Community Health **Needs Assessment**

2024

Jamestown Regional Medical Center – Service Area

Jamestown, North Dakota

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Acronyms (in order of introduction)

Jamestown Regional Medical Center (JRMC)
Community Health Needs Assessment (CHNA)
The Center for Rural Health (CRH)
University of North Dakota School of Medicine and Health Sciences (UND SMHS)
Youth Risk Behavior Surveillance System (YRBSS)
Central Valley Health District (CVHD)
North Dakota State University (NDSU)
American Community Survey (ACS)
Centers for Disease Control and Prevention (CDC)
Community Action Agencies (CAAs)
Supplemental Nutrition Assistance Program (SNAP)
Jamestown/Stutsman County Development (JSDC)
Multi-Tiered System of Support for Behavioral Health and Wellness Model (MTSS-B)
Internal Revenue Service (IRS)
health-related quality of life (HRQoL)
low birthweight (LBW)
Standard Industry Classification (SIC)

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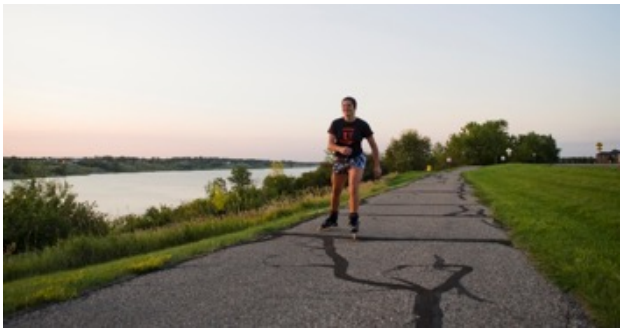
Executive Summary



To help inform future decisions and strategic planning, Jamestown Regional Medical Center (JRMC) conducted a Community Health Needs Assessment (CHNA) in 2024, the previous CHNA having been conducted in 2021. The Center for Rural Health (CRH) at the University of North Dakota (UND) School of Medicine & Health Sciences (SMHS) 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. Five hundred nine JRMC service area residents completed the survey. Additional information was collected through seven key informant interviews with community members. The input from the residents, who primarily reside in Stutsman County, represented the broad interests of the communities in the service area. Together with secondary data gathered from a wide range of sources, the survey presents a snapshot of the health needs and concerns in the community.

With regard to demographics, Stutsman County's population from 2020 to 2022 has maintained. The average number of residents younger than age 18 (20.2%) for Stutsman County comes in 3.3 percentage points lower than the North Dakota average (23.5%). The percentage of residents ages 65 and older is almost 4% higher for Stutsman County (20.5%) than the North Dakota average (16.7%), and the rate of education is slightly lower for Stutsman County (91.7%) than the North Dakota average (93.3%). The median household income in Stutsman County ($59,167) is much lower than the state average for North Dakota ($71,970).

Data, compiled by County Health Rankings, show Stutsman County is doing better than North Dakota in health outcomes/factors for 20 categories.

Stutsman County, according to County Health Rankings data, is performing poorly relative to the rest of the state in nine outcome/factor categories.

Of 106 potential community and health needs set forth in the survey, the 509 JRMC service area residents who completed the survey indicated the following 10 needs as the most important:

- Alcohol use and abuse – youth and adult
- Attracting and retaining young families
- Availability of resources to help the elderly stay in their homes
- Availability of specialists
- Cost of long-term/nursing home care
- Cost of long-term/nursing home care
- Depression/anxiety – youth and adult
- Drug use and abuse – youth and adult
- Having enough child daycare services
- Not enough affordable housing
- Not enough lobs with livable wages

The survey also revealed the biggest barriers to receiving healthcare (as perceived by community members). They included not able to get appointment/limited hours (N=135), not enough evening/weekend hours (N=111), and not enough specialists (N=108).

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

- Safe place to live, little/no crime
- Healthcare
- Family-friendly, good place to raise kids
- Year-round access to fitness opportunities
- People are friendly, helpful, and supportive
- Closeness to work and activitie

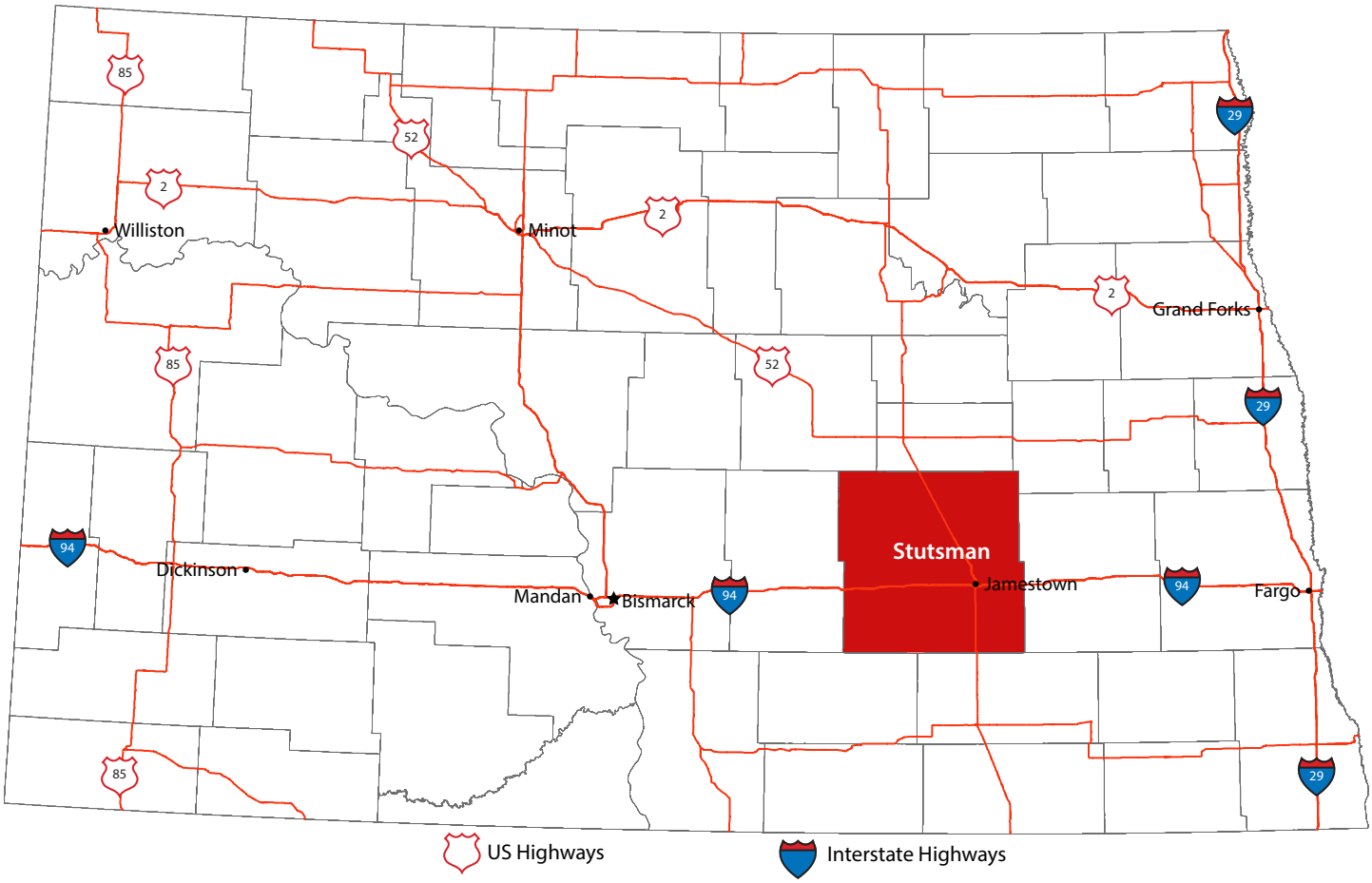
Input from community leaders, provided via key informant interviews and the community focus group, echoed many of the concerns raised by survey respondents. Concerns emerging from these sessions were:

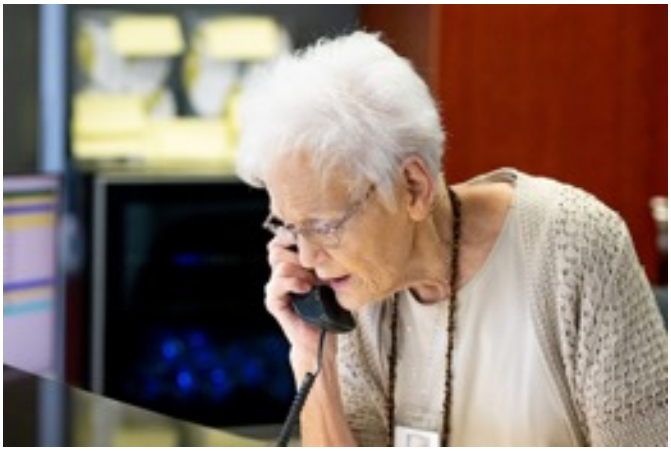
- Ability to get appointments for health services within 48 hours
- Attracting and retaining young families
- Ability/willingness of healthcare providers to work together to coordinate patient care outside the local community
- Alcohol use and abuse – youth and adult
- Availability of resources to help the elderly stay in their homes
- Cost of long term/nursing home care
- Depression/anxiety – youth and adult
- Having enough child daycare services

Overview and Community Resources

With assistance from the Center for Rural Health (CRH) at the University of North Dakota (UND) School of Medicine & Health Sciences (SMHS), Jamestown Regional Medical Center (JRMC) completed a Community Health Needs Assessment (CHNA) of the JRMC service area. The hospital identifies its service area as nine counties in a 60-mile radius of Jamestown. Those counties include Stutsman (primary), Barnes, Foster, Eddy, LaMoure, Kidder, Dickey, Griggs, and Wells. Many community members and stakeholders worked together on the assessment. Stutsman County is the eighth most populated county in North Dakota.

Figure 1: Stutsman County





Jamestown Regional Medical Center

Since 1929, JRMC has focused on making human connections and memorable impressions. The mission reminds JRMC to "Exceed expectations and be THE difference in the lives of those they serve." And even though JRMC has almost 90 years of experience, there is nothing outdated about how they deliver care. In fact, JRMC's history of doing things first and with excellence has earned the facility a legendary reputation. The hospital does not offer primary care, though it does offer specialty services including ear, nose, and throat, gynecology, orthopedics, podiatry, urology, and wound care. All of these services are offered under one roof at JRMC. JRMC also offers outreach specialty care in Carrington. The Critical Access Hospital (CAH) Profile for JRMC includes a summary of hospital-specific information and is available in Appendix A.

The hospital's daily inpatient census averages nearly 15 patients, and JRMC is the only hospital within a 90-mile radius that has a birthing center, where over 350 babies are welcomed each year. The collective participation of employees, physicians and board leadership pioneered the way for the new medical center that opened in 2011, specialty clinic in 2012 and cancer center in 2019.

JRMC has one outreach clinic location in Carrington, North Dakota.

Mission
To exceed expectations and be THE difference in the lives of those served.

Vision
To be the best rural hospital in the country for patients to receive care, employees to work and providers to practice.

Healthy Roots

- Attitude
- Communication
- Compassion
- Ownership
- Teamwork
- Respect

JRMC has a significant economic impact on the region. In 2020, when the economic impact analysis was calculated, they directly employed 282 full-time equivalent (FTE) employees with an annual payroll of over $24.8 million (including benefits). These employees create an additional 182 jobs and nearly $9.23 million in income, as they interact with other sectors of the local economy. This economy results in a total impact of 464 jobs and more than $34 million in income. Additional information is provided in Appendix B.

Services offered locally by JRMC include:

General and Acute Services

- Cancer care
- Cardiac rehab
- Clinic
- Ear, nose, and throat (ENT)
- Emergency room
- Gynecology
- Hospital (acute care)
- Nutrition counseling
- Obstetrics
- Ophthalmology surgery services
- Orthopedics
- Pharmacy
- Physicals: sports medicine
- Podiatry: evaluation and surgery
- Pulmonary rehab
- Surgical services: biopsies
- Surgical services: outpatient
- Swing bed services
- Urology
- Wound care: hyperbaric/oxygen

Screening/Therapy Services

- Audiology
- Home care
- Hospice
- Laboratory services
- Lower extremity circulatory assessment
- Occupational therapy
- Pediatric services
- Physical therapy
- Respiratory care

Radiology Services

- CT scan
- 3D mammography
- Echocardiograms
- EKG
- General X-ray
- MRI
- Nuclear medicine
- Ultrasound
- Vein ablation

Laboratory Services

- Blood types
- Clot times
- Chemistry
- Pregnancy testing
- Direct access testing
- Hematology
- Urine testing

Services Offered by Other Providers/Organizations

- Ambulance
- Chiropractic
- Dental
- Massage therapy
- Optometric/vision services

Central Valley Health District

Central Valley Health District (CVHD) was established in 1973. The main office is located at 122 - 2nd St NW in beautiful downtown Jamestown and serves residents of Stutsman and Logan Counties. The Board of Health governs the agency. Funding for agency services that come from local, state, and federal funds, including grants, private insurance, and a sliding fee.

All eligible persons shall have equal access to the programs, facilities, and employment of this agency, without regard to race, creed, economic status, color, sex, national origin, physical, or mental handicap.

MISSION
Prevent, promote, and protect to improve the health and wellbeing of the community.

VISION
Lead the change to become the healthiest community.

CORE VALUES

- Collaboration – Cultivate partnerships to advance community health.
- Respect – Embrace equity, diversity, and inclusion for all.
- Knowledge – Advocate and implement evidence-based practices.
- Excellence – Strive for continuous quality improvement.
- Innovation – Foster creativity to assess and address the health of the community.

STRATEGIC PRIORITIES

- Increase community awareness on the importance of public health.
- Develop, implement, and evaluate strategies to obtain sustainable, adequate public health.
- Ensure a competent workforce that seeks to fulfill the mission and values, while striving for commitment to CVHD values and priorities.
- Focus the practice to protect and harbor the core functions of public health.
- Provide and seek opportunities for collaborative and integrative leadership with a commitment to continuous, high-quality improvement.
- Maintain and continuously develop the ability to respond to emerging health issues.

Specific services that SDHU provides are:

- Bicycle helmet safety education
- Blood pressure checks
- Breastfeeding resources
- Car seat program
- Child health (well-baby)
- Cholesterol screenings
- Cribs for kids
- Diabetes screening
- Emergency preparedness services – work with community partners as part of local emergency response team
- Environmental health services (water, sewer, health hazard abatement)
- Family planning services
- Health Tracks (child health screening)
- In-home nursing care
- Immunizations
- Medications setup – home visits
- Newborn home visits
- Narcan training and distribution
- Nutrition education
- School health education and resource to the schools

- Tobacco prevention and control
- Tuberculosis testing and management
- West Nile program – surveillance and education
- Worksite wellness
- Wellness clinics
- Women, Infants, and Children (WIC) Program
- Youth education programs (First Aid, Bike Safety)

Assessment Process

The purpose of conducting a Community Health Needs Assessment (CHNA) 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 CHNA benefits the community by:

1) Collecting timely input from the local community members, providers, and staff.

2) Providing an analysis of secondary data related to health-related behaviors, conditions, risks, and outcomes.

3) Compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan.

4) Engaging community members about the future of healthcare.

5) Allowing the community hospital to meet the federal regulatory requirements of the Affordable Care Act, which requires not-for-profit hospitals to complete a CHNA 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 Stutsman County.

The Center for Rural Health (CRH), in partnership with Jamestown Regional Medical Center (JRMC) and Central Valley Health District (CVHD), facilitated the CHNA process. Community representatives communicated regularly in-person, by telephone conference, and email. A CHNA liaison was selected locally, who served as the main point of contact between CRH and JRMC. Representatives from CRH met and corresponded regularly by videoconference and/or via the eToolkit with the CHNA liaison.

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

A small steering committee was formed that was responsible for planning and implementing the process locally. See figure 2.

Figure 2: Steering Committee

Trisha Jungels	CNO, Jamestown Regional Medical Center (JRMC)
Sarah Haas	RN, Education Nurse, JRMC
Heather Erholtz	Director of Strategy, JRMC
Macro Moser	CRNA/Anesthesia, JRMC
Shannon Klatt	MPH, CLC, Central Valley Health District (CVHD)

The original survey tool was developed and used by CRH. In order to revise the original survey tool to ensure the data gathered met the needs of hospitals and public health, CRH worked with the North Dakota Department of Health's public health liaison. CRH representatives also participated in a series of meetings that garnered input from the state's health officer, local North Dakota public health unit professionals, and representatives from North Dakota State University.

As part of the assessment's overall collaborative process, CRH 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
- A wide range of secondary sources of data were examined, providing information on a multitude of measures, including demographics, health conditions, indicators, outcomes, rates of preventive measures; rates of disease; and at-risk behavior

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 nine community members convened and first met on January 23, 2024. During this first community group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about the community, 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 February 22, 2024, with 16 community members in attendance. At this second meeting the community group was presented with survey results, findings from key informant interviews and the initial focus group, and a wide range of secondary data, relating to the general health of the population in Stutsman 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 JRMC and CVHD. They included representatives of the health community, political bodies, law enforcement, and social service agencies. Not all members of the group were present at both meetings.

Interviews

One-on-one interviews with five key informants were conducted in person in Jamestown on January 23, 2024. Two additional key informant interviews were conducted over the phone in that same month. A representative from CRH conducted the interviews. Interviews were held with selected members of the community who could provide insights into the community's health needs. Included among the informants were public health professionals with special knowledge in public health acquired through several years of 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 healthcare 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 C, and a full listing of direct responses is provided for the questions that included "Other" as an option are included in Appendix G.

The community member survey was distributed to various residents in the JRMC service area. The survey tool was designed to:

- Learn of the good things in the community and the community's concerns.
- 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 residents.

Specifically, the survey covered the following topics:

- Residents' perceptions about community asset
- Broad areas of community and health concerns
- Awareness of local health services
- Barriers to using local healthcare
- Basic demographic information
- Suggestions to improve the delivery of local healthcare

To promote awareness of the assessment process, JRMC and CVHD promoted the survey via press releases, emails, personal visits, and social media posts.

To help ensure anonymity, included with each survey was a postage-paid return envelope to CRH. In addition, to help make the survey as widely available as possible, residents also could request a survey by calling JRMC or CVHD. The survey period ran from December 15, 2023 to January 15, 2024. One completed paper survey was returned.

Area residents were also given the option of completing an online version of the survey, which was publicized in the community newspaper, emailed, and included on the JRMC website and Facebook page. Five hundred eight online surveys were completed. In total, counting both paper and online surveys, 509 community member surveys were completed, equating to a 4% response rate.

Secondary Data

Secondary data were collected and analyzed to provide descriptions of:

- Population demographics.
- General health issues (including any population groups with particular health issues).
- Contributing causes of community health issues, including social determinants of health.

Secondary data were 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 the U.S. Census Bureau; Robert Wood Johnson Foundation's County Health Rankings, which pulls data from 20 primary data sources; the National Survey of Children's Health, which touches on multiple intersecting aspects of children's lives; 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; and Youth Risk Behavior Surveillance System (YRBSS) data, which is published by the Centers for Disease Control and Prevention.

Social Determinants of Health

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

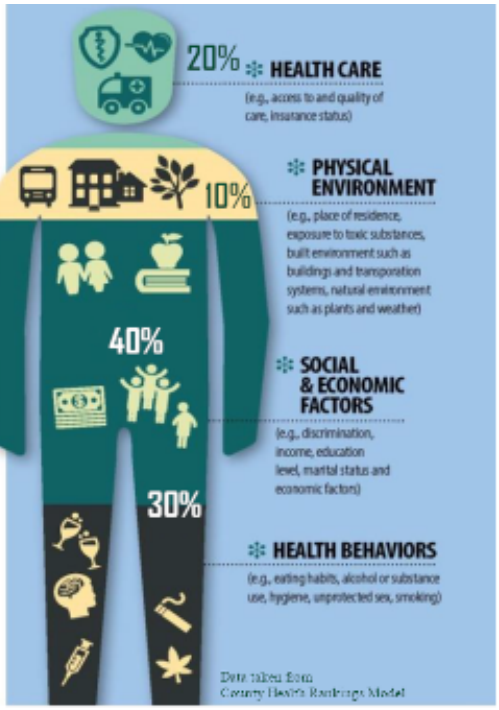
"The circumstances in which people are born, grow up, live, work, and age and the systems put in place to deal with illness. These circumstances are in turn shaped by wider set of forces: economics, social policies, and politics."

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 previously. The barriers already present in rural areas, such as limited public transportation options and fewer choices to acquire healthy food, can compound the impact of these challenges.

There are numerous models that depict the social determinants of health. While the models may vary slightly in the exact percentages that they attribute to various areas, the discrepancies are often because some models have combined factors when other models have kept them as separate factors.

For Figure 3, data have been derived from the County Health Rankings model, (https://www.countyhealthrankings.org/resources/county-health-rankings-model), and it illustrates that healthcare, while vitally important, plays only one small role (approximately 20%) in the overall health of individuals and, ultimately, of a community. Physical environment, social and economic factors, and health behaviors play a much larger part (80%) in impacting health outcomes. Therefore, as needs or concerns were raised through this CHNA process, it was imperative to keep in mind how they impact the health of the community and what solutions can be implemented.

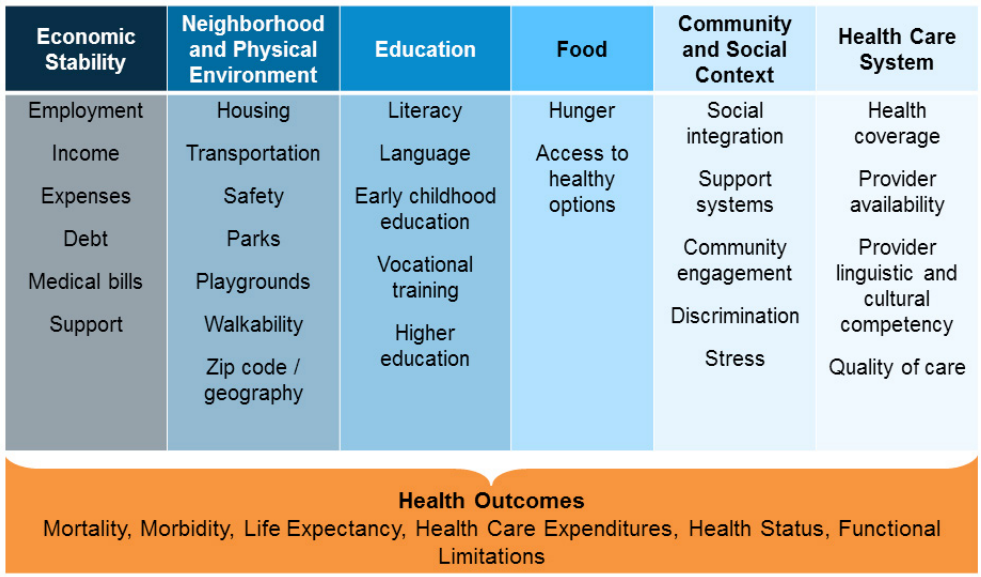
Figure 3: Social Determinants of Health



In Figure 3, the Henry J. Kaiser Family Foundation (https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/), provides examples of factors that are included in each of the social determinants of health categories that lead to health outcomes.

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

Figure 4: Social Determinants of Health



Source: https://www.census.gov/quickfacts/fact/table/ND,US/INC910216#viewtop and https://data.census.gov/cedsci/profile?g=0400000US38&q=North%20Dakota

Demographic Information

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

2022 American Community Survey – ACS 5-year Estimates (https://www.census.gov/programs-surveys/acs/data.html)

Demographic	Stutsman County	North Dakota	United States
Population (DP05)	21,609	779,261	331,097,593
Population change (2020 Decennial)	21,593	779,094	331,449,281
People per square mile (2020 Decennial)	9.7	11.3	93.8
Persons 65 years or older (DP05)	19.9%	16.7%	16.5%
Persons younger than age 18 (DP05)	20.2%	23.5%	22.1%
White persons	92.6%	84.5%	65.9%
Median Age (DP05)	40.3	35.4	38.5
Economic Characteristics			
Average commute (DP03), (S0801)	15.6 mn.	17.9 mn.	26.7 mn.
Drive to work alone (DP03), (S0801)	80.6	80.3%	71.7%
Work from home (DP03), (S0801)	5.1%	6.3%	11.7%
Median household income (DP03), (S1901)	$59,167	$71,970	$75,149
Median property value (DP04, owner occupied?)	$191,000	$232,500	$281,900
Live below poverty line – all people (S1701)	13.1%	11.5%	12.5%
All persons without health insurance (DP03), (S1301)	7.3%	6.4%	8.7%
Persons without health insurance, younger than age 65	8.6%	7.5%	9.3%
Social Characteristics (DP02), (S1501)			
High school graduates	91.7%	93.5%	89.1%
Bachelor's degree or higher	24.5%	31.4%	34.3%
Housing Characteristics (DP04)			
Median Rent	$746	$912	$1,268
Median Mortgage	$1,435	$1,653	$1,828
Ethnic Composition (DP02), (S1601)			
White	92.6%	84.5%	65.9%
Hispanic	2.8%	4.3%	18.7%
Black	2.0%	3.2%	12.5%
American Indian	1.6%	4.7%	2.0%
Language other than English spoken at home	3.2%	7.1%	21.7%
Spanish	1.5%	2.0%	13.3%
Other Indo European	1.6%	2.2%	3.7%
Asian and Pacific Islander	0.2%	0.9%	3.5%
Other	0.1%	1.6%	1.2%

Source: https://www.census.gov/quickfacts/fact/table/ND,US/INC910216#viewtop and https://data.census.gov/cedsci/profile?g=0400000US38&q=North%20Dakota

Stutsman County have remained stable in population since 2020.

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, Stutsman 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 2022 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. Following is a breakdown of the variables that influence a county's rank.

A model of the 2022 County Health Rankings – a flow chart of how a county's rank is determined – may be found in Appendix D. For further information, visit the County Health Rankings website at www.countyhealthrankings.org.

Health Outcomes

- Length of life
- Quality of life

Health Factors

- Health behavior
  - Smoking
  - Diet and exercise
  - Alcohol and drug use
  - Sexual activity

Health Factors (continued)

- Clinical care
  - Access to care
  - Quality of care
- Social and Economic Factors
  - Education
  - Employment
  - Income
  - Family and social support
  - Community safety
- Physical Environment
  - Air and water quality
  - Housing and transit

Table 2 summarizes the pertinent information gathered by County Health Rankings as it relates to Stutsman 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 Central Valley Health District (CVHD) and Jamestown Regional Medical Center (JRMC) or of any particular medical facility.

For most of the measures included in the rankings, the County Health Rankings' authors have calculated the "Top U.S. Performers" for 2022. 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).

Stutsman County rankings within the state are included in the summary following. For example, Stutsman County ranks 11th out of 48 ranked counties in North Dakota on health outcomes and 6th out of 48 on health factors. The measures, marked with a bullet point (•), are those where a county is not measuring up to the state rate/percentage; a square (■) indicates that the county is not meeting the U.S. Top 10% rate on that measure. Measures that are not marked with a colored shape but are marked with a plus sign (+) indicate that the county is doing better than the U.S. Top 10%.

The data from County Health Rankings show that Stutsman County is doing better than many counties compared to the rest of the state on all but two of the outcomes, landing at or above rates for other North Dakota counties. Stutsman County is also doing better in all areas of outcomes when it comes to the U.S. Top 10%

ratings. One particular outcome where Stutsman County exceeds the U.S. Top 10% ratings is the number of premature deaths.

On health factors, Stutsman County performs below the North Dakota average for counties in several areas.

Data, compiled by County Health Rankings, show Stutsman County is doing better than North Dakota in health outcomes and factors for the following indicators:

1. Poor or fair health
2. Low birth weight
3. Premature death
4. Adult obesity
5. Physical inactivity
6. Access to exercise opportunities
7. Excessive drinking
8. Alcohol- impaired driving deaths
9. Sexually transmitted infections
10. Teen birth rate
11. Uninsured
12. Primary care provider to patient ratio
13. Dentist to patient ratio
14. Mental health provider to patient ratio
15. Preventable hospital stays
16. Mammography screening (% of Medicare enrollees ages 67-69 receiving screening)
17. Flu vaccinations (% of fee-for- service Medicare enrollees receiving vaccination)
18. Unemployment
19. Children in poverty
20. Severe housing problems

Outcomes and factors in which Stutsman County was performing poorly, relative to the rest of the state, include:

1. Poor physical health days
2. Poor mental health days
3. Adult smoking
4. Income inequality
5. Food environmental index
6. Children in single-parent households
7. Social associations
8. Injury deaths
9. Air pollution – particulate matter

TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS* 2023 – STUTSMAN COUNTY			
● = Not meeting North Dakota average ■ = Not meeting U.S. Top 10% Performers **+** = Meeting or exceeding U.S. Top 10% Performers Blank values reflect unreliable or missing data.	**Stutsman County**	**U.S. Top 10%**	**North Dakota**
Ranking: Outcomes	**11th**		**(of 48)**
Premature death	5,700 +	7,300	7,100
Poor or fair health	12% +	12%	12%
Poor physical health days (in past 30 days)	2.8 +●	3.0	2.6
Poor mental health days (in past 30 days)	3.7 +●	4.4	3.6
Low birth weight	7% +	8%	7%
Ranking: Factors	**6th**		**(of 48)**
Health Behaviors			
Adult smoking	19% ■●	16%	18%
Adult obesity	34% ■	32%	34%
Food environment index (10=best)	8.7 +●	7.0	9.1
Physical inactivity	24% ■	22%	25%
Access to exercise opportunities	79% ■	84%	73%
Excessive drinking	22% ■	19%	23%
Alcohol-impaired driving deaths	25% +	27%	41%
Sexually transmitted infections	386.4 +	481.3	467.4
Teen birth rate	16 +	19	18
Clinical Care			
Uninsured	7% +	10%	8%
Primary care physicians	1,140:1 +	1,310:1	1,290:1
Dentists	1,350:1 +	1,380:1	1,440:1
Mental health providers	260:1 +	340:1	470:1
Preventable hospital stays	988 +	2,809	2,687
Mammography screening (% of Medicare enrollees ages 65-74 receiving screening)	52% +	37%	49%
Flu vaccinations (% of fee-for-service Medicare enrollees receiving vaccination)	60% +	51%	52%
Social and Economic Factors			
Unemployment	3.0% +	5.4%	3.7%
Children in poverty	12% +	17%	12%
Income inequality	4.7 +●	4.9	4.5
Children in single-parent households	23% +●	25%	19%
Social associations	13.2 +●	9.1	15.3
Injury deaths	88 ■●	76	72
Physical Environment			
Air pollution – particulate matter	5.3 ●+	7.4	5.0
Drinking water violations	No		
Severe housing problems	11% +	17%	12%

Source: http://www.countyhealthrankings.org/app/north-dakota/2022/rankings/outcomes/overall

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 2021-22.

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 ages 0-17 unless noted otherwise), 2021/22

Health Status	North Dakota	National
Children born premature (three or more weeks early)	11.0%	11.4%
Children ages 6-17 overweight or obese	28.0%	33.7%
Children ages 0-5 who were ever breastfed	**77.6%**	81.5%
Children ages 6-17 who missed 11 or more days of school	**5.9%**	5.7%
Healthcare		
Children currently insured	94.3%	93.1%
Children who spent less than 10 minutes with the provider at a preventive medical visit	16.1%	18.8%
Children (1-17 years) who had preventive a dental visit in the past year	77.7%	77.0%
Children (3-17 years) received mental healthcare	13.4%	11.6%
Children (3-17 years) with problems requiring treatment did not receive mental health care	2.6%	2.8%
Young children (9-35 mos.) receiving standardized screening for developmental problems	46.1%	33.7%
Family Life		
Children whose families eat meals together four or more times per week	**74.7%**	73.8%
Children who live in households where someone smokes	17.1%	12.7%
Neighborhood		
Children who live in neighborhoods with parks or playgrounds	78.3%	75.8%
Children living in neighborhoods with poorly kept or rundown housing	2.1%	3.9%
Children living in neighborhood that's usually or always safe	98.1%	94.9%

Source: https://www.childhealthdata.org/browse/survey

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:

- Children (0-5 years) who were ever breastfed
- Children (6-17 years) who missed 11 or more days of school

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 the main components of children's well-being.

The measures, highlighted in blue in the table are those in which the counties are doing worse than the state average. The year of the most recent data is noted.

The data show Stutsman County is performing more poorly than the North Dakota average on two of the examined measures. The most marked difference was the measure of childcare assistance recipients (age 0-13), where Stutsman County is 1.6% higher than the state average.

Table 4: Selected County-Level Measures Regarding Children's Health

	Stutsman County	North Dakota
Uninsured children (% of population age 0-18), 2021	**7.6%**	7.5%
Children in poverty (ages 0-17), 2021	**11.2%**	11.5%
Medicaid recipient (% of population age 0-20), 2022	**27.0%**	28.8%
Children enrolled in Healthy Steps (% of population age 0-18), 2022	**2.2%**	2.2%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2021	**15.8%**	16.4%
4-year high school cohort graduation rate, 2021/22	**5.7%**	84.3%
4-year high school cohort graduation rate, 2021/22	**89.5%**	84.3%

Source: https://datacenter.kidscount.org/data#ND/5/0/char/0

Another means for obtaining data on the youth population is through the Youth Risk Behavior Survey (YRBS). The YRBS was developed in 1990 by the Centers for Disease Control and Prevention (CDC) to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the U.S. The YRBS was designed to monitor trends, compare state health risk behaviors to national health risk behaviors, and intended for use to plan, evaluate, and improve school and community programs. North Dakota began participating in the YRBS survey in 1995. Students in grades 7-8 and 9-12 are surveyed in the spring of odd years. The survey is voluntary and completely anonymous.

North Dakota has two survey groups, selected and voluntary. The selected school survey population is chosen using a scientific sampling procedure, which ensures that the results can be generalized to the state's entire student population. The schools that are part of the voluntary sample, selected without scientific sampling procedures, will only be able to obtain information on the risk behavior percentages for their school and not in comparison to all the schools.

Table 5 depicts some of the YRBS data that have been collected in 2017, 2019, and 2021. They are further broken down by rural and urban percentages. The trend column shows a "=" for statistically insignificant change (no change), "↑" for an increased trend in the data changes from 2019 to 2021, and "↓" for a decreased trend in the data changes from 2019 to 2021. The final column shows the 2021 national average percentage. For a more complete listing of the YRBS data, see Appendix E.

Table 5. Youth Risk Behavior Survey Results

North Dakota High School Survey

Rate Increase ↑, rate decrease ↓, or no statistical change = in rate from 2019-2021.

	ND 2017	ND 2019	ND 2021	ND Trend ↑, ↓, =	Rural ND Town Average	Urban ND Town Average	National Average 2021
Injury and Violence							
% of students who rarely or never wore a seat belt (when riding in a car driven by someone else)	8.1	5.9	49.6	↑	9.2	5.5	39.9
% of students who rode in a vehicle with a driver who had been drinking alcohol (one or more times during the 30 prior to the survey)	16.5	14.2	13.1	=	18.2	13.7	14.1
% of students who talked on a cell phone while driving (on at least one day during the 30 days before the survey)	56.2	59.6	5.0	↓	64.9	64.2	NA
% of students who texted or emailed while driving a car or other vehicle (on at least one day during the 30 days before the survey)	52.6	53.0	55.4	=	59.9	55.9	36.1
% of students who were in a physical fight on school property (one or more times during the 12 months before the survey)~2017/2019~ *in 2021 replaced by* % of students who carried a weapon on school property (such as a gun, knife, or club, on at least 1 day during the 30 days before the survey)	7.2	7.1	5.0	↓	6.2	4.4	3.0
% of students who experienced sexual violence (being forced by anyone to do sexual things [counting such things as kissing, touching, or being physically forced to have sexual intercourse] that they did not want to, one or more times during the 12 months before the survey)	8.7	9.2	9.4	=	9.7	11.6	11
% of students who were bullied on school property (during the 12 months before the survey)	24.3	19.9	15.8	↓	19.8	15.0	15.0
% of students who were electronically bullied (includes texting, Instagram, Facebook, or other social media ever during the 12 months before the survey)	18.8	14.7	13.6	↓	16.2	14.5	15.9
% of students who made a plan about how they would attempt suicide (during the 12 months before the survey)	14.5	15.3	14.8	=	15.1	17.2	17.6
Tobacco, Alcohol, and Other Drug Use							
% of students who currently use an electronic vapor product (e-cigarettes, vape e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens at least one day during the 30 days before the survey)	20.6	33.1	21.2	↓	24.2	23.6	18.0
% of students who currently used cigarettes, cigars, or smokeless tobacco (on at least one day during the 30 days before the survey)	18.1	12.2	5.9	↓	8.0	6.1	3.8
% of students who currently were binge drinking (four or more drinks for female students, five or more for male students within a couple of hours on at least one day during the 30 days before the survey)	16.4	15.6	14.0	=	17.8	14.6	10.5
% of students who currently used marijuana (one or more times during the 30 days before the survey)	15.5	12.5	10.7	=	10.2	12.9	15.8

% of students who ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (counting drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet, one or more times during their life)	14.4	14.5	10.2	↓	9.7	11.0	12.2
Weight Management, Dietary Behaviors, and Physical Activity							
% of students who were overweight (>= 85th percentile but <95th percentile for body mass index)	16.1	16.5	15.6	=	15.5	14.2	16.0
% of students who had obesity (>= 95th percentile for body mass index)	14.9	14.0	16.3	=	17.4	15.0	16.3
% of students who did not eat fruit or drink 100% fruit juices (during the seven days before the survey)	4.9	6.1	5.0	=	5.7	4.6	7.7
% of students who did not eat vegetables (green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the seven days before the survey)	5.1	6.6	5.9	=	5.3	6.2	9.3
% of students who drank a can, bottle, or glass of soda or pop one or more times per day (not including diet soda or diet pop, during the seven days before the survey)	16.3	15.9	16.6	=	17.5	13.8	14.7
% of students who did not drink milk (during the seven days before the survey)	14.9	20.5	26.2	↑	21.2	29.4	35.7
% of students who did not eat breakfast (during the seven days before the survey)	13.5	14.4	15.1	=	14.5	17.3	22.0
% of students who most of the time or always went hungry because there was not enough food in their home (during the 30 days before the survey)	2.7	2.8	2.1	=	2.2	2.1	NA
% of students who were physically active at least 60 minutes per day on five or more days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the seven days before the survey)	51.5	49.0	56.5	↑	58.0	55.3	NA
% of students who watched television three or more hours per day (on an average school day) *In 2021 replaced by*Percentage of students who spent 3 or more hours per day on screen time (in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the internet, or using social media, not counting time spent doing schoolwork, on an average school day)	18.8	18.8	75.7	↑	75.8	78.6	75.7
% of students who played video or computer games or used a computer three or more hours per day (for something that was not schoolwork on an average school day) *In 2021, % of students who played video or computer games was combined with % of students who watch television three or more hours per day.	43.9	45.3	NA	NA	NA	NA	NA
Other							
% of students who ever had sexual intercourse	36.6	38.3	36.6	=	36.5	37.0	30
% of students who had eight or more hours of sleep (on an average school night)	31.8	29.5	24.5	↓	28.3	23.2	22.7
% of students who brushed their teeth on seven days (during the seven days before the survey)	69.1	66.8	67.9	=	64.5	69.9	NA

Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm; https://www.nd.gov/dpi/districtsschools/safety-health/youth-risk-behavior-survey

Low Income Needs

The North Dakota Community Action Agencies (CAAs), as nonprofit organizations, were originally established under the Economic Opportunity Act of 1964 to fight America's war on poverty. CAAs are required to conduct statewide needs assessments of people experiencing poverty.

The more recent statewide needs assessment study of low-income people in North Dakota, sponsored by the CAAs, was performed in 2023. The needs assessment study was accomplished through the collaboration of the CAAs and North Dakota State University (NDSU) by means of several kinds of surveys (such as online or paper surveys, etc., depending on the suitability of these survey methods to different respondent groups) to low-income individuals and families across the state of North Dakota. In the study, the survey data were organized and analyzed in a statistical way to find out the priority needs of these people.

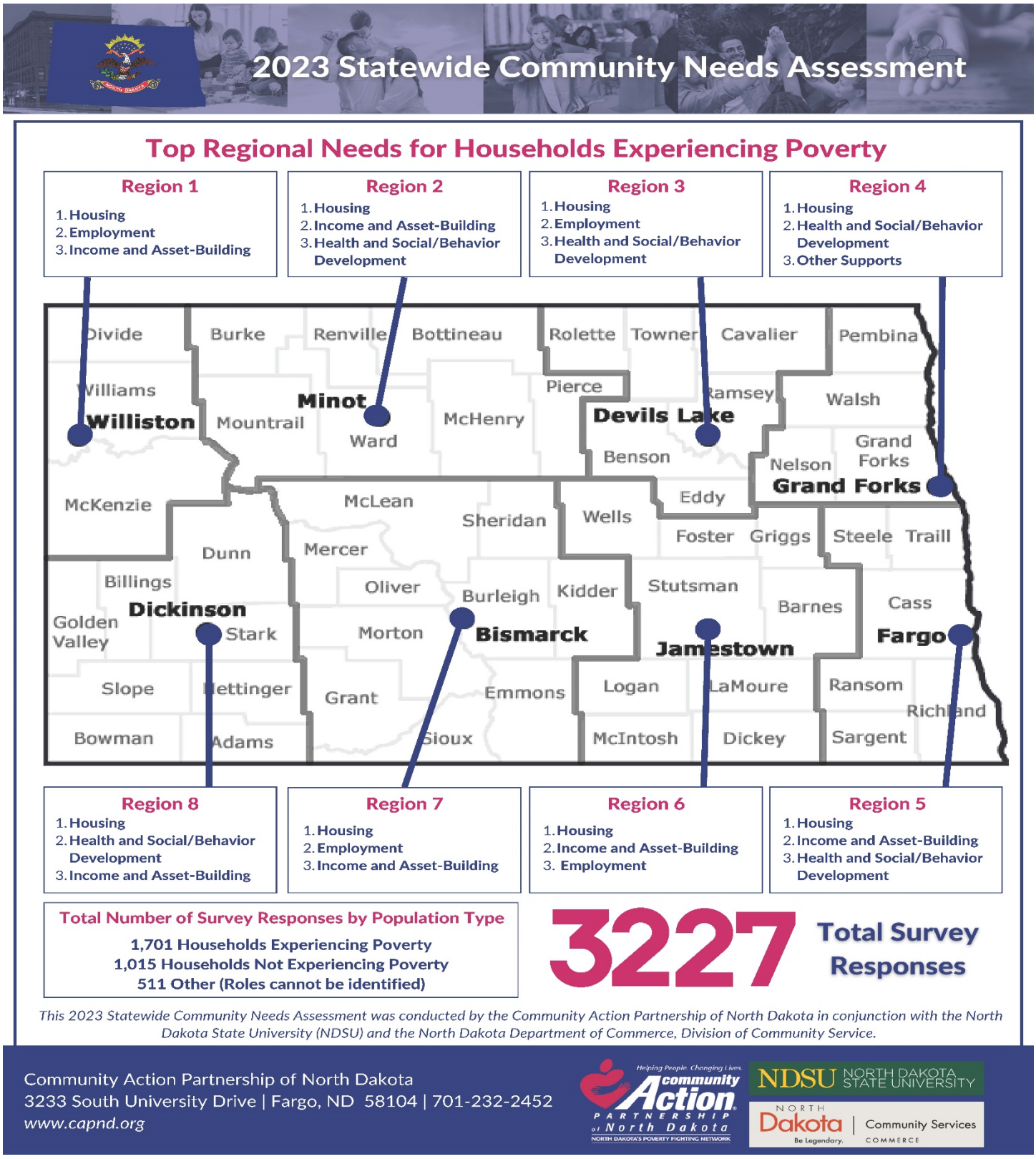
The survey responses from low-income respondents were separated from the responses from non-low-income participants, which allows the research team to compare them and then identify the similarity, difference, and uniqueness of them in order to ensure the validity and accuracy of the survey study and avoid bias.

Additionally, two comparison methods were used in the study, including cross-sectional and longitudinal comparisons. These methods allow the research team not only to identify the top specific needs under the seven categories listed below through the cross-sectional comparison but also to be able to find out the top specific needs regardless to which categories these needs belong through the longitudinal comparison.

The seven survey categories include:

1) Employment
2) Income and Asset-Building
3) Education
4) Housing
5) Health and Social/Behavior Development
6) Civic Engagement
7) Other Supports

The results from the 2023 Statewide Community Needs Assessment are broken down into top needs, based on region, population, and statewide overall needs. When looking at regional needs for households experiencing poverty, housing is the number one issue in all eight regions. Statewide specific needs by population type, for households experiencing poverty, rental assistance was the number one need, with food being the second top need. For households that are not experiencing poverty, their number one issue is mental health services. Overall, rental assistance/housing and mental health services were identified as priority needs.



Source: www.capnd.org

2023 Statewide Community Needs Assessment

The Community Needs Assessment is a systematic process used to gather and analyze information about the needs and challenges of communities. These assessments are used in various fields, including public health, social services, urban planning, education, and economic development. They play a crucial role in ensuring that community resources are directed toward the most pressing issues and that community members' voices are heard in the decision-making process, ultimately leading to improved quality of life for the community as a whole.

Community Action Agencies conduct needs assessments every three years as a requirement for the Community Services Block Grant (CSBG) which supports community-based anti-poverty programs. The primary purpose of the study is to better understand the current conditions and priorities of a community so that local action plans can be developed and community resources/services can be allocated effectively to address those needs.

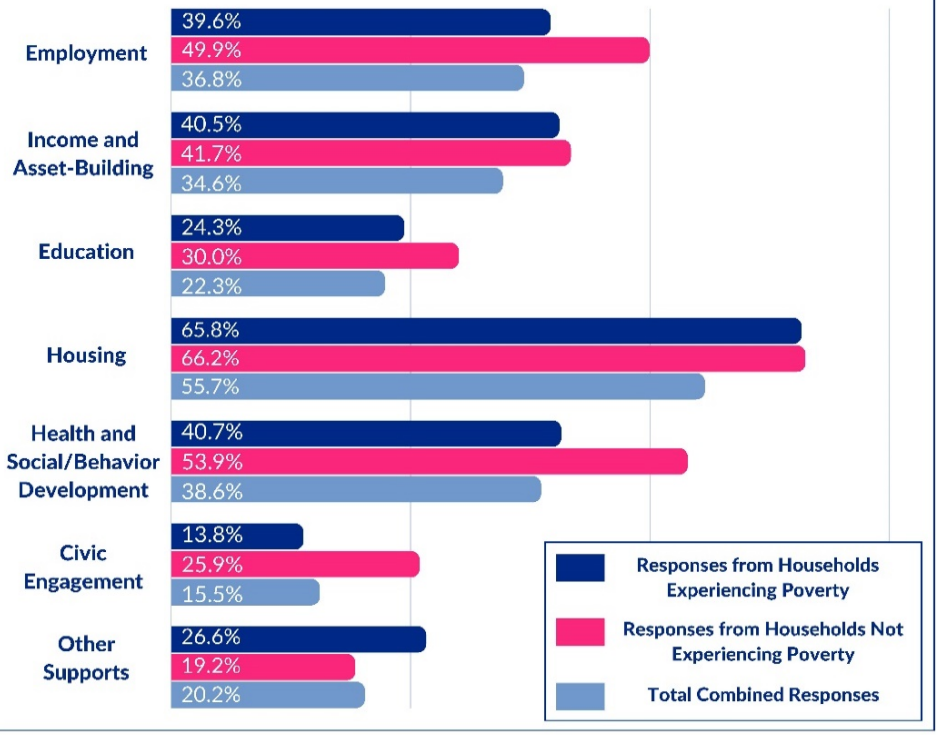
Statewide Specific Needs By Population Type

Households Experiencing Poverty	Households Not Experiencing Poverty	Overall Combined Community Needs
1. Rental Assistance	1. Mental Health Services	1. Rental Assistance
2. Food	2. Recreational Activities	2. Food
3. Dental Insurance/Affordable Dental Care	3. Safe Neighborhoods, Sidewalks, Parks	3. Dental Insurance/Affordable Dental Care

"Rental Assistance" remains the first priority for respondents experiencing poverty across the state.

"Mental Health Services" was the first priority need for respondents not experiencing poverty.

Statewide Overall Needs By Population Type



The comprehensive needs assessment was accomplished through surveys and focus groups in order to collect both quantitative and qualitative data. The surveys consist of both multiple-choice and open-ended questions with the intention of capturing both quantitative and qualitative data, and the focus groups are used to better understand the depth and breadth of the issue focusing on the collection of qualitative data.

Community Action Partnership of North Dakota
3233 South University Drive | Fargo, ND 58104 | 701-232-2452
www.capnd.org

Source: www.capnd.org

Survey Results

Survey results are reported in six categories:

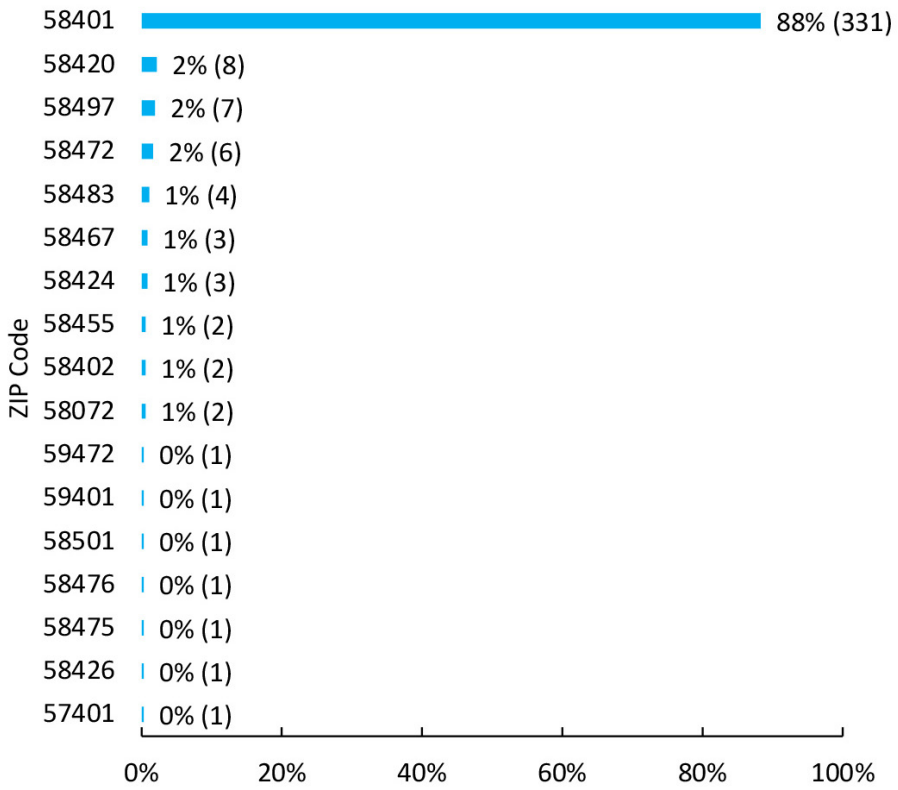
1. Survey demographics
2. Healthcare access
3. Community assets and challenges
4. Community concerns
5. Delivery of healthcare
6. Other concerns or suggestions to improve health

As noted previously, 509 community members completed the survey in communities throughout the counties in the Jamestown Regional Medical Center (JRMC) service area. People younger than age 18 were not questioned using this survey method.

For all questions that contained an "Other" response, all of those direct responses may be found in Appendix G. In some cases, a summary of those comments is additionally included in the report narrative. The "Total respondents" number under each heading indicates the number of people who responded to that particular question, and the "Total responses" number under the heading depicts the number of responses selected for that question (some questions allow for selection of more than one response).

The survey requested that respondents list their home ZIP code. While not all respondents provided a ZIP code, 375 did, revealing that a large majority of respondents (88%, N=331) lived in Jamestown. These results are shown in Figure 5.

Figure 5: Survey Respondents' Home ZIP Code
Total respondents: 375



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 just percentages (%) are reported because percentages can be misleading with smaller numbers. Survey respondents were not required to answer all questions.

Seven demographic questions were asked:

- Age; Figure 6
- Gender; Figure 7
- Education; Figure 8
- Employment status; Figure 9
- Household income; Figure 10
- Insurance; Figure 11
- Race and ethnicity. Figure 12

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

- 48% (N=196) were age 55 or older
- The majority (77%, N=315) were female
- Slightly more than half of the respondents (64%, N=260) had bachelor's degrees or higher
- The number of those working full time (63%, N=260) was about two times higher than those who were retired (25%, N=104)
- 98% (N=397) of those who reported their ethnicity/race were White/Caucasian
- 23% of the population (N=91) had household incomes of less than $50,000

Figures 6 through 12 show these demographic characteristics. It illustrates the range of community members' household incomes and indicates how this assessment considered 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.

Figure 6: Age Demographics of Survey Respondents
Total respondents = 413

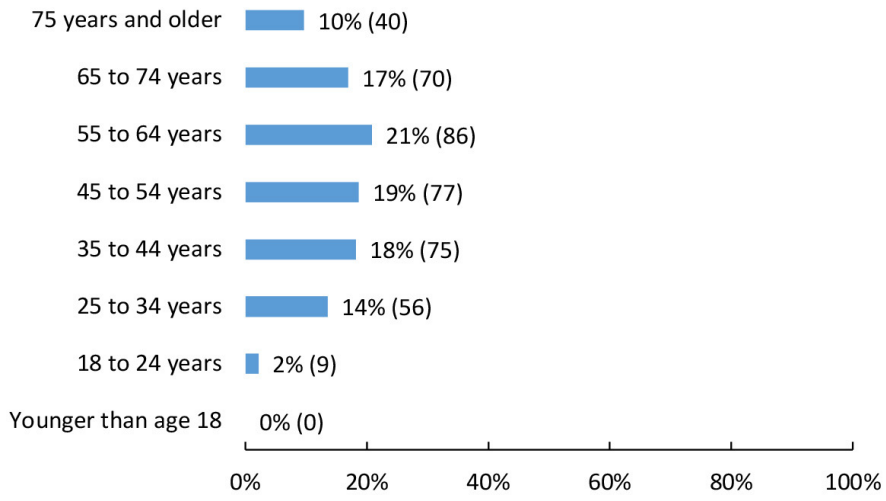


Figure 7: Gender Demographics of Survey Respondents
Total respondents = 410

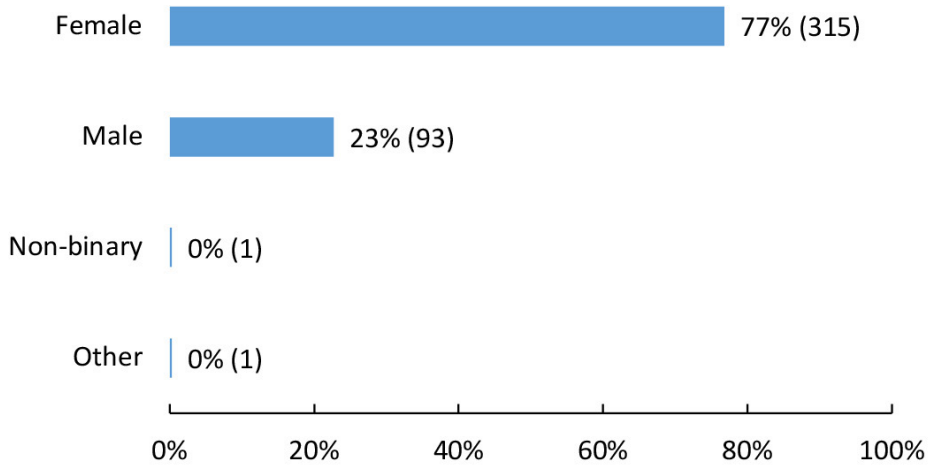


Figure 8: Educational Level Demographics of Survey Respondents
Total respondents = 410

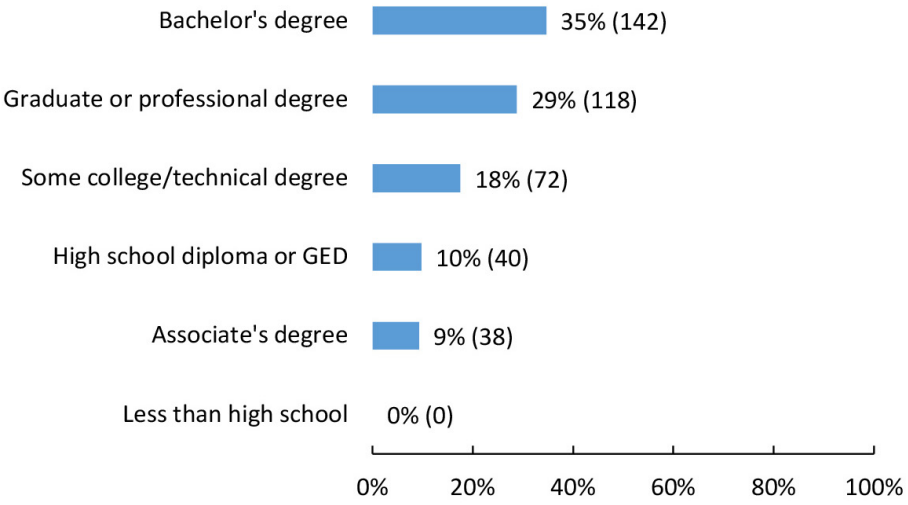
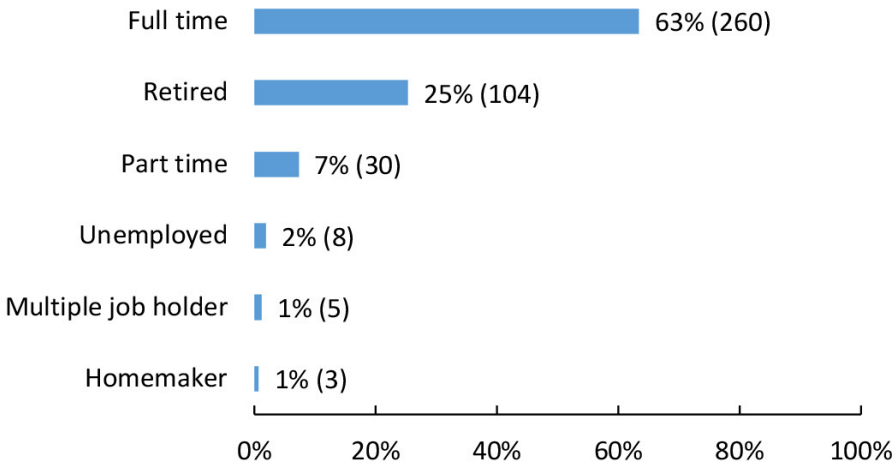
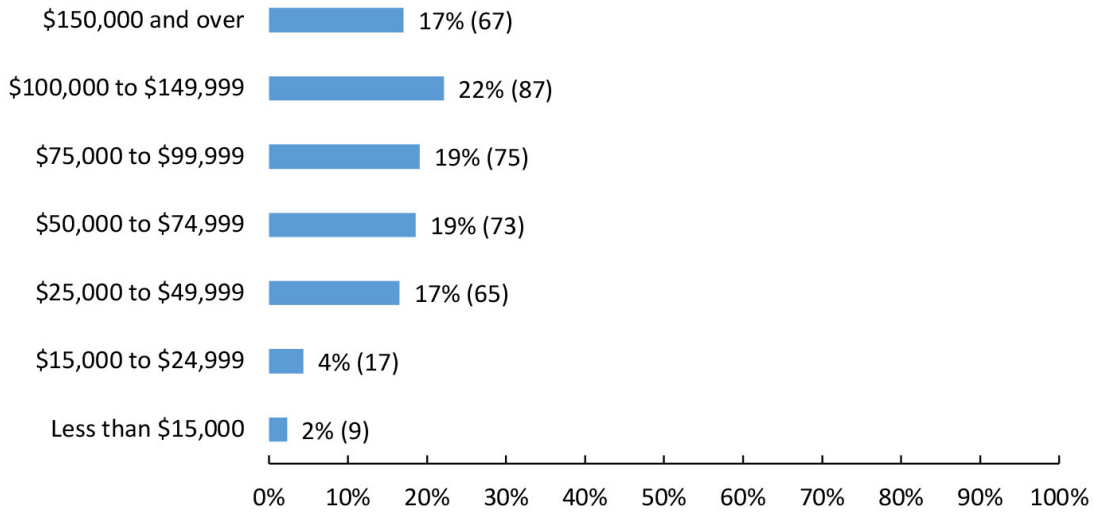


Figure 9: Employment Status Demographics of Survey Respondents
Total respondents = 410



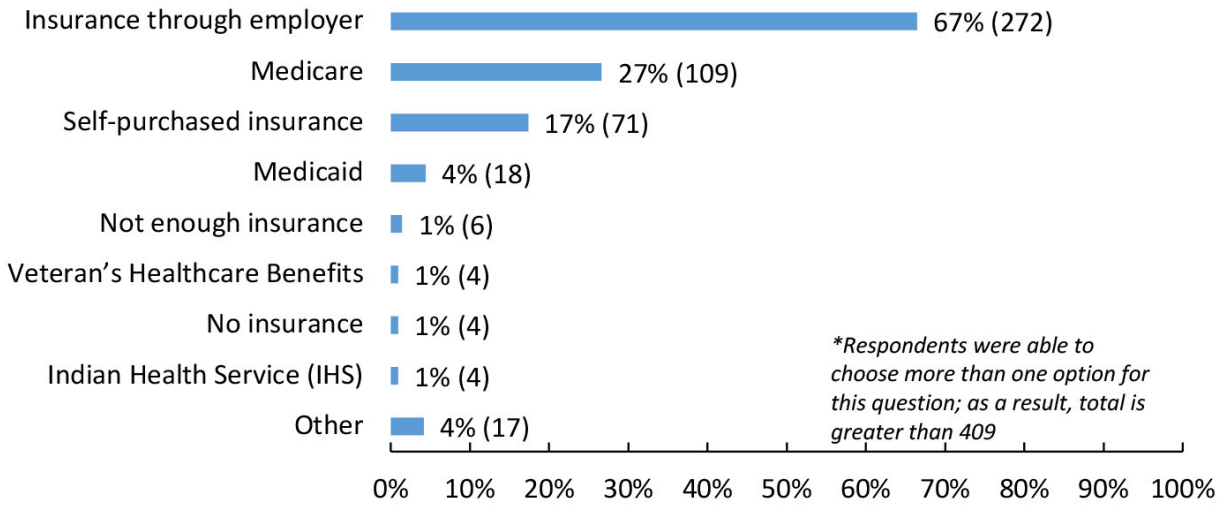
Of those who provided a household income, six percent (N=26) community members reported a household income of less than $25,000. Thirty-nine percent (N=154) indicated a household income of $100,000 or more. This information is shown in Figure 10.

Figure 10: Household Income Demographics of Survey Respondents



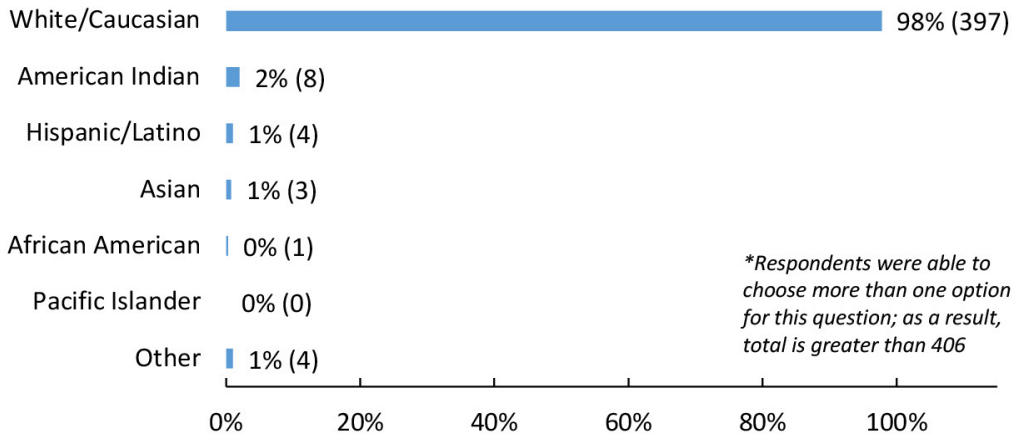
Community members were asked about their health insurance status, which is often associated with whether people have access to healthcare. Two percent (N=10) of the respondents reported having no health insurance or being under-insured. The most common insurance types were insurance through one's employer (N=272), followed by Medicare (N=109), and self-purchased (N=71).

Figure 11: Health Insurance Coverage Status of Survey Respondents
Total respondents = 409*



As shown in Figure 12, nearly all of the respondents were White/Caucasian (98%). This statistic was a higher percentage with the race/ethnicity of the overall population of Stutsman County; the U.S. Census indicates that 92.6% of the population is white in Stutsman County.

Figure 12: Race/Ethnicity Demographics of Survey Respondents
Total respondents = 406*



Community Assets and Challenges

Survey-respondents were asked what they perceived as the best things about their community in four categories:

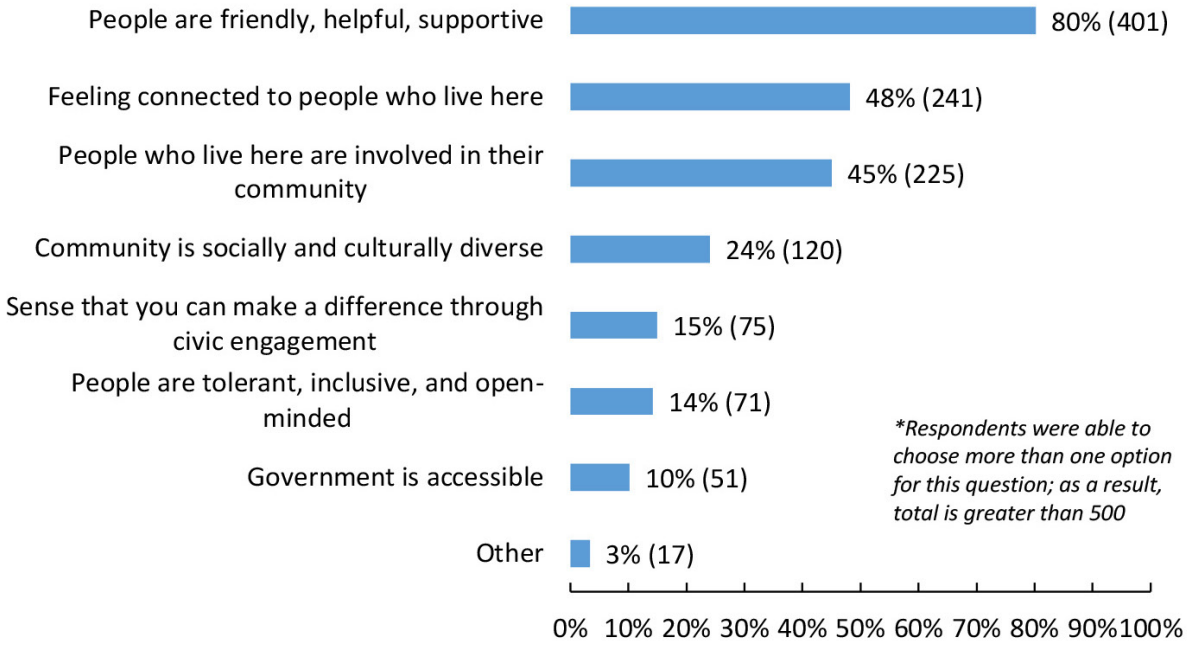
- People Figure 13
- Services and resources Figure 14
- Quality of life Figure 15
- Activities Figure 16

In each category, respondents were given a list of choices and asked to pick the three best things. Respondents occasionally chose less than three or more than three choices within each category. If more than three choices were selected, their responses were not included. The results indicate there is consensus (with at least 290 respondents agreeing) that community assets include:

- People are friendly, helpful, supportive (N=401)
- Safe place to live, little/no crime (N=337)
- Year-round access to fitness opportunities (N=301)
- Family-friendly (N=298)
- Closeness to work and activities (N=292)

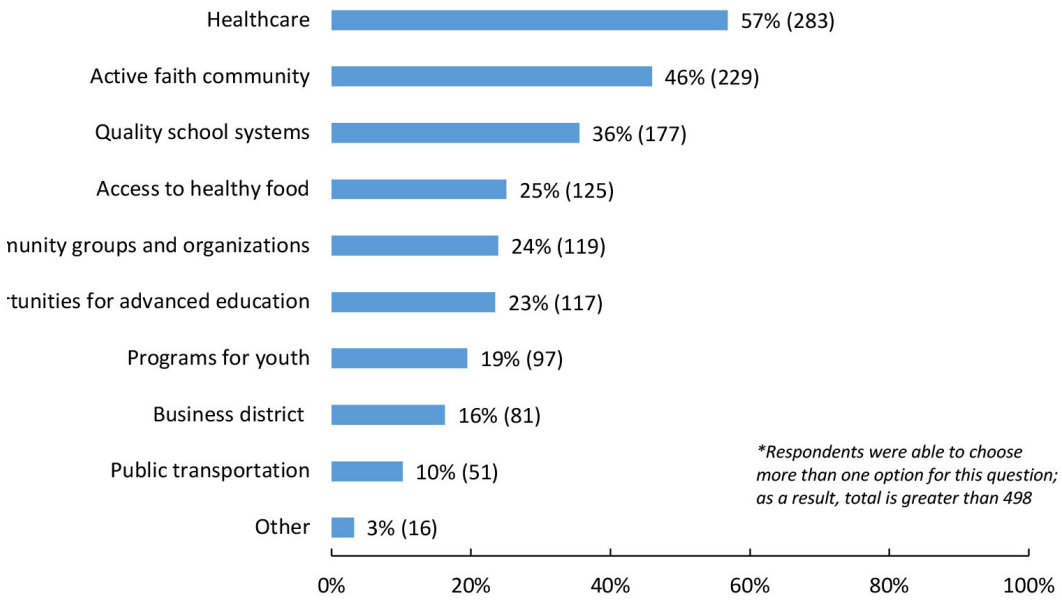
Figures 13 to 16 illustrate the results of these questions.

Figure 13: Best Things About the PEOPLE in Your Community
Total responses = 500*



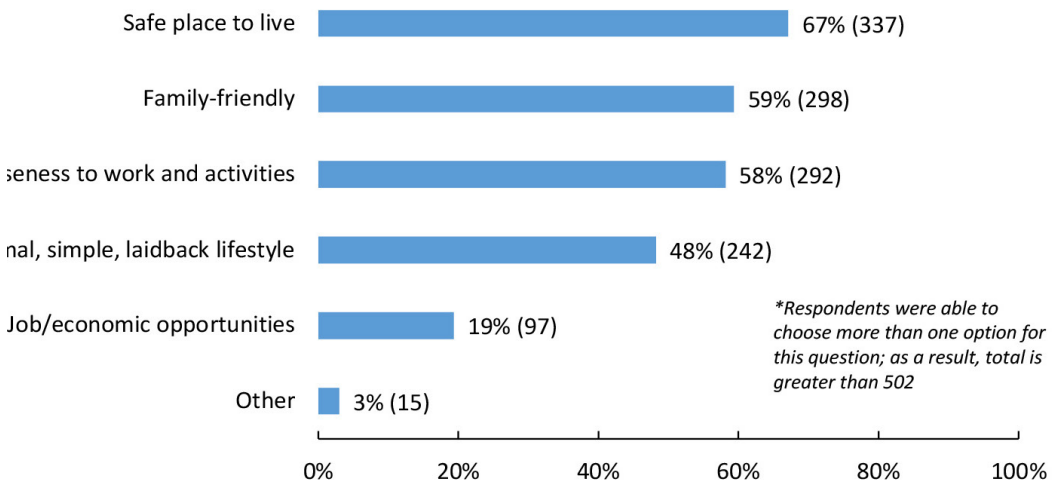
Included in the "Other" category of the best things about the people are that people are accepting of new-comers, and there is a variety of social activities available.

Figure 14: Best Things About the SERVICES AND RESOURCES in Your Community
Total responses = 498*



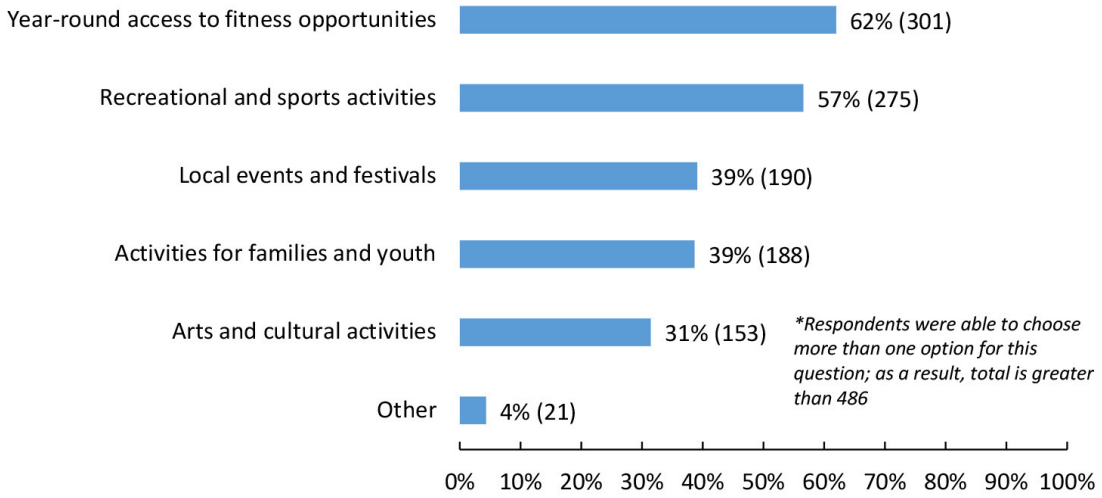
Respondents who selected "Other" specified that the best things about services and resources included grocery store options, private schools, agricultural community, outdoor activities, and places for kids to play in the winter.

Figure 15: Best Things About the QUALITY OF LIFE in Your Community
Total responses = 502*



The "Other" responses regarding the best things about the quality of life in the community are not much traffic, affordable housing, access to nature, and many options for senior citizen housing.

Figure 16: Best Thing About the ACTIVITIES in Your Community
Total responses = 486*



Respondents who selected "Other" specified that the best things about the activities in the community included good camping and fishing, nice park, faith-based options, farming, close to cities, clubs, organizations, art center activities, and outdoor public pool.

Community Concerns

At the heart of this CHNA was a section on the survey, asking survey respondents to review a wide array of potential community and health concerns in five categories and pick their top three concerns. The five categories of potential concerns were:•Community/environmental health

- Community/environmental health Figure 17
- Availability/delivery of health services Figure 18

- Youth population Figure 19
- Adult population Figure 20
- Senior population Figure 21

With regard to responses about community challenges, the most highly voiced concerns (those having at least 145 respondents) were:

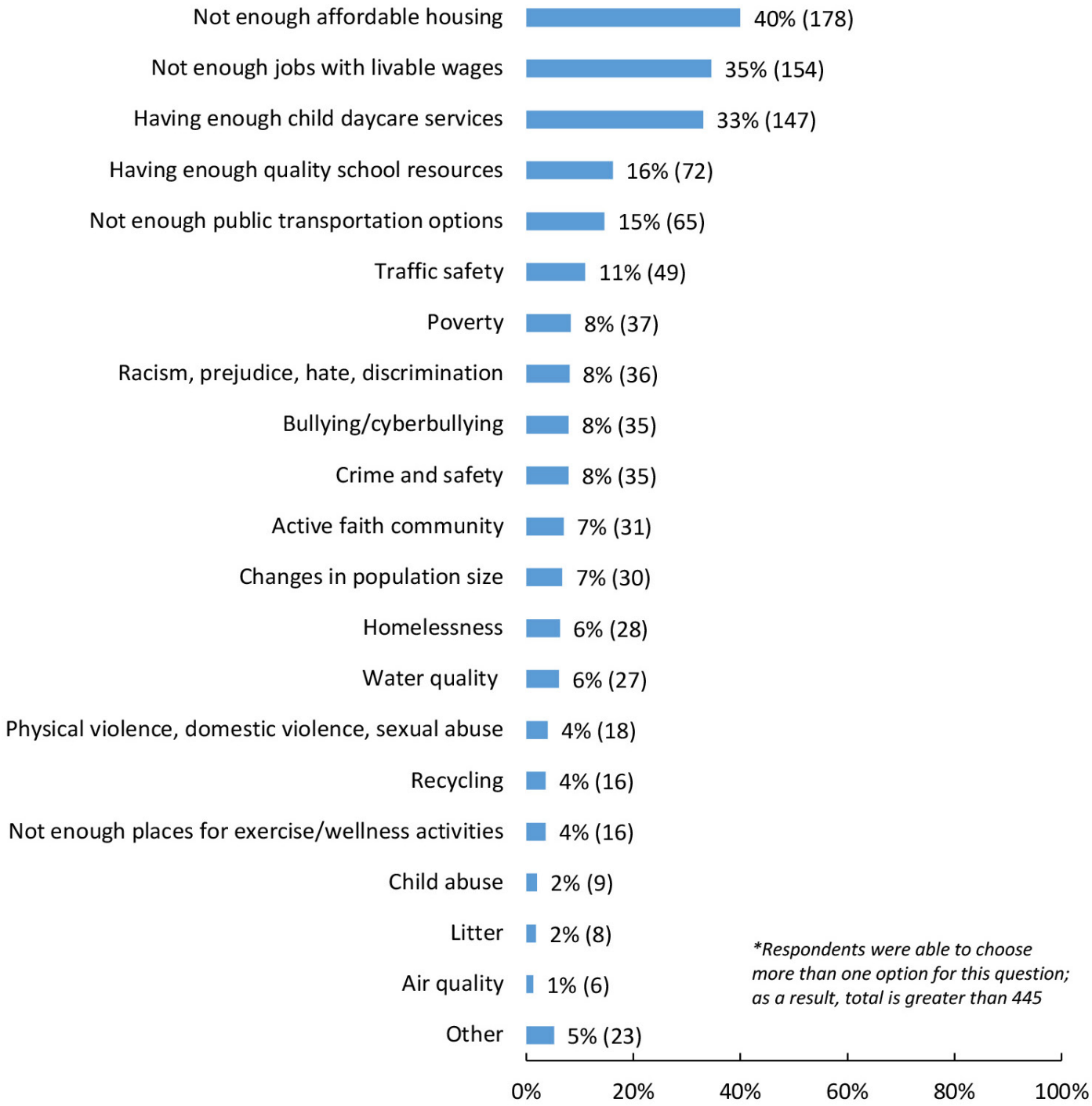
- Attracting and retaining young families (N=209)
- Drug use and abuse – youth (N=201)
- Availability of resources to help the elderly stay in their homes (N=190)
- Depression/anxiety – youth (N=190)
- Depression/anxiety – adult (N=186)
- Alcohol use and abuse – adults (N=185)
- Cost of long-term/nursing home care (N=178)
- Not enough affordable housing (N=178)
- Alcohol use and abuse – youth (N=154)
- Not enough jobs with livable wages (N=154)
- Drug use and abuse – adult (N=150)

The other issues that had at least 100 votes included:

- Having enough child daycare services (N=147)
- Smoking and tobacco use (second-hand smoke) – youth (N= 143)
- Availability of specialists (N=133)
- Availability of mental health services (N=125)
- Ability to get appointments for health services within 48 hours (N=124)
- Obesity/overweight (N=115)
- Not getting enough exercise/physical activity (N=108)
- Ability to meet needs of older population (N=103)

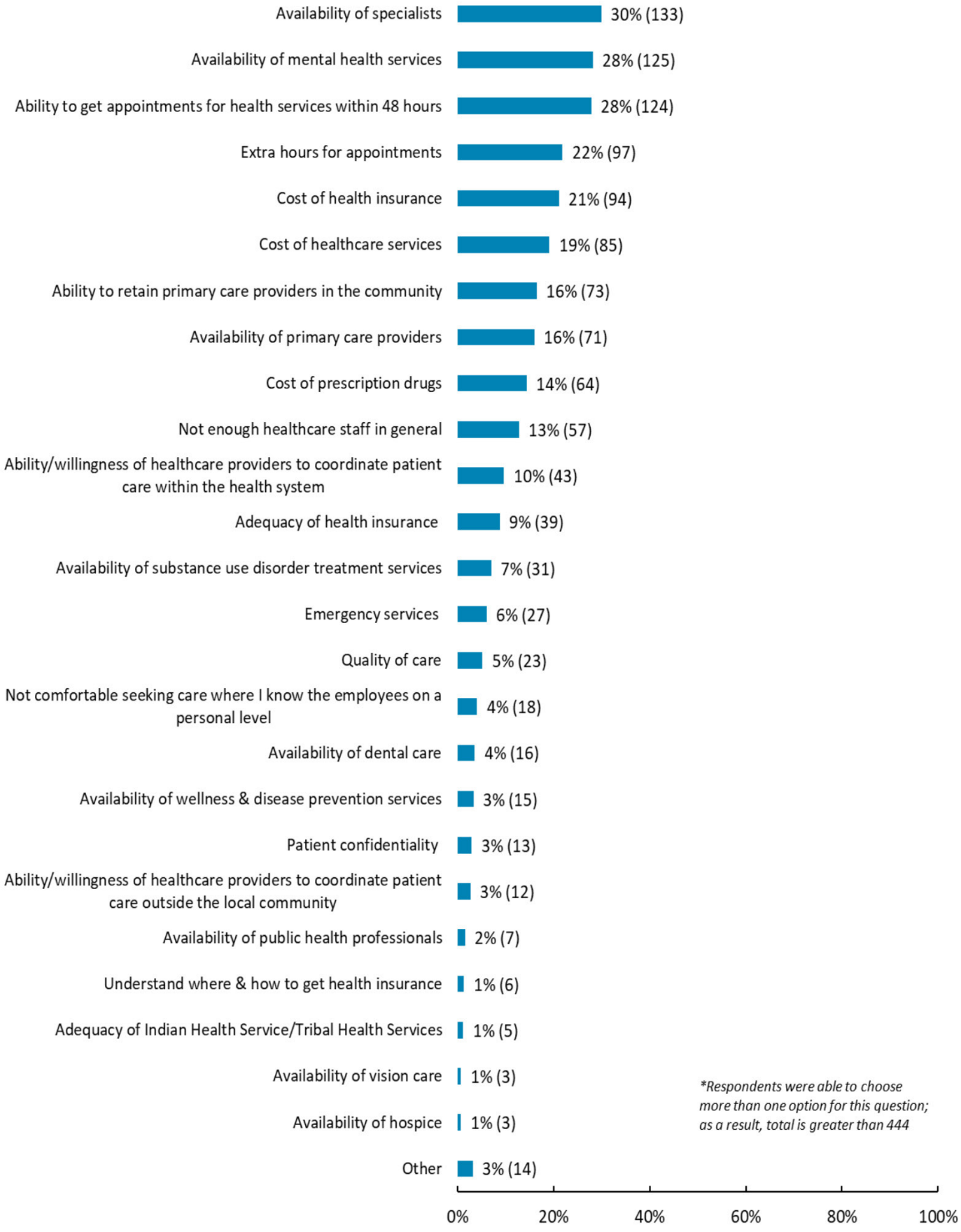
Figures 17 through 21 illustrate these results.

Figure 17: Community/Environmental Health Concerns
Total responses = 445*



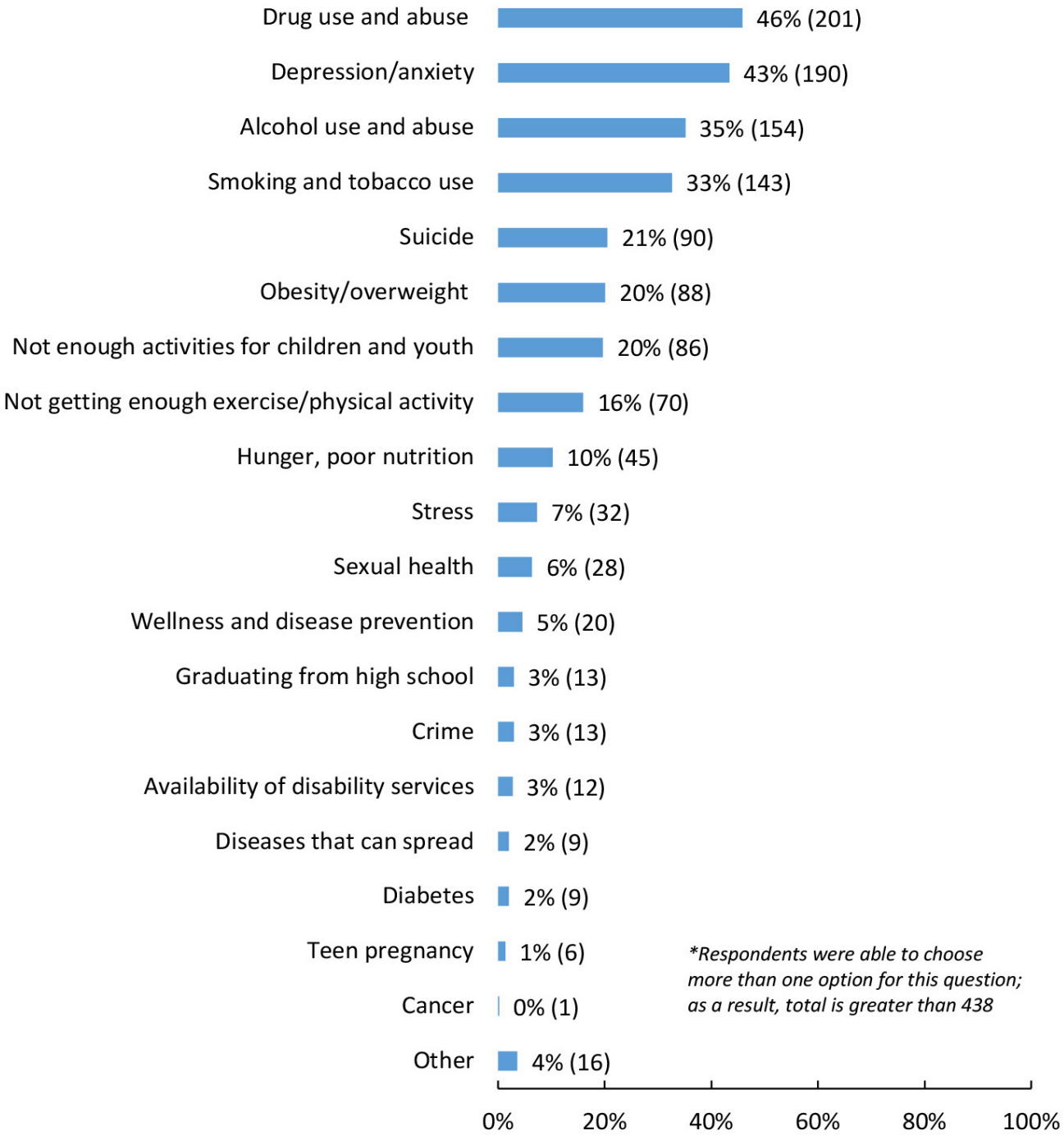
In the "Other" category for community and environmental health concerns, the following were listed: alcohol and drug issues, number of sex offenders, not enough restaurants, high city taxes and real estate taxes, accidental gun injuries/deaths, aging infrastructure, not enough activities for youth and adults, indoor activities in the winter, stagnate population, more schooling options, road maintenance, and need more businesses.

Figure 18: Availability/Delivery of Health Services Concerns
Total responses = 444*



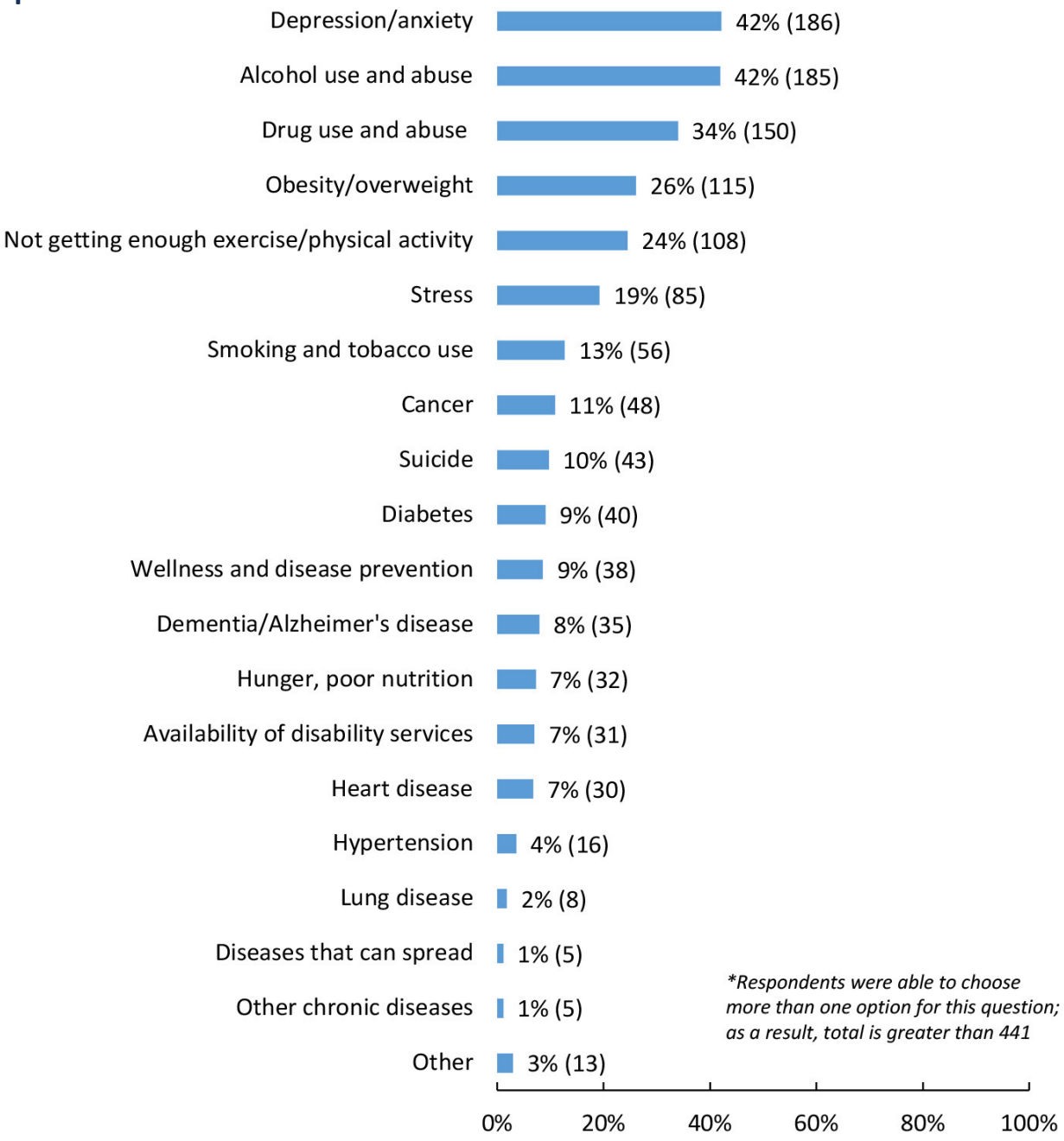
Respondents who selected "Other" identified concerns in the availability/delivery of health services as dentists lack of participation in networks, including Medicaid, discrimination against women's access to birth control and abortion, need specialists, such as dermatologist and rheumatologist, no walk-in clinic, the billing system for both major healthcare facilities is outrageous if you have insurance, availability for adolescent mental health services, relying on traveling nurses and other professionals in the community, availability of adequate mental health services, and substance use services.

Figure 19: Youth Population Health Concerns
Total responses = 438*



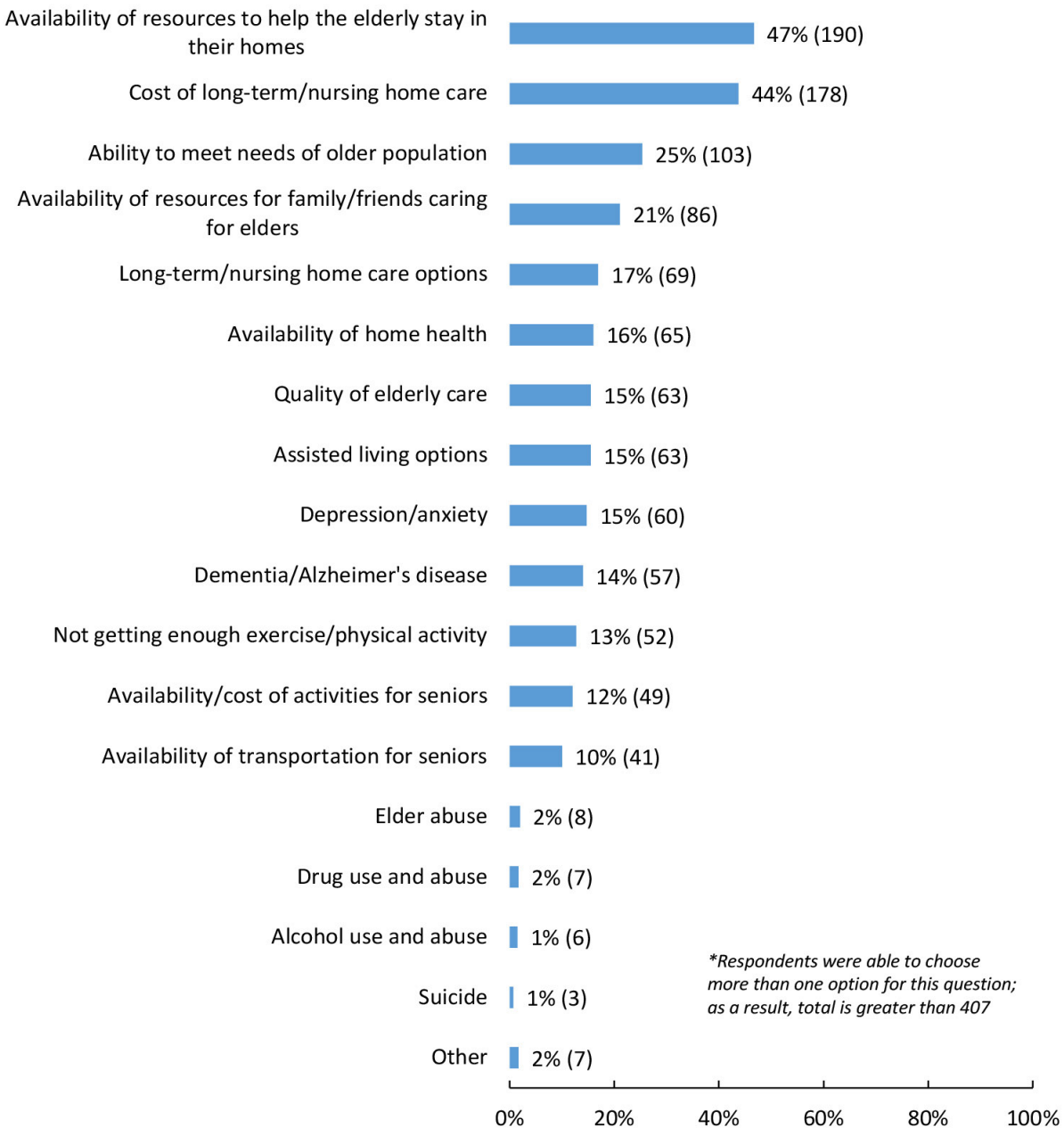
Listed in the "Other" category for youth population concerns were poor family life-single parenting, uninvolved parents, accessibility to all children to attend or participate in youth activities in the community is lacking, bullying/cyberbullying, available mental healthcare, and influence of social media.

Figure 20: Adult Population Concerns
Total responses = 441*



Poor city ordinance enforcement, nothing for entertainment, poor insurance coverage for prescription drugs, and counseling and therapy were indicated in the "Other" category for adult population concerns.

Figure 21: Senior Population Concerns
Total responses = 407*



In the "Other" category, concerns listed were help the cost of replacing furnace, ac units, and water heaters, tobacco use, affordable housing, and help with cost of groceries.

In an open-ended question, respondents were asked what single issue they feel is the biggest challenge facing their community. Three categories emerged above all others as the top concerns:

1. Community struggling to grow and bring in jobs and workforce
2. Cost of living, goods, and services is too high
3. Lack of adequate and affordable housing in the community

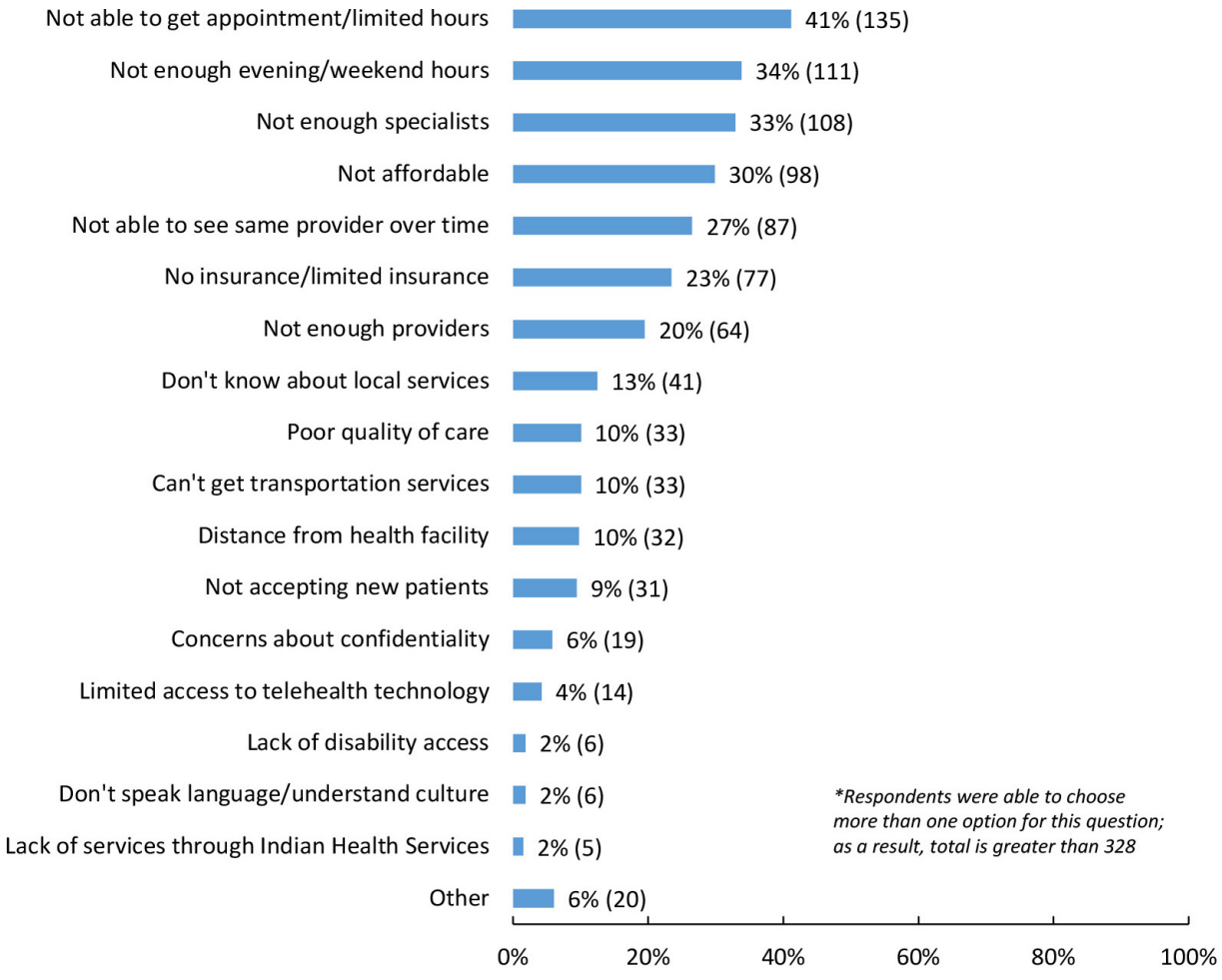
Other biggest challenges that were identified were alcohol use, drug use/addiction, lack of activities, resources for seniors, lack of transportation, community engagement, school safety, availability of specialist, obesity/overweight, availability of providers, and senior housing.

Delivery of Healthcare

The survey asked residents what they see as barriers that prevent them or other community residents from receiving healthcare. The most prevalent barrier perceived by residents was not able to get appointment/limited hours (N=135), with the next highest being not enough evening/weekend hours (N=111). After these items, the next most commonly identified barriers were not enough specialists (N=108), not affordable (N=98), and not able to see same provider over time (N=87). The majority of concerns indicated in the "Other" category were not able to establish with a primary care provider, no walk-in clinic, issues with trusting doctors, costs even with insurance, and getting referred to a city instead of closer town that may have the specialist needed.

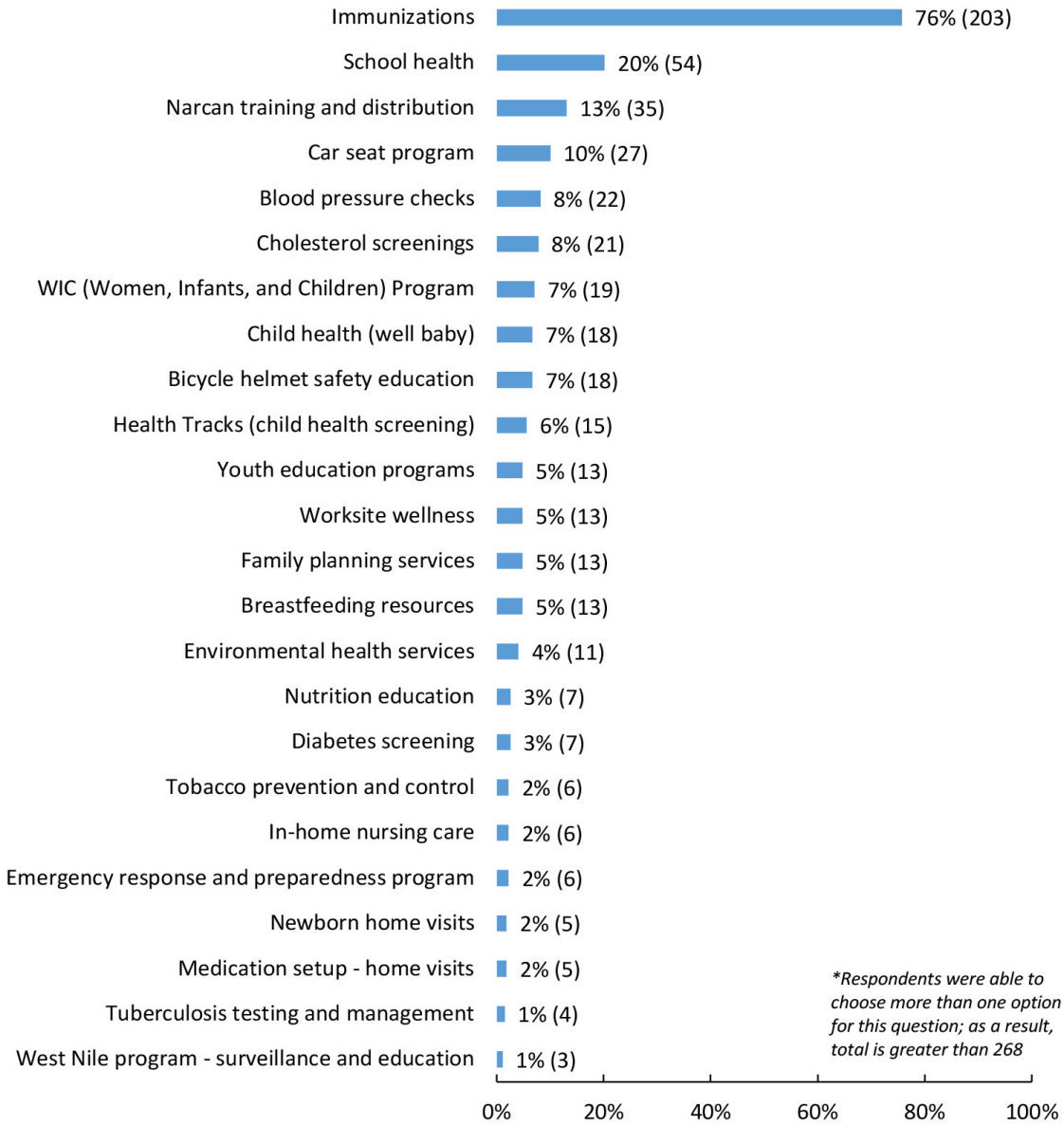
Figure 22 illustrates these results.

Figure 22: Perceptions About Barriers to Care
Total responses = 328*



Considering a variety of healthcare services offered by Central Valley Health District (CVHD), respondents were asked to indicate if they were aware that the healthcare service is offered though CVHD and to also indicate what, if any, services they or a family member have used at CVHD, at another public health unit, or both (See Figure 23).

Figure 23: Awareness and Utilization of Public Health Services
Total responses = 268*



In an open-ended question, respondents were asked what specific healthcare services, if any, they think should be added locally. The top two desired services to add locally were:

1. More mental health services for all ages
2. More specialty services

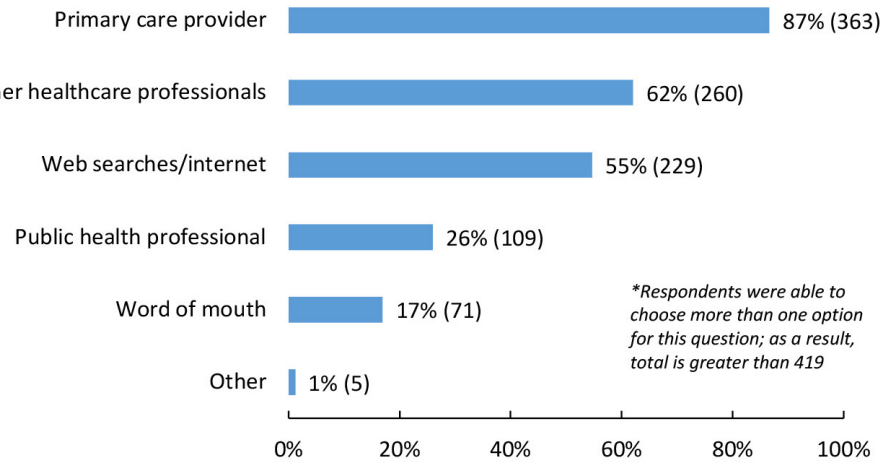
Other requested services included:

- Autism-related services
- Breast plate for MRI machine
- Screening/testing for disease, such as dementia
- Dermatology
- Affordable/free fitness center
- Cancer treatments, cancer specialty providers
- City owned EMS, not hospital-based
- Dermatology
- Dialysis
- Internal medicine specialist
- Naturopathic/alternative healthcare
- Acupuncture and massage
- Radiation treatment
- Supportive services to keep seniors in their homes
- Women's health, abortion services
- Mental health professionals

While not a service, many respondents indicated that they would like an oncologist added. One person stated that currently, residents who have cancer treatments have to travel for them to either Fargo or Bismarck. This places a major burden on them and their loved ones who bring them to their appointments. In regard to mental health professionals being added locally, it was also specifically noted that those professionals also be able to help children and adolescents.

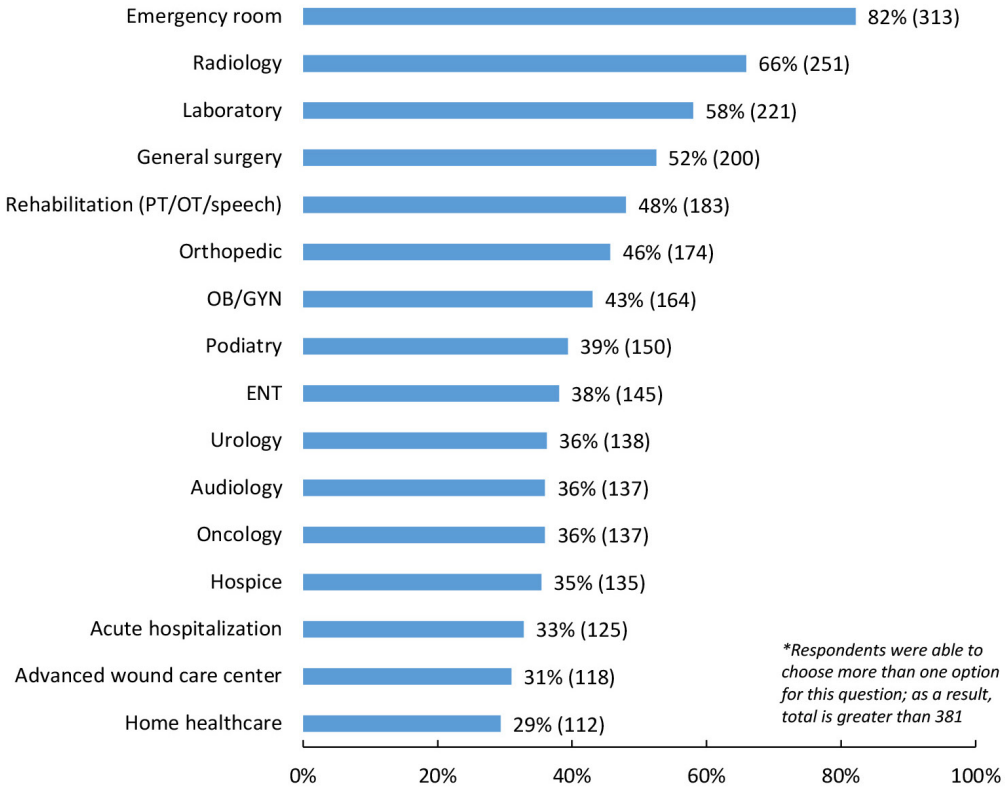
The key informant and focus group members felt that the community members were aware of the majority of the health system and public health services. There were a number of services where they felt CVHD should increase marketing efforts. One person stated the public health building is unmarked, and there's not much promotion from them in the community. Others stated they see public health in the schools and during community events.

Figure 24: Sources of Trusted Health Information
Total responses = 419*



In the "Other" category, respondents listed books and Google.

Figure 25: Awareness and Utilization of General and Acute Services
Total responses = 381*



Concerns or Suggestions to Improve Health

The final question on the survey asked respondents to share concerns and suggestions to improve the delivery of local healthcare.

The majority of responses focused on concerns with:

- Not being able to establish with a primary care provider
- See visiting specialists without having to wait months for an appointment
- Limited appointment times

Patients are frustrated with having to repeat their stories to multiple people because they cannot see the same doctor over time.

Residents also would like to have the hospital either hire more specialists or add more times and more specialists to the schedule. People have to wait months just to have their first appointment. Some specialty areas are not available in-house through visiting doctors, so patients have to go to larger cities, such as Fargo or Bismarck. In order to make these appointments, patients and their families have to take time off work, arrange daycare, pick up rides for their children, and possibly stay overnight, if needed. One resident was surprised that JRMC didn't offer certain cardiac testing, and they had to go to Fargo. Residents would like more access to specialty doctors and testing and simple procedures without having to leave town to receive care.

Another issue identified by many respondents was transportation.
There are no options for residents, whether in town or needing to go to a larger city, especially if they do not qualify for Medicare or Medicaid. Residents would like to see resources to put towards this gap. A possible solution would be to use virtual appointments whenever possible. As technology and the internet become more accessible to rural areas, Telehealth visits may help with this burden.

Additional suggestions for Jamestown include the addition of early morning, evening, and weekend appointments. Residents do not want to have to utilize the ER for non-emergency situations; however, due to no appointment availability, they have no choice. Many respondents want to have shorter wait times for getting appointments. Depending on the issue, the waiting time could take months. It was also noted patients would like stricter policies on confidentiality and have staff take refreshers on current policies.

It was suggested that there be more collaboration between healthcare systems.
They feel that there is little to no collaboration or communication between hospitals and doctors. Patients have to restate their medical history repeatedly because the new doctor or specialist does not have the patient's information. They would like to see their doctors work as a team to create a cohesive care plan.

Other suggestions that were received included more activities for youth, more support groups, more educational classes, and having the local government and state put more money into the hospital.
Respondents stated there are no activities in which youth can participate that doesn't cost money. Children from poor families are left out, leaving them socially isolated from their peers. People would like to have more support groups that are not religion-based. Many residents would like more educational classes or webinars geared towards healthy living. One participant stated the community needs to be more proactive rather than reactive. When it comes to resources, some respondents state they wished the local government would be more concerned with the hospital instead of the college.

Many respondents believe that JRMC does a great job of identifying and delivering healthcare within its means and offers a wide variety of healthcare services.

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 social and community matters.

IDENTIFIED ISSUES

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

1. Alcohol use and abuse
2. Cost of long-term/nursing home care
3. Depression/anxiety
4. Having enough child daycare services

To provide context for the identified needs, following are some of the comments made by those interviewed about these issues:

Alcohol use and abuse

- The community is losing the battle on alcohol and drugs. There should be more conversations with kids to educate them about the dangers of these issues.
- The only thing to do in the area is to go out and drink. There are not many choices if they do not go to bars.
- The stress of affordable the basic needs in life are causes people to turn towards alcohol and drugs.

Cost of long-term/nursing home care

- There needs to be more affordable housing for seniors.
- Need more resources to help keeps elders in their homes.
- The cost of living is high, especially for elders who are retired or working part time to cover costs.

Depression/anxiety

- Mental health services can take months to get an appointment.
- Mental health affects all ages at different stages of life.
- Limited activities and resources for teenagers, they end up feeling isolated and alone. The community has to do a better job at informing residents of opportunities, resources, and wellness services that are available.
- The cost of living is making it hard on all ages, especially adults with children. There is an income gap where people are making too much to be considered for programs or scholarships but are struggling to pay rent and put food on the table.

Having enough child daycare services

- In order to attract young families, there needs to be more daycare services.

- There is no availability for the daycare services.
- Families need to be a two-income home in order to match the cost of living. Without daycare services, that puts strain on families having to choose if they can work and if it's even worth it.

Community Engagement and Collaboration

Key informants and focus group participants 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?"

This question was not intended to rank services provided. They were presented with a list of 13 organizations or community segments to score. According to these participants, the hospital, pharmacy, public health, and other long-term care (including nursing homes/assisted living) are the most engaged in the community.

The averages of these scores (with 5 being "excellent" engagement or collaboration) were:

- Emergency services, including ambulance and fire (4.0)
- Hospital (healthcare system) (4.0)
- Business and industry (3.75)
- Law enforcement (3.5)
- Other local health providers, such as dentists and chiropractors (3.5)
- Pharmacy (3.5)
- Schools (3.5)
- Public health (3.25)
- Faith-based (3.0)
- Social/human services (3.0)
- Long-term care, including nursing homes and assisted living (2.75)
- Economic development organizations (2.5)
- Indian Health/tribal health services (1.0)

Priority of Health Needs

A community group met on February 22, 2024. Sixteen community members attended the meeting. Representatives from the Center for Rural Health (CRH) presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the survey results (including perceived community assets and concerns, and barriers to care), and findings from the key informant interviews.

Following the presentation of the assessment findings and after considering and discussing 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 to place next to each of the four needs they considered the most significant. Due to a tie in voting, Jamestown Regional Medical Center (JRMC) has five top community needs that were identified.

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

- Not enough affordable housing (12 votes)
- Depression/anxiety – youth (11 votes)
- Availability of mental health services (8 votes)
- Alcohol use and abuse – adult (5 votes)
- Attracting and retaining young families (5 votes)

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

1. Not enough affordable homes (6 votes)
2. Depression/anxiety – youth (5 votes)
3. Availability of mental health services (3 votes)
4. Alcohol use and abuse – adult (1 vote)
5. Attracting and retaining young families (1 vote)

Following the prioritization process during the second meeting of the community group and key informants, the number one identified need was not enough affordable housing. A summary of this prioritization may be found in Appendix E.

Comparison of Needs Identified Previously

Top Needs Identified 2021 CHNA Process	Top Needs Identified 2024 CHNA Process
• Attracting retaining young families	• Not enough affordable homes
• Availability of primary care providers (MD, DO, NP, PA) and nurses	• Depression/anxiety in youth
• Ability to retain primary care providers and nurses	• Availability of mental health services
• Not enough jobs with livable wages	• Alcohol use and abuse
	• Attracting and retaining young families

The current process did identify three identical common needs from 2021. Two new needs that were identified in the 2024 community health needs assessment are alcohol use and abuse and not enough affordable homes.

JRMC invited written comments on the most recent Community Health Needs Assessment (CHNA) report and implementation strategy both in the documents and on the website where they are widely available to the public. No written comments have been received.

Upon adoption of this CHNA report by the JRMC board vote, a notation will be documented in the board minutes, reflecting the approval, and then the report will be widely available to the public on the hospital's website, and a paper copy will be available for inspection upon request at the hospital. Written comments on this report can be submitted to JRMC.

Hospital and Community Projects and Programs Implemented to Address Needs Identified in 2021

In response to the needs identified in the 2021 CHNA process, the following actions were taken:

Attracting and retaining young families: In order to address these two needs, the organization worked closely with Jamestown/Stutsman County Development (JSDC) to ensure this need is being met. Mike Delfs, CEO of JRMC, is also a Director at JSDC. JSDC offers an internship reimbursement program. The internship reimbursement program at

JSDC provides funding to provide opportunities for advancement of work competencies and wages. Businesses can apply annually with JSDC for funding. Four applications were approved for 2022 and six for 2023.

The Jamestown Chamber of Commerce facilitates the Young Professionals of Jamestown (YPJ) committee. The purpose of the group is to offer networking and educational opportunities to like-minded young professionals. YPJ is also partnered with Rotaract on the University of Jamestown campus and Jamestown High School Career Guidance Counselors on career-theme months. One big goal for YPJ is to develop a local leadership academy/program for local professionals.

The Jamestown Chamber of Commerce "Welcome to Jamestown Program" launched in 2022. The purpose of this program is to support retention and possibly recruitment of work force.

The Jamestown Chamber of Commerce has developed a new committee to support work force issues including:

- Educational programs and the transition of students to work force
- Housing
- Community image

Depression/anxiety in youth: JRMC partnered with the Jamestown United way to address depression and anxiety in youth. Jamestown United Way included this item as a priority for 2022 and addressed this need in the following ways:

- Safe Halloween event in the park
- Improve access to Boy Scouts and Girl Scouts for all families
- After school educational programs at the Arts Center designed to keep children engaged and off electronic devices
- Free transportation is provided from public schools to the Arts Center

Availability of mental health services: Available community resources were gathered together and summarized in a web accessible guide located at: https://centralvalleyhealth.org/wp-content/uploads/2021/03/Health-and-Wellness-Guide-FINAL.pdf

This guide provides information regarding available resources to address mental health and other wellness resources, including the organization's name, contact information, and a brief description of the services.

JRMC continues offering and promoting no-cost counseling program for farm and ranch families.

The Jamestown Public Schools has implemented a social-emotional learning curriculum across the K-12 continuum. Each school has developed a relationship-building strategy to enhance employee interactions, resulting in stronger, professional relationships among staff members. The MTSS-B Framework to address the social and emotional learning needs of all students has also been expanded.

The Jamestown Police Department Crime prevention continues the trading card program. During the baseball season, each officer receives Minnesota Twins cards to hand out to the youth of Jamestown. The program continues to develop positive contact between the officers and the youth of the city.

Not enough jobs with livable wages for Jamestown's economy: Jamestown/Stutsman County Development Corporation (JSDC) has been the champion in the work of improving access to jobs and livable wages. The

Jamestown Chamber of Commerce and Job Service of North Dakota are both supporting partners. The team has been successful in recruiting new businesses to the region, specifically the Spiritwood Energy Park, facilitated funding opportunities for internships and education. In 2021 alone JSDC had recruited several new employers to the community. Those include Applied Blockchain and ADM.

The city issued 26 building permits for commercial remodeling projects in 2022 compared to 12 in 2021. The 26 building permits for commercial remodeling projects had a combined value of more than $2.6 million.

For other commercial projects, the city issued two building permits each for new buildings, storage and miscellaneous, and four for additions. The Anne Carlsen Center's new building near the JRMC was the project with the highest valuation at $31 million in 2022.

Collins Aerospace's commercial addition was the project with the second-highest valuation in 2022 at more than $5.5 million. Collins Aerospace's commercial remodeling project also had the highest valuation – $478,000 – for all commercial remodeling projects.

All commercial projects had a total valuation of more than $42.8 million.

For residential projects, the city issued three building permits for additions, five for new buildings, nine for storage and 11 for garages. Residential projects, including decks or patios, had a combined value of more than $2.2 million.

The city of Jamestown was projected to see a strong building season in 2023 in the commercial sector. It was also projected to see a rise in the number of building permits issued for new residential homes in Jamestown compared to 2022.

The above implementation plan for Jamestown Regional Medical Center is posted on the JRMC's website at https://jrmcnd.com/about-us/community-impact.

Next Steps – Strategic Implementation Plan

Although a Community Health Needs Assessment (CHNA) 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, 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 nonprofit hospitals and is reported in Part I of the hospital's Form 990. The strategic implementation requirement was added as part of the Affordable Care Act'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 – Critical Access Hospital Profile

2023 QUICK FACTS

Designation:	Critical Access (2019)
Administrator/CEO:	Mike Delfs
Board Chair:	Casey Henderson
Beds:	25
Average Daily Census:	10
Births Per Year:	360
Operating Rooms:	3
Endoscopy Rooms:	2
Trauma Level:	IV
Trauma Bays:	2
Electronic Medical Record:	Epic
Employed Providers	
MD, DO, DPM:	13
Advanced Practice:	4
CRNAs:	7
All Full-time Equivelants:	251
Jamestown Population:	15,750
Stutsman County:	21,576
Primary Service Territory:	35,000

RECENT AWARDS

Top 20 Critical Access Hospital
Top 100 Critical Access Hospital
Best Places to Work
Donate Life Partner of the Year
Women's Choice Award - Obstetrics
Women's Choice Award - Emergency Care
Healogics® (Wound) Center of Distinction
Gold Plus Stroke Readiness
Blue Distinction® Centers+ for Maternity Care

Jamestown REGIONAL MEDICAL CENTER

JRMC is a modern and comprehensively equipped medical center. We support both outpatient and inpatient services, including robust surgical specialties, a cancer center, level IV trauma center a 25-bed critical access hospital and the only birthing center in a 90-mile radius.

While JRMC's roots date back to 1929, our pioneering spirit, courage and purpose-driven innovation have helped us grow into the independent, regional care destination we are today.

We are committed to providing the finest care to Stutsman County and the surrounding region of nearly 55,000 people.

OUR MISSION

It is our mission to "Exceed expectations and be THE difference in the lives of those we serve."

OUR VISION

Our vision is to "Be the best rural hospital in the country for patients to receive care, employees to work and providers to practice."

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LEGENDARY Healthcare

2422 20th Street SW Jamestown, ND 58401-6201 • (701) 952-1050 • jrmcnd.com

25-BED CRITICAL ACCESS HOSPITAL
Adult & Pediatric Inpatient Care
Intensive Care Unit
Swing Bed

FAMILY BIRTHPLACE
Education
Labor & Delivery
Nursery
Outpatient Services
Safe Sleep Designation

SPECIALTY CLINIC
Ear, Nose & Throat
Obstetrics & Gynecology
- Lactation Counseling
- Women's Walk-in Clinic
- Urodynamics
Orthopedics & Sports Medicine
Podiatry/Foot & Ankle
Urology
Vascular Clinic
Wound & Hyperbaric Center

CANCER CENTER
Infusion Therapy
Oncology
REACH - Support Services

SURGERY CENTER
Ear, Nose & Throat
Endoscopy
General Surgery
Obstetrics & Gynecology
Ophthalmology
Orthopedics
Podiatry/Foot & Ankle
Urology

EMERGENCY
Level IV Trauma Center
Helipad
Sexual Assault Nurse Examiners
Teleneurology
24/7 Physician-staffed
24/7 General Surgery
24/7 OB/GYN

RADIOLOGY SERVICES
Body Composition
CT Scan
3D Mammography
Echocardiograms
EKG
X-ray
MRI
Nuclear Medicine
Pain Injections
Ultrasound
Vein Ablation

REHABILITATION SERVICES
Audiology
Athletic Training
CardioPulmonary Rehab
- Clinical Supervised Exercise
Occupational Therapy
Physical Therapy
Speech Therapy

RESPIRATORY CARE
Pulmonary Functioning Tests
Smoking Cessation
Stress Testing

LABORATORY SERVICES
Blood Services
Direct Access Testing
Genetic Testing
Hematology
Histology

HOME HEALTH SERVICES
Home Health
Hospice
Private-Duty Care
Rehabilitation

SUPPORT SERVICES
Foundation
Nutrition Counseling
Social Services
Spiritual Care
Pharmacy (non-retail)

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Appendix B – Economic Impact Analysis

December 2020

Jamestown Regional Medical Center

Healthcare, especially a hospital, plays a vital role in local economies.

Economic Impact

Jamestown Regional Medical Center is composed of a Critical Access Hospital (CAH), a specialty clinic, home health, and hospice in Jamestown, North Dakota.

Jamestown Regional Medical Center **directly** employs **282 FTE employees** with an annual payroll of over **$24.8 million** (including benefits).

- After application of the employment multiplier of 1.65, these employees created an additional **182** jobs.
- The same methodology is applied to derive the income impact. The income multiplier of 1.37 is applied to create nearly **$9.23 million** in income as they interact with other sectors of the local economy.
- **Total impacts = 464 jobs and more than $34 million in income**.

Healthcare and Your Local Economy

The health sector in a rural community, anchored by a CAH, is responsible for a number of full- and part-time jobs and the resulting wages, salaries, and benefits. Research findings from the National Center for Rural Health Works indicate that rural hospitals typically are one of the top employers in the rural community. The employment and the resulting wages, salaries, and benefits from a CAH are critical to the rural community economy. Figure 1 depicts the interaction between an industry like a healthcare institution and the community, containing other industries and households.

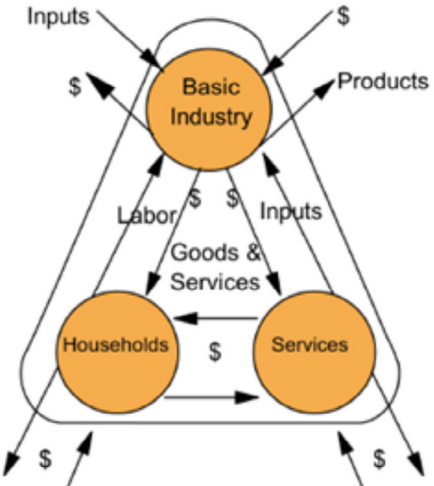
Key contributions of the health system include

- Attracts retirees and families
- Appeals to businesses looking to establish and/or relocate
- High quality healthcare services and infrastructure foster community development
- Positive impact on retail sales of local economy
- Provides higher-skilled and higher-wage employment
- Increases the local tax base used by local government

Data analysis was completed by the Center for Rural Health at the Oklahoma State University Center for Health Sciences utilizing IMPLAN data.

For additional information, please contact:
Center for Rural Health • https://ruralhealth.und.edu/

Figure 1. An overview of the community economic system.



Source: Doeksen, G.A., T. Johnson, and C. Willoughby. 1997. Measuring the Economic Importance of the Health Sector on a Local Economy: A Brief Literature Review and Procedures to Measure Local Impacts

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) through the Medicare Rural Hospital Flexibility Grant Program and the State Office of Rural Health Grant.

Appendix C – CHNA Survey Instrument

Community Health Assessment

Jamestown Regional Medical Center and Central Valley Health District are interested in hearing from all adult Stutsman County residents about community health needs.

The focus of this effort is to:

- Learn about the strength and weaknesses of our community's health.
- Learn more about how local health services are used by you and other residents.
- Understand perceptions and attitudes about the health of the community.
- Capture perceptions and attitudes about the health of the community.

If you prefer, you may take the survey online at **jrmcnd.com/CHNA** or by scanning 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 Holly Long at 701.777.3848.

Surveys will be accepted through January 15, 2024. 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.

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

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

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

- ☐ Access to healthy food
- ☐ Active faith community
- ☐ Business district (restaurants, availability of goods)
- ☐ Community groups and organizations
- ☐ Healthcare
- ☐ Opportunities for advanced education
- ☐ Public transportation
- ☐ Programs for youth
- ☐ Quality school systems
- ☐ Other (please specify): _____

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

- ☐ Closeness to work and activities
- ☐ Family-friendly; good place to raise kids
- ☐ Informal, simple, laidback lifestyle
- ☐ Job opportunities or economic opportunities
- ☐ Safe place to live, little/no crime
- ☐ Other (please specify): _____

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

- ☐ Activities for families and youth
- ☐ Arts and cultural activities
- ☐ Local events and festivals
- ☐ Recreational and sports activities
- ☐ Year-round access to fitness opportunities
- ☐ Other (please specify): _____

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

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

- ☐ Active faith community
- ☐ Attracting and retaining young families
- ☐ Not enough jobs with livable wages, not enough to live on
- ☐ Not enough affordable housing
- ☐ Poverty
- ☐ Changes in population size (increasing or decreasing)
- ☐ Crime and safety, adequate law enforcement personnel
- ☐ Water quality (well water, lakes, streams, rivers)
- ☐ 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
- ☐ Traffic safety, including speeding, road safety, seatbelt use, and drunk/distracted driving
- ☐ Physical violence, domestic violence, sexual abuse
- ☐ Child abuse
- ☐ Bullying/cyber-bullying
- ☐ Recycling
- ☐ Homelessness
- ☐ Other (please specify): _____

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

- ☐ Ability to get appointments for health services within 48 hours.
- ☐ Extra hours for appointments, such as evenings and weekends
- ☐ Availability of primary care providers (MD,DO,NP,PA) and nurses
- ☐ Ability to retain primary care providers (MD,DO,NP,PA) and nurses in the community
- ☐ Availability of public health professionals
- ☐ 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 use disorder treatment services
- ☐ Availability of hospice
- ☐ Availability of dental care
- ☐ Availability of vision care
- ☐ Emergency services (ambulance & 911) available 24/7
- ☐ Ability/willingness of healthcare providers to work together to coordinate patient care within the health system.
- ☐ Ability/willingness of healthcare providers to work together to coordinate patient care outside the local community.
- ☐ Patient confidentiality (inappropriate sharing of personal health information)
- ☐ Not comfortable seeking care where I know the employees at the facility on a personal level
- ☐ Quality of care
- ☐ Cost of health care services
- ☐ Cost of prescription drugs
- ☐ Cost of health insurance
- ☐ Adequacy of health insurance (concerns about out-of-pocket costs)
- ☐ Understand where and how to get health insurance
- ☐ Adequacy of Indian Health Service or Tribal Health Services
- ☐ Other (please specify): _____

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

- ☐ Alcohol use and abuse
- ☐ Drug use and abuse (including prescription drug abuse)
- ☐ Smoking and tobacco use, exposure to second-hand smoke or vaping (juuling)
- ☐ Cancer
- ☐ Diabetes
- ☐ Depression/anxiety
- ☐ Stress
- ☐ Suicide
- ☐ Not enough activities for children and youth
- ☐ Teen pregnancy
- ☐ Sexual health
- ☐ Diseases that can spread, such as sexually transmitted diseases or AIDS
- ☐ Wellness and disease prevention, including vaccine-preventable diseases
- ☐ Not getting enough exercise/physical activity
- ☐ Obesity/overweight
- ☐ Hunger, poor nutrition
- ☐ Crime
- ☐ Graduating from high school
- ☐ Availability of disability services
- ☐ Other (please specify): _____

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

- ☐ Alcohol use and abuse
- ☐ Drug use and abuse (including prescription drug abuse)
- ☐ Smoking and tobacco use, exposure to second-hand smoke or vaping (juuling)
- ☐ Cancer
- ☐ Lung disease (i.e. emphysema, COPD, asthma)
- ☐ Diabetes
- ☐ Heart disease
- ☐ Hypertension
- ☐ Dementia/Alzheimer's disease
- ☐ Other chronic diseases: _____
- ☐ Depression/anxiety
- ☐ Stress
- ☐ Suicide
- ☐ Diseases that can spread, such as sexually transmitted diseases or AIDS
- ☐ Wellness and disease prevention, including vaccine-preventable diseases
- ☐ Not getting enough exercise/physical activity
- ☐ Obesity/overweight
- ☐ Hunger, poor nutrition
- ☐ Availability of disability services
- ☐ Other (please specify): _____

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

- ☐ Ability to meet needs of older population
- ☐ Long-term/nursing home care options
- ☐ Assisted living options
- ☐ Availability of resources to help the elderly stay in their homes
- ☐ Cost of activities for seniors
- ☐ Availability of activities for seniors
- ☐ Availability of resources for family and friends caring for elders
- ☐ Quality of elderly care
- ☐ Cost of long-term/nursing home care
- ☐ Availability of transportation for seniors
- ☐ Availability of home health
- ☐ Not getting enough exercise/physical activity
- ☐ Dementia/Alzheimer's disease
- ☐ Depression/anxiety
- ☐ Suicide
- ☐ Alcohol use and abuse
- ☐ Drug use and abuse (including prescription drug abuse)
- ☐ Availability of activities for seniors
- ☐ Elder abuse
- ☐ Other (please specify): _____

10. What single issue do you feel is the biggest challenge facing your community?

_____

_____

- ☐ Alcohol use and abuse
- ☐ Drug use and abuse (including prescription drug abuse)
- ☐ Smoking and tobacco use, exposure to second-hand smoke or vaping (juuling)
- ☐ Cancer
- ☐ Diabetes
- ☐ Depression/anxiety
- ☐ Stress
- ☐ Suicide
- ☐ Not enough activities for children and youth
- ☐ Teen pregnancy
- ☐ Sexual health
- ☐ Diseases that can spread, such as sexually transmitted diseases or AIDS
- ☐ Wellness and disease prevention, including vaccine-preventable diseases
- ☐ Not getting enough exercise/physical activity
- ☐ Obesity/overweight
- ☐ Hunger, poor nutrition
- ☐ Crime
- ☐ Graduating from high school
- ☐ Availability of disability services
- ☐ Other (please specify): _____

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

- ☐ Alcohol use and abuse
- ☐ Drug use and abuse (including prescription drug abuse)
- ☐ Smoking and tobacco use, exposure to second-hand smoke or vaping (juuling)
- ☐ Cancer
- ☐ Lung disease (i.e. emphysema, COPD, asthma)
- ☐ Diabetes
- ☐ Heart disease
- ☐ Hypertension
- ☐ Dementia/Alzheimer's disease
- ☐ Other chronic diseases: _____
- ☐ Depression/anxiety
- ☐ Stress
- ☐ Suicide
- ☐ Diseases that can spread, such as sexually transmitted diseases or AIDS
- ☐ Wellness and disease prevention, including vaccine-preventable diseases
- ☐ Not getting enough exercise/physical activity
- ☐ Obesity/overweight
- ☐ Hunger, poor nutrition
- ☐ Availability of disability services
- ☐ Other (please specify): _____

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

- ☐ Ability to meet needs of older population
- ☐ Long-term/nursing home care options
- ☐ Assisted living options
- ☐ Availability of resources to help the elderly stay in their homes
- ☐ Cost of activities for seniors
- ☐ Availability of activities for seniors
- ☐ Availability of resources for family and friends caring for elders
- ☐ Quality of elderly care
- ☐ Cost of long-term/nursing home care
- ☐ Availability of transportation for seniors
- ☐ Availability of home health
- ☐ Not getting enough exercise/physical activity
- ☐ Dementia/Alzheimer's disease
- ☐ Depression/anxiety
- ☐ Suicide
- ☐ Alcohol use and abuse
- ☐ Drug use and abuse (including prescription drug abuse)
- ☐ Availability of activities for seniors
- ☐ Elder abuse
- ☐ Other (please specify): _____

10. What single issue do you feel is the biggest challenge facing your community?

_____

_____

Delivery of Healthcare

11. Which of the following **SERVICES** provided by **Central Valley Health District** have you or a family member used in the past year? (Choose ALL that apply)

- ☐ Bicycle helmet safety education
- ☐ Blood pressure checks
- ☐ Breastfeeding resources
- ☐ Car seat program
- ☐ Child health (well baby)
- ☐ Cholesterol screenings
- ☐ Diabetes screening
- ☐ Emergency response & preparedness program
- ☐ Family planning services
- ☐ Environmental health services (water, sewer, health hazard abatement)
- ☐ Health Tracks (child health screening)
- ☐ In-home nursing care
- ☐ Immunizations
- ☐ Medications setup—home visits
- ☐ Newborn home visits
- ☐ Nutrition education
- ☐ School health (vision screening, puberty talks, school immunizations)
- ☐ Tobacco prevention and control
- ☐ Tuberculosis testing and management
- ☐ West Nile program – surveillance and education
- ☐ WIC (Women, Infants & Children) Program
- ☐ Worksite wellness
- ☐ Youth education programs (First Aid, Bike Safety)

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

- ☐ Emergency room
- ☐ Home healthcare
- ☐ Hospice
- ☐ Acute hospitalization
- ☐ Oncology
- ☐ Orthopedic
- ☐ Podiatry
- ☐ OB/GYN
- ☐ ENT
- ☐ Urology
- ☐ Advanced would care center
- ☐ General surgery
- ☐ Laboratory
- ☐ Radiology
- ☐ Rehabilitation (PT/OT/speech)
- ☐ Audiology

13. What **PREVENTS** community residents from receiving healthcare? (Choose ALL that apply)

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

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

- ☐ Other healthcare professionals (nurses, chiropractors, dentists, etc.)
- ☐ Primary care provider (doctor, nurse practitioner, physician assistant)
- ☐ Public health professional
- ☐ Web searches/internet (WebMD, Mayo Clinic, Healthline, etc.)
- ☐ Word of mouth, from others (friends, neighbors, co-workers, etc.)
- ☐ Other (please specify): _____

15. What specific healthcare services, if any, do you think should be added locally?

_____

_____

Demographic Information: Please tell us about yourself.

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

☐ Yes ☐ No

17. How did you acquire the survey (or survey link) that you are completing?

☐ Hospital or public health website
☐ Hospital or public health social media page
☐ Hospital or public health employee
☐ Hospital or public health facility
☐ Economic development website or social media
☐ Other website or social media page (please specify): _____
☐ Newspaper advertisement
☐ Newsletter (if so, what one):_____
☐ Church bulletin
☐ Flyer sent home from school
☐ Flyer at local business
☐ Flyer in the mail
☐ Word of Mouth
☐ Direct email (if so, from what organization):_____
☐ Other (please specify): _____

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

☐ Indian Health Service (IHS)
☐ Insurance through employer (self, spouse, or parent)
☐ Self-purchased insurance
☐ Medicaid
☐ Medicare
☐ No insurance
☐ Veteran's Healthcare Benefits
☐ Other (please specify): _____

19. 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

20. 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

21. Sex:

☐ Female
☐ Male
☐ Non-binary
☐ Other (please specify): _____

22. Employment status:

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

23. Your zip code: _____

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

- ☐ American Indian
- ☐ African American
- ☐ Asian
- ☐ Hispanic/Latino
- ☐ Pacific Islander
- ☐ White/Caucasian
- ☐ Other: _____

25. 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

26. Overall, please share concerns and suggestions to improve the delivery of local healthcare.

_____

_____

Thank you for assisting us with this important survey!

Appendix D – County Health Rankings Explained

Source: http://www.countyhealthrankings.org/

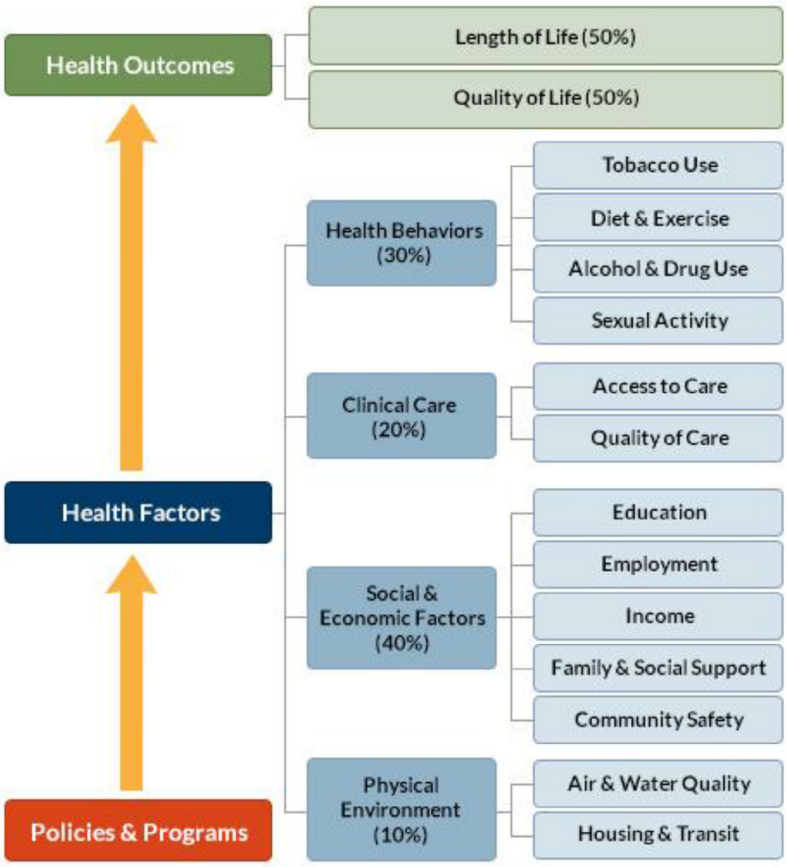
Methods

The County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.

What is Ranked

The County Health Rankings are based on counties and county equivalents (ranked places). Any entity that has its own Federal Information Processing Standard (FIPS) county code is included in the Rankings. We only rank counties and county equivalents within a state. The major goal of the Rankings is to raise awareness about the many factors that influence health and that health varies from place to place, not to produce a list of the healthiest 10 or 20 counties in the nation and only focus on that.

Ranking System



The County Health Rankings model (shown above) provides the foundation for the entire ranking process.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state. We calculate and rank eight summary composite scores:

1. **Overall Health Outcomes**
2. Health Outcomes – **Length of life**
3. Health Outcomes – **Quality of life**
4. **Overall Health Factors**
5. Health Factors – **Health behaviors**
6. Health Factors – **Clinical care**
7. Health Factors – **Social and economic factors**
8. Health Factors – **Physical environment**

Data Sources and Measures

The County Health Rankings team synthesizes health information from a variety of national data sources to create the Rankings. Most of the data used are public data available at no charge. Measures based on vital statistics, sexually transmitted infections, and Behavioral Risk Factor Surveillance System (BRFSS) survey data were calculated by staff at the National Center for Health Statistics and other units of the Centers for Disease Control and Prevention (CDC). Measures of healthcare quality were calculated by staff at The Dartmouth Institute.

Data Quality

The County Health Rankings team draws upon the most reliable and valid measures available to compile the Rankings. Where possible, margins of error (95% confidence intervals) are provided for measure values. In many cases, the values of specific measures in different counties are not statistically different from one another; however, when combined using this model, those various measures produce the different rankings.

Calculating Scores and Ranks

The County Health Rankings are compiled from many different types of data. To calculate the ranks, they first standardize each of the measures. The ranks are then calculated based on weighted sums of the standardized measures within each state. The county with the lowest score (best health) gets a rank of #1 for that state and the county with the highest score (worst health) is assigned a rank corresponding to the number of places we rank in that state.

Health Outcomes and Factors

Source: http://www.countyhealthrankings.org/explore-health-rankings/what-and-why-we-rank

Health Outcomes

Premature Death (YPLL)

Premature death is the years of potential life lost before age 75 (YPLL-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, whereas a person who dies at age 65 contributes 10 years of life lost to a county's YPLL. The YPLL measure is presented as a rate per 100,000 population and is age-adjusted to the 2000 US population.

Reason for Ranking

Measuring premature mortality, rather than overall mortality, reflects the County Health Rankings' intent to focus attention on deaths that could have been prevented. Measuring YPLL allows communities to target resources to high-risk areas and further investigate the causes of premature death.

Poor or Fair Health

Self-reported health status is a general measure of health-related quality of life (HRQoL) in a population. This measure is based on survey responses to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor?" The value reported in the County Health Rankings is the percentage of adult respondents who rate their health "fair" or "poor." The measure is modeled and age-adjusted to the 2000 US population. Please note that the methods for calculating this measure changed in the 2016 Rankings.

Reason for Ranking

Measuring HRQoL helps characterize the burden of disabilities and chronic diseases in a population. Self-reported health status is a widely used measure of people's health-related quality of life. In addition to measuring how long people live, it is important to also include measures that consider how healthy people are while alive.

Poor Physical Health Days

Poor physical health days is based on survey responses to the question: "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" The value reported in the County Health Rankings is the average number of days a county's adult respondents report that their physical health was not good. The measure is age-adjusted to the 2000 US population. Please note that the methods for calculating this measure changed in the 2016 Rankings.

Reason for Ranking

Measuring health-related quality of life (HRQoL) helps characterize the burden of disabilities and chronic diseases in a population. In addition to measuring how long people live, it is also important to include measures of how healthy people are while alive – and people's reports of days when their physical health was not good are a reliable estimate of their recent health.

Poor Mental Health Days

Poor mental health days is based on survey responses to the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" The value reported in the County Health Rankings is the average number of days a county's adult respondents report that their mental health was not good. The measure is age-adjusted to the 2000 US population. Please note that the methods for calculating this measure changed in the 2016 Rankings.

Reason for Ranking
Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represents an important facet of health-related quality of life.

Low Birth Weight
Birth outcomes are a category of measures that describe health at birth. These outcomes, such as low birthweight (LBW), represent a child's current and future morbidity — or whether a child has a "healthy start" — and serve as a health outcome related to maternal health risk.

Reason for Ranking
LBW is unique as a health outcome because it represents multiple factors: infant current and future morbidity, as well as premature mortality risk, and maternal exposure to health risks. The health associations and impacts of LBW are numerous.

In terms of the infant's health outcomes, LBW serves as a predictor of premature mortality and/or morbidity over the life course.[1] LBW children have greater developmental and growth problems, are at higher risk of cardiovascular disease later in life, and have a greater rate of respiratory conditions.[2-4]

From the perspective of maternal health outcomes, LBW indicates maternal exposure to health risks in all categories of health factors, including her health behaviors, access to healthcare, the social and economic environment the mother inhabits, and environmental risks to which she is exposed. Authors have found that modifiable maternal health behaviors, including nutrition and weight gain, smoking, and alcohol and substance use or abuse can result in LBW.[5]

LBW has also been associated with cognitive development problems. Several studies show that LBW children have higher rates of sensorineural impairments, such as cerebral palsy, and visual, auditory, and intellectual impairments.[2,3,6] As a consequence, LBW can "impose a substantial burden on special education and social services, on families and caretakers of the infants, and on society generally."[7]

Health Factors
Adult Smoking
Adult smoking is the percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime. Please note that the methods for calculating this measure changed in the 2016 Rankings.

Reason for Ranking
Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs.

Adult Obesity
Adult obesity is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.

Reason for Ranking
Obesity is often the result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and poor health status.[1,2]

Food Environment Index

The food environment index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment:

1) Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than 1 mile. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.

2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey.

More information on each of these can be found among the additional measures.

Reason for Ranking

There are many facets to a healthy food environment, such as the cost, distance, and availability of healthy food options. This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket; there is strong evidence that food deserts are correlated with high prevalence of overweight, obesity, and premature death.[1-3] Supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores.[4]

Additionally, access in regards to a constant source of healthy food due to low income can be another barrier to healthy food access. Food insecurity, the other food environment measure included in the index, attempts to capture the access issue by understanding the barrier of cost. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality.[5,6] In addition to asking about having a constant food supply in the past year, the module also addresses the ability of individuals and families to provide balanced meals further addressing barriers to healthy eating. It is important to have adequate access to a constant food supply, but it may be equally important to have nutritious food available.

Physical Inactivity

Physical inactivity is the percentage of adults age 20 and over reporting no leisure-time physical activity. Examples of physical activities provided include running, calisthenics, golf, gardening, or walking for exercise.

Reason for Ranking

Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Inactivity causes 11% of premature mortality in the United States, and caused more than 5.3 million of the 57 million deaths that occurred worldwide in 2008.[1] In addition, physical inactivity at the county level is related to healthcare expenditures for circulatory system diseases.[2]

Access to Exercise Opportunities

Change in measure calculation in 2018: Access to exercise opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Parks include local, state, and national parks. Recreational facilities include YMCAs as well as businesses identified by the following Standard Industry Classification (SIC) codes and include a wide variety of facilities including gyms, community centers, dance studios and pools: 799101, 799102, 799103, 799106, 799107, 799108, 799109, 799110, 799111, 799112, 799201, 799701, 799702, 799703, 799704, 799707, 799711, 799717, 799723, 799901, 799908, 799958, 799969, 799971, 799984, or 799998.

Individuals who:

- reside in a census block within a half mile of a park or
- in urban census blocks: reside within one mile of a recreational facility or

- in rural census blocks: reside within three miles of a recreational facility
- are considered to have adequate access for opportunities for physical activity.

Reason for Ranking
Increased physical activity is associated with lower risks of type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. The role of the built environment is important for encouraging physical activity. Individuals who live closer to sidewalks, parks, and gyms are more likely to exercise.[1-3]

Excessive Drinking
Excessive drinking is the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average. Please note that the methods for calculating this measure changed in the 2011 Rankings and again in the 2016 Rankings.

Reason for Ranking
Excessive drinking is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. [1] Approximately 80,000 deaths are attributed annually to excessive drinking. Excessive drinking is the third leading lifestyle-related cause of death in the United States.[2]

Alcohol-Impaired Driving Deaths
Alcohol-impaired driving deaths is the percentage of motor vehicle crash deaths with alcohol involvement.

Reason for Ranking
Approximately 17,000 Americans are killed annually in alcohol-related motor vehicle crashes. Binge/heavy drinkers account for most episodes of alcohol-impaired driving.[1,2]

Sexually Transmitted Infection Rate
Sexually transmitted infections (STI) are measured as the chlamydia incidence (number of new cases reported) per 100,000 population.

Reason for Ranking
Chlamydia is the most common bacterial STI in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain.[1,2] STIs are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, infertility, and premature death.[3] STIs also have a high economic burden on society. The direct medical costs of managing sexually transmitted infections and their complications in the US, for example, was approximately 15.6 billion dollars in 2008.[4]

Teen Births
Teen births are the number of births per 1,000 female population, ages 15-19.

Reason for Ranking
Evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mothers, children, families, and communities. A systematic review of the sexual risk among pregnant and mothering teens concludes that pregnancy is a marker for current and future sexual risk behavior and adverse outcomes [1]. Pregnant teens are more likely than older women to receive late or no prenatal care, have eclampsia, puerperal endometritis, systemic infections, low birthweight, preterm delivery, and severe neonatal conditions [2, 3]. Pre-term delivery and low birthweight babies have increased risk of child developmental delay, illness, and mortality [4]. Additionally, there are strong ties between teen birth and poor socioeconomic, behavioral, and mental outcomes. Teenage women who bear a child are much less likely to achieve an education level at or

beyond high school, much more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress [5-7].

Uninsured

Uninsured is the percentage of the population under age 65 that has no health insurance coverage. The Small Area Health Insurance Estimates uses the American Community Survey (ACS) definition of insured: Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans: Insurance through a current or former employer or union, insurance purchased directly from an insurance company, Medicare, Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability, TRICARE or other military healthcare, Indian Health Services, VA or any other type of health insurance or health coverage plan? Please note that the methods for calculating this measure changed in the 2012 Rankings.

Reason for Ranking

Lack of health insurance coverage is a significant barrier to accessing needed healthcare and to maintaining financial security.

The Kaiser Family Foundation released a report in December 2017 that outlines the effects insurance has on access to healthcare and financial independence. One key finding was that "Going without coverage can have serious health consequences for the uninsured because they receive less preventative care, and delayed care often results in serious illness or other health problems. Being uninsured can also have serious financial consequences, with many unable to pay their medical bills, resulting in medical debt."[1]

Primary Care Physicians

Primary care physicians is the ratio of the population to total primary care physicians. Primary care physicians include non-federal, practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. Please note this measure was modified in the 2011 Rankings and again in the 2013 Rankings.

Reason for Ranking

Access to care requires not only financial coverage, but also access to providers. While high rates of specialist physicians have been shown to be associated with higher (and perhaps unnecessary) utilization, sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.[1,2]

Dentists

Dentists are measured as the ratio of the county population to total dentists in the county.

Reason for Ranking

Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss. Although lack of sufficient providers is only one barrier to accessing oral healthcare, much of the country suffers from shortages. According to the Health Resources and Services Administration, as of December 2012, there were 4,585 Dental Health Professional Shortage Areas (HPSAs), with 45 million people total living in them.[1]

Mental Health Providers

Mental health providers is the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental healthcare. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure.

Reason for Ranking

Thirty percent of the population lives in a county designated as a Mental Health Professional Shortage Area. As the mental health parity aspects of the Affordable Care Act create increased coverage for mental health services, many anticipate increased workforce shortages.

Preventable Hospital Stays
Preventable hospital stays is the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. Ambulatory care-sensitive conditions include: convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration. This measure is age-adjusted.

Reason for Ranking
Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care.

Mammography Screening
Mammography screening is the percentage of female fee-for-service Medicare enrollees age 67-69 that had at least one mammogram over a two-year period.

Reason for Ranking
Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women.[1] A physician's recommendation or referral—and satisfaction with physicians—are major factors facilitating breast cancer screening. The percent of women ages 40-69 receiving a mammogram is a widely endorsed quality of care measure.

Flu Vaccinations
Flu vaccinations are Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.

Reason for Ranking
Influenza is a potentially serious disease that can lead to hospitalization and even death. Every year there are millions of influenza infections, hundreds of thousands of flu-related hospitalizations, and thousands of flu-related deaths. An annual flu vaccine is the best way to help protect against influenza and may reduce the risk of flu illness, flu-related hospitalizations, and even flu-related death. It is recommended that everyone 6 months and older get a seasonal flu vaccine each year, and those over 65 are especially encouraged because they are at higher risk of developing serious complications from the flu.

Unemployment
Unemployment is the percentage of the civilian labor force, age 16 and older, that is unemployed but seeking work.

Reason for Ranking
The unemployed population experiences worse health and higher mortality rates than the employed population.[1-4] Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality, especially suicide.[5] Because employer-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to healthcare.

Children in Poverty
Children in poverty is the percentage of children under age 18 living in poverty. Poverty status is defined by family; either everyone in the family is in poverty or no one in the family is in poverty. The characteristics of the family used to determine the poverty threshold are: number of people, number of related children under 18, and whether or not the primary householder is over age 65. Family income is then compared to the poverty threshold; if that family's income is below that threshold, the family is in poverty. For more information, please see Poverty Definition and/or Poverty.

In the data table for this measure, we report child poverty rates for black, Hispanic and white children. The rates for race and ethnic groups come from the American Community Survey, which is the major source of data used by the Small Area Income and Poverty Estimates to construct the overall county estimates. However, estimates for race and ethnic groups are created using combined five year estimates from 2012-2016.

Reason for Ranking
Poverty can result in an increased risk of mortality, morbidity, depression, and poor health behaviors. A 2011 study found that poverty and other social factors contribute a number of deaths comparable to leading causes of death in the US like heart attacks, strokes, and lung cancer.[1] While repercussions resulting from poverty are present at all ages, children in poverty may experience lasting effects on academic achievement, health, and income into adulthood. Low-income children have an increased risk of injuries from accidents and physical abuse and are susceptible to more frequent and severe chronic conditions and their complications such as asthma, obesity, and diabetes than children living in high income households.[2]

Beginning in early childhood, poverty takes a toll on mental health and brain development, particularly in the areas associated with skills essential for educational success such as cognitive flexibility, sustained focus, and planning. Low income children are more susceptible to mental health conditions like ADHD, behavior disorders, and anxiety which can limit learning opportunities and social competence leading to academic deficits that may persist into adulthood.[2,3] The children in poverty measure is highly correlated with overall poverty rates.

Income Inequality
Income inequality is the ratio of household income at the 80th percentile to that at the 20th percentile, i.e., when the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20% of households have higher incomes, and the 20th percentile is the level of income at which only 20% of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum. Please note that the methods for calculating this measure changed in the 2015 Rankings.

Reason for Ranking
Income inequality within US communities can have broad health impacts, including increased risk of mortality, poor health, and increased cardiovascular disease risks. Inequalities in a community can accentuate differences in social class and status and serve as a social stressor. Communities with greater income inequality can experience a loss of social connectedness, as well as decreases in trust, social support, and a sense of community for all residents.

Children in Single-Parent Households
Children in single-parent households is the percentage of children in family households where the household is headed by a single parent (male or female head of household with no spouse present). Please note that the methods for calculating this measure changed in the 2011 Rankings.

Reason for Ranking
Adults and children in single-parent households are at risk for adverse health outcomes, including mental illness (e.g. substance abuse, depression, suicide) and unhealthy behaviors (e.g. smoking, excessive alcohol use).[1-4] Self-reported health has been shown to be worse among lone parents (male and female) than for parents living as couples, even when controlling for socioeconomic characteristics. Mortality risk is also higher among lone parents.[4,5] Children in single-parent households are at greater risk of severe morbidity and all-cause mortality than their peers in two-parent households.[2,6]

Violent Crime Rate
Violent crime is the number of violent crimes reported per 100,000 population. Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, rape, robbery, and aggravated assault. Please note that the methods for calculating this measure changed in the 2012 Rankings.

Reason for Ranking
High levels of violent crime compromise physical safety and psychological well-being. High crime rates can also deter residents from pursuing healthy behaviors, such as exercising outdoors. Additionally, exposure to crime and violence has been shown to increase stress, which may exacerbate hypertension and other stress-related disorders and may contribute to obesity prevalence.[1] Exposure to chronic stress also contributes to the

increased prevalence of certain illnesses, such as upper respiratory illness, and asthma in neighborhoods with high levels of violence.[2]

Injury Deaths

Injury deaths is the number of deaths from intentional and unintentional injuries per 100,000 population. Deaths included are those with an underlying cause of injury (ICD-10 codes *U01-*U03, V01-Y36, Y85-Y87, Y89).

Reason for Ranking

Injuries are one of the leading causes of death; unintentional injuries were the 4th leading cause, and intentional injuries the 10th leading cause, of US mortality in 2014.[1] The leading causes of death in 2014 among unintentional injuries, respectively, are: poisoning, motor vehicle traffic, and falls. Among intentional injuries, the leading causes of death in 2014, respectively, are: suicide firearm, suicide suffocation, and homicide firearm. Unintentional injuries are a substantial contributor to premature death. Among the following age groups, unintentional injuries were the leading cause of death in 2014: 1-4, 5-9, 10-14, 15-24, 25-34, 35-44.[2] Injuries account for 17% of all emergency department visits, and falls account for over 1/3 of those visits.[3]

Air Pollution-Particulate matter

Air pollution-particulate matter is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air.

Reason for Ranking

The relationship between elevated air pollution (especially fine particulate matter and ozone) and compromised health has been well documented.[1,2,3] Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects.[1] Long-term exposure to fine particulate matter increases premature death risk among people age 65 and older, even when exposure is at levels below the National Ambient Air Quality Standards.[3]

Drinking Water Violations

Change in measure calculation in 2018: Drinking Water Violations is an indicator of the presence or absence of health-based drinking water violations in counties served by community water systems. Health-based violations include Maximum Contaminant Level, Maximum Residual Disinfectant Level and Treatment Technique violations. A "Yes" indicates that at least one community water system in the county received a violation during the specified time frame, while a "No" indicates that there were no health-based drinking water violations in any community water system in the county. Please note that the methods for calculating this measure changed in the 2016 Rankings.

Reason for Ranking

Recent studies estimate that contaminants in drinking water sicken 1.1 million people each year. Ensuring the safety of drinking water is important to prevent illness, birth defects, and death for those with compromised immune systems. A number of other health problems have been associated with contaminated water, including nausea, lung and skin irritation, cancer, kidney, liver, and nervous system damage.

Severe Housing Problems

Severe housing problems is the percentage of households with at least one or more of the following housing problems:

- housing unit lacks complete kitchen facilities;
- housing unit lacks complete plumbing facilities;
- household is severely overcrowded; or

- household is severely cost burdened.
- Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income.

Reason for Ranking

Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it can make important contributions to health. In contrast, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries and poor childhood development.

Appendix E – Youth Behavioral Risk Survey Results

North Dakota High School Survey

Rate Increase ↑, rate decrease↓, or no statistical change = in rate.

	ND 2017	ND 2019	ND 2021	ND Trend ↑, ↓, =	Rural ND Town Average	Urban ND Town Average	National Average 2021
Injury and Violence							
Percentage of students who rarely or never wore a seat belt (when riding in a car driven by someone else)	8.1	5.9	**49.6**	=	9.2	5.0	6.5
Percentage of students who rode in a vehicle with a driver who had been drinking alcohol (one or more times during the 30 prior to the survey)	16.5	14.2	**13.1**	=	18.2	13.7	16.7
Percentage of students who talked on a cell phone while driving (on at least one day during the 30 days before the survey, among students who drove a car or other vehicle)	56.2	59.6	**64.4**	=	64.9	64.2	NA
Percentage of students who texted or e-mailed while driving a car or other vehicle (on at least one day during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)	52.6	53.0	**55.4**	=	59.9	55.9	39.0
Percentage of students who never or rarely wore a helmet (during the 12 months before the survey, among students who rode a motorcycle)	20.6	NA	**NA**	**NA**	NA	NA	NA
Percentage of students who carried a weapon on school property (such as a gun, knife, or club on at least one day during the 30 days before the survey)	5.9	4.9	**5.0**	=	6.2	4.4	3.1
Percentage of students who were in a physical fight on school property (one or more times during the 12 months before the survey)	7.2	7.1	**NA**	**NA**	NA	NA	5.8
Percentage of students who experienced sexual violence (being forced by anyone to do sexual things [counting such things as kissing, touching, or being physically forced to have sexual intercourse] that they did not want to, one or more times during the 12 months before the survey)	8.7	9.2	**9.4**	=	9.7	11.6	9.7
Percentage of students who experienced physical dating violence (one or more times during the 12 months before the survey, including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with among students who dated or went out with someone during the 12 months before the survey)	NA	NA	**NA**	**NA**	NA	NA	8.5
Percentage of students who have been the victim of teasing or name calling because someone thought they were gay, lesbian, or bisexual (during the 12 months before the survey)	11.4	11.6	**11.0**	=	11.2	11.1	NA
Percentage of students who were bullied on school property (during the 12 months before the survey)	24.3	19.9	**15.8**	↓	19.8	15.0	19.5
Percentage of students who were electronically bullied (including being bullied through texting, Instagram, Facebook, or other social media during the 12 months before the survey)	18.8	14.7	**13.6**	↓	16.2	14.5	15.7
Percentage of students who felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities during the 12 months before the survey)	28.9	30.5	**36.0**	↑	34.8	39.7	42.3
Percentage of students who seriously considered attempting suicide (during the 12 months before the survey)	16.7	18.8	**18.6**	=	18.5	20.6	22.2

	ND 2017	ND 2019	ND 2021	ND Trend ↑, ↓, =	Rural ND Town Average	Urban ND Town Average	National Average 2021
Percentage of students who made a plan about how they would attempt suicide (during the 12 months before the survey)	14.5	15.3	**14.8**	=	15.1	17.2	15.7
Percentage of students who attempted suicide (one or more times during the 12 months before the survey)	13.5	13.0	6.1	↓	7.9	7.5	10.2
Tobacco Use							
Percentage of students who ever tried cigarette smoking (even one or two puffs)	30.5	29.3	**22.3**	↓	26.8	21.1	17.8
Percentage of students who smoked a whole cigarette before age 13 years (even one or two puffs)	11.2	NA	**NA**	**NA**	NA	NA	6.3
Percentage of students who currently smoked cigarettes (on at least one day during the 30 days before the survey)	12.6	8.3	**5.9**	↓	8.0	6.1	3.8
Percentage of students who currently frequently smoked cigarettes (on 20 or more days during the 30 days before the survey)	3.8	2.1	**0.8**	↓	1.7	1.3	0.7
Percentage of students who currently smoked cigarettes daily (on all 30 days during the 30 days before the survey)	3.0	1.4	**0.7**	↓	1.3	1.1	0.41
Percentage of students who usually obtained their own cigarettes by buying them in a store or gas station (during the 30 days before the survey among students who currently smoked cigarettes and who were aged <18 years) ~2021~ Usually got their electronic vapor products by buying them themselves in a convenience store, supermarket, discount store, or gas station	7.5	13.2	**NA**	**NA**	NA	NA	6.8
Percentage of students who tried to quit smoking cigarettes (among students who currently smoked cigarettes during the 12 months before the survey)	50.3	54.0	**30.9**	↓	30.4	29.9	NA
Percentage of students who currently use an electronic vapor product (e-cigarettes, vape e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens at least one day during the 30 days before the survey)	20.6	33.1	**21.2**	↓	24.2	23.6	18.0
Percentage of students who currently used smokeless tobacco (chewing tobacco, snuff, or dip on at least one day during the 30 days before the survey)	8.0	4.5	**4.3**	↓	5.2	3.7	2.5
Percentage of students who currently smoked cigars (cigars, cigarillos, or little cigars on at least one day during the 30 days before the survey)	8.2	5.2	**2.8**	↓	4.0	3.3	3.1
Percentage of students who currently used cigarettes, cigars, or smokeless tobacco (on at least 1 day during the 30 days before the survey)	18.1	12.2	8.9	↓	11.2	8.9	18.7
Alcohol and Other Drug Use							
Percentage of students who ever drank alcohol (at least one drink of alcohol on at least one day during their life)	59.2	56.6	**50.4**	↓	55.7	50.6	NA
Percentage of students who drank alcohol before age 13 years (for the first time other than a few sips)	14.5	12.9	**12.1**	=	13.7	10.9	15.0
Percentage of students who currently drank alcohol (at least one drink of alcohol on at least one day during the 30 days before the survey)	29.1	27.6	**23.7**	=	28.7	23.7	22.7
Percentage of students who currently were binge drinking (four or more drinks of alcohol in a row for female students, five or more for male students within a couple of hours on at least one day during the 30 days before the survey)	16.4	15.6	**14.0**	=	17.8	14.6	10.5
Percentage of students who usually obtained the alcohol they drank by someone giving it to them (among students who currently drank alcohol)	37.7	NA	**NA**	**NA**	NA	NA	40.0
Percentage of students who tried marijuana before age 13 years (for the first time)	5.6	5.0	**4.1**	=	3.7	3.3	4.9

Percentage of students who currently used marijuana (one or more times during the 30 days before the survey)	15.5	12.5	**10.7**	=	10.2	12.9	15.8
	ND 2017	ND 2019	ND 2021	ND Trend ↑, ↓, =	Rural ND Town Average	Urban ND Town Average	National Average 2021
Percentage of students who ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (counting drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet, one or more times during their life)	14.4	14.5	10.2	↓	9.7	11.0	12.2
Percentage of students who were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)	12.1	NA	NA	NA	NA	NA	13.3
Percentage of students who attended school under the influence of alcohol or other drugs (on at least one day during the 30 days before the survey)	NA	NA	NA	NA	NA	NA	NA
Sexual Behaviors							
Percentage of students who ever had sexual intercourse	36.6	38.3	36.6	=	36.5	37.1	30.0
Percentage of students who had sexual intercourse before age 13 years (for the first time)	2.8	NA	NA	NA	NA	NA	3.2
Weight Management and Dietary Behaviors							
Percentage of students who were overweight (>= 85th percentile but <95th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth chart)	16.1	16.5	**15.6**	=	15.5	14.2	16.0
Percentage of students who had obesity (>= 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth chart)	14.9	14.0	**16.3**	=	17.4	15.0	16.3
Percentage of students who described themselves as slightly or very overweight	31.4	32.6	**31.7**	=	35.3	32.5	32.3
Percentage of students who were trying to lose weight.	44.5	44.7	**21.6**	↓	20.8	23.2	54.3
Percentage of students who did not eat fruit or drink 100% fruit juices (during the seven days before the survey)	4.9	6.1	5.0	=	5.8	4.6	7.7
Percentage of students who ate fruit or drank 100% fruit juices one or more times per day (during the seven days before the survey)	61.2	54.1	25.4	↓	21.9	27.0	NA
Percentage of students who did not eat vegetables (green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the seven days before the survey)	5.1	6.6	**5.9**	=	5.3	6.2	9.3
Percentage of students who ate vegetables one or more times per day (green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the seven days before the survey)	60.9	57.1	61.3	=	60.0	59.3	NA
Percentage of students who did not drink a can, bottle, or glass of soda or pop (such as Coke, Pepsi, or Sprite, not including diet soda or diet pop, during the seven days before the survey)	28.8	28.1	**27.7**	=	27.1	31.6	NA
Percentage of students who drank a can, bottle, or glass of soda or pop one or more times per day (not including diet soda or diet pop, during the seven days before the survey)	16.3	15.9	**16.6**	=	17.5	13.8	14.7
Percentage of students who did not drink milk (during the seven days before the survey)	14.9	20.5	26.2	↑	21.2	29.4	35.7
Percentage of students who drank two or more glasses per day of milk (during the seven days before the survey)	33.9	NA	NA	NA	NA	NA	NA
Percentage of students who did not eat breakfast (during the 7 days before the survey)	13.5	14.4	**15.1**	=	14.5	17.3	22.0
Percentage of students who most of the time or always went hungry because there was not enough food in their home (during the 30 days before the survey)	2.7	2.8	**2.1**	=	2.2	2.1	NA

Physical Activity							
Percentage of students who were physically active at least 60 minutes per day on 5 or more days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)	51.5	49.0	**56.5**	↑	58.0	55.3	55.9
	ND 2017	ND 2019	ND 2021	ND Trend ↑, ↓, =	Rural ND Town Average	Urban ND Town Average	National Average 2021
Percentage of students who watched television three or more hours per day (on an average school day) *In 2021, % of students who played video or computer games was combined with % of students who watch television 3 or more hours per day.	18.8	18.8	**75.7**	**NA**	75.8	78.6	75.9
Percentage of students who played video or computer games or used a computer three or more hours per day (counting time spent on things such as Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media, for something that was not school work on an average school day). ~2021~ questioned combined with previous question regarding television.	43.9	45.3	NA	NA	NA	NA	NA
Other							
Percentage of students who had eight or more hours of sleep (on an average school night)	31.8	29.5	**24.5**	=	28.3	23.2	22.7
Percentage of students who brushed their teeth on seven days (during the 7 days before the survey)	69.1	66.8	**67.9**	=	64.5	69.9	NA
Percentage of students who most of the time or always wear sunscreen (with an SPF of 15 or higher when they are outside for more than one hour on a sunny day)	12.8	NA	NA	NA	NA	NA	NA
Percentage of students who used an indoor tanning device (such as a sunlamp, sunbed, or tanning booth [not including getting a spray-on tan] one or more times during the 12 months before the survey)	8.3	7.0	7.4	=	8.6	6.8	64.4

Sources: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm; https://www.nd.gov/dpi/districtsschools/safety-health/youth-risk-behavior-survey

Appendix F – Prioritization of Community's Health Needs

Community Health Needs Assessment
Jamestown, North Dakota
Ranking of Concerns

The top concerns for each of the five topic areas, 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
COMMUNITY/ENVIRONMENTAL HEALTH CONCERNS		
Attracting & retaining young families	5	1
Having enough child daycare services	1	
Not enough affordable housing	12	6
Not enough jobs with livable wages	3	
AVAILABILITY/DELIVERY OF HEALTH SERVICES CONCERNS		
Ability to get appointments for health services within 48 hours	4	
Availability of mental health services	8	3
Availability of specialists	2	
Extra hours for appointments	3	
YOUTH POPULATION HEALTH CONCERNS		
Alcohol use and abuse	0	
Drug use and abuse (including prescription drugs)	0	
Depression/anxiety	11	5
Smoking & tobacco use or vaping/juuling	0	
ADULT POPULATION HEALTH CONCERNS		
Alcohol use and abuse	5	1
Depression/anxiety	2	
Drug use and abuse (including prescription drugs)	1	
Obesity/overweight	0	
SENIOR POPULATION HEALTH CONCERNS		
Ability to meet the needs of older population	0	
Availability of resources for family/friends caring for elders	3	
Availability of resources to help elderly stay in their homes	3	
Cost of long-term/nursing home care	1	

Appendix G – Survey "Other" Responses

The number in parenthesis () indicates the number of people who indicated that EXACT same answer. All comments below are directly taken from the survey results and have not been summarized.

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

1. Considering the PEOPLE in your community, the best things are: "Other" responses:
    - Outdoor recreation and landscape is superb
    - Variety of social activities available
    - Not a thing for people such as help for people that work a) we do is keep paying taxes so people that don't work can keep getting help well people that work don't get any kinda help with anything
    - Safe, low crime.
    - Hard to make new friends - people stick to their own groups of friends
    - Our community is to me they just stay to themselves.
    - racist towards minority beings
    - Family history goes back pretty far, people in community like to see the next generation of those families.
    - I didn't grow up in Jamestown so it's been really hard to meet and find friends, especially when you don't enjoy drinking like the rest of the 20 year olds. But Jamestown is much safer than where I grew up and the few friends I do have, are really great friends.
    - Growing biases[8]no
    - Some aspects of all but room for improvement
    - I live in Barnes County
    - N/A
    - People are accepting of new-comers
2. Considering the SERVICES AND RESOURCES in your community, the best things are: "Other" responses:
    - Plenty of outdoor activities
    - Grocery store options
    - Nothing cause I don't live off of the state
    - Private schools offering us a CHOICE
    - We are a community of only 35 residents so we do not much here
    - lack of programs for youth
    - Jamestown is a failing town! all major restaurants except Applebee's and fast food close at 2pm
    - Places for kids to play in winter
    - Family
    - Honestly not too impressed. There are a few options listed that need some improvement

- Again some aspects of all, but city has to grow faster to sustain aspects or otherwise we just spin in place
- its an agricultural community
- opportunity for outdoor access
- N/A

3. Considering the QUALITY OF LIFE in your community, the best things are: "Other" responses:
    - Not much traffic, affordable housing
    - Hunting/Fishing opportunities
    - There is no help around here for people that work unless you have insurance
    - retired
    - Cheaper than MN
    - Again, aspects of all, but must continue to grow to a sustain aspects that make a community viable in the long run
    - the agricultural influence
    - access to nature
    - Many options for senior citizen housing
    - Affordable housing
    - pretty valleys
    - Nice people
4. Considering the ACTIVITIES in your community, the best things are: "Other" responses:
    - None
    - Good camping n fishing
    - not much to do here
    - Only a ball diamond but a nice park
    - Faith based options
    - activities are to expensive to attend
    - Activities could be better, especially for younger kids
    - Children
    - It's hard growing up in a big city and moving to a small town. I know the options are limit just because of the size of town but I think there could be some things added. Hard to bring new things to town when the community has a hard time supporting things based on who you are.
    - Farming
    - Hunting
    - there are not many activities that are affordable
    - close to Fargo, Bismarck, Minneapolis
    - Clubs, organizations Masons, Elks etc.
    - art center activities
    - N/A

- Church and worship
- winter fishing
- outdoor public pool

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

5. Considering the COMMUNITY /ENVIRONMENTAL HEALTH in your community, concerns are: "Other" responses:

- City taxes are high for this area
- To Many Sex Offenders
- Lack of Stores
- Not enough restaurants- rather than fast food
- None cause I don't live off the state
- releasing convicts onto the streets of Jamestown. Most come from other parts of the country and have no connection or support here
- Not enough quality restaurants
- Cost of real estate taxes
- accidental gun injuries/deaths
- Drug usage
- not enough quality sit down restaurants
- Poor aging infrastructure
- Not enough activities for youth or adults
- incoming immigrants
- Not enough affordable activities
- Indoor activities for children in winter months
- Population not increasing
- attracting and keeping business. Let's look at smaller business and not give everything to bring new big ones - that often don't work out!
- Roads and road maintenance
- lack of activities
- property taxes TOO HIGH
- need Christian K-12 school

6. Considering the AVAILABILITY/DELIVERY OF HEALTH SERVICES in your community, concerns are: "Other" responses:

- Dentist lack of participation in networks
- Discrimination against women's access to birth control and abortion
- None
- need rheumatologist
- No walk-in clinic anymore
- The billing system for both major health care facilities is outrageous if you have insurance
- We need dental care that will accept Medicaid
- JRMC hasn't lived up to the promises made, have to travel for specialist still
- Need for dermatology
- Availability for adolescent mental health services
- relying on traveling nurses & other professionals in our community. It is not safe & I have seen some unsafe practices. We are losing quality people because they can make a more affordable living outside

the healthcare community or moving cities.
- Not only availability of mental health services and SUD treatment but also adequate MH and SUD services

8. Considering the YOUTH POPULATION in your community, concerns are: "Other" responses:
   - Poor family life -single parenting
   - None
   - uninvolved parents
   - There are many youth activities but the accessibility to all children in the community is lacking.
   - Bullying/cyber bullying
   - Mental health (2)
   - Available Mental Health care
   - Gender confusion
   - Bullying
   - Influence of social media
   - Faith, Spiritual Growth
   - Bullying at the High School-Its awful
   - over vaccinating causing health issues from ingredients!!

9. Considering the ADULT POPULATION in your community, concerns are: "Other" responses:
   - Poor city ordinance enforcement
   - None
   - Help for social security low income
   - Elder home care
   - nothing to do for entertainment
   - City government not working for the taxpayers
   - poor insurance coverage of prescription drugs
   - Influence of social media
   - Too many sex offenders in community
   - Counseling / therapy
   - over vaccinating with ingredients that do not belong in humans causing autoimmune illnesses (look up the ingredients)!!

10. Considering the SENIOR POPULATION in your community, concerns are: "Other" responses:
    - I would not know
    - Help purchasing furnace and ac units water heaters
    - I help with meals on wheels and there are some weeks where the containers feel very light. Is there a problem from the state that could help?
    - Tobacco use
    - affordable housing

11. What single issue do you feel is the biggest challenge facing your community?
    - Homelessness and access to affordable housing
    - Alcohol abuse is fairly rampant, I would also say suicide is very high for a population this size.
    - Housing availability and affordability - the city needs to develop housing!
    - Mental health (5)
    - Safety

- Not having adequate nutrition or enough food for residents.
- Too many families are unable to have livable wages and/or are without affordable healthcare coverage so have to make choices that impact health - example ability to afford healthy foods, receive preventative services - dental, vision, etc. resulting in disease (hypertension, obesity, diabetes) that is costly and cycles into more expensive healthcare that puts families/individuals into debt.
- Poverty (2)
- Inclusivity in community
- Lack of affordable housing. The community can no longer grow and improve until the housing issue is resolved.
- Drug Abuse
- I feel that the biggest challenge the community faces is the lack of communication to the resources available for each population.
- Quality of work force
- I think livable wages/poverty is the biggest issue and all other aspects of health are affected by this variable.
- Racism
- Daycare availability
- Lack of restaurants
- I'm 28 and a lot of activities are for children I see a greater need for helping elderly with groceries
- cost of living for elderly
- In most housing projects for Seniors, they almost always end up including younger people, when it's supposed to be for Seniors only.
- "Unable to see primary care physician- months to make appointment and see them
- Inadequate hours - refer to medallis and then will not see due to access to primary
- Not enough activities to keep healthy
- Food services after 2 pm are all fast food and unhealthy "
- Working people cannot afford to pay the rent that Housing pays. This displaces working people from apartments and fills apartments with people on government programs. Stop raising the rent that Housing will pay. It displaces working middle class families.
- Drug and alcohol abuse
- Lack of direct care staff for facilities around town such as nursing homes, assisted living facilities, DD provider agencies and NDSU. The push to make Bison World theme park is a misguided and inappropriate use of tax dollars that should instead be directed into the facilities and providers I listed at the start of these comments.
- Lack of a sense of community and engagement. This is and has always been IMO a fragmented town - very distinct islands.....college, state hospital, human services, hospital, public school, private school. All separate.
- Ability to meet needs of older population.
- Low percentage of engaged and involved community members who want to make a difference.
- We're a "big, small town" and that makes it a challenge to engage the bulk of the community. Some activities are inclusive if you're in the know but others aren't... I come from a much larger population and see the divide in our community and would love to see how we could engage all sides of the socioeconomic groups within our city.
- Shortage of full-time jobs with decent health care insurance
- Access to mental health professionals
- Childcare
- Available places for seniors to live.
- Pulling together as a community to solve issues. Involvement. People are quick to criticize but do no5 have solutions to fix. Or their ideas are not heard by City Hall
- People are unwelcoming to those who haven't grown up here.
- Drug use in kids. Huge issue at high school and something needs to change

- Starting wage is now equivalent to someone with many years of experience. Experienced workers need to be paid better.
- Cost of necessary health care, if the individual doesn't qualify for Medicare or Medicaid.
- No transportation for seniors or people with disabilities after 6 pm. Only taxi services who cannot always accommodate the needs for transportation after hours. How does one get to the ER if disabled and unable to drive? Senior citizens need after hour transportation.
- The lack of street signs at busy intersections, yield and stop signs. Unsafe roads in the winter due to lack of cleaning the streets. Our young drivers are buzzing through town on such icy conditions. The difficulty of safely getting out of the high school parking area and on to the main roads. There needs to be a traffic circle exiting Jamestown High School onto 12th Avenue.
- Jobs that pay enough to keep up with the cost of living
- Lack of newer residential housing
- Safety in schools. Kids are getting more and more difficult to handle as there seems to be a lack on consequences, and kids that need consequences are making it unsafe in our schools.
- Gossipy locals.
- Dead town - no concerts, festivals, shopping, good restaurants - no activities to meet new friends. People tend to stick to the friend groups they know & don't invite others to join.
- affordable decent housing
- Growth - feel like we are a big little town that just can't seem to grow enough to be a really vibrant community.
- MAKING AVAILABLE OPPORTUNITIES FOR SENIORS WHO ARE RETIRED TO CONTINUE TO USE THEIR GIFTS AND ABILITIES TO HELP OTHERS SO THAT THEY HAVE A PURPOSE IN LIVING. i THINK BOREDOM LEADS TO EARLY DEATH AND RELATIONSHIP BUILDING WILL HAPPEN ALSO IF PEOPLE ARE INVOLVED.
- The cost of living is so high, especially to seek any sort of health care.
- Poverty. The people who have enough focus on their individual needs and interest and exploit the community to maximize benefits for themselves.
- Senior housing options.
- Waiting for months to get into a specialist and not having more specialist come to Jamestown area
- Systemic problems within the school district.
- Retaining good quality jobs & employees
- Increasing drug use and death resulting from overdose
- Rising costs all around. Property tax, insurance, health care etc
- Senior care
- Affordable housing and low wages
- Appropriate public transport options for rural communities to allow individuals to stay in familiar locales as long as possible while still being independent.
- Employees for the Workforce
- Assistance to allow elderly to stay in their homes
- Affordable housing for middle class
- Mental health in all age groups
- Unwillingness of agencies to communicate with each other and the community. IE: there are many activities going on, but few put on the community calendar resources. You don't find out about them unless you are already involved with that facility.
- Homelessness and addictions
- Drugs in our community
- 50%+ kids are on free/reduced meal plan at school - so a large part of the population at some level of poverty.
- Lack of services , like restaurants and stores other than fast food
- Lack of affordable housing.
- I wish we could have a play center in the mall like Bismarck and Fargo do!!

- Unsure.
- Lack of mental healthcare access
- Lack of activities for youth
- Walk ability of city. Would be nice if I felt safe walking to and from work or the store. I wish there were some bike paths across town.
- The City and County officials are less concerned about the well-being of their citizens.
- Consistent health care access. Availability of primary care providers
- Alcohol abuse
- Drug/ alcohol use
- nursing home costs
- Jobs and housing
- Illegal drugs good paying jobs
- Growth potential/Available housing and not open-minded community values.
- Lack of mental healthcare providers
- Shopping options and the higher cost of fuel when compared to other communities. Very grateful that Cash Wise added a fuel filling station resulting in competition which benefits the consumer not just the business.
- Food costs or housing prices
- Govt not having growth mindset
- Drug use
- Cost of living. (2)
- Affordable housing for seniors
- Aging population
- An outdoor pool. A pool is a great way to meet kids, exercise and learning social skills.
- Not having many options for mental health issues . There are good therapists at the Sanford clinic but we need more options as well for people with higher needs .
- Things to do if you don't like to drink alcohol or go to bars.
- Afforded Assisted living
- Widespread pessimism and negativity.
- Lack of employable people who want to work. Restaurant and stores close because lack of workers, and the care at the nursing homes is very difficult because lack of staff who care and want to work hard.
- Affordable housing that matches the area wages
- Lack of rehab rooms in existing facilities for injury or illness when a person can't be in their homes.
- No higher quality over 50 housing communities
- Cardiac care services
- Alcohol abuse and DUI
- Attracting and retaining young families and ways to bring young families together in community that are free/low-cost year-round events. Indoor place in mall perhaps when it's cold and can't go to outdoor parks.
- The cost of everything
- Not enough young people staying, so no enough people for all the jobs and all the needs that we have to meet.
- Isolation from people in general.
- Lack of safe and affordable housing and in-home personal but part-time services
- Lack of good paying jobs and shopping opportunities
- Polarity promoted by media leading to difficulty coming together for conversation and working toward solutions . . . on almost any/every topic
- Care at home in rural areas.
- not enough affordable housing, people can work a job paying 16 dollars an hour and still cannot afford

an apartment if you are single.

- The lack of quality child care to maintain/grow our community. My family was considering cutting to one income due to the struggles to find child care.
- Mental health care.
- Town has not grown. Why?? We need to figure out why and fix it.
- There seems to be a disproportionate number of individuals suffering from mental health issues. This could be because of our proximity to the state hospital. There really aren't enough outpatient mental health services available.
- not knowing where to look for resources for caring for elderly
- Laziness and people not wanting to get involved in Community…do not want to run for office…do not want to attend meetings about community things…content to 'let someone else do it'….do not volunteer…to involved with social media and TV sports
- No new businesses; no growth
- number of options for long-term/nursing home options
- "Inability for patients with cancer diagnoses to receive nursing home/skilled nursing care d/t nursing homes unable/not willing to pay for cost of chemo medications.
- Nursing homes should have the ability to access/use medication assistance programs to enable patients with all diagnoses to receive the supportive care they need through their cancer treatments.
- Many are denied and end up back home/failing and falling d/t cost of these medications and the nursing home is unable to pay."
- Not enough to do in this town such as affordable activities for youth and family, different affordable places to eat (specifically sit-down type places) and not enough options for shopping.
- Stronger faith-based community
- Lack of things for youth to do
- Taxes health care costs utilities raising prices doing upgrades with no choice to consumer bad roads lack of quality shopping food options with even fast foods closing down lack of entertainment especially for the young jobs where people can make a decent living unless in a professional job decrease in population instead of increasing
- Air quality
- lack of affordable housing, especially multi-family dwellings for people earning less than $20 per hour and/or working fewer than 40 hours per week due to employer's scheduling part-time when full-time is requested
- Housing
- "I'm a senior. Local Health care n specialists services….Ex. Cardiologists, gastrointestinal specialists… "
- Affordable housing
- resources to come in and help in the home so you don't have to go to the nursing home When my husband was very ill with Parkinson's and I wanted to keep him at hoe I one to the organizations in town and no one could really help. Luckily, I was able to find reliable people in the community who I paid to come in and help me
- Lack of inpatient mental health facilities for patients experiencing a mental health crisis.
- Patients having the right to fail and make bad choices regarding their health.
- addiction
- Businesses are closing down due to lack of workers - job openings are everywhere and it is difficult to obtain and retain workers.
- When an individual needs placement for mental health or substance use disorder there are not enough options to support the need. If someone needs to be medically detox JRMC will not keep them or put them on the alcohol protocol and NDSH has been declining to take the person due to no bed availability.
- An exponentially rising sex-offender population in comparison to surrounding counties and communities.
- Available mental health resources with individuals with adequate training.
- Drug dealing
- Cost of living is too high for this community

- Low Wages for non-professional non-college educated people can't cover costs of food housing and daycare leads to alcohol use and physical abuse plus depression.
- The community is not progressive when it comes to attaching new businesses. Too much concentration on manufacturing.
- Lack of young people to fill the workforce
- Housing
- The increase of Medicare Advantage plans in the community is decreasing access to care. Many of the nursing homes are not in-network with these plans and the insurance agents sell the plans anyway.
- Very few places for assisted living for the elderly that are Medicare/Medicaid enlisted
- Lack of resources to aid people below poverty level gain affordable housing and meal security.
- "Lack of mental health care support in schools and in the community. There just aren't a lot of options close to home. There's a huge wait list. "
- having livable wages and affordable housing for young families just starting out.
- Homelessness
- Decent, affordable housing.
- Not enough activities to keep people busy and not out drinking. Kids and adults.
- "Several. Affordable housing and a livable wage. This includes insurance. There is nothing for teenagers to do to occupy them in a manor they would be interested. We need to tap into what would benefit this age group. Sex education. The teaching of abstinence is not enough, especially when they education is provided the majority of the students already are sexually active."
- Having enough workers at the long-term/nursing homes
- Lack of mental health services for all ages, specifically children
- Not enough family activities to enjoy.
- Limited workforce, inability to fill job openings.
- Educational Resources
- Attracting and retaining young people and young families
- growth. The community seems pretty stagnant. Not enough is being done to attract new services and businesses
- The providers we have in town & have been able to retain are great. I believe that hospital is lacking in staff retention. Every time I am here, I am greeted by a new face & often find out they are here traveling. In a place where I should be receiving the most quality care in times of need, I am faced with inconsistency. Pay your staff more! There is positive in retention & I do not believe we are doing enough to retain nurses, respiratory therapists, lab techs, radiology techs, CNAs, physical therapists and onward. I value each addition to my healthcare team & would like to see consistent faces.
- Adequate services to address major mental health needs, specifically for adolescents.
- Lack of growth and change
- poor health habits - such as alcohol and tobacco
- not feeling like the city government is representing the residents
- Jobs with livable wages.
- Enough workers to fill needs of businesses
- One level housing (no steps, as Centerpoint) for older adults who want to live on their own. The community is aging.
- Drugs
- Low wages
- Lack of younger families/people to help guide our community in the future.
- letting people know what resources & wellness services are available for all income levels. I find myself at a loss many times because we fall into an income gap that makes us ineligible for help but that doesn't mean we know where to turn. The private sector is severely understaffed so instead we continue to go deeper into despair. This is not just my story, it's every family I know regarding finances, mental & physical health, nearly every facet of life.
- Hunger

- Cancer is a big concern in those that I have met thus far.
- not enough quality help in nursing homes, and money for the institutions being the driving force in their decisions to take patients.
- Financial challenges that go along with having funds to meet basic needs.

Delivery of Healthcare

13. What PREVENTS you or other community residents from receiving healthcare? "Other" responses: "Explain" responses::
    - See providers in Fargo-less cost and prefer Sanford specialists
    - Insurance does not cover birth control or abortion
    - Not all specialty services (dermatology) available
    - Difficult to get timely appointments with mental health specialists
    - none of the above
    - I don't know how 'Clinics' work. I am used to having a primary care doctor but i can't get one here and I have insurance.
    - Can't trust doctors anymore
    - no walk in clinic
    - Don't know
    - Dr. who put in referral to Bismarck and Fargo instead of using other facilities in the small towns for the same specialty
    - Need Rheumatologist
    - cost even with insurance
    - no problem
    - Need to wait months for an appointment for primary care at Sanford
    - I think that a person struggling with mental health or life stressors struggle to make, maintain, and attend appointments.
    - None
    - anxiety about doctors
    - too long of a wait to get into clinics! My husband has liver issues and still and as of today, has 3 more weeks to wait to get into clinic!

14. Where do you turn for trusted health information? "Other" responses:
    - Magazines books
    - Books
    - Google

15. What specific healthcare services, if any, do you think should be added locally?
    - We need services for adults on the autism spectrum.
    - cardiology, neurology, dementia screening/testing instead of spending all day in Fargo.
    - More mental health professionals
    - Mental health care
    - Psych Ward
    - Mental Health Services is an absolute NEED in this community. Having Mental Health Providers would help with all other aspects of health and needs to be treated with the same importance as Primary Care
    - Mental health (2)
    - Psychologists/counseling services for pediatrics/youth/adults. Sometimes a person doesn't fit well with their first counselor and gives up yet still needs help. Having more accessible options for face to face could be potentially lifesaving.

- Cardiology, More access to in-person mental health professionals, Preventative Health and Wellness Programs, Pediatricians
- Mental health, massage
- Dermatology, mental health services
- Psychiatry, mental health counseling, walk in clinics, endocrinology, dermatology
- Mental Health programs and facilities
- Cardiologist and mental health
- Mental health specialists in DBT, OCD, and PTSD. Especially a combination treatment.
- More internal medicine MD's and DO's. More mental health providers!!
- Psychiatric screening
- more mental health options for youth and adults
- mental health inpatient and detox services and a crisis stabilization unit (something more than CRU) adolescent inpatient and detox facility
- Mental health services in schools
- Inpatient mental health for children
- Behavioral health for children
- Pediatric mental/intellectual specialty
- Psychiatry, mental health counseling, walk in clinics, endocrinology, dermatology
- Substance use/opioid use disorder treatment and specifically methadone maintenance as closest clinic is 90 miles away.
- Dermatology (5)
- Dermatologist (4)
- GI specialist, dermatology
- Dermatology, mental health services
- Another radiologist and dermatologist
- Psychiatry, mental health counseling, walk in clinics, endocrinology, dermatology
- A full-time dermatologist (that is solely for our community, not shared with Fargo)
- dermatologist more than one day per week
- Napro technology, dermatology, cardiology
- More dermatologists and ENT providers
- A visiting (MD or PA) endocrinologist, neurologist, & dermatologist.
- A free clinic for low income families
- Evening appointments
- After hours care
- Neurologists, specialty ent, more m.d.
- Additional primary care providers
- More internal medicine MD's and DO's. More mental health providers!!
- I think that urgent care needs to be open more after hours
- Walk-in clinics or urgent care clinics (not emergency) to reduce wait time at ER and reduce cost for individuals to go there as opposed to going to the ER.
- Walk in clinic
- Psychiatry, mental health counseling, walk in clinics, endocrinology, dermatology
- Weekend walk-in clinic with Sanford.
- more providers that except Medicaid and Medicare
- Endocrinology
- Endocrinologist
- Psychiatry, mental health counseling, walk in clinics, endocrinology, dermatology

- A visiting (MD or PA) endocrinologist, neurologist, & dermatologist.
- Neurologists, specialty ent, more m.d.
- More dermatologists and ENT providers
- Gastroenterology
- GI specialist, dermatology
- Specialist in all fields if possible.. especially cardiology and gastrointestinal
- Opthamology
- I think the community could use an ophthalmologist.
- Vision specialist
- Pain management
- Pain clinic
- Cardiology, More access to in-person mental health professionals, Preventative Health and Wellness Programs, Pediatricians
- rheumatology
- need Rheumatologist 100 miles plus to see one hard to schedule
- More specialized doctors to come to Jamestown or tel-con
- More specialists. For appointments out of town you have to wait weeks.
- Cardiology and other specialists
- More specialty care.
- More specialties who stopped driving out from Bismarck and Fargo. More options for obgyn, cardiology and urology
- Possibly an asthma clinic for young people
- Cardiac/Heart care. Heart disease is the #1 killer in Stutsman County but not seeing that we as a community are doing anything to address it. Lots of cancer driven events (i.e. Running of the Pink) but no heart driven events
- Cardiology (3)
- Cardiology, More access to in-person mental health professionals, Preventative Health and Wellness Programs, Pediatricians
- Cardiologist (2)
- More specialties who stopped driving out from Bismarck and Fargo. More options for obgyn, cardiology and urology
- Cardiologist and mental health
- Cardiac health care
- Cardiology and other specialists
- cardiology, neurology, dementia screening/testing instead of spending all day in Fargo.
- Napro technology, dermatology, cardiology
- Specialist in all fields if possible.. especially cardiology and gastrointestinal
- Napro technology, dermatology, cardiology
- Neurologists, specialty ent, more m.d.
- Neurology (Specifically Pediatric Neurology)
- Neurology (3)
- cardiology, neurology, dementia screening/testing instead of spending all day in Fargo.
- A visiting (MD or PA) endocrinologist, neurologist, & dermatologist.
- More specialties who stopped driving out from Bismarck and Fargo. More options for obgyn, cardiology and urology
- Radiation for cancer patients
- More local oncologists
- More cancer treatments.

- Oncology radiation,
- More cancer treatment
- Another radiologist and dermatologist
- Oncology radiation,
- Radiation treatment so patients don't have to travel a hundred miles
- Need to provide radiation for cancer patients so they do not have to drive out of town
- Pediatrics, Cardiology
- acupuncture, massage,
- Dental therapist
- Dental for those who can't afford
- Oral Surgery
- Diabetes
- Make a basic finger poke part of a regular checkup to check blood sugars for signs of diabetes. It would only cost the price of a test strip.
- Adorable/free fitness center
- Expanded home health and hospice services from JRMC
- Mental health, massage
- acupuncture, massage,
- Alternative natural medicine
- Naturopathic health care
- supportive services to keep seniors in their homes.
- in-home support for seniors and disabled persons in rural areas and in town
- Respite services for families with aging adults in the home.
- Improved sexual wellness programs for teens
- Cardiology, More access to in-person mental health professionals, Preventative Health and Wellness Programs, Pediatricians
- More free health information classes at TRAC center
- Women's health, abortion services
- I don't know of any
- Infant craniosacral therapy
- Breast plate for MRI machine to do Cancer Screenings. No, JRMC does not have the breast plate.
- Emergency veterinary services after regular hours or weekends or holidays
- Unsure
- No opinion
- Na
- The Drs are always in a rush. No one wants to truly help or get to the bottom of things. Everything is always passed off.

16. How did you acquire the survey (or survey link) that you are completing? "Other" responses:
    - Work (3)
    - Newspaper website
    - flier at library
    - Library and mail
    - our work meeting
    - radio ad
    - Chamber News
    - Facebook.com

- Am Radio survey
- Facebook
- Workplace
- JPRD Executive Director
- jps admin
- Place of employment
- work email link
- email from superintendent
- e-mail
- Chamber Newsletter

17. How did you acquire the survey (or survey link) that you are completing? "Other" responses:
    - BCBS
    - Humana
    - Tricare for life
    - Medica (3)
    - Federal Blue Cross/Blue Shield
    - Trickle for life
    - Choose not to say
    - self-pay prescription ins
    - Supplement Ins thru NDPERS
    - Member of health care sharing organization
    - Chm
    - MEDICARE ADVANTAGE PLAN
    - Tricare

17. Sex? "Other" responses:
    - What I was born with

30. Overall, please share concerns and suggestions to improve the delivery of local healthcare
    - Need more collaboration amongst the healthcare providing entities
    - The major issues in our community are housing development and access to healthcare. In order to get in for a physical, people have to wait 2-3 months typically. An increase in primary care providers or a better job by the clinics to refer clients to public health is a solution that I would like to see. And the city needs to develop the NE part of town further, otherwise young families will not move here or stay here.
    - "Transportation assistance services to those not on MA or Medicare but have limited access to transportation to receive medical services.
    - More options for substance use disorder treatment including MAT. The state has funding for providers to utilize however most are in larger communities. It's critical during opioid crisis to offer these services in rural areas. "
    - Access to inpatient mental health for children and adults
    - Provide more information on preventative healthcare. Be proactive rather than reactive.
    - Dermatologist
    - Expanded mental health resources, with the state hospital in our community there are limited resources to follow up and provide the needed care. Active recruiting for mental health care professionals
    - Having emergency room, cancer treatments, general surgery services available is outstanding for this community!'
    - Pretty good
    - overall, we have good medical clinics and good providers also.

- I really don't know of any.
- Public Health sector certainly can come out of the shadow and be more pro-active in any community. more visible with by announcing their services. They could put up a van or visible station in a mall and offer to take blood pressures and blood sugar tests.
- That local government leaders prioritize the healthcare system in town and not extraneous, seasonal diversions such as Bison World.
- We need more medical doctors because Sanford is overloading our doctors it takes months to get into your primary care doctor. We also need more specialists to meet the needs of our community.
- I understand this isn't easy because finding quality professionals while offering livable salaries is limited (plus, retaining professionals to live in ND seems to be a challenge, too). I see the need growing rapidly as a lower elementary school teacher and my concern is how we can work together to offer services even in the elementary schools. Adults and parents do not seek out the help they need for their children (let alone themselves) is there a better way we can work together?
- ER patents at discharge should NOT have to have a family member pickup clothes at Walmart to come home in; these should be available by the Hospital/ER. If not, then have known, so fundraisers can be held!
- PCPs need to be able to take more time with their patients. Instead of headed people through like cattle.
- JRMC is stellar! Just in need of a breast plate machine for the MRI. A local dermatologist would be fabulous- 6 months out at Sanford clinic is not acceptable.
- It would be great to see Jamestown prioritize in person mental health services / availability. Additionally, a focus on increased access to healthy restaurants and food options would be nice to see. For seniors, transportation seems to be a big challenge. For youth, smoking/vaping/marijuana use is high.
- Our local Healthcare is excellent. Sanford costs are extremely high though.
- Affordable vision dental and hearing services
- Start telling the truth about childhood and all vaccines and the damage they do. Start healing instead of treating.
- Old fashioned mail. Let us know what services are available that we may not know about.
- Some people find it hard to find a ride to the facilities for their check-ups, etc.
- availability and affordability of in-home support for seniors and disabled persons in rural areas (and in town)
- Need more naturopathic health care to address the root cause of health issues.
- More transportation options for Healthcare services- including Bismarck and Fargo
- More specialist locally so don't always have to go to Fargo, walk in clinic instead of same day as it is hard to get and appointment.
- Remove the insurance provider as the gatekeeper. Remove the emphasis on productivity. Return to the medical/social model of care delivery and remove the business model.
- Having Medicare pay for patient care
- Additional primary care providers are needed to get reasonable appointment times
- "I recently had to travel to Fargo for an Echo, which east an overnight stay in a motel and meal. I was not happy with the hospital not being able to do the Echo hear. This the second time I have had a bad experience dealing with your hospital. So, I will continue any further medical procedures with the hospital in Fargo I seem to have no problem getting an appointment or a procedure done."
- Not Good. I go to Fargo for my healthcare.
- Awareness of what our community offers
- ER at the JRMC needs more staff during holidays when other clinics and healthcare facilities are closed.
- Unable to get appointments in clinic…. Have to utilize emergency room.
- Unsure
- My healthcare experience has been subpar. People have been very dismissive of me when I've come in complaining of chronic issues. I don't have money to go back over and over to attempt to get someone to listen.
- No suggestions at this time
- It's frustrating that our community has so many users of drugs (meth).

- Bringing specialty doctors back who used to drive from Fargo or Bismarck so the patients don't have to drive far.
- Cancer Support Group
- Better integration between systems. More telehealth. More mental health care for general population that is not Christian-based.
- Hire more mental health specialists and more internal medicine doctors.
- Mental health is a huge problem in our area especially with our youth. There are no programs within our county to provide people of low-income status for free mental health care. There's a direct relationship between physical fitness and mental health and there are no free fitness centers either.
- Since Covid and all the misinformation surrounding the treatment of it, I've gotten more mistrusting of the medical establishment. I know they are local doctors/nurses who live/work/know their patients, but it's tough to get it out of my head.
- Add cardiac services
- no mental health care
- More specialists so we don't have to drive dangerous roads for care
- Specialists
- Anyone seeking care should not be turned away and advised to go elsewhere. Care of patient should be prioritized over facility's concern over repeat hospitalizations in 30 day timeframe. Had personal experience in this regard and have talked to others with same concern.
- Purposeful community coordination of Sanford Clinic personnel with other local providers, specifically Essentia and JRMC. Work WITH them not AGAINST them.
- Need more specialist in Jamestown
- I am unaware of what central valley offers
- Access
- na
- Overall no problems with and delivery or local healthcare
- Jamestown is doing its best. New hospital, high wages and incentives for industry professionals. It's the healthcare insurance part of it that many folks can't afford or their oop etc is stupid high.
- I feel Jamestown has excellent health care available. I have never had a problem getting appointments or contacting my primary care person via MY Chart. I am 90 years old and almost a lifetime resident. I attended 3 of the TRAC seminars this past year. They are excellent to get. Up to date information about health concerns that we seniors have , almost on a daily basis!
- "Selling insurance that is accepted by local nursing homes/SWB units.
- Encouraging the aging population to avoid Medicare supplement plans d/t the limitations it places on receiving recommended care."
- Adequate for my situation
- Allow Telehealth whenever possible
- Any additional health care providers at Sanford clinics or JRMC would be wonderful! Especially specialty services as I stated in the survey.. anything to have locally,,, even more oncology services although I've not needed them yet. Just feel the need is there now? Thanks for doing the survey….
- Lack of mental health providers, especially for youth
- I recently have been having some issues with bowels diarrhea I agreed to a colonoscopy My last one was in Fargo and preparing for it in a motel room was horrible I had the colonoscopy here and I had forgotten that Fargo used a pediatric scope to do it. JRMC did not have a pediatric scope so could not complete the colonoscopy and nobody had reviewed my old records prior so I was very disappointed
- Add primary care at JRMC.
- Need more services/options for the behavioral health care both inpatient and detox units. There is a need for a shelter for the homeless.
- No radiation treatments for 100 miles or more
- Need more local and state government support for EMS.
- 1. This is a small community; Healthcare workers need to be better educated on HIPA and not disclosing ANY info unless the person they are speaking with is also directly taking care of a patient. We have

limited Healthcare facilities. Plus, people switch jobs to another facility at times. Two at employees at the same facility shouldn't be swapping info. Eventually everyone knows things that should be private because they think it's ok to trust another employee with info about a patient. 2. Educate Trac and fitness providers that people under age 65 may be on Medicare and eligible for programs such as Silver Sneakers because these places discriminate and won't honor this program for disabled on Medicare under the age of 65. This leaves out a whole low-income group from getting exercise and maintaining their health. Being disabled can be discouraging enough without this added obstacle preventing people from being as healthy as they can be.

- Some providers are not team players when it comes to planning for individuals that need services.
- Our local hospital has certain doctors that are specialists and have high levels of infection rates with their surgical procedures and yet are claimed to be the best in the area. Strong improvement is needed at our hospital.
- I wish that covid vaccines would be available with flu shots. Also, please have a person answer the phone at Central Valley, stop assuming that all homes have access to computers. Thank you.
- previously stated in survey
- I think it is great.
- specialist availability
- "I would like to see more family practice providers. I believe more options for the community for NPs, PAs & MDS would benefit everyone so we are able to get into a clinic instead of having to go to the ER because they cannot be seen by their primary due to total patient demand in the clinics. Providers do not have enough time to see everyone. Sanford clinic has 4 wonderful women that provide prenatal care & deliver. Many people find it more comfortable to be seen by a woman. I know many people that when they found out they were pregnant, their choices in female providers were limited due to providers not having openings. Also, as stated earlier, during the most vulnerable time of lives during hospital admission or ER visits, it would be extremely comforting to be seen by people who are familiar. Every time I am here, I am greeted by new people & new faces. It seems everyone that has cared for me is a traveling clinician. I know many healthcare workers that have left for better paying opportunities such as traveling or leaving the field all together. Seeing loved ones burned out after what started out as a passion & becoming discouraged by feeling inadequately compensated is a major concern for the community because of retention. They will care for your grandparents, parents, children, friends, neighbors. Do better.
- An asthma clinic would also be great. I know my niece goes to the asthma clinic in Bismarck and it has been a great resource to her & her family. "
- Continue to work on infrastructure of the medical facilities to attract medical professionals; work with local gov't and business to ensure attractive housing options for medical professionals
- Insurance costs/premiums keep going up and wages do not compensate
- I was very I'll. I was seen in clinic & hospital several times in a 3-month period. I had to retell my story from the beginning every time. Very frustrating, especially when ill.
- More dr., so don't have to see a different one every visit.
- Education on how to get appointments and where for someone that grew up not ever going to the doctor.. I am so far behind on knowing how the healthcare system works and it's embarrassing to ask at this point but the lack of knowledge just stops me from going.

GROUP 1 – YOUNG FAMILIES & AFFORDABLE HOUSING
a) Attracting and Retaining Young Families
b) Lack of Affordable Homes

GROUP 2 – MENTAL HEALTH & SUBSTANCE ABUSE
a) Enhancing Availability of Mental Health Services
b) Addressing Depression and Anxiety in Youth
c) Addressing Alcohol Use and Abuse

GROUP 1 – Young Families & Affordable Housing

Attracting and retaining young families is a significant issue that impacts community growth and stability. A secondary and priority limiting factor is the availability of affordable housing that impacts the well-being and stability of many families and individuals within our community. By focusing on collaboration among stakeholders, this action plan will attract and retain young families and increase the availability of affordable homes.

A) ATTRACTING AND RETAINING YOUNG FAMILIES			
WHAT	WHO	HOW	WHEN
Establish and coordinate initiatives that will increase the likelihood that young families will live in/near Jamestown and will stay here.	• Local Government Officials • Educational Institutions • Employers and Business Owners • Community Organizations • Healthcare Providers • Young Families • Media Outlets	• Form a task force to include representatives from all key stakeholders. • Hold monthly meetings to discuss progress and challenges. • Develop a detailed strategic plan based on the needs assessment findings.	One month to form then ongoing monthly meetings.

B) LACK OF AFFORDABLE HOMES			
WHAT	WHO **Existing Housing Taskforce, plus:**	HOW	WHEN
<u>Use Existing Housing Task Force</u> as a dedicated team to oversee and coordinate housing initiatives.	• Local Government • Housing Authorities • Nonprofit Organizations • Private Developers • Community Members	• Include representatives from key stakeholders. • Hold monthly meetings to discuss progress and challenges.	One month to re-form the group and establish ongoing meeting schedule.

	• Financial Institutions • Media Outlets	• Develop a detailed strategic plan based on the needs assessment findings.	
Identify and Secure Funding -Obtain the necessary financial resources to support affordable housing projects.	• Local Government • Housing Authorities • Nonprofit Organizations • Private Developers • Financial Institutions	• Explore federal, state and local grants and subsidies. • Engage with financial institutions to create favorable loan programs for affordable housing developers. • Launch a community fundraising campaign.	Ongoing.
Promote/Incentivize Housing Development - Encourage the construction of new affordable housing units.	• Local Government • Developers • Current Property and Landowners	• Work with local government to provide tax incentives and zoning changes. • Partner with private developers to include affordable units in new developments. • Utilize vacant or underused public land for affordable housing projects.	Six to twelve months for initial policy changes, then ongoing development.
Preserve Existing Affordable Housing - Maintain and improve current affordable housing stock	• Local Government • Current Property and Landowners	• Implement programs to assist homeowners and landlords with maintenance and repairs. • Assess/support a system to monitor and enforce housing quality standards. • Advocate for policies that prevent the conversion of affordable units into market-rate housing.	Ongoing.
Educate and Engage the Community - Raise awareness and build community support for affordable housing initiatives	• Local Government • Housing Authorities • Media	• Host workshops and seminars on the importance of affordable housing. • Create a marketing campaign using social media,	Ongoing.

		local newspapers, and community events. • Establish a volunteer program to support housing projects and advocacy efforts.	
Advocate for policies that support affordable housing.	• Developers • Housing Authorities	• Advocacy with city, county and state officials and departments.	Ongoing.

GROUP 2 – Mental Health & Substance Abuse

The availability of mental health services is crucial for the well-being of individuals and the community as a whole. This action plan aims to increase access to quality mental health services through strategic initiatives that involve stakeholders from various sectors. Our goal is to create a comprehensive and sustainable mental health support system within the community.

Depression and anxiety in youth, as well as alcohol use and abuse, are significant and <u>interrelated</u> mental health issues.

- Depression and anxiety often co-occur with alcohol use and abuse.
- Early onset of these issues can lead to long-term mental health challenges, affecting adulthood functioning and overall well-being.

<u>Depression and Anxiety in Youth</u>

Depression: Youth depression involves persistent feelings of sadness, hopelessness, and loss of interest in activities once enjoyed. It can impact school performance, social interactions, and overall quality of life.

Anxiety: Anxiety disorders in youth manifest as excessive fear, worry, or nervousness. This can lead to avoidance behaviors, physical symptoms (such as headaches or stomachaches), and difficulties in social and academic settings.

<u>Alcohol Use and Abuse</u>

Alcohol abuse in adults has significant and multifaceted impacts on mental health, exacerbating existing mental health issues and potentially leading to the development of new ones.

Depression: Alcohol is a central nervous system depressant, and its abuse can deepen feelings of sadness and hopelessness. It can also disrupt the effectiveness of antidepressant medications.

Anxiety: While alcohol may temporarily reduce anxiety, chronic use leads to increased anxiety levels, particularly during withdrawal.

Addressing these issues requires comprehensive mental health care that includes early identification, supportive interventions and ongoing support.

ENGAGE IN CRISIS REDESIGN AT SOUTH CENTRAL HUMAN SERVICE CENTER (SCHSC) South Central Human Services has formed an advisory group that JRMC participates in. It is imperative that JRMC remains engaged and supports community initiatives as appropriate.			
WHAT	WHO	HOW	WHEN
SCHSC to Become a Certified Community Behavioral Health Clinic Nine Required Services: 1) Crisis Services 2) Treatment Planning 3) Screening, Assessment, Diagnosis and Risk Assessment 4) Outpatient MH and Substance use Services 5) Targeted Case Management 6) Outpatient primary Care Screening and Monitoring 7) Community-Based Mental Health Care for Veterans 8) Peer, Family Support and Counseling Services 9) Psychiatric Rehabilitation Services	• **South Central Human Service Center (Lead)** • ND State Hospital • Community Clinics • JRMC	<u>Staffing:</u> • Staffing plan driven by local needs assessment. • Licensing and training to support service delivery. <u>Availability and Accessibility of Services:</u> • Standards for timely and meaningful access to services, outreach and engagement • 24/7 access to crisis services, treatment planning and acceptance of all patients regardless of ability to pay <u>Care Coordination:</u> • Care coordination agreements across services and providers. • Defining accountable treatment team, health information technology and care transitions. <u>Scope of Services:</u> Nine required services, as well as person-centered, family-centered and recovery-oriented care. <u>Quality and Other Reporting:</u>	Overall project, 10 years During the implementation plan period staffing and service line development will occur.

		Twenty one quality measures, a plan for quality improvement and tracking of other program requirements. <u>Organizational Authority, Governance and Accreditation:</u> • Consumer representation in governance. • Appropriate state accreditation.	
SCHSC to Establish Functional Family Therapy (FFT) FFT is a short-term, structured, and intensive family therapy intervention for youth ages 11 to 18.	• **South Central Human Service Centers (Lead)** • ND State Hospital • Community Clinics • JRMC	• State-wide initiative to implement evidence base practice. • Evenings and some weekend coverage. • South Central Human Services is Hiring 2 Therapist Position.	January 1, 2025

ENHANCE SKILLS AND AWARENESS AT JRMC FOR SUPPORTING AND CONNECTING TO THESE SERVICES			
WHAT	WHO	HOW	WHEN
Mental Health First Aid Certification Mental Health First Aid is a course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.	JRMC Leaders	Coursework: • 2 hours of pre-work • 8 hours of class • Virtual or in person	All leaders certified by 2027.
Distribute/Promote Jamestown Mental Health and Wellness Guide	JRMC	• JRMC to post guide on website/social media. • Education of staff on resource. • Post to Intranet.	October 2024

Distribute/Promote North Dakota Mental Health Program Directory The directory is intended to help the citizens of North Dakota locate the mental health programs and services they need. (see below)	JRMC	• JRMC to post guide on website/social media. • Education of staff on resource. • Post to Intranet.	October 2024

https://www.hhs.nd.gov/behavioral-health/directory

988 - Suicide and Crisis Lifeline
988 is a three-digit emergency number for behavioral health crisis

2-1-1 Helpline
2-1-1 Helpline is a free and confidential service available 24 hours a day, seven days week helping individuals find local behavioral health resources

Free Through Recovery
Improving access to effective, community-based services to serve people in the criminal justice system

Peer Support
Peer support specialists bring hope by sharing their experiences and promoting a sense of belonging
Behavioral Health and Education Integration

Community Connect
Provides community-based behavioral health services designed to assist individuals through the provision of care coordination and peer support

ND Brain Injury Services
NDBIN works to improve the quality of life for individuals with brain injury and bring people with brain injury, their families, their friends, and professionals together to serve the needs of this unique group

System of Care
The SAMHSA System of Care grant will develop more accessible services and supports that improve behavioral health outcomes for children, youth, young adults, and their families."

First Episode Psychosis
North Dakota First Episode Psychosis (FEP) programs helps individuals who have recently experienced the first onset of psychotic symptoms. FEP programs work with individuals and their families to help understand the illness and develop skills to help them live healthier and happier lives

Projects for Assistance in Transition from Homelessness (PATH)

- Substance Abuse and Mental Health Services Administration (SAMHSA's) Projects for Assistance in Transition from Homelessness (PATH) funds services for people with serious mental illness (SMI) experiencing homelessness. The Behavioral Health Division of the North Dakota Department of Human Services administers the program through the Regional Human Service Centers
- SAMHSA's National Helpline provides free, 24-hour information and referral assistance to local treatment facilities, support groups, and community-based organizations. 1-800-662-HELP (4357)

ND Pediatric Mental Health Care Access Program

ND Pediatric Mental Health Care Access Program. If you're a primary care provider who has pediatric patients with behavioral health concerns, we are here to support you in delivering the critical mental health screening and evidence-based treatment they need

Trauma

A trauma-informed approach to the delivery of behavioral health services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations

Voluntary Treatment Program (VTP)

The VTP provides out-of-home treatment services for Medicaid-eligible children who have serious emotional disorders without parents having to give up custody to the courts or to social services

Resources

Visit our mental health resource hub to find valuable and verifiable information on substances abuse and addiction recovery
https://healthiermindforlife.com/mental-health-resources-northdakota/

ND Cares

ND Cares is a community-based effort to strengthen an accessible network of support for North Dakota military service members and their families