



2017 Community Health Needs Assessment

Linton Area North Dakota

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Executive Summary

To help inform future decisions and strategic planning, Linton Hospital & Clinic and Emmons County Public Health conducted a community health needs assessment. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the assessment process, which solicited input from area community members and healthcare professionals as well as analysis of community health-related data.

To gather feedback from the community, residents of the area were given the opportunity to participate in a survey.

One hundred forty-six Linton Hospital & Clinic and Emmons County Public Health service area residents completed the survey. Additional information was collected through key informant interviews with community leaders and focus group participants. The

input from the residents represented broad interests of the communities in the service area, which primarily reside in Emmons County. Together, with secondary data gathered from a wide range of sources, this process presents a snapshot of health needs and concerns in the community.



With regard to demographics, Emmons County population from 2010 to 2015 decreased by 4.2%. The percent average of residents under age 18 (20.5%) is under two percentage points of the North Dakota average (22.8%). Percentage of residents aged 65 and older is significantly higher (27.2%) than the North Dakota average (14.2%) and



rates of education is considerably lower than North Dakota averages. The median household income in Emmons County (\$40,375) is lower than the state average of North Dakota (\$55,579).

Data compiled by County Health Rankings show Emmons County is similar, with regard to health outcomes, to North Dakota as a whole except for rates of premature deaths and percent of population diagnosed with diabetes. There is also room for improvement on individual factors that influence health, such as health behaviors, clinical care, social and

economic factors, and the physical environment. Factors which Emmons County was performing poorly relative to the rest of the state include:

- Premature death
- Percent diabetic
- Adult obesity
- Food environment index
- Physical inactivity
- Access to exercise opportunities
- Uninsured
- Primary care physicians
- Dentists
- Preventable hospital stays
- Mammography screening
- Unemployment
- Children in poverty
- Income inequality
- Children in single-parent households
- Injury deaths

Of 82 potential community and health needs, set forth in the survey, the 146 Linton Hospital & Clinic service area residents who completed the survey indicated the six (have at least 72 votes each) needs below as the most important:

1. Cancer
2. Jobs with livable wages
3. Attracting and retaining young families
4. Ability to recruit and retain providers in the area
5. Cost of health insurance
6. Bullying/cyber-bullying
7. Assisted living options

The survey also revealed the biggest barriers to receiving healthcare (as perceived by community members) were: not enough doctors (N=30); not enough specialists (N=27); not being able to see the same provider over time and no insurance/limited insurance were tied (N=25).

When asked what the positive aspects of the county were, respondents indicated the top community assets were:

- Safe place to live, little/no crime
- Family-friendly; good place to raise kids
- Active faith community
- Local events and festivals

Input from community leaders provided through key informant interviews and Community Group members echoed many of the concerns raised by survey respondents. Thematic concerns emerging from these sessions were:

- Not enough jobs with livable wages, not enough to live on
- Having enough child daycare services
- Availability of mental health services
- Availability of resources to help the elderly stay in their homes
- Ability to attract/retain primary care providers (doctors, nurses, NPs, PAs) in the community

Following careful consideration of the results and findings of this assessment, Community Group members determined that, in their estimation, the top three significant health needs or issues in the community are:

- Jobs with livable wages
- Having enough child daycare services
- Cancer

Also ranked at top priorities but not selected to be in the top three:

- Ability to recruit and retain primary care providers (MD, NP, PA)
- Youth drug use and abuse

The group will begin the next step of strategic planning to identify ways to address significant community needs.

Overview and Community Resources

With assistance from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, Linton Hospital & Clinic and Emmons County Public Health completed a community health assessment of the Linton Hospital & Clinic service area.

Many community members and stakeholders worked together on the assessment. Linton Hospital & Clinic is located in south central North Dakota and serves approximately 65 miles southeast of Bismarck, the state's capital, and 25 miles north of the South Dakota border. Along with the hospital, agricultural operations provide the



economic base for the town of Linton and Emmons County. According to the 2010 U.S. Census, Emmons County had a population of 3,550 while Linton, the county seat, had a population of 1,097.

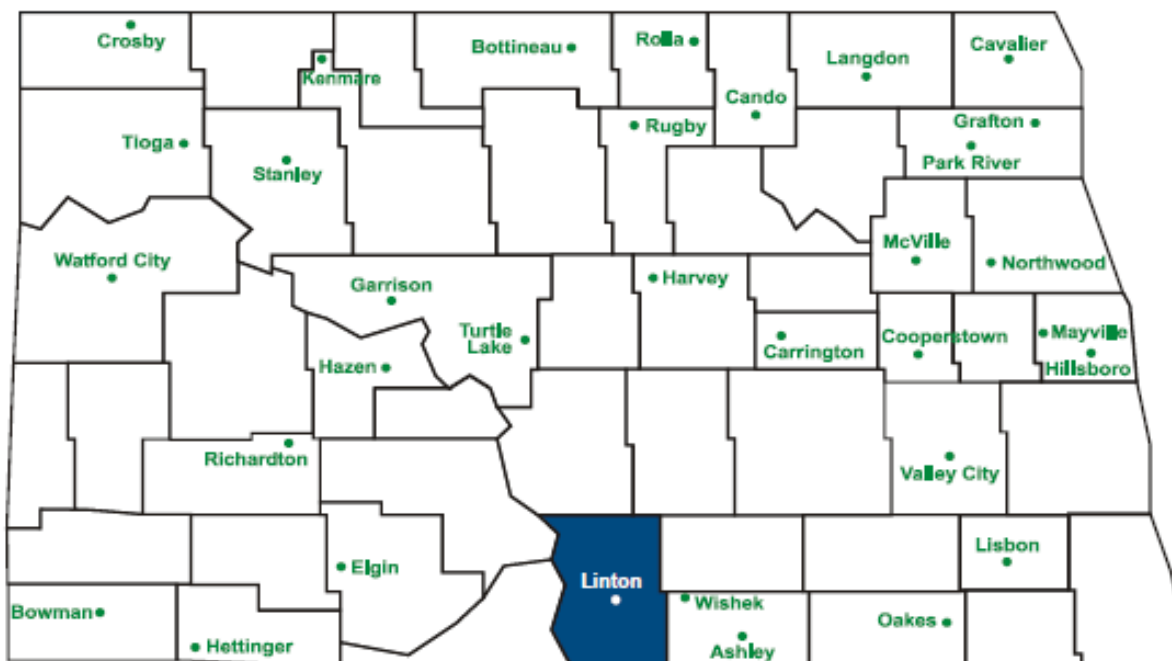
Emmons County has a number of community assets and resources that can be mobilized to address population health improvement. In terms of physical assets and features, the community includes a bike/walking path, swimming pool, city park, golf course, and a baseball/softball diamond. To the north of Linton, Appert Lake National Wildlife Refuge and Long Lake National Refuge offer excellent birding and fishing opportunities. The Missouri River is within a short drive of Linton and offers boating, fishing, swimming, and camping. The area's terrain is suitable for cross country skiing, snowmobiling, and hunting. Pheasant, grouse, turkey, antelope, and deer abound in the area, as well as a variety of raptors, waterfowl, and songbirds.

Other community assets include a Tae Kwan Do program and a fitness center. The school systems of Emmons County offer K-12 and Pre-K education.

Other health care facilities and services in the area include a pharmacy, optometrist, dentist, and chiropractor in downtown Linton. The Emmons County Public Health Department is located on the hospital campus.

This assessment examines health needs and concerns in Emmons County. In addition to Linton, located in the county are the communities of Braddock, Hazelton, Strasburg, Hague, and Westfield.

Figure 1: Emmons County, North Dakota



Emmons County Public Health

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

Specific services provided by Emmons County Public Health are:

- Bicycle helmet safety education
- Blood pressure checks
- Breastfeeding resources
- Car safety seat program
- Child health (well - baby checks)
- Correction facility health-resource only
- Diabetes screening-at monthly Senior Citizen clinics and anytime in the office.
- Emergency Preparedness services-work with community partners as part of local emergency response team

- Environmental Health Services (water, sewer, health hazard abatement)
- Flu shots
- Health Fair activity for KEM Electric Coop
- Health Tracks (child health screening)
- Home health-- In-Home Nursing Care
- Immunizations-for infants and children through age 18.
- Medication setup—home visits
- Member of Child Protection Team and County Interagency Team
- Newborn Home Visits
- Nutrition education
- School health--hearing, health education and resource to the schools
- Preschool education programs & screening
- Tobacco Prevention and Control
- Tuberculosis testing and management
- West Nile program—surveillance and education
- WIC (Women, Infants & Children) Program
- Worksite Wellness-- Coordinator for County Employees and Sheriff's Dept.
- Youth education programs (First Aid, Bike Safety)
- Foot care

Linton Hospital & Clinics

The Linton Hospital was opened in 1953 by the Seven Sisters of St. Francis, Tiffin, Ohio and it was managed by them until an administrator was hired in 1962. It is one of the most important assets in the community and the largest charitable organization in the Linton area. Linton Hospital includes a 14-bed, critical access hospital located in Linton. As a hospital and designated level V trauma center, the hospital provides comprehensive care for a wide range of medical and emergency situations. Linton Hospital also has three affiliated clinics. The Hazelton Clinic in Hazelton, North Dakota and the Linton Medical Center offer health services to Emmons County as well as surrounding areas and the Campbell County Clinic located in Herreid, South Dakota offers health services to Campbell County, South Dakota. The Linton Hospital and Clinics provide comprehensive medical care with physician and mid-level medical providers and consulting/visiting medical providers. With nearly 140 employees, Linton Hospital is the largest employer in the region. It has one part-time physician, three nurse practitioners, two physician assistants, and nine registered nurses for a combined total of 15 health care providers.

It is estimated that the Linton Hospital had a total economic impact on Emmons County of \$3 million.

The mission of the Linton Hospital and Clinics is:

"To enhance the health, well-being, and quality of life of the people we serve."

Services that the Linton Hospital offers locally include:

General and Acute Services

- | | |
|---|--|
| 1. Acne treatment | 12. OB/GYN (visiting provider) |
| 2. Allergy, flu & pneumonia shots | 13. Orthopedics (visiting provider) |
| 3. Ambulance-24/7 ALS ambulance service | 14. Pharmacy |
| 4. Cardiology (visiting provider) | 15. Podiatry – evaluation and surgery |
| 5. Clinic | 16. Prenatal care |
| 6. Diabetic Education | 17. Physicals: annuals, D.O.T., sports & insurance |
| 7. Emergency room services-including eEmergency | 18. Pulmonology (visiting provider) |
| 8. Hospital (acute care) | 19. Stress Testing |
| 9. Mole/wart/skin lesion removal | 20. Surgical services—biopsies |
| 10. Nephrology (visiting provider) | 21. Surgical services—outpatient |
| 11. Nutrition counseling | 22. Swing bed services |
| | 23. Urology (visiting provider) |

Screening/Therapy Services

- | | |
|---|---|
| 1. Chronic disease management | 7. Pediatric services |
| 2. Holter monitoring | 8. Physical therapy-including sports preventative and post-injury |
| 3. Laboratory services | 9. Respiratory care |
| 4. Lower extremity circulatory assessment | 10. Sleep studies (visiting service) |
| 5. Occupational physicals | 11. Social services |
| 6. Occupational therapy | |

Radiology Services

- | | |
|------------------------|-----------------------------|
| 1. CT scan | 5. General x-ray |
| 2. Digital mammography | 6. Mammograms |
| 3. Echocardiograms | 7. MRI (mobile unit) |
| 4. EKG | 8. Ultrasound (mobile unit) |

Laboratory Services

- | | |
|----------------|------------------|
| 1. Hematology | 4. Chemistry |
| 2. Blood types | 5. Microbiology |
| 3. Clot times | 6. Urine testing |

Assessment Process

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

A community health needs assessment benefits the community by:

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

This assessment examines health needs and concerns in Emmons County. In addition to Linton, located in the county are the communities of Braddock, Hazelton, Strasburg, Hague, and Westfield.

The Center for Rural Health, in partnership with Linton Hospital and Clinic and Emmons County Public Health, facilitated the community health needs assessment process.

Community representatives met regularly by telephone conference and via email. A CHNA Liaison was selected locally, who served as the main point of contact between the Center for Rural Health and Linton. A small Steering Committee was formed that was responsible for planning and implementing the process locally. Representatives from the Center for Rural Health met and corresponded regularly by teleconference, eToolkit, and/or via email with the CHNA Liaison. The Community Group (described in more detail below) provided in-depth information and informed the assessment process in terms of community perceptions, community resources, community needs, and ideas for improving the health of the population and healthcare services. Community representatives were selected from outside the hospital and local health department, including representatives from local government, businesses, schools, and social services to participate in the key-information interviews and community group meetings.

The base survey instrument used in the process was also developed collaboratively and took into account input from health organizations around the state. The original survey tool was developed and used by the Center for Rural Health. In order to ensure the survey tool met the needs of hospitals and public health, the Center for Rural Health worked with the North Dakota Department of Health's public health liaison and participated in a series of meetings that garnered input from the state's health officer, local public health unit professionals from around North Dakota, representatives of the Center for Rural Health, and representatives from North Dakota State University.

As part of the assessment's overall collaborative process, the Center for Rural Health spearheaded efforts to collect data for the assessment in a variety of ways:

- A survey solicited feedback from area residents;
- Community leaders representing the broad interests of the community took part in one-on-one key informant interviews;
- The Community Group, comprised of community leaders and area residents, was convened to discuss area health needs and inform the assessment process; and
- A wide range of secondary sources of data were examined, providing information on a multitude of measures including demographics; health conditions, indicators, and outcomes; rates of preventive measures; rates of disease; and at-risk behavior.

The Center for Rural Health (CRH) is one of the nation's most experienced organizations committed to providing leadership in rural health, since 1980. Its mission is to connect resources and knowledge to strengthen the health of people in rural communities. The CRH is the designated State Office of Rural Health (SORH) and administers the Medicare Rural Hospital Flexibility (Flex) program, funded by the Federal Office of Rural Health Policy, Health Resources Services Administration (HRSA), Department of Health and Human Services. The Center connects the School of Medicine and Health Sciences, and other necessary resources, to rural communities and their healthcare organizations in order to maintain access to quality care for rural residents. In this capacity the Center works at a national, state and community level.

Detailed below are the methods undertaken to gather data for this assessment by convening a Community Group, conducting key informant interviews, soliciting feedback about health needs via a survey, and researching secondary data.

Community Group

A Community Group consisting of ten community members was convened and first met on January 5, 2017. During this first Community Group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about Emmons County, and served as a focus group. Focus group topics included community assets and challenges, the general health needs of the community, community concerns, and suggestions for improving the community's health.

The Community Group met again on January 25, 2017 with twelve community members in attendance. At this second meeting the Community Group was presented with survey results, findings from key informant interviews and the focus group, and a wide range of secondary data relating to the general health of the population in Emmons County. The group was then tasked with identifying and prioritizing the community's health needs.

Members of the Community Group represented the broad interests of the community served by the Linton Hospital and Emmons County Public Health. They included representatives of the health community, business community, political bodies, law enforcement, education, faith community, and social service agencies. Not all members of the group were present at both meetings.

Interviews

One-on-one interviews with six key informants were conducted in person in Linton on January 5, 2017 and a phone interview was performed January 8, 2017. Representatives from the Center for Rural Health conducted the interviews. Interviews were held with selected members of the Community Group as well as other key informants who could provide insights into the community's health needs. Included among the informants were public health professionals with knowledge in public health acquired through direct experience in the community, including working with medically underserved, low income, and minority populations, as well as with populations with chronic diseases.

Topics covered during the interviews included the general health needs of the community, the general health of the community, community concerns, delivery of health care by local providers, awareness of health services offered locally, barriers to receiving health services, and suggestions for improving collaboration within the community.

Survey

A survey was distributed to solicit feedback from the community and was not intended to be a scientific or statistically valid sampling of the population. It was designed to be an additional tool for collecting qualitative data from the community at large – specifically, information related to community-perceived health needs. A copy of the survey instrument is included in Appendix A.

The community member survey was distributed, electronically and paper copy, to a variety of residents of the Linton Hospital and Clinic service area, described in detail below.

The survey tool was designed to:

- Learn of the best things in the community and the community's concerns;
- Understand perceptions and attitudes about the health of the community, and hear suggestions for improvement; and
- Learn more about how local health services are used by residents.

Specifically, the survey covered the following topics:

- Residents' perceptions about community assets
- Broad areas of community and health concerns
- Intimate partner violence
- Awareness of local health services
- Barriers to using local healthcare
- Hospital foundation awareness
- Basic demographic information
- Suggestions to improve the delivery of local healthcare

To promote awareness of the assessment process, a press release was published in the Emmons County Record and some area churches published it in their weekly bulletins. Flyers were placed at businesses throughout the county and a sign and table were set up at the courthouse on Election Day. Additionally, it was placed on the Linton Hospital's Facebook page along with the QR code and shared by community members.

Approximately 700 community member surveys were available for distribution in Emmons County. The surveys were distributed by Community Group members and at the Linton Hospital and Clinics, Emmons County Public Health, banks, the courthouse, and area business offices.

To help ensure anonymity, included with each survey was a postage-paid return envelope to the Center for Rural Health. In addition, to help make the survey as widely available as possible, residents also could request a survey by calling the hospital. The survey period ran from November 2 to December 16, 2016.

Area residents also were given the option of completing an online version of the survey, which was publicized in the newspaper, hospital website and Facebook page, and on flyers posted throughout the county. In total, counting both paper and online surveys, 146 community member surveys were completed.

Secondary Data

Secondary data was collected and analyzed to provide descriptions of: (1) population demographics, (2) general health issues (including any population groups with particular health issues), and (3) contributing causes of community health issues. Data were collected from a variety of sources including: United States Census Bureau; Robert

Wood Johnson Foundation's County Health Rankings, which pulls data from 20 primary data sources (www.countyhealthrankings.org); the National Survey of Children's Health which touches on multiple intersecting aspects of children's lives (www.childhealthdata.org/learn/NSCH); and North Dakota KIDS COUNT, which is a national and state-by-state effort to track the status of children, sponsored by the Annie E. Casey Foundation (www.ndkidscount.org).

Social Determinants of Health

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

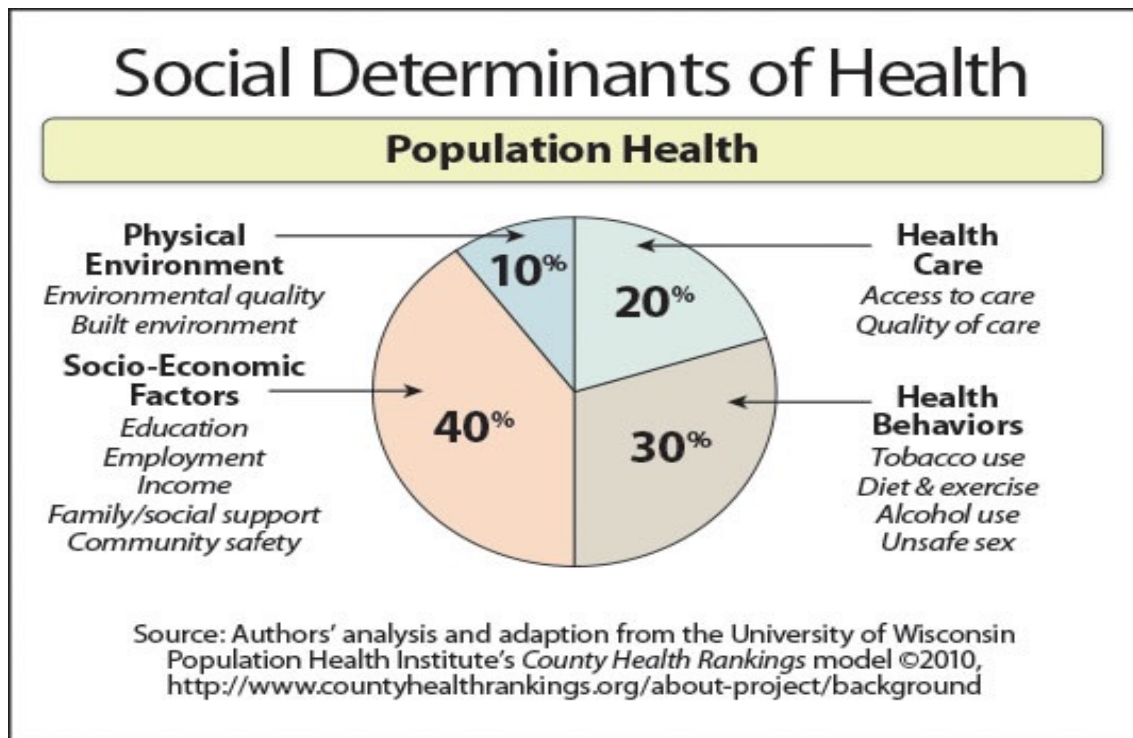
"The circumstances in which people are born, grow up, live, work, and age and the systems put in place to deal with illness. These circumstances are in turn shaped by wider set of forces: economics, social policies and politics. "

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

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

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

Figure 2: Social Determinants of Health



Demographic Information

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

TABLE 1: EMMONS COUNTY: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2014 American Community Survey; more recent estimates used where available)		
	Emmons County	North Dakota
Population (2015 est.)	3,402	793,482
Population change (2010-2015)	-4.2%	9.9%
People per square mile (2010)	2.4	9.7
Persons 65 years or older (2015)	27.2%	14.2%
Persons under 18 years (2015)	20.5%	22.8%
Median age (2014 est.)	51.2	35.9
White persons (2015)	97.5%	89.1%
Non-English speaking (2015)	8.8%	5.3%
High school graduates (2014)	83.8%	90.9%
Bachelor's degree or higher (2014)	15.3%	27.2%
Live below poverty line (2013)	13.2%	11.9%
Children under 18 in poverty	19.4%	12%

The population of North Dakota has grown in recent years, but Emmons County has seen a decrease in population since 2010, as the U.S. Census Bureau estimates show that the county's population decreased from 3,543 (2010) to 3,402 (2015).

Health Conditions, Behaviors, and Outcomes

As noted above, several sources of secondary data were reviewed to inform this assessment. The data are presented below in three categories: (1) County Health Rankings, (2) the public health community profile, and (3) children's health.

County Health Rankings

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

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

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

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

Emmons County rankings within the state is included in the summary below. For example, Emmons County ranks 33rd out of 49 ranked counties in North Dakota on health outcomes and 38th on health factors. The measures marked with a red checkmark (✓) are those where Emmons County is not measuring up to the state rate/percentage; a blue checkmark (✓) indicates that the county is faring better than the North Dakota average, but not meeting the U.S. Top 10% rate on that measure. Measures that are not

marked with a colored checkmark, but are marked with a smiling icon (☺) indicate that the county is doing better than the U.S. Top 10%.

The data from County Health Rankings show that Emmons County is doing as well as most of North Dakota, on a number of health *outcomes*, landing at or above rates for North Dakota counties, except premature death and percent of population diagnosed with diabetes. Emmons County is not doing as well on most of the U.S. Top 10% ratings, except poor physical health and mental health days (in past 30 days), percent of population who have received diabetic screening, violent crime and drinking water violations. One particular outcome that Emmons County falls behind on both statewide and nationally is premature death which is the years of potential life lost before age 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost. This measure allows communities to target resources to high-risk areas and further investigate causes of premature death.

On health *factors*, Emmons County performs below the majority of North Dakota counties.

Emmons County lags the state on the following reported measures:

- Premature death
- Percent diabetic
- Adult obesity
- Food environment index
- Physical inactivity
- Access to exercise opportunities
- Number of uninsured
- Number of primary care physicians
- Number of dentists
- Number of preventable hospital stays
- Mammography screening
- Unemployment
- Children in poverty
- Income inequality
- Children in single-parent households
- Injury deaths

✓ = Not meeting North Dakota average
✓ = Not meeting U.S. Top 10% Performers
☺ = Meeting or exceeding U.S. Top 10% Performers

TABLE 2: SELECTED MEASURES FROM COUNTY HEALTH RANKINGS 2016 – EMMONS COUNTY

	Emmons County	U.S. Top 10%	North Dakota
Ranking: Outcomes	33rd		(of 49)
Premature death	7,600 ✓✓	5,200	6,600
Poor or fair health	13% ✓	12%	14%
Poor physical health days (in past 30 days)	2.8 ☺	2.9	2.9
Poor mental health days (in past 30 days)	2.7 ☺	2.8	2.9
Low birth weight	-	6%	6%
% Diabetic	11% ✓✓	9%	8%
Ranking: Factors	38th		(of 49)
<i>Health Behaviors</i>			
Adult smoking	16% ✓	14%	20%
Adult obesity	31% ✓✓	25%	30%
Food environment index (10=best)	7.4 ✓✓	8.3	8.4
Physical inactivity	37% ✓✓	20%	25%
Access to exercise opportunities	36% ✓✓	91%	66%
Excessive drinking	18% ✓	12%	25%
Alcohol-impaired driving deaths	20% ✓	14%	47%
Sexually transmitted infections	-	134.1	419.1
Teen birth rate	-	19	28
<i>Clinical Care</i>			
Uninsured	19% ✓✓	11%	12%
Primary care physicians	1,740:1 ✓✓	1,040:1	1,260:1
Dentists	3,420:1 ✓✓	1,340:1	1,690:1
Mental health providers	-	370:1	610:1
Preventable hospital stays	59 ✓✓	38	51
Diabetic screening	91% ☺	90%	86%
Mammography screening	64% ✓✓	71%	68%
<i>Social and Economic Factors</i>			
Unemployment	5.9% ✓✓	3.5%	2.8%
Children in poverty	19% ✓✓	13%	14%
Income inequality	4.8 ✓✓	3.7	4.4

Children in single-parent households	21% ☺	21%	27%
Violent crime	21☺	59	240
Injury deaths	68✓✓	51	63
<i>Physical Environment</i>			
Air pollution – particulate matter	9.7 ✓	9.5	10.0
Drinking water violations	No ☺	No	
Severe housing problems	10% ✓	9%	11%

Children's Health

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

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

TABLE 3: SELECTED MEASURES REGARDING CHILDREN'S HEALTH (For children aged 0-17 unless noted otherwise)		
Health Status	North Dakota	National
Children born premature (3 or more weeks early)	10.8%	11.6%
Children 10-17 overweight or obese	35.8%	31.3%
Children 0-5 who were ever breastfed	79.4%	79.2%
Children 6-17 who missed 11 or more days of school	4.6%	6.2%
Healthcare		
Children currently insured	93.5%	94.5%
Children who had preventive medical visit in past year	78.6%	84.4%
Children who had preventive dental visit in past year	74.6%	77.2%
Young children (10 mos.-5 yrs.) receiving standardized screening for developmental or behavioral problems	20.7%	30.8%
Children aged 2-17 with problems requiring counseling who received needed mental healthcare	86.3%	61.0%
Family Life		
Children whose families eat meals together 4 or more times per week	83.0%	78.4%
Children who live in households where someone smokes	29.8%	24.1%
Neighborhood		
Children who live in neighborhood with a park, sidewalks, a library, and a community center	58.9%	54.1%
Children living in neighborhoods with poorly kept or rundown housing	12.7%	16.2%
Children living in neighborhood that's usually or always safe	94.0%	86.6%

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

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

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

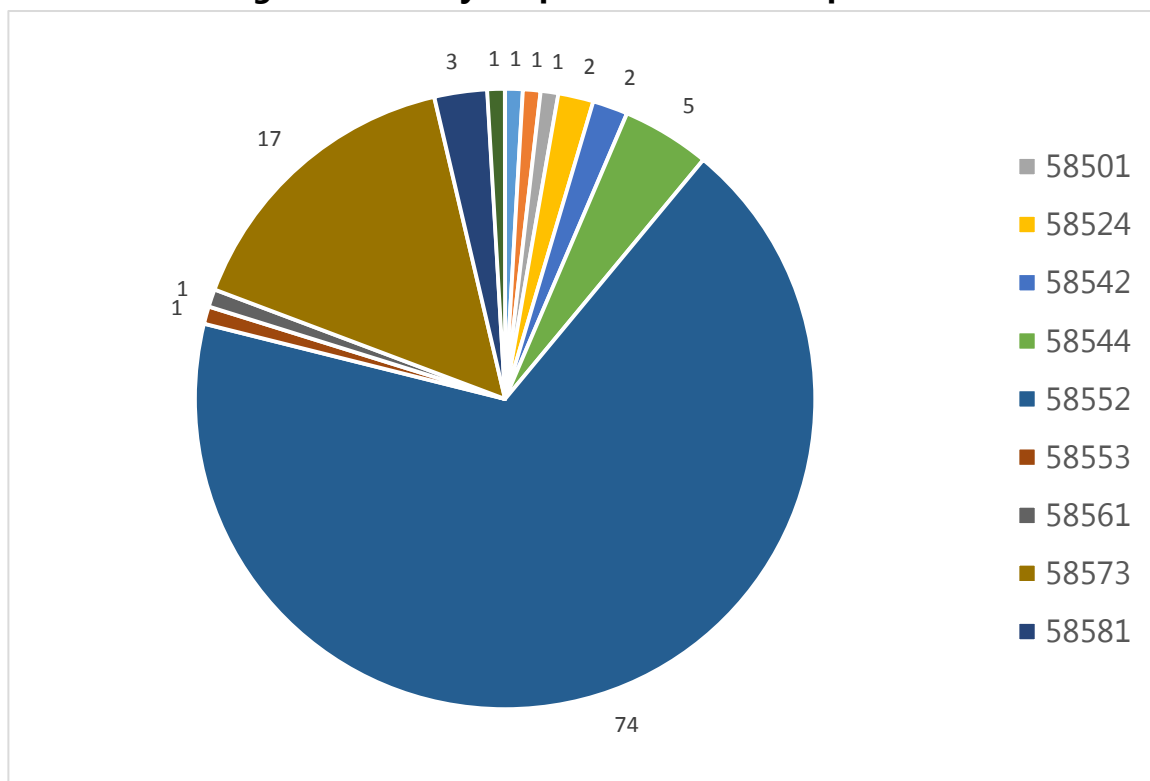
The data show that Emmons County is performing better, than the North Dakota average, on three of the examined measures except the number of uninsured children, number of uninsured children below 200% of poverty, number of children enrolled in Healthy Steps, and Licensed child care capacity. The most marked difference was on the measure of availability of licensed child daycare (over half of the state rate).

TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN'S HEALTH		
	Emmons County	North Dakota
Uninsured children (% of population age 0-18), 2013	14.0%	8.7%
Uninsured children below 200% of poverty (% of population), 2013	58.8%	47.8%
Medicaid recipient (% of population age 0-20), 2014	27.7%	27.9%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	9.9%	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2012	17.0%	20.7%
Licensed child care capacity (% of population age 0-13), 2014	25.8%	43.1%
High school dropouts (% of grade 9-12 enrollment), 2013	2.0%	2.8%

Survey Results

As noted above, 146 community members completed the written survey in communities throughout the service area. The survey requested that respondents list their home zip code. While not all respondents provided a zip code, 106 did, revealing that nearly all respondents lived in Linton. These results are shown in Figure 3. Please note, even though survey respondents were asked to specify when selecting the “Other” option, not all respondents supplied that additional information.

Figure 3: Survey Respondents’ Home Zip Code



Survey results are reported in six categories: demographics; healthcare access; community assets, challenges; community concerns; delivery of healthcare; and other concerns or suggestions to improve health.

Survey Demographics

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

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

- 47% (N=62) were aged 55 or older, although there was a fairly even distribution of ages.
- A large majority (79%, N=100) were female.
- A little less than half of respondents (48%, N=62) had bachelor's degrees or higher.
- Over half (61%, N=78) indicated they work full-time
- Nearly one-third of the respondents (32%, N=35) had household incomes of less than \$50,000. Of all the survey respondents, 26% (N=38) chose not to answer this question.

Figures 4 through 8 show these demographic characteristics. It illustrates the range of community members' household income and indicates how this assessment took into account input from parties who represent the varied interests of the community served, including a balance of age ranges, those in diverse work situations, and community members with lower incomes. Of those who provided a household income, fourteen community members reported a household income of less than \$25,000. 23% (N=25) indicated a household income of \$100,000 or more.

Figure 4: Age Demographics of Survey Respondents

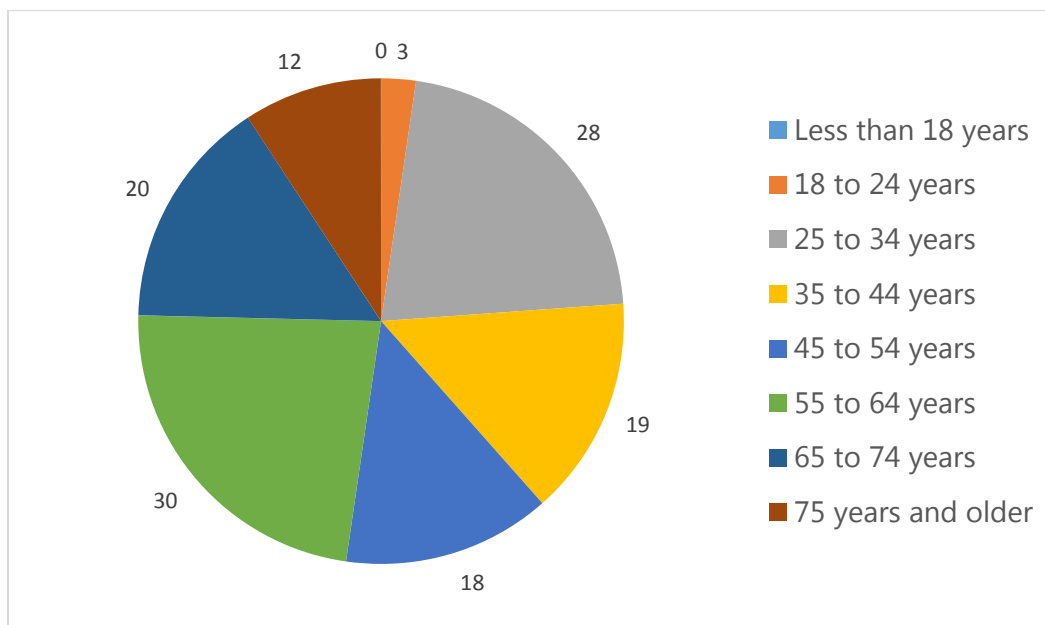


Figure 5: Gender Demographics of Survey Respondents

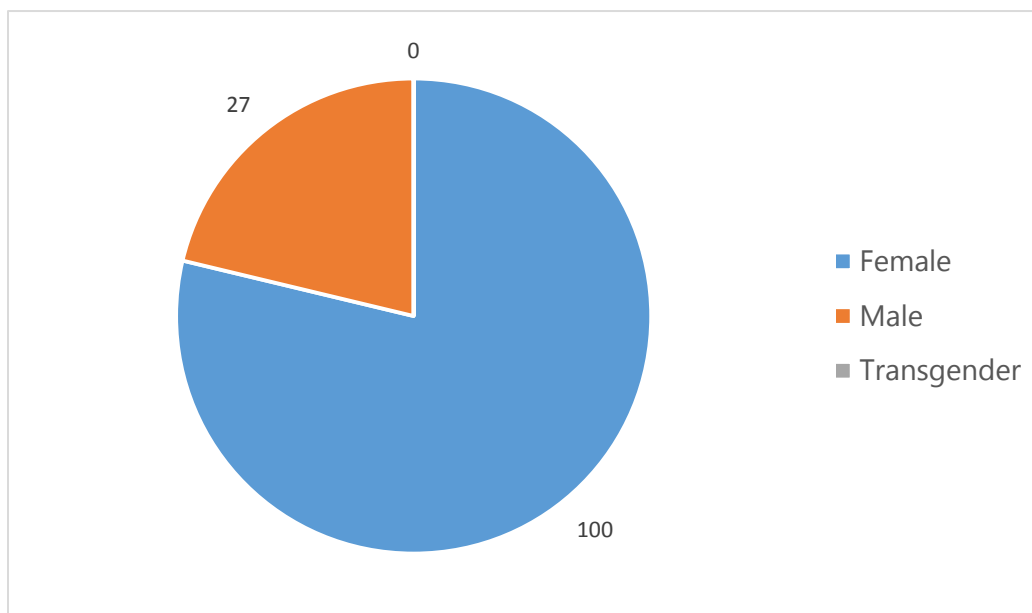


Figure 6: Educational Level Demographics of Survey Respondents

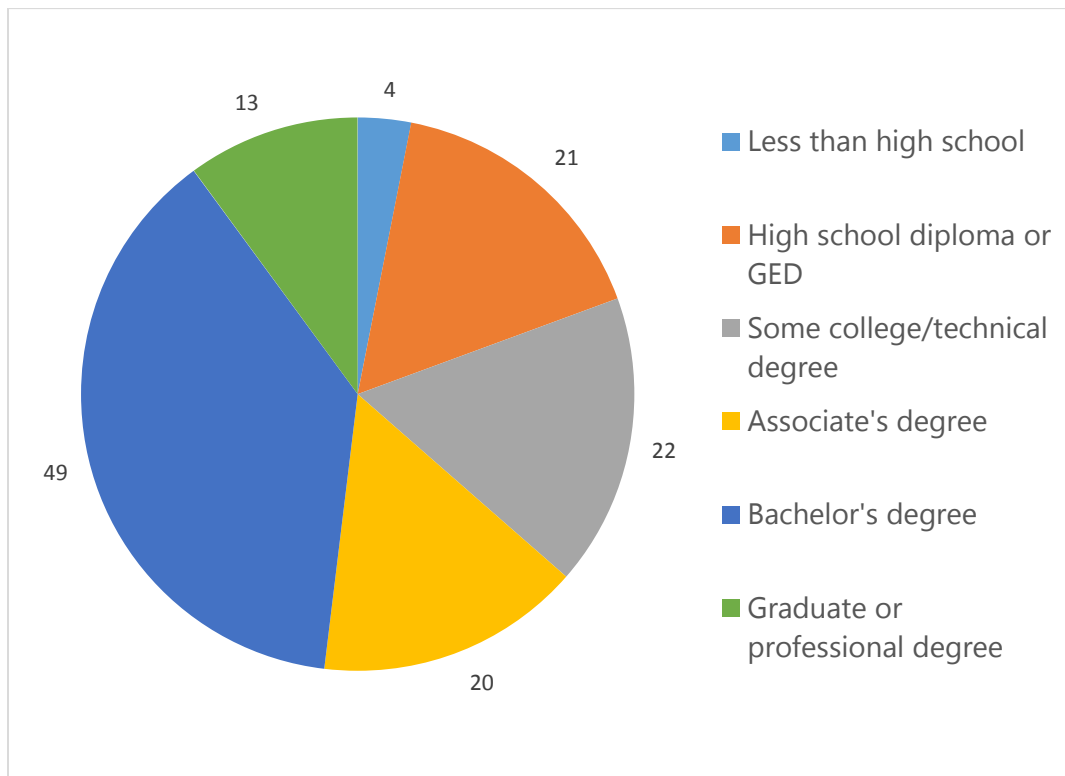


Figure 7: Employment Status Demographics of Survey Respondents

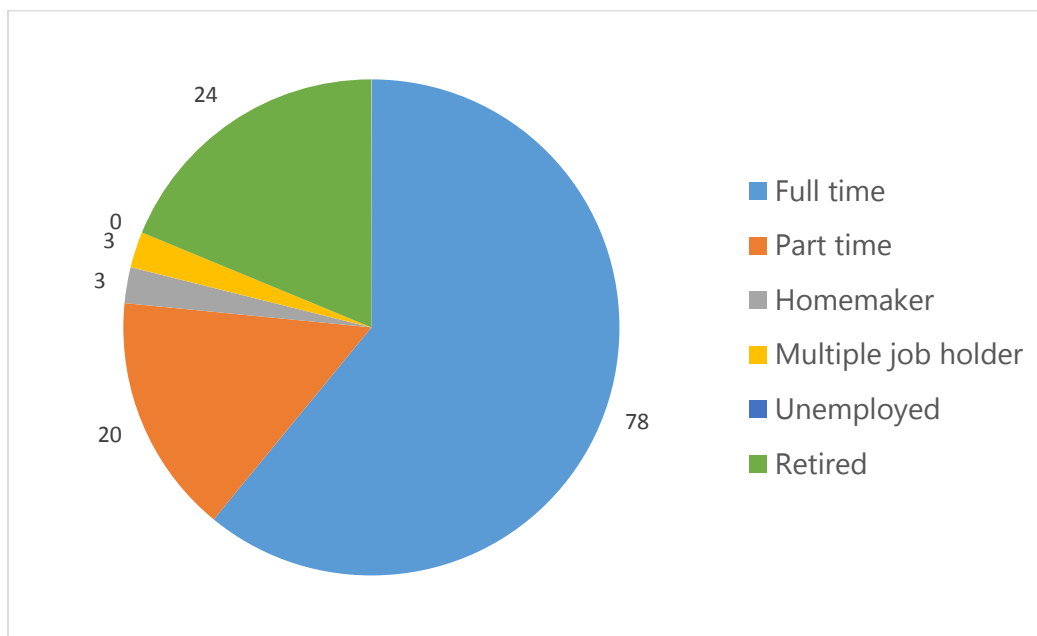
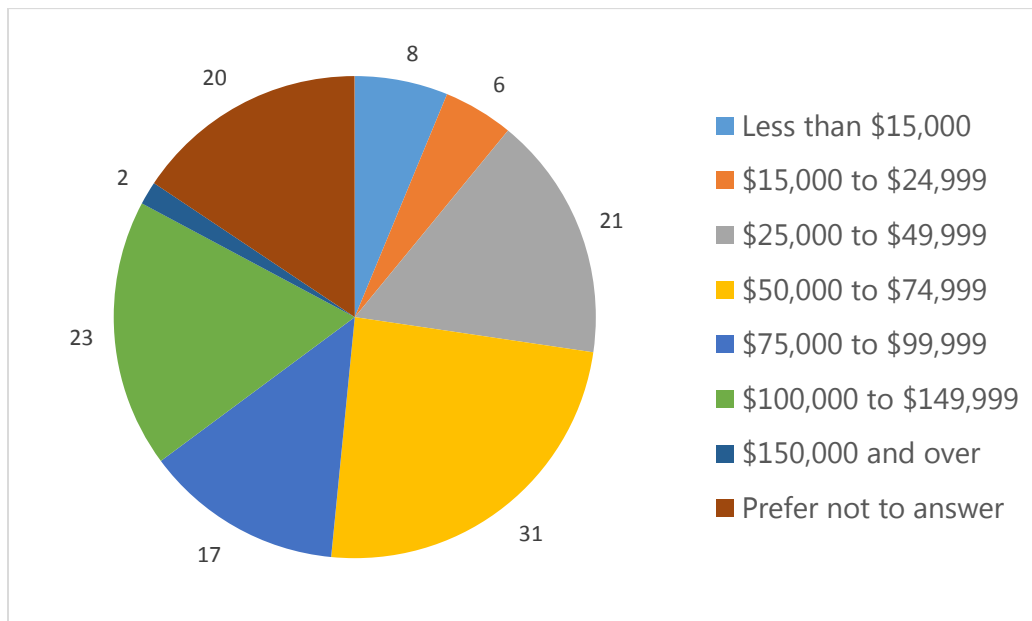
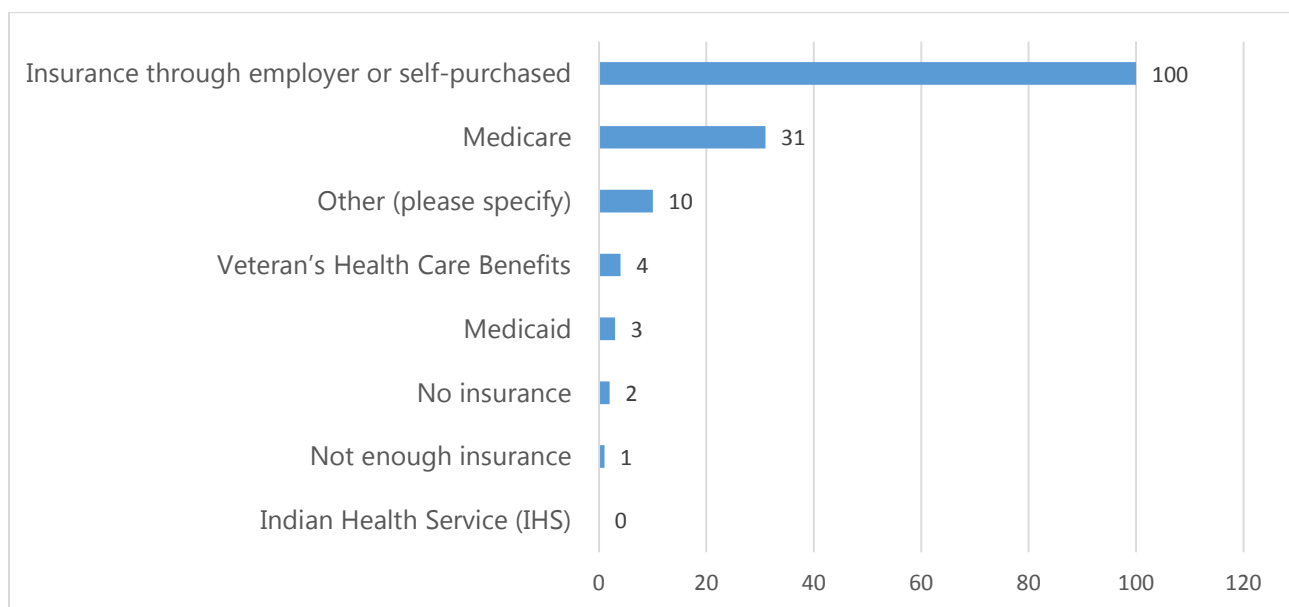


Figure 8: Household Income Demographics of Survey Respondents



Community members were asked about their health insurance status which is often associated with whether people have access to healthcare. Three (N=3) of the respondents reported having no health insurance or being under-insured. The most common insurance types were insurance through one's employer or self-purchased (N=100) or Medicare (N=31).

Figure 9: Insurance Status



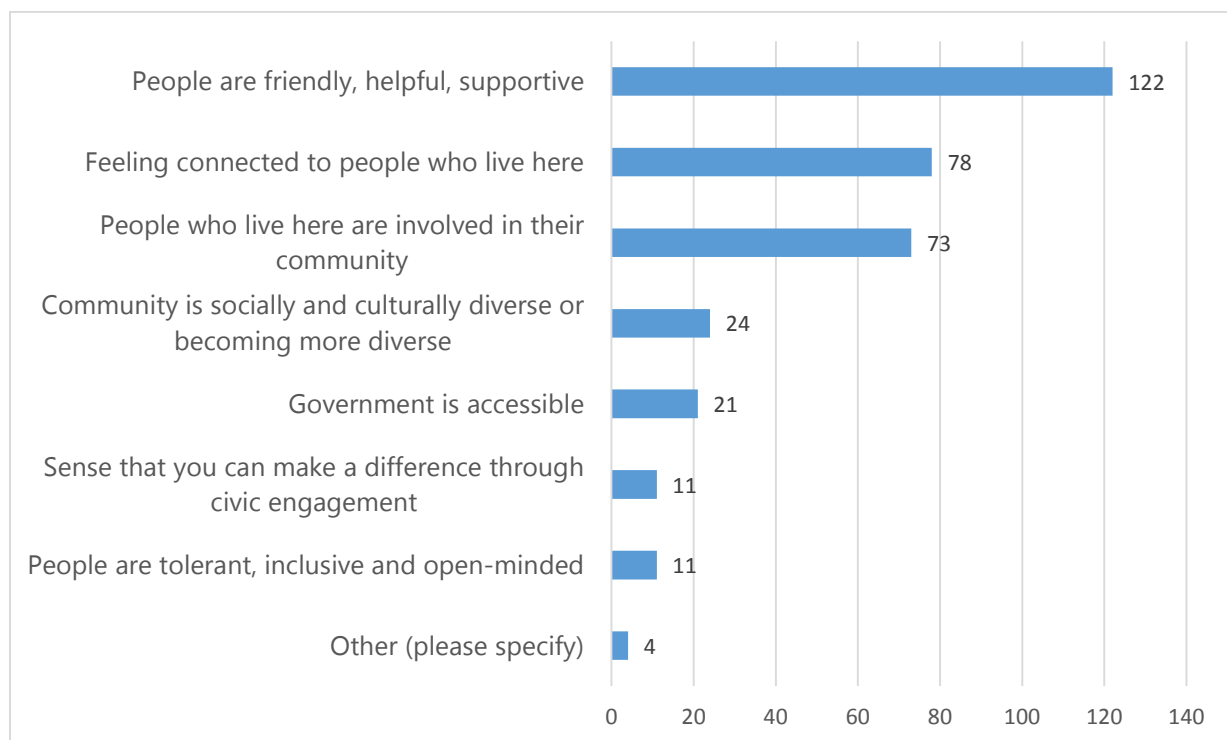
Community Assets and Challenges

Survey-respondents were asked what they perceived as the best things about their community in five categories: people, services and resources, quality of life, and activities. In each category, respondents were given a list of choices and asked to pick the three best things. Respondents occasionally chose less or more than three choices within each category. If more than three choices were selected, their responses were not included. The results indicate that community assets include:

- People are friendly, helpful, and supportive (N=122)
- Safe place to live, little/no crime (N=122)
- Family friendly; good place to raise kids (N=121)
- Active faith community (N=97)

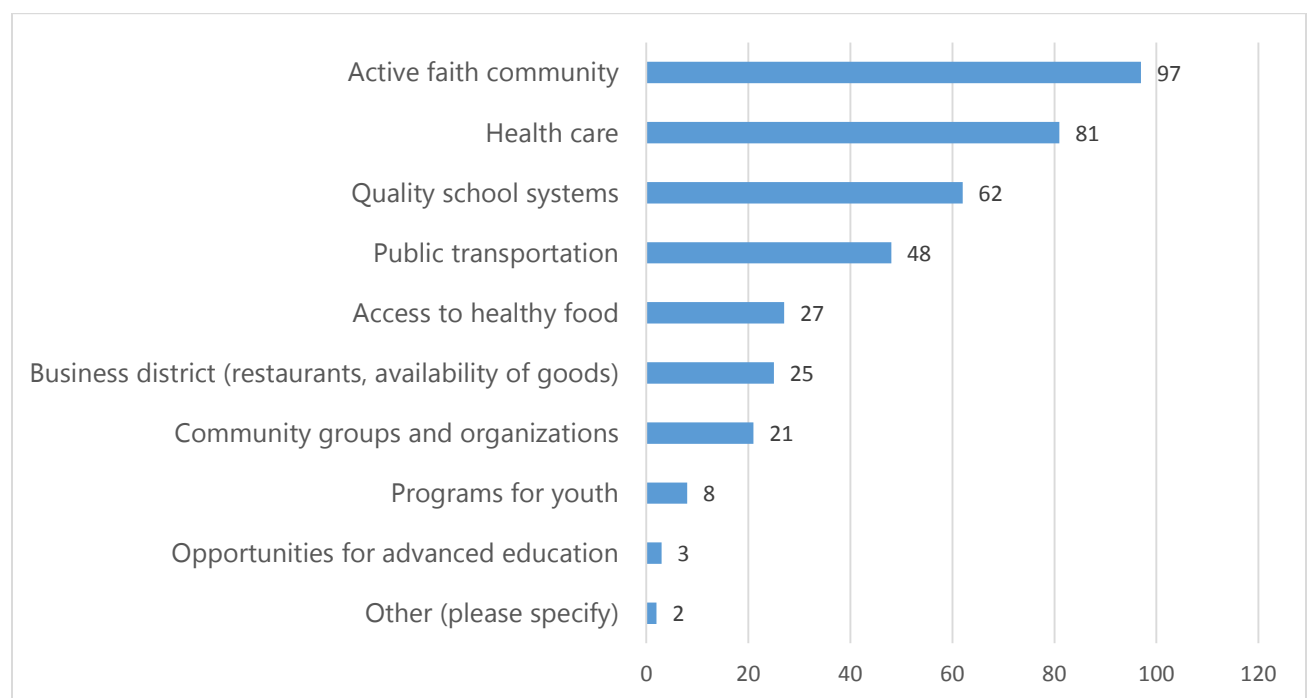
Figures 10 to 13 illustrate the results of these questions.

Figure 10: Best Things about the PEOPLE in Your Community



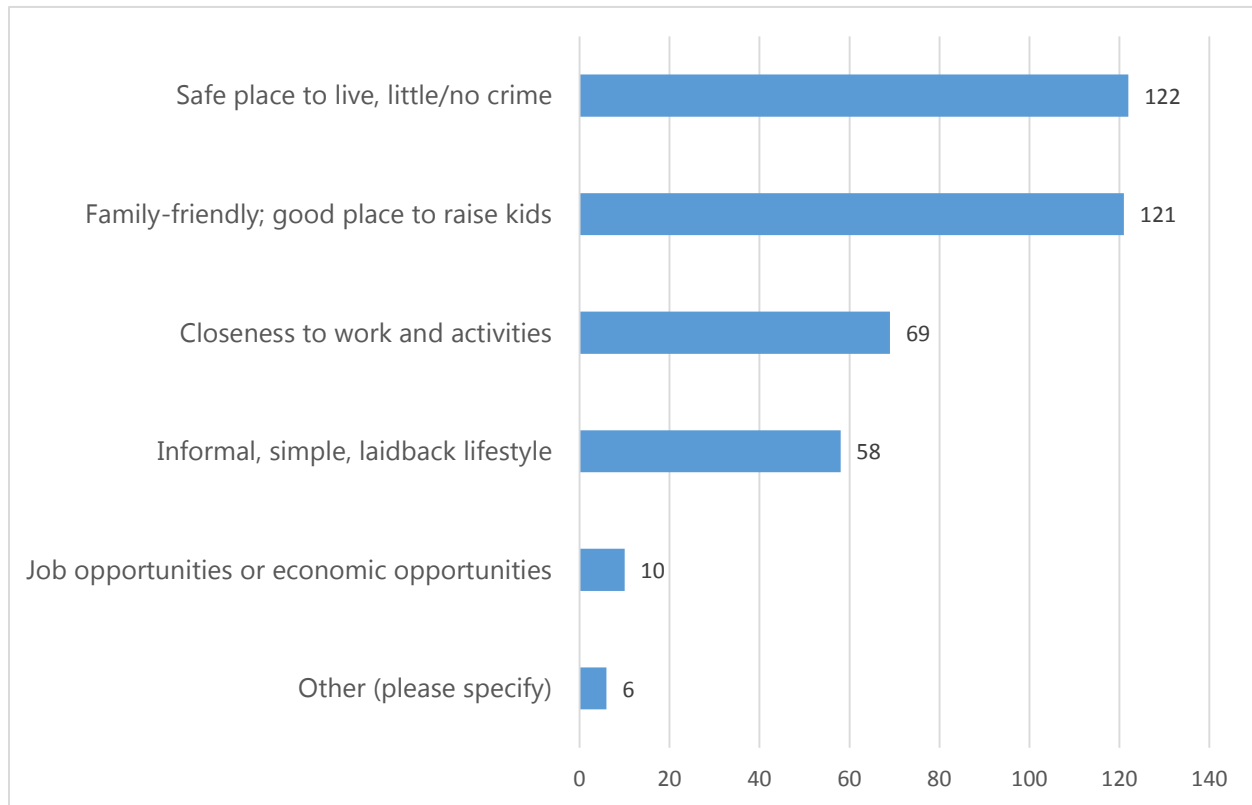
Four respondents specified “Other” things about the people in the community (not all selecting “Other” included a comment): 1) There are a few progressive thinkers; 2) Some people are closed-minded and not open to outsiders; and 3) good work ethic.

Figure 11: Best Things about the SERVICES AND RESOURCES in Your Community



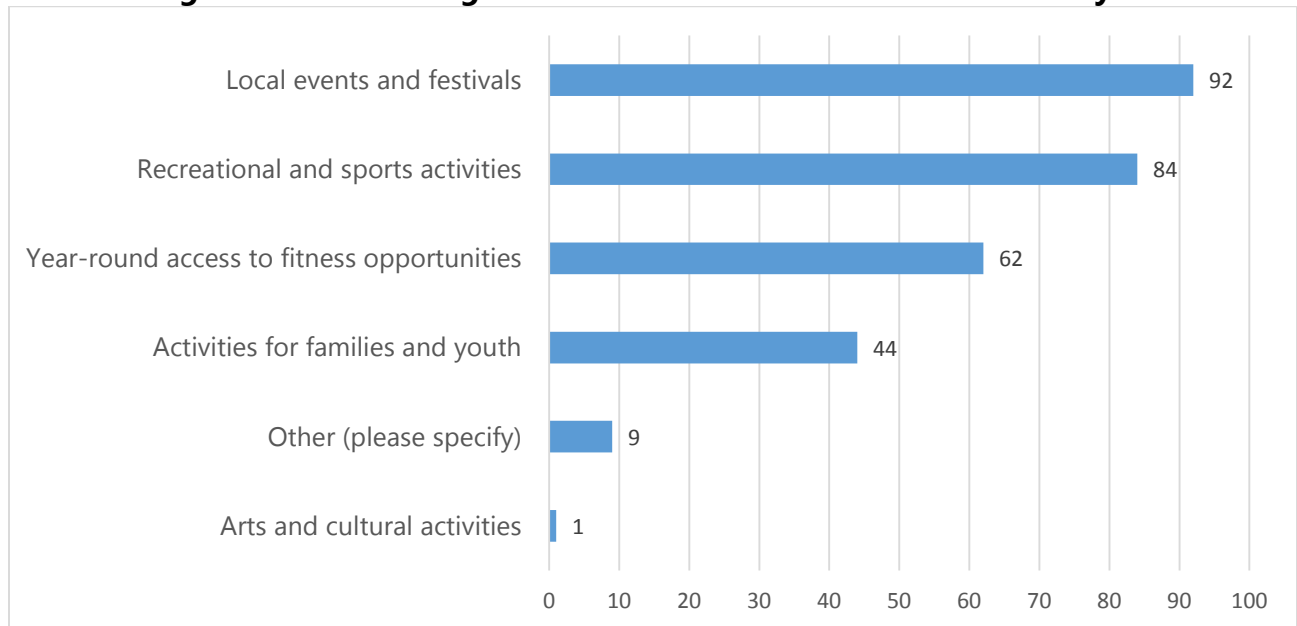
Only two respondents selected the “Other” category for Table 11. The comments indicated they were not having a good experience living in a small town and the services were limited.

Figure 12: Best Things about the QUALITY OF LIFE in Your Community



In the "other" category, such things were listed as: Availability of emergency/healthcare services nearby, landscape, ability to be near family, and no traffic.

Figure 13: Best Thing about the ACTIVITIES in Your Community



“Other” responses included: church events, good coaches who care about the kids, ability to walk anywhere, and parks.

In an open-ended question, residents were asked, “What are major challenges facing your community?” The most commonly cited challenges include: lack of job opportunities with livable wages, declining population, aging community, and maintaining healthcare in the community.

Community Concerns

At the heart of the community health needs assessment survey, respondents were asked to review a list of community and health concerns, in eight categories, and select their top three concerns. The eight categories of concerns are listed below:

- Community health
- Availability of health services
- Safety/environmental health
- Delivery of health services
- Physical health
- Mental health and substance abuse
- Senior population
- Violence in the community

Echoing survey responses about community challenges, the three most highly voiced concerns, were:

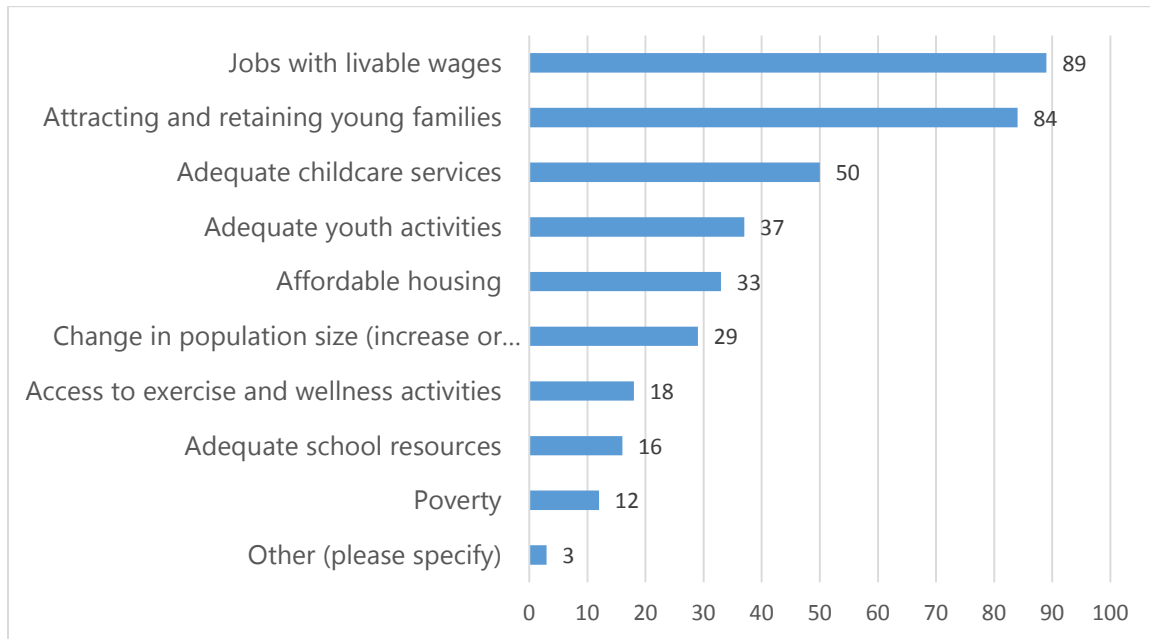
- Cancer (N=95)
- Jobs with livable wages (N=89)
- Attracting and retaining young families (N=84)

The other issues identified that had at least 60 votes included:

- Ability to recruit and retain providers in the area (N=83)
- Cost of health insurance (N=81)
- Bullying/cyber-bullying (N=78)
- Assisted living options (N=72)
- Availability of specialists (N=69)
- Diabetes (N=66)
- Availability of resources to help the elderly (N=67)

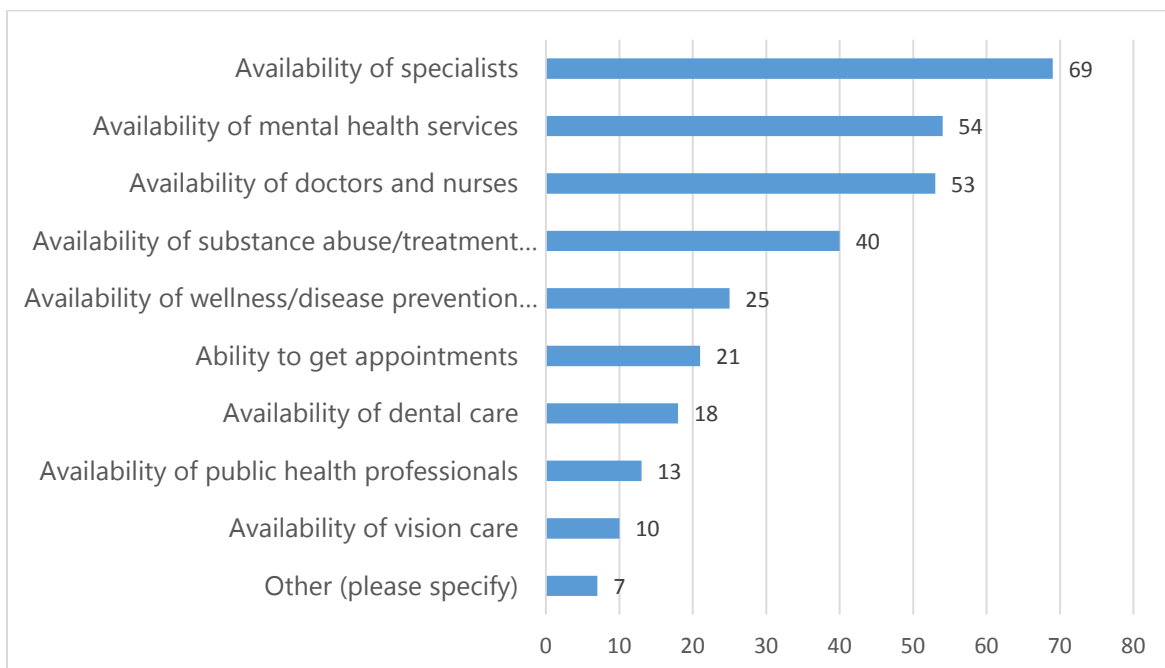
Figures 14 through 21 illustrate these results.

Figure 14: Community Health Concerns



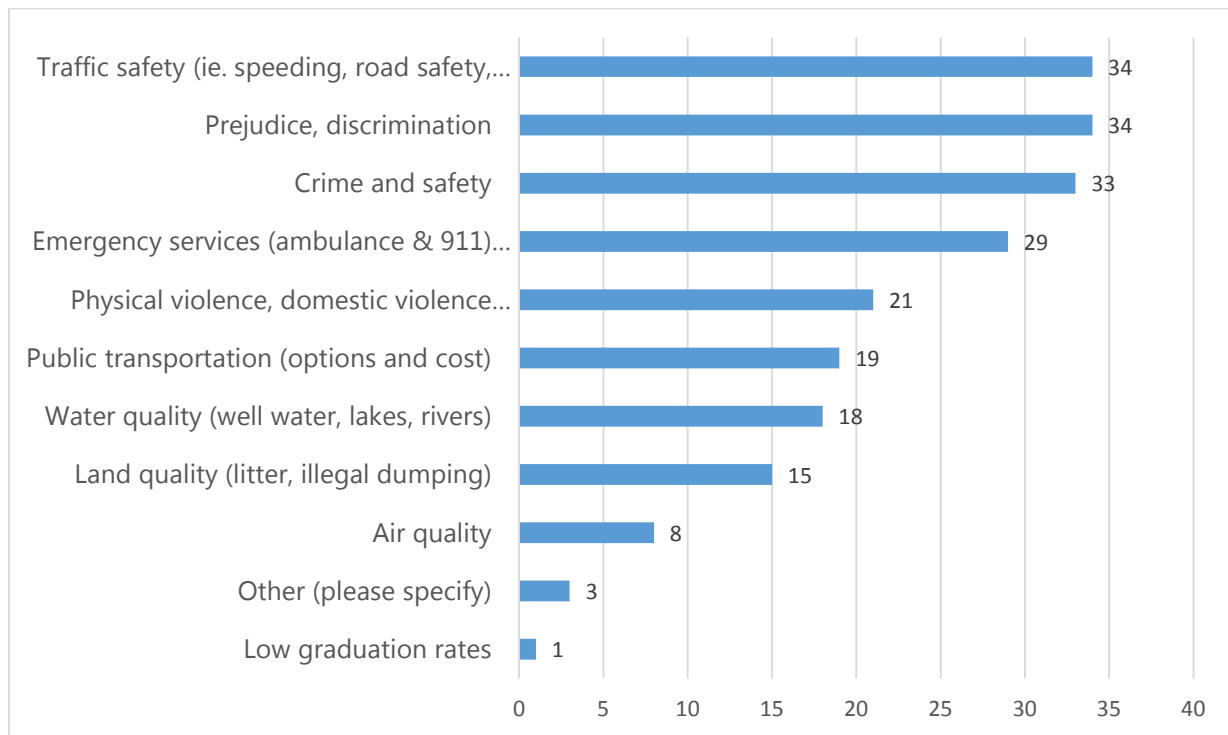
Respondents listed jealousy, intolerance, and lack of assisted living options as “other” concerns.

Figure 15: Availability of Health Services Concerns



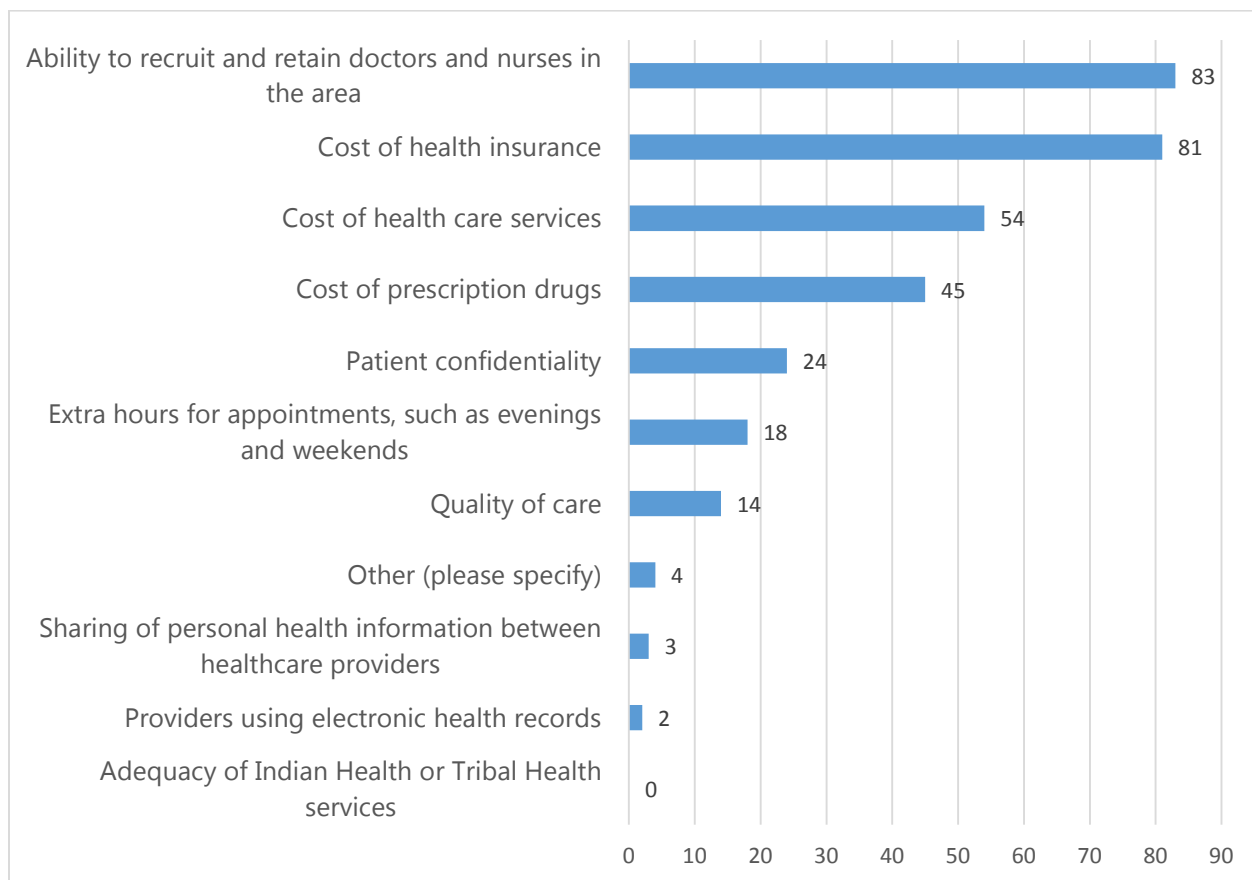
Other concerns primarily focused on getting a pediatrician, mental health provider and an OB/GYN; attracting and retaining healthcare professionals that are the right fit for the community, and lack of hospice services.

Figure 16: Safety/Environmental Health Concerns



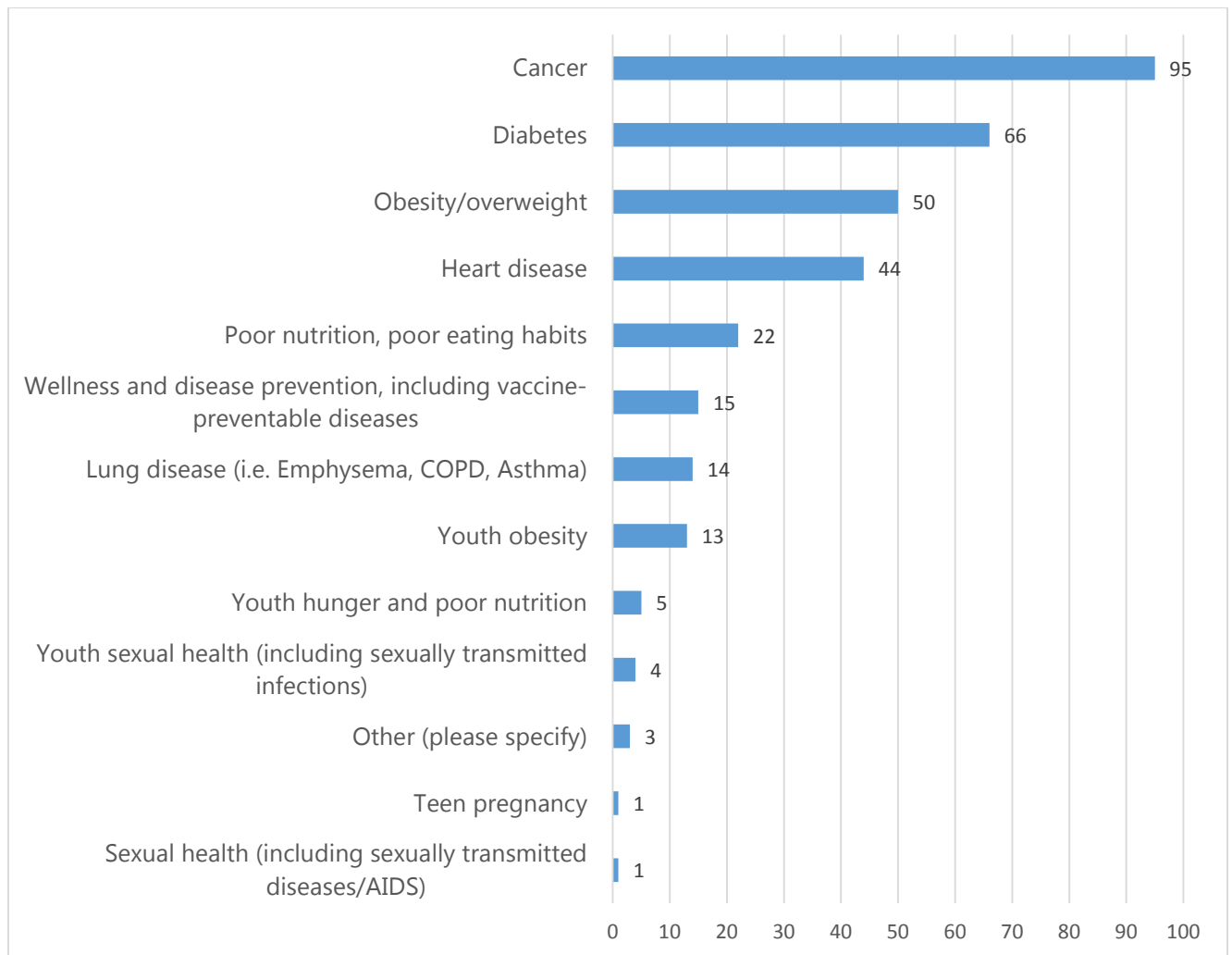
Respondents who selected "Other" indicated a need for more restaurants, more grocery options, and lack of stop signs in town.

Figure 17: Delivery of Health Services Concerns



"Other" concerns listed was the travel distance to receive care and local drug store hours.

Figure 18: Physical Health Concerns



Children who are not properly vaccinated and the amount of food children are given at school were listed as "Other" concerns regarding physical health in the community.

Figure 19: Mental Health and Substance Abuse Concerns

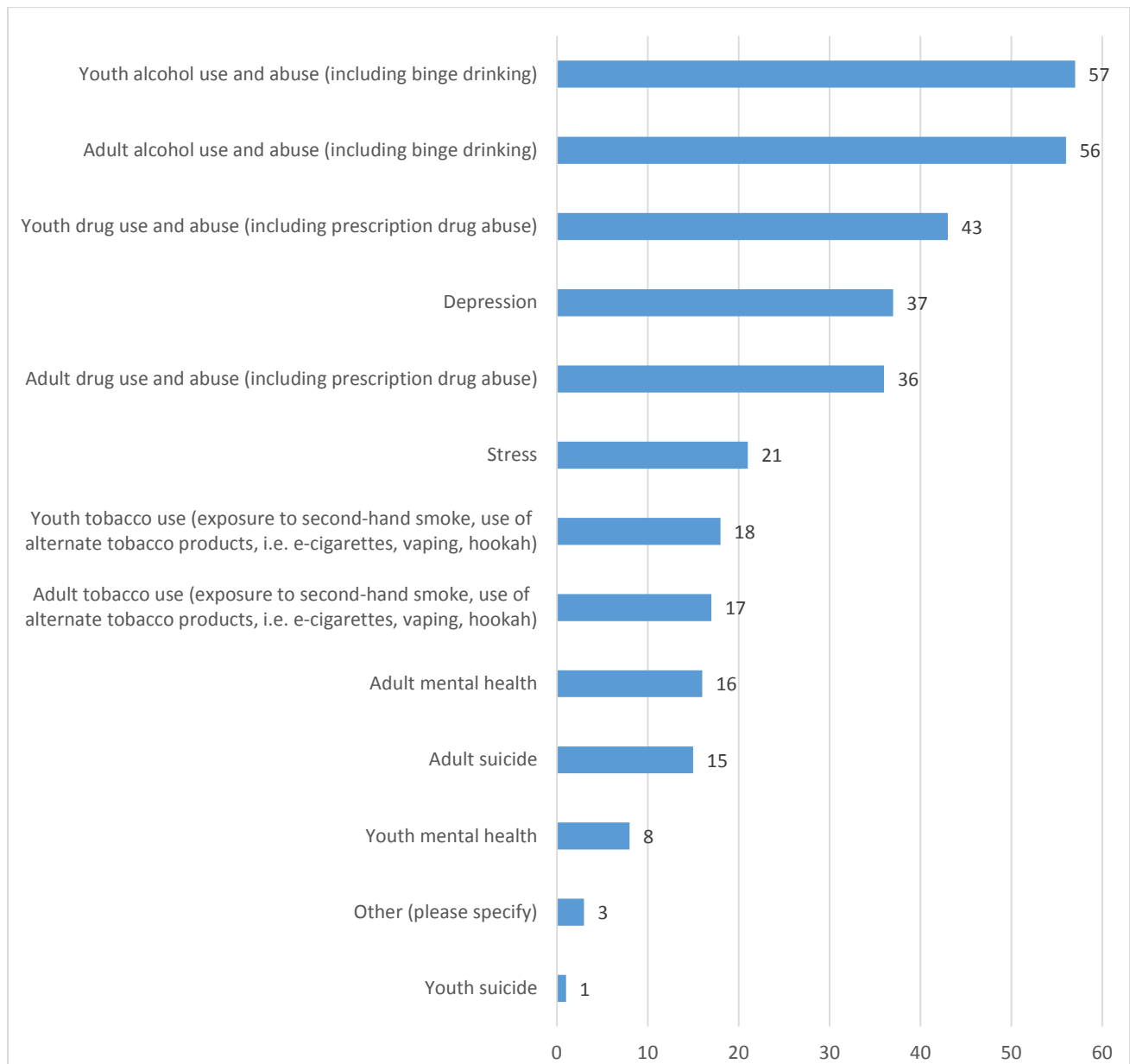
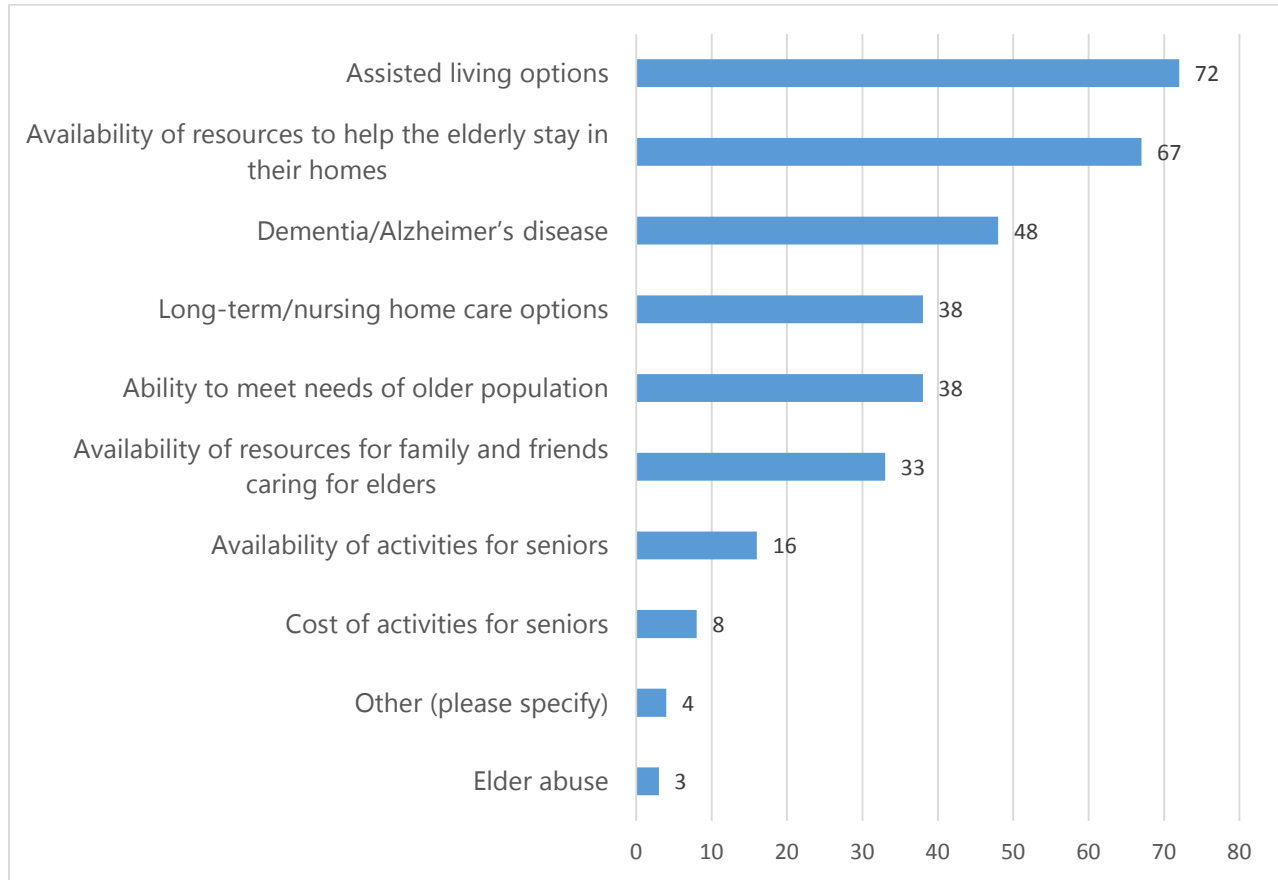
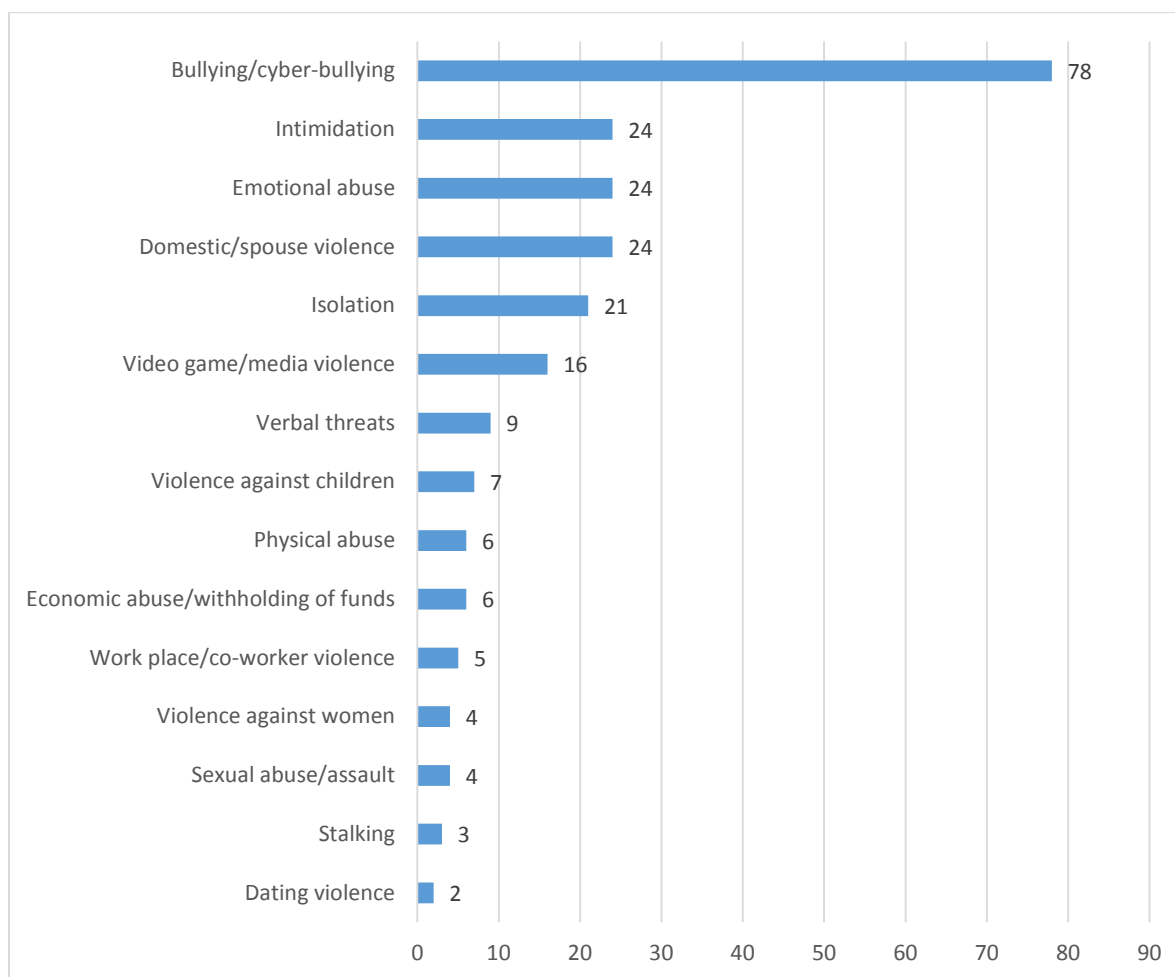


Figure 20: Senior Population Concerns



"Other" concerns for the senior population included the inability of elderly people to travel during the winter months

Figure 21: Violence in the Community Concerns

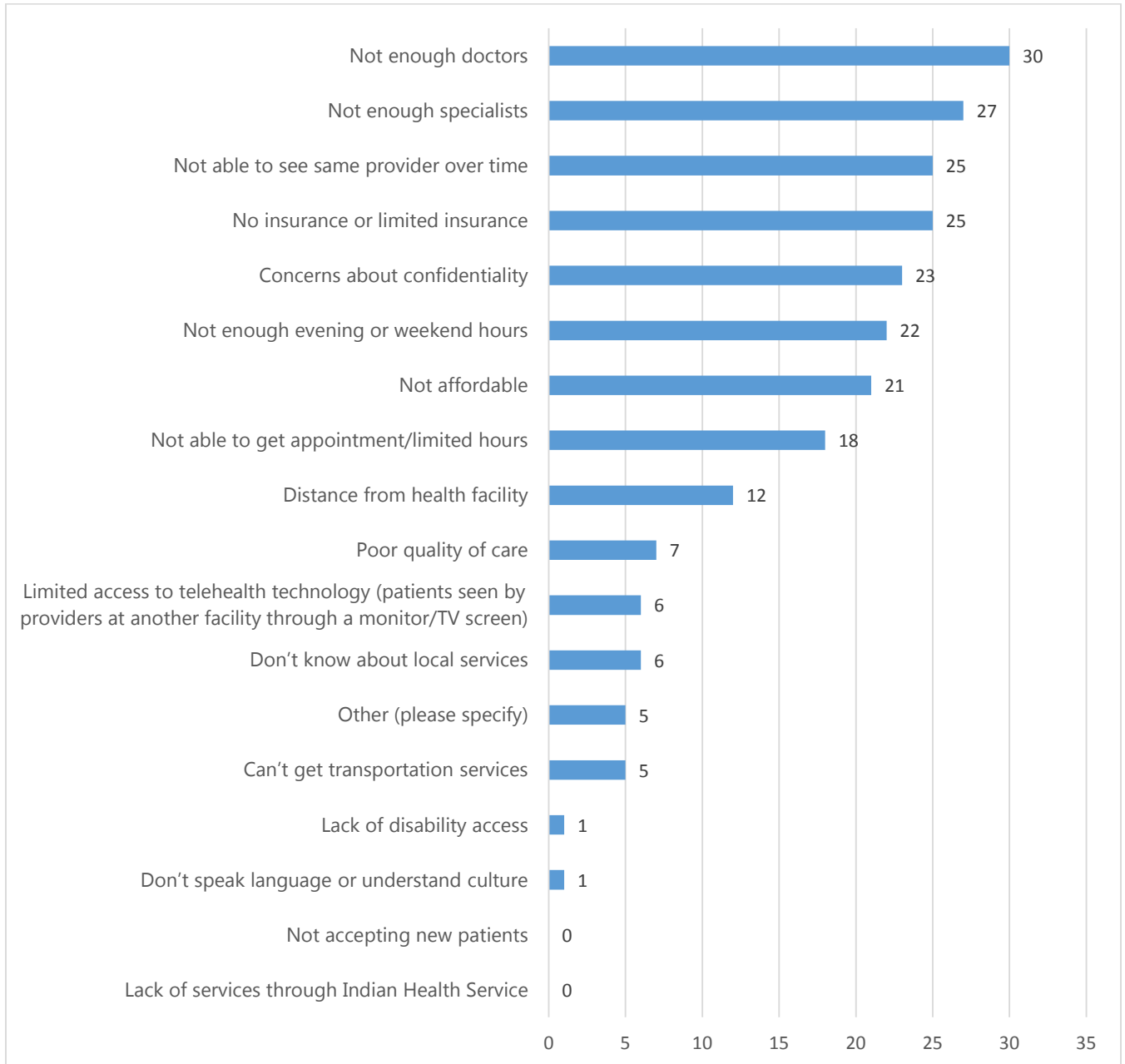


A high percent of respondents indicated bullying and cyber-bullying as a major concern.

Delivery of Healthcare

The survey asked residents what they see as barriers preventing them, or others, from receiving healthcare. The most prevalent barrier perceived by residents was not enough doctors (N=30); with the next highest being not enough specialists (N=27); and tied for the third most commonly identified barrier was no insurance or limited insurance and not able to see the same provider over time (N=25). The next two barriers, with less responses concerns about perceived confidentiality (N=23) and not enough evening or weekend hours (N=22). Figure 22 illustrates these results.

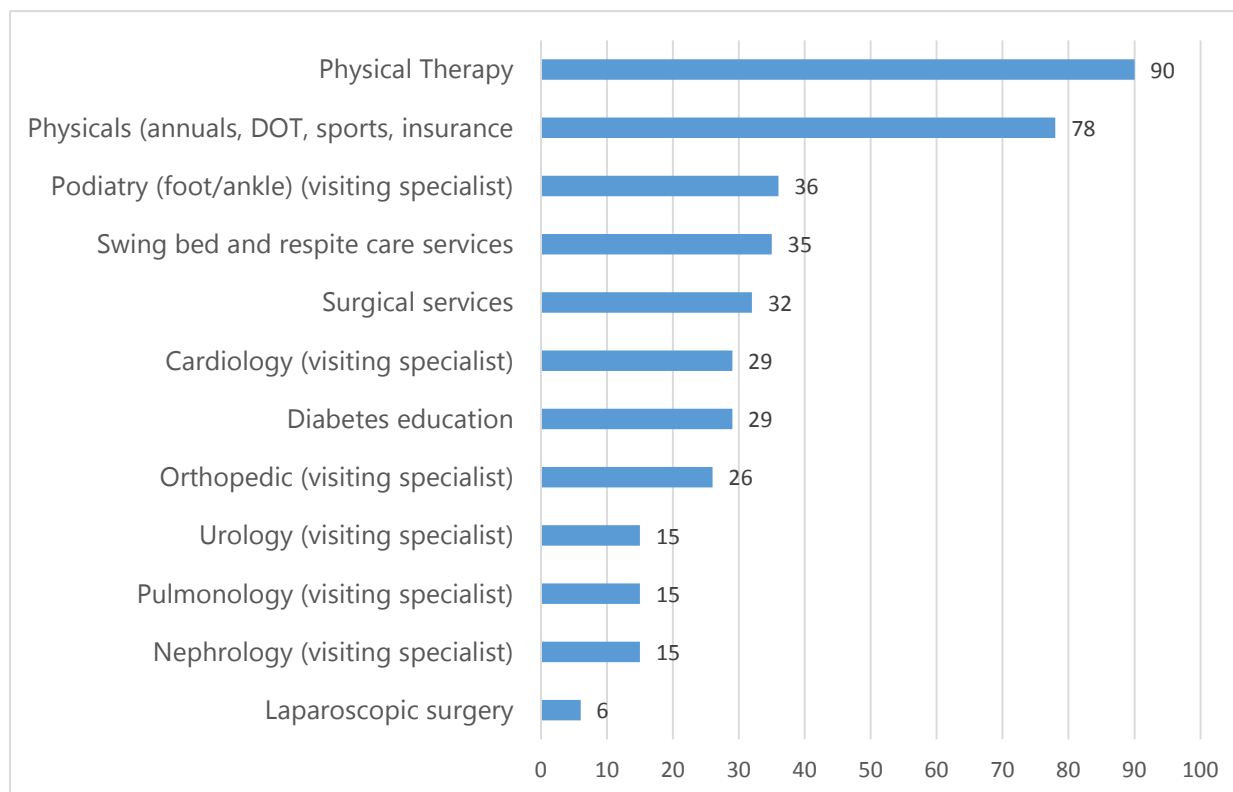
Figure 22: Perceptions about Barriers to Care



A few comments in the "Other" category, include: lack of nearby mental health care providers, not wanting to or unable to pay the emergency room charges on the weekend, so they wait until a week day or they drive to Bismarck to a walk in clinic, and billing issues with insurance.

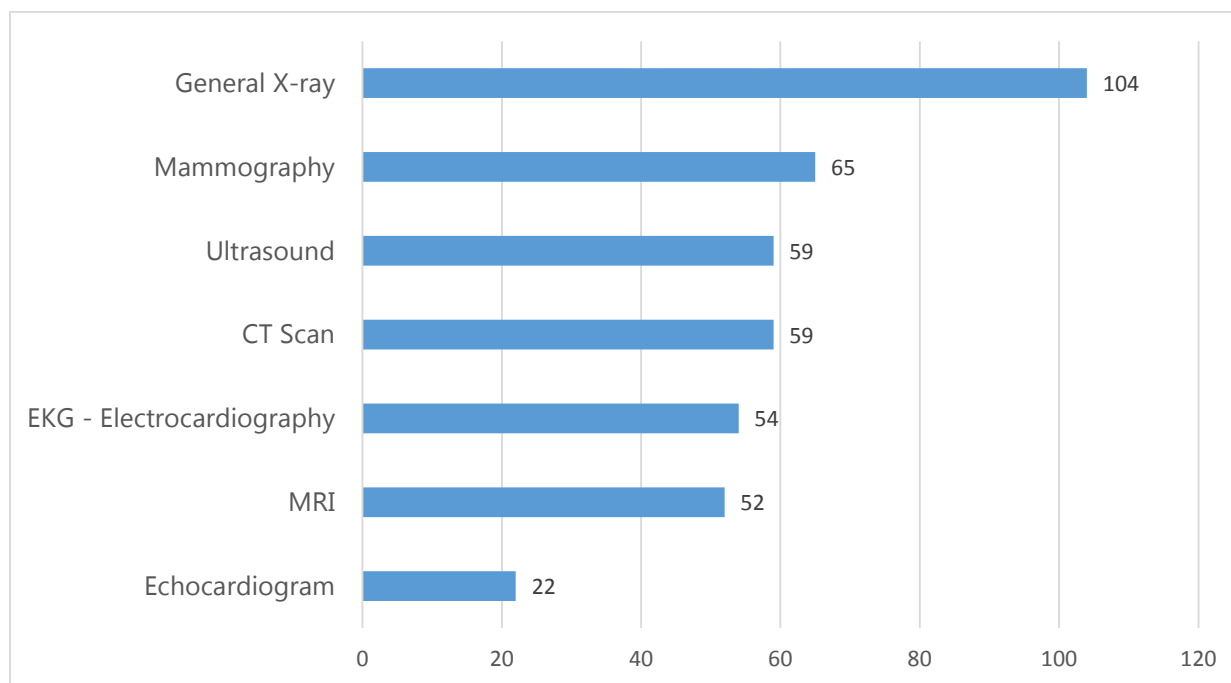
Considering a variety of healthcare services offered by Linton Hospital & Clinic (Figure 23-24), respondents were asked what, if any, services they were aware of or had used in the past year.

Figure 23: General and Acute Services at Linton Hospital



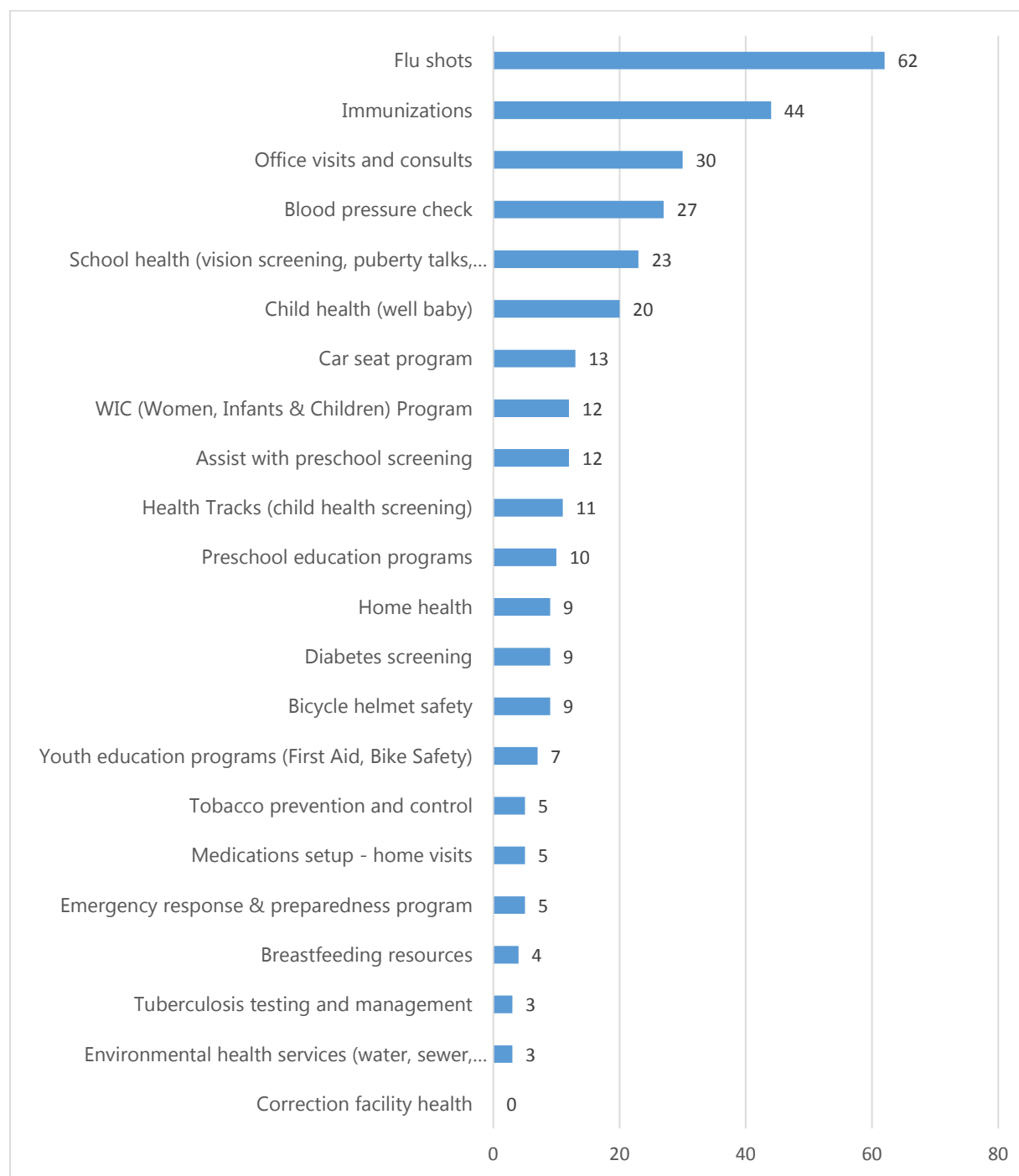
The majority of respondents in Figure 22 responded they were are using physical therapy services, and getting physical examinations. With regard to radiology services offered in Linton (Figure 23), general x-ray was most utilized, followed by mammography, ultrasound and CT scan.

Figure 24: Radiology Services at Linton Hospital



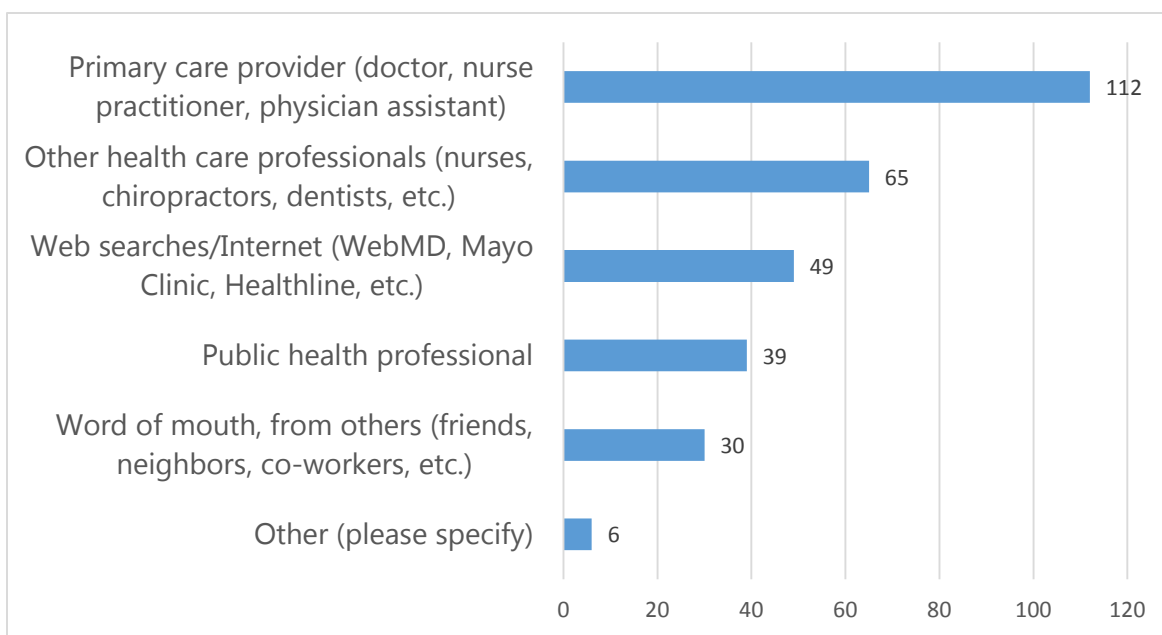
Related to services offered by Emmons County Public Health, respondents indicated that they, or a family member, mostly utilized flu shots and general office visits the past year (Figure 25).

Figure 25: Emmons County Public Health Service Utilization



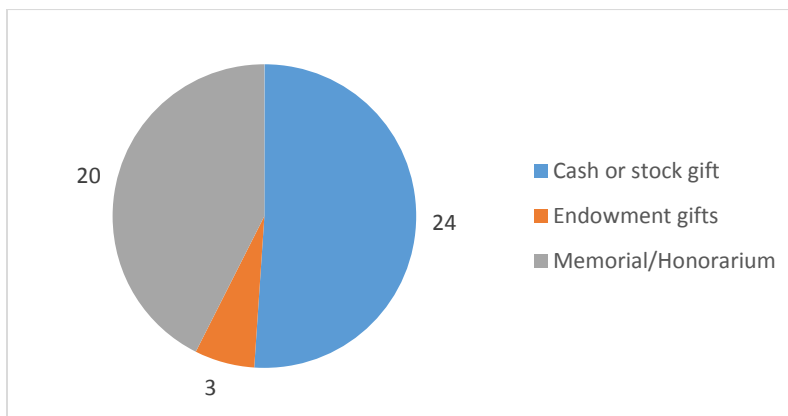
The survey revealed that the most frequent source for accessing trusted health information was their primary care provider (doctor, nurse practitioner, physician assistant) (Figure 26). Other common sources of trusted health information are other healthcare professionals (nurses, chiropractors, dentists, etc.) and web searches/Internet (WebMD, Mayo Clinic, Healthline, etc.).

Figure 26: Sources of Trusted Health Information



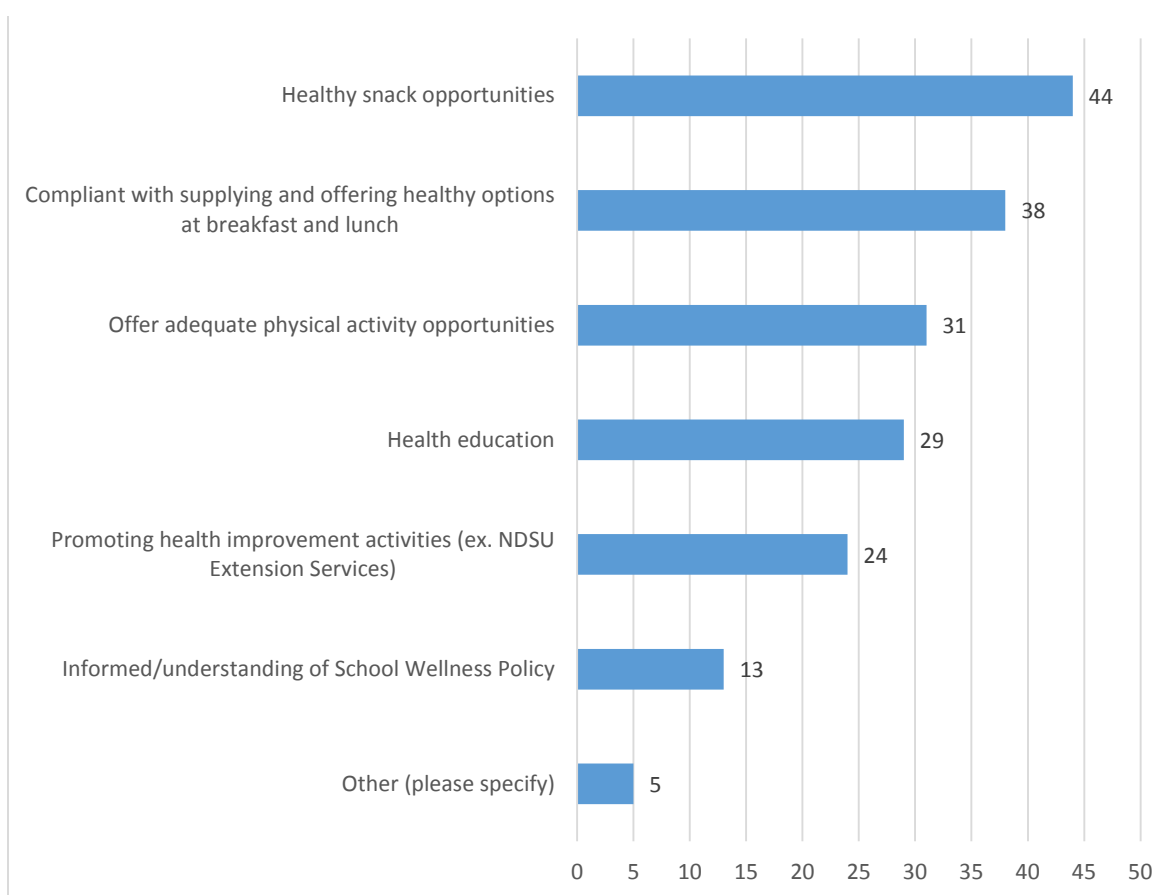
The majority, 81% (N=106), of respondents were aware that the Linton Hospital Foundation existed to support the Linton Hospital. Of those, 47 reported they had supported the foundation, with the majority contributing cash or stock gift (Figure 27).

Figure 27: Support Provided to the Linton Hospital Foundation



School systems have a significant impact on the health of a community; therefore, a question regarding the school system's dedication to health was included in the survey. The top concerns were the opportunity for healthy snacks and compliance with supplying, offering healthy options at breakfast and lunch, and offering adequate physical activity opportunities. Comments included in the "Other" category were appropriate teacher reporting of issues; it is ok to have unhealthy snacks (cookies) on occasion; they continue to push milk to drink; should be teaching sex education, not just abstinence; and too much electronics being allowed in school.

Figure 28: Concerns regarding the school system's dedication to health



Findings from Key Informant Interviews & the Community Meeting

Questions about the health and well-being of the community, similar to those posed in the survey, were explored during key informant interviews with community leaders and health professionals and also with the community group at the first meeting. The themes that emerged from these sources were wide-ranging, with some directly associated with healthcare and others more rooted in broader community matters.

Generally, overarching thematic issues that developed during the interviews and community meeting can be grouped into five categories (listed in alphabetical order):

- Not enough jobs with livable wages, not enough to live on
- Having enough child daycare services
- Availability of mental health services
- Availability of resources to help the elderly stay in their homes
- Ability to attract/retain primary care providers (doctors, nurses, NPs, PAs) in the community

To provide context, related to the identified needs, comments made by those interviewed are below:

Not enough jobs with livable wages, not enough to live on

- Affordable housing – the prices have gotten out-of-hand, they shouldn't be the same as Bismarck. Not just housing, it's the overall cost of living (expenses are higher).
- There is a need to attract an industry (business) to the area.
- There are not enough jobs with affordable wages to live on. One individual may have a good job, but there isn't anything for their spouse which is preventing people from taking jobs in Linton, because there aren't job opportunities for both.

Having enough child daycare services

- There is a huge shortage in daycare.
- Several nurses have quit to stay home with their kids.
- Lack of daycare is the biggest concern in the community.

Availability of mental health services

- Substance abuse is the most important concern in our community.
- Mental health services – depression and mental health goes hand in hand with drug and alcohol abuse.
- Big upswing in prescription drug abuse.
- Only way to force mental health treatment is to give a criminal court order.

Availability of resources to help the elderly stay in their homes

- Aging needs must be addressed.
- Availability of resources to help elderly to stay in their homes is a must for those that aren't ready for the care center yet, but are struggling to stay in their homes.

Ability to attract/retain primary care providers (doctors, nurses, NPs, PAs) in the community

- Some people feel more comfortable going to someone that is a doctor instead of an NP/PA.
- Linton is getting an OB but need to find a way to keep her coming to the community.
- Getting a doctor in the facility would boost confidence and help the facility attract and retain patients.

Community Engagement and Collaboration

Key informants and focus group participants also were asked to weigh in on community engagement and collaboration of various organizations and stakeholders in the community. Specifically, participants were asked, "On a scale of 1 to 5, with 1 being no collaboration/community engagement and 5 being excellent collaboration/community engagement, how would you rate the collaboration/engagement in the community among these various organizations?" They were then presented with a list of 13 organizations or community segments to rank. According to these participants, emergency services, including ambulance and fire, economic development organizations, social services, and faith based services are the most engaged in the community. The averages of these rankings (with 5 being "excellent" engagement or collaboration) were:

- Emergency services, including ambulance and fire (4.5)
- Faith based (4)
- Hospital (Healthcare system) (4)
- Law enforcement (4)
- Schools (4)
- Business and industry (3.5)
- Public Health (3.5)
- Social Services (3.5)
- Pharmacies (3)
- Economic development organizations (3)
- Long term care, including nursing homes and assisted living (3)
- Human services agencies (2)

Priority of Health Needs

A Community Group met on January 25, 2017. Twelve community members attended the meeting. Representatives from the Center for Rural Health presented the group with a summary of this report, including background and explanation about the secondary data, highlights from the survey results (including perceived community assets, concerns, and barriers to care) and findings from the key informant interviews.

Following the presentation of the assessment findings, and after consideration of and discussion about the findings, all members of the group were asked to identify what they perceived as the top four community health needs. All of the potential needs were listed on large poster boards, and each member was given four stickers so they could place a sticker next to each of the four needs they considered the most significant.

The results were totaled, and the concerns most often cited were:

- Ability to recruit and retain primary care providers (physicians, nurse practitioners, physician assistants) (8 votes)
- Youth drug use and abuse (including prescription drug abuse) (6 votes)
- Jobs with livable wages (8 votes)
- Having enough child daycare services (11 votes)
- Cancer (6 votes)

Then, from those top five priorities, each person put one sticker on the item they felt was the most important. The rankings were:

1. Jobs with livable wages (10 votes)
2. Having enough child daycare services (3 votes)
3. Cancer (1 votes)
4. Ability to recruit and retain primary care providers (physicians, nurse practitioners, physician assistants) (0 votes)
5. Youth drug use and abuse (including prescription drug abuse) (0 votes)

A summary of the prioritization process can be found in Appendix C.

Comparison of Needs Identified Previously

Top Needs Identified 2014 CHNA Process	Top Needs Identified 2017 CHNA Process
Aging population resources	Jobs with livable wages
Healthcare workforce shortages	Having enough child daycare services
Lack of affordable housing	Cancer
Lack of daycare	Ability to recruit and retain primary care providers
	Youth drug use and abuse

The current process identified two needs, common to 2014, which are lack of child daycare services and healthcare workforce shortages/ability to recruit and retain primary care providers.

Hospital and Community Projects and Programs Implemented to Address Needs Identified in 2014

In response to the needs identified in the 2014 community health needs assessment process the following actions were taken:

The Linton Industrial Development Corporation looked into opening a daycare center; but a private daycare provider opened and the need diminished until about 1 year ago. However, there are now no longer enough daycare openings available for the children in the county.

Emmons County Public Health was the recipient of a chronic disease management grant, from the North Dakota Department of Health, to address needs identified through the 2014 Community Health Needs Assessment process. The funding was used to enhance a wellness program activity for the county employees, along with training to provide a fall prevention class for area Senior Citizens. Emmons County Public Health received additional funding, for both of these grant funded projects, to continue services in 2016-2017.

Next Steps – Strategic Implementation Plan

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

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

Community Benefit Report

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

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

- Free and discounted care to those unable to afford healthcare.
- Care to low-income beneficiaries of Medicaid and other indigent care programs.

- Services designed to improve community health and increase access to healthcare.

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

What Are Community Benefits?

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

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

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

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

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

Appendix A – CHNA Survey Instrument



Linton Area Health Survey

Linton Hospital and Emmons County Public Health are interested in hearing from you about community health concerns.

The focus of this effort is to:

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



Scan here to take the survey online.

If you prefer, you may take the survey online at <http://tinyurl.com/LintonSurvey> or by scanning on the QR Code at the right.

Surveys will be tabulated by the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. Your responses are anonymous, and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported only in total. If you have questions about the survey, you may contact Kylie Nissen at 701.777.5380.

Surveys will be accepted through December 1, 2016. Your opinion matters – thank you in advance!

Community Assets: Please tell us about your community by choosing up to three options you most agree with in each category below.

Q1. Considering the **PEOPLE** in your community, the best things are (choose up to **THREE**):

- | | |
|--|--|
| <input type="checkbox"/> Community is socially and culturally diverse or becoming more diverse | <input type="checkbox"/> People who live here are involved in their community |
| <input type="checkbox"/> Feeling connected to people who live here | <input type="checkbox"/> People are tolerant, inclusive and open-minded |
| <input type="checkbox"/> Government is accessible | <input type="checkbox"/> Sense that you can make a difference through civic engagement |
| <input type="checkbox"/> People are friendly, helpful, supportive | <input type="checkbox"/> Other (please specify) _____ |

Q2. Considering the **SERVICES AND RESOURCES** in your community, the best things are (choose up to **THREE**):

- | | |
|---|---|
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Opportunities for advanced education |
| <input type="checkbox"/> Active faith community | <input type="checkbox"/> Public transportation |
| <input type="checkbox"/> Business district (restaurants, availability of goods) | <input type="checkbox"/> Programs for youth |
| <input type="checkbox"/> Community groups and organizations | <input type="checkbox"/> Quality school systems |
| <input type="checkbox"/> Health care | <input type="checkbox"/> Other (please specify) _____ |

Q3. Considering the **QUALITY OF LIFE** in your community, the best things are (choose up to **THREE**):

- | | |
|--|--|
| <input type="checkbox"/> Closeness to work and activities | <input type="checkbox"/> Job opportunities or economic opportunities |
| <input type="checkbox"/> Family-friendly; good place to raise kids | <input type="checkbox"/> Safe place to live, little/no crime |
| <input type="checkbox"/> Informal, simple, laidback lifestyle | <input type="checkbox"/> Other (please specify) _____ |

Q4. Considering the **ACTIVITIES** in your community, the best things are (choose up to **THREE**):

- | | |
|--|---|
| <input type="checkbox"/> Activities for families and youth | <input type="checkbox"/> Recreational and sports activities |
| <input type="checkbox"/> Arts and cultural activities | <input type="checkbox"/> Year-round access to fitness opportunities |
| <input type="checkbox"/> Local events and festivals | <input type="checkbox"/> Other (please specify) _____ |

Community Concerns: Please tell us about your community by choosing up to three options you most agree with in each category.

Q5. What are the major challenges facing your community?

Q6. Considering the **COMMUNITY HEALTH** in your community, concerns are (choose up to THREE):

- | | |
|---|---|
| <input type="checkbox"/> Access to exercise and wellness activities | <input type="checkbox"/> Attracting and retaining young families |
| <input type="checkbox"/> Adequate childcare services | <input type="checkbox"/> Change in population size (increase or decrease) |
| <input type="checkbox"/> Adequate school resources | <input type="checkbox"/> Jobs with livable wages |
| <input type="checkbox"/> Adequate youth activities | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Other (please specify) _____ |

Q7. Considering the **AVAILABILITY OF HEALTH SERVICES** in your community, concerns are (choose up to THREE):

- | | |
|--|---|
| <input type="checkbox"/> Ability to get appointments | <input type="checkbox"/> Availability of specialists |
| <input type="checkbox"/> Availability of doctors and nurses | <input type="checkbox"/> Availability of substance abuse/treatment services |
| <input type="checkbox"/> Availability of dental care | <input type="checkbox"/> Availability of vision care |
| <input type="checkbox"/> Availability of mental health services | <input type="checkbox"/> Availability of wellness/disease prevention services |
| <input type="checkbox"/> Availability of public health professionals | <input type="checkbox"/> Other (please specify) _____ |

Q8. Considering the **SAFETY/ENVIRONMENTAL HEALTH** in your community, concerns are (choose up to THREE):

- | | |
|---|--|
| <input type="checkbox"/> Air quality | <input type="checkbox"/> Prejudice, discrimination |
| <input type="checkbox"/> Crime and safety | <input type="checkbox"/> Public transportation (options and cost) |
| <input type="checkbox"/> Emergency services (ambulance & 911) available 24/7 | <input type="checkbox"/> Traffic safety (i.e. speeding, road safety, drunk/distracted driving, and seatbelt use) |
| <input type="checkbox"/> Land quality (litter, illegal dumping) | <input type="checkbox"/> Water quality (well water, lakes, rivers) |
| <input type="checkbox"/> Low graduation rates | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Physical violence, domestic violence (spouse/partner/family) | |

Q9. Considering the **DELIVERY OF HEALTH SERVICES** in your community, concerns are (choose up to THREE):

- | | |
|--|--|
| <input type="checkbox"/> Ability to retain doctors and nurses in the area | <input type="checkbox"/> Patient confidentiality |
| <input type="checkbox"/> Adequacy of Indian Health or Tribal Health services | <input type="checkbox"/> Providers using electronic health records |
| <input type="checkbox"/> Cost of health care services | <input type="checkbox"/> Quality of care |
| <input type="checkbox"/> Cost of health insurance | <input type="checkbox"/> Sharing of information between healthcare providers |
| <input type="checkbox"/> Cost of prescription drugs | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Extra hours for appointments, such as evenings and weekends | |

Q10. Considering the **PHYSICAL HEALTH** in your community, concerns are (choose up to THREE):

- | | |
|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Youth hunger and poor nutrition |
| <input type="checkbox"/> Lung disease (i.e. Emphysema, COPD, Asthma) | <input type="checkbox"/> Youth obesity |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Youth sexual health (including sexually transmitted infections) |
| <input type="checkbox"/> Obesity/overweight | <input type="checkbox"/> Wellness and disease prevention, including vaccine-preventable diseases |
| <input type="checkbox"/> Poor nutrition, poor eating habits | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Sexual health (including sexually transmitted diseases/AIDS) | |

Q11. Considering **MENTAL HEALTH AND SUBSTANCE ABUSE** in your community, concerns are (choose up to **THREE**):

- | | |
|--|---|
| <input type="checkbox"/> Adult alcohol use and abuse (including binge drinking) | <input type="checkbox"/> Youth alcohol use and abuse (including binge drinking) |
| <input type="checkbox"/> Adult drug use and abuse (including prescription drug abuse) | <input type="checkbox"/> Youth drug use and abuse (including prescription drug abuse) |
| <input type="checkbox"/> Adult tobacco use (exposure to second-hand smoke, use of alternate tobacco products (i.e. e-cigarettes, vaping, hookah) | <input type="checkbox"/> Youth mental health |
| <input type="checkbox"/> Adult mental health | <input type="checkbox"/> Youth suicide |
| <input type="checkbox"/> Adult suicide | <input type="checkbox"/> Youth tobacco use (exposure to second-hand smoke, use of alternate tobacco products i.e. e-cigarettes, vaping, hookah) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Stress | |

Q12. Considering the **SENIOR POPULATION** in your community, concerns are (choose up to **THREE**):

- | | |
|---|--|
| <input type="checkbox"/> Ability to meet needs of older population | <input type="checkbox"/> Cost of activities for seniors |
| <input type="checkbox"/> Assisted living options | <input type="checkbox"/> Dementia/Alzheimer's disease |
| <input type="checkbox"/> Availability of activities for seniors | <input type="checkbox"/> Elder abuse |
| <input type="checkbox"/> Availability of resources for family and friends caring for elders | <input type="checkbox"/> Long-term/nursing home care options |
| <input type="checkbox"/> Availability of resources to help the elderly stay in their homes | <input type="checkbox"/> Other (please specify) _____ |

Q13. Regarding various forms of **VIOLENCE** in your community, concerns are (choose up to **THREE**):

- | | | |
|--|---|--|
| <input type="checkbox"/> Bullying/cyber-bullying | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Video game/media violence |
| <input type="checkbox"/> Dating violence | <input type="checkbox"/> Isolation | <input type="checkbox"/> Violence against children |
| <input type="checkbox"/> Domestic/spouse violence | <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Violence against women |
| <input type="checkbox"/> Economic abuse/withholding of funds | <input type="checkbox"/> Stalking | <input type="checkbox"/> Work place/co-worker violence |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Sexual abuse/assault | |
| | <input type="checkbox"/> Verbal threats | |

Delivery of Health Care

Q14. Considering **GENERAL and ACUTE SERVICES** at Linton Hospital, which services are you aware of (or have you used in the past year)? (Choose **ALL** that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Diabetes education | <input type="checkbox"/> Orthopedic (visiting specialist) | <input type="checkbox"/> Surgical services |
| <input type="checkbox"/> Cardiology (visiting specialist) | <input type="checkbox"/> Urology (visiting provider) | <input type="checkbox"/> Swing bed and respite care services |
| <input type="checkbox"/> Nephrology (visiting provider) | <input type="checkbox"/> Podiatry (foot/ankle) (visiting specialist) | <input type="checkbox"/> Physicals (annuals, DOT, sports, insurance) |
| <input type="checkbox"/> Pulmonology (visiting provider) | <input type="checkbox"/> Physical Therapy | |
| <input type="checkbox"/> Laparoscopic surgery | | |

Q15. Considering **RADIOLOGY SERVICES** at Linton Hospital, which services are you aware of (or have you used in the past year)? (Choose **ALL** that apply)

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> EKG—Electrocardiography | <input type="checkbox"/> General x-ray | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> CT scan | <input type="checkbox"/> Mammography | |
| <input type="checkbox"/> Echocardiogram | <input type="checkbox"/> MRI | |

Q16. Are you aware of Linton Hospital's Foundation, which exists to financially support the Hospital?

- ☐ Yes ☐ No

Q17. Have you supported the Linton Hospital Foundation in any of the following ways? (Choose **ALL** that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Cash or stock gift | <input type="checkbox"/> Endowment gifts | <input type="checkbox"/> Memorial/Honorarium |
|---|--|--|

Q18. Where do you turn for trusted health information? (Choose ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Other health care professionals (nurses, chiropractors, dentists, etc.) | <input type="checkbox"/> Web searches/Internet (WebMD, Mayo Clinic, Healthline, etc.) |
| <input type="checkbox"/> Primary care provider (doctor, nurse practitioner, physician assistant) | <input type="checkbox"/> Word of mouth, from others (friends, neighbors, co-workers, etc.) |
| <input type="checkbox"/> Public health professional | <input type="checkbox"/> Other (please specify) _____ |

Q19. What **PREVENTS** you or other community residents from receiving health care? (Choose ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> Can't get transportation services | <input type="checkbox"/> Not able to get appointment/limited hours |
| <input type="checkbox"/> Concerns about confidentiality | <input type="checkbox"/> Not able to see same provider over time |
| <input type="checkbox"/> Distance from health facility | <input type="checkbox"/> Not accepting new patients |
| <input type="checkbox"/> Don't know about local services | <input type="checkbox"/> Not affordable |
| <input type="checkbox"/> Don't speak language or understand culture | <input type="checkbox"/> Not enough doctors |
| <input type="checkbox"/> Lack of disability access | <input type="checkbox"/> Not enough evening or weekend hours |
| <input type="checkbox"/> Lack of services through Indian Health Services | <input type="checkbox"/> Not enough specialists |
| <input type="checkbox"/> Limited access to telehealth technology (patients seen by providers at another facility through a monitor/TV screen) | <input type="checkbox"/> Poor quality of care |
| <input type="checkbox"/> No insurance or limited insurance | <input type="checkbox"/> Other (please specify) _____ |

Q20. Which of the following **SERVICES** provided by **EMMONS COUNTY PUBLIC HEALTH** have you or a family member used in the past year? (Choose ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Bicycle helmet safety | <input type="checkbox"/> Home health |
| <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Breastfeeding resources | <input type="checkbox"/> Medications setup—home visits |
| <input type="checkbox"/> Car seat program | <input type="checkbox"/> Office visits and consults |
| <input type="checkbox"/> Child health (well-baby) | <input type="checkbox"/> School health (vision screening, puberty talks, school immunizations) |
| <input type="checkbox"/> Correction facility health | <input type="checkbox"/> Preschool education programs |
| <input type="checkbox"/> Diabetes screening | <input type="checkbox"/> Assist with preschool screening |
| <input type="checkbox"/> Emergency response & preparedness program | <input type="checkbox"/> Tobacco prevention and control |
| <input type="checkbox"/> Flu shots | <input type="checkbox"/> Tuberculosis testing and management |
| <input type="checkbox"/> Environmental health services (water, sewer, health hazard abatement) | <input type="checkbox"/> WIC (Women, Infants & Children) Program |
| <input type="checkbox"/> Health Tracks (child health screening) | <input type="checkbox"/> Youth education programs (First Aid, Bike Safety) |

Q21. Considering the **SCHOOL SYSTEM'S** dedication to health, concerns are (choose up to THREE):

- | | |
|---|---|
| <input type="checkbox"/> Healthy snack opportunities | <input type="checkbox"/> Informed/Understanding of School Wellness Policy |
| <input type="checkbox"/> Promoting health improvement activities (ex. NDSU Extension services) | <input type="checkbox"/> Offer adequate physical activity opportunities |
| <input type="checkbox"/> Compliant with supplying and offering healthy options at breakfast and lunch | <input type="checkbox"/> Health education |
| | <input type="checkbox"/> N/A |
| | <input type="checkbox"/> Other (please specify) _____ |

Q22. What specific health care services, if any, do you think should be added locally?

Demographic Information: Please tell us about yourself.

Q23. Do you work for the hospital, clinic, or public health unit?

☐ Yes

☐ No

Q24. Health insurance or health coverage status (choose ALL that apply):

- ☐ Indian Health Service (IHS)
☐ Insurance through employer or self-purchased
☐ Medicaid

- ☐ Medicare
☐ No insurance
☐ Not enough insurance
☐ Veteran's Health Care Benefits

☐ Other (please specify)

Q25. Age:

- ☐ Less than 18 years
☐ 18 to 24 years
☐ 25 to 34 years

- ☐ 35 to 44 years
☐ 45 to 54 years
☐ 55 to 64 years

- ☐ 65 to 74 years
☐ 75 years and older

Q26. Highest level of education:

- ☐ Less than high school
☐ High school diploma or GED

- ☐ Some college/technical degree
☐ Associate's degree

- ☐ Bachelor's degree
☐ Graduate or professional degree

Q27. Gender:

☐ Female

☐ Male

☐ Transgender

Q28. Employment status:

- ☐ Full time
☐ Part time

- ☐ Homemaker
☐ Multiple job holder

- ☐ Unemployed
☐ Retired

Q29. Your zip code: _____

Q30. Race/Ethnicity (choose ALL that apply):

- ☐ American Indian
☐ African American
☐ Asian

- ☐ Hispanic/Latino
☐ Pacific Islander
☐ White/Caucasian

- ☐ Other: _____
☐ Prefer not to answer

Q31. Annual household income before taxes:

- ☐ Less than \$15,000
☐ \$15,000 to \$24,999
☐ \$25,000 to \$49,999

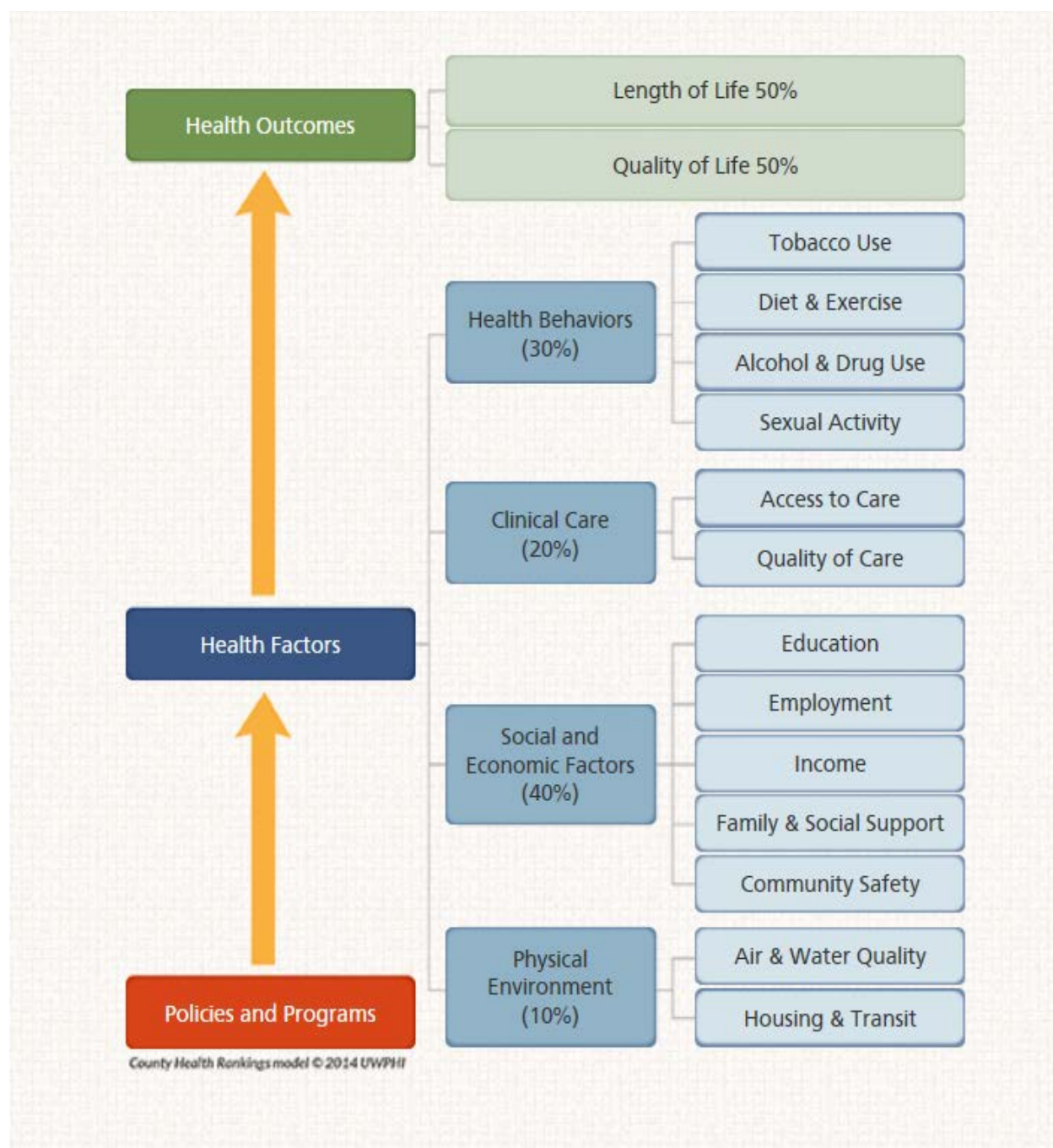
- ☐ \$50,000 to \$74,999
☐ \$75,000 to \$99,999
☐ \$100,000 to \$149,999

- ☐ \$150,000 and over
☐ Prefer not to answer

Q32. Overall, please share concerns and suggestions to improve the delivery of local health care.

Thank you for assisting us with this important survey!

Appendix B – County Health Rankings Model



Appendix C – Prioritization of Community's Health Needs

Community Health Needs Assessment Linton, North Dakota Ranking of Concerns

The top four concerns for each of the seven topic area, based on the community survey results, were listed on flipcharts. The numbers below indicate the total number of votes (dots) by the people in attendance at the second community meeting. The "Priorities" column lists the number of yellow/green/blue dots placed on the concerns indicating which areas are felt to be priorities. Each person was given four dots to place on the items they felt were priorities. The "Most Important" column lists the number of red dots placed on the flipcharts. After the first round of voting, the top five priorities were selected based on the highest number of votes. Each person was given one dot to place on the item they felt was the most important priority of the top five highest ranked priorities.

	Priorities	Most Important
DELIVERY OF HEALTH SERVICES		
Ability to recruit and retain primary care providers (MD, NP, PA)	8	0
Cost of health insurance	1	
Cost of health care services	0	
Extra hours for appointments, such as evenings and weekends	2	
AVAILABILITY OF HEALTH SERVICES		
Availability of primary care providers	0	
Availability of dental services	0	
Availability of specialists	0	
Availability of mental health services	0	
MENTAL HEALTH AND SUBSTANCES ABUSE		
Adult alcohol use and abuse	0	
Youth alcohol use and abuse	0	
Depression		
Youth drug use and abuse	6	0
SAFETY/ENVIRONMENTAL HEALTH		
Public transportation (options/costs)	0	
Emergency services (ambulance & 911)	0	
Traffic safety (speeding, road safety, drunk/distracted driving, seatbelts)	0	
Crime and safety	0	
AGING POPULATION		
Availability of resources to help the elderly stay in their homes	5	
Assisted living options	0	
Dementia/Alzheimer's disease	0	
COMMUNITY HEALTH		
Attracting and retaining young families	1	
Jobs with livable wages	8	10
Having enough child daycare services	11	3
Adequate youth activities	0	
PHYSICAL HEALTH		
Obesity/overweight	1	
Cancer	6	1
Diabetes	1	
Heart disease	0	