	-	-	7.7%
Not enough youth activities	40.0%	24.0%	16.0%	8.0%	8.0%	4.0%
Youth exposure to secondhand smoke	38.5%	19.2%	19.2%	11.5%	3.8%	7.7%
Youth obesity	34.6%	34.6%	23.1%	3.8%	3.8%	-
Youth graduating from school	23.1%	15.4%	46.2%	3.8%	3.8%	7.7%

When asked about services needed for the aging population, over 50.0% of survey respondents ranked long-term/nursing home care options, assisted living options, and availability of resources to help the elderly stay in their homes as more of a concern.

Exhibit 67: Aging Population Concerns, Bottineau County Respondents

<i>Aging Population Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
Long-term/nursing home care options	60.0%	24.0%	12.0%	-	-	4.0%
Assisted living options	60.0%	24.0%	12.0%	-	-	4.0%
Availability of resources to help the elderly stay in their homes (home health, senior meals, etc.)	52.0%	28.0%	8.0%	-	4.0%	8.0%
Availability of resources for family and friends caring for elders	45.8%	41.7%	8.3%	-	-	4.2%
Being able to meet the needs of the older population	44.0%	32.0%	20.0%	-	-	4.0%
Availability of activities for seniors	36.0%	28.0%	20.0%	4.0%	4.0%	8.0%
Cost of activities for seniors	24.0%	28.0%	28.0%	-	8.0%	12.0%

Distance to Care

Slightly more respondents reported being within 10 minutes of a clinic than a hospital.

Exhibit 68: Time to Reach Clinic or Hospital, Bottineau County Respondents

How long does it take you to reach the <i>clinic</i> you usually go to?	Clinic	Hospital
Less than 10 minutes	56.0%	48.0%
11 to 30 minutes	32.0%	36.0%
31 to 60 minutes	0.0%	4.0%
Over 1 hour	12.0%	12.0%

Over 50.0% of survey respondents cited convenience, nearby location, and familiarity with providers as to why they seek health care close to home.

Exhibit 69: Reasons for Seeking Health Care Close to Home, Bottineau County Respondents

Please tell us why you seek health care services <i>close to home</i> .	Percent
Convenience	80.0%
Location is nearby	63.3%
Familiar with providers	50.0%
Loyalty to local care providers	33.3%
High quality of care	26.7%
They take my insurance	26.7%
Open at convenient times	20.0%
They take new patients	10.0%
Access to specialist	3.3%
Confidentiality	3.3%
Less costly	3.3%
Transportation is readily available	3.3%
Other: "Availability of emergency services"	3.3%
Other: "It's close"	3.3%

Approximately 80.0% of survey respondents cited having access to specialists for going out of the area to access health care.

Exhibit 70: Reasons for Going Out of the Area for Health Care, Bottineau County Respondents

Please tell us why you go <i>out of the area</i> for health care needs.	Percent
Access to specialist	80.0%
Referral	46.7%
High quality of care	30.0%
Confidentiality	23.3%
They take my insurance	23.3%
Open at convenient times	13.3%
They take new patients	10.0%
Familiar with providers	3.3%
Less costly	3.3%
Loyalty to local service providers	3.3%

Survey respondents were asked, “What specific health care services, if any, do you think should be added locally?” Bottineau County residents stated the following,

- *“More quality mental health services, sex education in schools, better quality care at local health facility”*
- *“Mental health, drug and alcohol rehab, ENT, rheumatology, peds”*
- *“OB/gyn/women's health. Ultrasound services”*
- *“Urology, dermatology”*
- *“More providers and longer clinic hours”*
- *“More mental health counseling along with medication management”*
- *“Affordable mental health”*
- *“Mental health”*
- *“Prenatal care”*
- *“Woman’s health/OB care. Mental Health providers. More specialist.”
care/allergist/cardiology/gastroenterology etc..”*
- *“Specialists, mental health providers, pre-natal care and child services and providers for women”*

SMP Health

All respondents reported that they or a family member had interacted with SMP Health in the past three years, and the majority reported they received care and treatment (compassion and respect) that was ‘very good’ or ‘excellent’.

Exhibit 71: Interactions with SMP Health, Bottineau County Respondents

In the past three years have you or a family member had any interaction with SMP Health (formerly Presentation Medical Center, St. Andrew’s Health Center)	Percent
Yes	100.0%

Exhibit 72: Perceptions of SMP Health, Bottineau County Respondents

Please rate your perception and quality of the care you received at SMP Health (formerly Presentation Medical Center, St. Andrew’s Health Center)	Very Good or Excellent
The care that I received at SMP Health was...	66.7%
I was treated with compassion and respect by SMP staff.	70.8%

Demographics

Community survey respondents from Bottineau County were predominantly female, White or Caucasian. Three in five have a bachelor's degree or higher, and nearly the same proportion have annual household income of \$100,000 or higher.

Exhibit 73: Gender, Bottineau County Respondents

What is your gender?	Percent
Female	88.0%
Male	12.0%

Exhibit 74: Race/ethnicity, Bottineau County Respondents

What is your race/ethnicity?	Percent
White or Caucasian	100.0%

Exhibit 75: Educational Attainment, Bottineau County Respondents

What is the highest level of education completed?	Percent
9th to 12th grade, no diploma	4.0%
High school diploma	12.0%
Some college, no degree	12.0%
Associate degree	12.0%
Bachelor's degree	24.0%
Graduate or professional degree	36.0%

Exhibit 76: Annual Household Income, Bottineau County Respondents

Which of the following ranges best describes your total annual household income in the past year?	Percent
None	4.8%
\$25,000 - \$34,999	4.8%
\$35,000 - \$54,999	0.0%
\$55,000 - \$64,999	9.5%
\$65,000 - \$74,999	9.5%
\$75,000 - \$99,999	14.3%
\$100,000 and above	57.1%

Exhibit 77: Age, Bottineau County Respondents

What is your age?	Percent
Less than 18 years old	4.0%
18-24 years old	4.0%
25-34 years old	12.0%
35-44 years old	28.0%

45-54 years old	16.0%
55-64 years old	16.0%
65-74 years old	16.0%
More than 75 years old	4.0%

Exhibit 78: Single-Parent Households, Bottineau County Respondents

Do you live in a single-parent household?	Percent
No	96.0%
Yes	4.0%

Exhibit 79: Multi-Generational Households, Bottineau County Respondents

Do you live in a multi-generation household or in a home with three or more generations living together (such as grandparents, kids, and grandkids)?	Percent
No	100.0%

Access Audit

Access audits calls are an effective way to evaluate the communities' access to health care services within the Bottineau County area – *not to profile any site*. The goal of conducting access audits is to understand practical access to health care and other services and barriers experienced by community members seeking care. Results provide insight to access gaps, improvement strategies, and service variations. The service sites were called on the telephone by Crescendo, seeking to schedule an appointment or to learn about other factors that potentially impact community members' access to services.

Calls were made at different times throughout the day in mid-October 2022. Six calls were attempted across the service area, all of which resulted in the caller being connected to a staff person.

The factors used to identify areas of opportunity during the calls included:

Ability of the site or facility to accept new patients

Ability of the facility to answer questions and refer the caller elsewhere when desired services are not available

How staff ask questions to define prospective patients needs

Ease of speaking with a person

Ability of the site or facility to accept new patients

Of the health care sites, all are accepting new patients, although in a few instances, not all providers were accepting new patients. Wait times for an appointment ranged depending on the facility type and/or services offered. Health department sites for routine vaccinations for instance, were available within hours, while primary care appointments were commonly available within three weeks to two months, with availability often varying by provider within a practice or medical group. Wait times to see a specialist in the county had longer wait times due to the rotation of visiting specialists in Bottineau County. Staff commonly inquired about specific services being sought in order to provide a specific estimate of provider and/or appointment availability.

Ability of the facility to answer questions and refer the caller elsewhere when the desired services are unavailable

The vast majority of sites contacted had staff members who were friendly and informative, often anticipating patient questions and providing specific information without it being explicitly requested by the caller. The staff members asked questions to assess the appropriate level of care needed and were willing to explain the process of becoming a new patient to the caller. Staff told the caller the names of providers and asked if they had a preference of seeing a doctor or physician assistant.

How staff asks questions to define prospective patient's needs

All staff members asked questions to ensure that their facilities' services aligned with the caller's needs. Staff members often proactively asked what type of insurance the caller had to make sure that the site accepts their insurance to help the caller avoid paying out of pocket for services. Beyond insurance coverage, other probing questions intended to tailor service appropriateness included inquiries about caller (and/or family member) age, if the requested information was on behalf of a family member. When services for children were not available at the site, staff members directed the caller to resources in the surrounding region.

Ease of speaking with a person

The ease of speaking with a person was easy and efficient. All calls were answered immediately by staff members with a friendly voice and were eager to help the caller. A few calls were directed to another line so that another staff member was able to give further information regarding specific needs and numbers needed to fax over patient records prior to the appointment.

Needs Prioritization Process

The Needs Prioritization Process brought together the summary of results from the secondary research data, qualitative research themes, and the community survey.

A detailed list of 29 needs were identified for SMP Health St. Andrew's service area through both qualitative and quantifiable data which is a unique process essential to building consensus between organizational leadership, community members, and partnering agencies on which interventions to initiate and implement within the service area. St. Andrew's leaders and community experts participated in a modified Delphi process by which they ranked and rated each of the community needs identified in the qualitative and quantitative research (see Appendix D for full list).

The final step of the Delphi process included a meeting of St. Andrew's leaders to discuss the results of the Prioritization Process (see list of 15 needs below) along with any other observations that may have been missed along the way (see Appendix E for the presentation). The group utilized a score metric that measured community partnership and feasibility, resources and capacity, and timeline. The group also compared and discussed the rankings of each need in the community survey relative to the prioritization survey and discussed disparities across Bottineau County. The individual needs were also grouped to weigh the relative acuity of broad, high-level domains of need.

Rank	Need
1	Increase the number of mental health providers for adults
2	Increase the number of mental health providers for children and youth
3	Increase the number of prescribing mental health providers (i.e., psychiatrists)
4	Improve school-based mental health support for children and youth
5	Improve drug and other substance abuse early intervention and prevention services
6	Increase the availability of resources to help seniors stay in their homes (e.g., home health, senior meals, etc..)
7	Improve care coordination between the hospital and other clinics, private doctors, or other health service providers
8	Increase drug and other substance abuse treatment services
9	Increase or promote opportunities for physical fitness
10	More intentionally engage the Native American community in health and wellness initiatives
11	Increase access to affordable quality childcare
12	Increase access to affordable rental housing
13	Increase access to specialty health care providers in the community (i.e., neurologists, endocrinologists)
14	Increase awareness of services or programs to help people learn about, and enroll in, programs that provide financial support for people needing health care
15	Increase case management services for people with complex chronic health conditions

Final List of Prioritized Needs and Implementation Plan Insight

When evaluating and prioritizing the most common community needs, SMP leadership also charted the degree of control that the organization possesses to impact each issue, as well as a theoretical timeline with which impact could be seen. This information will be used to help solidify the Implementation Plan which will be developed after the needs assessment is complete.

Rank	Need	Mission/Vision	Degree of Control	Timeline
1	Increase the number of mental health providers for adults	Yes	Partner/Collaborate	1.5 years
2	Increase the number of mental health providers for children and youth	Yes	Partner/Collaborate	2-3 years
3	Increase the number of prescribing mental health providers (i.e., psychiatrists)	Yes	Partner/Collaborate	1.5 years
4	Improve school-based mental health support for children and youth	Yes	Support/Advocate	3+ years
5	Improve drug and other substance abuse early intervention and prevention services	Yes	Support/Advocate	3+ years
6	Increase availability of resources to help seniors stay in their homes (e.g., home health, senior meals, etc..)	Yes	Support/Advocate	3+ years
7	Improve care coordination between the hospital and other clinics, private doctors, or other health service providers	Yes	Partner/Collaborate	Within year 1
8	Increase drug and other substance abuse treatment services	Yes	Support/Advocate	3+ years
9	Increase or promote opportunities for physical fitness	Yes	Support/Advocate	2-3 years
10	More intentionally engage the Native American community in health and wellness initiatives	Yes	Support/Advocate	3+ years
11	Increase access to affordable quality childcare	No	Support/Advocate	3+ years
12	Increase access to affordable rental housing	No	Support/Advocate	3+ years
13	Increase access to specialty health care providers in the community (i.e., neurologists, endocrinologists)	Yes	Partner/Collaborate	2-3 years
14	Increase awareness of services or programs to help people learn about, and enroll in, programs that provide financial support for people needing health care	Yes	Partner/Collaborate	Within year 1

Rank	Need	Mission/Vision	Degree of Control	Timeline
15	Increase case management services for people with complex chronic health conditions	Yes	Lead	2.5 years

Appendices

Appendix A: Progress Since the Prior CHNA

Community Health Strategic Implementation Plan

Covered Facilities: St. Andrew's Health Center

Community Health Needs Assessment: A Community Health Needs Assessment ("CHNA") was performed in Summer 2019 to determine the most pressing health needs of the St. Andrew's Health Center service area.

Implementation Plan Goals: The Board of St. Andrew's Health Center has determined that the following health needs identified in the CHNA should be addressed through the implementation strategy noted for each such need:

1. Not Enough Jobs with Livable Wages within the Community

Specific Needs Identified in CHNA:

- Strive to provide community members, including the uninsured and working poor, have access to jobs with livable wages.

Key Objectives:

Continue to provide employment positions that are competitive in wages, therefore providing opportunities to earn a livable wage.

Implementation Strategies:

Continue to be one of the largest employers in the county, continue to offer excellent benefit programs, continue to offer training reimbursement and job security through being good stewards of our resources and providing quality health care

The goals:

1. Utilize data available to pay competitive market wages for positions at SAHC.

St. Andrew's Health Center will continue to utilize the North Dakota Hospital Association wage and salary survey data to ensure that employment positions are within market value for each and every position. Market adjustments are made yearly to facility positions which increases the base wages for each position according to the NDHA data. Each employee will receive a yearly review, and upon successful review could have their wage or salary increase by a budgeted percentage. The timeline for this project is yearly assessments.

12/1/2020 update:

St. Andrew's Executive Team will review the NDHA Wage and Salary Survey to determine if the survey truly equates to the true salary market in our region. Adjustments may be made based upon the review to make and keep St. Andrew's Health Center a viable option for health care professionals and ancillary department employees.

12/1/2021 update:

St. Andrew's Executive Team and Board of Directors approved substantial changes to the wage scale for the 2022 budget. However, St. Andrew's continues to experience substantial inflation in the market for Human Resources. As such, the wage scale will be re-evaluated to ensure St. Andrew's can be competitive in the market for talent. This evaluation will take into account competitors outside of the health care space.

2. Depression and anxiety

Specific Needs Identified in CHNA:

- Ensure all community members, including the uninsured and working poor, have access to mental health services.

Key Objectives:

To offer professional services within the county that focus specifically on mental and emotional health.

Implementation Strategies:

Work collaboratively with additional organizations to identify the specific needs within the area concerning mental and emotional health.

The goals:

1. Work with the Rural Mental Health Consortium.....

12/1/2020 update:

SAHC will continue to partner with the Rural Mental Health Consortium.

SAHC will evaluate the need and feasibility of bringing in Medication Assisted Therapy to aid in decreasing opioid addiction in the region.

12/1/2021 update:

The Rural Mental Health Consortium is no longer functional. However, St. Andrew's continues to provide mental health services in its Rural Health Clinic. The feasibility of a MAT program continues to be evaluated.

Appendix B: Community Health-Related Services

SMP Health St. Andrew's collaborates with the following community health services

First District Health Unit

New Dimension Fitness Center

Home Health

Good Samaritan Nursing Home

Appendix C: Stakeholder and Focus Group Interview Guide

Introduction

Good morning [or afternoon]. My name is [*Interviewer Name*] from Crescendo Consulting Group. We are working with SMP Health St. Andrew's to conduct a community health needs assessment.

The purpose of this conversation is to learn more about the strengths and resources in the community as well as collect your insights regarding health care-related needs, ways that people seek services, ongoing impacts of the COVID-19 pandemic, and to identify service gaps and ways to better meet the needs of the community. We are also very interested to hear your insights about equal access to health care services and challenges or advantages that some communities may experience, if any.

We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say in our conversation to be anonymous.

Do you have any questions for me before we start?

ICER-BREAKER / SELF-INTRODUCTION QUESTION

Please tell me a little about yourself and ways that you like to interact with the community where you live [where appropriate, "... and the populations your organization (or you) serves."].

ACCESS AND AVAILABILITY OF SERVICES

1. When you think of the good things about living in this community, what are the first things that come to mind? [*PROBE: things to do, green spaces, strong sense of family, cultural diversity*]
2. Generally, what are some of the challenges to living here?
3. What would you say are the two or three most urgent health care-related needs in the (these) community/communities? [*PROBE: obesity, diabetes, depression*]

AFFORDABILITY OF HEALTH CARE AND BASIC NEEDS

4. To what degree are community members or families struggling with finding and accessing quality health care? [*PROBE: are there certain types of care that are more difficult to find?*]
 - a. To what degree is quality primary care and/or specialty care available?
 - b. Do people struggle to find quality mental health care or treatment for substance use disorders?
 - c. How are people accessing care, for example, virtual/telemedicine, face-to-face?
 - d. Are health care services equally available to everyone? Are there any barriers in access to services based on economic, race / ethnicity, gender, or other factors?
 - e. To what degree do health care providers care for patients in a culturally sensitive manner?
5. Do people in the community struggle with accessing other basic needs besides health care such as accessing nutritious / healthy food, dental care, hygiene and sexual health products, or affordable prescription medications
 - a. What are some resources or services in the community that work really well? What doesn't work?
6. For women of reproductive age, what is access to pre-natal, OBGYN, and perinatal like in your community? Are there any barriers in access to services?
7. What are some of the health care challenges that seniors may experience in your community? (Probe: hospice, end of life care, specialists, etc..).

HEALTH EQUITY

8. Health equity is an important consideration. First, what does health equity mean to you?
9. How can you improve current services for marginalized or hard-to-reach populations – Priority Populations -- in your community?
10. What are some of the community-level actions that can be done to provide for community health and wellbeing more equitably?
 - a. Are there any ‘low hanging fruit’ that could be addressed quickly?

SOCIAL DETERMINANTS OF HEALTH

11. How difficult is it to find safe and affordable housing in your community? Name some of the greatest challenges.
12. Describe the job market in the area before the pandemic and currently. *[PROBES: Generally, are “good” jobs here, and can people get them? Is it easy to find a full-time job with good pay, benefits, and retirement?]*
13. Do you feel there is good access to broadband and high-speed internet in the region? What are some of the challenges to not having good, reliable internet?
14. What are some of the pros and cons to living in a rural area as it relates to community health and access to care?

If transportation has not come up yet.

15. Do most people typically have reliable transportation to work, the grocery store, doctors, school? If not, are there services in the community that help those without a vehicle?
16. How easy is it for families to find affordable and safe childcare in the area? What are some of the challenges or barriers?

VULNERABLE POPULATIONS

17. What are some of the biggest needs for those who are more vulnerable than others? How does the community support them? *[PROBE: veterans, new Americans, seniors, people living with disabilities]*

IMPACT OF COVID-19

18. What are one or two ways that COVID-19 has impacted the community the most? [*PROBE: community well-being, social impacts, education, or the economy*]
 - a. Which of these do you think will be short-term effects (e.g., “After COVID is behind us, so will the effects”) or long-term effects (e.g., “The impact will be long-lasting.”)?
19. How do you think COVID-19 will impact health behaviors and how people interact with the health care system or providers, such as for screenings or routine services, vaccine perceptions, virtual health care, or others?
 - b. How, if at all, has COVID-19 affected trust of health care providers or systems and the public health system?
20. How has the pandemic affected mental health or substance misuse issues?

ENHANCING OUTREACH AND DISSEMINATING INFORMATION

21. To what degree is health literacy a community advantage or challenge? Is there adequate health information available – especially in diverse or marginalized communities? How do you think health organizations can improve health literacy of the community?
22. How do community members generally learn about access to and availability of services in the area (e.g., on-line directory; social media; hotline; word of mouth)? What method tends to work the best or worst?
 - a. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

MAGIC WAND

23. If you had a magic wand, what is the one thing you would do to make your community a better place?

Appendix D: Community Survey

Every three years, SMP Health conducts a Community Health Needs Assessment to learn more about community health and issues that need more focus and attention. This short survey is designed to learn your thoughts and ideas on these important topics.

The survey will take less than 15 minutes, and your comments will be kept confidential.

1. What county do you live in?

- ☐ Bottineau County
- ☐ Rolette County
- ☐ Towner County
- ☐ Other (please specify)

2. What is your zip code?

Access to Health Care

3. In general, how would you rate your health?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

4. Do you have a family doctor or a place where you go for routine care?

- ☐ Yes, family doctor, family health center, or clinic
- ☐ Yes, emergency room
- ☐ Yes, walk-in urgent care
- ☐ Yes, virtual through telemedicine
- ☐ No
- ☐ Other (please specify)

5. Do you use any of the following health centers?

- ☐ Northland
- ☐ Pyramid Health
- ☐ St. Andrew's
- ☐ St. Kateri
- ☐ Towner County Medical Center
- ☐ I do not use any of these health centers

6. Do you have health insurance?

- ☐ Insurance plan through employer
- ☐ Insurance plan through spouse's employer
- ☐ Purchased insurance from state or federal health insurance exchange

- ☐ Purchased own insurance
 - ☐ Medicare
 - ☐ Medicaid
 - ☐ Another government program
 - ☐ Indian Health Service
 - ☐ I don't have insurance
7. Are you aware of Medicaid Expansion?
- ☐ Yes
 - ☐ No
8. In the past two years, has there been one or more occasions when you needed medical or mental health care but chose NOT to get it?
- ☐ Yes
 - ☐ No
9. If yes, what prevented you from accessing health care or mental health services when you need it? (Check all that apply)
- ☐ Lack of health insurance
 - ☐ Lack of money / ability to pay
 - ☐ Did not feel comfortable with available providers
 - ☐ Providers did not speak my language, or they didn't know my culture
 - ☐ Providers not knowledgeable about people with my sexual orientation or gender status
 - ☐ Lack of transportation
 - ☐ Long wait times to see a provider
 - ☐ Doctor's office is too far from my house
 - ☐ COVID-19-related restrictions
 - ☐ Concern about my immigration status
 - ☐ I don't like the providers
 - ☐ Providers were not culturally competent
 - ☐ Other (please specify)
10. Have you or your family experienced food insecurity, that is, not knowing where your next meal is coming from or involuntarily eating less than you need on a regular basis, for a period of time?
- ☐ Yes
 - ☐ No
11. Where do you find out what health services are available in your area? (Choose ALL that apply)
- ☐ Advertising
 - ☐ From hospital/clinic health care professionals
 - ☐ From public health professionals
 - ☐ Indian Health Service
 - ☐ Tribal Health
 - ☐ Newspaper
 - ☐ Radio
 - ☐ Web searches

- ☐ Employer/worksites wellness
- ☐ Word of mouth, from others (friends, neighbors, co-workers, etc..)
- ☐ Other (please specify)

Community Health Needs

A "healthy" community can include a variety of things such as the availability of health care services (including behavioral health), social services, economic and career growth opportunities, environmental factors, lifestyle topics (such as obesity, smoking, substance abuse, and healthy living issues), and others. The next few questions ask you about your opinions on programs and resources in your community.

12. What are the major challenges facing your community?

13. Regarding community/environmental concerns in your community, in the following categories please rank each of the potential concerns 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 (neutral)	4	5 (more of a concern)	I don't know
Active faith community						
Attracting and retaining young families						
Not enough affordable housing						
Poverty						
Work opportunities						
Education opportunities						
Changes in population size (increasing or decreasing)						
Crime and safety, adequate law enforcement personnel						
Fear of crime against me or my property						
Air quality						
Litter (amount of litter, adequate garbage collection)						

Having enough child daycare services						
Having enough quality school resources						
Not enough places for exercise and wellness activities						
Not enough public transportation options, cost of public transportation						
Racism, prejudice, hate, discrimination						
Seatbelt use						
Traffic safety (speeding, road safety, drunk/distracted driving)						
Physical violence, domestic violence						
Child abuse (violence against children)						
Dating violence						
Sexual abuse/assault						
Stalking						

14. Regarding health services in your community, in the following categories please rank each of the potential concerns 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 (neutral)	4	5 (more of a concern)	I don't know
Ability to get appointments for health services						
Extra hours for appointments, such as evenings and weekends						
Availability of doctors and nurses						
Availability of public health professionals						
Ability to retain doctors and nurses in the area						

Availability of specialists						
Not enough health care staff in general						
Availability of wellness and disease prevention services						
Availability of mental health services						
Availability of substance abuse/treatment services						
Availability of dental care						
Availability of vision care						
Availability of women's health services/prenatal care						
Sharing of information between health care providers for coordination of care						
Providers using electronic health records						
Patient confidentiality						
Quality of care						
Emergency services (ambulance & 911) available 24/7						
Cost of health care services						
Cost of health insurance						
Adequacy of health insurance (concerns about out-of-pocket costs)						
Adequacy of Indian Health Service or Tribal Health services						
Understanding where and how to get health insurance						
Cost of prescription drugs						

Services to help people learn about, and enroll in, programs that provide financial support for people needing health care						
Health care services for people experiencing homelessness						
Transportation services for people needing to go to doctor's appointments or the hospital						

15. Regarding physical health, mental health, and substance abuse for ADULTS in your community, in the following categories please rank each of the potential concerns 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 (neutral)	4	5 (more of a concern)	I don't know
Cancer						
Diabetes						
Heart disease						
Obesity/overweight						
Lung disease (emphysema, COPD, asthma, etc.)						
Dementia/Alzheimer's disease						
Depression						
Stress						
Suicide						
Counseling services for mental health issues such as depression, anxiety, and others for adults						
Support services for adults with developmental disabilities						
Alcohol use and abuse (including binge drinking)						
Drug use and abuse (including						

prescription drug abuse, marijuana, and opioids)						
Smoking and tobacco use						
Exposure to secondhand smoke						
Use of alternate tobacco products (e-cigarettes, vaping, hookah, Juul)						
Use of smokeless tobacco products (chewing tobacco)						
Drug and other substance abuse education and prevention						
Programs to help to recover drug and other substance use disorder patients stay healthy						
Not getting enough exercise						
Poor nutrition, poor eating habits						
Diseases that can be spread, such as sexually transmitted diseases						
Wellness and disease prevention, including vaccine-preventable diseases						

16. Regarding physical health, mental health, and substance abuse for YOUTH and CHILDREN in your community, in the following categories please rank each of the potential concerns 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 (neutral)	4	5 (more of a concern)	I don't know
Not enough youth activities						
Youth obesity						
Youth hunger and poor nutrition						
Youth drug use and abuse (including prescription drug						

abuse and marijuana)						
Use of illegal drugs (methamphetamines, heroin, cocaine)						
Youth tobacco use						
Youth exposure to secondhand smoke						
Youth use of alternate tobacco products (e-cigarettes, vaping, hookah, Juul)						
Youth use of smokeless tobacco products (chewing tobacco)						
Youth mental health						
Youth suicide						
School-based mental health support for children						
Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children						
Teen pregnancy						
Services or education to help reduce teen pregnancy						
Youth sexual health (including sexually transmitted infections)						
Youth crime						
Youth graduating from school						
Support services for children with developmental disabilities						

17. Regarding the aging population in your community, in the following categories please rank each of the potential concerns 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 (neutral)	4	5 (more of a concern)	I don't know
Being able to meet needs of the older population						
Long-term/nursing home care options						
Assisted living options						
Availability of resources to help the elderly stay in their homes (home health, senior meals, etc.)						
Availability/cost of activities for seniors						
Availability of resources for family and friends caring for elders						

Delivery of Health Care

18. How long does it take you to reach the clinic you usually go to?

- ☐ Less than 10 minutes
- ☐ 11 to 30 minutes
- ☐ 31 to 60 minutes
- ☐ Over 1 hour

19. How long does it take you to reach the hospital you usually go to?

- ☐ Less than 10 minutes
- ☐ 11 to 30 minutes
- ☐ 31 to 60 minutes
- ☐ Over 1 hour

20. Please tell us why you seek health care services close to home. (Choose ALL that apply)

- ☐ Access to specialist
- ☐ Confidentiality
- ☐ Convenience
- ☐ Disability access
- ☐ Eligible care from Indian Health Service
- ☐ Familiar with providers
- ☐ High quality of care
- ☐ Less costly
- ☐ Location is nearby
- ☐ Loyalty to local care providers
- ☐ Open at convenient times

- ☐ They take insurance
- ☐ They take new patients
- ☐ Transportation is readily available
- ☐ Other (please specify)

21. Please tell us why you go out of the area for health care needs (Choose ALL that apply)

- ☐ Access to specialist
- ☐ Confidentiality
- ☐ Convenience
- ☐ Disability access
- ☐ Familiar with providers
- ☐ High quality of care
- ☐ Less costly
- ☐ Eligible for contract health services under Indian Health Service
- ☐ Eligible for care from Indian Health Service
- ☐ Loyalty to local service providers
- ☐ Note eligible for care from Indian Health Service
- ☐ Open at convenient times
- ☐ Proximity
- ☐ Referral
- ☐ They take my insurance
- ☐ They take new patients
- ☐ Transportation is readily available
- ☐ Other (please specify)

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

SMP Health

23. In the three years have you or a family member had any interaction with SMP Health (formerly Presentation Medical Center/Presentation Clinic)

- ☐ Yes
- ☐ No

24. If yes, please rate your perception and quality of the care you received at SMP Health (Presentation Medical Center or Presentation Clinic)

	1 poor	2 fair	3 good	4 very good	5 excellent
The care that was received at SMP Health was					
I was treated with compassion and respect by SMP staff					

A little bit about you

25. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Non-binary
- ☐ Other
- ☐ I'd rather not share

26. What is your race/ethnicity? [Check all that apply]

- ☐ Hispanic, Latinx
- ☐ White or Caucasian
- ☐ Black or African American
- ☐ Asian
- ☐ Native American
- ☐ Alaska Native
- ☐ Native Hawaiian
- ☐ Pacific Islander
- ☐ Another race/ethnicity
- ☐ I'd rather not share

27. What is your highest level of education completed?

- ☐ Less than 9th grade
- ☐ 9th to 12th grade, no diploma
- ☐ High school diploma
- ☐ Some college, no degree
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree

28. Which of the following ranges best describes your total annual household income in the past year?

- ☐ None
- ☐ Under \$15,000
- ☐ \$15,000 – \$24,999
- ☐ \$25,000 - \$34,999
- ☐ \$35,000 – \$44,999
- ☐ \$45,000 - \$54,999
- ☐ \$55,000 - \$64,999
- ☐ \$65,000 - \$74,999
- ☐ \$75,000 - \$99,999
- ☐ \$100,000 and above
- ☐ Unknown

29. What is your age?

- ☐ Less than 18 years old
- ☐ 18 – 24
- ☐ 25 – 34
- ☐ 35 – 44
- ☐ 45 – 54
- ☐ 55 – 64
- ☐ 65 – 74
- ☐ More than 75
- ☐ I'd rather not share

30. Do you live in a single-parent household?

- ☐ Yes
- ☐ No

31. Do you live in a multi-generation household or in a home with three or more generations living together (such as grandparents, kids, and grandkids)?

- ☐ Yes
- ☐ No

Appendix D: Needs Prioritization List of Needs

SMP Health Needs- Needs Prioritization Survey

Please select the hospital you are associated with

- ☐ St. Andrew's
- ☐ St. Kateri

Please rank each of the 29 needs on a scale of 1 to 7 -- where 1 means that "No More Focus is Needed" and 7 means "A Lot More Focus is Needed."

1. Increase access to affordable rental housing
2. Increase access to affordable housing for homeownership
3. Develop supportive/transitional housing for individuals in need of wrap-around supportive services
4. Develop homeless prevention programs (programs to help people stay in their homes)
5. Improve access to internet and broadband
6. Increase access to affordable quality childcare
7. Invest in activities for youth (such as a public pool, roller skating rink, bowling alley)
8. More intentionally engage the Native American community in health and wellness initiatives
9. Improve transportation services for people needing to go to doctor's appointments or the hospital
10. Improve general public transportation
11. Enhance community programs to break out of the cycle of poverty (e.g., early childhood education, primary and secondary education, job training)
12. Increase the number of jobs paying a livable wage
13. Increase the number of accessible sources for affordable, nutritious food
14. Increase or promote opportunities for physical fitness
15. Increase the number of mental health providers for children and youth
16. Improve school-based mental health support for children and youth
17. Increase the number of mental health providers for adults
18. Increase the number of prescribing mental health providers (i.e., psychiatrists)
19. Develop crisis or emergency care programs for mental health
20. Improve drug and other substance abuse early intervention and prevention services

21. Increase drug and other substance abuse treatment services
22. Develop affordable health care services for individuals or families with low income
23. Increase case management services for people with complex chronic health conditions
24. Improve care coordination between the hospital and other clinics, private doctors, or other health service providers
25. Increase availability of resources to help seniors stay in their homes (e.g., home health, senior meals, etc.)
26. Increase the number of primary care services (such as a family doctor or other provider of routine care)
27. Increase access to specialty health care providers in the community (i.e., neurologists, endocrinologists)
28. Increase awareness of services or programs to help people learn about, and enroll in, programs that provide financial support for people needing health care
29. Improve crisis or emergency care services for medical issues

Appendix E: Needs Prioritization Presentation

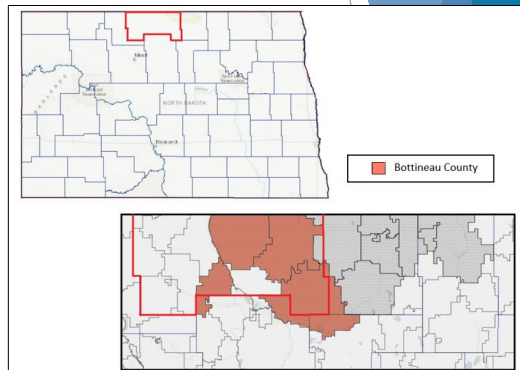


CHNA Overview & Research Process



Service Area

- ▶ SMP Health St. Andrew's primary service area is defined by five zip codes in Bottineau County
 - ▶ 58318, 58384, 58739, 58762, and 58783
 - ▶ *58739 is not available in the Census



Social Vulnerability Index

	United States	North Dakota	St. Andrew's
Total population	326,569,308	760,394	7,818
Below poverty	12.8%	10.5%	10.1%
Unemployed	3.4%	2.1%	2.9%
Median income	\$64,994	\$65,315	\$74,960
Age 65+	16.0%	15.3%	20.5%
Under 18 years	22.4%	23.4%	25.2%
Population living with a disability	12.7%	10.9%	18.1%
Ethnic/racial minority	39.9%	16.3%	11.9%
Speak English less than "very well"	8.2%	1.9%	1.5%
Multi-unit housing structures	26.1%	29.9%	22.5%
Mobile homes	6.0%	7.1%	10.1%
No vehicle	8.5%	5.1%	3.8%
Group quarters	2.5%	3.3%	5.5%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

Qualitative Research Themes



Housing



Mental Health



Transportation



Services for Older Adults

Prioritized Needs Development Approach

"How did SMP Health St. Andrew's derive the list of needs included in the Needs Prioritization Process?"



Comprehensive data & community engagement

- Secondary data
- Community survey
- Key stakeholder interviews and focus groups



Analysis and list refinement

- Qualitative action area review
- Quantitative survey results



Prioritize list

- Identify, categorize, prioritize

Needs Prioritization Process

Review approach and line of sight to Prioritized Needs.
Introduce today's tasks & how they fit within the assessment to help SMP Health St. Andrew's develop its overall strategic plan.

Identify community needs.
How did we get here & what is the community saying?

Identify needs **NOT** within SMP Health St. Andrew's purview to address.
Discuss what is SMP Health St. Andrew's capacity to create change or make a positive impact.

Calculate needs with Timelines & Locus of Control.
Rank and re-order the identified needs as appropriate.

Review priority needs and crosswalk them to existing programs where appropriate.

Needs Prioritization Survey List (Top 15)

Rank	Need
1	Increase the number of mental health providers for adults
2	Increase the number of mental health providers for children and youth
3	Increase the number of prescribing mental health providers (i.e., psychiatrists)
4	Improve school-based mental health support for children and youth
5	Improve drug and other substance abuse early intervention and prevention services
6	Increase availability of resources to help seniors stay in their homes (e.g., home health, senior meals, etc.)
7	Improve care coordination between the hospital and other clinics, private doctors, or other health service providers
8	Increase drug and other substance abuse treatment services
9	Increase or promote opportunities for physical fitness
10	More intentionally engage the Native American community in health and wellness initiatives
11	Increase access to affordable quality childcare
12	Increase access to affordable rental housing
13	Increase access to specialty health care providers in the community (i.e., neurologists, endocrinologists)
14	Increase awareness of services or programs to help people learn about, and enroll in, programs that provide financial support for people needing healthcare
15	Increase case management services for people with complex chronic health conditions

Next Steps

Identify

- ...the needs within SMP Health St. Andrew's capacity & purview to address

Explore

- ... SMP St. Andrew's Locus of Control & Timeline for prioritizing the remaining needs

Needs Prioritization Discussion

Needs Ranked 1-7

Rank	Need	Mission/Vision	Degree of Control	Timeline
1	Increase the number of mental health providers for adults			
2	Increase the number of mental health providers for children and youth			
3	Increase the number of prescribing mental health providers (i.e., psychiatrists)			
4	Improve school-based mental health support for children and youth			
5	Improve drug and other substance abuse early intervention and prevention services			
6	Increase availability of resources to help seniors stay in their homes (e.g., home health, senior meals, etc.)			
7	Improve care coordination between the hospital and other clinics, private doctors, or other health service providers			

Within Mission/Vision of SMP Health St. Andrew's

1 = Yes
2 = No

Degree of Control

1 = Lead
2 = Partner/Collaborate
3 = Support/Advocate

Timeline of Impact

1 = Within year 1
2 = 2-3 years
3 = 3+

Needs Prioritization Discussion

Needs Ranked 8-15

Rank	Need	Mission/Vision	Degree of Control	Timeline
8	Increase drug and other substance abuse treatment services			
9	Increase or promote opportunities for physical fitness			
10	More intentionally engage the Native American community in health and wellness initiatives			
11	Increase access to affordable quality childcare			
12	Increase access to affordable rental housing			
13	Increase access to specialty health care providers in the community (i.e., neurologists, endocrinologists)			
14	Increase awareness of services or programs to help people learn about, and enroll in, programs that provide financial support for people needing healthcare			
15	Increase case management services for people with complex chronic health conditions			

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Questions?

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