

Community Health Needs Assessment

for

SMP Health St. Kateri

Sisters of Mary of the Presentation



Approved: Jane Siverton
Board Chairperson

2022

Date: 12/7/22

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Executive Summary

Organizational History¹

SMP Health – St. Kateri has been providing Catholic healthcare to Rolla, North Dakota since 1939. We focus on care for the elderly and poor in view of Jesus Christ’s teachings.

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

We provide skilled and compassionate healthcare services and mental health services. In addition, we offer home-like comfort care for severely sick patients.

Mission and Values²

Mission

SMP Health - St. Kateri 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 wholistic care and healing with integrity, compassion and respect to all we serve.

Values

- *Respect:* Treating everyone with importance and kindness
- *Compassion:* Giving empathy and proving support
- *Integrity:* Having a moral commitment to truth, purpose, responsibility, trust and professionalism
- *Joy:* Being comfortable with who we are, enjoying what we do and sharing that with those we serve

¹ [SMP Health St. Kateri. About Us, 2021](#)

² [SMP Health St. Kateri. Our Mission, 2021](#)

Methodology

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

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



Community Health Needs Assessment Purpose and Goals

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

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

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

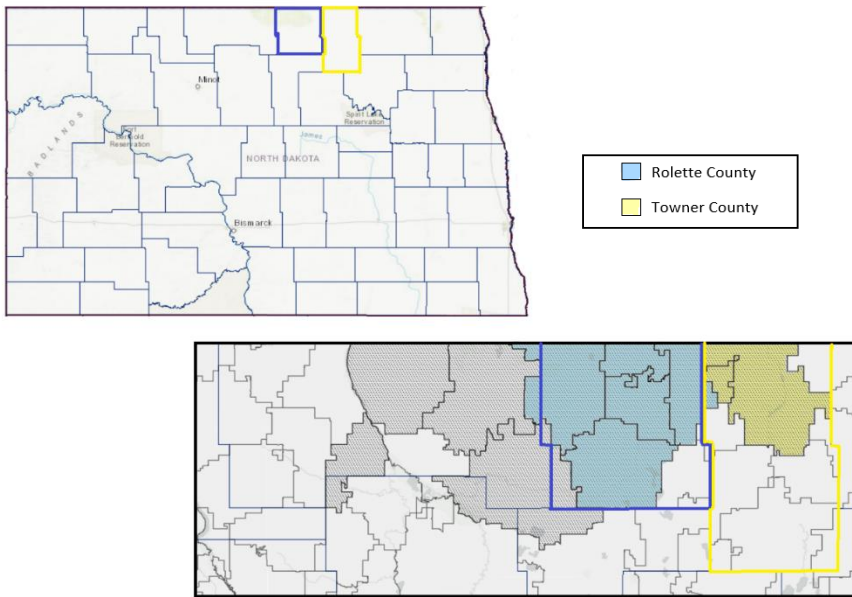
Service Area

SMP Health St. Kateri primary service area is defined by seven zip codes in Rolette County and Towner County. The five Zip Code Tabulation Areas (ZCTAs) in Rolette County include 58316, 58329, 58366, 58367, and 58369. The two ZTCAs in Towner County include 58339 and 58365.

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

Exhibit 1 displays SMP Health St. Kateri's primary service area which is shaded in blue and yellow (lower graphic). The areas shaded in gray are the service area for SMP Health St. Andrew's. In each graphic Rolette County boundaries are outlined in blue and Towner County boundaries are outlined in yellow.

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



Secondary Data Summary

Social Vulnerability Index

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

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

Exhibit 2: The SVI of St. Kateri's Service Area

Socioeconomic Status

Rolette County	27.1% below poverty	4.0% unemployment rate	\$47,217 median household income	8.2% have no high school diploma
Towner County	19.3% below poverty	4.0% unemployment rate	\$55,193 median household income	4.9% have no high school diploma

Household Composition & Disability

Rolette County	34.8% are under 18 years old	12.7% are 65 years and older	16.6% of the population has a disability	43.0% children live in single-parent households
Towner County	41.2% are under 18 years old	14.9% are 65 years and older	14.9% of the population has a disability	11.0% children live in single-parent households

Minority Status & Language

Rolette County	63.1% of the population are ethnic/racial minority	3.3% have limited or no English proficiency
Towner County	59.4% of the population are ethnic/racial minority	4.0% have limited or no English proficiency

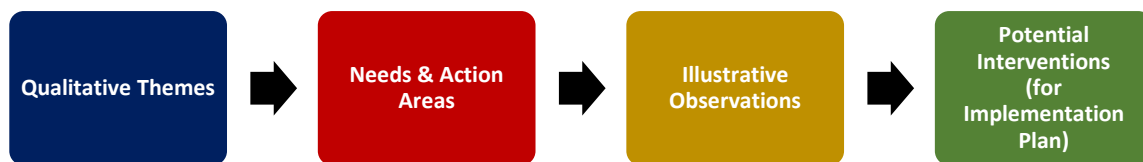
Household Type & Transportation

Rolette County	19.3% of housing structures are multi-unit	11.7% have no vehicle	1.1% live in group quarters	22.1% live in mobile homes
Towner County	24.3% of housing structures are multi-unit	8.1% have no vehicle	0.0% live in group quarters	9.6% live in mobile homes

Qualitative Summary

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

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



One-on-One Interviews

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

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

Focus Group Discussions

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

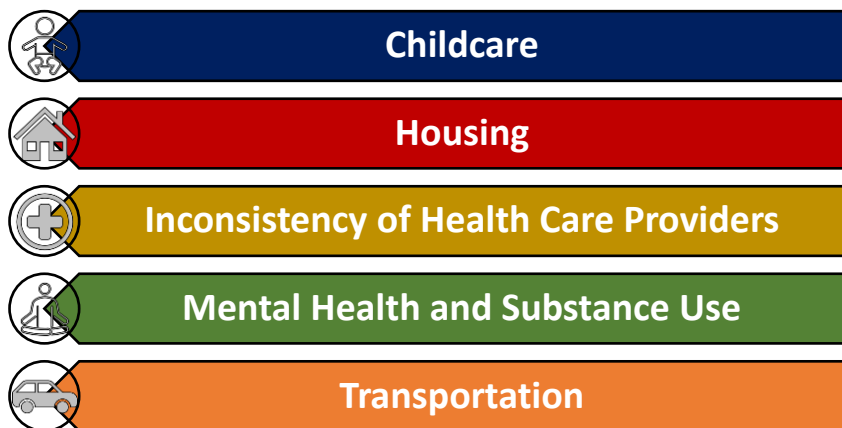
Insights into the St. Kateri Region

Community stakeholders were asked to share positive traits about their community. Many community members emphasized that Rolette and Towner counties are great places to live. Members from the reservation feel a sense community within the reservation and with residents who live in the communities outside of the reservation. Residents appreciate the events and recreational activities, caring people, and the tight-knit community feel that the community has to offer.

High-Level Action Areas & Observations

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

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



Childcare

In Rolette County, 27.0% of children are living in poverty and 43.0% of children live in single-parent households. In Towner County, 17.0% of children are living in poverty and 11.0% of children live in single-parent households. In Rolette County, families are spending 31.0% of their median household income on childcare and families in Towner County are spending 27.0% of their median household income on childcare.

Access to safe and affordable childcare is an essential building block to the overall quality of life for families as parents and caregivers have more opportunities to pursue a career and higher education that contribute to stability and financial security.⁵ Interviewees cite a list of challenges concerning childcare, including a lack of brick-and-mortar childcare facilities and long wait lists to get into them.

⁵ Hamm, Baider, White, et.al. America, It's Time to Talk About Childcare. October 2019.

Housing

Across North Dakota, housing prices have increased, causing many households to be severely cost-burdened. Approximately 66.0% of renters who are low income are spending more than half of their income on housing costs.⁶ When asked about their top concerns, interviewees noted safe, quality, affordable housing as a priority community challenge. Community members mentioned that there are people experiencing homelessness but very few community resources to support them.

Inconsistent Providers

The North Dakota Federal/State Loan Repayment Program provides up to \$50,000 a year of loan repayment assistance (site provides 1:1 match) to medical professionals who work in rural areas that have a shortage of health professionals. Medical professionals must commit to a two-year commitment in order to receive the funds of the repayment program.⁷ Throughout stakeholder interviews and the focus group, community members mentioned high provider turnover which many claimed to be due to the repayment program. Many community members are concerned and frustrated with the inconsistency of primary care providers.

Mental Health and Substance Use

In Rolette County, 17.0% of residents report frequent mental distress. In Towner County, 13.0% of residents report frequent mental distress. Across the state, 54.5% of residents report having a mental illness, but do not receive treatment. Almost a quarter of North Dakota residents report an unmet need for treatment (23.3%).

Conversations with community members have revealed that the lack of mental health access is a concern across St. Kateri's service area. Community discussions indicate that high-level needs for mental health are rooted in the lack of local mental health services, wait times, and provider shortages. Substance use is also an issue of concern for residents in Rolette and Towner counties. There is an increase of crime related to drug use in the community but very limited resources and providers to help residents receive treatment.

Specialty Care

Higher chances of hospitalization and mortality are seen in residents who live in rural areas with limited access to specialist providers. Research has shown that patients who see a specialist in addition to their primary care provider are less likely to be hospitalized and die from a preventable disease.⁸

⁶ National Low Income Housing Coalition. North Dakota, 2022.

⁷ Rural Health Information Hub. North Dakota Federal State Loan Repayment Program (SLRP), 2022.

⁸ Health Affairs. Lack of Access to Specialists Associated with Mortality and Preventable Hospitalizations of Rural Medicine Beneficiaries, 2019 <https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00838>

Long wait lists, limited local specialty services, and a shortage of providers were identified as challenges that the community faces when seeking specialty care.

Transportation

Unreliability, scheduling barriers, and timely access to public transportation are also themes that were heard when talking to community members. Public transportation can impact a person's health and influence health equity. Lack of transportation can cause an individual to miss their health appointments, which can cause poorer health outcomes and added health expenditures. Reliable transportation can improve stability in access to health, nutrition, employment opportunities, and social inclusion.⁹

Community Survey

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

The community survey was deployed from July 7, 2022, through October 10, 2022. Of 122 survey responses received, 81 were from Rolette and Towner counties.

Respondents ranked several community/environmental concerns in the Rolette County and Towner County area. The top five areas of community/environmental concerns include crime, poverty, affordable housing, child abuse, and attracting and retaining young families. The needs were evaluated on a 5-point scale in which "5" indicated the greatest concern or need. Detailed results are illustrated in the table below.

Exhibit 3: Community/Environmental Concerns, Rolette/Towner County Respondents

<i>Community / Environmental Issues</i>	<i>More of a concern</i>
Crime and safety, adequate law enforcement personnel	68.1%
Poverty	59.4%
Not enough affordable housing	52.2%
Child abuse (violence against children)	49.3%
Attracting and retaining young families	44.9%
Fear of crime against me or my property	43.5%
Not enough places for exercise and wellness activities	42.0%
Work opportunities	40.6%

⁹ Health Affairs. Culture of Health: Public Transportation in the US, 2021

<https://www.healthaffairs.org/doi/10.1377/hpb20210630.810356/full/health-affairs-brief-public-transportation-health-equity-heaps.pdf>

Having enough child daycare services	36.2%
Not enough public transportation options	36.2%
Physical violence, domestic violence	36.2%
Sexual abuse/assault	36.2%
Traffic safety (speeding, road safety, drunk/distracted driving)	34.8%
Racism, prejudice, hate, discrimination	33.3%
Litter (amount of litter, adequate garbage collection)	30.4%
Changes in population size (increasing or decreasing)	23.2%
Dating violence	21.7%
Cost of public transportation	20.3%
Stalking	20.3%
Having enough quality school resources	18.8%
Active faith community	17.4%
Education opportunities	17.4%
Seatbelt use	13.0%
Air quality	11.6%

Respondents ranked several health services concerns in the Rolette/Towner County area. The top five areas of health services concerns include retainment and availability of doctors and nurses, substance abuse/treatment services, and mental health services.

Exhibit 4: Health Services Concerns, Rolette/Towner County Respondents

<i>Health Services Issues</i>	More of a concern
Ability to retain doctors and nurses in the area	72.7%
Availability of doctors and nurses	63.6%
Availability of substance abuse/treatment services	62.1%
Not enough health care staff in general	59.1%
Availability of mental health services	59.1%
Availability of vision care	59.1%
Availability of specialists	58.5%
Cost of health insurance	57.6%
Cost of health care services	54.7%
Adequacy of health insurance (concerns about out-of-pocket costs)	54.5%
Ability to get appointments for health services	47.0%
Quality of care	47.0%
Extra hours for appointments, such as evenings and weekends	39.4%
Availability of dental care	36.4%
Availability of women's health services/prenatal care	36.4%
Adequacy of Indian Health Service or Tribal Health services	35.4%
Cost of prescription drugs	35.4%
Availability of public health professionals	30.3%
Availability of wellness and disease prevention services	30.3%
Patient confidentiality	28.8%
Emergency services (ambulance & 911) available 24/7	28.8%

<i>Health Services Issues</i>	<i>More of a concern</i>
Health care services for people experiencing homelessness	28.8%
Transportation services for people needing to go to doctor's appointments or the hospital	27.7%
Services to help people learn about, and enroll in, programs that provide financial support for people needing health care	27.3%
Sharing of information between health care providers for coordination of care	24.2%
Providers using electronic health records	12.1%
Understanding where and how to get health insurance	12.1%

Respondents ranked several concerns for adults in the Rolette County and Towner County area. The top five areas of concerns include drug use and abuse, obesity/overweight, counseling for mental health, alcohol use and abuse, and depression for adults.

Exhibit 5: Adult Physical Health, Mental Health, and Substance Abuse Concerns, Rolette/Towner County Respondents

<i>Physical Health, Mental Health, and Substance Abuse ADULT Issues</i>	<i>More of a concern</i>
Drug use and abuse (including prescription drug abuse, marijuana, and opioids)	70.3%
Obesity/overweight	67.2%
Counseling services for mental health issues such as depression, anxiety, and others for adults	65.6%
Alcohol use and abuse (including binge drinking)	65.1%
Depression	64.1%
Programs to help to recover drug and other substance use disorder patients stay healthy	62.5%
Diabetes	59.4%
Stress	54.0%
Heart disease	51.6%
Suicide	51.6%
Drug and other substance abuse education and prevention	50.0%
Cancer	48.4%
Not getting enough exercise	45.3%
Lung disease (emphysema, COPD, asthma, etc.)	43.8%
Poor nutrition, poor eating habits	42.2%
Smoking and tobacco use	40.6%
Use of alternate tobacco products (e-cigarettes, vaping, hookah, Juul)	40.6%
Support services for adults with developmental disabilities	37.5%
Exposure to secondhand smoke	35.9%
Diseases that can be spread, such as sexually transmitted diseases	34.4%
Dementia/Alzheimer's disease	31.2%
Wellness and disease prevention, including vaccine-preventable diseases	31.2%
Diseases that can be spread, such as sexually transmitted diseases	19.2%

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

Exhibit 6: Youth Physical Health, Mental Health, and Substance Abuse Concerns, Rolette/Towner County Respondents

<i>Physical Health, Mental Health, and Substance Abuse YOUTH Issues</i>	More of a concern
Use of illegal drugs (methamphetamines, heroin, cocaine)	76.2%
Youth mental health	71.9%
Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	70.3%
School-based mental health support for children	64.1%
Youth drug use and abuse (including prescription drug abuse and marijuana)	62.5%
Youth suicide	60.9%
Not enough youth activities	57.8%
Youth obesity	57.8%
Youth use of alternate tobacco products (e-cigarettes, vaping, hookah, Juul)	57.8%
Youth crime	52.4%
Youth tobacco use	48.4%
Youth hunger and poor nutrition	46.9%
Youth sexual health (including sexually transmitted infections)	46.9%
Youth use of smokeless tobacco products (chewing tobacco)	45.3%
Youth exposure to secondhand smoke	42.2%
Teen pregnancy	42.2%
Youth graduating from school	42.2%
Services or education to help reduce teen pregnancy	39.1%
Support services for children with developmental disabilities	37.5%

When asked about services needed for the aging population, 61.3% of survey respondents ranked being able to meet the needs of the older population as the highest concern.

Exhibit 7: Aging Population Concerns, Rolette/Towner County Respondents

<i>Aging Population Issues</i>	More of a concern
Being able to meet the needs of the older population	61.3%
Long-term/nursing home care options	59.7%
Availability of activities for seniors	59.7%
Availability of resources to help the elderly stay in their homes (home health, senior meals, etc.)	58.1%
Availability of resources for family and friends caring for elders	53.2%
Assisted living options	51.6%

<i>Aging Population Issues</i>	More of a concern
Cost of activities for seniors	40.3%

Access Audit

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

Calls were made at different times throughout the day in mid-October 2022. A total of 12 calls were attempted across the service area, 11 of which resulted in the caller being connected to a staff person.

Ability of the site or facility to accept new patients

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

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

The vast majority of sites contacted had staff members who were friendly and informative, often anticipating patient questions and providing specific information without it being explicitly requested by the caller. The staff members asked questions to assess the appropriate level of care needed and were willing to explain the process of becoming a new patient to the caller. Staff told the caller the names of providers and asked if they had a preference of seeing a doctor or physician assistant. Staff asked the caller if she had transportation and when the caller said yes, the staff encouraged the caller to contact SMP Health St. Andrew's to see if the caller could see a provider faster in Bottineau County.

How staff asks questions to define prospective patient's needs

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

Ease of speaking with a person

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

Needs Prioritization

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

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

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

Rank	Need	Mission/Vision	Degree of Control	Timeline
1	Improve drug and other substance abuse early intervention and prevention services	Yes	Support/Advocate	3+ years
2	Increase access to affordable quality childcare	No	Partner/Collaborate	2-3 years
3	Increase access to specialty health care providers in the community (e.g., neurologists, endocrinologists)	Yes	Partner/Collaborate	2-3 years
4	Develop crisis or emergency care programs for mental health	Yes	Support/Advocate	3+ years
5	Increase the number of prescribing mental health providers (e.g., psychiatrists)	Yes	Partner/Collaborate	2-3 years
6	Increase the number of mental health providers for adults	Yes	Partner/Collaborate	2-3 years
7	Increase case management services for people with complex chronic health conditions	Yes	Lead	Within year 1
8	Increase drug and other substance abuse treatment services	Yes	Support/Advocate	2-3+ years
9	Improve general public transportation	No	N/A	N/A
10	Increase the number of primary care services (such as a family doctor or other provider of routine care)	Yes	Lead	Within year 1
11	Increase the number of mental health providers for children and youth	Yes	Partner/Collaborate	3+ years
12	Improve transportation services for people needing to go to doctor's appointments or the hospital	Yes	Partner/Collaborate	2-3 years
13	More intentionally engage the Native American community in health and wellness initiatives	Yes	Lead	2-3 years
14	Improve care coordination between the hospital and other clinics, private doctors, or other health service providers	Yes	Partner/Collaborate	2-3 years
15	Enhance community programs to break out of the cycle of poverty (e.g., early childhood education, primary and secondary education, job training)	Yes	Lead/Partner/Collaborate	2-3+ years

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- *Integrity:* Having a moral commitment to truth, purpose, responsibility, trust and professionalism
- *Joy:* Being comfortable with who we are, enjoying what we do and sharing that with those we serve

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Methodology, Purpose, and Data Limitations

Methodology

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

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

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

Community Health Needs Assessment Purpose and Goals

As part of Section 501 (r) (3) requires all charitable tax-exempt hospital organizations to complete a community health needs assessment (CHNA) every three years. The CHNA assesses the unmet need for health services in the hospital’s service area.¹²

The purpose of the SMP Health St. Kateri CHNA is to identify and prioritize community needs. In doing so, it will also provide a solid technical platform to analyze population health at a county level (based on

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the actual service area), categorize factors associated with access to care and health care utilization, finely tune outreach activities, highlight the most significant causes of morbidity and mortality, strengthen the existing community health activities, and use collaborative outreach to highlight other unique health care needs or characteristics that impact health status and primary care.

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

Public Health Involvement

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

Outreach to Underserved or High-Need Communities

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

Data Limitations

In general, the secondary data utilizes the most current data sets available. The dramatic changes in 2020 and 2021 due to the COVID-19 pandemic may have impacted some of the traditional projection tools, source data, and data collection methods. For example, the American Community Survey (ACS), which provides detailed population and housing information, revised its messaging, altered their mailout strategy, and made sampling adjustments to accommodate the National Processing Center's staffing limitations.¹³ Where relevant, the impacts or new data due to the COVID-19 pandemic are noted.

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

¹³ See U.S. Census Bureau: <https://www2.census.gov/ces/wp/2021/CES-WP-21-02.pdf>

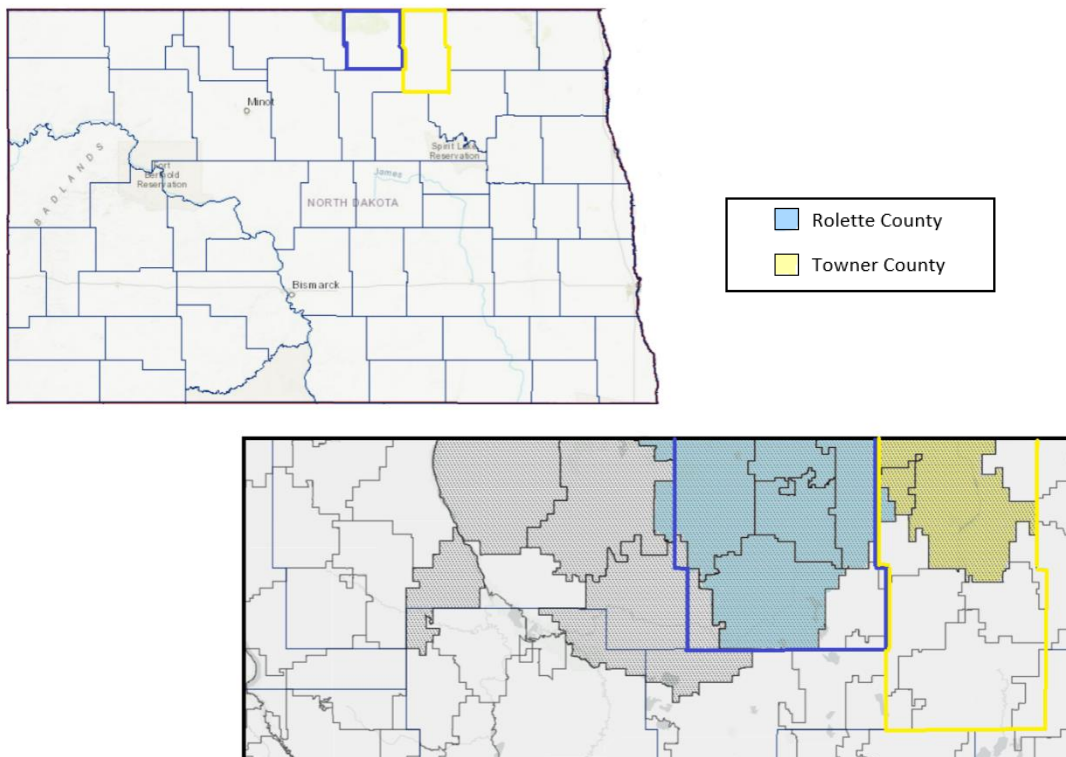
Overview of Communities Served

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

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

Exhibit 1 displays SMP Health St. Kateri's primary service area which is shaded in blue and yellow (lower graphic). The areas shaded in gray are the service area for SMP Health St. Andrew's. In each graphic Rolette County boundaries are outlined in blue and Towner County boundaries are outlined in yellow.

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



Social Vulnerability Index

As part of county-specific summaries, there are data change tables utilizing The Social Vulnerability Index (SVI) model. The SVI was developed by the U.S. Centers for Disease Control and Prevention as a way to use population data to identify vulnerable populations. The SVI may be used to rank overall population well-being and mobility relative to County and State averages. Measures are grouped into four major categories: Socioeconomic Status, Household Composition and Disability, Minority Status and Language, and Housing and Transportation. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies, including pandemics.¹⁴

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

¹⁴ [Agency for Toxic Substances and Disease Registry, CDC/ATSDR Social Vulnerability Index.](#)

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

Exhibit 2: Social Vulnerability Index

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	Towner County
Total population	326,569,308	760,394	7,818	14,350	1,733
Below poverty	12.8%	10.5%	10.1%	27.1%	19.3%
Unemployed	3.4%	2.1%	2.9%	4.0%	4.4%
Median income	\$64,994	\$65,315	\$74,960	\$47,217	\$55,193
9 th - 12 th grade, no diploma	6.6%	4.2%	3.3%	8.2%	4.9%
Age 65+	16.0%	15.3%	20.5%	12.7%	14.9%
Under 18 years	22.4%	23.4%	25.2%	34.8%	41.2%
Population living with a disability	12.7%	10.9%	18.1%	16.6%	14.9%
Ethnic/racial minority	39.9%	16.3%	11.9%	63.1%	59.4%
Speak English less than "very well"	8.2%	1.9%	1.5%	3.3%	4.0%
Multi-unit housing structures	26.1%	29.9%	22.5%	19.3%	24.3%
Mobile homes	6.0%	7.1%	10.1%	22.1%	9.6%
No vehicle	8.5%	5.1%	3.8%	11.7%	8.1%
Group quarters ¹⁵	2.5%	3.3%	5.5%	1.1%	0.0%

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

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

¹⁵ A group quarters is a place where people live or stay, in a group living arrangement, that is owned or managed by an entity or organization providing housing and/or services for the residents

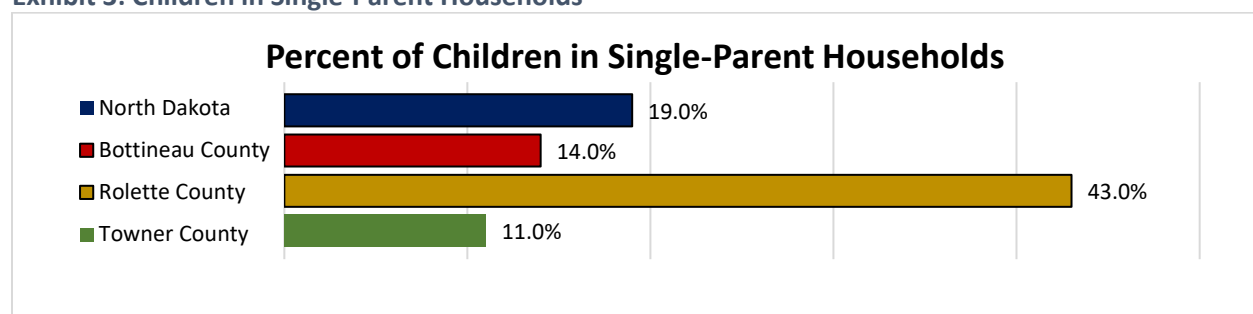
and 34.8% of people in St. Kateri Rolette County service area, and 41.2% of people in St. Kateri Towner County service area are under 18 years old.

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

Adverse health outcomes including mental illness, unhealthy behaviors, severe morbidity, and all-cause mortality are more common for children in single-parent households than in two-parent households.¹⁶

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

Exhibit 3: Children in Single-Parent Households



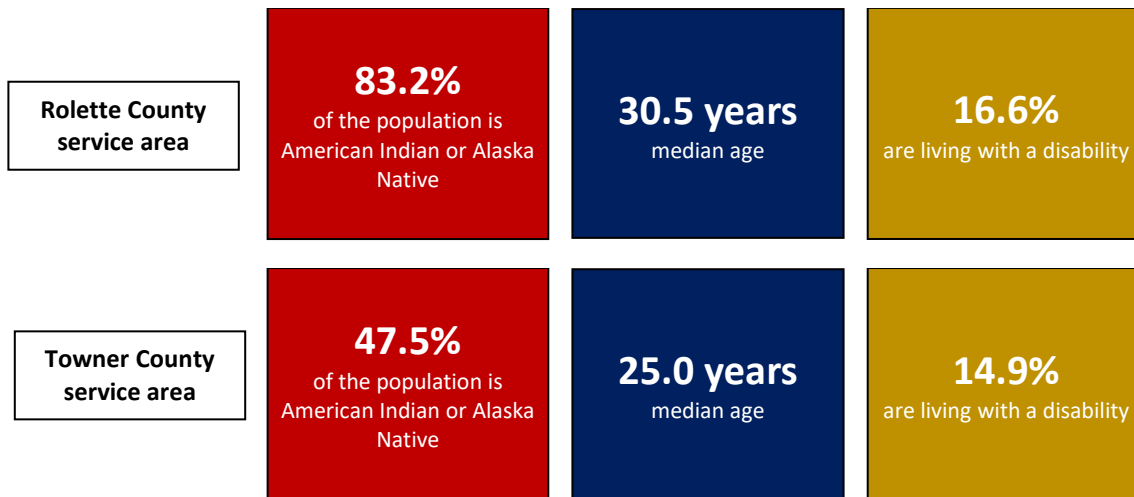
Source: [County Health Rankings. Children in Single Parent Households, 2016-2020](#)

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

¹⁶ Anderson, J. The impact of family structure on the health of children: Effects of divorce, 2014.

Demographics

The demographic profile of St. Kateri service area



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

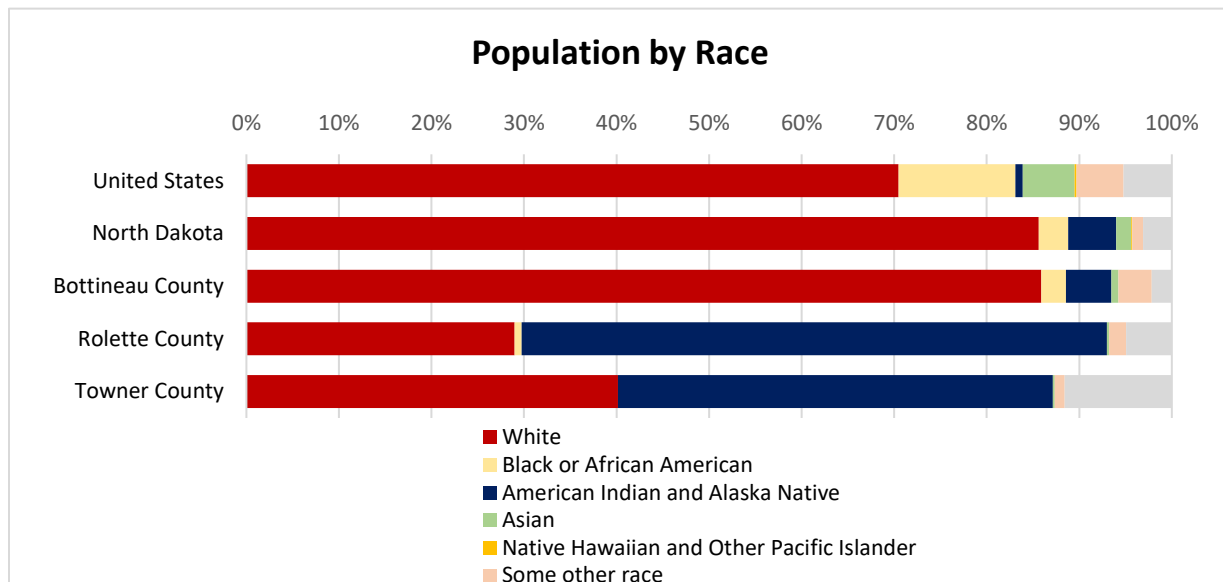
At SMP St. Andrew's, the majority of the population is primarily White. At SMP St. Kateri, a large percentage of the population is American Indian and Alaska Native.

Exhibit 4: Population by Race and Ethnicity

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

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

Exhibit 5: Distribution of Population, by Race



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

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

Exhibit 6: Population by Sex and Age

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

Under 5	6.0%	7.0%	9.0%	9.3%	11.2%
5 to 9	6.1%	6.6%	7.2%	9.8%	12.3%
10 to 14	6.5%	6.3%	7.2%	11.1%	12.0%
15 to 19	6.5%	6.3%	6.4%	8.2%	7.6%
20 to 24	6.7%	8.3%	5.2%	6.1%	7.3%
25 to 34	13.9%	15.2%	15.4%	11.9%	9.8%
35 to 44	12.7%	11.9%	11.3%	11.6%	9.0%
45 to 54	12.7%	10.6%	11.3%	11.2%	7.0%
55 to 59	6.7%	6.3%	7.3%	7.8%	4.6%
60 to 64	6.2%	6.1%	7.0%	5.4%	5.3%
65 to 74	9.4%	8.4%	11.7%	7.8%	6.8%
75 to 84	4.7%	4.5%	6.1%	3.5%	4.8%
85 +	2.0%	2.3%	3.5%	3.0%	3.5%

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

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

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

Exhibit 7: Languages Spoken

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

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

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

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

Exhibit 8: People Living with a Disability

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	Towner County
Population living with a disability	12.7%	10.9%	18.1%	16.6%	14.9%
Male	12.5%	11.3%	19.5%	17.0%	12.65
Female	12.8%	10.5%	16.8%	17.2%	18.2%
White	13.3%	11.0%	19.3%	68.9% ¹⁷	25.1%
Black or African American	14.0%	7.5%	15.3% ¹⁸	16.8%	ND
American Indian and Alaska Native	16.9%	15.0%	16.3% ¹⁹	ND	12.5%
Asian	7.2%	5.8%	ND	ND	ND
Native Hawaiian and Other Pacific Islander	11.3%	8.6%	ND	ND	ND
Some other race	9.1%	5.5%	43.5% ²⁰	ND	ND
Two or more races	10.4%	10.4%	ND	17.0%	4.0% ²¹
Hispanic or Latino	9.2%	8.5%	17.8%	39.1%	ND
Not Hispanic or Latino	14.0%	11.1%	19.8% ²²	20.2%	25.1%

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

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

¹⁷ No data available for zip codes 58329, 58367

¹⁸ No data available for zip codes 58762, 58783

¹⁹ No data available for zip codes 58783

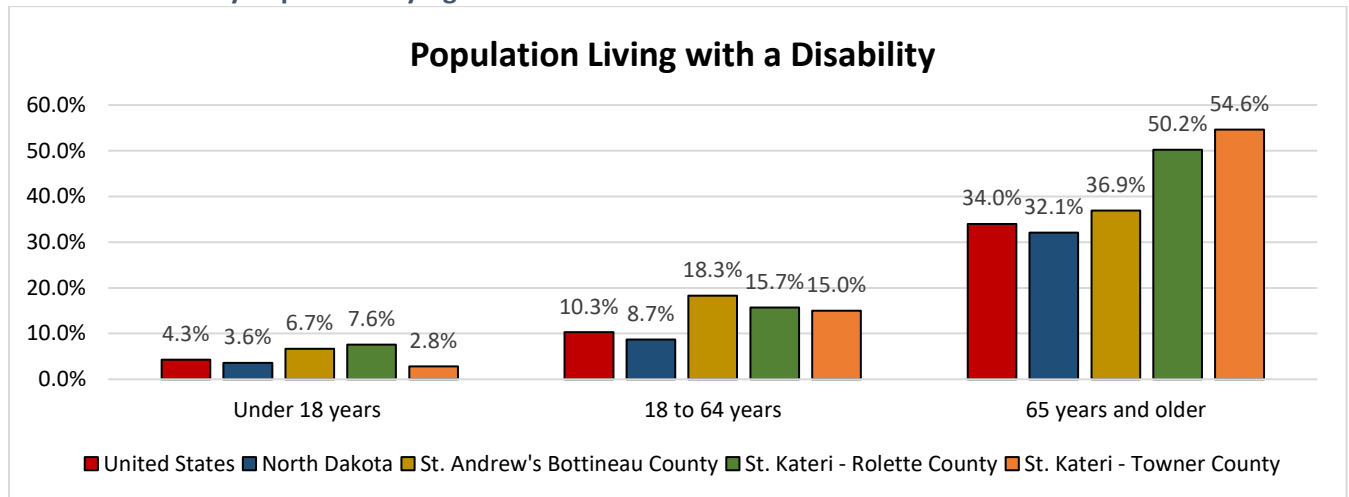
²⁰ No data available for zip codes 58762, 58783

²¹ No data available for zip code 58339

²² No data available for zip codes 58783

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

Exhibit 9: Disability Population by Age



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

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

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

Exhibit 10: Disability Population by Type

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

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

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

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

Social Determinants of Health

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

These conditions contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.²³

Exhibit 11: Social Determinants of Health

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

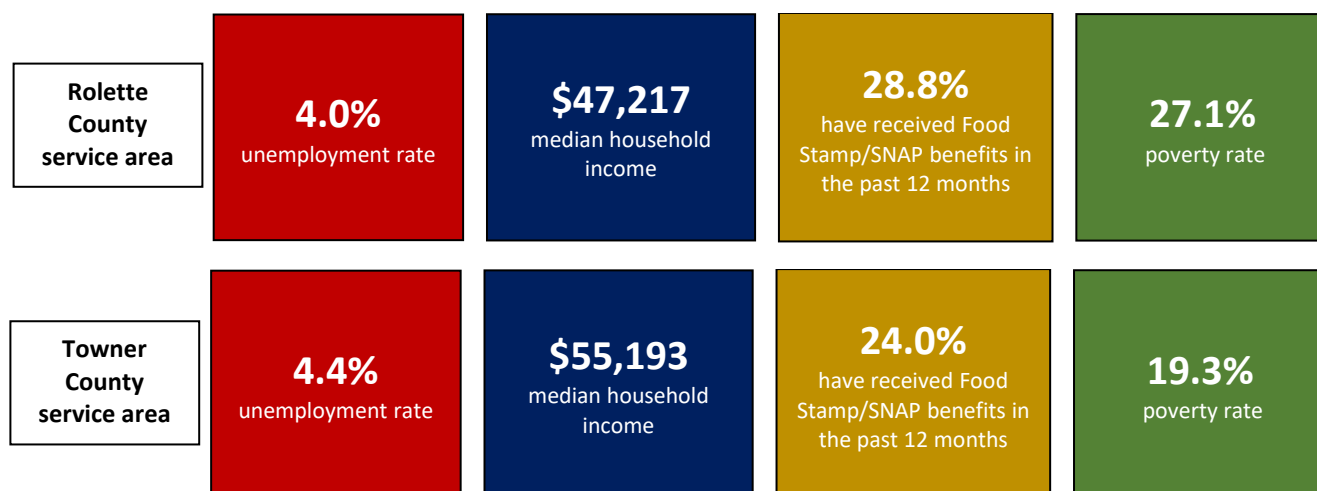
Source: Kaiser Family Foundation

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

Economic Stability

Economic stability includes a wide range of factors not limited to employment, individual and family income, expenses, medical debt, and support.²⁴ People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to die from preventable diseases.²⁵ Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates, and other poor health outcomes.²⁶

The economic profile of St. Kateri service area



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

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

Exhibit 12: Employment Status

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	St. Kateri Towner County
Population 16 years and over	261,649,873	599,849	6,134	9,986	1,089
Employed	59.6%	66.9%	63.2%	52.4%	54.7%
Unemployed	3.4%	2.1%	2.9%	4.0%	4.4%

²⁴ Kaiser Family Foundation. [Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018.](#)

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

²⁶ American Academy Of Family Physicians, Poverty & Health. The Family Medicine Perspective, April 2021. [Link to source: www.aafp.org/about/policies/all/poverty-health.html](http://www.aafp.org/about/policies/all/poverty-health.html)

Civilian labor force	63.0%	69.1%	66.0%	56.2%	59.0%
Armed forces	0.4%	1.2%	0.0%	0.0%	0.0%
Not in labor force	36.6%	29.7%	34.5%	45.0%	41.2%
Unemployment rate	5.4%	3.1%	4.1%	6.9%	7.4%

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

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

Exhibit 13: Employment by Industry

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

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

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

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

Exhibit 14: Annual Household Income

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

\$200,000 or more	8.3%	6.0%	7.7%	3.1%	5.1%
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Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2016-2020

- Nearly one-fifth of the residents in Rolette County have an annual household income of less than \$10,000, a substantially higher proportion than national, state, and surrounding service area figures.
- Approximately 23.1% of Bottineau County residents make an income of \$100,000-\$149,999. To contrast, 15.0% of Towner County residents and 14.0% of Rolette County residents make the same income.
- Over 9.0% of residents in Bottineau make \$150,000 or more, whereas only 2.4% of Towner County residents and 5.2% of Rolette County residents make that income.
- Only 3.1% of residents in Rolette County make \$200,000 or more. More than double the proportion of residents in Bottineau (7.7%) are in that income bracket.

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

Exhibit 15: Income and Benefits

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

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

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

Economically Disadvantaged Populations

Socioeconomic status can be determined by a family's income level, education level, and occupational status. Despite the differences in definition between poverty and socioeconomic status, researchers agree that there is a clear and established relationship between poverty, socioeconomic status, and health outcomes, including increased risk for disease and premature death.²⁷

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

Exhibit 16: Poverty Rate by Age Group

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

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

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

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

Neighborhood and Physical Environment

The neighborhoods people live in have a major impact on their health and well-being. Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. The physical environment includes housing and transportation, parks and playgrounds, and the opportunities for recreational opportunities.²⁸ Understanding the environment within communities can help further understand vulnerable populations.

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

The housing profile of St. Kateri service area

Rolette County service area	78.2% occupied housing units	61.5% of homes use electricity	7.9% of homes lack complete plumbing facilities	70.1% of homes have a broadband internet subscription	\$454 median monthly rent payment	\$1,009 median monthly mortgage payment
Towner County service area	80.4% occupied housing units	80.1% of homes use electricity	0.0% of homes lack complete plumbing facilities	74.9% of homes have a broadband internet subscription	\$629 median monthly rent payment	\$1,125 median monthly mortgage payment

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

Housing quality refers to the physical condition of a person's home as well as the quality of the social and physical environment in which the home is located. Poor-quality housing is associated with various negative health outcomes, including chronic disease and injury and poor mental health.²⁹

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

Exhibit 17: Housing Units & Occupancy

	United States	North Dakota	St. Andrew's	St. Kateri	
			Bottineau County	Rolette County	Towner County
Total housing units	138,432,751	376,597	4,524	5,591	687
Occupied housing units	88.4%	85.2%	69.2%	78.2%	80.4%

²⁸ [Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018.](#)

²⁹ [U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health, Quality of Housing.](#)

Vacant housing units	11.6%	14.8%	35.3%	22.2%	25.8%
Owner-occupied	64.4%	62.5%	73.0%	72.3%	63.3%
Renter-occupied	35.6%	37.5%	28.9%	28.8%	37.0%

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

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

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

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

	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	St. Kateri Towner County
Occupied units paying rent	40,484,226	111,476	716	1,050	200
Less than 15.0%	13.4%	20.9%	41.2%	31.7%	23.6%
15.0 to 19.9%	13.0%	16.4%	10.4%	27.3%	15.9%
20.0 to 24.9%	12.9%	14.3%	11.7%	10.5%	16.5%
25.0 to 29.9%	11.6%	9.8%	7.4%	18.1%	27.7%
30.0 to 34.9%	9.1%	7.0%	7.7%	5.2%	3.1%
35.0% or more	40.0%	31.6%	32.7%	38.3%	23.4%
Median rent	\$1,096	\$828	\$823	\$454	\$629
Housing units with a mortgage³⁰	48,744,731	106,414	1,004	633	102
Less than 20.0%	46.7%	56.1%	65.2%	75.8%	74.0%
20.0 to 24.9%	15.6%	16.2%	10.8%	16.2%	5.0%
25.0 to 29.9%	10.3%	10.1%	11.0%	10.0%	25.0%
30.0 to 34.9%	6.8%	5.3%	2.2%	7.5%	0.0%
35.0% or more	20.6%	12.3%	16.2%	13.2%	11.0%
Median mortgage	\$1,621	\$1,457	\$1,393	\$1,009	\$1,125 ³¹

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

- Bottineau County has the highest number of renters that are on the cusp of being house burdened (7.7%).

³⁰ Excluding units where SMOCAPI (Selected Monthly Owner Costs as a Percentage of Household Income) cannot be computed

³¹ No data available for zip code 58339

- The highest percentage of cost burdened renters reside in Rolette County (38.3%). Bottineau County has the second highest percentage of cost burdened renters (32.7%).
- All three counties have higher than national and state percentages of residents with a mortgage that spend less than 20.0% of their income on housing.
- Notably high, one-fourth of Towner County residents spend 25.0% to 29.9% of their income on housing.
- The number of households that are on the cusp of being housing burdened is high in Rolette County, with 7.5% of households spending 30.0% to 34.9% of their income on housing.
- Of households with a mortgage, approximately 16.2% of St. Andrew's households, 13.2% of St. Kateri Rolette County households, and 11.0% of St. Kateri Towner County households pay over 35.0% of their household income towards housing-related costs.

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

Exhibit 19: Sources of Heating Fuel

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

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

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

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

Exhibit 20: Selected Housing Indicators

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

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

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

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

Exhibit 21: Means of Transportation to Work

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

Walked	2.6%	3.2%	6.1%	5.1%	1.4%
Other means	1.8%	1.4%	1.2%	1.1%	1.0%
Worked from home	7.3%	5.2%	7.7%	4.5%	4.3%

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

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

Housing Insecure Population

Housing instability encompasses a number of challenges, such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. These experiences may negatively affect physical health and make it harder to access health care. This summary will discuss the cost of housing as well as the health effects of substandard housing and forced evictions. Certain populations may be more affected by housing instability, such as children who move frequently.³²

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

Exhibit 22: Homelessness Point-in-Time Count

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

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

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

³² [U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Housing Instability.](#)

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

Exhibit 23: Youth Housing

	North Dakota	Bottineau County	Rolette County	Towner County
Students who are homeless ³³ (2020-2021)	1.4%	ND	2.1%	ND
Children in foster care (2020)	1.1%	ND	5.3%	1.5%

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

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

Exhibit 24: Public Housing Assisted Housing Units

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

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

- In Bottineau County, 70.4% of public housing assisted housing units are occupied.
- The average waiting time to get into public housing is three months in Rolette County. Of available public housing units in Rolette County, 43.0% are occupied.
- In Towner County 50.0% of public housing units are occupied.

³³ "This indicator represents the total unduplicated number of homeless students who are enrolled in North Dakota public schools, for each respective geographic area."

Education

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

Education includes the languages spoken, literacy, vocational training, and early childhood education.³⁴

People with higher levels of education are more likely to be healthier and live longer. Some children live in places with poorly performing schools, and the stress of living in poverty can affect children's brain development, making it harder for them to do well in school.³⁵

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

Exhibit 25: Educational Attainment by Population 25 Years and Older

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

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

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

³⁴ Kaiser Family Foundation. [Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018.](#)

³⁵ U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health, Education Access & Quality.

Food

Food insecurity is defined as the disruption of food intake or eating patterns because of a lack of money and other resources. Food insecurity may be long-term or temporary. It may be influenced by several factors including income, employment, race/ethnicity, and disability. The risk for food insecurity increases when money to buy food is limited or not available. People living in some urban areas, rural areas, and low-income neighborhoods may have limited access to full-service supermarkets or grocery stores.³⁶

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

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

Exhibit 26: Nutrition Indicators

	North Dakota	Bottineau County	Rolette County	Towner County
Child food insecurity	9.3%	12.9%	25.7%	10.4%
Children eligible for free and reduced-price lunch ³⁷	32.0%	35.0%	90.0%	25.0%
Food insecurity ³⁸	7.0%	7.0%	16.0%	7.0%
Limited access to healthy foods	7.0%	10.0%	5.0%	8.0%
Average cost per meal	\$3.18	\$3.34	\$3.06	\$3.12

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

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

³⁶ U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Food Insecurity.

³⁷ County Health Rankings. Children Eligible for Free or Reduced Price Lunch, 2019-2020.

³⁸ County Health Rankings. Food Insecurity, 2019.

Community and Social Context

Community and social context refer to the support systems and community engagement, including discrimination, non-profits, and social integration. People's relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being. Positive relationships at home, at work, and in the community can help reduce negative impacts caused by challenges people can't control, like unsafe neighborhoods, discrimination, or trouble affording the things they need. But some people — like children whose parents are in jail and adolescents who are bullied — often don't get support from loved ones or others.³⁹

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

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

Exhibit 27: Veteran Population

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

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

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

³⁹ [U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health, Social & Community Context.](#)

Civic Engagement

Civic participation encompasses a wide range of formal and informal activities including voting, volunteering, participating in group activities, and community gardening. Some are individual activities that benefit society (e.g., voting) or group activities that benefit either the group members (e.g., recreational soccer teams) or society (e.g., volunteer organizations).⁴⁰

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

Exhibit 28: Voter Registration

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

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

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

⁴⁰ [U.S. Department of Health and Human Services, Healthy People 2020. Social Determinants of Health Literature Summaries, Civic Participation.](#)

Crime & Violence

Violence can lead to premature death or cause non-fatal injuries. People who survive violent crimes endure physical pain and suffering and may also experience mental distress and reduced quality of life. Repeated exposure to crime and violence may be linked to an increase in negative health outcomes. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes regardless of whether they are victims, direct witnesses, or hear about the crime.⁴¹

*Please note that the following data represents reported crime and is not a report of all crime that occurs. Please consider various factors that lead to criminal activity and crime reporting while interpreting the data. Factors to consider include population size and density, economic conditions, employment rates, tribal sovereignty, prosecutorial, judicial, and correctional policies, administrative and investigative emphases of law enforcement, citizens' attitudes toward crime and policing, and the effective strength of the police force.⁴²

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

Exhibit 29: Incarceration

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

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

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

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

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

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

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

⁴² [Federal Bureau of Investigation. Crime Data Explorer, 2020](#)

The FBI Uniform Crime Reporting Program defines a hate crime as a committed criminal offense that is motivated, in whole or in part, by the offender's bias(es) against a race, religion, disability, sexual orientation, ethnicity, gender, or gender identity.⁴³

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

Exhibit 31: Trend of Hate Crime Bias

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

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

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

Exhibit 32: Annual Hate Crime by Bias

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

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

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

Exhibit 33: Tribal Crime in North Dakota

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

⁴³ [Federal Bureau of Investigation, Crime Data Explorer.](#)

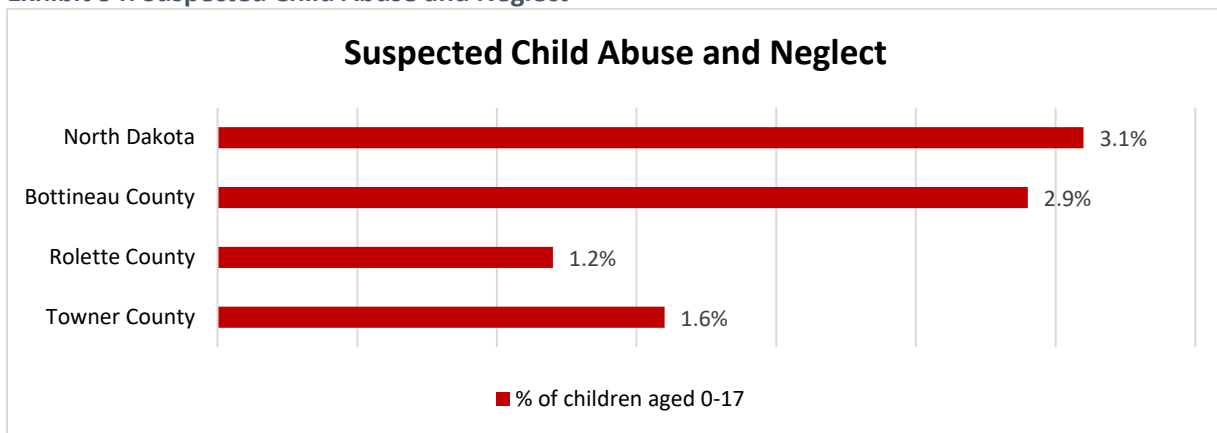
Arson	8	0	3
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Source: [Bureau of Justice Statistics. Tribal Crime, 2020](#)

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

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

Exhibit 34: Suspected Child Abuse and Neglect



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

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

Health Care System

Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities. Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health. Out-of-pocket medical care costs may lead individuals to delay or forgo needed care (such as doctor visits, dental care, and medications), and medical debt is common among both insured and uninsured individuals. Additionally, primary care providers offer a usual source of care, early detection, and treatment of disease, chronic disease management, and preventive care. Patients with a usual source of care are more likely to receive recommended preventive services such as flu shots, blood pressure screenings, and cancer screenings.⁴⁴

⁴⁴ [U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Access to Health Services.](#)

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

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

Exhibit 35: Health Insurance Coverage

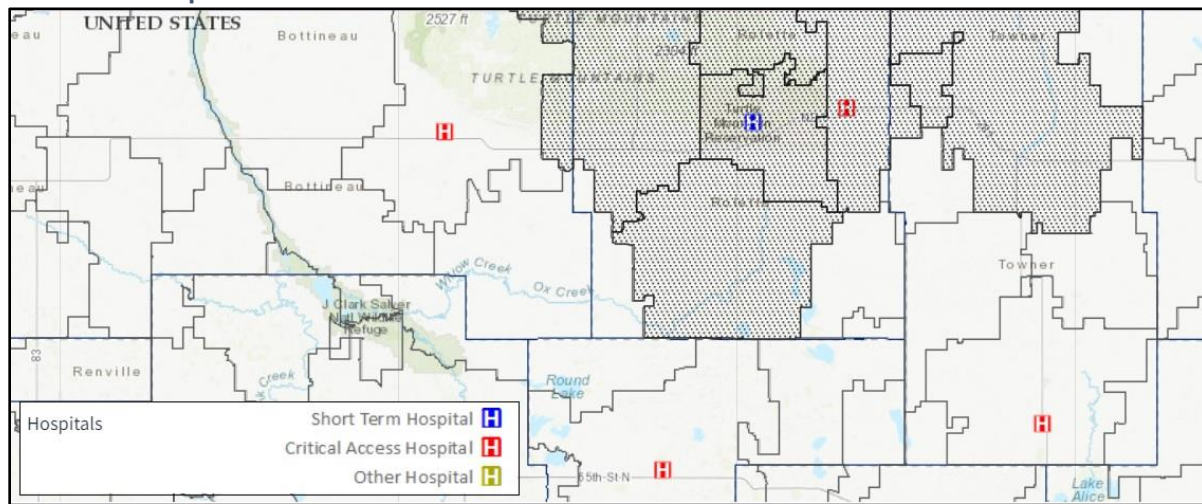
	United States	North Dakota	St. Andrew's Bottineau County	St. Kateri Rolette County	Towner County
Civilian non-institutionalized population	321,525,041	743,105	7,659	14,242	1,705
With health insurance coverage	91.3%	92.8%	93.8%	74.4%	82.9%
With private health insurance	68.1%	79.7%	79.6%	43.0%	55.8%
With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

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

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

In St. Kateri's service area there are two hospitals, SMP Health St. Kateri, a critical access hospital, and Indian Health Service-Quentin N. Burdick Memorial Health Care Facility, a short-term hospital.

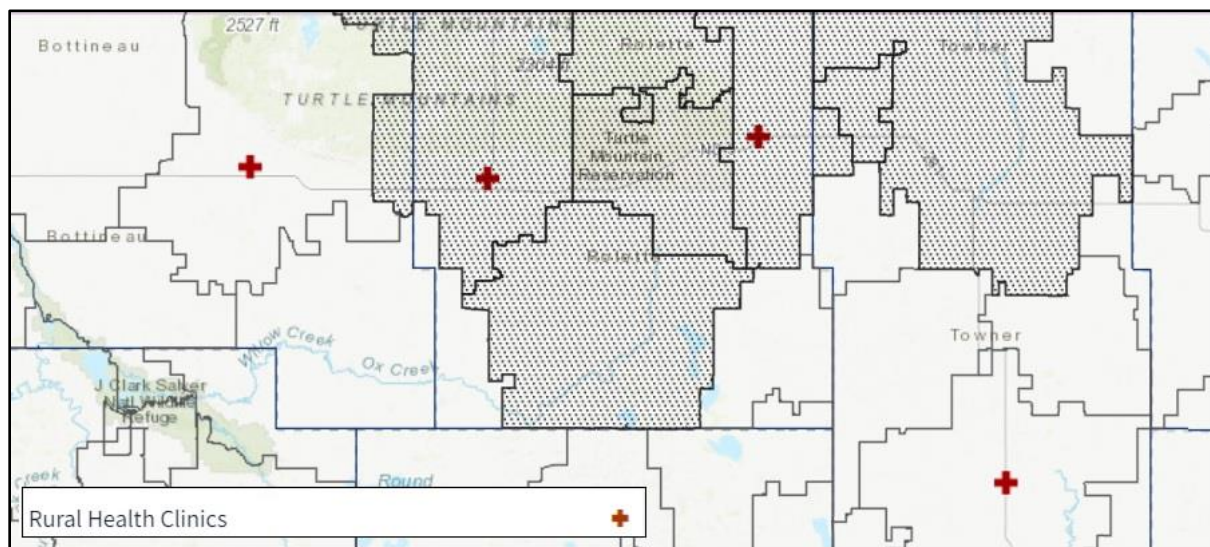
Exhibit 36: Hospital Locations



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

SMP Health St. Kateri and Heart of America Johnson Clinic are the only clinics in St. Kateri's service area.

Exhibit 37: Rural Clinic Locations



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

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

Exhibit 38: Health Care Provider Ratios

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

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

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

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

Exhibit 39: Health Prevention Screenings

Age-adjusted rate	Bottineau County	Rolette County	Towner County
Visits to dentist or dental clinic ⁴⁵	64.0	53.6	63.1
Visits to doctor for routine checkup within the past year ⁴⁶	69.7	71.3	68.6
Cervical cancer screening ⁴⁷	84.7	79.8	83.4
Cholesterol screening ⁴⁸	81.8	80.0	80.9
Fecal, occult blood test, sigmoidoscopy, or colonoscopy ⁴⁹	62.3	47.5	61.5
Mammogram screening ⁵⁰	73.3	69.5	72.5
Up-to-date clinical preventive measures male ⁵¹	28.9	20.5	24.9
Up-to-date clinical preventative measures female ⁵²	25.5	24.1	25.6

⁴⁵ Among adults 18 years and older

⁴⁶ Among adults 18 years and older

⁴⁷ Cervical cancer screening among adult women aged 21-65 years

⁴⁸ Cervical cancer screening among adults 18 years and older

⁴⁹ Adults aged 50-75 years

⁵⁰ Mammography use among women 50-74 years

⁵¹ Older adult men aged 65 years and older who are up to date on a core set of clinical measures (flu shot in the past year, PPV shot ever, colorectal cancer screening)

⁵² Older adult women aged 65 years and older who are up to date on a core set of clinical measures (flu shot past year, PPV shot ever, colorectal cancer screening, and mammogram past 2 years)

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

Health Outcomes

Many multifactorial factors influence health outcomes. Both physical and mental well-being are reflected by length of life as well as quality of life.⁵³ Within the social determinants of health framework, health outcomes include mortality, morbidity, life expectancy, health care expenditures, health status, and functional limitations.

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

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

Exhibit 40: Leading Cause of Death

	United States	North Dakota	Bottineau County	Rolette County	Towner County
Life expectancy	77.3	79.3	75.6	71.9	80.1
Age adjusted death rate per 100,000					
Accidents	49.3	45.0	47.1	85.8	43.9
Alzheimer's	30.0	37.6	41.3	20.7	13.6
Blood poisoning	9.5	10.6	6.8	13.8	5.7
Cancer	146.2	140.7	161.7	228.3	153.4
Diabetes	21.6	20.0	28.3	82.1	12.1
Heart disease	161.5	147.7	160.4	235.1	176.0
Homicide	6.0	3.1	2.5	7.6	1.7
Hypertension/renal hypertension	8.9	12.1	13.3	8.6	13.1
Influenza/pneumonia	12.3	14.3	27.7	24.3	21.3
Liver disease	11.3	15.2	8.4	24.6	4.6
Lung disease	38.2	35.0	44.8	69.6	52.9
Parkinson's	8.8	8.6	5.3	4.1	7.9
Nephritis/kidney disease	12.7	10.9	12.8	17.4	9.1
Stroke	37.0	31.7	45.9	50.1	51.4
Suicide	13.9	18.1	17.3	20.1	14.2

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

- Out of all three counties, Rolette County has significantly more people dying from accidents, blood poisoning, cancer, diabetes, heart disease, homicide, liver disease, lung disease, Nephritis/kidney disease, and suicide than Bottineau and Towner counties.
- Mortality rates in Rolette County from accidents, blood poisoning, cancer, and heart disease are more than two times higher than corresponding figures in Bottineau and Towner Counties.

⁵³ [County Health Rankings. Health Outcomes, 2022](#)

- Rates of homicide (7.6 per 100,000) and liver disease (24.6 per 100,000) are over three times higher in Rolette County than in Bottineau County (2.5 per 100,000, 8.4 per 100,000 respectively) and Towner County (1.7 per 100,000, 4.6 per 100,000 respectively).
- The number of residents who have died from Alzheimer's disease is more than two times higher in Bottineau County (41.3 per 100,000) than in Rolette and Towner counties (20.7 per 100,000, 13.6 per 100,000, respectively).
- Residents who have died from Parkinson's is highest in Towner County (7.9 per 100,000).

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

Exhibit 41: Chronic Disease Prevalence

Age-adjusted ⁵⁴	Bottineau County	Rolette County	Towner County
Arthritis	24.6	30.5	25.1
Asthma	8.7	11.7	9.0
Cancer	6.7	7.0	6.7
Chronic obstructive pulmonary disease	5.5	10.0	8.3
Chronic kidney disease	2.5	4.2	2.7
Coronary heart disease	5.5	9.0	5.9
Diabetes	8.2	15.7	9.1
High cholesterol	27.7	29.2	28.2
High blood pressure	29.5	39.8	31.9
Obesity	34.4	48.4	37.8
Stroke	2.8	5.3	3.0

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

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

⁵⁴ Prevalence among adults aged 18 years and older

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

Exhibit 42: Sexually Transmitted Infections

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

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

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

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

Exhibit 43: Birth Outcomes

	North Dakota	Bottineau County	Rolette County	Towner County
Birth rate ⁵⁵	70.9	71.5	90.2	79.8
Total births	10,051	63	238	25
Low birth weight babies ⁵⁶	6.9%	ND	7.6%	ND
Births to unmarried women	32.8%	25.4%	83.6%	32.0%
Births to teens ages 12 to 19	3.2%	ND	14.7%	ND
Births to unmarried teens ages 12 to 19	3.0%	ND	14.7%	ND

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

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

⁵⁵Birth rate per 1,000 women ages 15-44, 2017-2020

⁵⁶ The number of babies who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth

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

Exhibit 44: Quality of Life

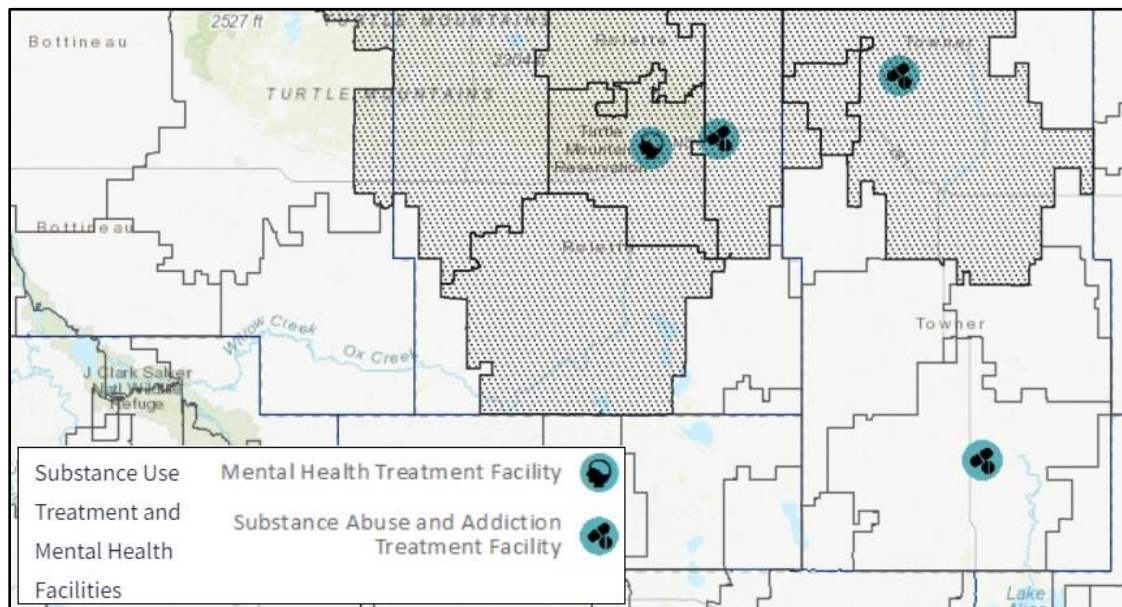
	North Dakota	Bottineau County	Rolette County	Towner County
Frequent mental distress	11.0%	12.0%	17.0%	13.0%
Frequent physical distress	9.0%	10.0%	18.0%	11.0%
Poor to fair health	13.0%	15.0%	28.0%	17.0%
Poor mental health days	3.7	3.5	4.8	3.7
Poor physical health days	3.1	3.3	4.8	3.7

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

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

There are mental health and substance abuse and addiction treatment facilities in St. Kateri's service area.

Exhibit 45: Substance Use and Mental Health Facilities



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

Exhibit 46: Adult Mental Health

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

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

- Approximately 19.1% of individuals in North Dakota have a mental illness but 54.5% did not receive treatment. Unmet need for treatment was reported by 23.3% of individuals.
- Cost of treatment creates a barrier for those with a cognitive disability seeking treatment (23.7%) and uninsured individuals with mental illness (8.8%).

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

Exhibit 47: Youth Mental Health

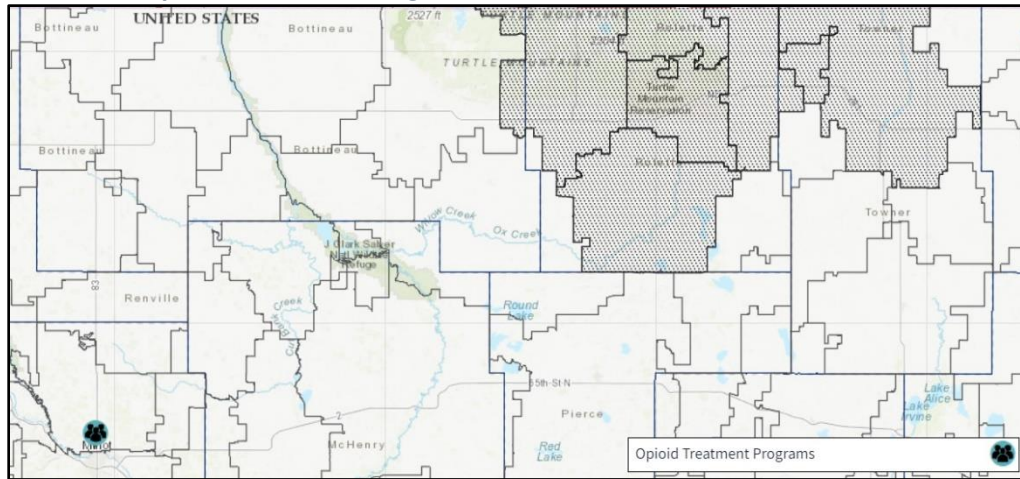
2021 Youth Mental Health America Indicators	United States	North Dakota	Rank
North Dakota state ranking			25
With at least one major depressive episode	13.8%	13.8%	21
With a severe major depressive episode	9.7%	8.5%	9
With a substance use disorder	3.8%	4.4%	39
With any mental illness who did not receive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

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

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

Exhibit 48 displays the locations of opioid treatment programs. It is important to note that there are no opioid treatment programs located in SMP Health St. Kateri's service area. The closest opioid treatment program is located in Minot.

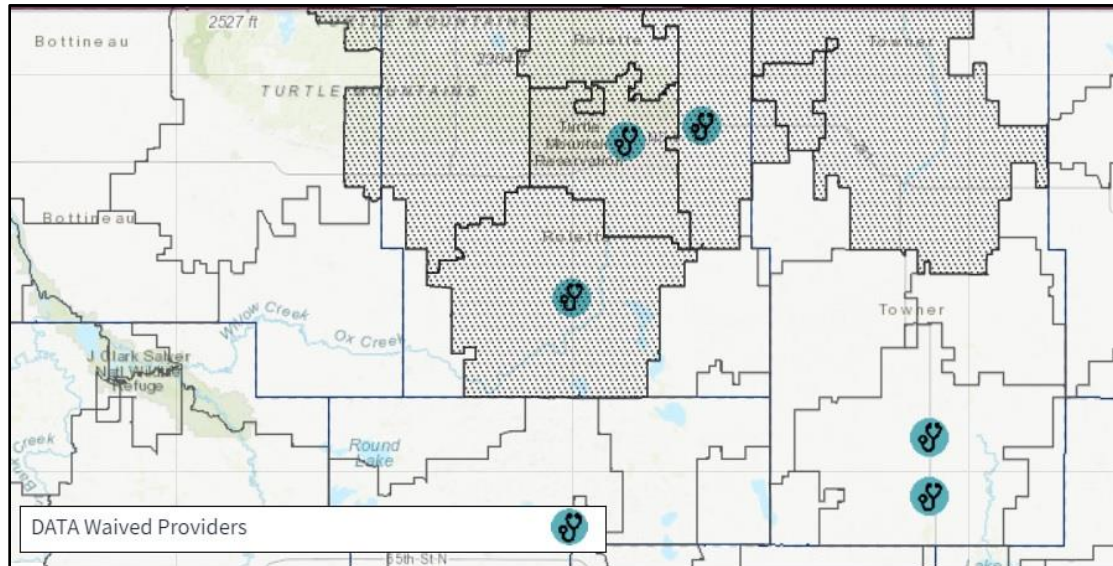
Exhibit 48: Opioid Treatment Programs



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

The exhibit below displays the locations where there are DATA Waived Providers. DATA Waived Providers prescribe or dispense buprenorphine for patients who have opioid use disorder.⁵⁷ There are five DATA Waived Providers in St. Kateri's service area, four of which are nurse practitioners, and one is a medical doctor.

Exhibit 49: DATA Waived Providers



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

The most used substances for high school youth are alcohol and vaping.

Exhibit 50: High School Youth Lifetime Substance Use

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

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

- In North Dakota 56.6% of high school youth have drunk alcohol in their lifetime and 52.8% have vaped in their lifetime.
- Over a quarter of high school youth have smoked cigarettes (29.3%) and marijuana (27.2%) in their lifetime.

⁵⁷ Substance Abuse and Mental Health Services Administration (SAMHSA). Practitioner and Program Data, 2021

- Approximately 3.4% of high school youth have used cocaine, and over 1.0% have used methamphetamine, and heroin in their lifetime.

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

Exhibit 51: Adult Past 30 Days Substance Use

	United States	North Dakota
Binge alcohol use ⁵⁸	26.5%	34.1%
Tobacco	23.7%	28.3%
Marijuana	10.2%	7.9%
Illicit drugs (other than marijuana)	3.4%	3.1%

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

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

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

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

Exhibit 52: The COVID-19 Pandemic⁵⁹

	North Dakota	Bottineau County	Rolette County	Towner County
Total population	760,394	6,418	14,437	2,191
COVID-19 deaths ⁶⁰	1,159	19	21	9
Primary series complete				
6 months and older	50.9%	50.6%	71.6%	53.7%
5 years and older	54.6%	53.7%	77.3%	56.7%
12 years and older	58.6%	57.9%	79.3%	60.6%
18 years and older	60.5%	60.2%	79.4%	62.1%
65 years and older	76.8%	76.7%	87.3%	77.3%
Bivalent booster dose				
5 years and older	14.8%	18.0%	12.1%	17.0%
12 years and older	15.3%	18.4%	13.6%	16.9%
18 years and older	15.8%	19.2%	14.8%	17.1%
65 years and older	30.0%	30.4%	27.4%	28.2%

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

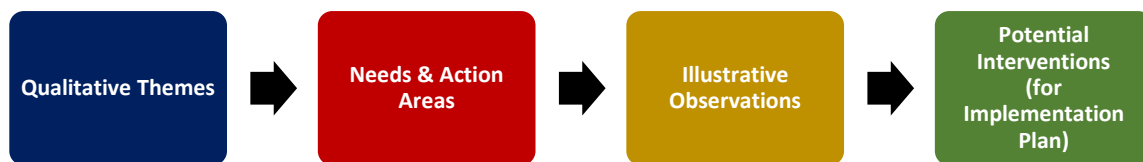
⁵⁹ As of October 27, 2022

⁶⁰ 2020

Qualitative Summary

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

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



One-on-One Interviews

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

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

Focus Group Discussions

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

Insights into the St. Kateri Region

Community stakeholders were asked to share positive traits about their community. Many community members emphasized that Rolette and Towner counties are great places to live. Members from the reservation feel a sense of community within the reservation and with residents who live in the communities outside of the reservation. Residents appreciate the events and recreational activities, caring people, and the tight-knit community feel that the community has to offer.

Sample voices from the community,

- *“It is a very active community. There are a lot of business owners who are active. Business owners are motivated to better the town and give a reason for people to move here.”*
- *“We have that rural old home feeling when a tragedy happens. The community gets together to do what is needed. Being in Rolette County, the hub is an Indian tribe, and even outside of our non-native community we still take care of each other. If a fire happens, all of the fire departments from local areas get here. If there is a car accident, all first responders from different towns get there.”*
- *“There is a lot of promotion for health and wellness with the schools and promoting fun running events. We do community events through the summer like music downtown that gets people together. There are lot of lakes and outdoor kind of things to do.”*
- *“There is a sense of community. Everybody knows everybody.”*
- *“I like that our community is small, and we know everybody. The surrounding communities around the reservation are close with us. With the reservation every kid knows kids from outside school.”*

High-Level Action Areas & Observations

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

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



Childcare



Housing



Inconsistency of Health Care Providers



Mental Health and Substance Use



Transportation

Childcare

In Rolette County, 27.0% of children are living in poverty and 43.0% of children live in single-parent households. In Towner County, 17.0% of children are living in poverty and 11.0% of children live in single-parent households. In Rolette County, families are spending 31.0% of their median household income on childcare and families in Towner County are spending 27.0% of their median household income on childcare.

Access to safe and affordable childcare is an essential building block to the overall quality of life for families as parents and caregivers have more opportunities to pursue a career and higher education that contributes to stability and financial security.⁶¹ Interviewees cite a list of challenges concerning childcare, including a lack of brick-and-mortar childcare facilities and long wait lists to get into them.

Sample voices from the community,

- *"We started our own pre-K instead of relying on a federal head start. Children are very behind with vocabulary. The poverty in this area has created a lot of issues."*
- *"With Native American families, there are a lot of extended families and a lot of grandparents who take care of their grandkids."*

⁶¹ Hamm, Baider, White, et.al. America, It's Time to Talk About Childcare. October 2019.

- *“There are a few day cares and home day cares, but they are limited, and infant spots are hard to get.”*
- *“There are childcare options, but we are lacking in childcare services. It is very tight. We have a city run day care and it continues to restrict the number of kids because of the lack of employees.”*
- *“There are a lot of grandparents taking care of grandchildren. My baby goes to Rolla Community Day Care which is the only one in the area. I was on the waiting list from the day I found out I was pregnant.”*
- *“There are a lot of grandparents taking care of kids. There are great-grandparents that should be taken care of that are taking care of kids.”*
- *“There is very limited childcare and [it is] full. The state overregulated childcare centers and made a bad situation worse, which chased people away from getting into the day care industry.”*

Housing

Across North Dakota, housing prices have increased, causing many households to be severely cost-burdened. Approximately 66.0% of renters who are low income are spending more than half of their income on housing costs.⁶² When asked about their top concerns, interviewees noted safe, quality, affordable housing as a priority community challenge. Community members mentioned that there are people experiencing homelessness but very few community resources to support them.

Sample voices from the community,

- *“At the reservation, more than half of the people registered are homeless, and that has changed the surrounding towns. There are a lot of homeless couch surfing. There is no shelter in winter, which is scary. If homeless people are couch surfing, those families can’t afford to feed another mouth.”*
- *“There are maybe one or two houses on the market and those houses are not affordable if you have a lower income. The affordable section 8 HUD housing is scary because those apartments are not taken care of. They are not somewhere to raise a child. The homes are dangerous, and there is no place for kids to play other than the streets.”*
- *“There was a kid that told me that a lot of times his dad would turn on the oven to heat their trailer because they couldn’t afford propane to properly heat their trailer home.”*
- *“There are a lot of households where there are two to three families staying in a two-bedroom house or apartments.”*

⁶² [National Low Income Housing Coalition. North Dakota, 2022.](#)

- *“Some apartments are expensive for those on a regular income, and they pay around \$700-\$750 a month.”*
- *“There is a lack of housing. There are apartments available for HUD recipients but for somebody that has a job and family, it is difficult to find housing. Some people drive 30-40 miles away to work.”*
- *“At the reservation, they have their own housing, and a lot of that housing isn’t safe. People have complained about mold and drugs. They are complaining about dogs running around.”*

Inconsistent Providers

The North Dakota Federal/State Loan Repayment Program provides up to \$50,000 a year of loan repayment assistance (site provides 1:1 match) to medical professionals who work in rural areas that have a shortage of health professionals. Medical professionals must commit to a two-year commitment in order to receive the funds of the repayment program.⁶³ Throughout stakeholder interviews and the focus group, community members mentioned high provider turnover which many claimed to be due to the repayment program. Many community members are concerned and frustrated with the inconsistency of primary care providers.

Sample voices from the community,

- *“There is a struggle in accessing providers. I go to Rolette hospitals quite frequently because I get infusions. I frequent there quite a bit. Every time they get a good provider they leave, and I don’t know what the reasonings are for that. I have had three providers in the last five years.”*
- *“Doctors are constantly coming and leaving. I left my primary care hospital due to my doctor leaving and moving to another health care facility.”*
- *“Right now, our provider numbers are down in the clinic. It is a challenge in retaining providers. Providers come and maybe are here for a couple years, and they are gone. People have to establish care with another provider frequently.”*
- *“There is a lack of consistent providers and lack of trust from community members. There was a lady that called and said she is tired of inconsistency and tired of not being respected. She said she had a terrible ER experience with her mother. She said she felt degraded in the clinic setting. She wanted to transfer to a facility 45 miles away from here.”*

Mental Health and Substance Use

In Rolette County, 17.0% of residents report frequent mental distress. In Towner County, 13.0% of residents report frequent mental distress. Across the state, 54.5% of residents report having a mental

⁶³ [Rural Health Information Hub. North Dakota Federal State Loan Repayment Program \(SLRP\), 2022.](#)

illness, but do not receive treatment. Almost a quarter of North Dakota residents report an unmet need for treatment (23.3%).

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

Substance use is also an issue of concern for residents in Rolette and Towner counties. There is an increase of crime related to drug use in the community but very limited resources and providers to help residents receive treatment.

Sample voices from the community,

- *"There are no options for mental health. There was one lady in town that I went to and she left behavioral health. Now our options are to go to Fargo for behavioral health, but all mental health providers are full."*
- *"We have a regional service center for mental health, but it is hard to get in. If you don't want to wait on a long waiting list, you have to travel 70 to 100 miles."*
- *"Mental health is huge right now, especially with the effects of COVID. We had a mental health provider, but she left. There is a need for more mental health. We are getting telehealth support and getting that set up in clinics, but we see a lot of mental health come to the ED and we have to send them far away where there are beds."*
- *"Mental health services don't exist. We have one person a couple of days of the week, but we are booked. We are in the process of using telehealth for mental health with providers out of state. For someone with acute psychosis, we have to search around to see if there is a bed available in the state and it might be 120 miles away or 250 miles away."*
- *"Counselors are not formally trained in mental health. The North Dakota State Hospital in Jamestown denies people and won't take inmates."*
- *"Substance use treatment is very limited. We have one provider in the county which serves three counties. If they need inpatient services, we can't find a place to place them."*
- *"Substance use leads to self-inflicted homelessness. We are seeing rises in meth and fentanyl. There is stealing associated with drugs and other crime. There are almost 100 people in the jail because of drugs."*

Specialty Care

Higher chances of hospitalization and mortality are seen in residents who live in rural areas with limited access to specialist providers. Research has shown that patients who see a specialist in addition to their primary care provider are less likely to be hospitalized and die from a preventable disease.⁶⁴

Long wait lists, limited local specialty services, and a shortage of providers were identified as challenges that the community faces when seeking specialty care.

Sample voices from the community,

- *“There are not many options for dentists. I used to go in Rolla to see a dentist and he retired. I haven’t seen that building occupied by a dentist since. Indian Health Service hospital is very limited with dentists. When there are outside dentists that come here, there is a long wait list. Instead of doing tooth care and tooth repair, they are just pulling teeth.”*
- *“It is 120 miles to see a specialist. It is difficult for people to get there, especially for the elderly or low-income population. One of our referral bases is 180 miles away, and they have provided telehealth. Some providers have telehealth, but the services are limited.”*
- *“We have a surgeon that comes once a month who does colonoscopies, local incisions. She doesn’t do anything that requires general anesthesia. We have a podiatrist that comes once a month.”*
- *“The specialists we have are very limited. We have limited nose and throat, eyes, teeth, and oral care. There aren’t too many people that have insurances where they can go out of town.”*
- *“We have hospitals in Rolla and Indian Health Service hospital in the Belcourt reservation. The doctors and nurses are limited. We don’t have specialty doctors. Patients are asked to go out of town to bigger cities to see doctors and they don’t have funding and transportation to get to those doctors.”*

Transportation

Unreliability, scheduling barriers, and timely access to public transportation are also themes that were heard when talking to community members. Public transportation can impact a person’s health and influence health equity. Lack of transportation can cause an individual to miss their health appointments, which can cause poorer health outcomes and added health expenditures. Reliable transportation can improve stability in access to health, nutrition, employment opportunities, and social inclusion.⁶⁵

⁶⁴ Health Affairs. Lack of Access to Specialists Associated with Mortality and Preventable Hospitalizations of Rural Medicine Beneficiaries, 2019 <https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00838>

⁶⁵ Health Affairs. Culture of Health: Public Transportation in the US, 2021 <https://www.healthaffairs.org/doi/10.1377/hpb20210630.810356/full/health-affairs-brief-public-transportation-health-equity-heaps.pdf>

Sample voices from the community,

- *“There is county transit, but it is so unreliable. I was talking to my mother-in-law who had a stroke, and she needed to get to her physical therapy appointment. She tried using medical transport, but they never showed up at her house to take her to her appointment. If my husband or I can't take her to her appointment, then there is no way for her to get to the hospital for physical therapy. There are people that need to get dialysis and they can't get their treatment if the transportation is flawed, and they don't have family or friends that can take them to their appointments.”*
- *“We have the Rolette County transportation system but sometimes people can't pay, or they don't fall under the requirements for Medicaid.”*
- *“Transportation is a huge barrier. A lot of patients make appointments and are a no-show.”*
- *“Rolette County transit is very limited. It is very difficult to schedule a ride and it is not user-friendly. I really do believe the majority of people rely on family or friends.”*
- *“Rolette County transit is never available. They have some out-of-town rides, but you have to call days in advance and most times they don't answer the phone.”*

Potential Interventions

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

Sample voices from the community,

- *“I would focus on affordable housing and cleaning up low-income housing. We need to have a shelter and it needs to be available. It would be a plus if the shelter had behavioral health services and providers available, so people didn't fall through the cracks.”*
- *“The biggest thing is transportation and having drivers for a van so people can get to their appointments.”*
- *“It would be nice to set up just a mental health clinic. It would be huge for our community because it is a need. I would have a cardiology specialist here. We have a hard time finding a cardiologist that will come out this way.”*
- *“We need an increased police force. Maybe have additional resources to pay law enforcement so they stay in their positions. Our county has a lot of activity and turnover because of the troubles that we have. Increased funds to support local law enforcement and increased presence is needed.”*

- *"I wish the tribe would get money and put resources into a 24/7 place for kids that might need to be in foster care and a safe place. They are not in a good home situation."*
- *"I would really like if we had the ability we need to provide a higher level of preventative care and direct medical services. We have to have a facility that people want to come to."*
- *"I would build a YMCA that had activities for kids and adults with an indoor pool, exercise classes, and a game room or party room. The kids have nowhere to go in the winter. A year-round activity place is a need."*

Community Survey

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

The community survey was deployed from July 7, 2022, through October 10, 2022. Of 122 survey responses received, 81 were from Rolette and Towner counties.

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

Exhibit 53: Respondents by County

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

From this point forward, tables feature data from respondents from Rolette and Towner counties. Of respondents, more than half reside in the 58367 zip code.

Exhibit 54: Respondents by Zip Code, Rolette/Towner County

What is your zip code?	n	Percent
58367	43	53.8%
58369	14	17.5%
58316	9	11.2%
58366	6	7.5%
58329	2	2.5%
57367	1	1.2%
58317	1	1.2%
58339	1	1.2%
58365	1	1.2%
59369	1	1.2%
68367	1	1.2%

One in two respondents from Rolette and Towner counties report using St. Kateri, and one in four report using Towner County Medical Center.

Exhibit 55: Use of Health Centers, Rolette/Towner County Respondents

Do you use any of the following health services?	Percent
St. Kateri	51.9%
Towner County Medical Center	23.5%
Northland	14.8%

St. Andrew's	2.5%
Pyramid Health	1.2%
None of the above	25.9%

Health Status

The vast majority of respondents reported “good” or “excellent” health; none reported “poor” health. While most respondents reported being insured, 7.4% reported not having health insurance. The most common source of health insurance was through one’s employer.

Exhibit 56: Self-reported Health, Rolette/Towner County Respondents

In general, how would you rate your health?	Percent
Excellent	21.0%
Good	59.3%
Fair	19.8%

Food insecurity is being experienced by 7.5% of survey respondents in the Rolette/Towner County area.

Exhibit 57: Food Insecurity, Rolette/Towner County Respondents

Have you or your family experienced food insecurity, that is, not knowing where your next meal is coming from or involuntarily eating less than you need on a regular basis for a period of time?	Percent
No	92.5%
Yes	7.5%

The majority of survey respondents have insurance through their employer.

Exhibit 58: Health Insurance Status, Rolette/Towner County Respondents

Do you have health insurance?	Percent
Insurance plan through employer	46.9%
Medicaid	12.3%
Medicare	9.9%
I don't have insurance	7.4%
Insurance plan through spouse's employer	7.4%
Purchased own insurance	6.2%
Another government program	4.9%

Over half of survey respondents are aware of Medicaid Expansion (55.0%).

Exhibit 59: Awareness of Medicaid Expansion, Rolette/Towner County Respondents

Are you aware of Medicaid Expansion?	Percent
Yes	55.0%

No	45.0%
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Routine Care

Four in five respondents reported having a family doctor or source of routine care aside from the emergency room or urgent care. Two of the three “other” responses referenced Indian Health Service.

Exhibit 60: Source of Routine Care, Rolette/Towner County Respondents

Do you have a family doctor or a place where you go for routine care?	Percent
Yes, family doctor, family health center, or clinic	81.2%
No	11.2%
Other (please specify)	5.0%
Yes, emergency room	1.2%
Yes, walk-in urgent care	1.2%

Exhibit 61: Avoidance of Needed Health Care, Rolette/Towner County Respondents

In the past two years, has there been one or more occasions when you needed health care but chose NOT to get it?	Percent
Yes	32.1%
No	67.9%

Exhibit 62: Factors Influencing Avoidance of Needed Health Care, Rolette/Towner County Respondents

What prevented you from accessing health care or mental health services when you needed it? (Only those who reported choosing not to get needed health care)	n
Long wait times to see a provider	42.3%
Lack of money/ability to pay	19.2%
Did not feel comfortable with available providers	19.2%
I don't like the providers	3.8%
Afraid of doctor appointments.	3.8%
Doctor was not working with me to help improve my health, so I switched to St. Kateri.	3.8%
No appointments, long wait time	3.8%
Recovery time too long	3.8%

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

Exhibit 63: Sources of Information about Health Services, Rolette/Towner County Respondents

Where do you find out what health services are available in your area?	Percent
Word of mouth, from others (friends, neighbors, co-workers, etc.)	61.7%
From hospital/clinic health care professionals	46.9%
Newspaper	30.9%
Advertising	29.6%

From public health professionals	27.2%
Web searches	22.2%
Employer/worksites wellness	18.5%
Radio	13.6%
Facebook	1.2%
Growing up in area	1.2%
Local resident	1.2%

Challenges and Concerns

Survey respondents were asked, “What are the major challenges facing your community?” Rolette County and Towner County residents stated the following,

- *“Drug addiction/alcoholism”*
- *“Crime, drug, and alcohol abuse”*
- *“Pervasive methamphetamine abuse by youth and middle age”*
- *“Social services”*
- *“Poor, lack of help for people who really needs it”*
- *“Unemployment inadequate government”*
- *“Health care workers and physicians. Overuse of ER for routine care”*
- *“Vicious, generational cycles of Drug and Alcohol Abuse resulting in widespread poverty, unhealthy living conditions.”*
- *“The cost of living”*
- *“Providers”*
- *“Poverty and everything that extends from that like criminal activity, health issues, etc.”*
- *“Poverty, drugs alcohol addiction, tobacco addiction”*
- *“Transportation and mental health”*
- *“In adequate health care because of inconsistency with Dr.’s and nurse’s staying in the area”*
- *“Reliable affordable transportation for all people to and from all appointments. Local and out of town. Limited specialty providers locally.”*
- *“Good compassion workers”*
- *“Declining work ethic”*

- *“Lack of physical activity options, high food prices, lack of supplemental health care products such as wheelchairs and DME, lack of communication between all health care services and providers in our area.”*
- *“Drug and alcohol addiction, homelessness, criminal acts”*
- *“The overwhelming, destructive prescription drug abuse resulting in food insecurities and misguided children. Also, mentoring the young adults by offering an outlet for them to explore their deep seeded knowledge base and giving them their wings to fly instead of the constant failure they otherwise feel.”*
- *“Lack of permanent upper-level health care providers as well as ancillary staff.”*
- *“Lack of competent physicians would be first. Lack of NPs and PAs. Lack of nursing staff.”*
- *“Lack of dental care, housing, jobs, drugs”*
- *“The lack of appointment times available for urgent care and having to go to the ER for urgent care needs.”*
- *“Addiction issues (drugs, alcohol, gambling, etc.), breakdown of family, historical trauma”*
- *“I feel one of the major challenges facing my community would be poverty, health disease, diabetes and obesity.”*
- *“Not enough primary care providers and providers that stay for more than a short period of time: Sick of having to change my primary provider every other year, so I drive 40 miles now for care.”*
- *“Not all Medicare supplemental insurance carriers are accepted in the area.”*

Respondents ranked several community/environmental concerns in the Rolette County and Towner County area. The top five areas of community/environmental concerns include crime, poverty, affordable housing, child abuse, and attracting and retaining young families. The needs were evaluated on a 5-point scale in which “5” indicated the greatest concern or need. Detailed results are illustrated in the table below.

Exhibit 64: Community/Environmental Concerns, Rolette/Towner County Respondents

<i>Community / Environmental Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
Crime and safety, adequate law enforcement personnel	68.1%	13.0%	13.0%	1.4%	4.3%	-
Poverty	59.4%	14.5%	17.4%	1.4%	5.8%	1.4%
Not enough affordable housing	52.2%	18.8%	15.9%	4.3%	7.2%	1.4%
Child abuse (violence against children)	49.3%	26.1%	7.2%	4.3%	8.7%	4.3%
Attracting and retaining young families	44.9%	23.2%	18.8%	1.4%	5.8%	5.8%
Fear of crime against me or my property	43.5%	18.8%	26.1%	2.9%	7.2%	1.4%
Not enough places for exercise and wellness activities	42.0%	11.6%	30.4%	7.2%	8.7%	-
Work opportunities	40.6%	15.9%	26.1%	7.2%	10.1%	-
Having enough child daycare services	36.2%	26.1%	20.3%	4.3%	13.0%	-
Not enough public transportation options	36.2%	17.4%	26.1%	10.1%	10.1%	-
Physical violence, domestic violence	36.2%	30.4%	15.9%	2.9%	11.6%	2.9%
Sexual abuse/assault	36.2%	30.4%	11.6%	4.3%	11.6%	5.8%
Traffic safety (speeding, road safety, drunk/distracted driving)	34.8%	29.0%	24.6%	4.3%	5.8%	1.4%
Racism, prejudice, hate, discrimination	33.3%	20.3%	23.2%	7.2%	15.9%	-
Litter (amount of litter, adequate garbage collection)	30.4%	21.7%	18.8%	8.7%	20.3%	-
Changes in population size (increasing or decreasing)	23.2%	21.7%	40.6%	-	8.7%	5.8%
Dating violence	21.7%	20.3%	26.1%	7.2%	14.5%	10.1%
Cost of public transportation	20.3%	2.9%	37.7%	10.1%	26.1%	2.9%
Stalking	20.3%	13.0%	30.4%	11.6%	15.9%	8.7%
Having enough quality school resources	18.8%	23.2%	33.3%	1.4%	23.2%	-
Active faith community	17.4%	7.2%	42.0%	4.3%	23.2%	5.8%
Education opportunities	17.4%	18.8%	34.8%	7.2%	20.3%	1.4%
Seatbelt use	13.0%	11.6%	44.9%	4.3%	26.1%	-
Air quality	11.6%	4.3%	23.2%	13.0%	47.8%	-

Respondents ranked several health services concerns in the Rolette/Towner County area. The top five areas of health services concerns include retainment and availability of doctors and nurses, substance abuse/treatment services, and mental health services.

Exhibit 65: Health Services Concerns, Rolette/Towner County Respondents

<i>Health Services Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
Ability to retain doctors and nurses in the area	72.7%	18.2%	7.6%	-	-	1.5%
Availability of doctors and nurses	63.6%	24.2%	9.1%	3.0%	-	-
Availability of substance abuse/treatment services	62.1%	19.7%	10.6%	1.5%	3.0%	3.0%
Not enough health care staff in general	59.1%	28.8%	7.6%	1.5%	1.5%	1.5%
Availability of mental health services	59.1%	22.7%	9.1%	1.5%	3.0%	4.5%
Availability of vision care	59.1%	15.2%	15.2%	4.5%	6.1%	-
Availability of specialists	58.5%	29.2%	12.3%	-	-	-
Cost of health insurance	57.6%	22.7%	9.1%	-	7.6%	3.0%
Cost of health care services	54.7%	23.4%	9.4%	1.6%	7.8%	3.1%
Adequacy of health insurance (concerns about out-of-pocket costs)	54.5%	16.7%	18.2%	-	6.1%	4.5%
Ability to get appointments for health services	47.0%	16.7%	27.3%	4.5%	3.0%	1.5%
Quality of care	47.0%	16.7%	21.2%	4.5%	7.6%	3.0%
Extra hours for appointments, such as evenings and weekends	39.4%	22.7%	25.8%	3.0%	6.1%	3.0%
Availability of dental care	36.4%	18.2%	21.2%	9.1%	15.2%	-
Availability of women's health services/prenatal care	36.4%	28.8%	16.7%	6.1%	6.1%	6.1%
Adequacy of Indian Health Service or Tribal Health services	35.4%	9.2%	20.0%	3.1%	13.8%	18.5%
Cost of prescription drugs	35.4%	20.0%	21.5%	6.2%	12.3%	4.6%
Availability of public health professionals	30.3%	28.8%	19.7%	9.1%	9.1%	3.0%
Availability of wellness and disease prevention services	30.3%	30.3%	28.8%	4.5%	3.0%	3.0%
Patient confidentiality	28.8%	16.7%	18.2%	6.1%	25.8%	4.5%
Emergency services (ambulance & 911) available 24/7	28.8%	18.2%	22.7%	9.1%	15.2%	6.1%
Health care services for people experiencing homelessness	28.8%	18.2%	24.2%	4.5%	13.6%	10.6%
Transportation services for people needing to go to doctor's appointments or the hospital	27.7%	24.6%	21.5%	3.1%	12.3%	10.8%
Services to help people learn about, and enroll in, programs that provide	27.3%	21.2%	28.8%	1.5%	12.1%	9.1%

<i>Health Services Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
financial support for people needing health care						
Sharing of information between health care providers for coordination of care	24.2%	27.3%	27.3%	1.5%	10.6%	9.1%
Providers using electronic health records	12.1%	21.2%	30.3%	3.0%	25.8%	7.6%
Understanding where and how to get health insurance	12.1%	19.7%	28.8%	3.0%	31.8%	4.5%

Respondents ranked several concerns for adults in the Rolette County and Towner County area. The top five areas of concern include drug use and abuse, obesity/overweight, counseling for mental health, alcohol use and abuse, and depression for adults.

Exhibit 66: Adult Physical Health, Mental Health, and Substance Abuse Concerns, Rolette/Towner County Respondents

<i>Physical Health, Mental Health, and Substance Abuse ADULT Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
Drug use and abuse (including prescription drug abuse, marijuana, and opioids)	70.3%	17.2%	7.8%	1.6%	1.6%	1.6%
Obesity/overweight	67.2%	21.9%	9.4%	1.6%	-	-
Counseling services for mental health issues such as depression, anxiety, and others for adults	65.6%	18.8%	4.7%	1.6%	6.2%	3.1%
Alcohol use and abuse (including binge drinking)	65.1%	15.9%	12.7%	4.8%	-	1.6%
Depression	64.1%	25.0%	1.6%	1.6%	6.2%	1.6%
Programs to help to recover drug and other substance use disorder patients stay healthy	62.5%	17.2%	15.6%	3.1%	1.6%	-
Diabetes	59.4%	29.7%	9.4%	-	1.6%	-
Stress	54.0%	25.4%	12.7%	3.2%	4.8%	-
Heart disease	51.6%	32.8%	10.9%	-	1.6%	3.1%
Suicide	51.6%	28.1%	12.5%	-	6.2%	1.6%
Drug and other substance abuse education and prevention	50.0%	26.6%	18.8%	3.1%	1.6%	-
Cancer	48.4%	29.7%	14.1%	3.1%	3.1%	1.6%
Not getting enough exercise	45.3%	26.6%	23.4%	4.7%	-	-
Lung disease (emphysema, COPD, asthma, etc.)	43.8%	29.7%	18.8%	4.7%	1.6%	1.6%

<i>Physical Health, Mental Health, and Substance Abuse ADULT Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
Poor nutrition, poor eating habits	42.2%	31.2%	20.3%	3.1%	1.6%	1.6%
Smoking and tobacco use	40.6%	26.6%	21.9%	3.1%	4.7%	3.1%
Use of alternate tobacco products (e-cigarettes, vaping, hookah, Juul)	40.6%	21.9%	25.0%	4.7%	4.7%	3.1%
Support services for adults with developmental disabilities	37.5%	25.0%	21.9%	4.7%	3.1%	7.8%
Exposure to secondhand smoke	35.9%	28.1%	20.3%	4.7%	7.8%	3.1%
Diseases that can be spread, such as sexually transmitted diseases	34.4%	21.9%	25.0%	6.2%	4.7%	7.8%
Dementia/Alzheimer's disease	31.2%	39.1%	25.0%	4.7%	-	-
Wellness and disease prevention, including vaccine-preventable diseases	31.2%	21.9%	25.0%	10.9%	6.2%	4.7%
Diseases that can be spread, such as sexually transmitted diseases	19.2%	26.9%	34.6%	7.7%	7.7%	3.8%

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

Exhibit 67: Youth Physical Health, Mental Health, and Substance Abuse Concerns, Rolette/Towner County Respondents

<i>Physical Health, Mental Health, and Substance Abuse YOUTH Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
Use of illegal drugs (methamphetamines, heroin, cocaine)	76.2%	9.5%	9.5%	-	1.6%	3.2%
Youth mental health	71.9%	17.2%	7.8%	1.6%	1.6%	-
Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	70.3%	15.6%	9.4%	1.6%	3.1%	-
School-based mental health support for children	64.1%	25.0%	4.7%	1.6%	4.7%	-
Youth drug use and abuse (including prescription drug abuse and marijuana)	62.5%	20.3%	10.9%	3.1%	1.6%	1.6%
Youth suicide	60.9%	20.3%	14.1%	-	1.6%	3.1%
Not enough youth activities	57.8%	17.2%	14.1%	1.6%	9.4%	-
Youth obesity	57.8%	21.9%	14.1%	3.1%	3.1%	-
Youth use of alternate tobacco products (e-cigarettes, vaping, hookah, Juul)	57.8%	21.9%	14.1%	-	3.1%	3.1%

<i>Physical Health, Mental Health, and Substance Abuse YOUTH Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
Youth crime	52.4%	25.4%	14.3%	3.2%	4.8%	-
Youth tobacco use	48.4%	32.8%	14.1%	-	3.1%	1.6%
Youth hunger and poor nutrition	46.9%	23.4%	17.2%	4.7%	4.7%	3.1%
Youth sexual health (including sexually transmitted infections)	46.9%	18.8%	23.4%	-	3.1%	7.8%
Youth use of smokeless tobacco products (chewing tobacco)	45.3%	21.9%	21.9%	1.6%	4.7%	4.7%
Youth exposure to secondhand smoke	42.2%	23.4%	25.0%	3.1%	4.7%	1.6%
Teen pregnancy	42.2%	25.0%	26.6%	1.6%	3.1%	1.6%
Youth graduating from school	42.2%	17.2%	23.4%	7.8%	3.1%	6.2%
Services or education to help reduce teen pregnancy	39.1%	21.9%	28.1%	1.6%	4.7%	4.7%
Support services for children with developmental disabilities	37.5%	21.9%	28.1%	3.1%	3.1%	6.2%

When asked about services needed for the aging population, 61.3% of survey respondents ranked being able to meet the needs of the older population as the highest concern.

Exhibit 68: Aging Population Concerns, Rolette/Towner County Respondents

<i>Aging population Issues</i>	5. More of a concern	4	3. Neutral	2	1. Less of a concern	I don't know
Being able to meet the needs of the older population	61.3%	21.0%	12.9%	-	1.6%	3.2%
Long-term/nursing home care options	59.7%	19.4%	14.5%	1.6%	1.6%	3.2%
Availability of activities for seniors	59.7%	21.0%	8.1%	3.2%	3.2%	4.8%
Availability of resources to help the elderly stay in their homes (home health, senior meals, etc.)	58.1%	21.0%	11.3%	3.2%	1.6%	4.8%
Availability of resources for family and friends caring for elders	53.2%	24.2%	14.5%	1.6%	1.6%	4.8%
Assisted living options	51.6%	16.1%	16.1%	9.7%	3.2%	3.2%
Cost of activities for seniors	40.3%	21.0%	27.4%	4.8%	1.6%	4.8%

Distance to Care

Two in five respondents reported being less than 10 minutes from the hospital they usually go to, and nearly one in three reported being less than 10 minutes from the clinic they go to.

Exhibit 69: Time to Reach Clinic or Hospital, Rolette/Towner County Respondents

How long does it take you to reach the <i>clinic</i> you usually go to?	Clinic	Hospital
Less than 10 minutes	31.0%	41.4%
11 to 30 minutes	36.2%	29.3%
31 to 60 minutes	27.6%	22.4%
Over 1 hour	5.2%	6.9%

A large percentage of survey respondents cited convenience, nearby location, and familiarity with providers as to why they seek health care close to home.

Exhibit 70: Reasons for Seeking Health Care Close to Home, Rolette/Towner County Respondents

Please tell us why you seek health care services <i>close to home</i> .	Percent
Convenience	46.9%
Location is nearby	42.0%
Familiar with providers	34.6%
Loyalty to local care providers	17.3%

Please tell us why you seek health care services <i>close to home</i> .	Percent
High quality of care	13.6%
Less costly	12.3%
They take my insurance	11.1%
Confidentiality	7.4%
Access to specialist	4.9%
Open at convenient times	4.9%
They take new patients	1.2%
Other: <i>"I don't"</i>	1.2%
Other: <i>"I don't. I go to Devils Lake"</i>	1.2%
Other: <i>"I don't"</i>	1.2%
Other: <i>"Life-long history at IHS"</i>	1.2%

Approximately 80% of survey respondents for out of the area to access health care due to having access to specialists.

Exhibit 71: Reasons for Going Out of the Area for Health Care, Rolette/Towner County Respondents

Please tell us why you go <i>out of the area</i> for health care needs.	Percent
Access to specialist	42.0%
High quality of care	34.6%
Referral	27.2%
Confidentiality	14.8%
Familiar with providers	11.1%
Eligible for contract health services under Indian Health Service	11.1%
They take my insurance	9.9%
Open at convenient times	8.6%
They take new patients	6.2%
Loyalty to local service providers	4.9%
Less costly	3.7%
Convenience	2.5%
Transportation is readily available	1.2%
Other: <i>"Consistent providers"</i>	1.2%
Other: <i>"Consistent staffing and easy to get appointments"</i>	1.2%
Other: <i>"Constant provider turnover locally"</i>	1.2%
Other: <i>"I see the same provider each time"</i>	1.2%
Other: <i>"Just if referred"</i>	1.2%
Other: <i>"Not enough options for providers locally"</i>	1.2%
Other: <i>"Pediatrician services"</i>	1.2%
Other: <i>"They have a very friendly staff and have very flexible appointment times"</i>	1.2%
Proximity	1.2%

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

- *“More comprehensive behavioral health clinics with more clinical psychologists, psychiatry, and less dependence on psychiatric nurse practitioners to diagnose complex and manipulative patients. Behavioral health clinics should be mandated to have social worker/clinical psychology/prescriber conferences and care coordination conferences and have all these services available in the same clinic either in person or by Zoom to see patients and to coordinate care.”*
- *“Cardiac treatments”*
- *“Mental health, diabetes educators, more dental programs, more teen counseling services”*
- *“More types of mental health services”*
- *“Stress tests for heart concerns. Oncology”*
- *“We desperately need a pediatrician that specializes in dental and vision. Then again, we need an eye doctor in general. A place to exercise at different hours to accommodate the wide range of shifts. Exercising is a stress releaser, and I think this would be a great addition. In the long run it will help with weight, heart-related issues, and mental health as well. This place could also have a senior portion that would suit their needs.”*
- *“Mental health for all ages. Specialty services such as oncology, cardiology, nephrology, etc. Drug and alcohol treatment facilities for all persons both inpatient and outpatient.”*
- *“Obesity counseling”*
- *Weight loss specialist, all forms of behavioral health, cancer care, labor and delivery services*
- *“Cardiology, pulmonologist, endocrinologist – especially diabetes.”*
- *“Just keep the same providers for more than 2 months”*
- *“Urgent care”*
- *“Dental and optometry”*
- *“Eye doctor, more basic care. Always hard to get into the clinic for an appointment right away.”*
- *“Mental health. Family medicine.”*
- *“Better care in general.”*
- *“Cancer treatment facility.”*
- *“Hospice; chemotherapy; optometrist; orthodontist; obstetrics; on-site MRI; reference lab and X-ray orders from ALL North Dakota providers.”*
- *“Mental health that's not religious, is open more to anyone and everyone.”*

- *“More primary care providers in Rolla and Rolette County. It is so frustrating to establish care with someone and then they leave so fast, then it is starting all over again and telling someone else your whole life. Especially in Rolla, if you need to get in to see a primary care provider it can take a few days or a week.”*

SMP Health

Three in four respondents reported that they or a family member had interacted with SMP Health in the past three years. Among them, only one in three reported that the care they received at SMP Health was “very good” or “excellent,” and fewer than half reported that they were treated with compassion and respect by SMP staff.

Exhibit 72: Interactions with SMP Health, Rolette/Towner County Respondents

In the past three years have you or a family member had any interaction with SMP Health (formerly Presentation Medical Center)	Percent
No	26.3%
Yes	73.7%

Exhibit 73: Perceptions of SMP Health, Rolette/Towner County Respondents

Please rate your perception and quality of the care you received at SMP Health (formerly Presentation Medical Center)	Very Good or Excellent
The care that I received at SMP Health was...	35.7%
I was treated with compassion and respect by SMP staff.	45.2%

Demographics

Community survey respondents from Rolette and Towner counties are mostly female, and while more than half identify as White or Caucasian, more than one in three are Native American or Alaska Native.

Exhibit 74: Gender, Rolette/Towner County Respondents

What is your gender?	Percent
Female	76.4%
Male	21.8%
Other	1.8%

Exhibit 75: Race/Ethnicity, Rolette/Towner County Respondents

What is your race/ethnicity?	Percent
White or Caucasian	57.9%
Native American or Alaska Native	36.8%
Asian	1.8%
Another race/ethnicity	1.8%

Exhibit 76: Educational Attainment, Rolette/Towner County Respondents

What is the highest level of education completed?	Percent
High school diploma	5.3%
Some college, no degree	12.3%
Associate degree	28.1%
Bachelor's degree	40.4%
Graduate or professional degree	14.0%
High school diploma	5.3%

Exhibit 77: Annual Household Income, Rolette/Towner County Respondents

Which of the following ranges best describes your total annual household income in the past year?	Percent
Under \$15,000	6.4%
\$15,000-\$24,000	4.3%
\$25,000 - \$34,999	2.1%
\$35,000 – \$44,999	4.3%
\$45,000 - \$54,999	8.5%
\$55,000 - \$64,999	4.3%
\$65,000 - \$74,999	14.9%

Exhibit 78: Age, Rolette/Towner County Respondents

What is your age?	Percent
18-24 years old	10.9%
25-34 years old	16.4%
35-44 years old	18.2%
45-54 years old	18.2%
55-64 years old	23.6%
65-74 years old	10.9%
More than 75 years old	1.8%
18-24 years old	10.9%

Exhibit 79: Single-Parent Households, Rolette/Towner County Respondents

Do you live in a single-parent household?	Percent
No	89.5%
Yes	10.5%

Exhibit 80: Multi-Generational Households, Rolette/Towner County Respondents

Do you live in a multi-generation household or in a home with three or more generations living together (such as grandparents, kids, and grandkids)?	Percent
No	89.5%
Yes	10.5%

Access Audit

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

Calls were made at different times throughout the day in mid-October 2022. A total of 12 calls were attempted across the service area, 11 of which resulted in the caller being connected to a staff person.

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

Ability of the site or facility to accept new patients

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

How staff ask questions to define prospective patients needs

Ease of speaking with a person

Ability of the site or facility to accept new patients

Of the health care sites, all are accepting new patients, although in a few instances, not all providers were accepting new patients. Wait times for an appointment ranged depending on the facility type and/or services offered. Health department sites for routine vaccinations for instance, were available within hours, while primary care appointments were commonly available within four weeks to three months, with availability often varying by provider within a practice or medical group. New patients can

be seen by physician assistants and nurse practitioners faster than doctors. Wait times to see a specialist in the county had longer wait times due to the rotation of visiting specialists in Rolette County. Staff commonly inquired about specific services being sought in order to provide a specific estimate of provider and/or appointment availability.

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

The vast majority of sites contacted had staff members who were friendly and informative, often anticipating patient questions and providing specific information without it being explicitly requested by the caller. The staff members asked questions to assess the appropriate level of care needed and were willing to explain the process of becoming a new patient to the caller. Staff told the caller the names of providers and asked if they had a preference of seeing a doctor or physician assistant. Staff asked the caller if she had transportation and when the caller said yes, the staff encouraged the caller to contact SMP Health St. Andrew's to see if the caller could get see a provider faster in Bottineau County.

How staff asks questions to define prospective patient's needs

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

Ease of speaking with a person

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

Needs Prioritization Process

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

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

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

Rank	Need
1	Improve drug and other substance abuse early intervention and prevention services
2	Increase access to affordable quality childcare
3	Increase access to specialty health care providers in the community (e.g., neurologists, endocrinologists)
4	Develop crisis or emergency care programs for mental health
5	Increase the number of prescribing mental health providers (e.g., psychiatrists)
6	Increase the number of mental health providers for adults
7	Increase case management services for people with complex chronic health conditions
8	Increase drug and other substance abuse treatment services
9	Improve general public transportation
10	Increase the number of primary care services (such as a family doctor or other provider of routine care)
11	Increase the number of mental health providers for children and youth
12	Improve transportation services for people needing to go to doctor's appointments or the hospital
13	More intentionally engage the Native American community in health and wellness initiatives
14	Improve care coordination between the hospital and other clinics, private doctors, or other health service providers
15	Enhance community programs to break out of the cycle of poverty (e.g., early childhood education, primary and secondary education, job training)

Final List of Prioritized Needs and Implementation Plan Insight

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

Rank	Need	Mission/Vision	Degree of Control	Timeline
1	Improve drug and other substance abuse early intervention and prevention services	Yes	Support/Advocate	3+ years
2	Increase access to affordable quality childcare	No	Partner/Collaborate	2-3 years
3	Increase access to specialty health care providers in the community (e.g., neurologists, endocrinologists)	Yes	Partner/Collaborate	2-3 years
4	Develop crisis or emergency care programs for mental health	Yes	Support/Advocate	3+ years
5	Increase the number of prescribing mental health providers (e.g., psychiatrists)	Yes	Partner/Collaborate	2-3 years
6	Increase the number of mental health providers for adults	Yes	Partner/Collaborate	2-3 years
7	Increase case management services for people with complex chronic health conditions	Yes	Lead	Within year 1
8	Increase drug and other substance abuse treatment services	Yes	Support/Advocate	2-3+ years
9	Improve general public transportation	No	N/A	N/A
10	Increase the number of primary care services (such as a family doctor or other provider of routine care)	Yes	Lead	Within year 1
11	Increase the number of mental health providers for children and youth	Yes	Partner/Collaborate	3+ years
12	Improve transportation services for people needing to go to doctor's appointments or the hospital	Yes	Partner/Collaborate	2-3 years
13	More intentionally engage the Native American community in health and wellness initiatives	Yes	Lead	2-3 years
14	Improve care coordination between the hospital and other clinics, private doctors, or other health service providers	Yes	Partner/Collaborate	2-3 years

Rank	Need	Mission/Vision	Degree of Control	Timeline
15	Enhance community programs to break out of the cycle of poverty (e.g., early childhood education, primary and secondary education, job training)	Yes	Lead/Partner/Collaborate	2-3+ years

Appendices

Appendix A: Progress Since the Prior CHNA

Appendix B: Community Health-Related Services

Appendix C: Stakeholder and Focus Group Interview Guide

Appendix D: Community Survey

Appendix E: Needs Prioritization Presentation

Appendix A: Progress Since the Prior CHNA

Community Health Strategic Implementation Plan

Covered Facilities: SMP Health - St. Kateri and Rolette County Public Health

Community Health Needs Assessment: A Community Health Needs Assessment ("CHNA") was performed in Summer of 2019 in collaboration with Rolette County Public Health to determine the most pressing health needs of Rolette County area.

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

1. Ability to retain primary care providers (MD, DO, NP, PA) –

Specific Needs Identified in CHNA:

- Ensure SMP Health - St. Kateri has a stable roster of primary care providers.
- Key Objectives:
 - Recruit primary care providers to meet the needs of the Rolette County community
 - Increase the retention rate of primary care providers to improve the continuity of care in the Rolette County community.
- Implementation Strategies:
 - Expand SMP Health - St. Kateri's roster of primary care providers in Presentation Clinic.

Goals:

1. Expand the SMP Health - St. Kateri's clinic footprint to allow for more primary care provider capacity.
 2. Obtain a total of 5 full-time primary care providers working in SMP Health - St. Kateri's clinic (SMP Health - St. Kateri currently employs 3 primary care providers in its clinic and has 1 NP committed to employment following her graduation).
- Maximize HRSA student loan repayment opportunities and 3RNet to recruit new primary care providers to Rolette County.

Goals:

1. Employ a 5th primary care provider after the ST. KATERI's clinic footprint has expanded.

12/1/2020

ST. KATERI currently has 5 primary care providers in its rural health clinic (1 MD, 3 NPs, and 1 PA).

12/1/2021

ST. KATERI has provided a stipend to a Family Practice Physician to practice at St. Kateri following his residency in 2023. This recruitment was driven by impending retirements.

- Utilize the Medical Provider Recruitment/Retention Plan, developed in 2018, to recruit and retain primary care providers.

Goals:

1. Increase the long-term retention (greater than 3 years) rate for primary care providers employed by SMP Health - St. Kateri (ST. KATERI's current long-term retention rate is 0).

12/1/2020

ST. KATERI's long-term retention rate remains at 0. However, ST. KATERI has engaged 2 NPs for scholarships to extend their commitment to ST. KATERI.

12/1/2021

The 2 NPs discussed above have completed their schooling and have extend their contracts with ST. KATERI.

2. Youth drug use and abuse (including prescription drugs)

Specific Needs Identified in CHNA:

- Both youth and adult drug use and abuse were specific areas of concern noted in the 2019 Rolette County CHNA.
- Key Objectives:
 - Obtain meaningful data regarding drug use and abuse
 - Increase the number of patients in SMP Health - St. Kateri's Medication Assisted Treatment program
- Implementation Strategies:
 - Gather key players (e.g., local governmental agencies, local health agencies) to share useful data.

The goals:

1. Obtain "buy in" from local agencies
2. Develop a dashboard to be shared between all local agencies

12/1/2020

This effort between local agencies has been hampered due to the COVID-19 Pandemic.

12/1/2021

COVID-19 Continues to hamper our efforts in this regard.

- Expand SMP Health - St. Kateri's *Medication Assisted Treatment* program.

The goals:

1. Increase the number of MAT patients in ST. KATERI's MAT program
2. Increase the number of providers able to participate in the MAT program

12/1/2020

ST. KATERI has expanded the number of MAT patients. ST. KATERI has also been hosting Narcotics Anonymous, when appropriate as COVID-19 allows. ST. KATERI has also partnered with the TMBCI to promote diversity in recovery, spearheaded by Maryn Young, FNP-BC

12/1/2022

Maryn Young has obtained her mental health certification to help care for this population at a higher level. The MAT program continues.

Other Needs Identified in the CHNA but Not Addressed in this Plan – Each of the health needs listed below is important and is being addressed by numerous programs and initiatives operated by SMP Health - St. Kateri, and/or other community partners of SMP Health - St. Kateri. However, SMP Health - St. Kateri will not address the following health needs identified in the CHNA as part of this Implementation Plan due to limited resources and the need to allocate significant resources to the two priority health needs identified above.

- **Adult Obesity**

Appendix B: Community Health-Related Services

SMP Health St. Kateri collaborates with the following community health services

Derrick Dixon Fitness Center (Belcourt) Meals on Wheels

Dunseith Nursing Homes

Home Health

TMBCI Tribal Health

Rolette Care Center

Rolette County Public Health

Appendix C: Stakeholder and Focus Group Interview Guide

Introduction

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

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

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

Do you have any questions for me before we start?

ICER-BREAKER / SELF-INTRODUCTION QUESTION

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

ACCESS AND AVAILABILITY OF SERVICES

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

AFFORDABILITY OF HEALTH CARE AND BASIC NEEDS

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

HEALTH EQUITY

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

SOCIAL DETERMINANTS OF HEALTH

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

If transportation has not come up yet.

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

VULNERABLE POPULATIONS

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

IMPACT OF COVID-19

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

ENHANCING OUTREACH AND DISSEMINATING INFORMATION

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

MAGIC WAND

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

Appendix D: Community Survey

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

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

1. What county do you live in?

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

2. What is your zip code?

Access to Health Care

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

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

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

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

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

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

6. Do you have health insurance?

- ☐ Insurance plan through employer
- ☐ Insurance plan through spouse's employer

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

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

Community Health Needs

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

12. What are the major challenges facing your community?

13. Regarding community/environmental concerns in your community, in the following categories please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern

	1 (less of a concern)	2	3 (neutral)	4	5 (more of a concern)	I don't know
Active faith community						
Attracting and retaining young families						
Not enough affordable housing						
Poverty						
Work opportunities						
Education opportunities						
Changes in population size (increasing or decreasing)						
Crime and safety, adequate law enforcement personnel						
Fear of crime against me or my property						
Air quality						

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

14. Regarding health services in your community, in the following categories please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern

	1 (less of a concern)	2	3 (neutral)	4	5 (more of a concern)	I don't know
Ability to get appointments for health services						
Extra hours for appointments, such as evenings and weekends						
Availability of doctors and nurses						
Availability of public health professionals						

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

Understanding where and how to get health insurance						
Cost of prescription drugs						
Services to help people learn about, and enroll in, programs that provide financial support for people needing health care						
Health care services for people experiencing homelessness						
Transportation services for people needing to go to doctor's appointments or the hospital						

15. Regarding physical health, mental health, and substance abuse for ADULTS in your community, in the following categories please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern

	1 (less of a concern)	2	3 (neutral)	4	5 (more of a concern)	I don't know
Cancer						
Diabetes						
Heart disease						
Obesity/overweight						
Lung disease (emphysema, COPD, asthma, etc.)						
Dementia/Alzheimer's disease						
Depression						
Stress						
Suicide						
Counseling services for mental health issues such as depression, anxiety, and others for adults						
Support services for adults with						

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

16. Regarding physical health, mental health, and substance abuse for YOUTH and CHILDREN in your community, in the following categories please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern

	1 (less of a concern)	2	3 (neutral)	4	5 (more of a concern)	I don't know
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Not enough youth activities						
Youth obesity						
Youth hunger and poor nutrition						
Youth drug use and abuse (including prescription drug abuse and marijuana)						
Use of illegal drugs (methamphetamines, heroin, cocaine)						
Youth tobacco use						
Youth exposure to secondhand smoke						
Youth use of alternate tobacco products (e-cigarettes, vaping, hookah, Juul)						
Youth use of smokeless tobacco products (chewing tobacco)						
Youth mental health						
Youth suicide						
School-based mental health support for children						
Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children						
Teen pregnancy						
Services or education to help reduce teen pregnancy						
Youth sexual health (including sexually transmitted infections)						
Youth crime						
Youth graduating from school						
Support services for children with developmental disabilities						

17. Regarding the aging population in your community, in the following categories please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern

	1 (less of a concern)	2	3 (neutral)	4	5 (more of a concern)	I don't know
Being able to meet needs of the older population						
Long-term/nursing home care options						
Assisted living options						
Availability of resources to help the elderly stay in their homes (home health, senior meals, etc.)						
Availability/cost of activities for seniors						
Availability of resources for family and friends caring for elders						

Delivery of Health Care

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

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

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

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

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

- ☐ Access to specialist
- ☐ Confidentiality
- ☐ Convenience
- ☐ Disability access
- ☐ Eligible care from Indian Health Service

- ☐ Familiar with providers
- ☐ High quality of care
- ☐ Less costly
- ☐ Location is nearby
- ☐ Loyalty to local care providers
- ☐ Open at convenient times
- ☐ They take insurance
- ☐ They take new patients
- ☐ Transportation is readily available
- ☐ Other (please specify)

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

- ☐ Access to specialist
- ☐ Confidentiality
- ☐ Convenience
- ☐ Disability access
- ☐ Familiar with providers
- ☐ High quality of care
- ☐ Less costly
- ☐ Eligible for contract health services under Indian Health Service
- ☐ Eligible for care from Indian Health Service
- ☐ Loyalty to local service providers
- ☐ Not eligible for care from Indian Health Service
- ☐ Open at convenient times
- ☐ Proximity
- ☐ Referral
- ☐ They take my insurance
- ☐ They take new patients
- ☐ Transportation is readily available
- ☐ Other (please specify)

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

SMP Health

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

- ☐ Yes
- ☐ No

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

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

A little bit about you

25. What is your gender?

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

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

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

27. What is your highest level of education completed?

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

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

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

29. What is your age?

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

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

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

Appendix D: Needs Prioritization List of Needs

SMP Health Needs- Needs Prioritization Survey

Please select the hospital you are associated with

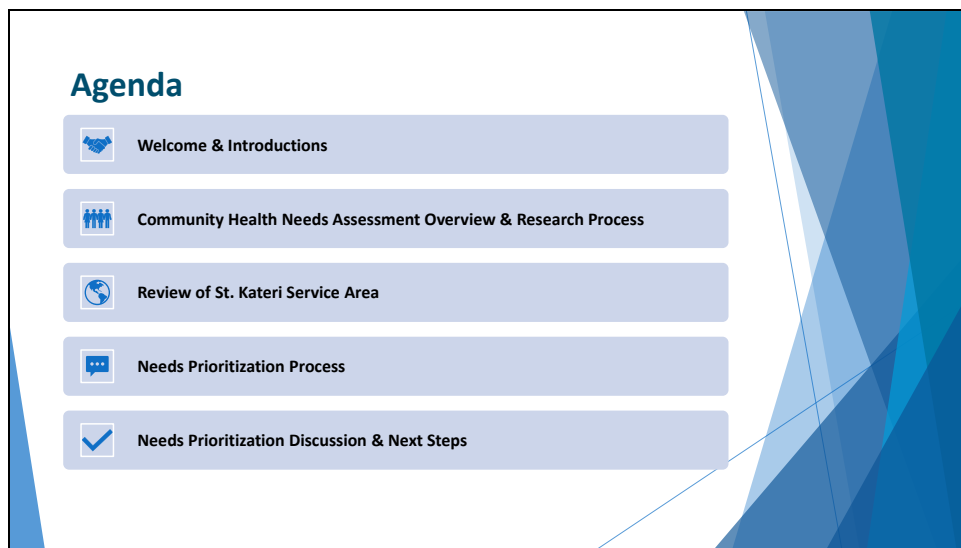
- ☐ St. Andrew's
- ☐ St. Kateri

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

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

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

Appendix E: Needs Prioritization Presentation

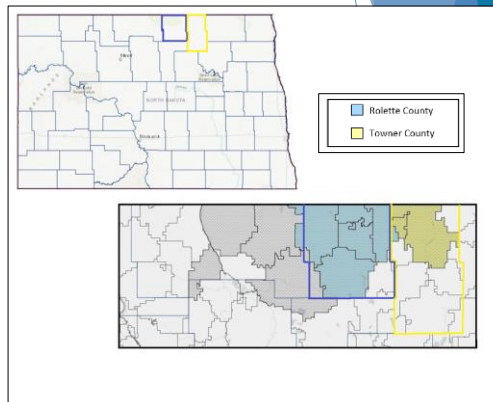


CHNA Overview & Research Process



Service Area

- ▶ SMP Health St. Kateri's primary service area is defined by seven zip codes in Rolette County and Towner County.
- ▶ Rolette County: 58316, 58329, 58366, 58367, and 58369
- ▶ Towner County: 58339 and 58365

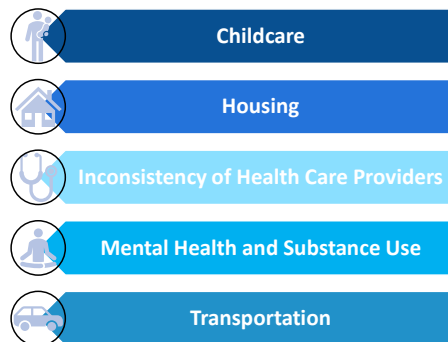


Social Vulnerability Index

	United States	North Dakota	St. Kateri	
			Rolette County	Towner County
Total population	326,569,308	760,394	14,350	1,733
Below poverty	12.8%	10.5%	27.1%	19.3%
Unemployed	3.4%	2.1%	4.0%	4.4%
Median income	\$64,994	\$65,315	\$47,217	\$55,193
Age 65+	16.0%	15.3%	12.7%	14.9%
Under 18 years	22.4%	23.4%	34.8%	41.2%
Population living with a disability	12.7%	10.9%	16.6%	14.9%
Ethnic/racial minority	39.9%	16.3%	63.1%	59.4%
Speak English less than "very well"	8.2%	1.9%	3.3%	4.0%
Multi-unit housing structures	26.1%	29.9%	19.3%	24.3%
Mobile homes	6.0%	7.1%	22.1%	9.6%
No vehicle	8.5%	5.1%	11.7%	8.1%
Group quarters	2.5%	3.3%	1.1%	0.0%

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

Qualitative Research Themes



Prioritized Needs Development Approach

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



Comprehensive data & community engagement

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



Analysis and list refinement

- Qualitative action area review
- Quantitative survey results



Prioritize list

- Identify, categorize, prioritize

Needs Prioritization Process

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

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

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

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

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

Needs Prioritization Survey List (Top 15)

Rank	Need
1	Improve drug and other substance abuse early intervention and prevention services
2	Increase access to affordable quality childcare
3	Increase access to specialty health care providers in the community (i.e., neurologists, endocrinologists)
4	Develop crisis or emergency care programs for mental health
5	Increase the number of prescribing mental health providers (i.e., psychiatrists)
6	Increase the number of mental health providers for adults
7	Increase case management services for people with complex chronic health conditions
8	Increase drug and other substance abuse treatment services
9	Improve general public transportation
10	Increase the number of primary care services (such as a family doctor or other provider of routine care)
11	Increase the number of mental health providers for children and youth
12	Improve transportation services for people needing to go to doctor's appointments or the hospital
13	More intentionally engage the Native American community in health and wellness initiatives
14	Improve care coordination between the hospital and other clinics, private doctors, or other health service providers
15	Enhance community programs to break out of the cycle of poverty (e.g., early childhood education, primary and secondary education, job training)

Next Steps

Identify

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

Explore

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

Needs Prioritization Discussion

Needs Ranked 1-7

Rank	Need	Mission/Vision	Degree of Control	Timeline
1	Improve drug and other substance abuse early intervention and prevention services			
2	Increase access to affordable quality childcare			
3	Increase access to specialty health care providers in the community (i.e., neurologists, endocrinologists)			
4	Develop crisis or emergency care programs for mental health			
5	Increase the number of prescribing mental health providers (i.e., psychiatrists)			
6	Increase the number of mental health providers for adults			
7	Increase case management services for people with complex chronic health conditions			

Within Mission/Vision of SMP Health St. Kateri

1 = Yes
2 = No

Degree of Control

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

Timeline of Impact

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

Needs Prioritization Discussion

Needs Ranked 8-15

Rank	Need	Mission/Vision	Degree of Control	Timeline
8	Increase drug and other substance abuse treatment services			
9	Improve general public transportation			
10	Increase the number of primary care services (such as a family doctor or other provider of routine care)			
11	Increase the number of mental health providers for children and youth			
12	Improve transportation services for people needing to go to doctor's appointments or the hospital			
13	More intentionally engage the Native American community in health and wellness initiatives			
14	Improve care coordination between the hospital and other clinics, private doctors, or other health service providers			
15	Enhance community programs to break out of the cycle of poverty (e.g., early childhood education, primary and secondary education, job training)			

Within Mission/Vision of SMP Health St. Kateri

1 = Yes
2 = No

Degree of Control

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

Timeline of Impact

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

Questions?

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