Community Health Needs Assessment

Presentation Medical Center
Rolla, North Dakota

2012

Completed by

The North Dakota Medicare Rural Hospital Flexibility (Flex) Program
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Table of Contents

Introduction

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

The purpose of conducting a community health needs assessment is to describe the health of local people, identify use of local health care services, identify and prioritize community needs, and lay the groundwork for identifying action needed to address health needs. A health needs assessment benefits the community by: 1) collecting timely input from the local community, providers, and staff; 2) providing an analysis of secondary data related to health conditions, risks, and outcomes; 3) compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan; 4) engaging community members about the future of health care delivery; and 5) allowing the charitable hospital to meet federal regulation requirements of the Patient Protection and Affordable Care Act, which requires not-for-profit hospitals to complete a community health needs assessment at least every three years.

To gather feedback from the community, residents of the health care service area and staff of Presentation Medical Center were given the chance to participate in a widely distributed survey. Additional information was collected by conducting key informant interviews and facilitating a focus group with locally identified community leaders.

Overview of Providers, Services, and Facilities

Services offered locally by Presentation Medical Center include:

Acute services

- Acute care hospital
- Anesthesia
- 24-hour Emergency room
- Cardiology
- Orthopedic
- Obstetrics & gynecology
- Podiatric
- Social services
- Surgical services
- Swing bed & respite care services
- Trauma care

General services

- Clinic
- Comfort care suite
- Hospice care
- Mental and behavioral health
- Retail pharmacy
- Pastoral care
- Social services
- Substance abuse services
- Visiting specialists
- Telemedicine

Lab Services

- Coagulation
- Hematology
- Urinalysis
- Immunoassay (measures presence of a substance)
- Immunohematology (blood banking)
- Chemistry—metabolic tests, drug testing, drug abuse testing

Radiology services

- CT scan
- General x-ray
- MRI
- Nuclear medicine
- Ultrasound
- Digital mammography

Screening/therapy services

- Cardiac rehab program
- Chemotherapy
- Drug testing
- Hearing services
- Home oxygen service
- Laboratory services
- IV Therapy
- Physical therapy
- Respiratory therapy
- Sleep studies

Presentation Medical Center

Presentation Medical Center's stated mission is to:

- Provide holistic care and healing with integrity, compassion and respect to all we serve.
- Treat everyone with importance and kindness.
- Give empathy and provide support.
- Have a moral commitment to truth, purpose, responsibility, trust and professionalism.
- Be comfortable with who we are, enjoy what we do and share that with those we serve.

Presentation Medical Center (PMC) consists of a 25-bed critical access hospital in Rolla. Its 100 employees provide medical services to 15,000 residents living in and near Rolette County. The non-profit hospital is community owned and governed by a nine-member board of directors. The staff of providers is comprised of two medical doctors and five certified nurse practitioners. Additionally, PMC started its own clinic, Presentation Clinic, which is located in the hospital. It is open 8:30-4:30 Monday through Friday.

Presentation Medical Center was founded in 1939 as Rolla Community Hospital. Backed by strong support from the Commercial Club of Rolla and the community, the hospital requested the Catholic Order of Sisters to equip and operate the hospital. As a result, Presentation Medical Center is in union with the Sisters of Mary of the Presentation, a Catholic health care organization. As part of the Sisters of Mary Presentation Health System, Presentation Medical Center partners with eight other rural hospitals and nursing homes in North Dakota, Iowa and Illinois.

Presentation Medical Center has substantial economic impact on its community. Its primary impact to the county is $3.58 million and its secondary impact is $1.79 million, for a total impact of $5.37 million annually. (Financial impacts were estimated using economic multipliers derived from MIG 2007 IMPLAN data.)

Northland Community Health Center

Northland Community Health Center (NCHC) is a Federally Qualified Health Center (FQHC) that provides health care services to the communities of Rolla and Rolette within Rolette County as well as two other rural communities, McClusky and Turtle Lake. It is funded in part by the Department of Health and Human Services (HHS) and the Bureau of Primary Health Care (BPHC) and is community-based and patient directed.

NCHC is a non-profit health care organization with a mission to provide access to comprehensive, quality primary care services. To that end, it operates on a sliding fee scale, offering discounts for people with income below 200% of the federal poverty guideline. NCHC encourages all patients, regardless of financial status, to apply for discounted health care services.

A certified physician assistant is on staff Monday through Friday at both the Rolla and Rolette offices. Two dental providers are on staff and rotate between the four communities.

At the request of Michael Pfeifer, CEO of PMC, Northland Community Health Clinic (NCHC) was not invited to participate in the community focus group. Apparently, a hostile relationship exists between PMC and NCHC. Mr. Pfeifer expressed concern that the community focus group may develop in to a public complaining session and would be counterproductive. He was confident concerns and comments about the strained relationship between the two entities would still arise; however, they would be less likely to dominate the discussion.

Turtle Mountain Indian Health Services

The Quentin N. Burdick Memorial Hospital in Belcourt is a recently remodeled facility serving the 9,500 members of the Turtle Mountain Band of Chippewa. Built in 2005 the hospital is modern and has recently received an upgrade in its dental equipment. The 11-physician Joint Commission (JCAHO) accredited facility has the capabilities to provide general surgery, pediatric, obstetrics, emergency care, and alcohol detox. The facility has a 14-chair dental clinic and a two-chair satellite clinic in Dunseith, ND. Serving a population base of 29,000 the hospital has 8,500 active patients.

Rolette County Ambulance

Rolla has two ambulances that are staffed by 16 volunteers. The fire department is an all-volunteer department equipped with two pumpers, attack units, support units and a tanker and rescue equipment unit.

Other Community Resources

Rolette Community Care Center, located in Rolette, about 35 minutes away from Rolla, is a nursing home that provides rehabilitation services. The Rolette County Women, Infants and Children (WIC) Program is located in Rolla, next to the Rolette County Public Health office.

Rolla is the county seat of Rolette County and is home to many federal and local government offices in the county Sheriff's Department. With a population of 1,500, Rolla is a largely agricultural area that is home to many family farms that produce small grains and some livestock. The school district provides K-12 educational services, with a student/teacher ratio of 17:1. Rolla is located in north central North Dakota, with the Turtle Mountains to the east and Canada to the north. Its location positions itself for a variety of four season outdoor recreational activities such as hiking, boating, hunting, fishing and snowmobiling.

The leading industries in Rolette County are education, health and social services and retail. Turtle Mountain Community College, located in Belcourt on the Turtle Mountain reservation, is just six miles from Rolla. Rolla has a K-12 school system, public library and four community parks. Rolla also offers a golf course, swimming pool, skating rink, bowling lanes, outdoor sports complex, campgrounds, gun clubs and trap shooting. Rolla has an active Arts Council, Senior Citizens Club, Boys and Girls Club and an Archery Club.

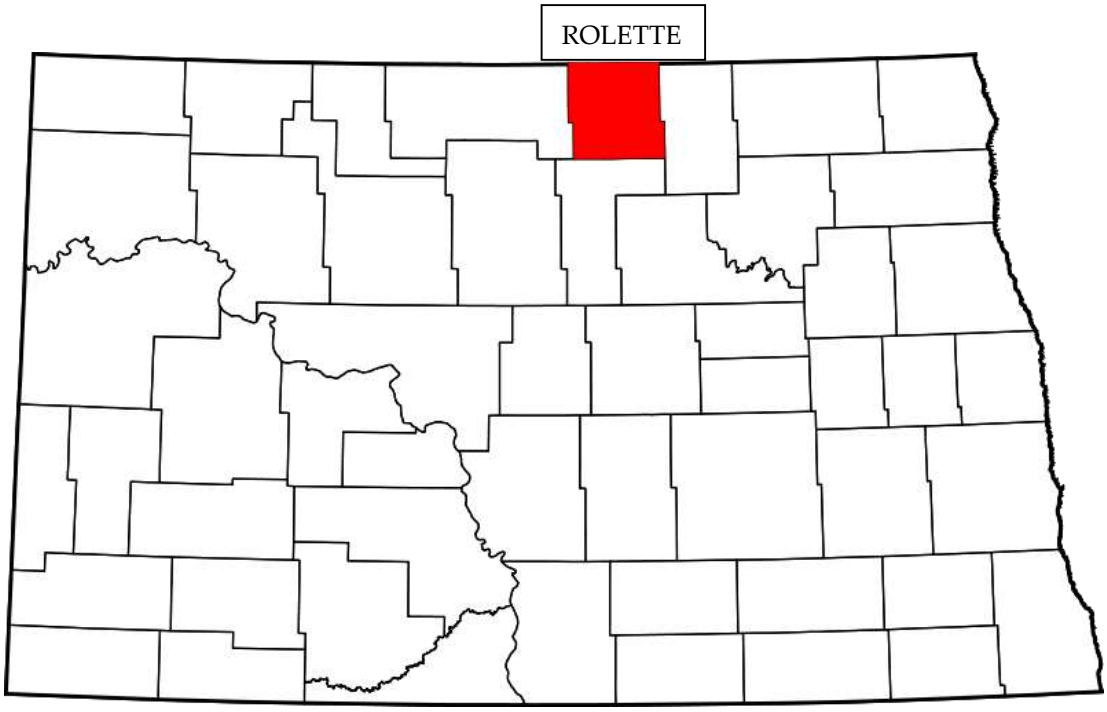
Other health care services offered in Rolla include home health, mental health and senior assisted living. In terms of social services, Rolla is home to a welfare office and dental, vision and chiropractic services are available in the community.

Assessment Methodology

Presentation Medical Center primarily serves an area that includes two counties in North Dakota: Rolette and Towner. The majority of residents served, however, reside in Rolette County so for the purpose of this assessment the focus is on Rolette County. This service area is defined based on the location of medical facilities, the geographic distance to other hospitals, and the history of usage by consumers. Located in the

hospital's service are the communities of Agate, Belcourt, Dunseith, Hansboro, Mylo, Perth, Rolette, Rolla ,Rocklake and St. John.

FIGURE 1: SERVICE AREA OF PRESENTATION MEDICAL CENTER



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

The Center for Rural Health is one of the nation's most experienced organizations committed to providing leadership in rural health. Its mission is to connect resources and knowledge to strengthen the health of people in rural communities. The Center serves as a resource to health care providers, health organizations, citizens, researchers, educators, and policymakers across the state of North Dakota and the nation. Activities are targeted toward identifying and researching rural health issues, analyzing health policy, strengthening local capabilities, developing community-based alternatives, and advocating for rural concerns.

As the federally designated State Office of Rural Health (SORH) for the state and the home to the North Dakota Medicare Rural Hospital Flexibility (Flex) program, the

Center connects the School of Medicine and Health Sciences and the University to rural communities and their health institutions to facilitate developing and maintaining rural health delivery systems. In this capacity the Center works both at a national level and at state and community levels.

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

Survey

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

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

Community Member Survey

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

- Understand community awareness about services provided by the local health system and whether consumers are using local services;
- Understand the community's views and attitudes about potential health concerns in the area.
- Solicit suggestions and help identify any gaps in services.
- Determine preferences for using local health care versus traveling to other facilities.

Specifically, the survey covered the following topics: community assets, awareness and utilization of local health services, barriers to using local services, suggestions for improving collaboration within the community, local health care delivery concerns, reasons consumers use local health care providers and reasons they seek care elsewhere, travel time to the nearest local provider clinic and to the nearest clinic not operated by a local provider, demographics (gender, age, years in community, marital status,

employment status, income, and insurance status), and any health conditions or diseases respondents currently have.

Approximately 500 community member surveys were available for distribution in the service area. The surveys were distributed by focus group members and PMC staff dropped surveys off at three banks, the drug store, the daycare center, the Kiwanas, the Senior Center, the fitness center, the job placement office and placed them at the front desk of the hospital and clinic. To help ensure anonymity, included with each survey was a postage-paid return envelope to the Center for Rural Health. In addition, to help make the survey as widely available as possible, residents also could request a survey by calling PMC. The survey period ran from June 18, 2012 until July 22, 2012. Approximately 54 completed surveys were returned.

Area residents were given the option of completing an online version of the survey, which was publicized in area newspapers. Forty-five online surveys were completed. Between the hard-copy and online versions of the survey, a total of 99 community member surveys were completed.

Health Care Professional Survey

Employees of PMC were encouraged to complete an online version of the survey geared to health care professionals. Seventeen of these surveys were completed online. The version of the survey for health care professionals covered the same topics as the consumer survey, although it sought less demographic information and did not ask whether health care professionals were aware of the services offered by PMC.

Interviews

One-on-one interviews with key informants were conducted in person in Rolla on June 18, 2012. Telephone interviews were held on June 21, 2012. A representative of the Center for Rural Health conducted the interviews. Interviews were held with selected focus group members as well as other key informants who could provide insights into the community's health needs. These interviewees represented the broad interests of the community served by PMC. They included representatives of the medical community, business community, nonprofit agencies, and public health. Included among the informants was a public health nurse with special knowledge in public health acquired through several years of direct care experience in the community, including working with medically underserved, low income and Native populations, as well as with populations with chronic diseases. Also included was an employee from Job Service North Dakota who interacts with low income and minority populations. Five individuals, among those listed in Appendix B, took part in the interviews.

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

Focus Group

A focus group met on June 18, 2012 for approximately 90 minutes. Members of the focus group included the Mayor, medical service providers, business leaders and city personnel from various communities in Presentation Medical Center's service area. PMC mailed 84 letters, inviting residents to attend the community group and nine community members participated in the focus group. A representative of the Center for Rural Health moderated the focus group. As with the one-on-one interviews, topics covered during the focus group included the general health needs of the community, health care delivery by local providers, awareness of health services offered locally, utilization of local services, barriers to using local services, suggestions for improving collaboration with the community, local health care delivery concerns, reasons community members use PMC, and reasons community members go elsewhere for health care.

Secondary Research

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

Demographic Information

The following table summarizes general demographic and geographic data about the county served by Presentation Medical Center:

TABLE 1: COUNTY INFORMATION AND DEMOGRAPHICS (From 2010 Census where available; some figures from earlier Census data)		
	Rolette County	**North Dakota**
Population	13,937	**672,591**
Population change, 2000-2010	1.9%	**4.7%**
Square miles	903	**69,001**
People per square mile	15.4	**9.8**
Caucasian	20.3%	**90.0%**
American Indian	77.2%	**5.4%**
High school graduates	82.1%	**89.4%**
Bachelor's degree or higher	16.5%	**26.3%**
Live below poverty level	31.8%	**12.3%**
Children in poverty	41.5%	**14%**
65 years or older	10.0%	**14.5%**
Median age	30.5	**37.0**

The data indicates that Rolette County has a smaller percentage of individuals over the age of 65 than the North Dakota average. The County also has a lower median age than the state median age. A younger population may signify unique medical needs.

Rolette County has a lower percentage of individuals with a high school diploma or bachelor's degree than the state averages. The reduced number of individuals with formal education could have implications for recruiting educated health care professionals to work with Presentation Medical Center.

Rolette County's rate of individuals living below the poverty line, both adults and children, exceeded the state average, with a rate 2½ times that of the state average. Of particular note is the rate of children aged eighteen years and younger who are living below the poverty line is more than triple the state average. The data suggest that children's access to and affordability of health care needs to be a focus in this county.

Health Indicators and Outcomes

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

County Health Rankings

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

The data used in the 2012 *County Health Rankings* is pulled from 14 primary data sources and then is compiled to create a state rank and county rankings. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the "healthiest." Counties are ranked on both health outcomes and health factors. Below is a breakdown of the variables that influence a county's rank. A model of the 2012 County Health Rankings – a flow chart of how a county's rank is determined – may be found in Appendix E. For further information, visit the *County Health Rankings* website at www.countyhealthrankings.org.

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

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

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

North Dakota Health Care Review, Inc., through its contract with the Centers for Medicare and Medicaid Services, also provides county-specific data as it relates to various preventative measures and health screens.

Below is a summary of selected measures taken from these two sources as they relate to Presentation Medical Center's service area in Rolette County. It is important to note these statistics describe the population of the county, regardless of where county residents choose to receive their medical care. In other words, all of the following statistics are based on the health behavior and conditions of the stated counties' residents, not necessarily patients of Presentation Medical Center.

For some of the measures included in the rankings, the *County Health Rankings'* authors have calculated a national benchmark for 2012. As the authors explain, "The national benchmark is the point at which only 10% of counties in the nation do better, i.e., the 90th percentile or 10th percentile, depending on whether the measure is framed positively (e.g., high school graduation) or negatively (e.g., adult smoking)."

Rolette County's ranking is listed in the table below. It ranks 45th out of 46 ranked counties in North Dakota on health outcomes and comes in last, at 46, on health factors. The variables marked by a diamond (❖) are areas where Rolette County is not measuring up to the national benchmark. The variables marked by a red checkmark (✓) are areas where the county is not measuring up to state averages. Appendix F sets forth definitions for each variable.

TABLE 2: SELECTED MEASURES FROM COUNTY HEALTH RANKINGS			
	Rolette County	**National Benchmark** ❖	**North Dakota** ✓
Ranking: Outcomes	**45th**		**(of 46)**
Poor or fair health	❖✓ 24%	10%	12%
Poor physical health days (in past 30 days)	❖✓ 3.7	2.6	2.7
Poor mental health days (in past 30 days)	❖✓ 3.6	2.3	2.5
% Diabetic	✓ 14%	-	8%
Ranking: Factors	**46**		**(of 46)**
Health Behaviors			
Adult smoking	❖✓ 37%	14%	19%
Adult obesity	❖✓ 40%	25%	30%
Physical inactivity	❖✓ 36%	21%	26%
Excessive drinking	❖✓ 26%	8%	22%
Sexually transmitted infections	❖✓ 1,047	84	305
Clinical Care			
Uninsured	❖✓ 15%	11%	12%
Primary care provider ratio	❖✓ 2284:1	631:1	665:1
Mental health provider ratio	❖✓ 4,569:1	-	2,555:1
Preventable hospital stays	❖✓ 182	49	64
Diabetic screening	❖✓ 36%	89%	85%
Mammography screening	❖✓ 33%	74%	72%
Physical Environment			
Limited access to healthy foods	❖ 4%	0%	11%
Access to recreational facilities	❖✓ 0	16	13

In terms of health outcomes, Rolette County fared worse than the national benchmark and state averages on all accounts.

In terms of health factors, including health behaviors, clinical care measures, and physical environment, Rolette County has the *lowest overall scores measured* in the state of North Dakota with the exception of access to healthy food. The rate of sexually transmitted infections in Rolette is *12 times* higher than that of the national benchmark. The health behaviors for Rolette County that are of particular concern as they show markedly worse rates than the national benchmark and state average are:

- Adult smoking
- Adult obesity (percent of adults reporting a body mass index of 30 or higher)
- Physical inactivity
- Sexually transmitted infections

Examining these statistics together highlights their interrelatedness. The Centers for Disease Control and Prevention explains that physical inactivity can lead to obesity and type 2 diabetes, while physical activity can help control weight, reduce the risk of heart disease and some cancers, strengthen bones and muscles, and improve mental health.

Rolette County residents have extraordinary high ratios of patients to doctors, with a ratio that is over 3 ½ times the national ratio for primary care providers. The lack of medical professionals in the County is alarming as it suggests limited availability and accessibility to care. The data indicate there is a need for more primary care doctors and mental health providers.

The statistics indicate there is room for improvement in every facet of health care needs and services. The lack of access to recreational facilities is concerning, considering the county's high percentages of obesity, inactivity, excessive drinking and diabetes.

Public Health Community Profiles

Included in Appendix C is the North Dakota Department of Health's community health profile for the Rolette County which is served by Presentation Medical Center.

In Rolette County, the leading causes of death were unintentional injury for those aged 5-44, cancer for those aged 45-74, and heart disease for those aged 75 and older. The second most common causes of death were suicide for those aged 15-34 (along with diabetes for those aged 25-34), cancer for those aged 35-44, heart disease for those aged 45-74, and cancer for those aged 75 and older. Sudden infant death syndrome, anomalies, and prematurity were the leading causes of death for infants and children aged 0-4.

This data on causes of death suggests that in Rolette County, reductions in non-infant mortality may be achieved by focusing on early detection and prevention of cancer and heart disease, as well as accident and suicide prevention.

Attention also should be paid to other information provided in the profiles about quality of life issues and conditions such as binge drinking and drunk driving, asthma, obesity and lack of physical activity, as these are all areas where Rolette County had significantly higher rates than the state of North Dakota. Additionally, other quality of life issues such as arthritis, cardiovascular disease, cholesterol, crime, fruit and vegetable consumption, health insurance, health screening, high blood pressure, mental health, smoking, stroke, tooth loss, and vaccination should be looked at.

Preventive Care Data

North Dakota Health Care Review, Inc., the state's quality improvement organization, reports rates related to preventive care. They are summarized in the table below for the counties in Presentation Medical Center's service area.[1] For a comparison with other counties in the state, see the respective maps for each variable found in Appendix G.

Those rates highlighted below marked with a red checkmark (✓) signify that Rolette County falls into the two lower performing quintiles overall – meaning that more than half (60%) of the counties in North Dakota are performing better on that measure. Those rates marked with a happy face (☺)are those that fall in the highest performing quintile and indicate that county is performing better as compared to 80% of the other counties in the state.

TABLE 3: SELECTED PREVENTIVE MEASURES		
	Rolette County	**North Dakota**
Colorectal cancer screening rates	**42.0%**	55.5%
Pneumococcal pneumonia vaccination rates	✓ **12.5%**	51.3%
Influenza vaccination rates	✓ **13.2%**	50.4%
Annual hemoglobin A1C screening rates for patients with diabetes	**51.4%**	92.2%
Annual lipid testing screening rates for patients with diabetes	✓ **35.2%**	81%
Annual eye examination screening rates for patients with diabetes	**53.8%**	72.5%
PIM (potentially inappropriate medication) rates	**19.2%**	11.1%
DDI (drug-drug interaction) rates	☺ **9.1%**	9.8%

The data indicates there is much room for improvement related to the delivery of preventive care. Attention should be addressed in the areas in which Rolette County is performing in the *lowest* performing quintile (the bottom 40%) of state counties on screening rates. The drug-drug interaction rate however, is in the best-performing twenty percent.

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

Children's Health

The National Survey of Children's Health touches on multiple intersecting aspects of children's lives. Data is not available at the county level; listed below is information about children's health in North Dakota. The full survey includes physical and mental health status, access to quality health care, as well as information on the child's family, neighborhood and social context. More information about the survey may be found at: www.childhealthdata.org/learn/NSCH.

Key measures of the statewide data are summarized below:

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

Measure	North Dakota	National
Children currently insured	91.6%	90.9%
Children whose current insurance is *not* adequate to meet child's needs	✓ 26.8%	23.5%
Children who had preventive medical visit in past year	✓ 78.9%	88.5%
Children who had preventive dental visit in past year	✓ 77.2%	78.4%
Children aged 10-17 whose weight status is at or above the 85th percentile for Body Mass Index	25.7%	31.6%
Children aged 6-17 who engage in daily physical activity	✓ 27.1%	31.6%
Children who live in households where someone smokes	✓26.9%	26.2%
Children aged 6-17 who exhibit two or more positive social skills	95.6%	93.6%
Children aged 6-17 who missed 11 or more days of school in the past year	3.9%	5.8%
Young children (10 mos.-5 yrs.) receiving standardized screening for developmental or behavioral problems	✓ 17.6%	19.5%
Children aged 2-17 years having one or more emotional, behavioral, or developmental condition	✓ 11.4%	11.3%
Children aged 2-17 with problems requiring counseling who received mental health care	72.4%	60.0%

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

Survey Results

Survey Demographics

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

Throughout this report, numbers (N) instead of percentages (%) are reported because percentages can be misleading with smaller numbers.

Community Members and Health Care Professionals

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

Figure 2: Gender - Community Members

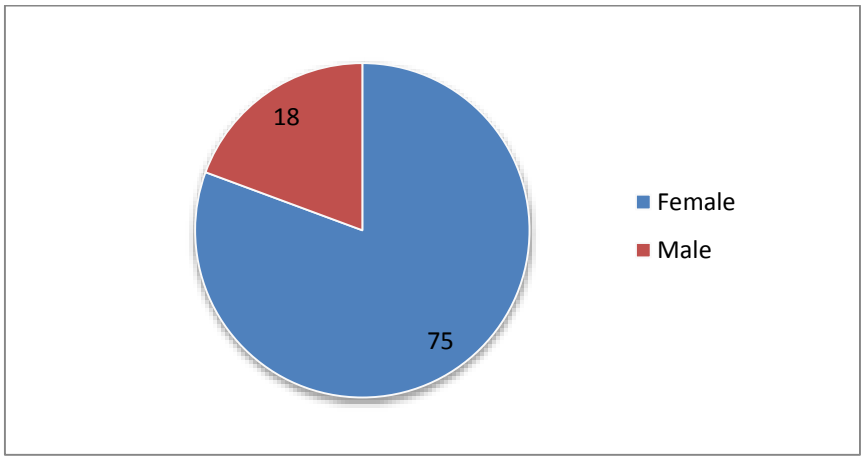
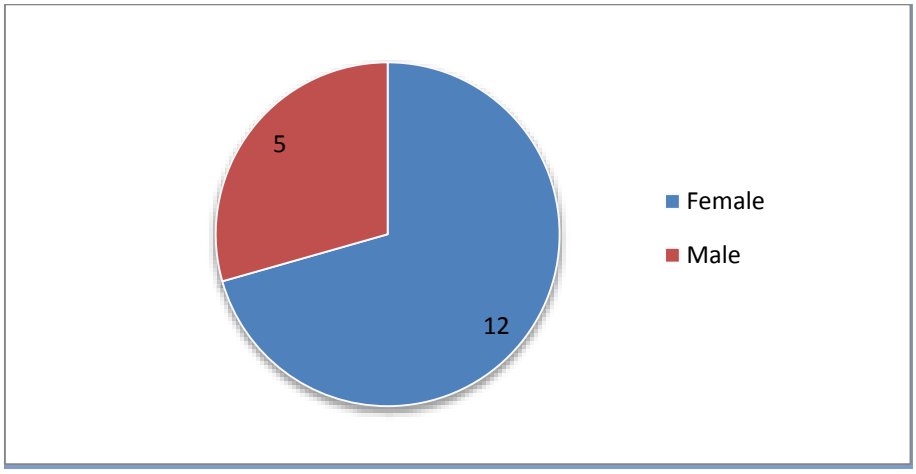


Figure 3: Gender – Health Care Professionals



The most represented group of community members was those aged 35 to 44 years (N=20) and 25 to 34 years (N=17). For health care professionals it was older age groups that were most represented. The most respondents came from those aged 55 to 64 (N=6), then 45 to 54 years (N=5) and the trend continues down the scale.

The smallest group of community members to respond was the youngest: those aged less than 25 (N=5). With respect to health care professionals, it was the youngest and the oldest that were not represented; no responses were received from anyone under 25 years of age or older than 65 years. Figures 4 and 5 illustrate respondents' ages.

Figure 4: Age – Community Members

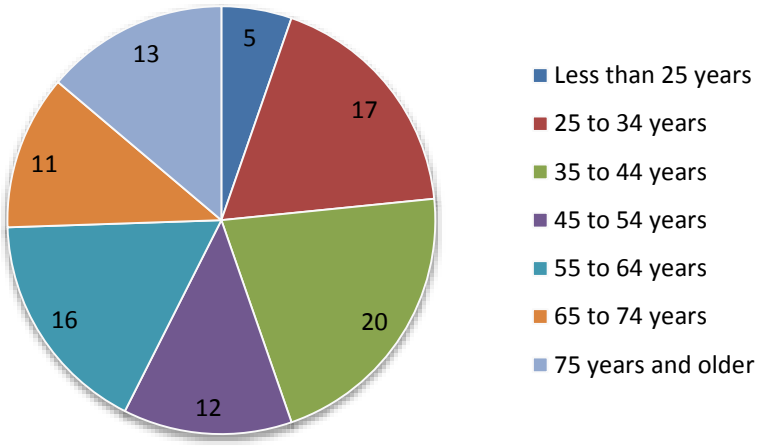
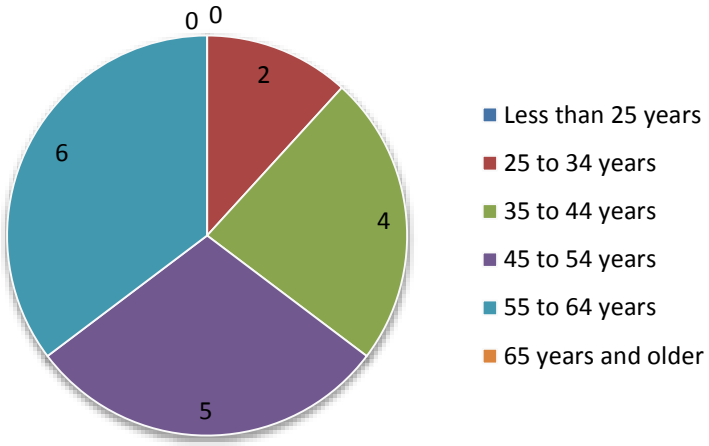


Figure 5: Age – Health Care Professionals



Both community members and health care professionals responding to the survey tended to be long-term residents of the area. In both groups, approximately two-thirds of respondents have lived in the area for more than 20 years (N=63 for community members and N=11 for health care professionals). These results are shown in Figures 6 and 7.

Figure 6: Years Lived in the Community – Community Members

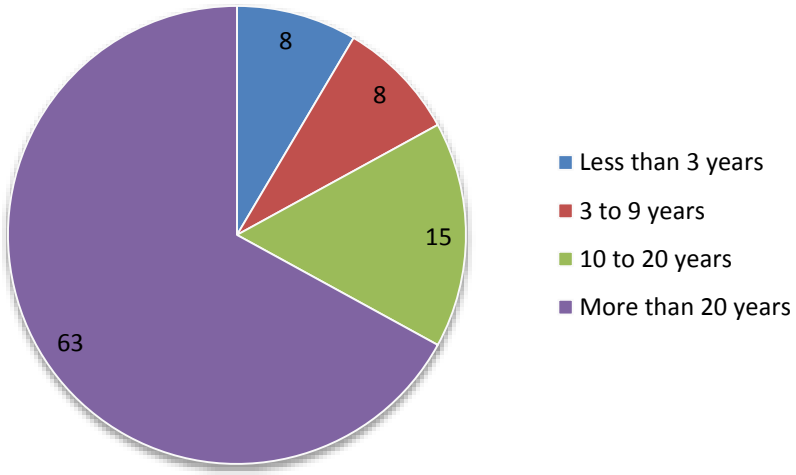
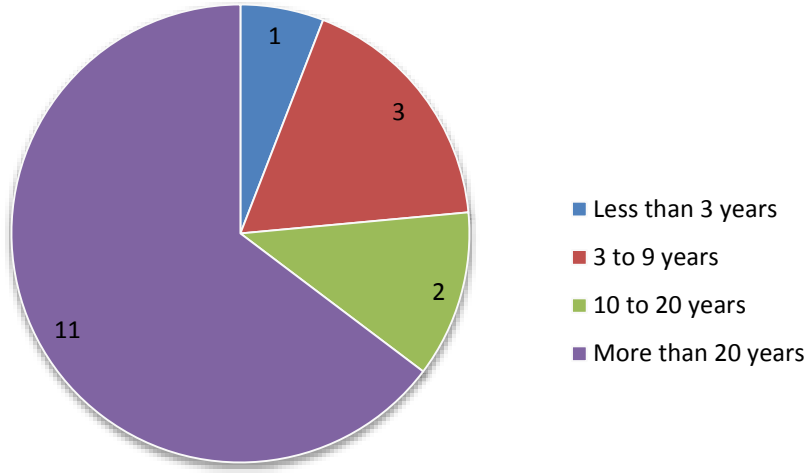


Figure 7: Years Lived in the Community – Health Care Professionals



Community members represented a wide range of educational backgrounds, with the largest groups holding a bachelor's degree (N=25) and some college or technical degree (N=23). With respect to health care professionals, the majority responding either held a bachelor's degree (N=5), or held an associate's degree (N=4) or graduate or professional degree (N=4). Figures 8 and 9 illustrate the diverse background of respondents and demonstrate that the assessment took into account input from parties with a wide range of educational experiences.

Figure 8: Education Level – Community Members

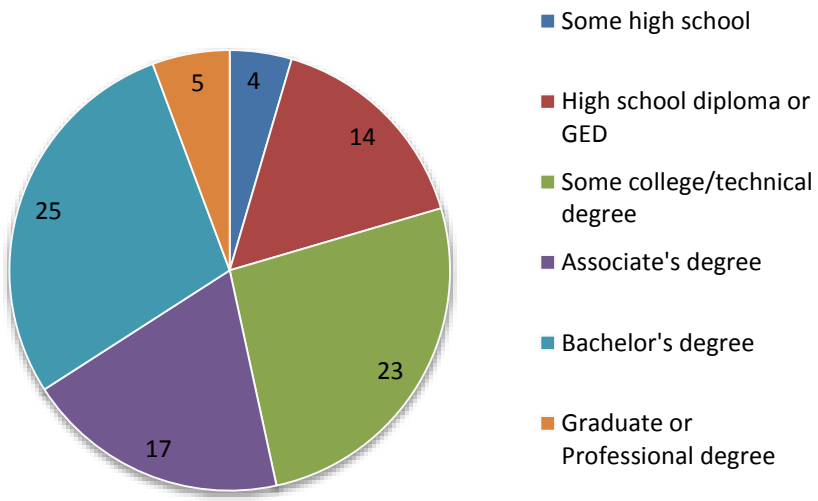
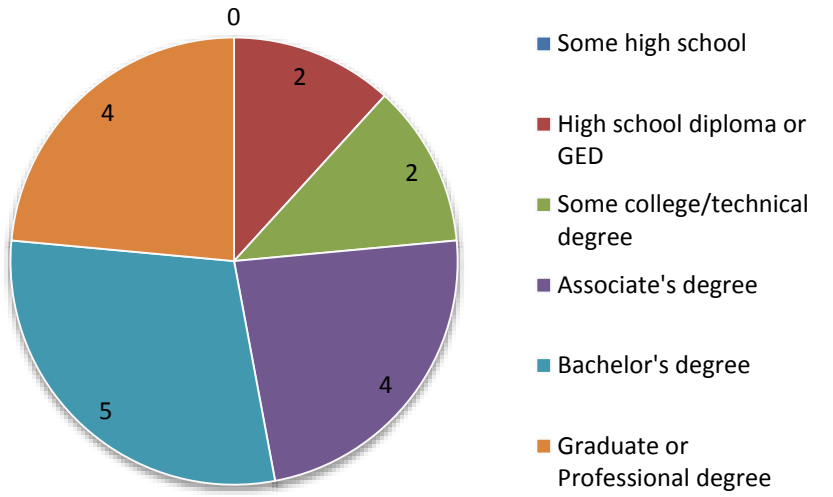


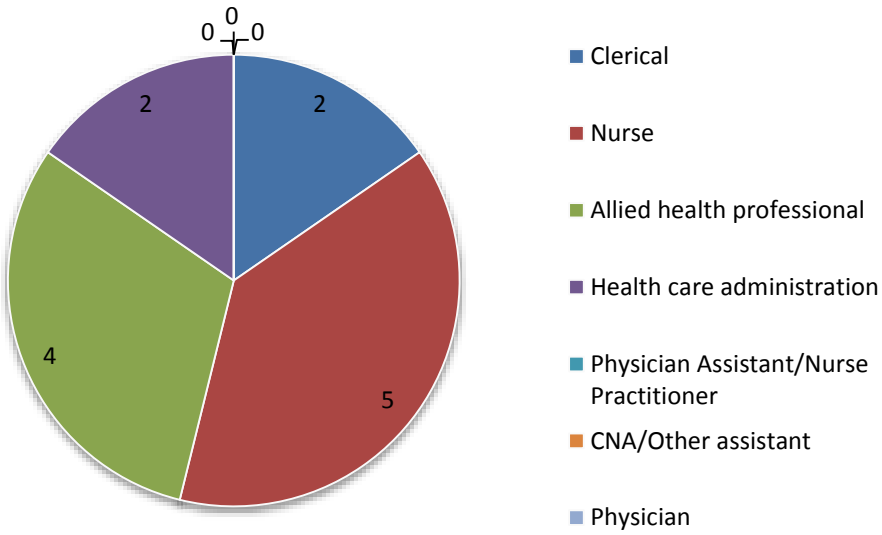
Figure 9: Education Level – Health Care Professionals



Health Care Professionals

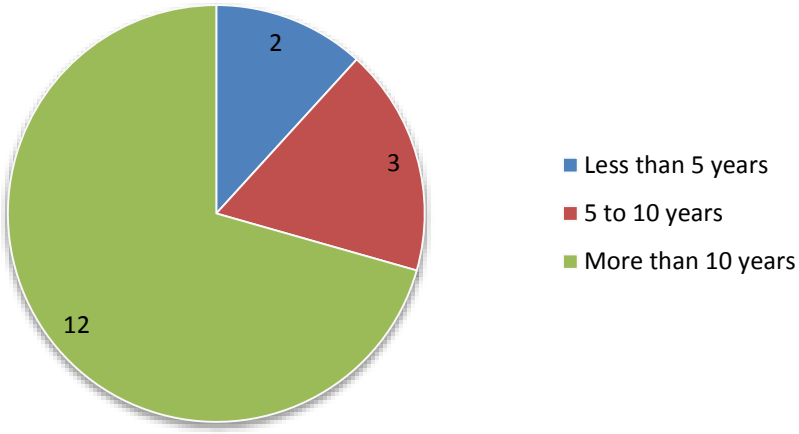
Health care professionals were asked to identify their specific professions within the health care industry. As shown in Figure 10, respondents represented a range of job roles, with the greatest response from nurses (N=5) and allied health professionals (N=4).

Figure 10: Jobs – Health Care Professionals



Health care professionals also were asked how long they have been employed or in practice in the area. As shown in Figure 11, the most common response was more than 10 years (N=12).

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

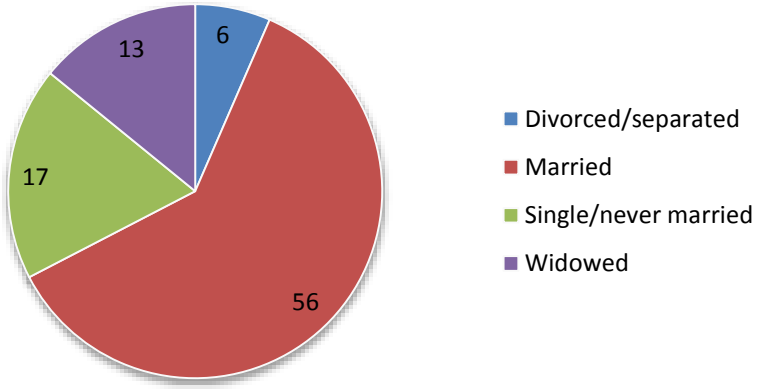


Community Members

Community members were asked additional demographic information not asked of health care professionals. This additional information included marital status, employment status, household income, household makeup, and their proximity to the nearest clinic operated by local providers and the nearest clinic operated by non-local providers.

The majority of community members (N=56) identified themselves as married, as exhibited in Figure 12.

Figure 12: Marital Status – Community Members



As illustrated by Figure 13, the majority of community members reported to work full time, (N=58), followed by retired workers (N=19) and unemployed workers (N=5).

Figure 13: Employment Status – Community Members

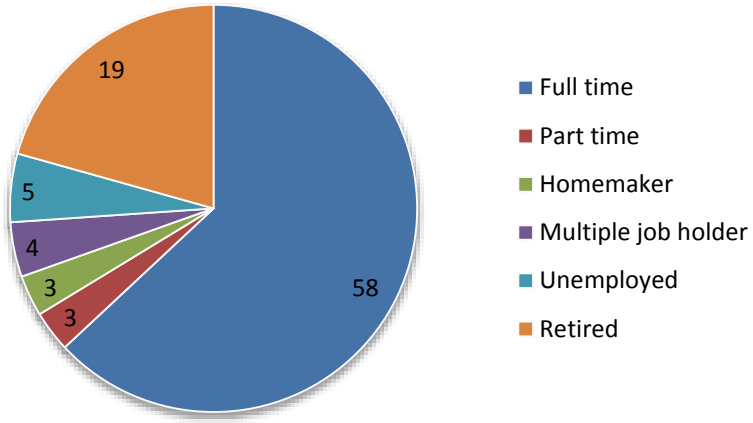
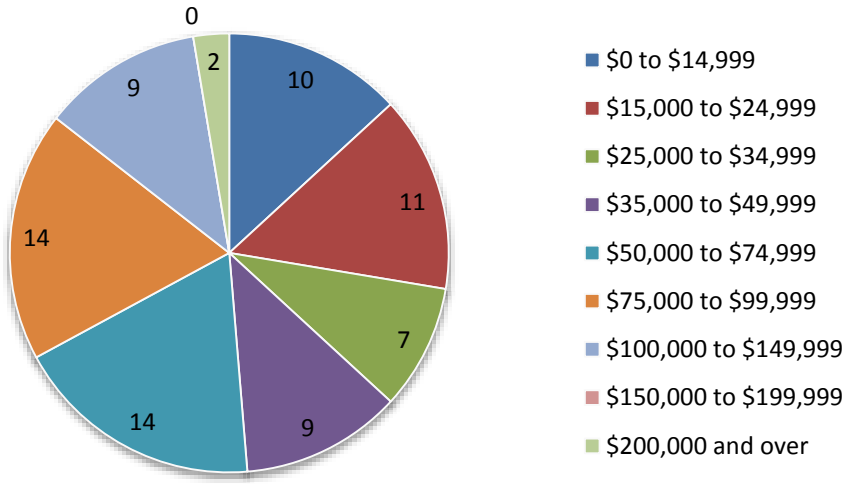


Figure 14 illustrates the wide range of community members' household income and again indicates how this assessment took into account input from parties who represent broad interests of the community served, including lower-income community members. Of those that answered this question, the most commonly reported annual income represents a tie for the two brackets spanning $50,000-99,999 (N=28). A large number of respondents (N=21) reported an annual household income of less than $25,000; of these, 10 reported an annual household income of less than $15,000. This demonstrates that the assessment took into account input from lower-income residents.

Figure 14: Annual Household Income – Community Members



Not surprisingly, community members responding to the survey tended to live close to Presentation Medical Center. The survey defined the terms "locally" and "in the area" to mean Rolla. As shown in Figure 15, while a majority of respondents (N=54) lived less than 10 minutes from PMC, a large number of respondents (N=35) lived 11 to 30 minutes from PMC. Survey results showed that some respondents (N=6) must travel more than an hour to access a health facility other than PMC, as illustrated in Figure 16.

Figure 15: Respondent Travel Time to Reach Presentation Medical Center

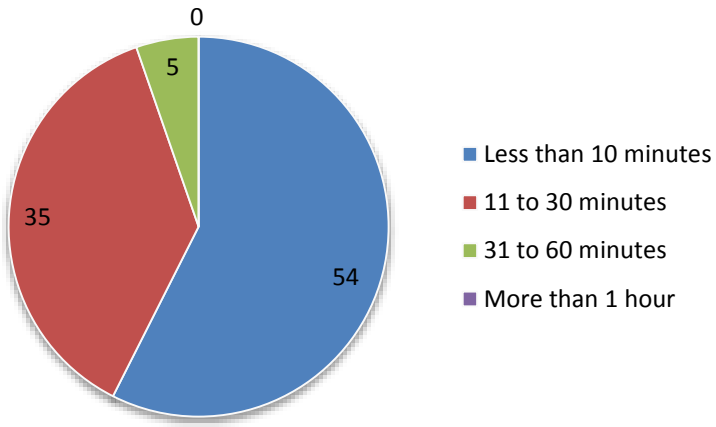
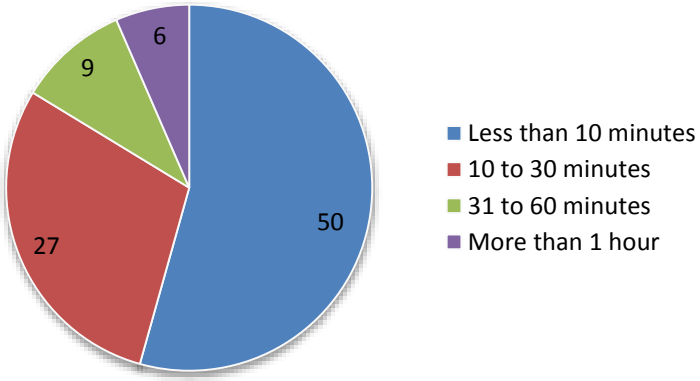


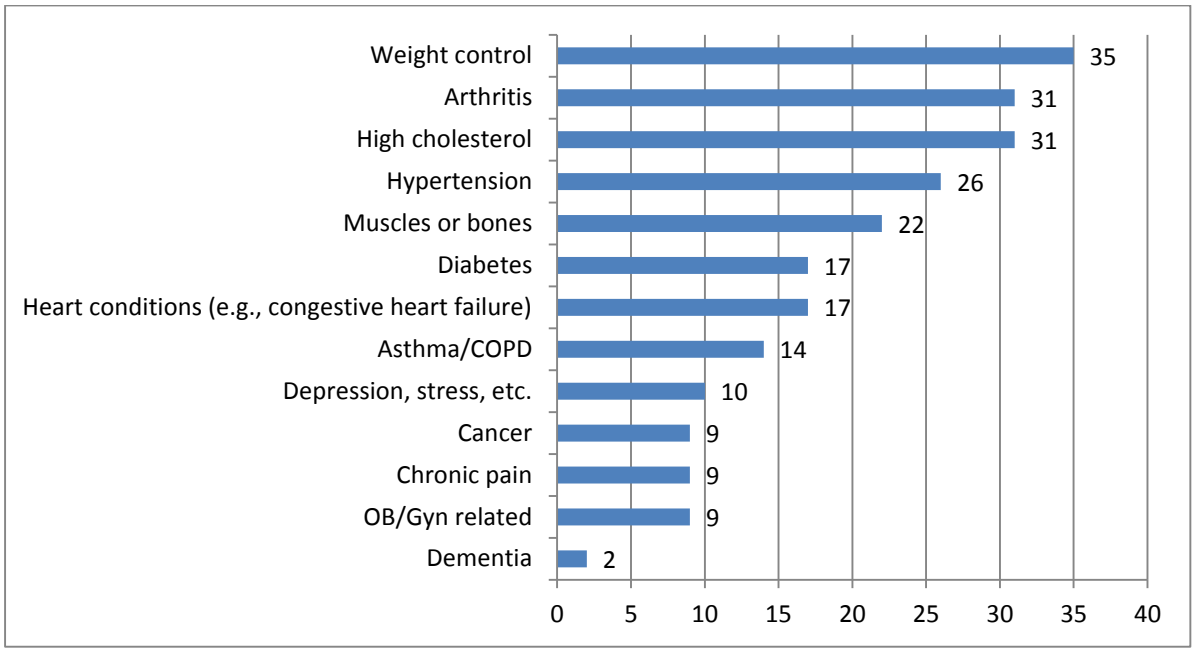
Figure 16: Respondent Travel Time to Nearest Clinic Not Operated by PMC



Health Status and Access

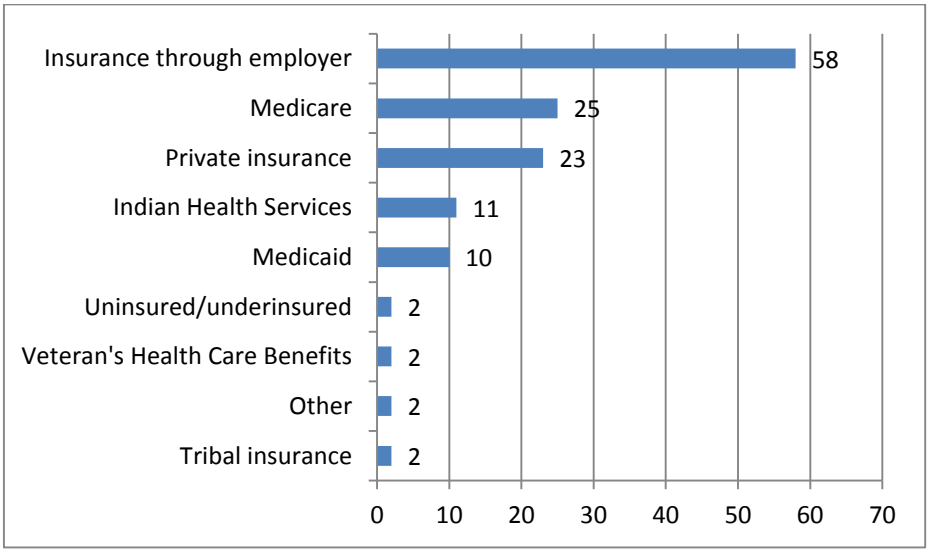
Community members were asked to identify general health conditions and/or diseases that they have. As illustrated in Figure 17, the results demonstrate that the assessment took into account input from those with chronic diseases and conditions. The conditions reported most often were weight control (N= 35), high cholesterol (N=31), arthritis (N=31), and hypertension (N=26).

Figure 17: Health Status - Community Members



Community members also were asked what, if any, health insurance they have. Health insurance status often is associated with whether people have access to health care. Two community members reported having no insurance or being underinsured. As demonstrated in Figure 18, the most common insurance types were insurance through one's employer (N=58), Medicare (N=25), and private insurance (N=23).

Figure 18: Self-Reported Insurance Status – Community Members



Awareness of Services

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

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

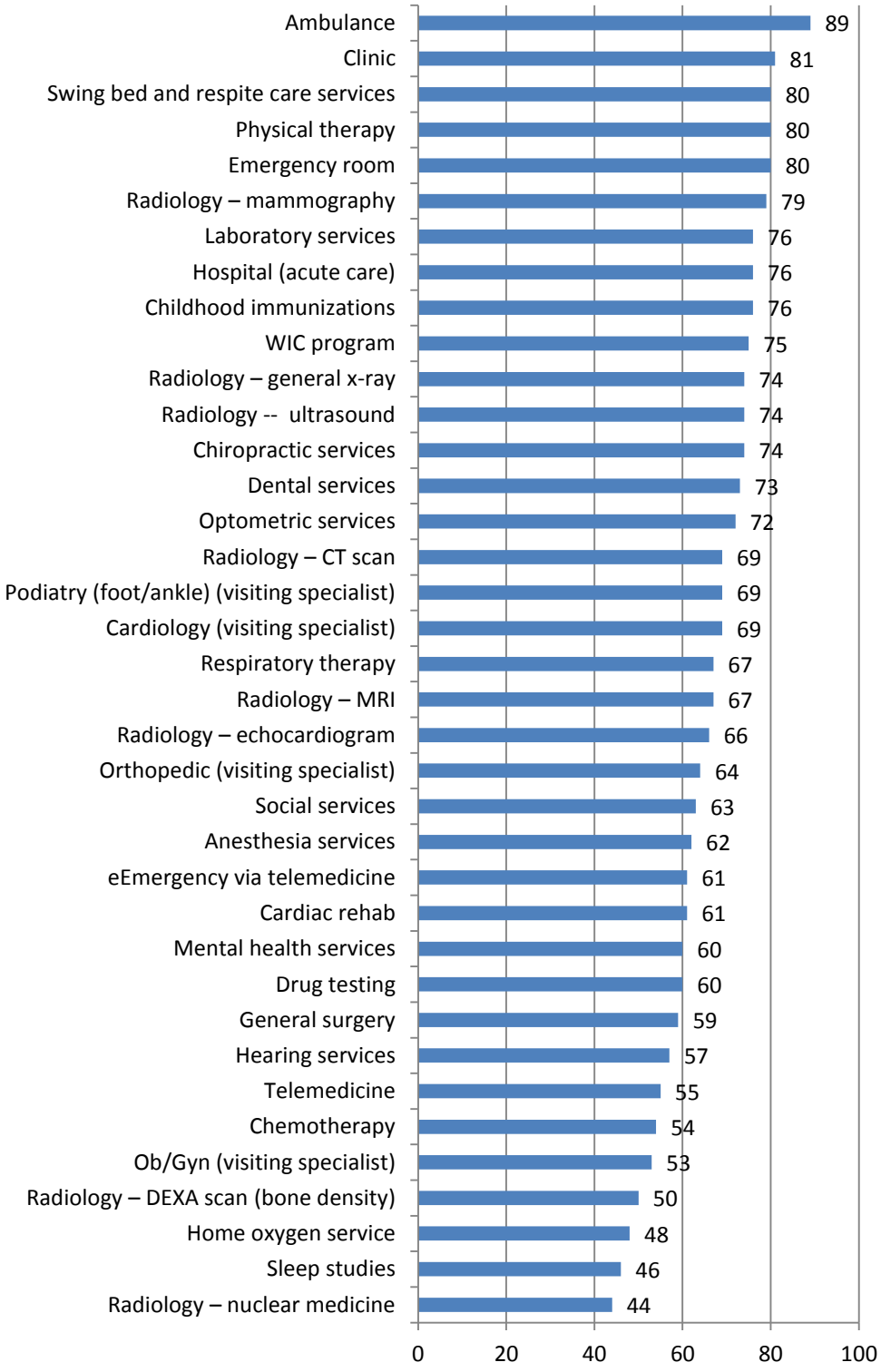
Community members were most aware of: ambulance (N=89), clinic (N=81), swing bed and respite services (N= 80), emergency room (N=80), and physical therapy (N=80). Respondents were least aware of the following services:

- Radiology—nuclear medicine (N=44)
- Sleep studies (N=46)
- Home oxygen service (N=48)
- Radiology – DEXA scan (bone density) (N=50)

These services with lower levels of awareness may present opportunities for further marketing, greater utilization, and increased revenue. Key informant interviews and focus group participants revealed that many community members were unaware of or unsure if anesthesia was available. They knew social services existed but they didn't think that meant a licensed social worker was available. Many did not know what Comfort Care Suites were and didn't know that a retail pharmacy existed. One community member noted that she didn't know chemotherapy was offered locally as her Mom traveled to Minot for treatment. One member said she knew of families looking for speech therapy and occupational therapy and both families were going to Rugby for care.

Figure 19 illustrates community members' awareness of services.

Figure 19: Community Members' Awareness of Locally Available Services



Information about how community members learn of local services emerged during one-on-one key informant interviews and the community group. Overall, participants

stated there is a lack of awareness and a need for more marketing efforts from the hospital. Interviewees suggested the hospital needs to do more education about what services are available. As one community member said, "The last thing we do sometimes is toot our own horn."

To enhance community education, participants suggested advertising services in a quarterly newsletter, offering a weekly newspaper column, and providing a phone number for consultation. One suggestion that emerged from the key informant interviews was to provide patients and health care consumers with the tools to advocate for their own local care. An example given was that PMC should hand out a "Services Provided" sheet to all patients so they can better understand the services offered locally and better advocate for care to stay in the community. Patients would then know that it is appropriate to ask about location options so if a provider in Grand Forks is scheduling a procedure or test that could be done locally, a patient has the knowledge and confidence to request that it be done locally. In other words, local providers should let people know what services are available locally and guide them in advocating for care to be performed locally when available.

Other members expressed a desire for PMC and its staff to get more involved in the community. Hospital administrators were encouraged to get active in the Chamber, Kiwanis and other community events.

Health Service Use and Needs

Community members were asked to review a list of locally provided services and indicate whether they had used those services locally, out of the area, or both. Figure 20 illustrates these results.

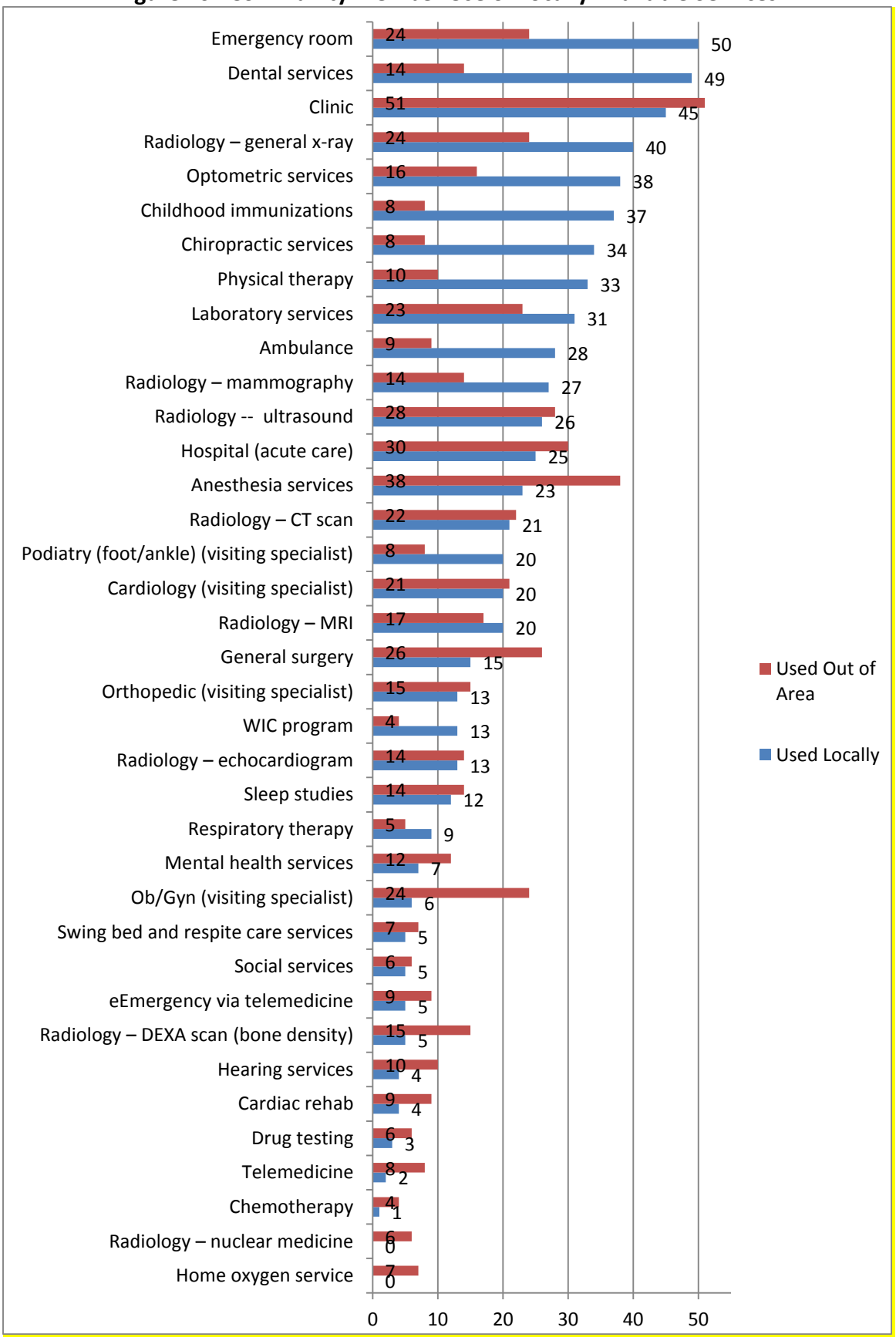
Respondents identified emergency room (N=50), dental services (N=49), clinic (N=45), and general X-ray (N=40) as the services most commonly used locally.

Two services offered locally but are not being utilized by community members are home oxygen services (N=7) and nuclear medicine (N=6). Both of these services could benefit from an increase in advertising. Respondents indicated that the services they most commonly sought out of the area were:

- Clinic (N=51)
- Anesthesia (N=38)
- Hospital (N=30)
- Radiology-ultrasound (N=28)
- General surgery (N=26)
- Ob/Gyn (N=24)

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

Figure 20: Community Member Use of Locally Available Services



Additional Services

In an open-ended question, both community members and health care professionals were asked to identify services they think PMC needs to add. Below is a list of services followed by the number of respondents who identified each service.

Community members' suggestions for additional services

- Working relationship with other clinic in town to accept patients and referrals (N=12)
- OB delivery, since there is a high birth rate in area (N=3)
- Occupational therapy--aging populations with physical limitations (N=2)
- Surgeon who lives here or is always here so a person doesn't have to travel to another hospital unless serious (N=3)
- Social worker (N=1)
- Cardiac rehab (N=1)
- Dialysis (N=1)
- Ear, Nose and Throat specialist (N=1)
- Cancer center (N=1)

Health care professionals' suggestions for additional services

- Ear, Nose and Throat and allergy specialist (N=2)
- Obstetrics and pediatrics (N=2)
- After hour clinic so it doesn't tie up ER services (N=1)
- Dietician (N=1)
- Oncologist(N=1)
- Orthopedics (N=1)

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

The survey asked community members why they seek health care services at PMC and why they seek health care services at other facilities. Health care professionals were asked why they think patients use services at PMC and why they think patients use services at other facilities.

Community members and health care professionals were in agreement with regard to the top two reasons that consumers seek health care services at PMC. Both sets of respondents chose convenience and proximity as their primary reasons for seeking services at PMC. Community members added familiarity with providers and insurance acceptability as their next two highest reasons whereas health care professionals suggested consumers' value that the hospital is open at convenient times and echoed the familiarity with providers. Figures 21 and 22 illustrate these responses.

Figure 21: Reasons Community Members Use PMC Services

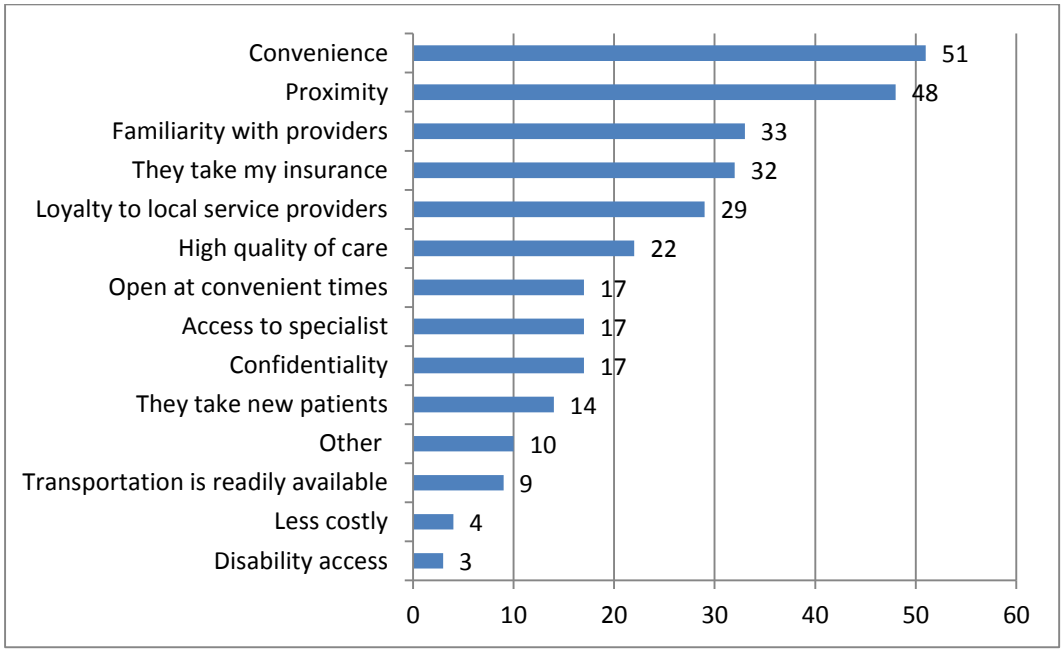
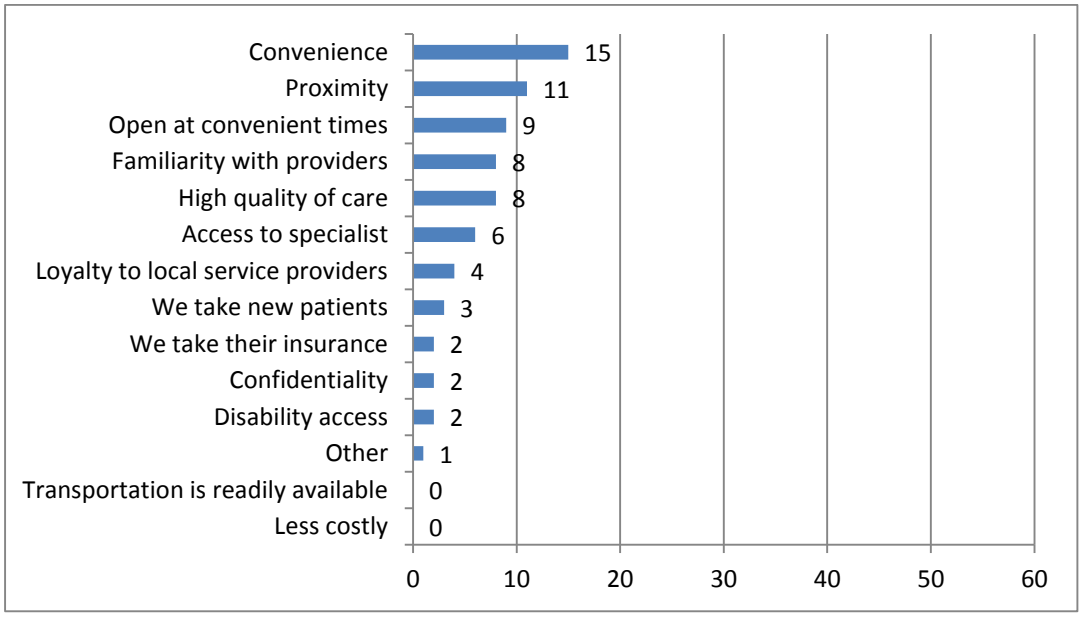


Figure 22: Reasons Health Care Professionals Believe Community Members Use Services at PMC



With respect to the reasons community members use health care services at other facilities, the primary motivator for seeking care elsewhere was the perception that another facility has higher quality of care (N=45). Other oft-cited reasons for seeking care elsewhere were access to necessary specialists (N=41), confidentiality (N=29), and acceptance of insurance (N=28).

Like community members, health care professionals believed the most common reason that consumers seek care at other facilities is to gain access to a needed specialist (N=11). The next most common reason perceived by health care professionals was "Other". Specific comments health care professionals provided in the "Other" category reflect the friction between PMC and NCHC and privacy issues. One respondent said that the lack of "sound proofing is very much indicated in the ER rooms as you can easily hear conversations in the next room." Confidentially, high quality of care and less costly were tied for the third most oft-cited reason for why consumers seek care at another health facility. These results are illustrated in Figures 23 and 24.

Figure 23: Reasons Community Members Use Other Facilities

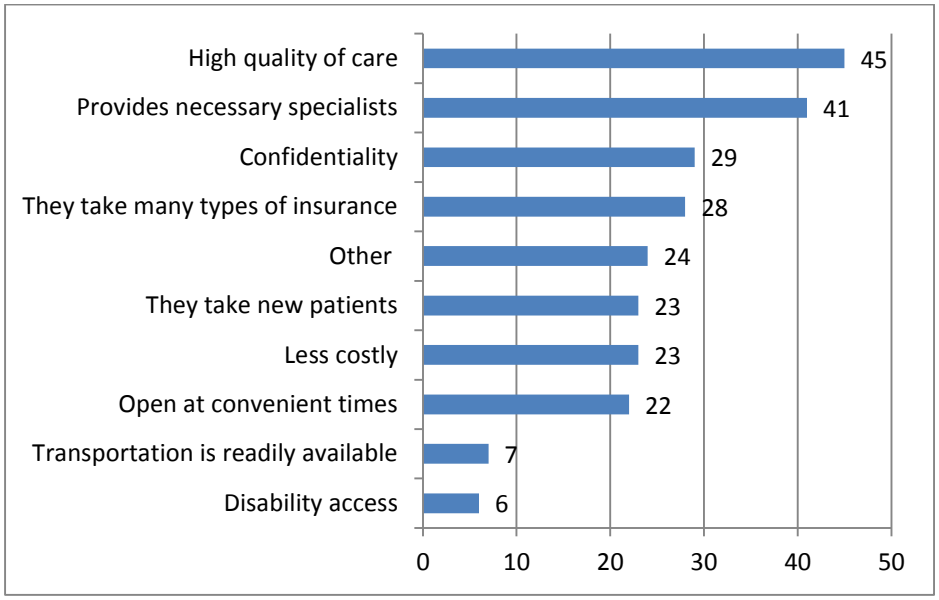
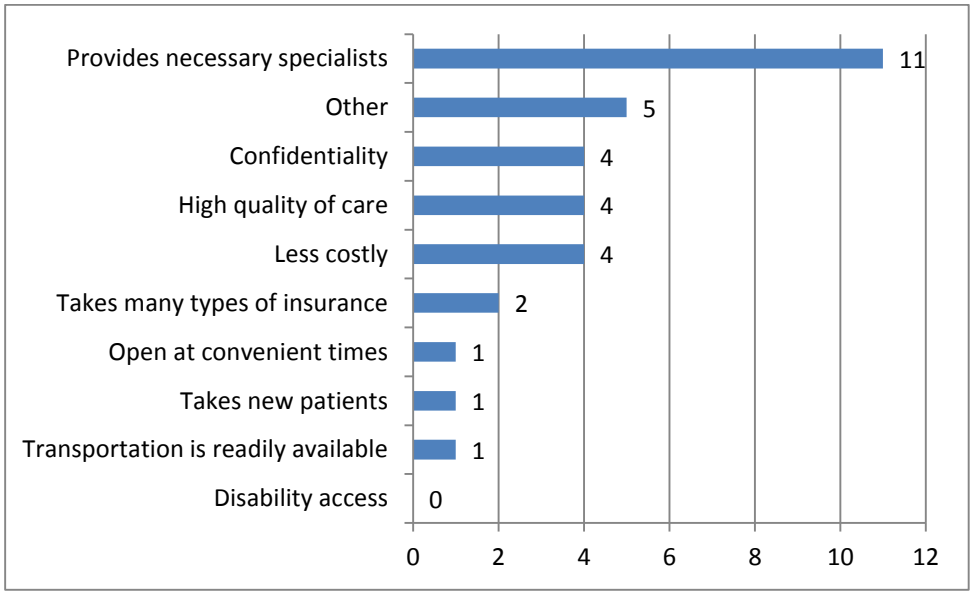


Figure 24: Reasons Health Care Professionals Believe Community Members Use Other Facilities



The survey provided both community members and health care professionals the opportunity to suggest "other" reasons patients seek health care services at PMC as well as other reasons they seek services at other facilities. In terms of using PMC, the reasons cited most often by community members were to use emergency services or it was available when NCHC was closed.

In terms of using other health care facilities, community members who chose the open-ended "other" answer most often cited: forced to go elsewhere because of lack of collaboration with NCHC (N=5), loyalty to service provider (N=5), services offered (N=4), Obstetric services (N=3), convenience (N=2), good ER doctors (N=2) and IHS (N=2).

Other comments from health care professionals included "IHS services are free of charge" and "Clinic has been in community for a long time and that is where they are used to going for their medical care."

Barriers to Accessing Health Care

Both community members and health care professionals were asked what would help remove barriers that might be affecting use of local health care services and both groups were in alignment in their top three recommendations: having more doctors, more specialists and improving collaboration between competing providers. Community members chose confidentiality whereas health care professionals selected adequate training of providers and staff as the next most oft-cited barrier. See Figures 25 and 26 show additional items that may help remove barriers to local health care use.

Figure 25: Community Members' Recommendations to Help Remove Barriers to Using Local Care

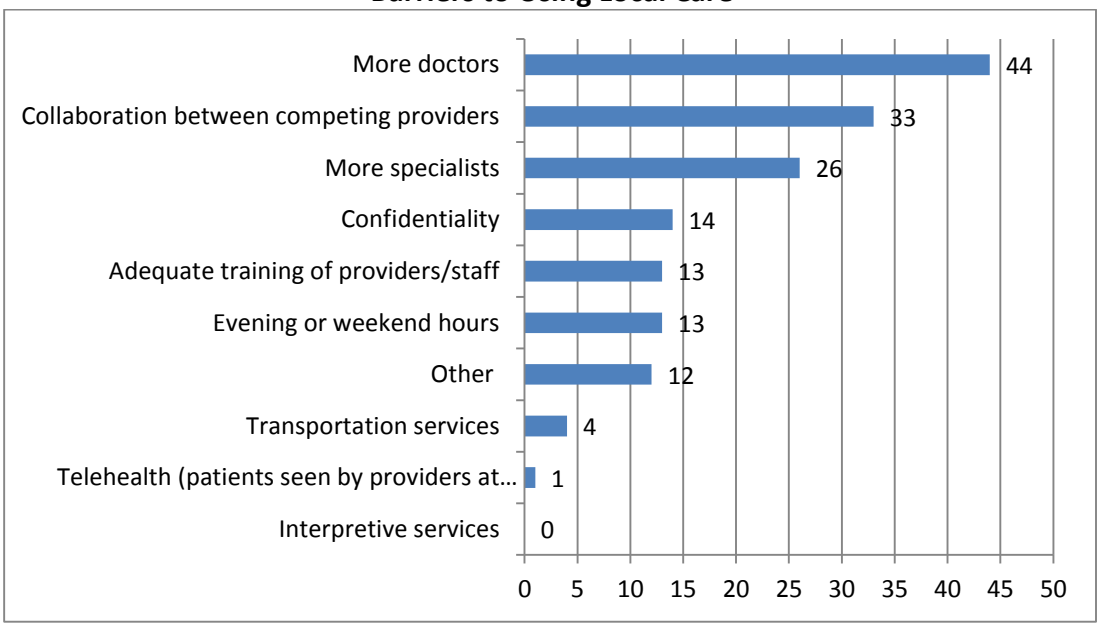
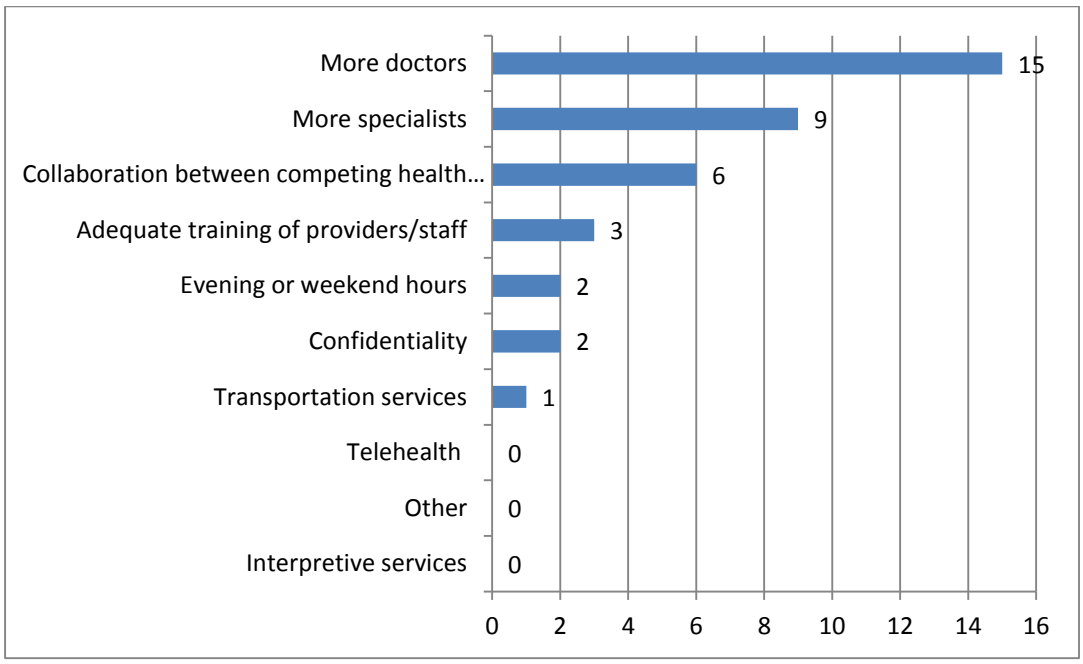


Figure 26: Health Care Professionals' Recommendations to Help Remove Barriers to Using Local Care



Respondents also were given the chance, in an open-ended question, to provide other thoughts about removing barriers to local health care use. Several community members suggested that re-establishment of a working relationship between PMC and NCHC would increase use of diagnostic equipment, cater to positive community attitude regarding perception of local health care and allow for improved cost efficiency of services.

Community Health Concerns

Respondents were asked to review a list of potential health concerns or conditions and rank them on a scale of 1 to 5 with one being the lowest and five being the highest potential concern to the community. Both community members and health care professionals collectively ranked adequate number of health care providers and specialists as the most important concern.

Among community members, the next four most important concerns were: higher costs of health care for consumers, not enough health care staff in general, access to needed medical services, and distance/ transportation to health care facility.

Health care professionals had a different prioritization and they ranked not enough health care staff in general, cost of health care for consumers, diabetes, and addiction/substance abuse as the next four most important concerns. Obesity and cancer were tied for the sixth highest concern. Figures 27 and 28 illustrate these results.

Figure 27: Potential Health Concerns of Community Members

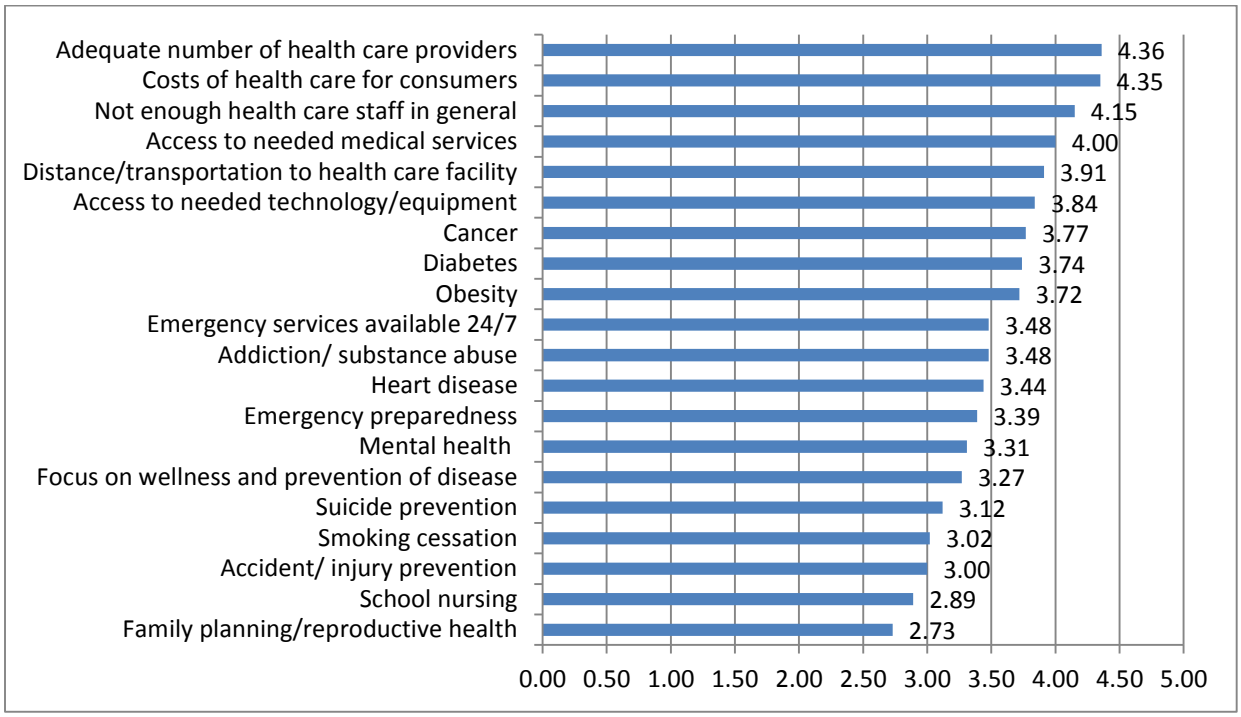
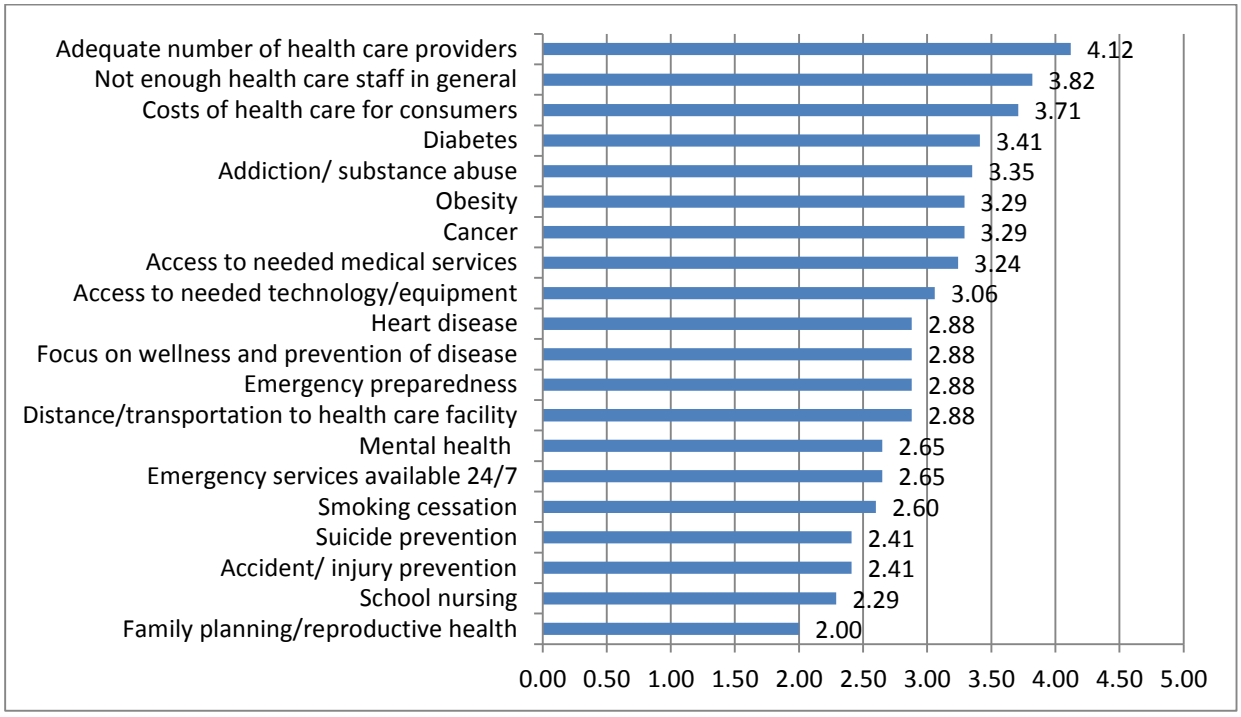


Figure 28: Potential Health Concerns of Health Care Professionals



Respondents also were asked, in an open-ended question, to identify their most important concern and explain why it was the most important.

Sixty-three community members offered a response. A plurality of community members (N=22) answering this question expressed that access to medical services due to the lack of collaboration was the biggest concern as it resulted in a lack of medical care and necessitated travel to obtain medical services. Four respondents specifically cited distance to medical care as their top concern. Following closely (N=15) were concerns about lack of an adequate number of local health care providers. Also cited as the most important concern were the following:

- Cancer and diabetes (N=5)
- ER and ambulance services (N=4)
- Obesity (N=3)
- Good quality of doctors (N=3)
- Cost of health care (N=2)

Among health care professionals who answered this question, each of the following concerns received two responses each: lack of collaboration, inadequate number of medical providers, diabetes and obesity. Other responses were as follows:

- Cost of health care (N=1)
- Reliance on locum nurses (N=1)
- Substance abuse (N=1)

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

Community members' comments relating to access to medical services

- Access to needed medical services; without that, we have nothing.
- We would be 45 to 60 minutes away from a health/medical services if emergency.
- Distance to adequate skilled heath care. It is 70+ miles for trauma/emergency care.
- Access to medical services, because cannot use hospital for test if go to Northland Clinic, have to drive to Rugby, Bottineau, or Devils Lake.
- Because this hospital will not take any orders that patients' need from the other clinic in Rolla. It's about 40 miles now to drive to another facility.

Community members' comments relating to lack of health care providers

- Lack of adequate permanent health care staff; because of this, hospital is forced to use locums who are here for a short period of time.
- It is almost impossible to see the same doctor regularly. We start over with every medical problem.
- Adequate providers (good ones). The facility has a lot of poor providers.
- When needed to get into clinic it's a long wait.
- Hard to have a hospital/clinic with no doctors.
- I have to keep calling back to make an appointment. They are always booked.

Health care professionals' comments relating to locum nurses

- The shortage of nurses willing to work at our facility. Local nurses tend to go elsewhere for work. Having local nurses work at our hospital would be a huge benefit to patients and other employees, as well as being more financially beneficial to the facility. I overheard a travel nurse at Westside C store bragging about how much she got paid. It upset me knowing that raises are hard to come by for the local employees.

Health care professionals' ccomments relating to lack of collaboration:

- This is too small of a community for all health care provides to not work together to provide the best care available. The fact that PMC will not accept orders from Northland Clinic is non-professional and does not support the mission of the PMC.
- There are a lot of unhappy residents in Rolla with the situation between the hospital and clinic. They want to be able to have access to either clinic facility, and be able to get x-rays done here locally, even if they are seen at the other clinic.

Collaboration

Respondents were asked whether PMC could improve its levels of collaboration with other local entities, such as public health and schools, economic development organizations, local industry, and other providers. Tapping into the friction between PMC and NCHC, both community members and health care professionals alike would like to see more collaboration with other local health providers. Community respondents were more likely than not to see a potential for improved collaboration. In response to the question, "Do you believe Presentation Medical Center could improve its collaboration" with various entities, the answer selection of "Yes" was the most popular choice in all areas except for schools where the majority of respondents answered "No, it's fine as it is."

Apart from wanting more collaboration with business and industry, health care professionals responded that collaboration was "fine as it is" in the other four sectors. These responses could help focus collaborative efforts on other local providers and local businesses. Figures 29 and 30 illustrate these results.

Figure 29: Community Members – Could PMC Improve Collaboration?

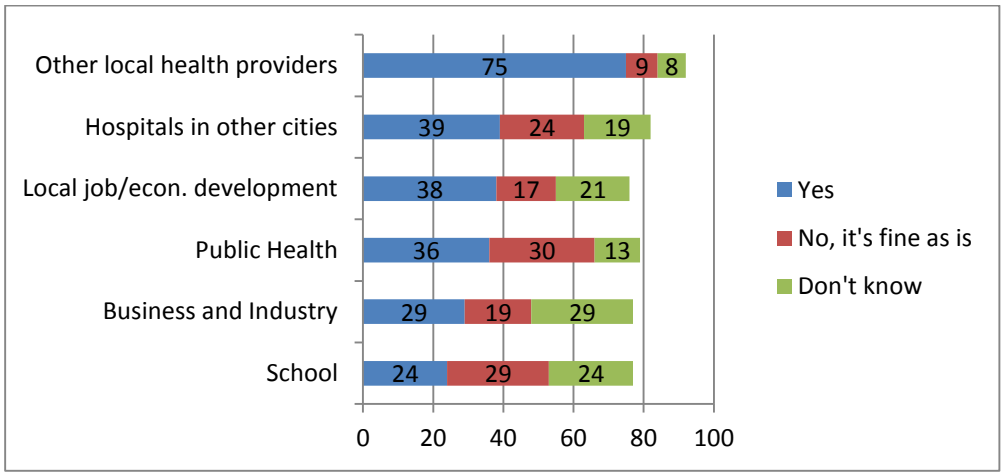
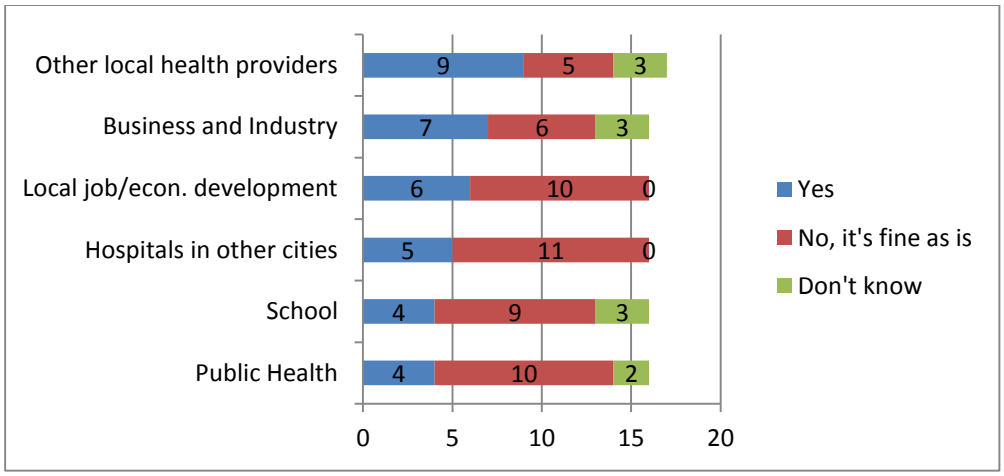


Figure 30: Health Care Professionals – Could PMC Improve Collaboration?



Community Assets

Both community members and health care professionals were asked what they perceived as the best things about their community in five categories: people, services and resources, quality of life, geographic setting, and activities. In each category, respondents were given a list of choices and asked to pick the top three. Respondents occasionally chose less than three or more than three choices in each question. Figures 31 to 35 illustrate the results of these questions. The results indicate that residents considered as community assets things such as friendly people, a sense of community, access to quality health care and quality schools, safety, family-friendly activities, relatively small scale of the community, and access to recreational activities such as hunting, fishing, and other sports.

Figure 31: Best Things about the PEOPLE in Your Community

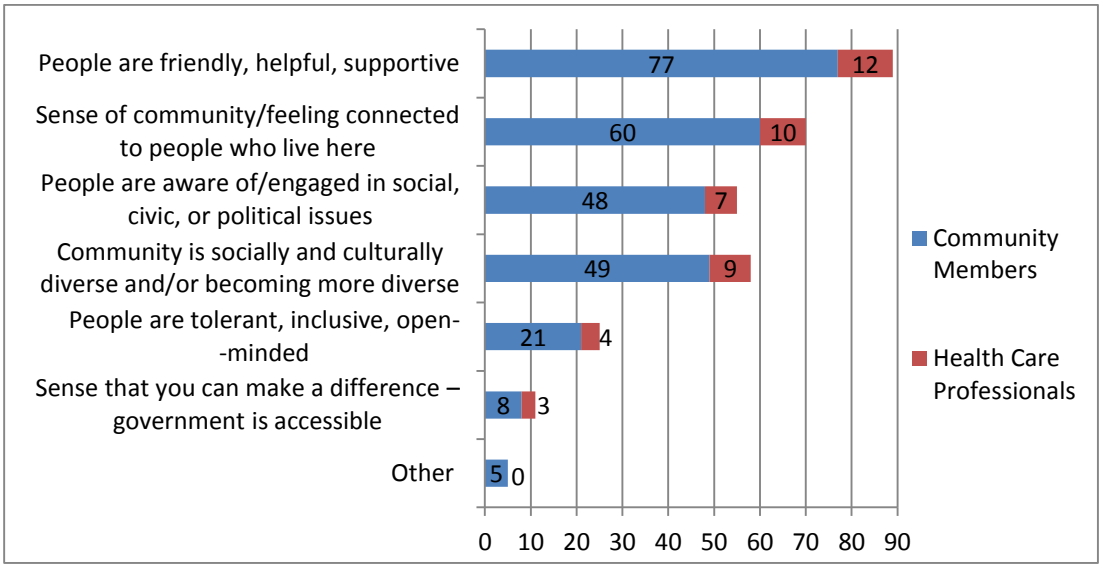


Figure 32: Best Things about the SERVICES AND RESOURCES in Your Community

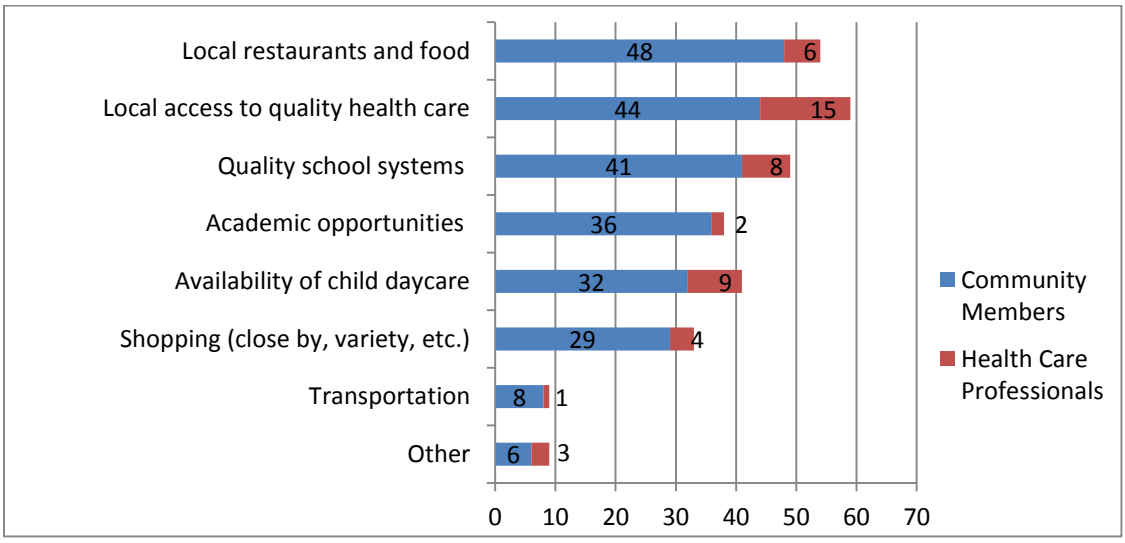


Figure 33: Best Things about the QUALITY OF LIFE in Your Community

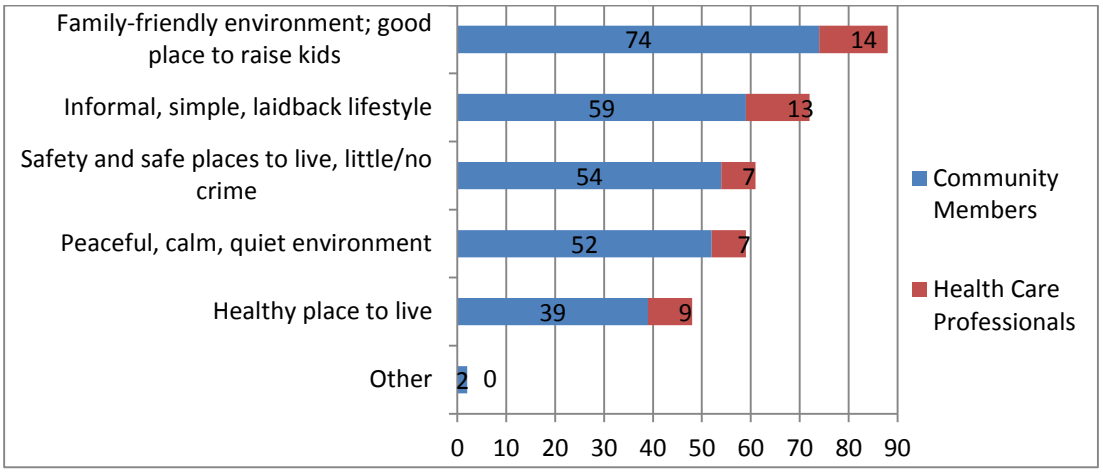


Figure 34: Best Things about the GEOGRAPHIC SETTING of Your Community

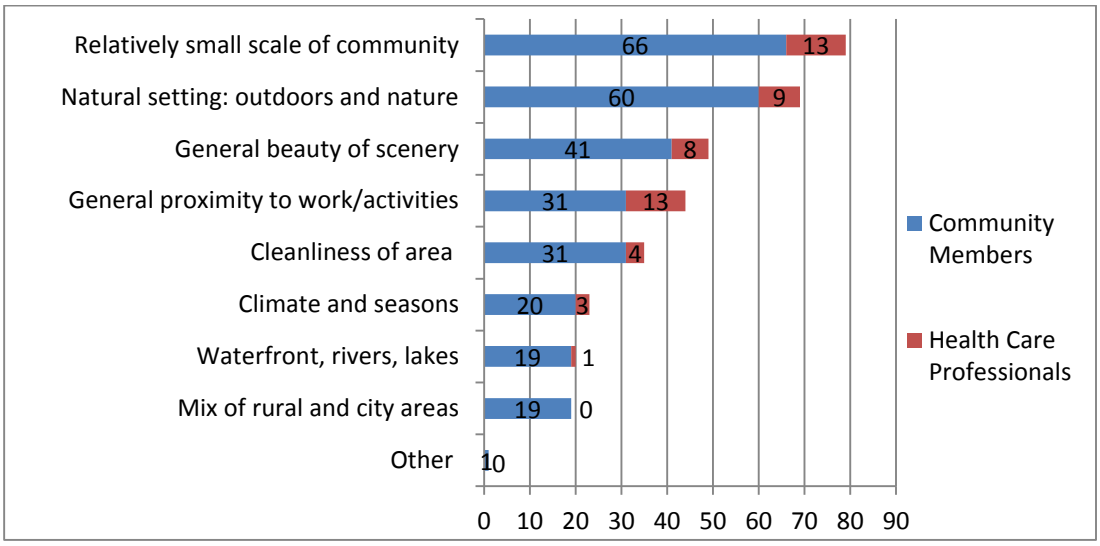
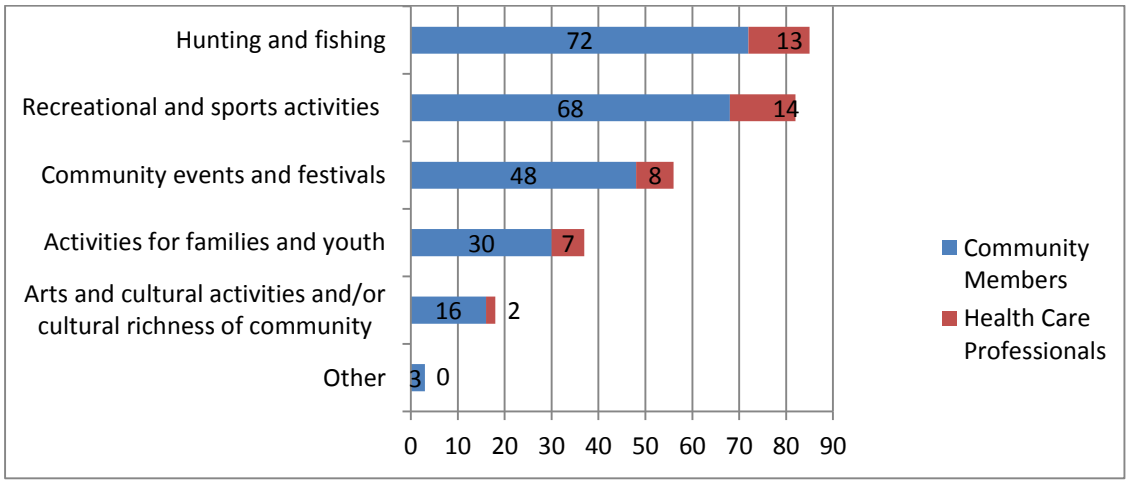


Figure 35: Best Thing about the ACTIVITIES in Your Community



Findings of Key Informant Interviews and Focus Group

The questions posed in the survey also were explored during a focus group session with the Community Group as well as during key informant interviews with community leaders and public health professionals. As an initial matter, it is important to address the relationship that exists between PMC and NCHC. According to interviewees, a history of competition and turf wars has resulted in a non-existing relationship between the two health care providers in Rolla. Medical professionals employed by NCHC do not have privileges at PMC. Therefore, if patients are seen at NCHC and receive a referral for more diagnostic services, the patient must either repeat the clinical assessment process at PMC or receive follow-up care at another facility out of town. Receiving health care outside of the community incurs extra traveling costs, as well as time and wages lost for the patient.

Alternately, the patient could be seen at PMC's clinic in order that the patient can be admitted to the hospital for further care and services, but this duplication in care results in loss of time, inefficiency and duplicative billing. Moreover, PMC and NCHC do not share patients' records, which creates a hassle for the patient.

Some residents are choosing to utilize PMC's clinic but they articulated that because it is relatively new, the reputation of the clinic and its medical providers are not established. Some respondents expressed concern that the competence level of the medical personnel was low. The clinic is open for a limited amount of hours during the week and is not open on the weekend.

Ultimately, respondents identified that it is the patient who suffers from the loss of access to care. Residents are highly aware of this lack of cooperation between the two medical facilities and want to move toward reconciliation. Instead of trying to assert blame or point fingers, respondents want to build bridges and improve quality and access to health care.

With the understanding of a stained history between PMC and NCHC, respondents focused on ways to improve medical delivery in the community. Generally, overarching themes that developed during the interviews and focus group can be grouped into five broad categories (listed in no particular order):

1. Collaboration among health care providers and facilities
2. Adding obstetric services
3. Adding general surgeon and full time doctor that resides in Rolla
4. Increase PMC's marketing efforts
5. Increase PMC's customer service

A more detailed discussion about these noteworthy issues follows:

1. Collaboration among health care providers and facilities

As one respondent stated, this topic was "the elephant in the room" and it colored all other discussions. The lack of collaboration is apparent to all residents but people are reluctant to talk about it. One interviewee referred to the community of Rolla as "the children of the marriage between PMC and NCHC and now the residents have to choose sides between mom and dad in the divorce case." For the convenience of clients, respondents expressed that the facilities need to make amends. Another respondent characterized the "bad blood" between PMC and NCHC as hurting the reputation of PMC. One respondent said this issue presented an opportunity for PMC to take the high road and come out as the hero but instead it has done nothing.

A perception was held by some respondents that there is a contradiction in services. It was stated that "patients who have a referral from NCHC can go to any hospital in the state, just not the one across the street from the Clinic." According to the respondents, "referrals are honored in Bottineau, where another Sisters of Mary of the Presentation hospital is located, but PMC, as part of this union, refuses to accept the referrals."

Specific comments taken verbatim from survey responses include:

- The issues between PMC and Northland have been a blight on the health care of Rolla.
- PMC could have come out of this as a real peach. They could have been seen as the hospital that built bridges.
- The hospital and Northland clinic are fighting thus the PMC Clinic refuses to do lab and radiology tests that are ordered from Northland because they say the providers do not have privileges but they do tests for other providers that don't have privileges like IHS and Trinity providers. It's a double standard. Swallow your pride and work together as a community.
- What ever happened to the Hippocratic Oath?
- PMC would not let me get an x-ray done there being it was ordered by NCHC. It would have been nice to get it right in town instead of having to drive all the way to Bottineau!
- PMC needs to be able to provide the availability for Northland providers to be able to use PMC's services.
- Northland providers are unable to order services, so residents need to go to the providers at PMC, which doubles the cost of medical care.

2. Adding obstetric services

Rolette County is one of the few non-metro counties in North Dakota that has a growing population. The 2004-2008 live birth rates for Rolette County and pregnancy rates are much higher than the state rates. According to the 2000 and 2010 U.S. census data, (See Appendix D) Rolette County's population change went up almost 2% in that decade. In looking at the population age bracket of persons zero to four years, the percent went up 1.48%. Data from North Dakota KIDS COUNT, sponsored by the Annie E. Casey Foundation, reports that there are approximately 300 births in Rolette County annually and this trend has been consistent for the past six years for which data is available.

Total Births for Rolette County, provided by North Dakota KIDS COUNT

Year	2005	2006	2007	2008	2009	2010
# of births	305	317	289	319	299	311

(http://www.ndkidscount.org)

The IHS hospital in Belcourt, six miles away from Rolla, does offer obstetric services but non-Native women have to travel to Devils Lake (75 minutes) or Minot (two hours) for obstetric care.

Given the number of visits needed for pre-natal care, respondents claimed that the amount of travel creates a substantial toll on the mother, both in terms of time away from home and work and economically, in terms of money spent on gas, lodging and meals away. Providing the services locally could ease the mother's economic burden as well as provide for a new opportunity to extend care to a family. In looking at the continuum of medical care provided for the expecting mother, her baby as well as both mother and child as they develop, respondents stated that there is a significant health relationship that PMC could establish if the services were provided locally.

In the past, PMC did offer obstetric care and many respondents would like to see this service re-instated. Some recognized the obstacles to restarting an OB program but believed that it was worth considering given the increase in young families in the area and the inconvenience (and potential safety issues) of needing to travel. Specific comments taken verbatim from survey responses include:

- The lack of Ob/Gyn is the beginning of the end. Loss of family, pediatric and continued patient care.
- When the hospital stopped deliveries, that's when acute care started going downhill.
- There is no equipment here to deliver babies.

- There is no longer a complete circle of care.

- It is scary for women to have to travel two hours in the winter in order to deliver their baby.

- An Ob/Gyn would keep families here. There has been a great exodus to Devils Lake. We are exporting health care.

3. Adding general surgeon and full time doctor that resides in Rolla

It is clear that participants feel strongly about the need for more doctors, as opposed to mid-levels, to practice in Rolla. One participant said that in the state, 35 small communities are looking for a new primary care physician out of a candidate pool of three. Tight competition makes recruiting a new doctor difficult and retaining a doctor is tough when the doctor could be making more money elsewhere.

A general concern about competency of staff was expressed. According to some participants, hiring locum nurses is not beneficial as there is no continuity of care. One participant admitted to not seeing the same face twice in a span of three months for repeated care. Some participants were concerned that the high turnover of staff lowered the reputation of PMC and created a social stigma.

The economic impact of traveling for health care services is significant for both the employers and employees. Business owners have a hard time covering shifts for employees who must travel to receive medical care and employees are faced with the loss of wages on top of added expenses. The reality of traveling to other towns in order to receive medical care places a heavy financial strain on the community.

Specific comments taken verbatim from survey responses include:

- Need a doctor that can put heart and soul in business.

- Need a doctor that lives in Rolla—not commuting from Fargo or Mandan.

- It's tough to come alone and then be on-call; family life deteriorates quickly. Need to offer job for spouse as well.

- We need a surgeon that lives here or is always here so a person doesn't have to be sent to another hospital unless serious.

- More medical students need to be placed in rural hospitals for their residency. UND is starting to do this but medical students don't experience the training until the end of their schooling when students have already chosen a specialty. Instead, the exposure to rural health care should start at the beginning of medical

school as the experience and range of services provided in a rural practice may influence med students to choose general practice in a rural setting.

- Need to see a doctor, not a nurse practitioner.
- Need a general surgeon to provide simple procedures like appendectomy and colonoscopy.
- The things people would like to have all relate back to having more doctors.

4. Increase marketing efforts

A general theme of making patients better advocates was expressed, with education being the key. Patients must advocate in order to receive care at their community facility, but this can only happen with awareness of services offered. An aggressive marketing campaign by PMC could help educate community residents about medical care provided locally and help to keep care in the community. For example, one respondent commented that he had to drive 360 miles just to get stitches removed when that task could have been performed locally. Once initial diagnostical tests are done by specialists, follow-up appointments could occur via telemedicine.

As an antidote to this problem, participants suggested increasing the use of telemedicine. More collaboration with larger medical centers could ease the problem of travel and make better use of the community facilities. As a whole, participants were impressed with the list of services provided, both in scope and availability. However, awareness of some of these services provided was low.

A specific suggestion was for PMC to equip patients with a handout offered to each patient upon discharge that contained a list of services. This hand-out could accompany the patient or family member so that if travel was needed to another facility, the patient could advocate for follow-up visits at home, based on the services available. The hand-out could serve as a marketing tool to advertise the services offered and spread the word into the community.

5. Increase customer service

Along the lines of increasing marketing efforts, respondents expressed a need for PMC to also increase its overall customer service to its patients. Participants responded that they had been treated poorly by clinic staff and been belittled by emergency room (ER) staff. Noting that the front desk staff makes the first and last impression, concern was expressed that the staff is not welcoming at both the hospital and the PMC clinic.

Specific comments taken verbatim from survey responses include:

- They made me feel like dirt.

- Have to serve the public—they are your clients.
- Need to step up the Public Relations. Initial reception has never been great.
- Would like a clinic with more and pleasant staff.
- People don't remember high-tech, but they do recall high touch.
- ER providers seem to be disrespectful, uncaring, and have a hard time hiding their emotions. I have witnessed temper tantrums by two doctors in the ER. It was not very professional.
- Stay available to your clients, be open longer.
- Last thing out of their mouth must be positive.
- Have providers working ER and the clinic in good moods instead of yelling or disrespecting the "neighboring" communities ambulance staff so all patients waiting for services or the nursing staff can hear and understand the comments...especially when they are not needed.
- The providers have chewed on me as an ambulance personnel...without being dressed respectfully or introducing herself to us. We didn't know she was a provider, thought she was family with our patient. She was extremely rude to us...WE ARE PROFESSIONAL, and choose to go where we are treated as such.

Additionally, respondents stated that the waiting rooms lack privacy. Especially for mental health patients, the lack of anonymity is concerning. A private waiting room for mental health patients is recommended. Also, the waiting room could benefit from updated reading material. Respondents reported that magazines are outdated and unsanitary.

Another suggestion voiced to increase customer services was to extend the operating hours of the clinic. Respondents would like to see the clinic offer extended hours for working families, especially working mothers. Additionally, walk-in appointments should be encouraged.

Additional Issues

Other issues that did not emerge as themes, but were mentioned, may warrant additional consideration. Several respondents expressed a need for hospice care. Although hospice is listed on services currently being provided by PMC, some questioned its listing. It was stated that hospice needs to be offered in the homes. For the large number of cancer patients in the community, as well as their family members, hospice care needs to be a priority.

Home health care is another area where respondents indicated more attention is needed. There is only one home health agency in Rolla and it does not have enough capacity. Additionally, respondents voiced a need for a diabetic educator. Rolla has double the state diabetes rate.

Priority of Health Needs

The Community Group held its second meeting on the evening of August 27, 2012. Sixteen members of the group attended the meeting. A representative from the Center for Rural Health presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the results of the survey (including perceived community health concerns, awareness of local services, why patients seek care at PMC, community collaboration, and barriers to care), and findings from the focus group and key informant interviews.

Following the presentation of the assessment findings, and after careful consideration of and discussion about the findings, each member of the group was asked to identify on a ballot what they perceived as the top five community needs. For complete results of the prioritization of concerns please refer to Appendix H. The results were totaled, and the concerns most often cited were:

- Access to needed medical services (12 votes)
- Limited number of health care providers (10 votes)
- Elevated rate of diabetes (8 votes)
- Increase collaboration among health care providers & facilities (8 votes)
- Increase PMC's customer service (7 votes)

Limitations

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

(survey and secondary data) methods, triangulates results and strengthens overall research design but ultimately, the prioritization of needs is based on the participants who attend the second community meeting. Granting this much influence to attendees may result in one particular community group having too much sway. Despite these limitations, this CHNA does satisfy all of the federal regulation requirements identified by the Affordable Care Act and serves as a best effort to gauge community health needs at this time.

Summary

This study took into account input from more than 100 community members and health care professionals as well as 25 community leaders. This input represented the broad interests of the community served by Presentation Medical Center. Together with secondary data gathered from a wide range of sources, the information gathered presents a snapshot of health needs and concerns in the community.

An analysis of secondary data reveals that the Presentation Medical Center's service area has a lower percentage of adults over the age of 65 than the state average and a lower median age than the state median, although the difference is not as great as some other rural areas in the state. A younger population with a relatively high birth rate may indicate a need for particular medical services.

In terms of health factors, the data show that Rolette County exceeds the *state average* and *national benchmark* for rates of adult smoking, obesity, physical inactivity, excessive drinking, motor vehicle crash death rate, sexually transmitted infections and teen birth rate. The ratio of population to primary care and mental health providers is three times and almost two times state averages respectively. Rolette County does not perform better than *state averages* or the *national benchmark* with respect to rates of self-reported poor or fair health, days of poor physical health, or days of poor mental health. Rolette County does not meet the *state averages* or *national benchmark* in terms of number of preventable hospital stays and it has a higher rate of uninsured people.

With respect to preventive care, the data suggest there is room for improvement in *all areas* including diabetic screening, mammography screening, colorectal cancer screening, pneumococcal pneumonia vaccination, influenza vaccination, annual hemoglobin, lipid screening and eye examination screening for diabetics, and potentially inappropriate medication rates. Data about leading causes of death in the area suggest that reductions in non-infant mortality may be achieved by focusing on early detection and prevention of heart disease and cancer, as well as accident and suicide prevention.

Results from the survey revealed that community members rank the following health concerns as the most important in the community: (1) adequate number of health care providers, (2) high costs of health care for consumers, (3) not enough health care staff in general, (4) access to needed medical services, and (5) distance/transportation to health

care facility. Health care professionals perceived the most important concerns as (1) adequate number of health care providers, (2) not enough health care staff in general, (3) high costs of health care for consumers, (4) diabetes and (5) addiction/substance abuse. The survey also revealed that most consumers were aware of several of the services offered by Presentation Medical Center, but there were a number of services about which community members tended to have lower awareness and which may present opportunities for education and increased utilization. To help remove barriers to accessing health care locally, community members most often recommended adding more specialists and doctors as well as increasing collaboration between competing providers.

Input from community leaders echoed many of the concerns raised by survey respondents and also highlighted concerns about marketing and customer service. Community leaders also had high praise for the amount and availability of services provided by PMC.

Appendix A1 – Community Member Survey Instrument

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

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

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

Please take a few moments to complete the survey. If you prefer, this survey may be completed electronically by visiting: https://www.surveymonkey.com/s/Rolla-community. Your responses are anonymous – and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported in aggregate form. If you have questions about the survey, you may contact Karin Becker at the Center for Rural Health, 701.777.4499, Karin.becker@email.und.edu

Surveys will be accepted through July 10, 2012. Your opinion matters – thank you in advance!

Community Assets/Best Things about Your Community

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

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

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

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

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

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

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

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

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

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

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

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

Health Care Services

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

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

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

Q2a. General and acute services

a) Aware of services offered locally at PMC?			b) Used services at PMC or used services at another facility? (Check both if applicable.)	
Yes	No	Type of service offered	Used Services at PMC	Used Services at Another Facility
		Anesthesia services		
		Cardiology (visiting specialist)		
		Clinic		
		eEmergency via telemedicine		
		Emergency room		
		General surgery		
		Hospital (acute care)		
		Mental health services		
		Ob/Gyn (visiting specialist)		
		Orthopedic (visiting specialist)		
		Podiatry (foot/ankle) (visiting specialist)		
		Social services		
		Swing bed and respite care services		
		Telemedicine		

Q2b. Screening/therapy services

a) Aware of services offered locally at PMC?			b) Used services at PMC or used services at another facility? (Check both if applicable.)	
Yes	No	Type of service offered	Used Services at PMC	Used Services at Another Facility
		Cardiac rehab		
		Chemotherapy		
		Drug testing		
		Hearing services		

		Home oxygen service		
		Laboratory services		
		Physical therapy		
		Respiratory therapy		
		Sleep studies		

Q2c. Radiology services

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

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

_____

_____

Q4. Regarding the following health care services offered by <u>providers other than PMC</u> please tell us:

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

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

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

Delivery of Health Care

Q5. Regarding the delivery of health care in your community, please rank each of the potential health concerns listed below on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

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

b) Which concern above is the most important? _____

c) Why is that concern the most important?_____

_____

Q6. Please tell us why you seek health care services at Presentation Medical Center. (Choose ALL that apply.)

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

Q7. Please tell us why you seek health care services at another health care facility. (Choose ALL that apply.)

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

Q8. What would help to address the reasons why you do not seek health care services in the Rolla area? (Choose ALL that apply.)

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

Q9. How long does it take you to reach the nearest clinic?

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

Q10. How long does it take you to reach Presentation Medical Center in Rolla?

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

Q11. Do you believe that Presentation Medical Center could improve its collaboration with:

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

Demographic Information

Please tell us about yourself.

Q12. Listed below are some general health conditions/diseases. Please select all that apply to you.

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

Q13. Insurance Status: (Choose all that apply.)

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

Q14. Age:

- ☐ Less than 25 years
- ☐ 25 to 34 years
- ☐ 35 to 44 years
- ☐ 45 to 54 years
- ☐ 55 to 64 years
- ☐ 65 to 74 years
- ☐ 75 years and older

Q15. Years lived in your community:

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

Q16. Highest level of education:

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

Q17. Gender:

- ☐ Female
- ☐ Male

Q18. Marital status:

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

Q19. Employment status:

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

Q20. Annual household income before taxes:

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

Q21. Your zip code: _____

Q22. Overall, please share concerns and suggestions to improve the delivery of local health care.

Thank you for assisting us with this important survey!

Appendix A2 – Health Care Professional Survey Instrument

Rolla Health Needs Survey - Health Care Professionals

Community Assets/Best Things about Your Community

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

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

Please take a few moments to complete the survey. The survey has 20 QUESTIONS on 3 PAGES.

Your responses are anonymous – and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported in aggregate form. If you have questions about the survey, you may contact Karin Becker at the Center for Rural Health, 701.777.4499, karin.becker@email.und.edu.

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

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

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

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

Rolla Health Needs Survey - Health Care Professionals

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

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

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

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

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

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

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

Rolla Health Needs Survey - Health Care Professionals

Delivery of Health Care

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

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

Which concern is the most important, and why?

Rolla Health Needs Survey - Health Care Professionals

8. Please tell us why you think patients seek services AT PRESENTATION MEDICAL CENTER. (Choose ALL that apply.)

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

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

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

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

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

Rolla Health Needs Survey - Health Care Professionals

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

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

13. Do you believe that Presentation Medical Center could improve its collaboration with:

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

Rolla Health Needs Survey - Health Care Professionals

Demographic Information

Please tell us about yourself.

14. Age:

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

15. Years lived in your community:

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

16. Highest level of education:

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

17. Gender:

- ◯ Female
- ◯ Male

18. Profession:

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

Other (please specify)

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

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

Rolla Health Needs Survey - Health Care Professionals

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

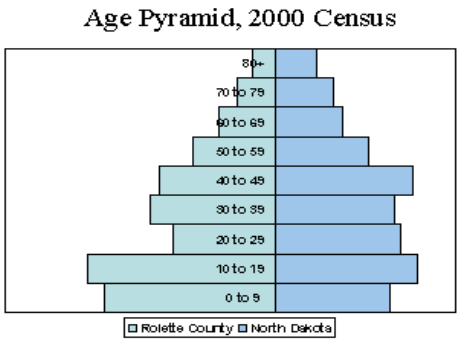
Appendix B – Key Informants Participating in Interviews

Name	Title	Organization
Barb Frydenlund	Public Health Nurse	Public Health Nurse, Rolette County
Duane Glasner	Retired physician	Retired family practice doctor
Leann Volmer	Realtor	Real Estate Agent
William Turner	Dentist	Turner Dental Office
Jeanna Strong	WIC Director	WIC
Scott Mitchell	Mayor	Rolette County
Jim Simpson	Banker	Dacotah Bank
Val Edwards	Administrative Assistant	Dacotah Bank
Alex Albert	Customer Service Manager	Job Service of North Dakota
Merle Boucher	Businessman	Rolette County
Luther Stave	Businessman	Rolette County
Lole Tupa	Businessman	Rolla
Vicki Johnston	Medical Records Assistant	PMC Auxiliary
Evelyn Tinmerman	Member	PMC Auxiliary
Lilly Johnston	Member	PMC Auxiliary
Leonide Crosby	Member	PMC Auxiliary
Velma Raasakka	Member	PMC Auxiliary
Marcella Crosby	Member	PMC Auxiliary
Yvonne Meckelson	Member	PMC Auxiliary
Vivian Simpson	RN, Assistant Vice President	PMC
Ray Cardyum	Medical Staff President	PMC
Michael Pfeifer	Interim President/CEO	PMC
Paula Wilkie	CFO	PMC
Mark KERR	Assistant Administrator	PMC
Kimberly Samuelson	Public Relations	PMC
Jeanette Festrog	Administrator Director	PMC

Rolette District Community Health Profile

POPULATION

Population by Age, 2000 Census				
Age	Rolette County	Percent	North Dakota	Percent
0-9	2596	19.0	82,382	12.8
10-19	2857	20.9	101,082	15.7
20-29	1543	11.3	89,295	13.9
30-39	1881	13.8	85,086	13.2
40-49	1760	12.9	98,449	15.3
50-59	1252	9.2	66,921	10.4
60-69	863	6.3	47,649	7.4
70-79	573	4.2	41,844	6.5
80 +	349	2.6	29,492	4.6
Total	13674	100.0	642,200	100.0
0-17	4985	36.5	160,849	25.0
65+	1325	9.7	94,478	14.7



Female Population by Age, 2000 Census				
Age	Rolette Co		North Dakota	
0-9	1242	47.8%	40,200	48.8%
10-19	1386	48.5%	48,823	48.3%
20-29	797	51.7%	42,196	47.3%
30-39	1000	53.2%	41,884	49.2%
40-49	918	52.2%	48,521	49.3%
50-59	622	49.7%	32,799	49.0%
60-69	434	50.3%	24,937	52.3%
70-79	306	53.4%	23,106	55.2%
80 +	228	65.3%	19,210	65.1%
Total	6933	50.7%	321,676	50.1%

Population by Race, 2000 Census	Rolette County		North Dakota	
	Pop	Percent	Pop	Percent
Total	13674	100.0%	642,200	100.0%
White	3435	25.1%	593,181	92.4%
Black	10	0.1%	3,916	0.6%
Am.Indian	9983	73.0%	31,329	4.9%
Asian	10	0.1%	3,606	0.6%
Pac. Is.	0	0.0%	230	0.0%
Other	16	0.1%	2,540	0.4%
Multirace	220	1.6%	7,398	1.2%

Household Populations, 2007 Census		Rolette County		North Dakota	
Total		13,687	100.0%	642,200	100.0%
	In households	13,512	98.7%	618,569	96.3%
In family households		12,131	88.6%	507,581	79.0%
In non-family households		1,381	10.1%	110,988	17.3%
	In group quarters	162	1.2%	23,631	3.7%
Institutionalized population		121	0.9%	9,688	1.5%
	Correctional institutions	33	0.2%	1,518	0.2%
	Nursing Homes	88	0.6%	7,254	1.1%
Non-institutionalized population		41	0.3%	13,943	2.2%
	College	0	0.0%	10,137	1.6%
	Group homes	0	0.0%	1,269	0.2%

Population Change, Rolette Co.		
1990	12,772	
2000	13,674	7.1%
2005	13,687	0.1%

POPULATION

Marital Status, 2000 Census	Rolette County		North Dakota	
	Number	Percent	Number	Percent
Total Age 15 and Older	9,568	100.0%	512,281	100.0%
Never Married	3,407	35.6%	141,300	27.6%
Now Married	4,325	45.2%	290,833	56.8%
Separated	142	1.5%	3,610	0.7%
Widowed	700	7.3%	36,702	7.2%
Female	515	5.4%	30,346	5.9%
Divorced	994	10.4%	39,836	7.8%
Female	582	6.1%	21,235	4.1%

Marital Status, 2000 Census	Rolette		North Dakota	
	Number	Percent	Number	Percent
No schooling completed	18	0.2%	1605	0.4%
No High School	734	9.9%	34053	8.3%
Some High School	1197	16.2%	30326	7.4%
High school or GRE	1970	26.6%	113931	27.9%
Some College	2396	32.4%	138855	34.0%
Bachelor's degree	808	10.9%	67551	16.5%
Post Graduate Degree	283	3.8%	22292	5.5%

Disability by Age Group, 2000 Census	Rolette		North Dakota	
	Number	Percent	Number	Percent
5 to 15 years	174	5.3%	5586	5.6%
16 to 20 years	145	11.5%	5460	10.3%
21 to 64 years	1360	20.6%	53170	15.4%
65 to 74 years	277	41.4%	12601	27.9%
75 years and over	361	59.7%	21000	49.9%
One disability	1388	10.1%	29,648	4.6%
Two or more disabilities	929	6.8%	20,729	3.2%
Self care disability	275	2.0%	4,978	0.8%

%

POPULATION

Income and Poverty Level, 2000 Census	Rolette County	North Dakota
Median Household Income	$26,232	$34,604
Per Capita Income	$10,873	$16,227

Household Income, 2000 Census	Rolette County		North Dakota	
	Number	Percent	Number	Percent
Less than $10,000	1,017	22.3%	28,417	11.0%
$10,000 to $19,999	818	18.0%	40,728	15.8%
$20,000 to $29,999	703	15.4%	41,612	16.2%
$30,000 to $39,999	567	12.4%	36,540	14.2%
$40,000 to $74,999	1,130	24.8%	77,996	30.3%
$75,000 or more	322	7.1%	31,941	12.4%

Population by Poverty Status, 2000 Census	Rolette County		North Dakota	
	Number	Percent	Number	Percent
Below poverty level	4188	31.0%	73,457	11.9%
Under 5 years	603	52.2%	6,784	17.6%
5 to 11 years	773	40.4%	8,666	14.3%
12 to 17 years	572	30.7%	6,713	11.3%
18 to 64 years	1990	27.3%	41,568	11.1%
65 to 74 years	98	14.6%	3,797	8.4%
75 years and over	152	25.1%	5,929	14.1%

Families in Poverty, 2000 Census	Rolette		North Dakota	
	Number	Percent	Number	Percent
Total Families	3364	100.0%	166963	100.0%
Families with Own Children	2234	66.4%	83678	50.1%
Families with Own Children and Female Parent Only	799	23.8%	13971	8.4%
Families in Poverty	943	28.0%	13890	8.3%
Families with Own Children in Poverty	794	23.6%	10043	12.0%
Families with Own Children and Female Parent Only in Poverty	497	14.8%	5402	38.7%

Year of Housing Construction, 2000 Census	Rolette		North Dakota	
	Number	Percent	Number	Percent
Housing units: Total	5,027	100.0%	289,677	100.0%
1980 and Later	1,752	34.9%	76,239	26.3%
1970 to 1979	1,588	31.6%	68,376	23.6%
Prior to 1970	1,687	33.6%	145,062	50.1%

Vital Statistics, 2003-2007

DEATHS

Deaths, 2003-2007	Rolette County		North Dakota	
Infant Death	0	0	268	6.4
Child and Adolescent Death	7	26.9	316	35.6
Total Deaths	622	909.8	28,709	894.1

Deaths by Cause, 2003-2007	Rolette County			North Dakota		
	Number	Crude Rate	Age Adj	Number	Crude Rate	Age Adj
Heart	622	184.3	165	7,551	235	189
Cancer	126	223.8	220	6,522	203	178
Cerebrovascular Disease	153	27.8	25.6	2,046	64	49
Alzheimer's	9	13.1	13.1	1,642	51	37
COPD	36	52.7	51.1	1,400	44	36
Unintentional Injury	60	87.8	93	1,425	44	41
Diabetes	49	71.7	69.9	1,070	33	28
Pneumonia and Influenza	13	19	18.7	801	25	19
Cirrhosis	17	24.9	26.1	316	10	10
Suicide	13	19	20.1	430	13	13

Leading Causes of Death by Age Group for Rolette County, 2004-2008			
Age	1	2	3
0-4	Sudden Infant Death	Anomaly	Prematurity
5-14	Unintentional Injury 5	Anomaly	
15-24	Unintentional Injury 10	Suicide	Heart
25-34	Unintentional Injury 10	Suicide Diabetes	
35-44	Unintentional Injury 10	Cancer 7	Heart 6
45-54	Cancer 22	Heart 13	Unintentional Injury 5
55-64	Cancer 30	Heart 13	Unint. Injury 11 Diabetes 11
65-74	Cancer 44	Heart 23	Diabetes 16
75-84	Heart 30	Cancer 29	Diabetes 13
85+	Heart 27	Cancer 19	Alzheimer's 10

Behavioral Risk, 1999-2007

	ALCOHOL	Rolette County	North Dakota
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past	23.5% (18.4% - 28.7%)	21.3% (20.6% - 22.0%)
Heavy Drinking	Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for	3.4% (1.5% - 5.3%)	5.1% (4.7% - 5.5%)
Drunk Driving (2006)	Respondents who reported driving when they had too much to drink one or more times during the past 30 days	6.4% (0.2-11.1)	4.4% (3.9%-4.9%)
	ARTHRITIS		
Chronic Joint Symptoms	Respondents who reported pain, aching of stiff in a joint during the past 30 days which started more than 3	33.4% (26.6% - 40.2%)	35.3% (34.4% - 36.3%)
Doctor Diagnosed Arthritis	Respondents who reported ever have been told by a doctor or other health professional that they had some	27.5% (21.4% - 33.6%)	27.2% (26.4% - 28.0%)
	ASTHMA		
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had	14.8% (10.5% - 19.1%)	10.5% (10.0% - 11.0%)
Current Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had	9.5% (5.9% - 13.0%)	7.3% (6.9% - 7.7%)
	CHOLESTEROL		
No Cholesterol Test	Respondents who reported not having a cholesterol test in the past five years	30.2% (23.6%-36.8%)	30.8% (30.0%-31.6%)
High Cholesterol	Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they	29.1% (21.9% - 36.3%)	33.1% (32.2% - 34.0%)
	CARDIOVASCULAR		
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they	4.2% (1.4% - 6.9%)	4.0% (3.7% - 4.3%)
Angina	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.	2% (1.0% - 3.1%)	4.1% (3.8% - 4.4%)
Stroke	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they	1.3% (0.4% - 2.1%)	2.1% (1.9% - 2.3%)
Cardiovascular Disease	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they	5.4% (2.1% - 8.8%)	7.5% (7.1% - 8.0%)
	COLORECTAL CANCER		
Fecal Occult Blood (2006)	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	85% (76.9% - 93.0%)	76.6% (75.5% - 77.8%)
Never Sigmoidoscopy (2006)	Respondents age 50 and older who reported never having had a sigmoidoscopy or colonoscopy	57.4% (44.9% - 69.8%)	52.2% (50.9% - 53.6%)
No Sigmoidoscopy in Past 5 Years (2006)	Respondents age 50 and older who reported not having a sigmoidoscopy or colonoscopy in the past five years.	NA	59.8% (58.5%-61.1%)
	DIABETES		
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	10% (6.6% - 13.4%)	6.4% (6.0% - 6.8%)
	HEALTH CARE ACCESS		
Health Insurance	Respondents who reported not having any form or health care coverage	29.9% (24.5% - 35.3%)	11.5% (11.0% - 11.9%)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	8.5% (5.4% - 11.6%)	7.0% (6.6% - 7.4%)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health	34.9% (28.8% - 41.0%)	23.6% (22.9% - 24.3%)

Behavioral Risk, 1999-2007

	GENERAL HEALTH		
Fair or Poor Health	Respondents who reported that their general health was fair or poor	21.2% (16.7%-25.6%)	12.5% (12.1%-12.9%)
Poor physical Health	Respondents who reported they had 8 or more days in the last 30 when their physical health was not good	11.8% (8.1% - 15.6%)	9.9% (9.5% - 10.3%)
Poor Mental Health	Respondents who reported they had 8 or more days in the last 30 when their mental health was not good	14.5% (10.0% - 19.0%)	9.7% (9.2% - 10.1%)
Activity Limitation Due to Poor Health	Respondents who reported they had 8 or more days in the last 30 when poor physical or mental health kept them from doing their usual activities.	7.6% (4.5% - 10.7%)	5.5% (5.2% - 5.8%)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	16.9% (12.9% - 20.9%)	15.26% (14.8% - 15.8%)
	HYPERTENSION		
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	24.1% (18.2% - 30.0%)	24.6% (23.8% - 25.4%)
	IMMUNIZATION		
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year	NA	28.6% (27.3% - 29.9%)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	NA	32.3% (31.0% - 33.7%)
	INJURY		
Not Wear Seatbelt (2006)	Respondents who reported that they did not always wear their seatbelt	NA	44.6% (43.2%-46.0%)
Fall (2006)	Respondents 45 years and older who reported that they had fallen in the past 3 months	NA	16.0% (14.5%-17.5%)
	FRUITS AND VEGETABLES		
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day	81% (75.2% - 86.9%)	78.3% (77.6% - 79.1%)
	BODY WEIGHT		
Overweight But Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30	37.2% (31.4% - 43.0%)	38.8% (38.2% - 39.5%)
Obese	Respondents with a body mass index greater than or equal to 30	37.8% (32.3% - 43.4%)	23.3% (22.7% - 23.8%)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25	75% (69.9% - 80.2%)	62.1% (61.4% - 62.8%)
	ORAL HEALTH		
Dental Visit (2006)	Respondents who reported that they have not had a dental visit in the past year	NA	30.8% (28.9% - 32.7%)
Tooth Loss (2006)	Respondents who reported they had lost 6 or more permanent teeth due to gum disease or decay.	NA	18.3% (16.8% - 19.8%)
	PHYSICAL ACTIVITY		
Recommend Physical Activity	Respondents who reported that they did not get the recommended amount of physical activity	46.2% (38.8% - 53.6%)	51.1% (50.2% - 52.1%)
No Leisure Physical Activity	Respondents who reported that they participated in no leisure time physical activity	29.4% (23.8% - 35.1%)	22.7% (22.1% - 23.3%)

Behavioral Risk, 1999-2007

TOBACCO			
Current Smoking	Respondents who reported that they smoked every day or some days	34.8% (29.3% - 40.2%)	21.1% (20.5% - 21.7%)
Not Quit Attempt	Respondents who reported that they had not quit smoking for a day or longer in the past year to try to quit.	44.7% (34.8%-54.7%)	47.6% (43.2%-46.0%)
Smokeless Use	Male respondents who reported current use of smokeless tobacco	NA	10.1% (9.1%-11.1%)
PROSTATE CANCER			
PSA Testing (2006)	Men age 40 and older who reported that they have not had a PSA test in the past two years	NA	50.9% (48.9% - 52.9%)
Digital Rectal Exam (2006)	Men age 40 and older who reported that they have not had a digital rectal exam in the past two years.	NA	45.4% (43.6%-47.3%)
WOMEN'S HEALTH			
Pap Smear (2006)	Women 18 and older who reported that they have not had a pap smear in the past three years	10.8% (4.2% - 17.5%)	12.9% (12.0% - 13.9%)
Mammogram Age 40+ (2006)	Women 40 and older who reported that they have not had a mammogram in the past two years	NA	24.6% (23.3% - 25.9%)

Crime, 2003-2007

Rolette (reported)							
	2002	2003	2004	2005	2006	5 year	-Year Rate
Murder	0	0	0	1	0	1	1.4
Rape	0	0	0	0	1	1	1.4
Robbery	1	0	0	0	0	1	1.4
Assualt	0	1	4	4	4	13	18.7
Violent crime	1	1	4	5	5	16	23.1
Burglary	24	5	17	13	26	85	122.5
Larceny	19	11	84	90	102	306	441.1
Motor vehicle theft	9	3	4	8	7	31	44.7
Property crime	52	19	105	111	135	422	608.4
Total	53	20	109	116	140	438	631.4
Rolla PD did not report in 2002 and 2003							
Status of FBI data from Reservation unknown							
North Dakota							
	2002	2003	2004	2005	2006	5 year	-Year Rate
Murder	6	12	10	13	8	49	1.5
Rape	167	143	157	146	184	797	25.1
Robbery	71	55	42	45	69	282	8.9
Assualt	309	289	319	396	525	1,838	57.9
Violent crime	553	499	528	600	786	2,966	93.4
Burglary	2,250	1,814	1,855	1,884	2,364	10,167	320.2
Larceny	11,399	9,700	8,832	9,081	8,884	47,896	1,508.2
Motor vehicle theft	1,037	1,002	858	998	966	4,861	153.1
Property crime	14,686	12,516	11,545	11,963	12,214	62,924	1,981.5
Total	15,239	13,015	12,073	12,563	13,000	65,890	2,074.9

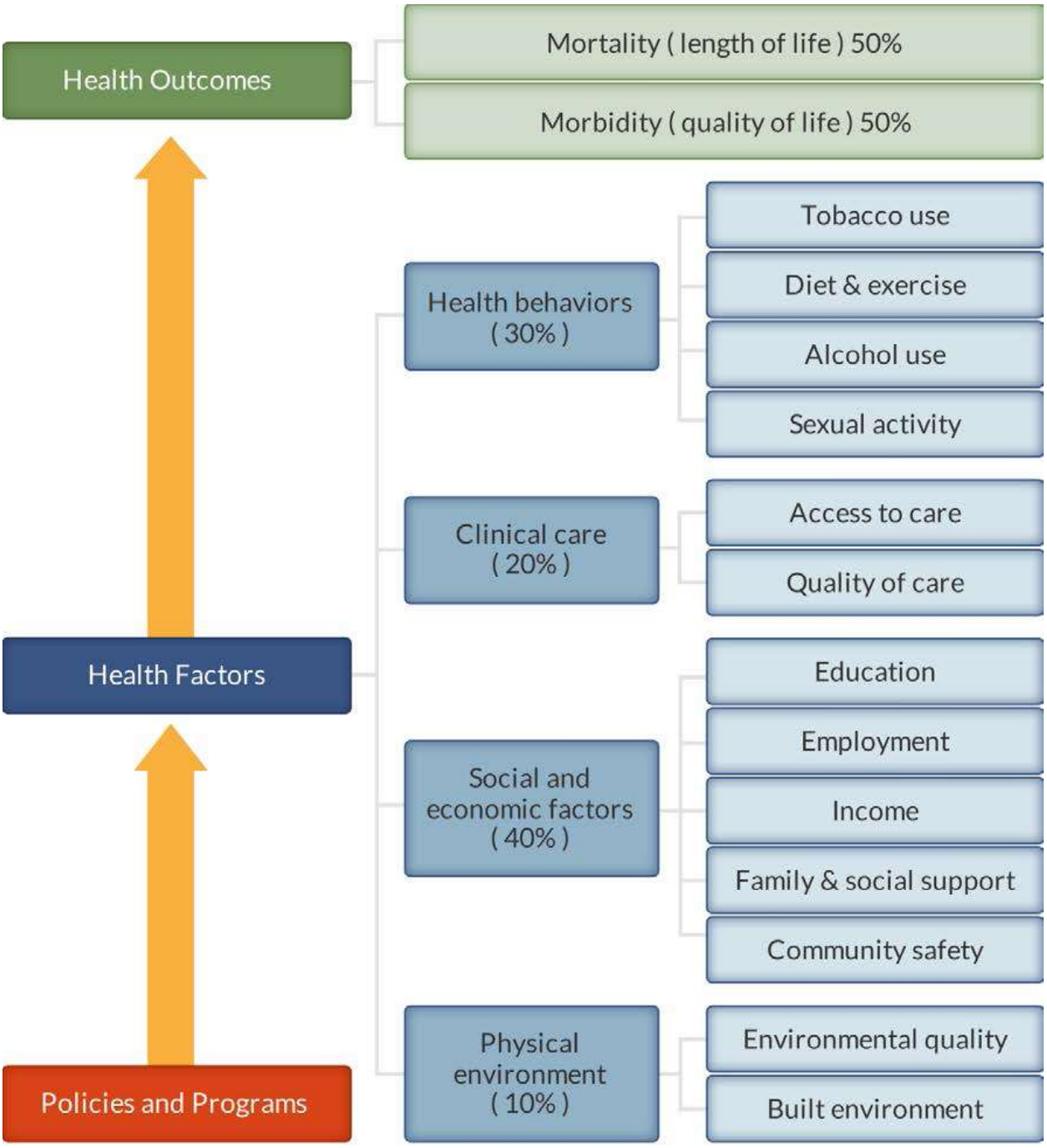
Child Health Indicators

Child Indicators: Education 2007	Rolette County	North Dakota
Children Ages 3 to 4 in Head Start (Percent of eligible 3 to 4 year olds)	330 (70.1)	2,607 (65.2)
Enrolled in Special Education Ages 3-21 (Percent of persons ages 3-21)	227 (8.3)	13,609 (7.0)
Speech or Language Impaired Children in Special Education (Percent of all special education children)	47 (20.7)	4,032 (29.6)
Mentally Handicapped Children in Special Education (Percentage of total special education children)	18 (7.9)	906 (6.7)
High School Dropouts (Dropouts per 1000 persons grades 9-12)	111 (10.9)	794 (8.4)
Average ACT Composite Score	17.6	21.6
Average Expenditure per Student in Public School	$9,182	$7,487
Child Indicators: Economic Health 2007	**Rolette County**	**North Dakota**
TANF Recipients Ages 0-19 (Percent of persons ages 0-19)	1861 (35.6)	9,549 (5.7)
Food Stamp Recipients Ages 0-19 (Percent of all children ages 0-19)	2960 (60.6)	31,380 (20.3)
Children Receiving Free and Reduced Price Lunches (Percent of total school enrollment	2357 (73.9)	32,340 (320)
WIC Program Participants**	1680	18,322
Medicaid Recipients Ages 0-20 (Percent of all persons ages 0-20)	3298 (60.5)	41,376 (23.1)
Median Income for Families with Children Ages 0-17 (Percent of all women with children ages 0-17)*	$26,377	$44,640
Children Ages 0-17 Living in Extreme Poverty (Percent of children 0-17 for whom poverty is determined)*	1034 (21.0)	9662 (6.1)
* Year 2000 data ** Year 2006 data		
Child Indicators: Families and Child Care 2007	**Rolette County**	**North Dakota**
Child Care Providers (Licensed, SCC, Tribal)	216	2705
Child Care Capacity (As percent of all children 0-13 in child care)	880 (24.1)	39,744 (36.1)
Mothers with a Child Ages 0-17 in Labor Force (Percent of all mothers with a child ages 0-17)*	1352 (73.2)	63,058 (81.2)
Children Ages 0-17 Living in a Single Parent Family (Percent of all children ages 0-17)*	1990 (39.9)	30,695 (19.1)
Children in Foster Care (Percent of children ages 0-18)	75 (1.5)	2152 (1.4)
Children Ages 0-17 with Suspected Child Abuse or Neglect (Cases per 100 children 0-17)	67 (1.5)	6,271 (4.3)
Children Ages 0-17 Impact by Domestic Violence (Percent of all children ages 0-17)	68 (1.4)	4,862 (3.0)
Births to Mothers receiving Inadequate Prenatal Care**	54 (17.0)	403 (4.7)
* Year 2000 data **2006 data		
Child Indicators: Juvenile Justice 2007	**Rolette County**	**North Dakota**
Children Ages 0-17 Referred to Juvenile Court (Percent of all children ages 0-17)	58 (2.9)	5,757 (8.5)
Offense Against Person Juvenile Court Referral (Percent of total juvenile court referral)	6 (5.8)	812 (7.5)
Alcohol-Related Juvenile Court Referral (Percent of all juvenile court referrals)	23 (22.3)	2,074 (19.3)

Appendix D – 2000 and 2010 US Census Population of Rolette County

Rolette County, North Dakota - Overview	2010 Census		2000 Census		2000-2010 Change	
	Counts	Percentages	Counts	Percentages	Change	Percentages
Total Population	13,937	100.00%	13,674	100.00%	263	1.92%
Population by Race						
American Indian and Alaska native alone	10,763	77.23%	9,983	73.01%	780	5.70%
Asian alone	16	0.11%	10	0.07%	6	0.04%
Black or African American alone	21	0.15%	10	0.07%	11	0.08%
Native Hawaiian and Other Pacific native alone	1	0.01%	0	0%	1	0.01%
Some other race alone	15	0.11%	16	0.12%	-1	-0.01%
Two or more races	296	2.12%	220	1.61%	76	0.56%
White alone	2,825	20.27%	3,435	25.12%	-610	-4.46%
Population by Hispanic or Latino Origin (of any race)						
Persons of Hispanic or Latino Origin	133	0.95%	110	0.80%	23	0.17%
Persons Not of Hispanic or Latino Origin	13,804	99.05%	13,564	99.20%	240	1.76%
Population by Gender						
Male	6,897	49.49%	6,741	49.30%	156	1.14%
Female	7,040	50.51%	6,933	50.70%	107	0.78%
Population by Age						
Persons 0 to 4 years	1,411	10.12%	1,208	8.83%	203	1.48%
Persons 5 to 17 years	3,249	23.31%	3,777	27.62%	-528	-3.86%
Persons 18 to 64 years	7,879	56.53%	7,364	53.85%	515	3.77%
Persons 65 years and over	1,398	10.03%	1,325	9.69%	73	0.53%

Appendix E – County Health Rankings Model



County Health Rankings model ©2012 UWPHI

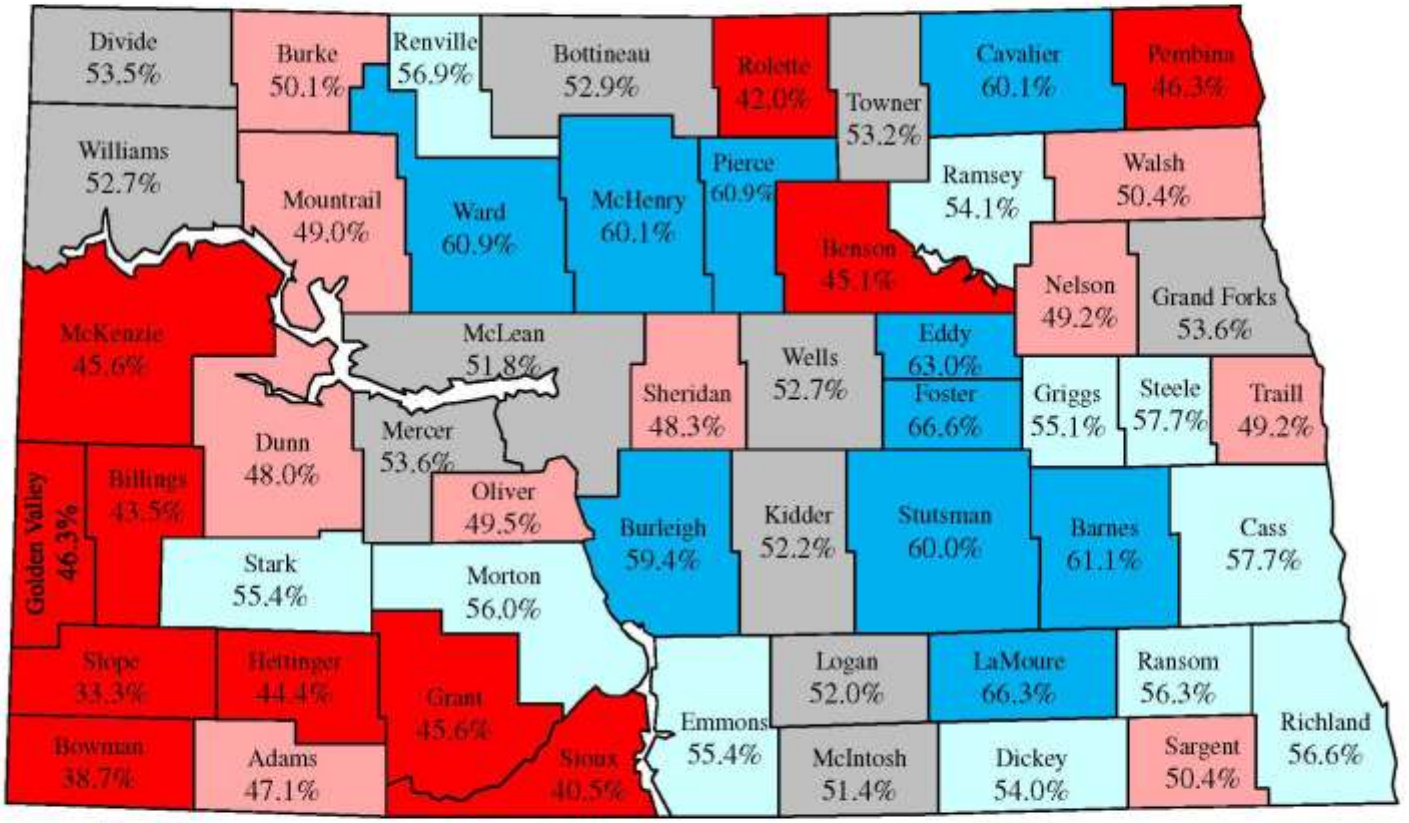
Appendix F – Definitions of Health Variables

(from County Health Rankings 2011 Report)

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

North Dakota Colorectal Cancer Screening Rates

Medicare Claims Data Measurement Timeframes: Numerator—06/01/09-06/30/10
Denominator—FOBT: 06/01/08-06/30/10; BE and SIG: 06/01/05-06/30/10; COLO: 06/01/00-06/30/10

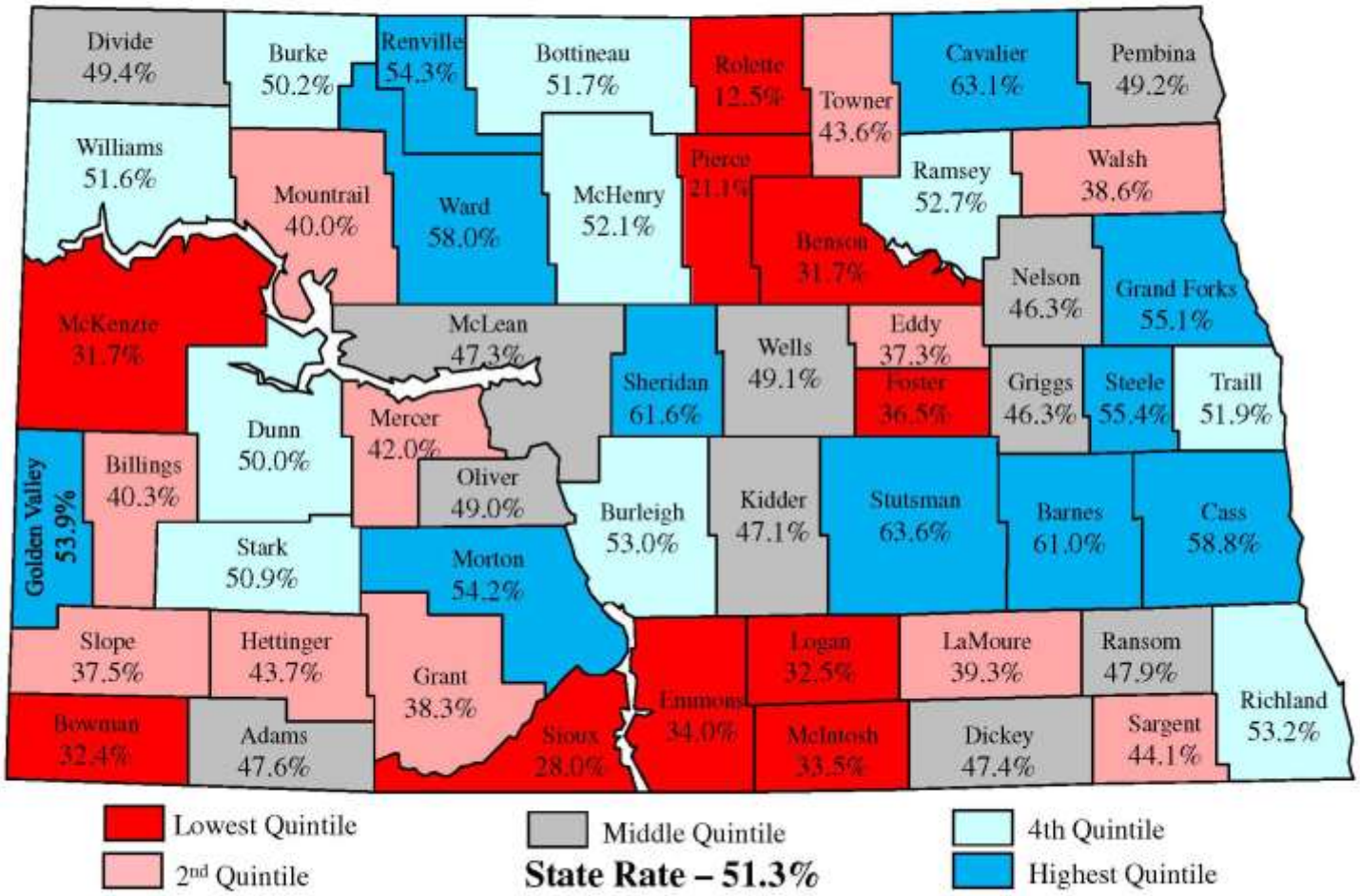


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

North Dakota Pneumococcal Pneumonia Vaccination Rates

Medicare Claims Data – Claims through 06/30/10

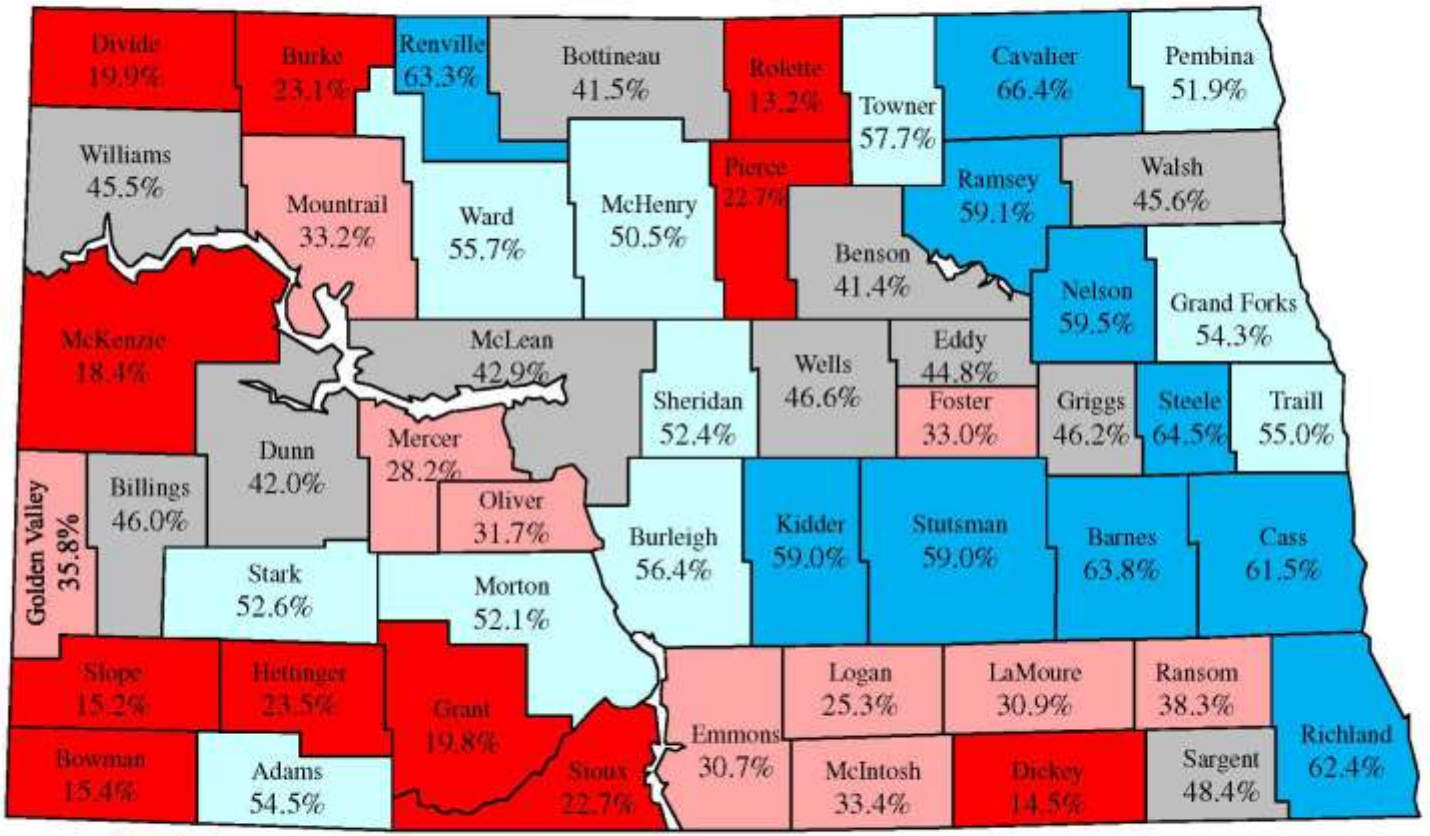


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

North Dakota Influenza Vaccination Rates

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

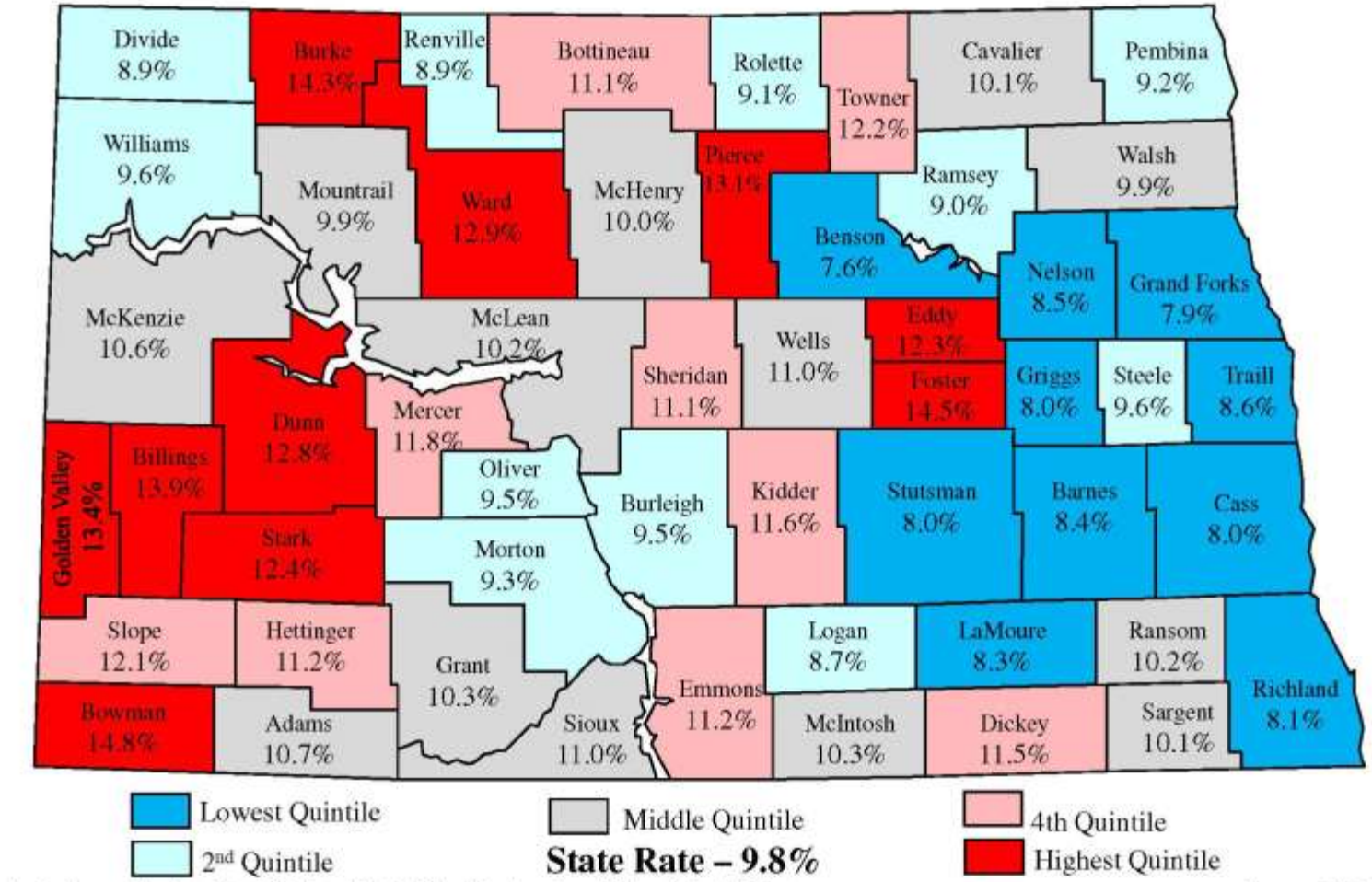


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

October 2010

North Dakota DDI Rates

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

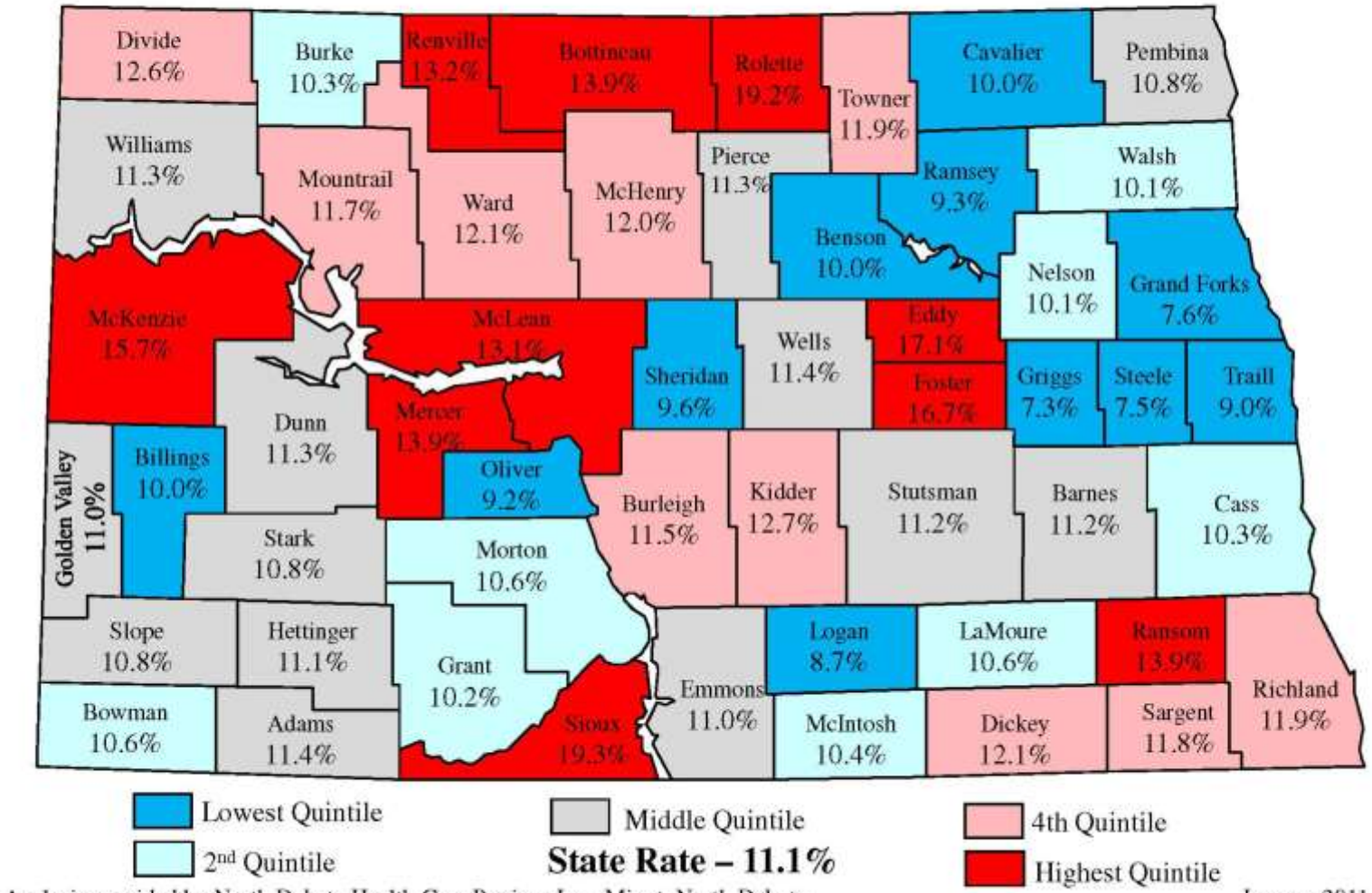


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

North Dakota PIM Rates

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

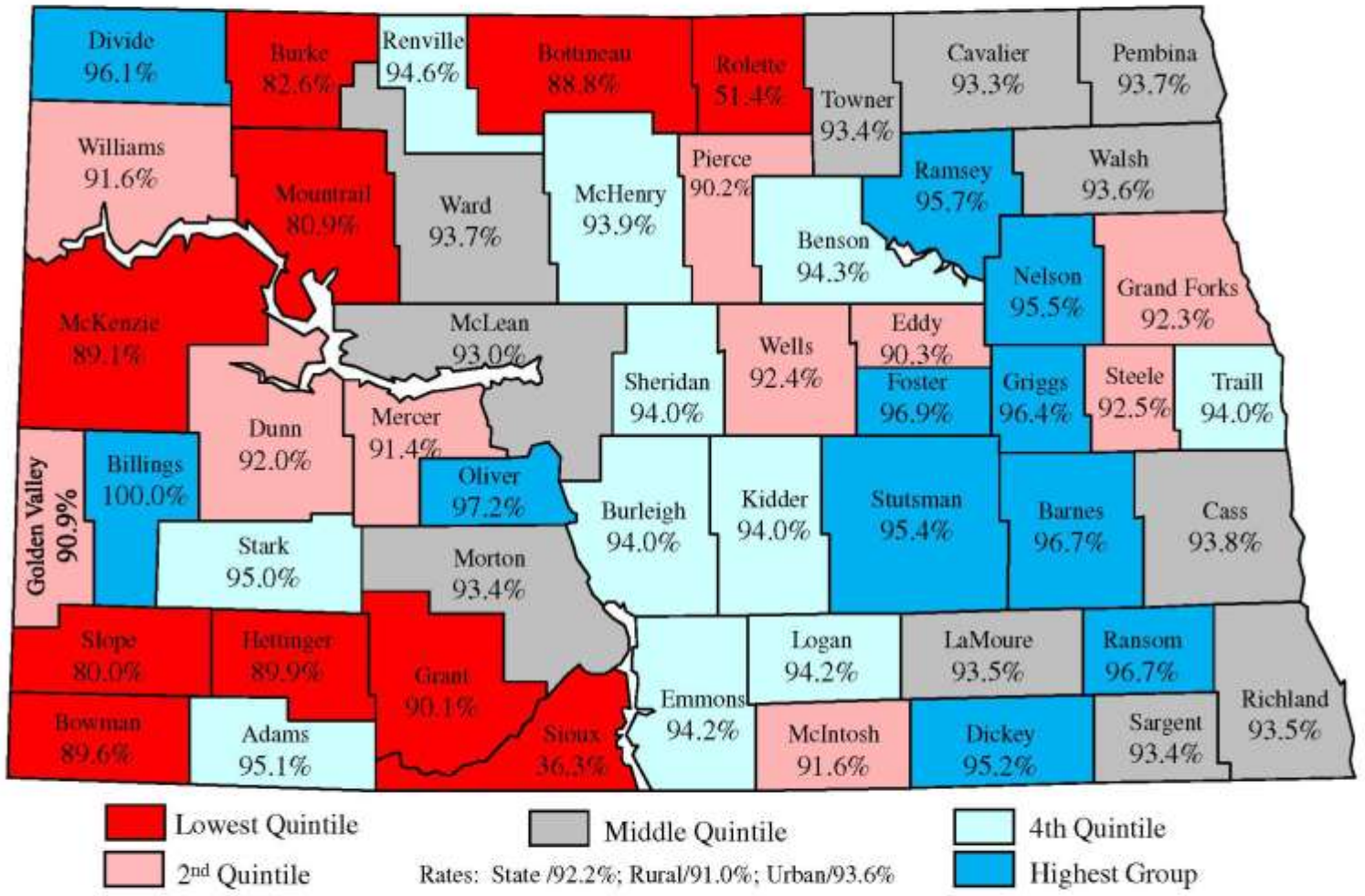


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

Annual Hemoglobin A1C Screening Rates for Patients with Diabetes

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

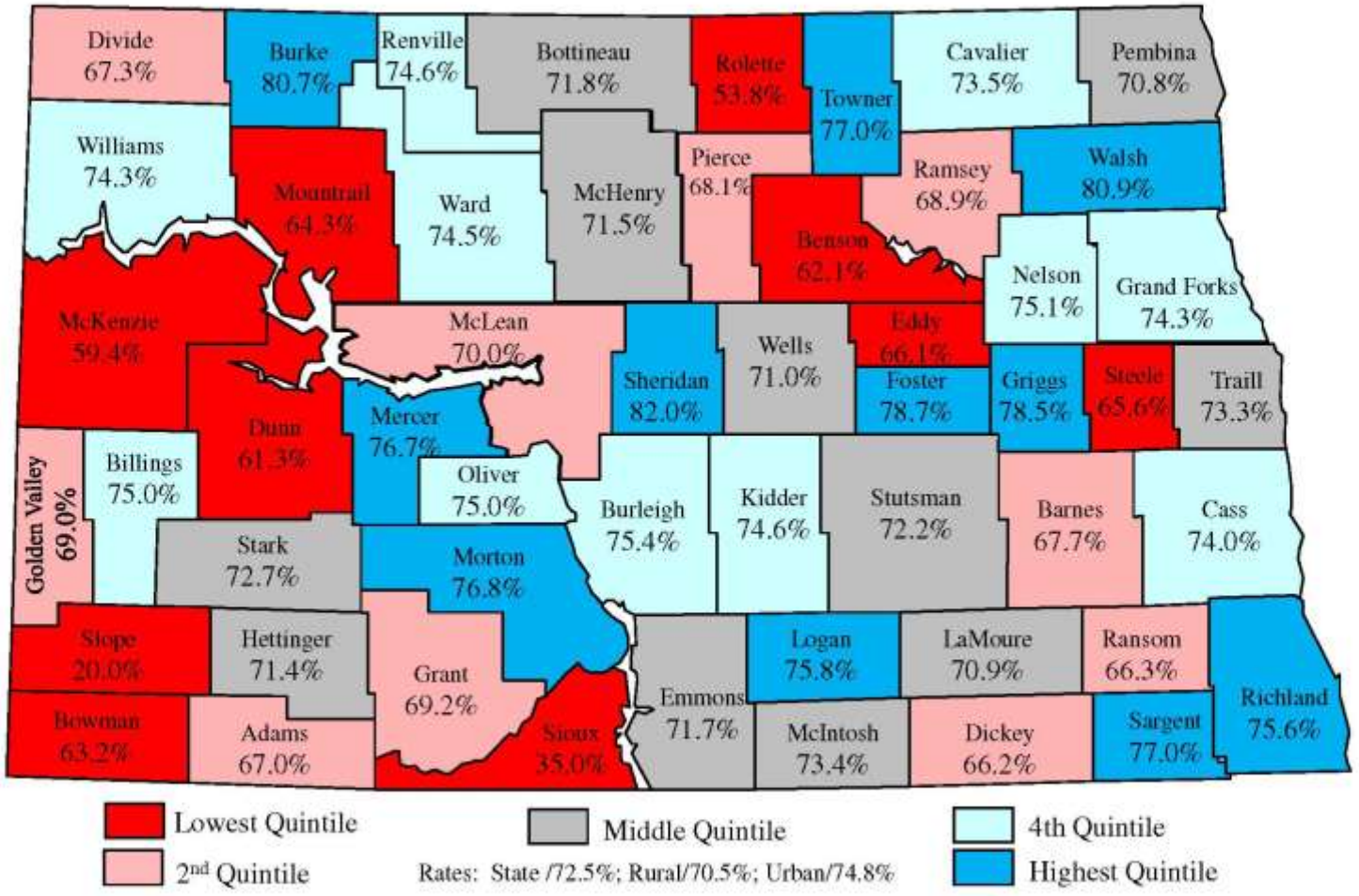


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

Annual Eye Examination Screening Rates for Patients with Diabetes

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

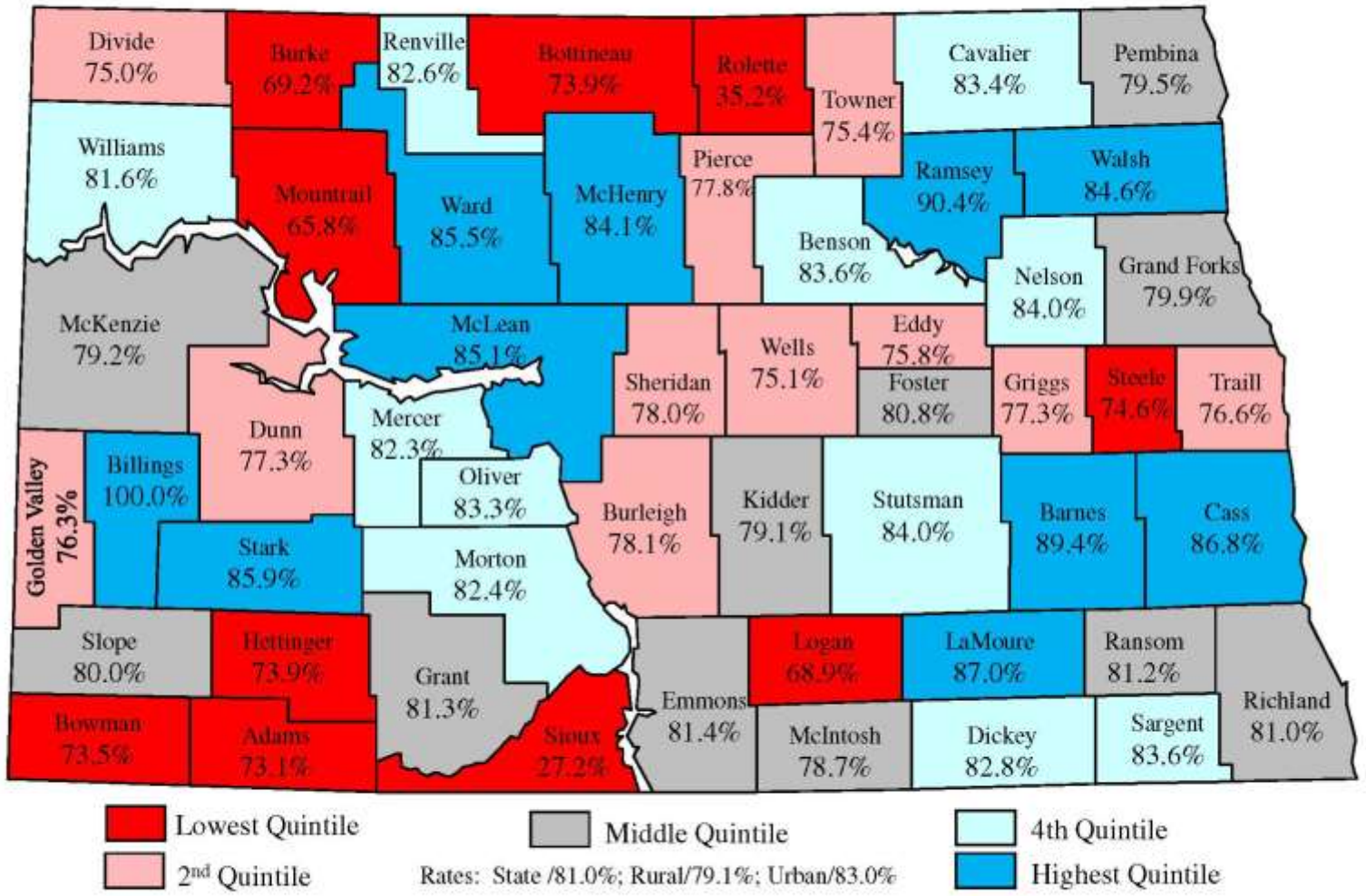


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

Annual Lipid Testing Screening Rates for Patients with Diabetes

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



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

January 2011

Appendix H – Prioritization of Community's Health Needs

POTENTIAL COMMUNITY HEALTH NEEDS – ROLLA

(Listed in no particular order) ✓ = Not meeting state average ❖ = Not meeting national benchmark

	IDENTIFIED NEED	VOTE
1.	Secondary data & Survey: Elevated rate of diabetics ✓	8
2.	Secondary data: Elevated rate of adult smoking ✓❖	1
3.	Secondary data: Elevated rate of adult obesity ✓❖	1
4.	Secondary data: Elevated rate of physical inactivity ✓❖	1
5.	Secondary data: Elevated rate of excessive drinking ✓❖	4
6.	Secondary data: Elevated level of sexually transmitted infections❖	3
7.	Secondary data: Elevated motor vehicle crash death rate ✓❖	2
8.	Secondary data: Elevated teen birth rate ✓❖	4
9.	Secondary data: Elevated rate of uninsured adults ✓❖	1
10.	Secondary data & Survey & Interview/Focus Group: Limited number of health care providers ✓❖	10
11.	Secondary data: Limited number of mental health care providers ✓❖	1
12.	Secondary data: Elevated level of preventable hospital stays ✓❖	1
13.	Secondary data: Decreased rate of diabetic screening ✓❖	0
14.	Secondary data: Decreased rate of mammography screening ✓❖	2
15.	Secondary data: Limited access to healthy foods ✓❖	0
16.	Secondary data: Decreased rate of colorectal cancer screening ✓❖	1
17.	Secondary data: Decreased rate of pneumococcal pneumonia vaccination ✓❖	0
18.	Secondary data: Decreased rate of influenza vaccination rates ✓❖	0
19.	Secondary data: Decreased rate of hemoglobin A1C screening rates for diabetics ✓❖	0
20.	Secondary data: Decreased rate of annual lipid screening rates for diabetics ✓❖	0
21.	Secondary data: Decreased rate of eye examination screening rates for diabetics ✓❖	0
22.	Secondary data: Elevated rate of potentially inappropriate medication rates ✓❖	0
23.	Survey: Higher cost of health care for consumers	3
24.	Survey: Access to needed medical services	12

25.	Focus Group: Increase collaboration among health care providers & facilities	8
26.	Focus Group: Add Obstetric services	0
27.	Focus Group: Increase PMC's marketing efforts	6
28.	Focus Group: Increase PMC's customer service	7