



2016 Community Health Needs Assessment

Presentation Medical Center

Rolla, North Dakota

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Executive Summary

To help inform future decisions and strategic planning, Presentation Medical Center (PMC) conducted a needs assessment. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the assessment process, which solicited input from area community members and healthcare professionals as well as analysis of other community health-related data. For example, in 2015, the Rolette County Public Health (RCPH), worked with the Center for Rural Health to facilitate a comprehensive community health needs assessment (CHNA), supported by the Gaining Grounds grant through a contract with the North Dakota Department of Health. The PMC CEO and other staff participated in the community focus group and made copies of the survey available to staff and members of the community. In order to not burden community members by repeating the assessment process recently completed by RCPH, PMC chose to distribute an abbreviated survey. The questions were intended to gather feedback from community residents, more specific to the services provided by PMC hospital and clinic, recent RCPH CHNA survey. Eighty-one PMC service area residents completed the PMC survey. Additional information was collected through a community meeting. The feedback from the residents represented broad interests of the communities in the service area, which primarily reside in Rolette County. The information gathered through the PMC survey and community meeting, the Rolette County Public Health CHNA process, and secondary data gathered from a wide range of sources, presents a snapshot of health needs, and concerns in the service area.

With regard to demographics, Rolette County population from 2010 to 2015 decreased slightly by 1%. The percent average of residents under age 18 (21.5%) is about two percentage points less than the North Dakota average (23%). Percentage of residents aged 65 and older is higher (21.4%) than the North Dakota average (14.2%) and rates of education are similar to North Dakota averages. The median household income in Rolette County (\$52,593) is lower than the state average of North Dakota (\$55,579).

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

- Percent Diabetic
- Food environment index
- Physical inactivity
- Access to exercise opportunities
- Alcohol-impaired driving
- Uninsured
- The number of primary care physicians
- Dentists
- Mental health providers
- Diabetic screening
- Mammography screening
- Unemployment
- Income inequality
- Injury deaths

Participants in a community group meeting (16) held by PMC revealed the following most important concerns for the area:

- Availability of resources for family and friends caring for elders
- Being able to meet the needs of the older population
- Availability of resources to help the elderly stay in their homes
- Not enough jobs with livable wages
- Ability to retain doctors and nurses in the community
- Youth drug use and abuse (including prescription drug abuse)
- Diabetes

The PMC survey queried respondents with regard to their concerns about violence in the community. Domestic and spousal violence was the highest concern followed by violence against children.

For the RCPH CHNA process, the public health staff and partners worked diligently to distribute surveys, both paper and online, which resulted in a significant response of 589 completed surveys for a 25% response rate. When asked what the best things are about the area, respondents indicated the following:

- Family friendly
- Friendly and helpful people
- Simple, laidback lifestyle
- Recreational and sports activities
- Quality school systems and programs for youth

Of 82 potential community and health needs set forth in the RCPHD CHNA survey, residents who completed the survey, indicated the following five concerns as the most important:

- Alcohol use and abuse (including binge drinking)
- Diabetes
- Teen pregnancy
- Youth sexual health (including sexually transmitted infections)
- Youth alcohol use and abuse

Other areas of concerns, identified through a community group (22 participants) meeting and key-informant (12 participants) interviews, in the RCPHD CHNA process were:

- Lack of collaboration within community
- Lack of employment and high poverty rate
- Activities/services for youth
- Mental health (including substance abuse)

Additionally, the RCPHD CHNA survey revealed the biggest barriers to receiving healthcare (as perceived by community members) is the lack of doctors and specialists; followed by not being able to see the same provider over time; and not being able to get an appointment because of limited hours.

Overview and Community Resources

Presentation Medical Center is located in north central North Dakota, approximately 100 miles east and north of Minot, North Dakota and 10 miles from the Canadian border. Along with the hospital, agriculture and some small industry operations provide the economic base for the town of Rolla and Rolette County. According to the 2014 U.S. Census, Rolette County had a population of 14,616, while Rolla, the county seat, had a population of 1,280.

Rolette County has a number of community assets and resources that can be mobilized to address population health improvement. In terms of physical assets and features, the community includes a swimming pool, city park, tennis courts, golf course, and movie theatre. The Turtle Mountain Area offers multi-use trails for biking, hiking, and ATV riding.



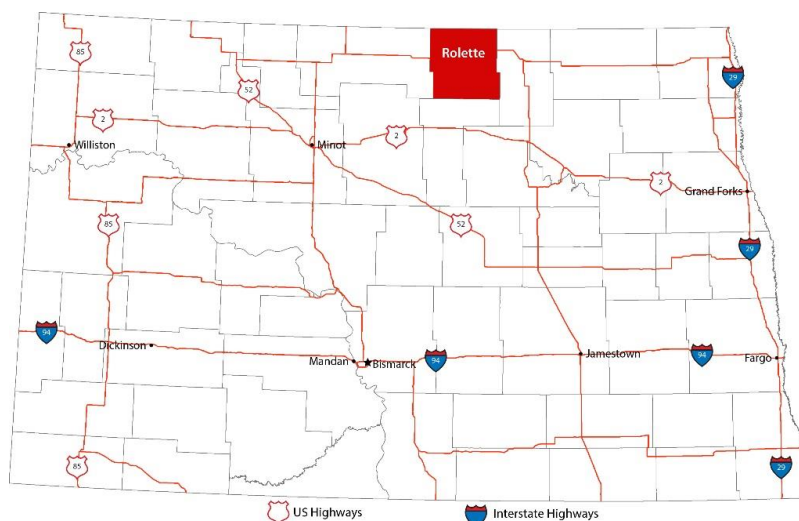
Rolette County offers several cultural attractions such as International Peace Gardens and International Music Camps, which is located on the US/Canadian border just north of Dunseith. The Chippewa Indian Reservation is located in Rolette County and highlights the proud heritage of these Native American peoples.

Each major town in Rolette County has good grocery stores and other valued community assets, such as service organizations. The Rolette County school system offers a comprehensive program for students K-12 in Rolla, Rolette, St. John, Belcourt, and Dunseith.

Other health care facilities and services in the area include Northland Community Clinic in Rolla and Rolette, Johnson Clinic in Dunseith, and the Indian Health Services hospital and clinic in Belcourt. Rolette County is fortunate to have multiple pharmacies, an optometrist, dentists, and chiropractor. Rolla Ambulance in Rolla is an Advanced Cardiac Life Support (ACLS) service and is the main transport to the tertiary facility, Trinity Medical in Minot, North Dakota. Rolette County also has several first responders and an ambulance in Rolette, North Dakota. Belcourt also has an ACLS ambulance associated with the IHS hospital.



Figure 1: Rolette County, North Dakota



Presentation Medical Center

Opened in 1939, Rolla Community Hospital, now known as Presentation Medical Center (PMC), is one of the most important assets in the community and the largest charitable organization in Rolette County, North Dakota. PMC includes a 25-bed, critical access hospital located in Rolla, North Dakota. As a hospital and designated level IV trauma center, the hospital provides comprehensive care for a wide range of medical and emergency situations. PMC is part of the local



health care system which also includes Presentation Clinic. PMC provides comprehensive medical care with physician, mid-level medical providers, and consulting/visiting medical providers. With nearly 90 employees, PMC is one of the largest employers in the county. It has two full-time physicians, three nurse practitioners/physician assistants, and 20 nurses for a combined total of 25 health care providers on staff.

A 2015 economic impact study estimated that PMC had a total economic impact on Rolette County of more than \$6.4 million.

The mission of Presentation Medical Center and Presentation Clinic is:

Presentation Medical Center, in union with the Sisters of Mary of the Presentation, is a Catholic healthcare organization. Through the power and example of Jesus Christ and his gospel values, we are committed to joyfully provide holistic care and healing with integrity, compassion, and respect to all we serve.

Specific services provided by Presentation Medical Center are:

Acute Services

- Acute care hospital
- Anesthesia
- 24-hour emergency
- Cardiology
- Obstetrics & gynecology
- Podiatric
- Surgical services
- Swing bed & respite care services
- Trauma Care

General Services

- Clinic
- Visiting specialists
- Comfort Care Suite
- 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

- Chemotherapy
- Drug testing
- Hearing services
- Home oxygen service
- IV therapy
- Physical therapy
- Respiratory therapy
- Sleep studies

Rolette County Public Health

Rolette County Public Health (RCPH) provides public health services that include environmental health, nursing services, the WIC (women, infants, and children) program, health screenings, and education services. Each of these programs provides a wide variety of services in order to accomplish the mission of public health, which is to assure that North Dakota is a healthy place to live and each person has an equal opportunity to enjoy good health. To accomplish this mission, RCPH is committed to the promotion of healthy lifestyles, protection and enhancement of the environment, and provision of quality health care services for the people of North Dakota.

Specific services that RCPH provides are:

- Chronic Disease Monitoring
- Breastfeeding resources
- Car seat program
- Child health (well-baby checks)
- STD Testing/Treatment
- Pregnancy Testing
- Fluoride Vanish
- Flu shots for children 18 and younger
- Health Tracks (child health screening)
- Flu Shots
- Immunizations
- CPR/First Aid Training
- Women's Way
- Preschool education programs
- Head Start screening
- Worksite Wellness
- School health (vision screening, puberty talks, school immunizations)
- Tobacco Prevention and Control
- Tuberculosis testing and management
- West Nile program—surveillance and education
- WIC (Women, Infants & Children) Program
- Environmental Health Services

Assessment Process

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

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

This assessment examines health needs and concerns in Rolette County. In addition to Rolla, located in the county are the communities of Agate, St. John, Rolette, Mylo, Perth, Belcourt, and Dunseith.

In 2015, the Rolette County Public Health (RCPH), worked with the Center for Rural Health to facilitate a comprehensive community health needs assessment (CHNA).

http://www.rcphd.com/Community_Health_Assessment_2015.pdf

The PMC CEO and other staff participated in the community focus group and made copies of the survey available to staff and patients at the clinic and hospital. In order to not burden community members by repeating the assessment process recently completed by RCPH, Presentation Medical Center chose to distribute an abbreviated survey. The questions selected, by PMC, were from a list of elective questions routinely used by the Center for Rural Health when conducting other CHNAs. The intent was to gather feedback from community residents more specific to the services provided by PMC hospital and clinic and not duplicate the recent CHNA survey. Eighty-one PMC service area residents completed the PMC survey. Additional information was also collected through a community meeting. The input from the residents represented broad interests of the communities in the service area, which primarily reside in Rolette County. Information gathered through the PMC survey and community meeting, the

Rolette County Public Health CHNA process, and secondary data gathered from a wide range of sources, presents a valuable snapshot of health needs and concerns in the service area.

The survey instrument utilized by the Center for Rural Health, for the CHNA process, conducted for RCPH, is a comprehensive tool developed out of a collaborative effort that took into account input from health organizations around the state. The North Dakota Department of Health's public health liaison organized a series of meetings that garnered input from the state's health officer, local public health unit professionals from around North Dakota, representatives of the Center for Rural Health, and representatives from North Dakota State.

The PMC CHNA process consisted of the following:

- A survey soliciting feedback from area residents
- The Community Group meeting, comprised of community leaders and area residents, convened to discuss area health needs and inform the assessment process
- A wide range of secondary sources of data, providing information on a multitude of measures including demographics; health conditions, indicators, and outcomes; rates of preventive measures; rates of disease; and at-risk behavior.

The Center for Rural Health's involvement was funded partially through its Medicare Rural Hospital Flexibility (Flex) Program. The Flex Program is federally funded by the Office of Rural Health Policy, part of the Health Resources and Services Administration.

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. 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.

Detailed below are the methods undertaken to gather data for the PMC assessment by convening a Community Group, soliciting feedback about health services via a survey, and reviewing secondary data.

Community Group

The Community Group met on September 1, 2016, with 16 community members in attendance. At this meeting, the community group was presented with recent PMC survey results, findings from the RCPH CHNA process, and a wide range of secondary data relating to the general health of the population in Rolette County. The group was also asked to identify what they felt were the top concerns in the area in five categories. Members of the community group represented interests of the community served by Presentation Medical Center and RCPH. They included representatives of the health community, elected city and county officials, and public health.

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 related to PMC health care services. A copy of the survey instrument is included in Appendix A.

The PMC survey, distributed to various residents of Rolette County, was designed to:

- Understand perceptions and attitudes about the health services provided by PMC, and hear suggestions for improvement
- Learn more about the level of interest in supporting PMC through the foundation.

To promote awareness of the assessment process, PMC promoted the survey by social media (Facebook), personal contact, and by targeted direct email to local elected officials. Area residents were given a link to complete an online version of the survey. Eighty-one surveys were completed.

Secondary Data

Secondary data was collected and analyzed to provide descriptions of: (1) population demographics, (2) general health issues (including any population groups with particular health issues), and (3) contributing causes of community health issues. Data were collected from a variety of sources including: United States Census Bureau; Robert Wood Johnson Foundation's County Health Rankings, which pulls data from 20 primary data sources (www.countyhealthrankings.org); the National Survey of Children's Health which touches on multiple intersecting aspects of children's lives (www.childhealthdata.org/learn/NSCH); and

North Dakota KIDS COUNT, which is a national and state-by-state effort to track the status of children, sponsored by the Annie E. Casey Foundation (www.ndkidscount.org).

Social Determinants of Health

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

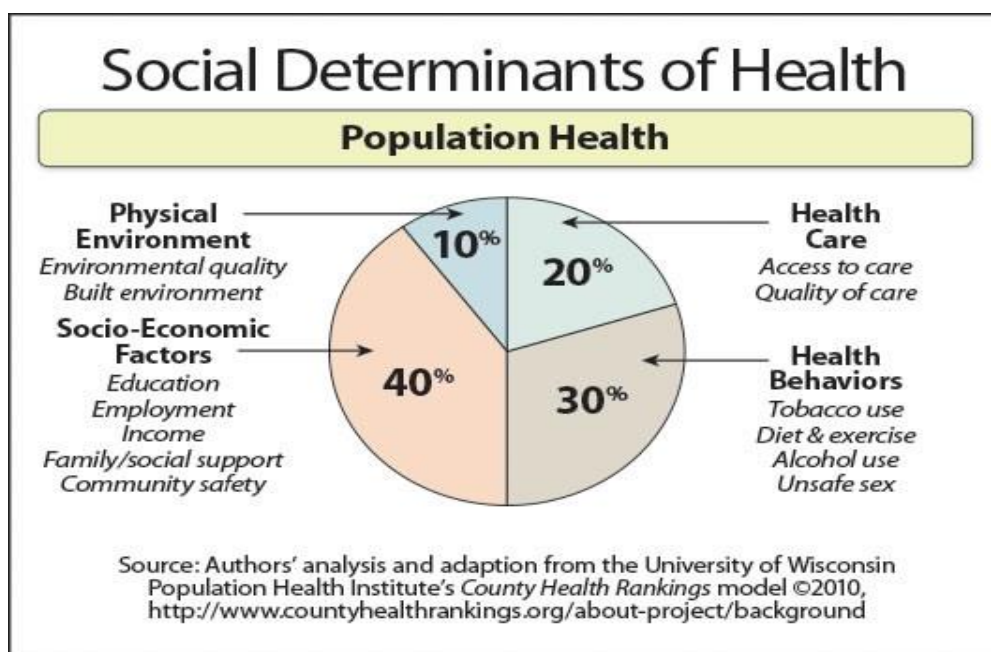
“the circumstances in which people are born, grow up, live, work, and age and the systems put in place to deal with illness. These circumstances are in turn shaped by wider set of forces: economics, social policies and politics.”

Income-level, educational attainment, race/ethnicity, and health literacy all impact the ability of people to access health services. Basic needs such as clean air and water and safe and affordable housing are all essential to staying healthy, and are also impacted by the social factors listed above. The impact of these challenges can be compounded by the barriers already present in rural areas, such as limited public transportation options and fewer choices to acquire healthy food.

Figure 2 illustrates the small percent (20%) that healthcare quality and services, while vitally important, play in the overall health of individuals and ultimately of a community. Physical environment, socio-economic factors, and health behaviors play a much larger part (70%) in impacting health outcomes. Therefore, as needs or concerns were raised through this community health needs assessment process, it was imperative to keep in mind how they impact the health of the community and what solutions can be implemented.

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

Figure 2: Social Determinants of Health



Demographic Information

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

TABLE 1: ROLETTE COUNTY: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2014 American Community Survey; more recent estimates used where available)		
	Rolette County	North Dakota
Population, 2015 est.	14,649	756,927
Population change, 2010-2015	5.1%	12.5%
Land area, square miles	903.08	69,001
People per square mile, 2010	15.4	9.7
White persons (not incl. Hispanic/Latino), 2014 est.	20.4%	88.6%
Persons under 18 years, 2014 est.	33.6%	22.8%
Persons 65 years or older, 2013 est.	10.6%	14.2%
Non-English spoken at home, 2013 est.	1.3%	5.3%
High school graduates, 2013 est.	81.5%	91.3%
Bachelor's degree or higher, 2013 est.	20.0%	27.3%
Live below poverty line, 2013 est.	31.6%	11.5%

The population of North Dakota has grown in recent years, and Rolette County has seen a steady population since 2010, as the U.S. Census Bureau estimates show that the county's population decreased very slightly from 13,998 (2010) to 13,937 (2015).

Health Conditions, Behaviors, and Outcomes

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

County Health Rankings

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

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

Health Outcomes <ul style="list-style-type: none">• Length of life• Quality of life Health Factors <ul style="list-style-type: none">• Health Behavior<ul style="list-style-type: none">○ Smoking○ Diet and exercise○ Alcohol and drug use○ Sexual activity• Clinical Care<ul style="list-style-type: none">○ Access to care○ Quality of care	Health Factors (continued) <ul style="list-style-type: none">• Social and Economic Factors<ul style="list-style-type: none">○ Education○ Employment○ Income○ Family and social support○ Community safety• Physical Environment<ul style="list-style-type: none">○ Air and water quality○ Housing and transit
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Table 2 summarizes the pertinent information gathered by County Health Rankings as it relates to Rolette County. It is important to note that these statistics describe the population of a county, regardless of where county residents choose to receive their medical care. In other words, all of the following statistics are based on the health behaviors and conditions of the county's residents, not necessarily the patients and clients of Presentation Medical Center.

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

Rolette County rankings within the state is included in the summary below. For example, Rolette County ranks 47th out of 49 ranked counties in North Dakota on health outcomes and 49th on health factors. The measures marked with a red checkmark (✓) are those where Rolette County is not measuring up to the state rate/percentage; a blue checkmark (✓) indicates that the county is faring better than the North Dakota average, but not meeting the U.S. Top 10% rate on that measure. Measures that are not marked with a colored checkmark, but are marked with a smiling icon (☺) indicate that the county is doing better than the U.S. Top 10%.

The data from County Health Rankings show that Rolette County is doing poorer than compared to the rest of North Dakota on a number of health *outcomes*, landing at or below rates for North Dakota counties, and not as well as many of the U.S. Top 10% ratings, except for violent crime, and food and drinking water violations. One particular outcome is premature death. This is the years of potential life lost before age 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost. This measure allows communities to target resources to high-risk areas and further investigate causes of premature death.

On health *factors*, Rolette County performs below the majority of North Dakota counties as well.

Rolette County lags the state on the following reported measures:

- Premature death
- Poor or fair health
- Poor physical health days (in past 30 days)
- Low birth weight
- % Diabetic
- Adult smoking
- Adult obesity
- Physical inactivity
- Access to exercise opportunities
- Excessive drinking
- Alcohol impaired driving deaths
- Sexually transmitted infections
- Teen births
- Uninsured
- Primary care physicians
- Dentists
- Mental health providers
- Preventable hospital stays
- Diabetic monitoring
- Mammography screening
- Income inequality
- Children in single-parent households
- Injury deaths

✓ = Not meeting North Dakota average

✓ = Not meeting U.S. Top 10% Performers

☺ = Meeting or exceeding U.S. Top 10% Performers

**TABLE 2: SELECTED MEASURES FROM COUNTY HEALTH RANKINGS –
ROLETTE COUNTY**

	Rolette County	U.S. Top 10%	North Dakota
Ranking: Outcomes	47th		(of 49)
Premature death	13,800 ✓✓	5,200	6,600
Poor or fair health	29% ✓✓	12%	14%
Poor physical health days (in past 30 days)	5.1 ✓✓	2.9	2.9
Poor mental health days (in past 30 days)	4.5 ✓✓	2.8	2.9
Low birth weight	10% ✓✓	6%	6%
% Diabetic	16% ✓✓	9%	8%
Ranking: Factors	49th		(of 49)
<i>Health Behaviors</i>			
Adult smoking	38% ✓✓	14%	20%
Adult obesity	41% ✓✓	25%	30%
Food environment index (10=best)	6.9 ✓✓	8.3	8.4
Physical inactivity	34% ✓✓	20%	25%
Access to exercise opportunities	21% ✓✓	91%	66%
Excessive drinking	20% ✓	12%	25%
Alcohol-impaired driving deaths	59% ✓✓	14%	47%
Sexually transmitted infections	1,202.9 ✓	134.1	419.1
Teen birth rate	96 ✓✓	19	28
<i>Clinical Care</i>			
Uninsured	21% ✓✓	11%	12%
Primary care physicians	2,920:1 ✓✓	1,040:1	1,260:1
Dentists	1,830:1 ✓✓	1,340:1	1,690:1
Mental health providers	1,330:1 ✓✓	370:1	610:1
Preventable hospital stays	117 ✓✓	38	51
Diabetic screening	40% ✓✓	90%	86%
Mammography screening	45% ✓✓	71%	68%
<i>Social and Economic Factors</i>			
Unemployment	11.8% ✓✓	3.5%	2.8%
Children in poverty	41% ✓✓	13%	14%
Income inequality	7.7 ✓✓	3.7	4.4
Children in single-parent households	59% ✓✓	21%	27%
Violent crime	29 ☺	59	240
Injury deaths	104 ✓✓	51	63

<i>Physical Environment</i>			
Air pollution – particulate matter	9.6 ✓	9.5	10.0
Drinking water violations	No ☺	No	
Severe housing problems	21% ✓✓	9%	11%

Children's Health

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

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

TABLE 3: SELECTED MEASURES REGARDING CHILDREN'S HEALTH (For children aged 0-17 unless noted otherwise)		
Health Status	North Dakota	National
Children born premature (3 or more weeks early)	10.8%	11.6%
Children 10-17 overweight or obese	35.8%	31.3%
Children 0-5 who were ever breastfed	79.4%	79.2%
Children 6-17 who missed 11 or more days of school	4.6%	6.2%
Healthcare		
Children currently insured	93.5%	94.5%
Children who had preventive medical visit in past year	78.6%	84.4%
Children who had preventive dental visit in past year	74.6%	77.2%
Young children (10 mos.-5 yrs.) receiving standardized screening for developmental or behavioral problems	20.7%	30.8%
Children aged 2-17 with problems requiring counseling who received needed mental healthcare	86.3%	61.0%

Family Life		
Children whose families eat meals together 4 or more times per week	83.0%	78.4%
Children who live in households where someone smokes	29.8%	24.1%
Neighborhood		
Children who live in neighborhood with a park, sidewalks, a library, and a community center	58.9%	54.1%
Children living in neighborhoods with poorly kept or rundown housing	12.7%	16.2%
Children living in neighborhood that's usually or always safe	94.0%	86.6%

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

- Obese or overweight children
- Children with health insurance
- Preventive primary care and dentist visits
- Developmental/behavioral screening
- Children in smoking households

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

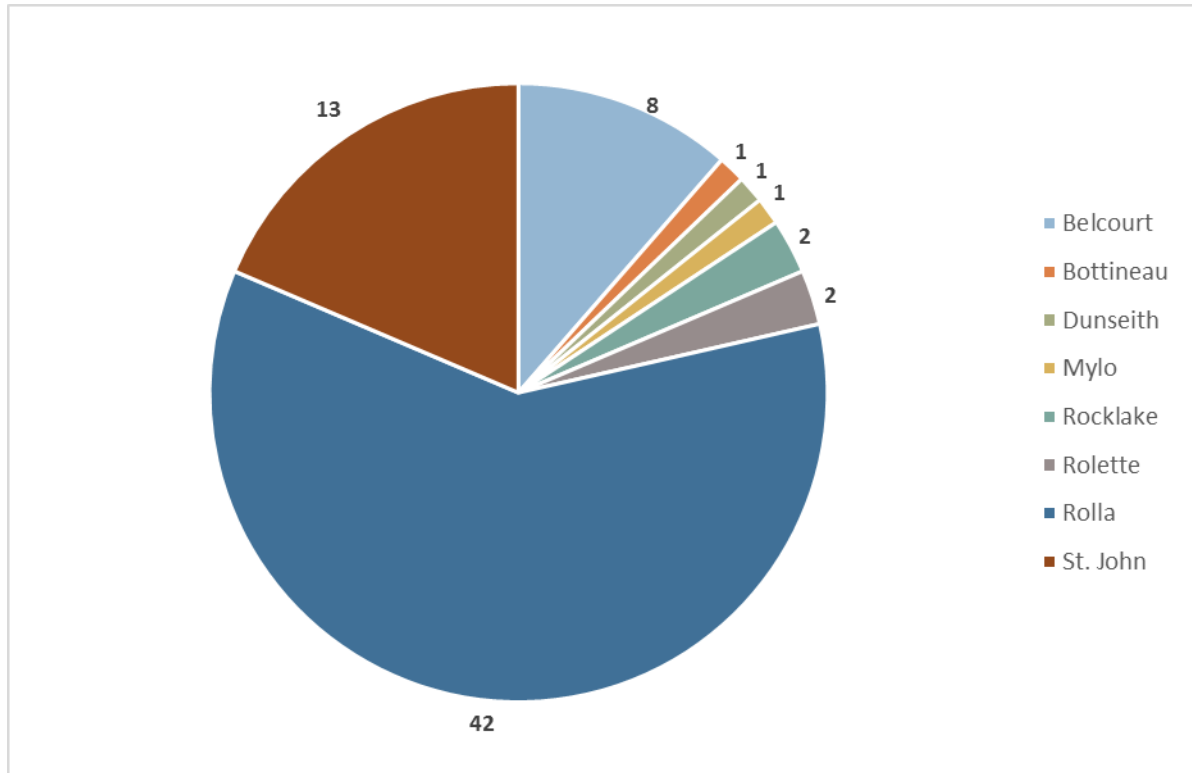
The data show that Rolette County is performing below the North Dakota average, on all of the examined measures except the number of uninsured children below 200% poverty. The most marked difference was on the percent of Supplemental Nutrition Assistance Program (SNAP) recipients.

TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN'S HEALTH		
	Rolette County	North Dakota
Uninsured children (% of population age 0-18), 2013	10.4%	8.7%
Uninsured children below 200% of poverty (% of population), 2013	45.6%	47.8%
Medicaid recipient (% of population age 0-20), 2014	68.0%	27.0%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	2.2%	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2012	63.0%	21.4%
Licensed child care capacity (% of population age 0-13), 2014	24.1%	43.1%
High school dropouts (% of grade 9-12 enrollment), 2013	10.1%	2.8%

Survey Results

As noted above, eighty-one community members completed the online PMC survey in communities throughout the county. The survey requested that respondents list their home zip code. While not all respondents provided a zip code, seventy did, revealing a large majority of respondents lived in Rolla. These results are shown in Figure 2.

Figure 2: Survey Respondents' Home Zip Code



Survey results are reported in six categories: demographics; community concerns related to violence; delivery of healthcare services; and other concerns or suggestions to improve health services.

Survey Demographics

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

With respect to demographics of those who chose to complete the survey:

- 39% (N=66) were aged 55 or older, although there was a fairly even distribution of ages.
- A large majority (69%, N=54) were female.
- Almost two-thirds of respondents (61%, N=48) had Bachelor's degrees or higher.
- Majority (71%, N=56) worked full-time
- Slightly less than one fourth of the respondents (22%, N=17) had household incomes of less than \$50,000.

Figures 3 through 7 show these demographic characteristics. These illustrate the range of community members' household income and indicates how this assessment took into account input from parties who represent the varied interests of the community served, including a balance of age ranges, those in diverse work situations, and community members with lower incomes. Of those who provided a household income, seven community members reported a household income of less than \$25,000. Over 29% (N=23) indicated a household income of \$100,000 or more.

Figure 3: Age Demographics of Survey Respondents

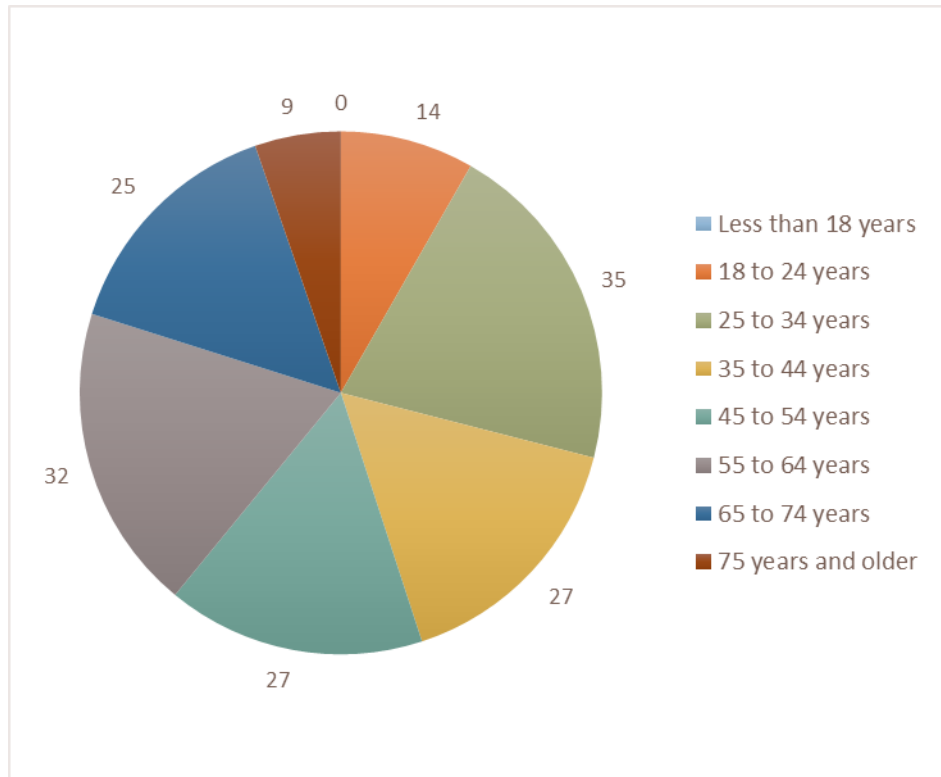


Figure 4: Gender Demographics of Survey Respondents

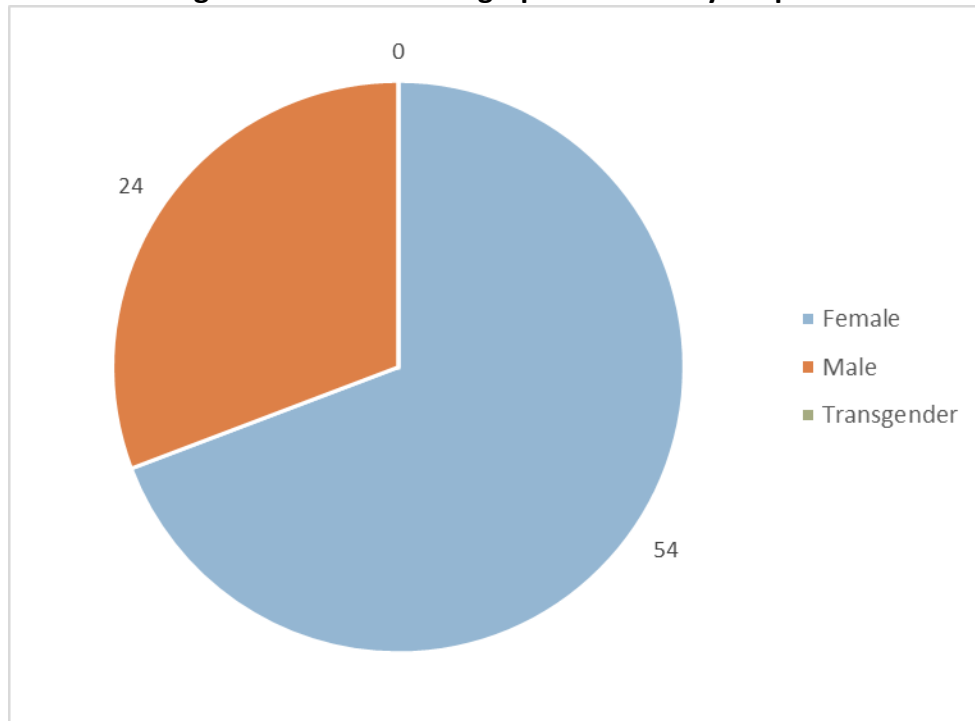


Figure 5: Educational Level Demographics of Survey Respondents

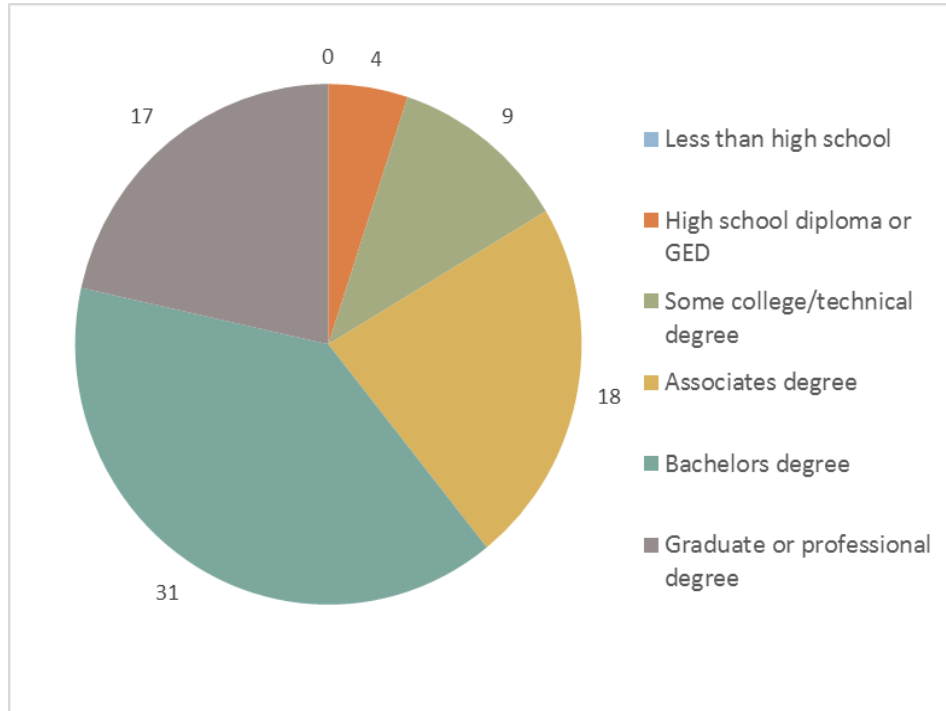


Figure 6: Employment Status Demographics of Survey Respondents

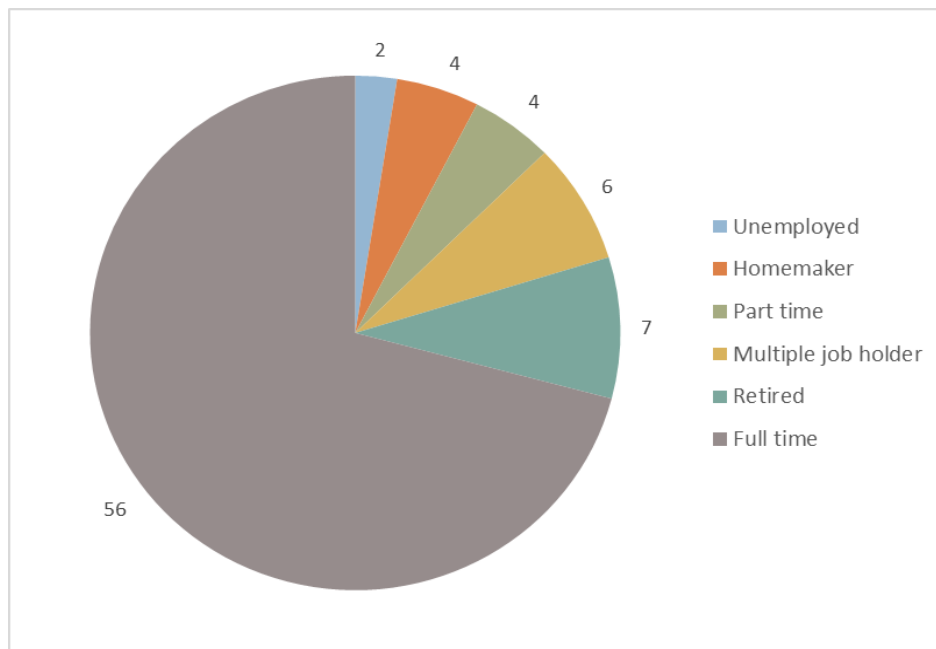
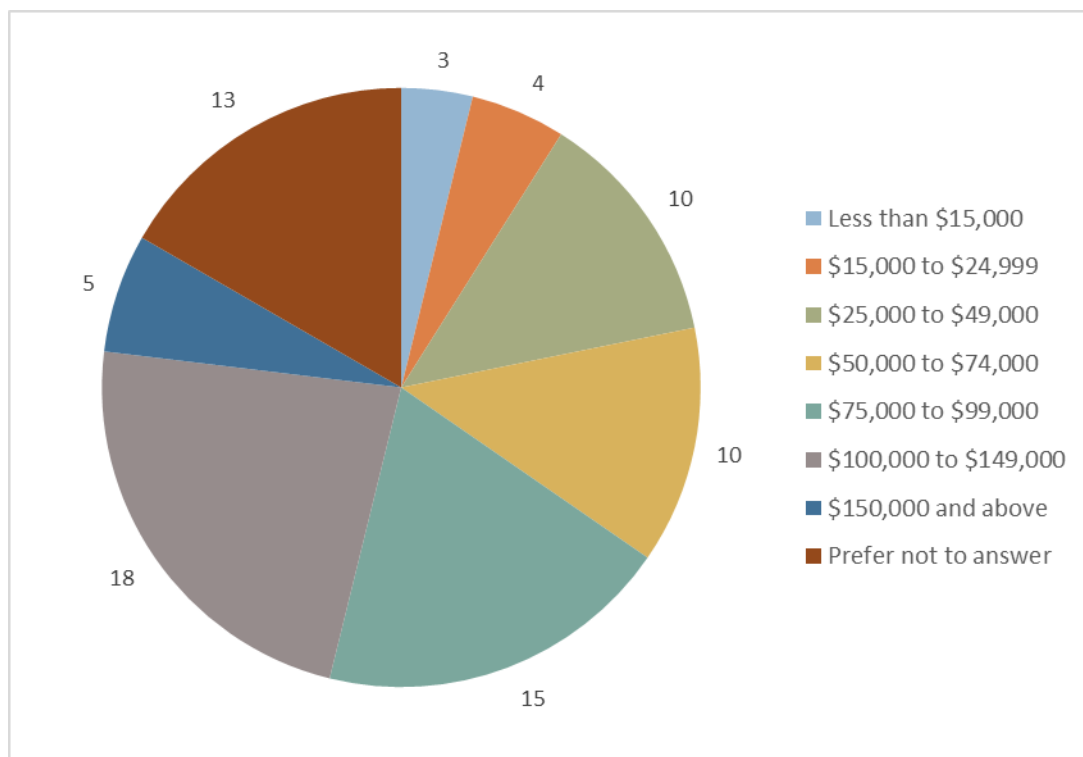
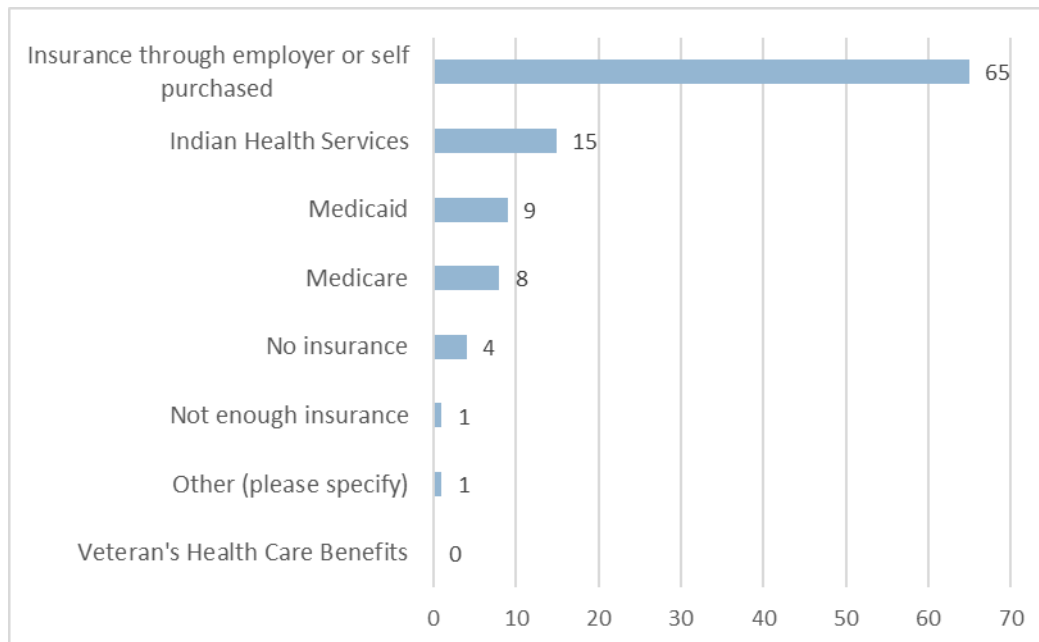


Figure 7: Household Income Demographics of Survey Respondents



Community members were asked about their health insurance status which is often associated with whether people have access to healthcare. Five (N=5) of the respondents reported having no health insurance or being under-insured. The most common insurance types were insurance through one's employer or self-purchased (N=65) or Indian Health Services (N=15).

Figure 8: Insurance Status

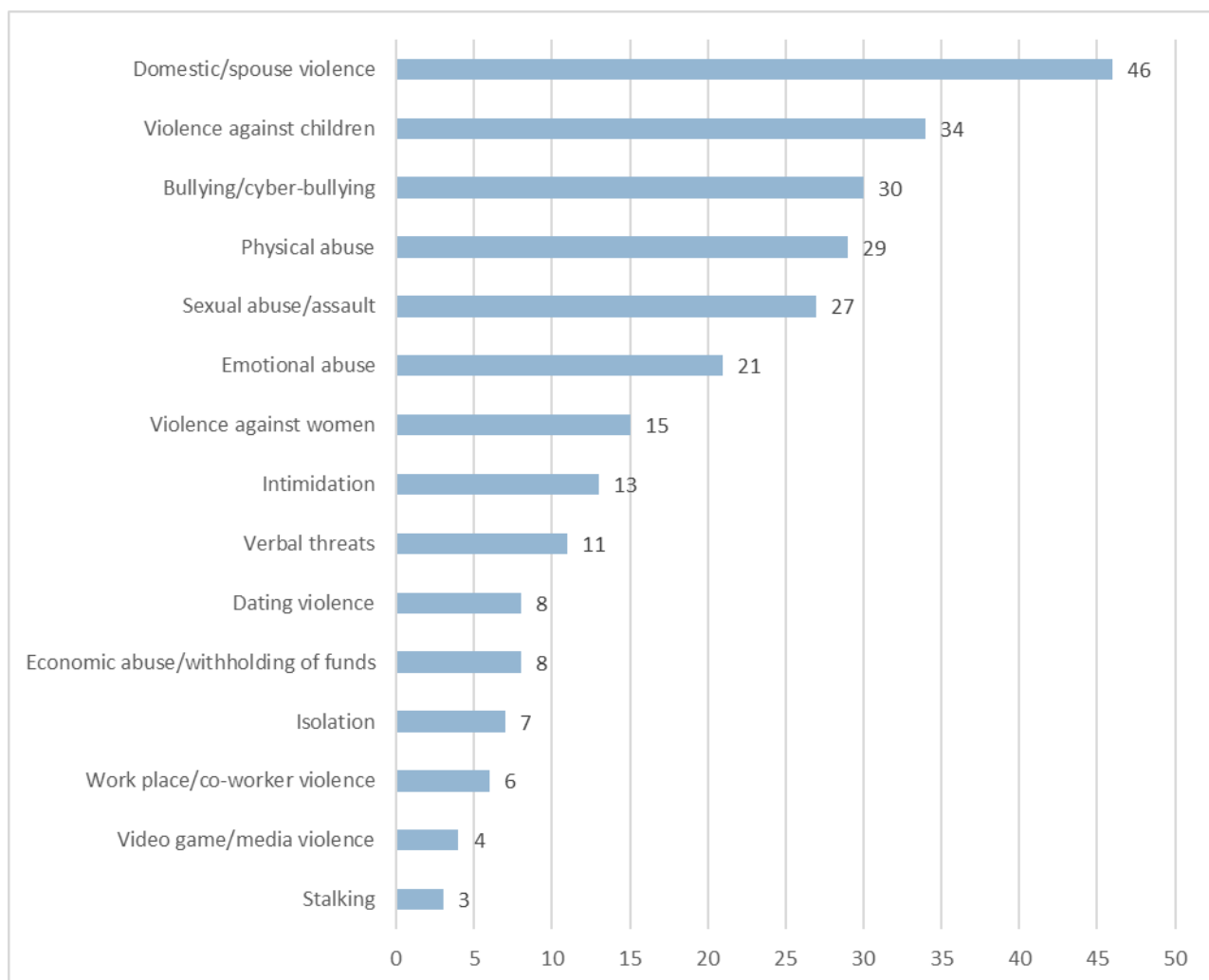


Community Concerns

Since the RCPH CHNA survey asked community members a number of questions associated with concerns in the area, PMC chose to include only one question related to violence in the community. The top three (3) concerns were, as illustrated in Figure 13:

- Domestic or spousal abuse
- Violence against children
- Bullying/cyber bullying

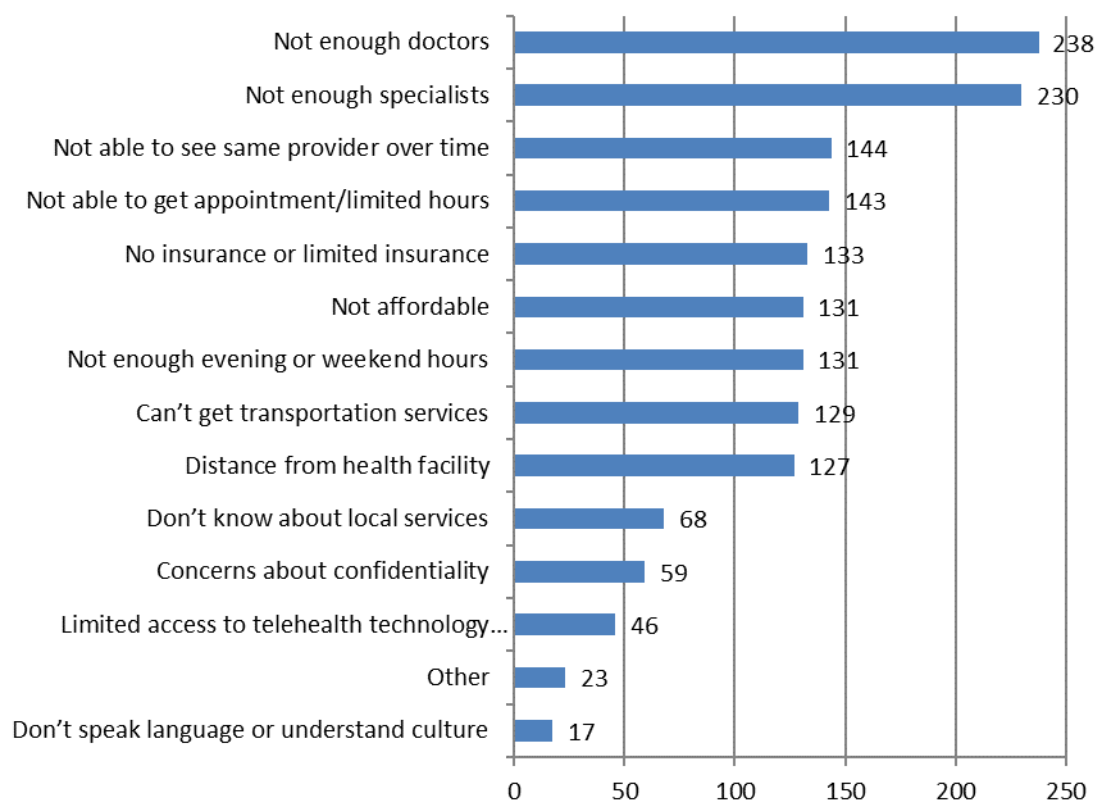
Figure 13: Community Violence Concerns



Delivery of Healthcare

The RCPH CHNA survey included the following question, related to the delivery of health care services, asking residents what they see as barriers that prevent them, or others, from receiving healthcare locally (Figure 13). The most prevalent barrier perceived by residents was not enough doctors (N=238); followed by not enough specialists (N=230), not being able to see the same provider over time (N=144); and not able to get an appointment/limited hours (N=143).

Figure 13: Perceptions about Barriers to Care



CPH survey respondents were also asked the reasons community members seek health care locally (Figure 14). The primary response (N=406) is location is nearby, convenience (N=374) and familiar with providers (N=227). When asked why they might seek services outside of the area (Figure 15) the top reasons were access to specialists (N=412), referral (N=265) and high quality of care (N=235).

Figure 14: Why residents seek health care locally.

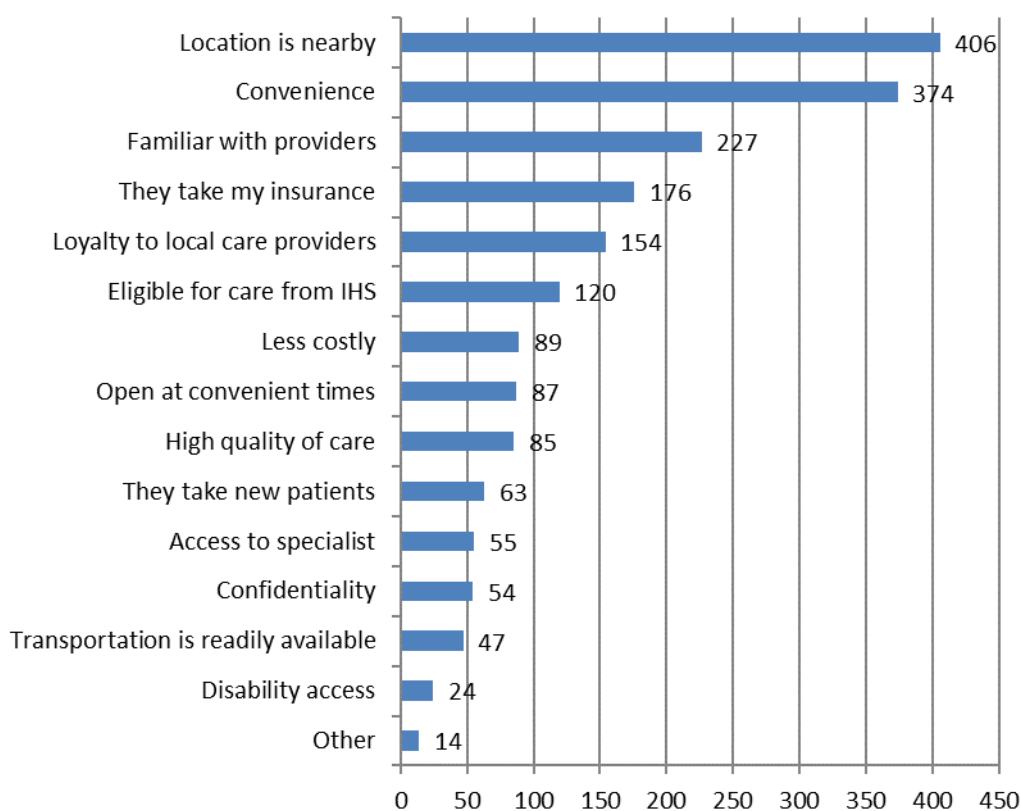
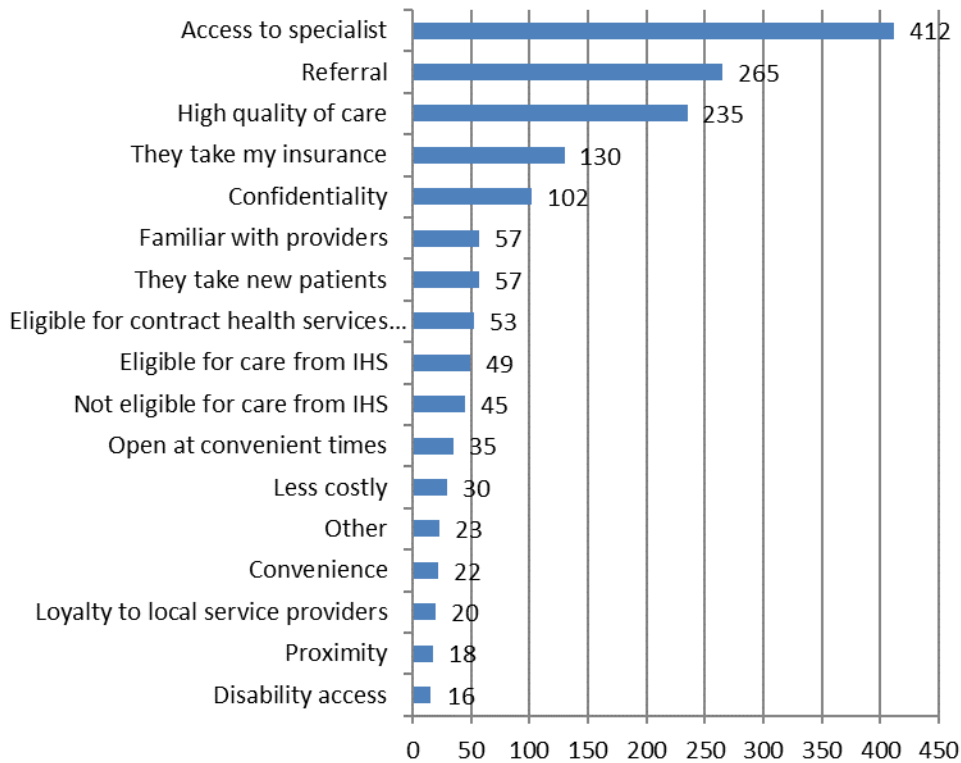


Figure 15: Reasons Community Members Seek Health Care Services Out of the Area



The PMC survey solicited input about what healthcare services should be added locally. The following suggestions were collected: mental health services, to include substance abuse counseling; many comments were included related to services for seniors, such as assisted living, senior apartments, senior day care, rheumatologist, and orthopedics. In addition, audiology, home health and hospice were suggested.

Considering a variety of healthcare services at PMC (Figure 16-19), respondents were asked what, if any, services they were aware of or had used in the past year.

Figure 16: General and Acute Services

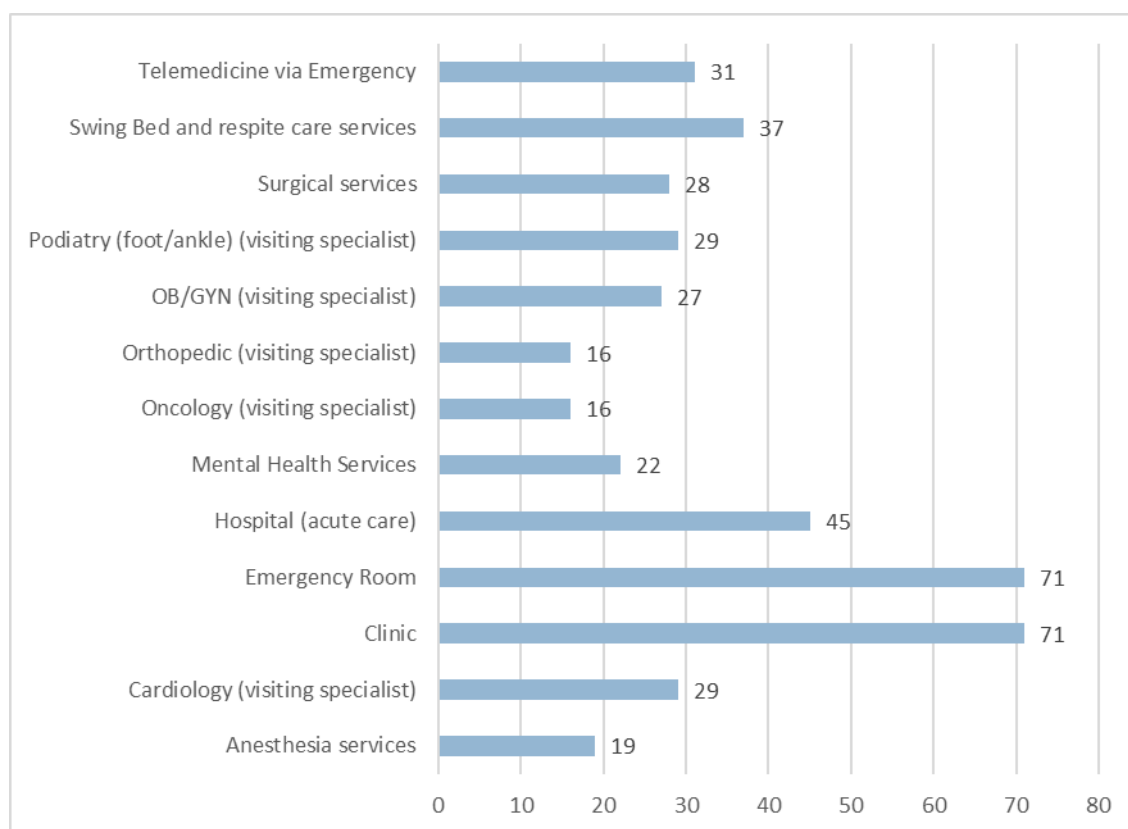


Figure 17: Screening and therapy services

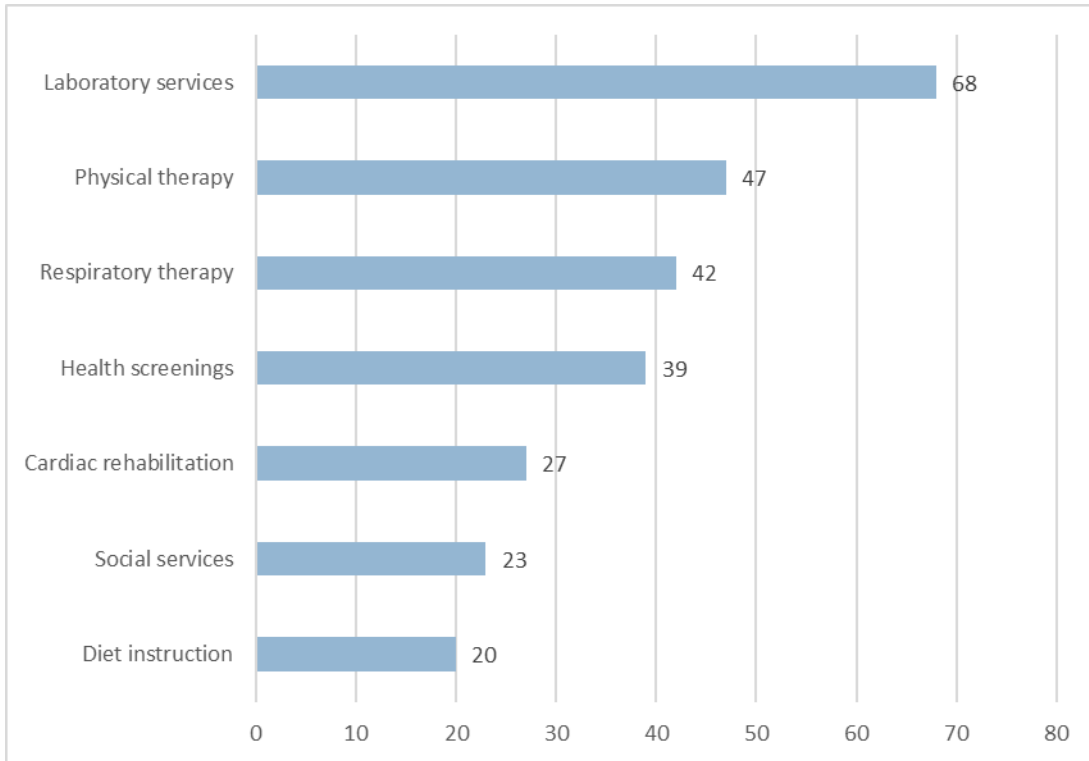


Figure 18: Radiology services

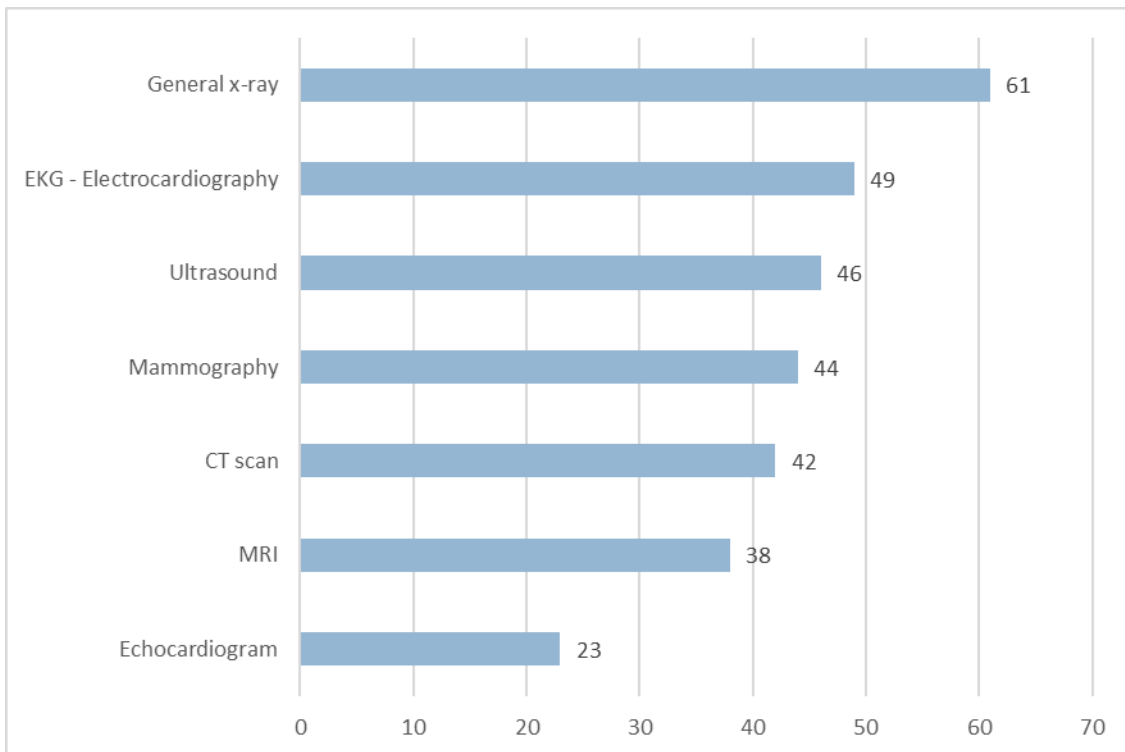
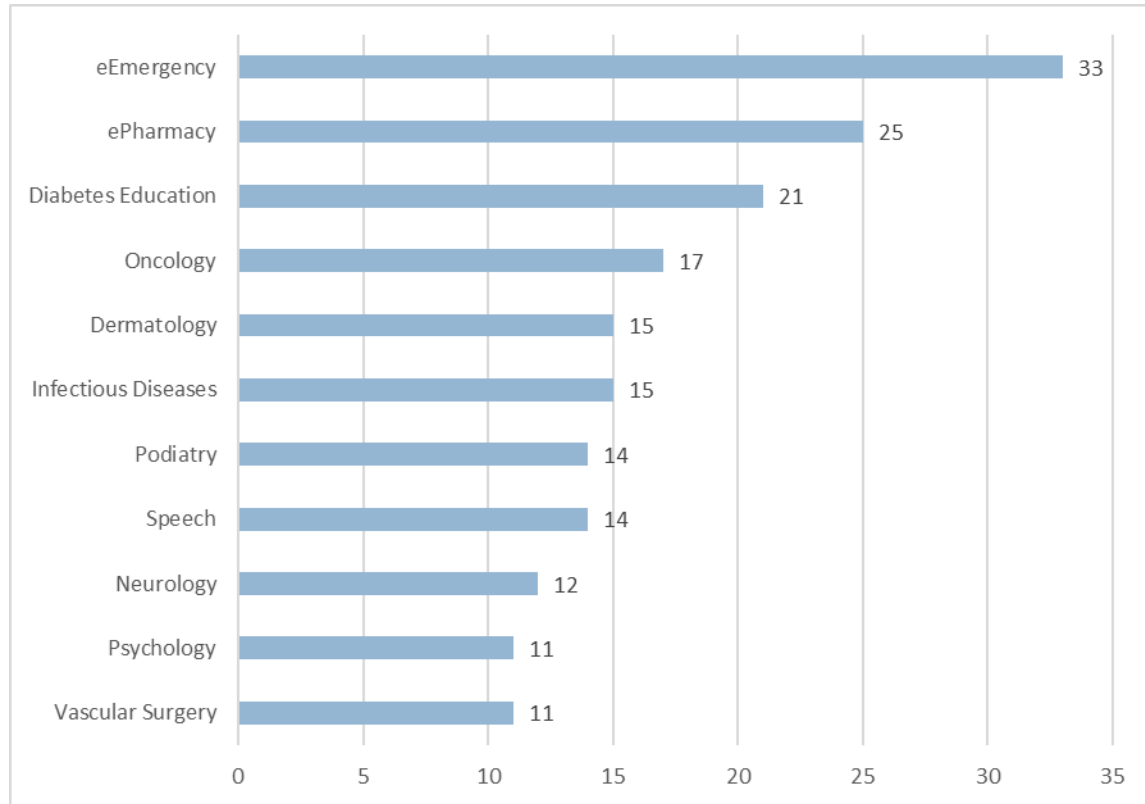
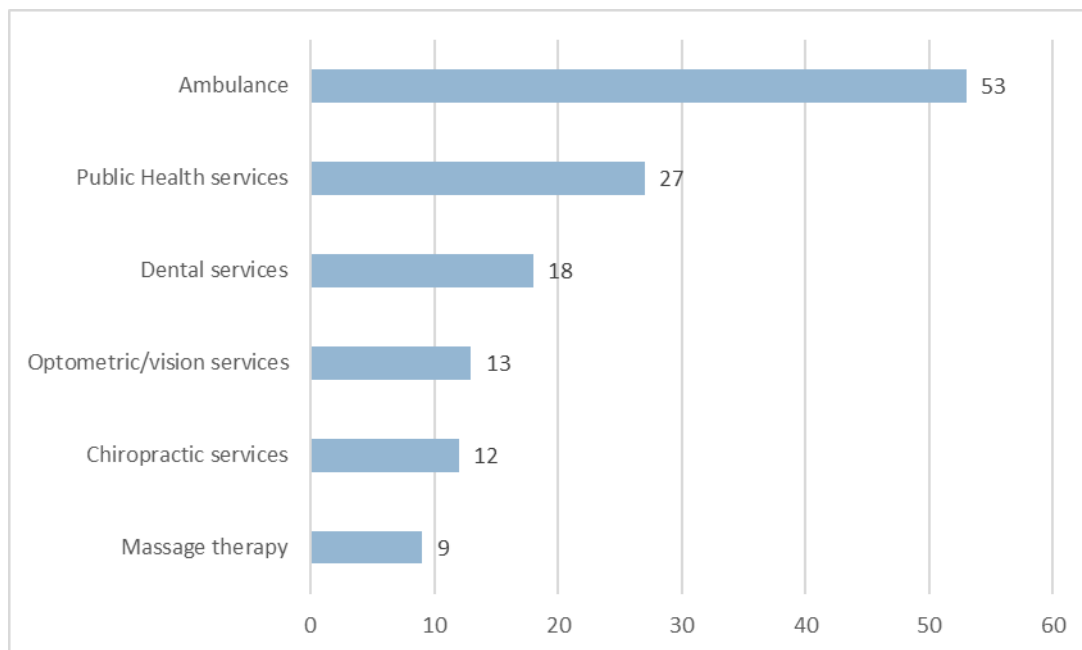


Figure 19: Presentation Medical Center Telemedicine Services



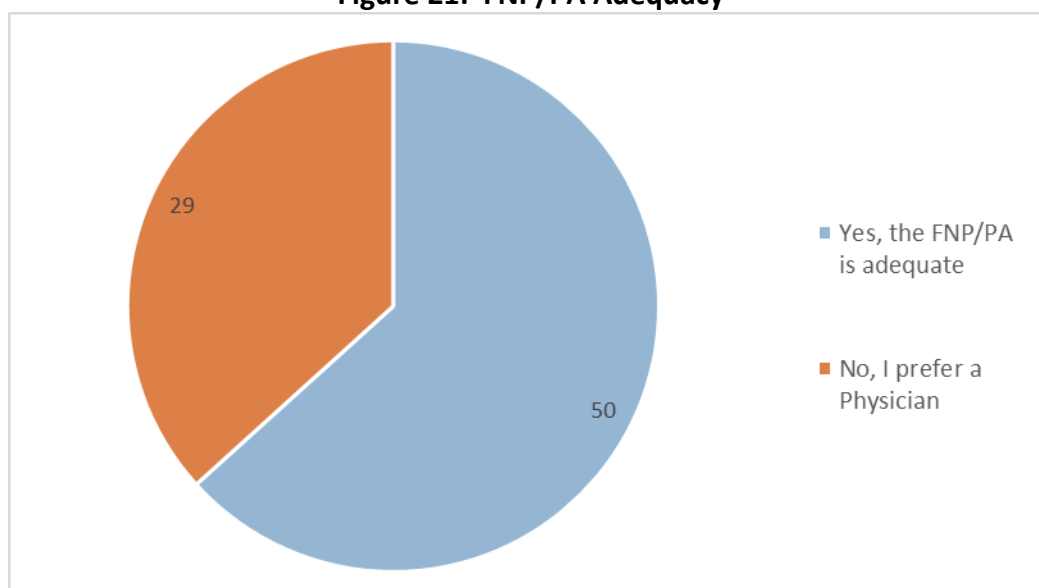
Respondents were also asked what services offered locally, by other providers or organizations, they were aware of or had used in the past year. The top services were ambulance, public health, and dental services, as illustrated in Figure 20.

Figure 20: Services, offered locally, by other Providers or Organizations



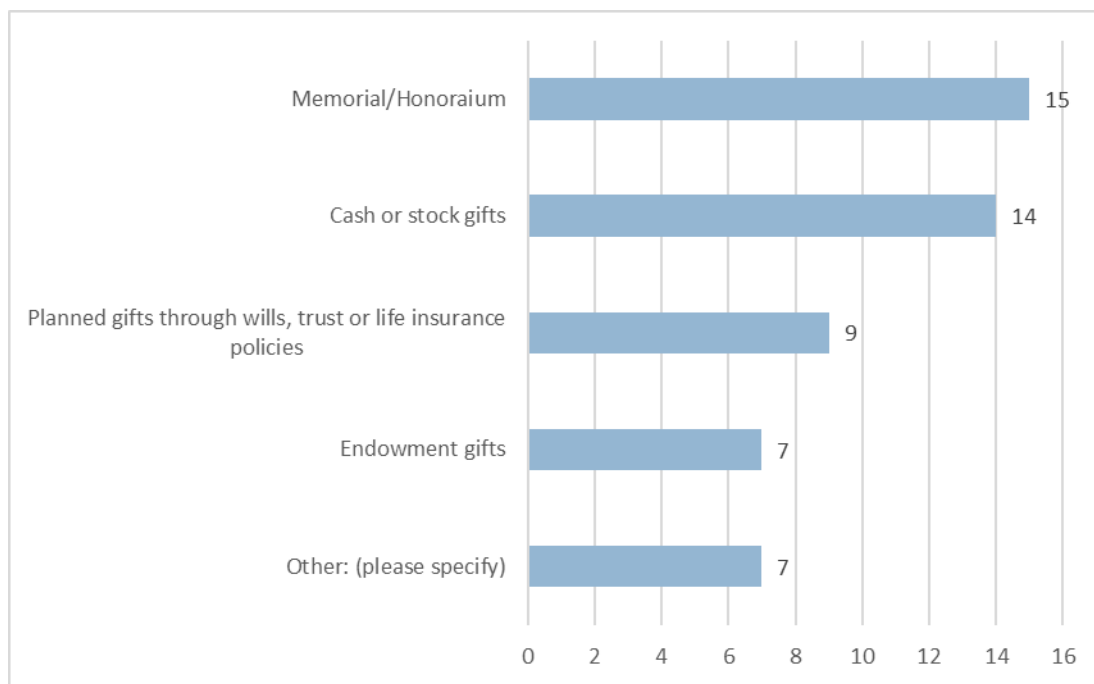
When survey respondents were asked if they felt a family nurse practitioner (FNP) or a physician's assistant (PA) could meet their primary healthcare needs, it was reported that 63% (N=50) felt that a FNP and PA were adequate. The responses are illustrated in Figure 21:

Figure 21: FNP/PA Adequacy



Respondents were asked in what way they would consider supporting Presentation Medical Center with financial contributions or gifts. The results show that a memorial or honorarium is the preferred method, followed closely by cash or stock gifts. See Figure 22.

Figure 22: Support Provided to the Presentation Medical Center



A question was included to query the community's interests in capital improvements to PMC. Respondents indicated emergency room renovations as the top priority for support (see Figure 23).

Figure 23: Suggested capital improvements supported by community

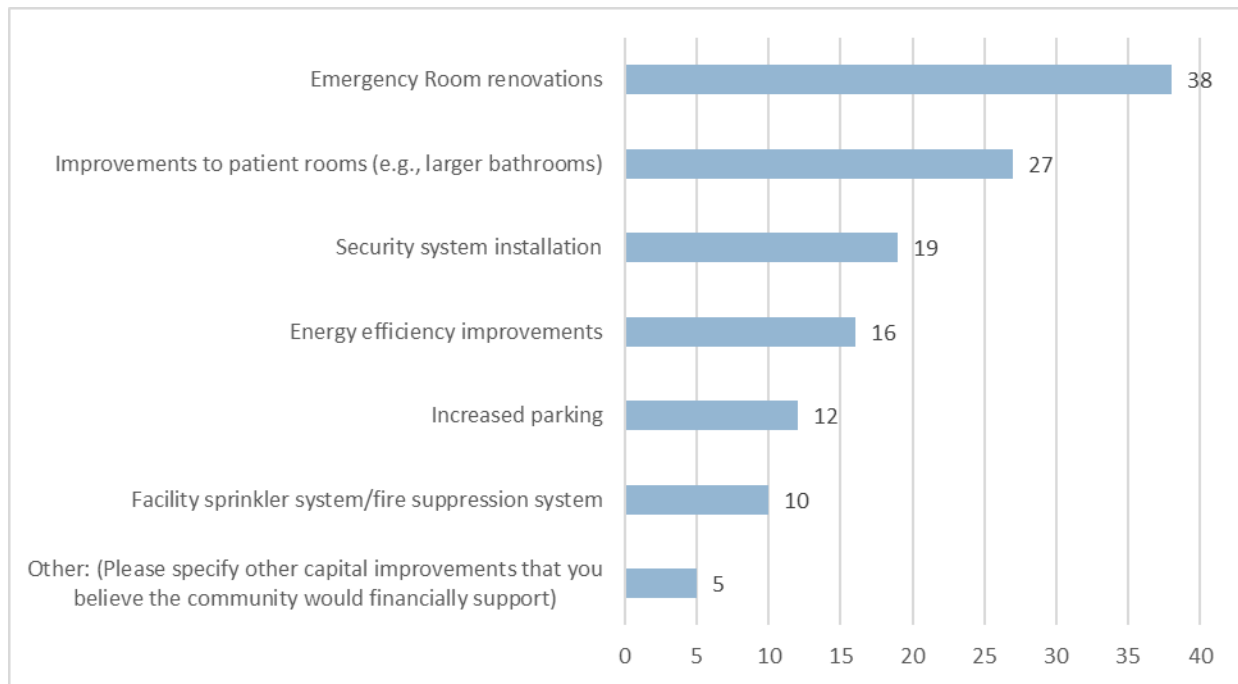
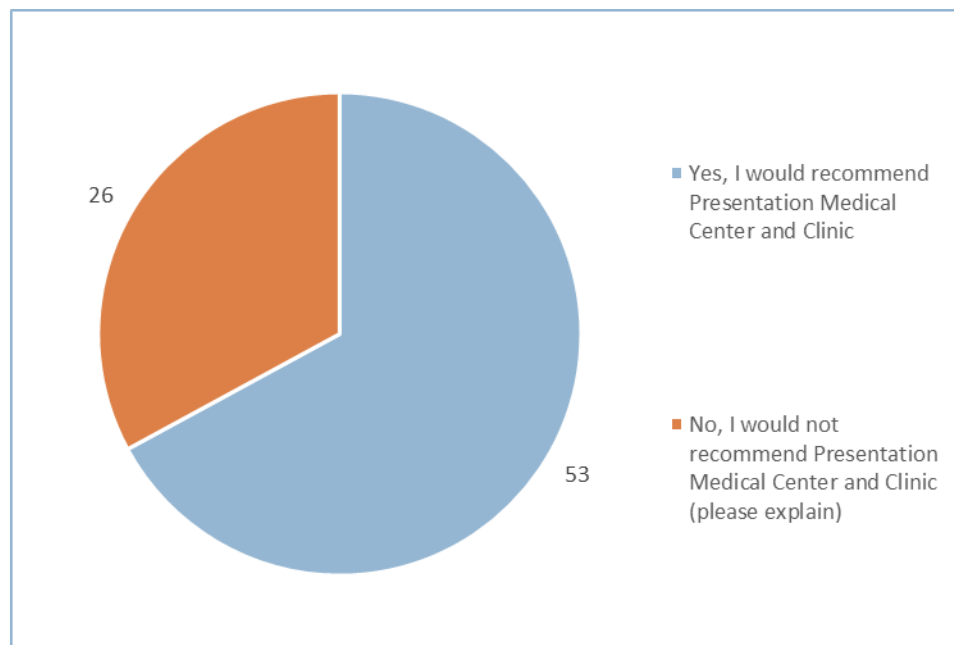


Figure 24 shows that 67% of respondents (N=53) would recommend Presentation Medical Center and Clinic to their friends and family; however, 33% (N=26) indicated they would not recommend PMC. The following themes reflect the comments (20) received: dissatisfaction with emergency room services(i.e. long waits, poor service, unfriendly providers, calls not returned by provider after ED visit), lack of availability of consistent providers, lack of continuity of care, dissatisfaction with providers (i.e. unfriendly, lack confidentiality[clinic]); issues with PMC leadership/administration and lack of collaboration with Northland Clinic.

Figure 24: Recommendation of Presentation Medical Center & Clinic to friends & family



Priority of Health Needs

A Community Group met on September 1, 2016. Sixteen community members attended the meeting. A representative from the Center for Rural Health presented the group with a summary of the PMC survey findings, including background and explanation about secondary data and highlights from the RCPH CHNA process (including perceived community assets and concerns, and barriers to care).

Following the presentation of the findings all members of the group were provided a list of concerns in five separate categories and were asked to identify the top three concerns, they perceived as most important, within each category. A summary of the prioritization process in the Community Group meeting, held by PMC, can be found in Appendix C.

The results in the table below, illustrate the concerns identified through both PMC and RCPH processes for the service area.

Areas of Concerns from PMC Process	Areas of Concerns from RCPH Process
<ul style="list-style-type: none">• Availability of resources for family, friends caring for elderly; help elderly stay in their homes	<ul style="list-style-type: none">• Alcohol use and abuse (including binge drinking)
<ul style="list-style-type: none">• Not enough jobs with livable wages	<ul style="list-style-type: none">• Teen pregnancy
<ul style="list-style-type: none">• Ability to retain doctors and nurses in the community	<ul style="list-style-type: none">• Youth sexual health (including sexually transmitted infections)
<ul style="list-style-type: none">• Youth drug use and abuse (including prescription drug abuse)	<ul style="list-style-type: none">• Youth alcohol use and abuse
<ul style="list-style-type: none">• Diabetes	<ul style="list-style-type: none">• Diabetes

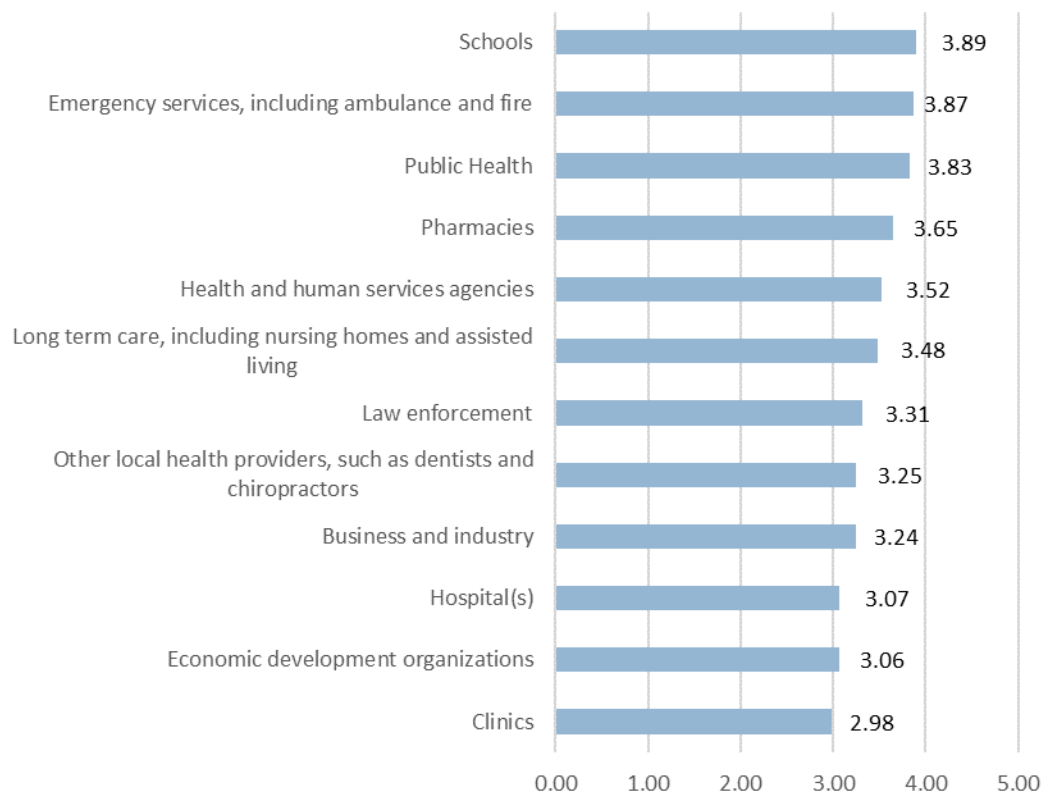
The PMC survey also queried respondents with regard to their concerns about violence in the community. Domestic and spousal violence was the highest concern followed by violence against children.

Other areas of concerns, identified through the RCPH CHNA process community group (22 participants) meeting and key-informant (12 participants) interviews, were:

- Lack of collaboration within community
- Lack of employment/poverty
- Activities/services for youth
- Mental health (including substance abuse)

Participants in the above mentioned community group meeting and key-informant interviews were also asked “how well various groups work with others in the community?” using a scale of 1 to 5 (Figure 23). One being little or no collaboration to five being excellent collaboration in the community. Results showed the respondents perceived the schools, emergency services and public health had the most effective collaboration. Groups perceived as needing to improve collaborative efforts were the hospital, economic development, and clinics.

Figure 23: Community Collaboration



Comparison of Needs Identified Previously

Top Needs Identified 2013 PMC CHNA Process
Chronic disease management
Concerns of low customer service & quality of care
Healthcare workforce shortage
Lack of collaboration and engagement with community

Taking in to consideration both PMC and RCPH processes, some concerns remain from the PMC process in 2013, which is chronic disease management, more specifically diabetes; healthcare workforce or ability to recruit and retain primary care providers and concerns continue around the lack of collaboration, specifically between health care organizations, in the community. Additional top concerns identified were adult alcohol use and abuse, lack of mental health services (substance abuse); youth related concerns such as teen pregnancy/sexual health and youth alcohol and drug use and abuse; and availability of resources for family, friends caring for elderly and help for the elderly to stay in their homes.

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

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

Limited Number of Health Care Providers: Presentation Medical Center has had continual recruiting campaign over the last three years with the addition of four providers. The continued challenge is retaining those providers, as three have left for other opportunities. In August 2016, Dr. Questell, who previously spent seven years in the community of Rolla from 2003 to 2010, returned to the community and is serving Presentation Medical Center. They anticipate a new provider in November, 2016. Currently PMC has two Physicians, three NP-C and one PA under contract.

Importance of Customer Service: Presentation Medical Center has embraced the importance of customer service and has implemented patient satisfaction surveys in the clinic, emergency department, and acute areas of the facility. Those surveys serve to inform direction for specific

and focused improvement action plans. PMC has also implemented a new online training system that includes several courses that highlight patient satisfaction. All employees have completed mandatory customer service training and receive yearly updated training modules.

Implement Increased Outreach Specialty Providers: PMC has added a new outreach service area with three suites that host monthly visits from the following specialties: obstetrics/gynecology, cardiology, podiatry, and surgery. Telemedicine has also been implemented in partnership with Altru in Grand Forks and that service currently provides over fifteen specialties.

Elevated Rates of Diabetes: In 2015, the preparation and training to host diabetes education for the greater Rolette county area started. Several classes have been held in 2016 and has produced successful results in the community. PMC will continue the diabetes education quarterly and has now started working toward a program for hyper-tension.

Next Steps – Strategic Implementation Plan

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

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

Community Benefit Report

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

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

- Free and discounted care to those unable to afford healthcare.
- Care to low-income beneficiaries of Medicaid and other indigent care programs.
- Services designed to improve community health and increase access to healthcare.

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

What Are Community Benefits?

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

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

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

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

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

Appendix A – PMC Survey Instrument

Rolla Area



Rolla Area Health Services Survey

Presentation Medical Center is interested in hearing from you about community health services. The focus of this effort is to:

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

Surveys will be tabulated by the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. Your responses are anonymous, and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported only in total.

Surveys will be accepted through August 24, 2016.

Your opinion matters – thank you in advance!

Considering **GENERAL and ACUTE SERVICES** at Presentation Medical Center, which services are you aware of (or have you used in the past year)? (Choose ALL that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Anesthesia services | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Podiatry (foot/ankle) (visiting specialist) |
| <input type="checkbox"/> Cardiology (visiting specialist) | <input type="checkbox"/> Oncology (visiting specialist) | <input type="checkbox"/> Surgical services |
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Orthopedic (visiting specialist) | <input type="checkbox"/> Swing Bed and respite care services |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> OB/GYN (visiting specialist) | <input type="checkbox"/> Telemedicine via Emergency |
| <input type="checkbox"/> Hospital (acute care) | | |

Considering **SCREENING/THERAPY SERVICES** at Presentation Medical Center, which services are you aware of (or have you used in the past year)? (Choose ALL that apply):

- | | |
|---|--|
| <input type="checkbox"/> Cardiac rehabilitation | <input type="checkbox"/> Respiratory therapy |
| <input type="checkbox"/> Diet instruction | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> Health screenings | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Laboratory services | |

Considering **RADIOLOGY SERVICES** at Presentation Medical Center, which services are you aware of (or have you used in the past year)? (Choose ALL that apply):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> EKG - Electrocardiography | <input type="checkbox"/> Mammography |
|--|--------------------------------------|

- ☐ CT scan
 ☐ MRI
- ☐ Echocardiogram
 ☐ Ultrasound
- ☐ General x-ray

Which of the following **TELEMEDICINE SERVICES** are you aware of at Presentation Medical Center?

- ☐ Dermatology
 ☐ Oncology
 ☐ Vascular Surgery
- ☐ Diabetes Education
 ☐ Podiatry
 ☐ eEmergency
- ☐ Infectious Diseases
 ☐ Psychology
 ☐ ePharmacy
- ☐ Neurology
 ☐ Speech

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

- ☐ Ambulance
 ☐ Dental services
 ☐ Optometric/vision services
- ☐ Chiropractic services
 ☐ Massage therapy
 ☐ Public Health services

What **ADDITIONAL SERVICES** should be offered at Presentation Medical Center to better serve Rolette County? (Please list)

Where do you find out about **LOCAL HEALTH SERVICES** available in your area? (Choose ALL that apply)

- ☐ Advertising
 ☐ Newspaper
 ☐ Web searches
- ☐ Employer/worksites wellness
 ☐ Public health professionals
 ☐ Word of mouth, from others (friends, neighbors, co-workers, etc.)
- ☐ Health care professionals
 ☐ Radio
 ☐ Other (Please specify)
- ☐ Indian Health Service
 ☐ Social media (Facebook, Twitter, etc.)

Do you think a **Family Nurse Practitioner** or a **Physician Assistant** can meet your primary healthcare needs?

- ☐ Yes, the FNP/PA is adequate
 ☐ No, I prefer a Physician

Regarding various forms of **VIOLENCE in your community**, concerns are (choose up to THREE):

- ☐ Bullying/cyber-bullying
 ☐ Intimidation
 ☐ Verbal threats
- ☐ Dating violence
 ☐ Isolation
 ☐ Video game/media violence
- ☐ Domestic/spouse violence
 ☐ Physical abuse
 ☐ Violence against children
- ☐ Economic abuse/withholding of funds
 ☐ Stalking
 ☐ Violence against women
- ☐ Emotional abuse
 ☐ Sexual abuse/assault
 ☐ Work place/co-worker violence

Would you support Presentation Medical Center in any of the following ways? (Choose ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cash or stock gifts | <input type="checkbox"/> Planned gifts through wills, trust or life insurance policies |
| <input type="checkbox"/> Endowment gifts | <input type="checkbox"/> Other: (please specify) <input type="text"/> |
| <input type="checkbox"/> Memorial/Honoraarium | |

Do you believe individuals in the community would financially support any of the following capital improvements by Presentation Medical Center? (Choose ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Emergency Room renovations | <input type="checkbox"/> Improvements to patient rooms (e.g., larger bathrooms) |
| <input type="checkbox"/> Security system installation | <input type="checkbox"/> Increased parking |
| <input type="checkbox"/> Energy efficiency improvements | <input type="checkbox"/> Other: (Please specify other capital improvements that you believe the community would financially support) |
| <input type="checkbox"/> Facility sprinkler system/fire suppression system | <input type="text"/> |

Would you recommend, to your family and friends, the services offered at Presentation Medical Center and Clinic?

- ☐ Yes, I would recommend Presentation Medical Center and Clinic
- ☐ No, I would not recommend Presentation Medical Center and Clinic (please explain)

Demographic Information

Please tell us about yourself

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

Yes

☐

No

☐

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

- | | |
|---|---|
| <input type="checkbox"/> Indian Health Services | <input type="checkbox"/> No insurance |
| <input type="checkbox"/> Insurance through employer or self purchased | <input type="checkbox"/> Not enough insurance |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Veteran's Health Care Benefits |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Other (please specify) |

Age:

- | | |
|--------------------------------------|--|
| <input type="radio"/> 18 to 24 years | <input type="radio"/> 55 to 64 years |
| <input type="radio"/> 25 to 34 years | <input type="radio"/> 65 to 74 years |
| <input type="radio"/> 35 to 44 years | <input type="radio"/> 75 years and older |
| <input type="radio"/> 45 to 54 years | |

Highest level of education:

- | | |
|---|---|
| <input type="radio"/> Less than high school | <input type="radio"/> Associates degree |
| <input type="radio"/> High school diploma or GED | <input type="radio"/> Bachelors degree |
| <input type="radio"/> Some college/technical degree | <input type="radio"/> Graduate or professional degree |

Gender:

Female
☐

Male
☐

Transgender
☐

Employment status:

- | | |
|---------------------------------|---|
| <input type="radio"/> Full time | <input type="radio"/> Multiple job holder |
| <input type="radio"/> Part time | <input type="radio"/> Unemployed |
| <input type="radio"/> Homemaker | <input type="radio"/> Retired |

Your zip code:

Race/Ethnicity (choose ALL that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> African American | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White/Caucasian | |

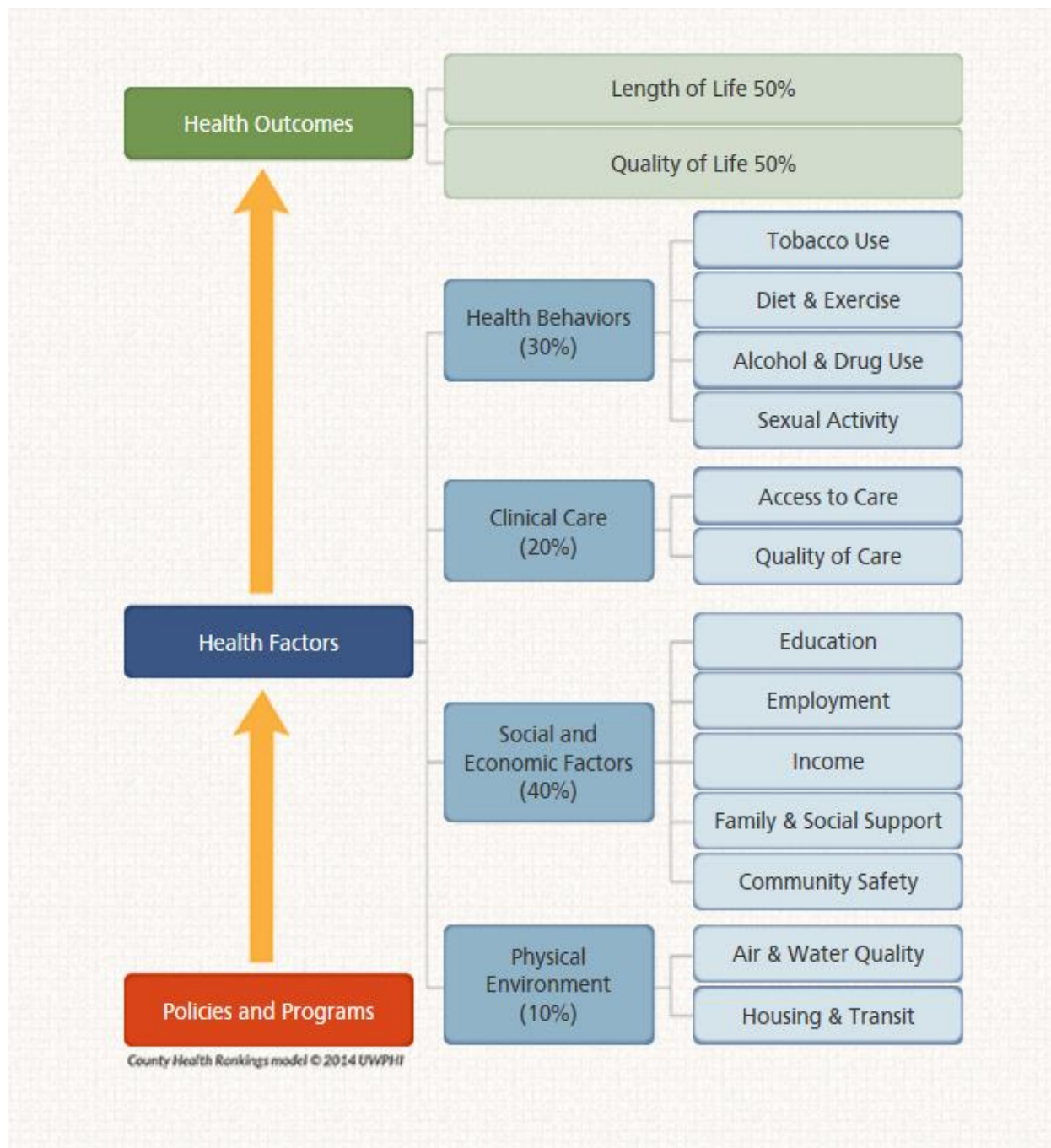
Annual household income before taxes:

- | | | |
|--|--|--|
| <input type="radio"/> Less than \$15,000 | <input type="radio"/> \$50,000 to \$74,000 | <input type="radio"/> \$150,000 and above |
| <input type="radio"/> \$15,000 to \$24,999 | <input type="radio"/> \$75,000 to \$99,000 | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> \$25,000 to \$49,000 | <input type="radio"/> \$100,000 to \$149,000 | |

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

Thank you for assisting us with this important survey!

Appendix B – County Health Rankings Model



Appendix C – Prioritization of Community’s Health Needs in Community Group Meeting held by PMC

Community Health Needs Assessment

Rolla, North Dakota

Ranking of Concerns

A list of concerns, in five topic areas, were presented to the participants attending the PMC community focus group meeting. Participants (16) were asked to select the top three concerns most important to them, within each of the five groups. The numbers below indicate the total number of votes from the people in attendance.

PHYSICAL, MENTAL HEALTH, AND SUBSTANCE ABUSE CONCERNS (ADULTS)	Most Important
Diabetes	7
Drug use and abuse (including prescription drug abuse)	6
Alcohol use and abuse	5
Heart disease	4
Wellness and disease prevention, including vaccine-preventable disease	4
Obesity/overweight	3
Dementia/Alzheimer’s disease	3
Poor nutrition, poor eating habits	2
Cancer	1
Other chronic diseases	1
Not enough getting exercise	1
Smoking and tobacco use/exposure to second-hand smoke	1
Diseases that can be spread, such as sexually vaccine-preventable diseases or AIDS	1
CONCERNS ABOUT HEALTH SERVICES	Most Important
Ability to recruit and retain primary care providers (MD, NP, PA)	8
Availability of doctors and nurses	4
Availability of wellness and disease prevention services	4
Availability of substance abuse/treatment services	3
Cost of health care services	3
Cost of health insurance	3
Availability of vision care	2
Not enough healthcare staff in general	2
Cost of prescription drugs	2
Ability of specialists	1
Ability to get appointment for health services	1
Extra hours for appointments, such as evenings and weekends	1
Availability of specialists	1
Availability of mental health services	1
Adequacy of health insurance	1
Understanding where and how to get health insurance	1

CONCERNS SPECIFIC TO YOUTH AND CHILDREN	Most Important
Youth drug use and abuse	8
Youth mental health	6
Not enough activities for children and youth	5
Youth alcohol use and abuse	5
Youth sexual health	4
Teen pregnancy	3
Youth graduating from high school	3
Youth obesity	3
Youth hunger	2
Youth suicide	1
AGING POPULATION CONCERNS	Most Important
Availability of resources for family and friends caring for elders	10
Ability to meet the needs of the older population	9
Availability of resources to help the elderly stay in their homes	8
Long term care/nursing home care options	5
Availability/cost of activities for seniors	5
Assisted living options	1
COMMUNITY/ENVIRONMENTAL CONCERNS	Most Important
Not enough jobs with livable wages	9
Attracting and retaining young families	7
Poverty	6
Having enough child daycare services	4
Not enough places for exercise and wellness activities	3
Not enough and cost of public transportation options	3
Not enough affordable housing	1
Changes in the population	1
Traffic safety, including speeding, road safety, and drunk /distracted driving	1
Child abuse	1