Grand Forks County, ND
Polk County, MN
Community Health Assessment 2022

Submitted by:

Ashley Bayne, MPH
Assistant Director, MPH Program

Andrew Williams, PhD, MPH
Assistant Professor & Advisor, Department of Population Health

Mehrnoosh Kaffashi, MPH
MPH Graduate Research Assistant

Nicole Benson
MPH Graduate Research Assistant

Sarah Larson, MPHc
MPH Graduate Research Assistant

School of Medicine & Health Sciences
University of North Dakota
Grand Forks, ND

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INTRODUCTION

The 2022 Grand Forks County, ND, and Polk County, MN, Community Health Assessment was initiated by the Community Health Assessment (CHA) Advisory Committee, led by Altru Health System and Grand Forks Public Health Department. The purpose of this CHA is to identify health and wellness needs in Grand Forks County and Polk County communities. A Technical Support Team from the Master of Public Health Program (MPH) at the University of North Dakota assisted with CHA data collection efforts and is responsible for this report.

The information contained in this CHA is derived from multiple sources including: (1) secondary data sources; (2) supplemental local data sources; (3) community survey; and (4) focus groups with community leaders and special populations. Collectively, these results should inform future work aimed at building healthier communities in Grand Forks and Polk Counties.

Components of the Community Health Assessment

The scope of the MPH Technical Support Team's work included the following components:

1. Grand Forks County and Polk County Background Report

   A summary of the demographic, behavioral risk factors, and health outcomes of Grand Forks County and Polk County are included to provide an appropriate framework and practice context. Analysis used multiple sources, both secondary data sources and local data sources.

2. Community Survey

   A community survey was developed and distributed electronically and paper copy to assess the general population's perspective on community health in Grand Forks and Polk County.

3. Community Leader Focus Groups

   Four focus groups were conducted with community leaders, identified by the CHA Advisory Committee, to assess community health problems from a leadership perspective.

4. Special Population Focus Groups

   Four focus groups were conducted with special populations to assess community health problems from underrepresented groups. Special populations included: new American/foreign born/immigrant, Indigenous (American Indian), LGBTQ+, and adults with disabilities.

SECONDARY DATA ANALYSIS

Methods

State/National Level Data

To assist with reporting community health needs in-depth, comprehensive analyses of Grand Forks County's and Polk County's demographics, behavioral risk factors, and health outcomes were completed. State and national-level data sources included the University of Wisconsin Population Health Institute's County Health Rankings and Roadmaps, the U.S. Census Bureau, U.S. Centers for Disease Control and Prevention, KIDS COUNT, and the North Dakota Behavioral Risk Factor Surveillance System (BRFSS) (see Table 1).

Table 1: State/National Data Sources

Source/ Dataset	Description
North Dakota and Minnesota Behavioral Risk Factor Surveillance System	Conducted annually, this phone-based survey assesses adult health risk factors and behaviors across the state and at the county level.
North Dakota and Minnesota Youth Risk Behavior Surveillance System	Conducted biennially, this paper-based survey assesses child health risk factors and behaviors across the state and at the county level for high school children from 5th to 12th grade.
Centers for Disease Control and Prevention (CDC)	Covid Data Tracker from 2020 to 2022
US Census Bureau	The United States Census Bureau collects national census data every 10 years with periodic estimations.
University of Wisconsin Population Health Institute's County Health Rankings	Each year the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration between the Robert Wood Foundation and the University of Wisconsin Population Health Institute School of Medicine and Public Health.
KIDS COUNT	Data has been collected annually on children's well-being using more than 40 indicators. Data are organized at multiple levels, including by state, estate-planning region, and county.
Minnesota Department of Health	The Minnesota Department of Health Immunization Status Report (AISR) provides quantitative data on school immunization from children in kindergarten and 7th grade from 2020-to 2021; the county level was utilized for purposes of this report. Minnesota Department of Health also reports on the Minnesota Student Survey that utilizes risk behaviors in school-aged children by county for the year 2019.
North Dakota Department of Health	The 2020-2021 survey analysis reports on immunization levels for kindergarteners and 7th Graders at the state level and the county level for North Dakota and Grand Forks
Home facts	The 2019 report provides comprehensive and accurate data regarding schools, local crime rates, environmental and health hazards, and more.
University of Wyoming	The Grand Forks Youth Survey conducted by the Wyoming Survey & Analysis Center depicts the results of an online survey given to administration, teachers, and students in the 8th,9th, and 11th grades in 2020.

Local Level Data

Data from local sources were obtained to ensure analyses were comprehensive and representative of Grand Forks County and Polk County. Local data sources, in conjunction with the state/national sources, contributed to the findings of the secondary data analysis. Local data were collected from multiple sources (see Table 2). The 2019 Grand Forks County, ND, and Polk County, MN, CHA was initiated by the CHA Advisory Committee, led by Altru Health System and Grand Forks Public Health Department. The purpose of this CHA was to identify health and wellness needs in Grand Forks County and Polk County communities [1].

Table 2: Local Data Sources

Source/Dataset	Description
Grand Forks Police Department	Included opioid-related statistics collected from 2011 to 2021.
Grand Forks Public Health	Syringe Service Program provides Grand Forks Opioid data for 2020 and 2021.
Polk County Public Health	Polk County submitted various reports, including the 2019 Adult Behavior Survey Summary that reports on quantitative data on health perceptions in Polk County, the 2019 concept map that outlines qualitative data on concerns and evaluation of Polk County, and the 2019 Regional Report that reports on health behaviors within three counties, of which Polk County data was utilized.
Altru Health System	Data on total drug overdoses from 2010 to 2021 along with other statistics regarding health in Grand Forks and Polk County; the 2021 Cancer Report outlining the number of cases and treatments conducted within Altru Health System.
Community Violence Intervention Center (CVIC)	Data included consolidation of 2014-2021 statistics from national databanks, local law enforcement, partner agencies, and primary data collection efforts on Grand Forks County. Data reported on intimate partner violence, sexual violence, adverse childhood experiences, and other issues related to community violence.
Spectra Health	2020 Needs Assessment included demographics, risk factors, and health outcomes by state and county levels, including data on Minnesota, North Dakota, Polk, and Grand Forks Counties.
American College Health Association	The University of North Dakota Executive Summary reports on the health of the campus community including general, disease, academic impacts, violence, substance use, sexual behavior, nutrition, and exercise, as well as mental health for students at The University of North Dakota for the 2020 year.

RESULTS

Community Background & Health Status

This section provides an overview of the factors affecting health and the health status of residents in Grand Forks County, ND, and Polk County, MN, using secondary national, state, and local data sources.

A 2019 CHA for Grand Forks and Polk Counties was conducted by a coalition of community organizations lead by Altru Health System and the Grand Forks Public Health Department. The overall purpose of the CHA was to gather information that was used to make our community healthier through a Community Health Improvement Plan and Implementation Strategy report. One component of the CHA was a Grand Forks County and Polk County Background Report. A summary of the demographic, behavioral risk factors, and health outcomes of Grand Forks County and Polk County were included to provide an appropriate framework and practice context. This analysis used multiple sources, both secondary data sources and local data sources [1]. This 2022 assessment is an updated report that will frequently reference the 2019 CHA of Grand Forks and Polk Counties.

While data has been pulled from various national, state, and local sources, sections may include data for the state of North Dakota, without information specific to Grand Forks County. Likewise, there may be data for North Dakota and Grand Forks country reported but none from Minnesota or Polk County. This is due to the inconsistencies of reporting by these sources and efforts have been made to find available comprehensive data, whenever possible, for this report.

Background

Founded in 1873 and organized in 1875, Grand Forks County was named for its location at the fork of the Red River and the Red Lake River [2]. The Red River, which flows north, made the county an important trading and supply post for American Indians and early colonists. Today, Grand Forks County is located in northeast North Dakota. It is bordered on the west by Nelson County, on the east by Polk County Minnesota, on the south by Steele and Traill counties, and on the north by Walsh County. In addition to being home to a major University, an Air Force Base, and urban communities, the county also has several communities that take pride in maintaining a rural, small-town atmosphere.

North Dakota is a highly rural state with population estimates of 779,094 in 2020. Grand Forks County has a population of approximately 73,170 [3]. Grand Forks County, as a part of the Grand Forks, North Dakota-Minnesota Metropolitan Statistical Area, is one of the few metropolitans/micropolitan areas in the state. Metropolitan/micropolitan areas are defined as follows: “the 2010 standards provide that each core-based statistical area (CBSA) must contain at least one urban area of 10,000 or more population. Each metropolitan statistical area must have at least one urbanized area of 50,000 or more inhabitants. Each micropolitan statistical area must have at least one urban cluster of at least 10,000 but less than 50,000 population” [3].

Polk County, established in 1858, has a population of approximately 31,192 persons in 2020 and is in northwestern Minnesota [3]. Polk County is boarded by three counties to the east (Pennington, Red Lake, and Clearwater Counties), one county to the north (Marshall County), two counties to the west (Grand Forks and Trail Counties), and two counties to the south (Norman and Mahnomen Counties)[4]. The county is the 7th largest in the state. Minnesota has a population of 5,706,494 [3]. Overall, Minnesota has a densely populated urban center, with more sparsely populated rural areas – especially in Northern Minnesota.

Health Status

Table 3 (on the following page) provides an overview of health status and allows for a 2019 to 2022 comparison of Grand Forks County, Polk County, North Dakota, which consists of 48 ranked counties, and Minnesota, which consists of 87 counties. A lower ranking typically indicates a better score among other counties (e.g., ranked as number 1 for Health Outcomes).

Throughout this report, “negative” changes reflect factors have worsened; this may include rates of poor outcomes increasing (such as premature death in Minnesota in Table 3). Factors that have improved are noted as “positive” changes, even if the value technically decreased (such as Quality of Life Rank in Grand Forks County in Table 3).

Legend for Table 3:

Red Color: Data negatively changed from the 2019 CHA (factors have worsened)

Green Color: Data positively changed from the 2019 CHA (factors have improved)

Blue Color: Data remained steady from the 2019 CHA

Table 3: Ranked Measures for Grand Forks County, ND; Polk County, MN; North Dakota; and Minnesota Comparison [1, 5].

	Grand Forks County, ND (Out of 48 Counties)		Polk County, MN (Out of 87 Counties)		North Dakota		Minnesota	
	2019	2022	2019	2022	2019	2022	2019	2022
Health Outcomes Rank	21	22	71	44	NA	NA	NA	NA
Length of Life Rank	3	9	71	44	NA	NA	NA	NA
Premature Death (Years of potential life lost before age 75 per 100,000 population (age-adjusted))	5,700	6,700	7,300	6,300	6,700	7,100	5,300	5,600
Quality of Life Rank	44	34	63	35	NA	NA	NA	NA
Poor or fair health (Percentage of adults reporting fair or poor health (age-adjusted))	14%	15%	14%	15%	14%	13%	12%	13%
Poor physical health days (Average number of physically unhealthy days reported in past 30 days (age-adjusted))	3.4	3.4	3.1	3.5	3.0	3.1	3.0	3.1
Poor mental health days (Average number of mentally unhealthy days reported in past 30 days (age-adjusted))	3.1	3.5	3.1	4.1	3.1	3.7	3.2	4
Low birthweight (Percentage of live births with low birthweight (< 2,500 grams))	7%	7%	6%	6%	6%	7%	7%	7%
Health Factors Rank	17	7	72	54	NA	NA	NA	NA
Health Behaviors Rank	21	3	79	58	NA	NA	NA	NA
Adult smoking (Percentage of adults who are current smokers (age-adjusted))	18%	16%	16%	19%	20%	17%	15%	15%
Adult obesity (Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted))	31%	36%	37%	34%	32%	36%	28%	30%
Food environment index (Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best))	8.1	8.4	7.9	8.1	9.1	8.9	9.0	9.0
Physical inactivity (Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted))	21%	27%	26%	21%	22%	28%	19%	20%

	Grand Forks County, ND (Out of 48 Counties)		Polk County, MN (Out of 87 Counties)		North Dakota		Minnesota	
	2019	2022	2019	2022	2019	2022	2019	2022
Access to exercise opportunities (Percentage of population with adequate access to locations for physical activity)	83%	77%	69%	61%	74%	64%	87%	81%
Excessive drinking (Percentage of adults reporting binge or heavy drinking (age-adjusted))	26%	23%	32%	26%	26%	24%	23%	23%
Alcohol-impaired driving deaths (Percentage of driving deaths with alcohol involvement)	27%	30%	32%	40%	46%	41%	29%	30%
Sexually transmitted infections (Number of newly diagnosed chlamydia cases per 100,000 population)	507.6	623.5	218.8	210.4	456.5	509.1	413.2	433.9
Teen births (Number of births per 1,000 female population ages 15-19)	14	11	19	15	23	18	16	12
Clinical Care Rank	3	2	46	18	NA	NA	NA	NA
Uninsured (Percentage of population under age 65 without health insurance)	7%	6%	5%	6%	8%	7%	5%	6%
Primary care physicians (Ratio of population to primary care physicians)	770:1	830:1	2260:1	1,960:1	1,320:1	1,290:1	1,120:1	1,100:1
Dentists (Ratio of population to dentists)	1,240:1	1,140:1	1,980:1	1,930:1	1,530:1	1,480:1	1,410:1	1,320:1
Mental health provider (Ratio of population to mental health providers)	350:1	280:1	490:1	390:1	570:1	470:1	430:1	340:1
Preventable hospital stays (Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees)	4,087	2,812	5,912	2,225	4,452	3,553	5,703	3,073
Influenza Vaccination (Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination)	53%	58%	50%	57%	47%	50%	49%	55%
Mammography screening (Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening)	49%	52%	43%	55%	50%	53%	46%	52%
Social & Economic Factors Rank	20	13	57	60	NA	NA	NA	NA

	Grand Forks County, ND (Out of 48 Counties)		Polk County, MN (Out of 87 Counties)		North Dakota		Minnesota	
	2019	2022	2019	2022	2019	2022	2019	2022
High school graduation (Percentage of adults ages 25 and over with a high school diploma or equivalent)	86%	95%	89%	93%	85%	93%	83%	93%
Some college (Percentage of adults ages 25-44 with some post-secondary education)	78%	80%	71%	70%	73%	73%	75%	75%
Unemployment (Percentage of population ages 16 and older unemployed but seeking work)	2.2%	4.6%	4.2%	5.6%	2.6%	5.1%	3.5%	6.2%
Children in poverty (Percentage of people under age 18 in poverty)	12%	11%	13%	12%	11%	11%	12%	10%
Income inequality (Ratio of household income at the 80th percentile to income at the 20th percentile)	5.4	4.9	5.1	5.1	4.4	4.4	4.3	4.3
Children in single-parent households (Percentage of children that live in a household headed by a single parent)	33%	21%	26%	22%	27%	19%	28%	20%
Social associations (Number of membership associations per 10,000 population)	11.7	11.5	21.2	21.4	16.0	15.9	13.0	12.6
Violent crime (Number of reported violent crime offenses per 100,000 population)	243	243	193	193	258	258	236	236
Injury deaths (Number of deaths due to injury per 100,000 population)	53	61	81	64	69	72	64	69
Physical Environment Rank	47	47	83	59	NA	NA	NA	NA
Air pollution- particulate matter (Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5))	6.9	7.5	6.9	7.6	5.4	6.4	6.9	6.9
Drinking water violations (Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation)	No	No	Yes	No	NA	NA	NA	NA

	Grand Forks County, ND (Out of 48 Counties)		Polk County, MN (Out of 87 Counties)		North Dakota		Minnesota	
	2019	2022	2019	2022	2019	2022	2019	2022
Severe housing problems (Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities)	16%	18%	12%	14%	11%	12%	14%	13%
Driving alone to work (Percentage of the workforce that drives alone to work)	82%	82%	81%	79%	81%	81%	78%	76%
Long commute – driving alone (Among workers who commute in their car alone, the percentage that commutes more than 30 minutes)	9%	11%	20%	20%	13%	15%	31%	31%

Table 4: Additional Measures [5]

	Grand Forks County, ND	Polk County, MN	North Dakota	Minnesota
Length of Life				
COVID-19 age-adjusted mortality (All deaths occurring between January 1, 2020 and December 31, 2020 due to COVID-19, per 100,000 population (age-adjusted))	90	132	122	72
Life expectancy (Average number of years a person can expect to live)	78.6	78.1	78.8	80.4
Premature age-adjusted mortality (Number of deaths among residents under age 75 per 100,000 population (age-adjusted))	350	360	340	280
Child mortality (Number of deaths among residents under age 18 per 100,000 population)	50	50	60	40
Infant mortality (Number of infant deaths (within 1 year) per 1,000 live births)	4	NA	6	5
Quality of Life				
Frequent physical distress (Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted))	11%	11%	9%	9%
Frequent mental distress (Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted))	12%	13%	11%	12%
Diabetes prevalence (Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted))	9%	9%	8%	8%
HIV prevalence (Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population)	88	81	79	187
Health Behaviors				
Food insecurity (Percentage of population who lack adequate access to food)	8%	10%	7%	8%
Limited access to healthy foods (Percentage of population who are low-income and do not live close to a grocery store)	10%	9%	7%	6%
Drug overdose deaths (Number of drug poisoning deaths per 100,000 population)	9	12	12	15
Motor vehicle crash deaths (Number of motor vehicle crash deaths per 100,000 population)	10	13	14	8

	Grand Forks County, ND	Polk County, MN	North Dakota	Minnesota
Insufficient sleep (Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted))	31%	33%	33%	29%
Clinical Care				
Uninsured adults (Percentage of adults under age 65 without health insurance)	7%	7%	8%	7%
Uninsured children (Percentage of children under age 19 without health insurance)	5%	3%	6%	3%
Other primary care providers (Ratio of population to primary care providers other than physicians)	490:1	840:1	600:1	730:1
Social & Economic Factors				
High school graduation (Percentage of ninth-grade cohort that graduates in four years)	88%	88%	86%	84%
Disconnected youth (Percentage of teens and young adults ages 16-19 who are neither working nor in school)	NA	NA	5%	4%
Reading scores (Average grade level performance for 3rd graders on English Language Arts standardized tests)	3.3	3.1	3.1	3.1
Math scores (Average grade level performance for 3rd graders on math standardized tests)	3.2	3.2	3.1	3.3
School segregation (The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation)	0.08	0.10	0.23	0.25
School funding adequacy (The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district)	$1,104	$143	$4,250	$2,384

	Grand Forks County, ND	Polk County, MN	North Dakota	Minnesota
Gender pay gap (Ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar")	0.80	0.79	0.78	0.82
Median household income (The income where half of households in a county earn more and half of households earn less)	$55,500	$60,100	$64,300	$75,500
Living wage (The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children)	$36.38	$36.53	$36.47	$39.89
Children eligible for free or reduced-price lunch (Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch)	31%	40%	32%	36%
Residential segregation – Black/white (Index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents)	42	64	56	64
Residential segregation – non-white/white (Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents)	34	34	43	48
Childcare cost burden (Childcare costs for a household with two children as a percent of median household income)	29%	23%	26%	22%
Childcare centers (Number of childcare centers per 1,000 population under 5 years old)	2	5	7	4
Homicides (Number of deaths due to homicide per 100,000 population)	3	NA	3	2
Suicides (Number of deaths due to suicide per 100,000 population (age-adjusted))	15	16	19	14
Firearm fatalities (Number of deaths due to firearms per 100,000 population)	11	11	12	8
Physical Environment				
Traffic volume (Average traffic volume per meter of major roadways in the county)	291	91	220	435

	Grand Forks County, ND	Polk County, MN	North Dakota	Minnesota
Homeownership (Percentage of owner-occupied housing units)	49%	71%	63%	72%
Severe housing cost burden (Percentage of households that spend 50% or more of their household income on housing)	15%	11%	10%	11%
Broadband access (Percentage of households with broadband internet connection)	82%	84%	83%	87%
Demographics				
Population	69,481	30,900	765,309	5,657,342
% Below 18 years of age	21.3%	24.5%	23.7%	23%
% 65 and older	13.7%	19%	16.1%	16.8%
% Non-Hispanic Black	4%	2.7%	3.3%	7%
% American Indian & Alaska Native	2.9%	1.9%	5.6%	1.4%
% Asian	3%	1%	1.7%	5.3%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%	0.1%	0.1%
% Hispanic	4.9%	6.9%	4.3%	5.7%
% non-Hispanic white	83%	86.1%	83.3%	78.6%
% Not proficient in English	0%	1%	1%	2%
% Female	48.6%	49.7%	48.8%	50.2%
% Rural	16.8%	48.5%	40.1%	26.7%

Demographics

Grand Forks and Polk Counties have experienced several demographic shifts over the past decade. The first trend is the rise in the population of Grand Forks County from 2010 to 2020: 66,861 to 73,170 persons, respectively [6]. This is contrasted in the neighboring county of Polk, where the population slightly decreased from 31,336 to 31,192 from 2010 to 2020 [6]. Age distribution remained fairly constant for Grand Forks from 2010 to 2020 with the median age of 29.2 in 2010 and 29.9 in 2020 denoting an increase of 0.7 years from 2010—2020 [7]. However, the age distribution for Polk County shows a decreasing trend with a median age of 40.4 in 2010 and 38.9 in 2020, an overall decrease of 1.5 years. Gender distribution saw a small change from 2010 – 2020 with Grand Forks consisting of 48.5% (32,392 persons) female; 51.5% (34,379 persons) male in 2010, and 48.1% (33,771 persons) female; 51.9% (36,472 persons) male in 2020. In Polk County, gender distribution also remained constant with 49.9% (15,624 persons) female; 50.1% (15,712 persons) male in 2010 and 49.1% (15,414 persons) female; 50.8% (15,970 persons) male in 2020 [7].

A notable demographic change that occurred in both Grand Forks and Polk Counties is the increase in ethnic diversity. There was a decrease in the “White” racial category from 91.5% of the population in Grand Forks County and 95.3% of the population in Polk County down to 88.3% and 92.8% respectively [7]. This change is mirrored by the increase in counts within Black or African American and American Indian, Alaska Native, Asian, and self-identified as other race in Polk County (Figure 1) and Black or African American, and Asian in Grand Forks County (Figure 2).

Figure 1: Polk County Population Count by Racial Category from 2011-2020 [8]

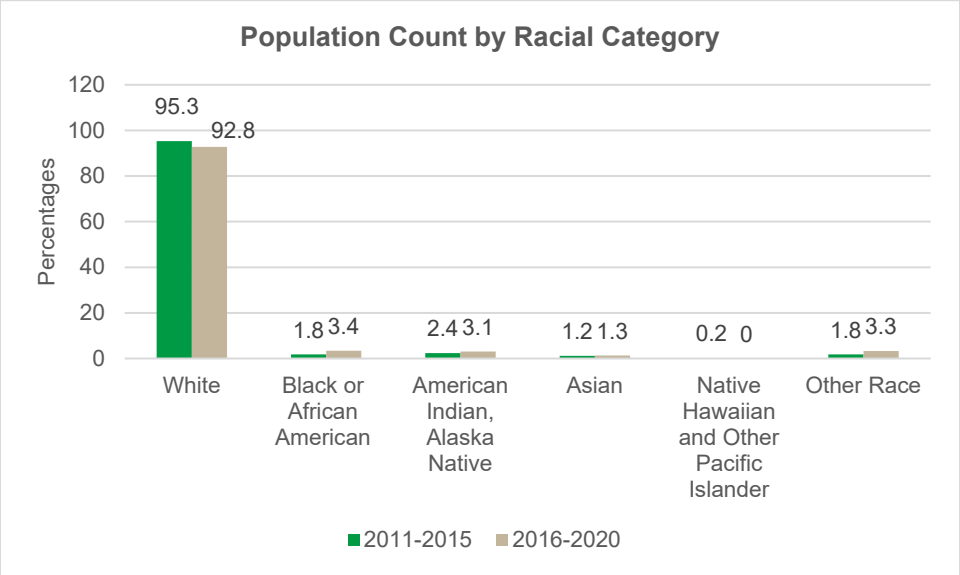
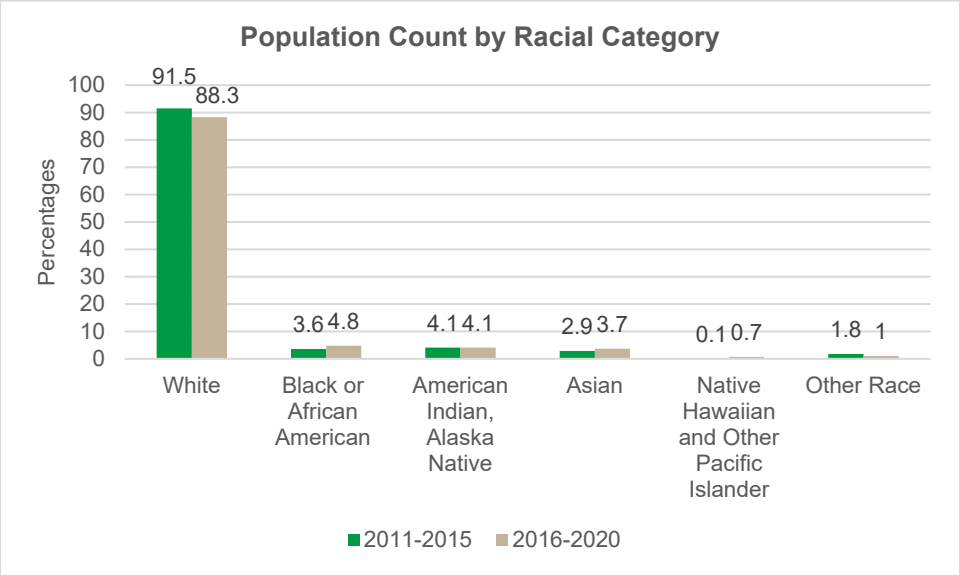


Figure 2: Grand Forks County Population Count by Racial Category from 2011-2020 [8]



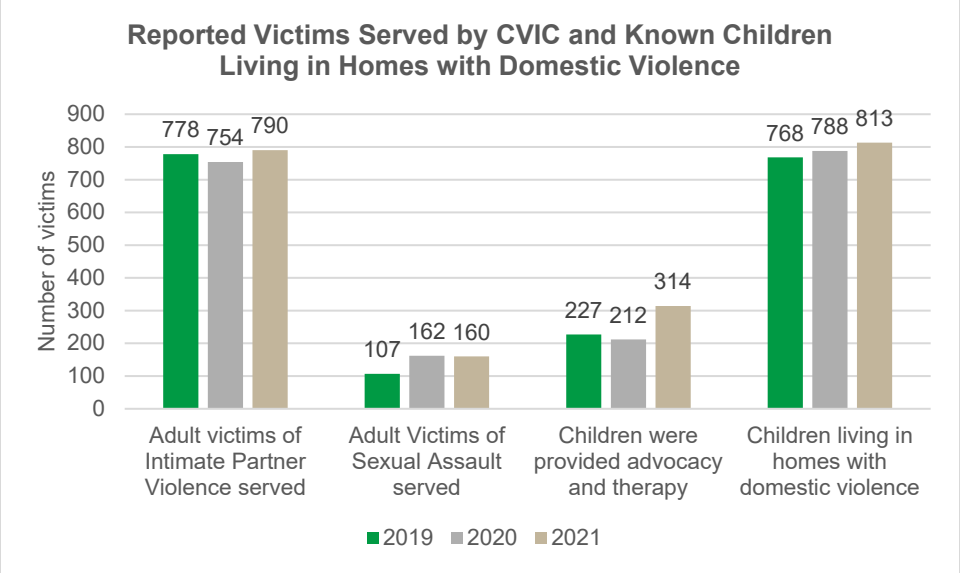
The economic demographics of Grand Forks and Polk Counties have experienced several trends from 2017 to 2020. The population of individuals aged 16 years and older in the labor force experienced a change from 72.4% in 2017 to 72.9% in 2020 in Grand Forks County, depicting an increase of 0.5%. An opposite trend appears in Polk County while in 2017, 66.3% of the population aged 16 years and older were in the labor force compared to 64.6% in 2020, a decrease of 1.7% [1, 8]. In terms of education, there was an increase in bachelor's degrees or higher education in the population 25 years of age and older in Grand Forks which was 34.0% in 2017 and 36.2% in 2020, an increase of 2.2%. In Polk County, the same trend appears as 24.5% acquired a bachelor's degree or higher in 2017, compared to 27.3% in 2020, an increase of 2.8%. Another key indicator of economic demographics highlights the overall coverage of health insurance which reflects positive trends. In Polk County, 94.3% of the population was covered by health insurance in 2017 and 96.1% in 2020, an increase of 1.8%. Similarly, in Grand Forks, health insurance coverage rose from 92.8% in 2017 to 94.2% in 2020, an increase of 1.4% [1, 8].

Violence

Several behaviors that increase the likelihood of negative health outcomes were recorded. The first was a change in violent crime. Community violence is often underreported; consequently, statistics on violence-related data often include only a fraction of persons impacted.

At a local level, Grand Forks Community Violence Intervention Center (CVIC) annually reports the number of clients served as adult, children, and known children living in homes with domestic violence. The rate of victims served by CVIC (Figure 3) and the number of children living in homes with domestic violence (See Table 5) increased compared with the 2019 CHA.

Figure 3: Reported Victims Served by CVIC and Known Children Living in Homes with Domestic Violence by Year from 2019 – 2021, Grand Forks ND [1, 9].



In 2021, CVIC reported the percentages of adverse childhood experiences (ACEs) victims of violence experienced as represented in Table 5 for the 314 children they served.

Table 5: ACEs Reported in Children Serviced by CVIC in Grand Forks, ND [1, 9].

	0 ACEs	1+ ACEs	2+ ACEs	3+ ACEs	4+ ACEs	5+ ACEs	6+ ACEs
2018	-	97%	78%	59%	35%	24%	-
2021	3%	97%	79%	72%	53%	32%	24%

All measures reported here increased compared with previous assessments in the 2019 CHA.

Crime

Several behavior changes related to crime increase the likelihood of negative health outcomes. This section explores changes in crime reported in recent years.

The total number of crimes decreased from 2017 (2019 CHA) however there was an increase in the number of crimes in 2021 in Grand Forks (Table 6).

Table 6: 10-year The Uniform Crime Reporting (UCR) statistics for the City of Grand Forks, ND [10]

Offense	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	%Change 2020-2021
Murder	1	0	1	2	1	0	3	1	3	1	66.70%
Rape	39	32	29	40	40	28	27	26	31	42	7.70%
Robbery	20	26	15	23	26	32	21	23	14	13	-7.10%
Aggravated Assault	93	87	81	110	109	115	91	109	106	117	10.40%
Burglary	237	199	239	229	312	268	218	208	192	229	19.30%
Larceny	1169	1146	1266	1359	1405	1383	1111	1142	1038	1113	7.20%
Auto Theft	93	75	97	115	140	132	127	109	121	134	10.70%
Arson	2	3	6	2	1	3	1	5	0	2	100.00%
Totals	1654	1568	1734	1880	2034	1961	1599	1623	1504	1649	9.60%

Figure 4: 10-year Uniform Crime Reporting (UCR), Total Crime statistics for the City of Grand Forks, ND [9]

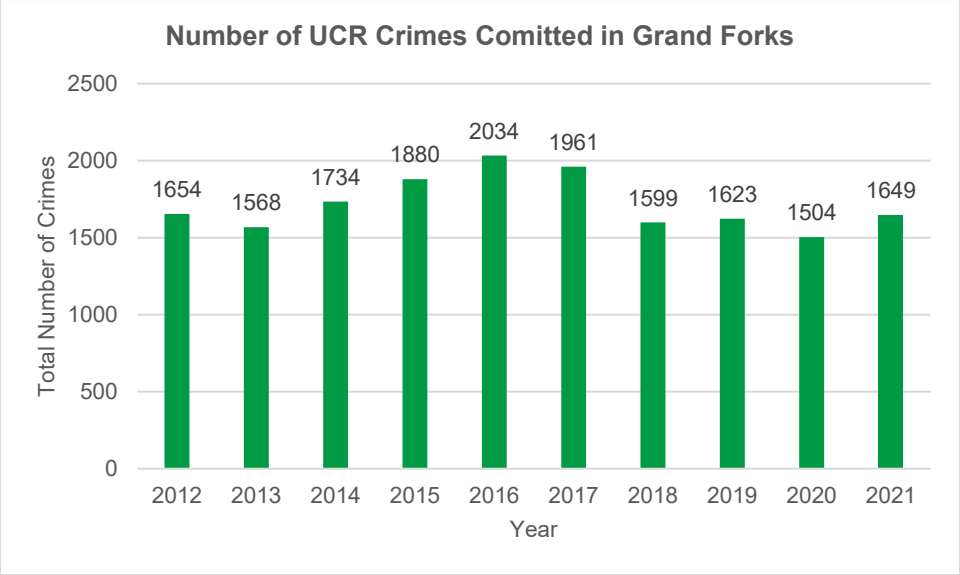
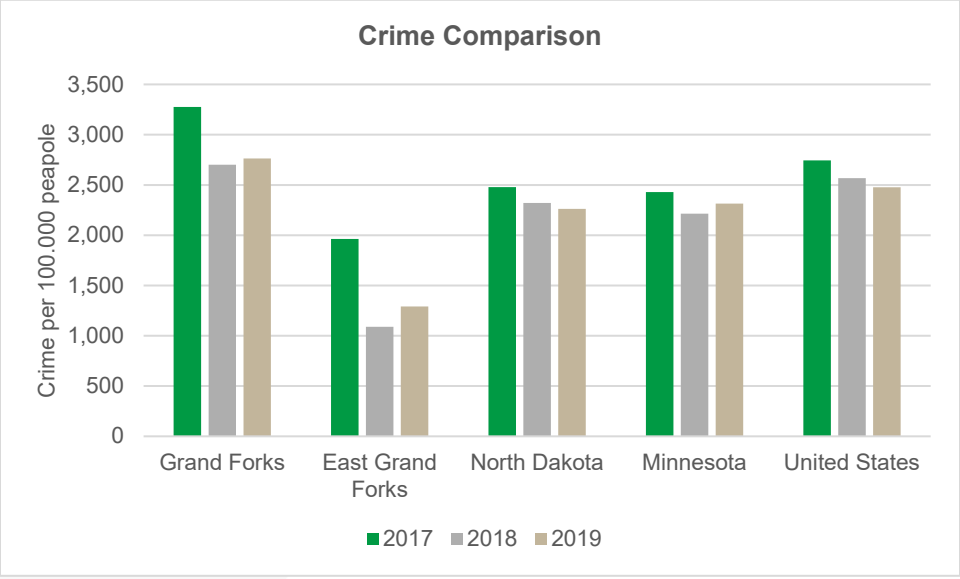
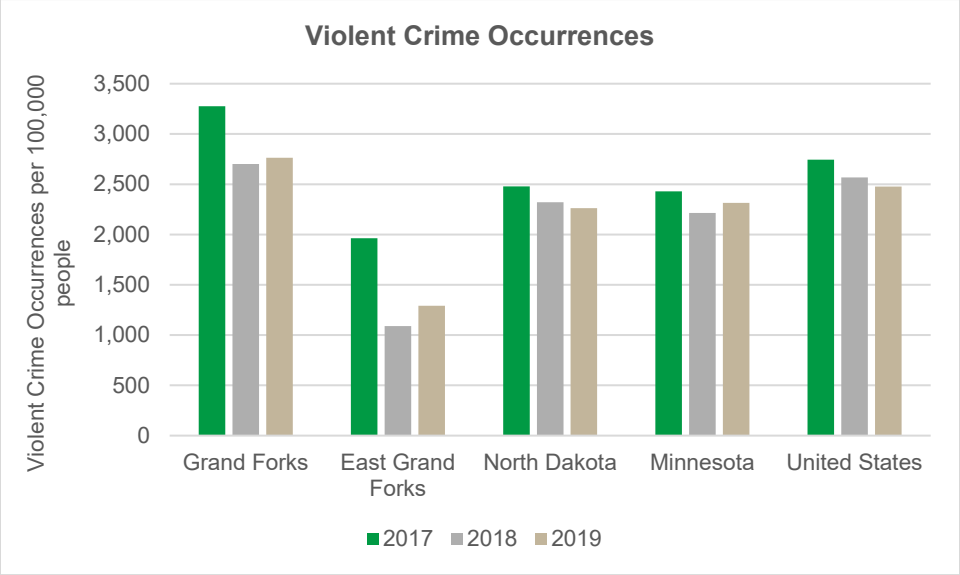


Figure 5: All Crime Comparison between Grand Forks, East Grand Forks, North Dakota, Minnesota, and United States from 2017 to 2019 [1, 11].



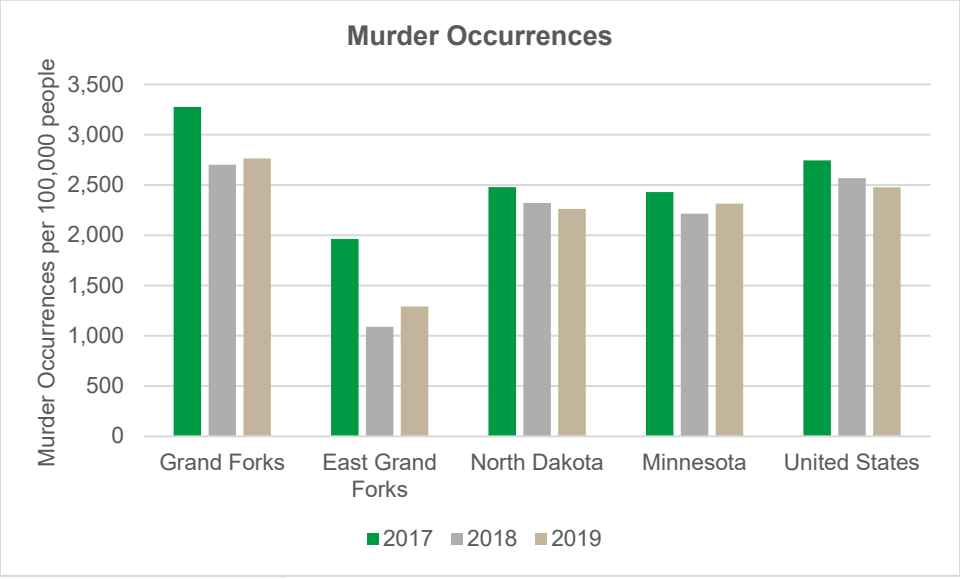
Overall, crime rates decreased in both Grand Forks County and Polk County when compared to the 2019 CHA (Figure 5).

Figure 6: Violent Crime Occurrences per 100,000 people by location by year from 2017-2019 [1, 11].



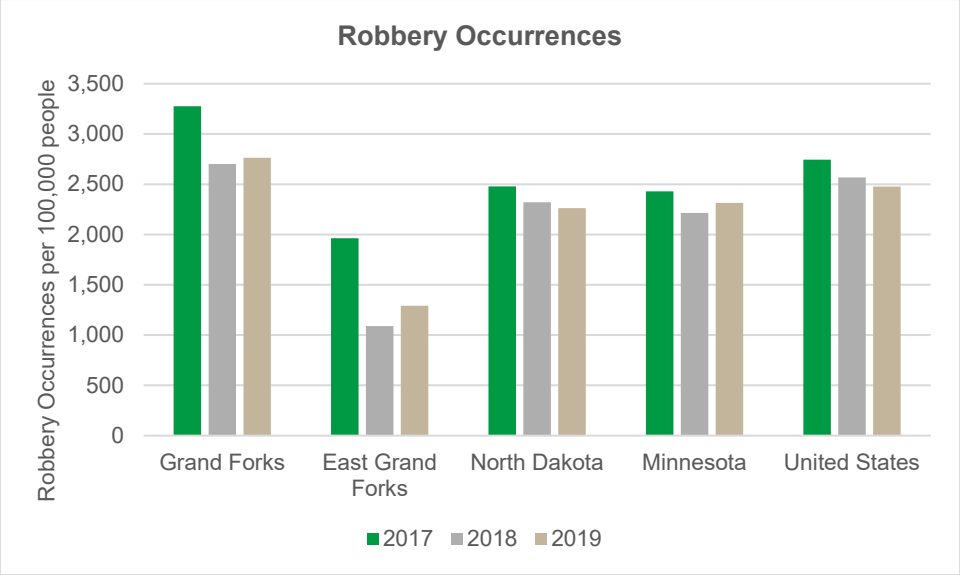
Violent crimes decreased in both Grand Forks and East Grand Forks compared with the 2019 Community Health Assessment that reported data from 2017 (Figure 6). However, violent crimes increased in 2019 compared with 2018.

Figure 7: Murder Occurrences per 100,000 people by location by year from 2017-2019 [1, 11].



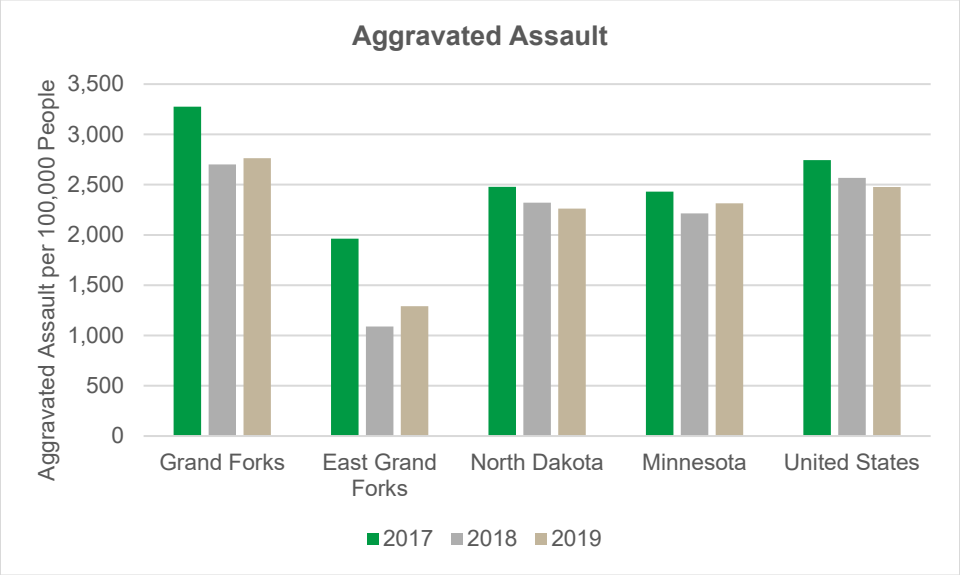
According to Figure 7, the murder rate decreased from 2017 in Grand Forks, East Grand Forks, and North Dakota. Minnesota data was consistent from 2017 to 2019, and both ND and MN are lower than U.S. rates.

Figure 8: Robbery occurrences per 100,000 people by location by year from 2017-2019 [1, 11]



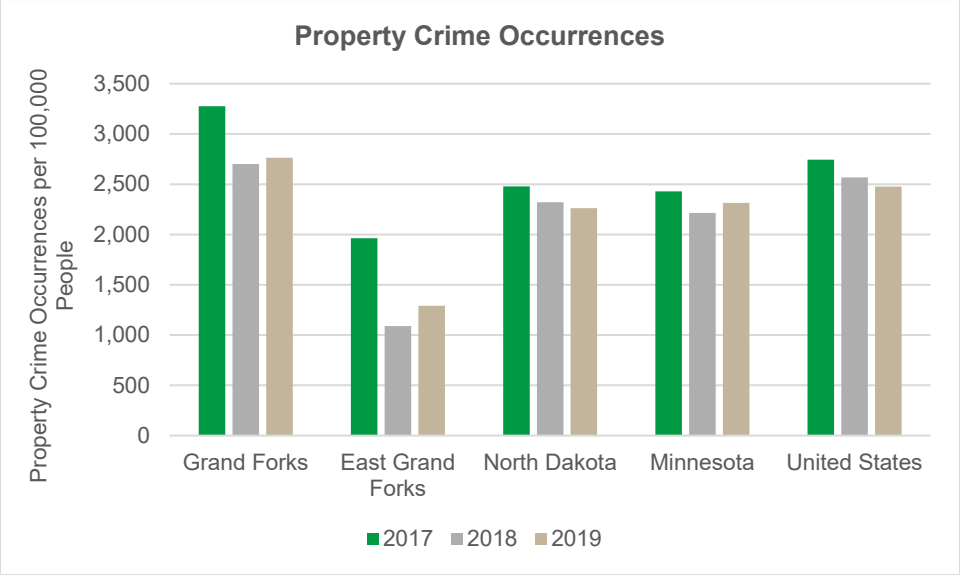
The rate of Robbery Occurrence decreases from 2017 in Grand Forks and East Grand Forks. The rate in Grand Forks was higher than in North Dakota. The rate was lower in East Grand Forks compared to Minnesota (Figure 8).

Figure 9: Aggravated Assault per 100,000 People by location by year from 2017-2019 [11]



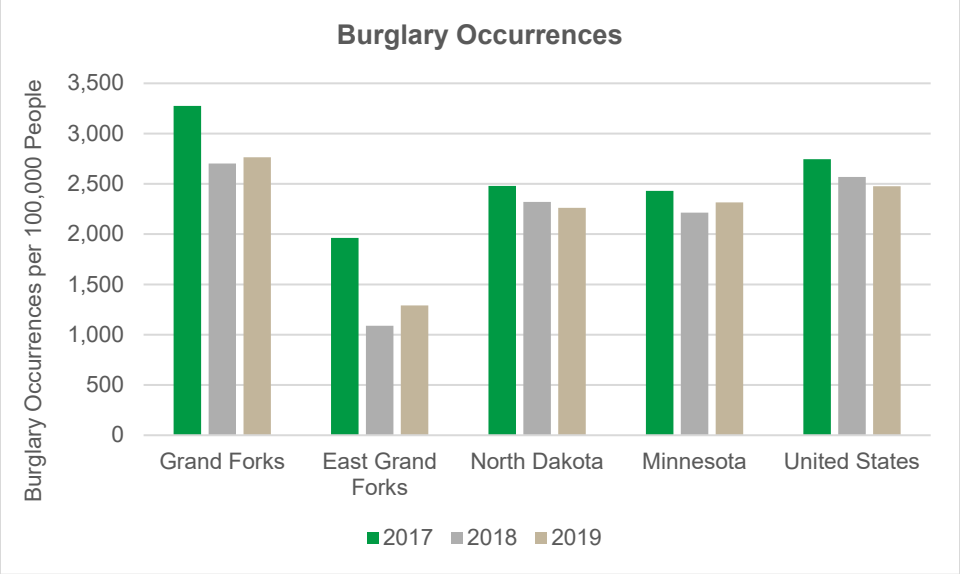
Overall, Grand Forks had the highest rate of Aggravated Assault among the East Grand Forks, North Dakota, and Minnesota (Figure 9).

Figure 10: Property Crime Occurrences per 100,000 People by location by year from 2017-2019 [1, 11]



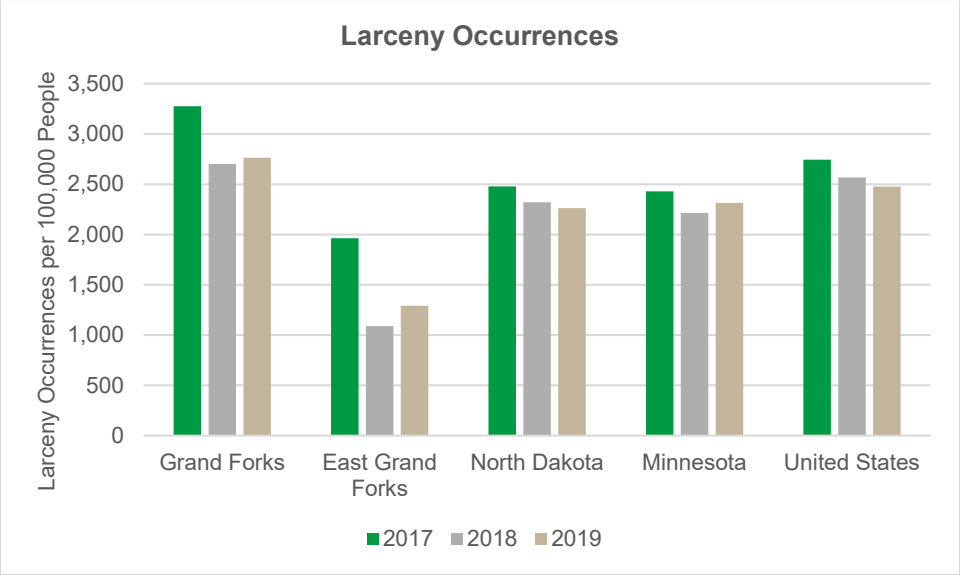
Shown in Figure 10, the occurrences of property crime dropped in both East Grand Forks and Grand Forks when compared to the 2019 CHA. However, there was an increased rate in 2019 compared to 2018 in both Grand Forks and East Grand Forks. While Grand Forks experiences property crime at a higher rate than that of the United States and North Dakota, Polk County's property crime is less than that of the United States and Minnesota.

Figure 11: Burglary Occurrences per 100,000 People by location by year from 2017-2019 [1, 11].



Burglary (Figure 11) in all locations has shifted to a downward trend from 2017 to 2019. In both Grand Forks and East Grand Forks, burglary occurrences decreased in 2018 compared to 2017, and in both Grand Forks and East Grand Forks the rate increased in 2019. Grand Forks County burglaries increased above North Dakota from 2017 to 2019, but Polk County fell below Minnesota as of 2017.

Figure 12: Larceny Occurrences per 100,000 People by location by year from 2017-2019 [1, 11].



Larceny occurrences rate dropped from 2017 to 2019 in Grand Forks, East Grand Forks, North Dakota, and Minnesota. In Grand Forks, the rate of the Larceny Occurrences was higher than in North Dakota and this rate was lower in East Grand Forks compared to Minnesota.

Weight

Weight can be an important indicator of health as it is often considered a comorbidity among other diseases. Being underweight can also be associated with negative health outcomes. Body Mass Index (BMI) is calculated with an individual's height and weight and can help identify if an individual is overweight or obese. This section shows recent years' measurements for prevalence of obesity and individuals who are overweight. Adolescent obesity rate has been included as it can be an important indicator for health later in life.

Figure 13: Prevalence (%) of Weight Classification by BMI of Adults 18 years or older in North Dakota from 2011-2020 [12]

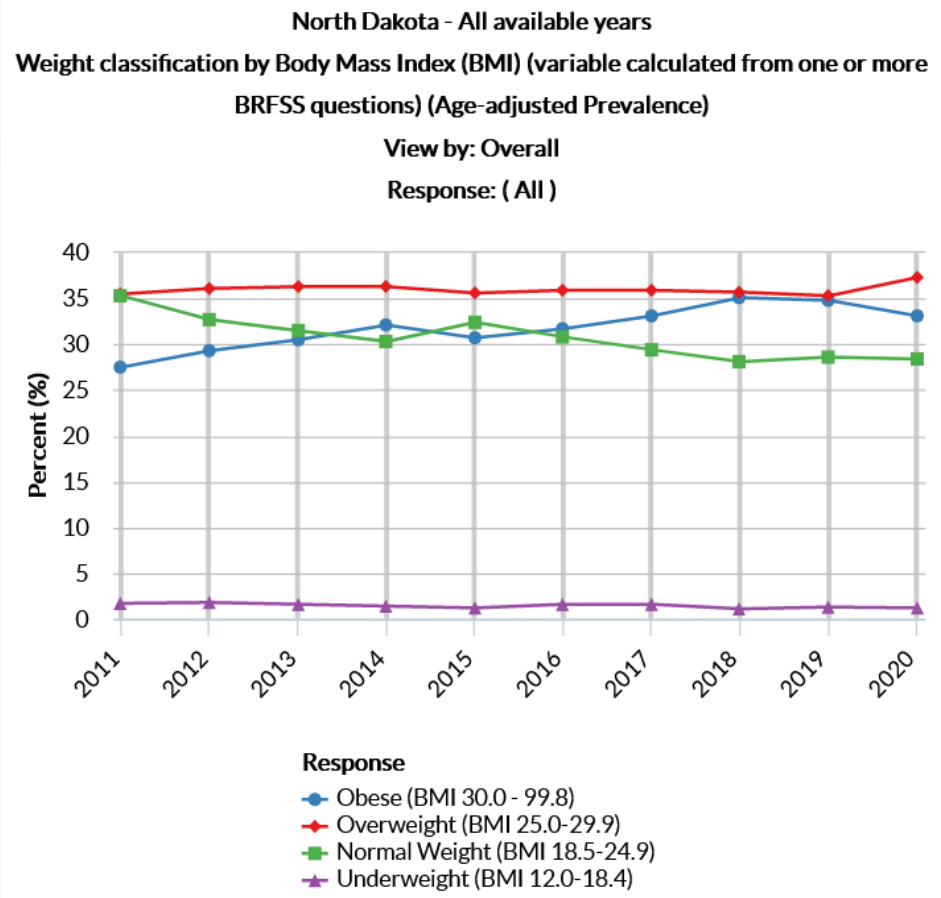


Figure 13 shows that obesity prevalence decreased, and overweight prevalence increased within North Dakota in 2020. Compared to the state level, obesity in Grand Forks had a similar trend to North Dakota from 2016 to 2017 (Figure 13).

Figure 14: Prevalence (%) of Weight Classification by BMI of Adults 18 years or older in Grand Forks, ND-MN Metropolitan Statistical Area, from 2013 to 2017 [12]

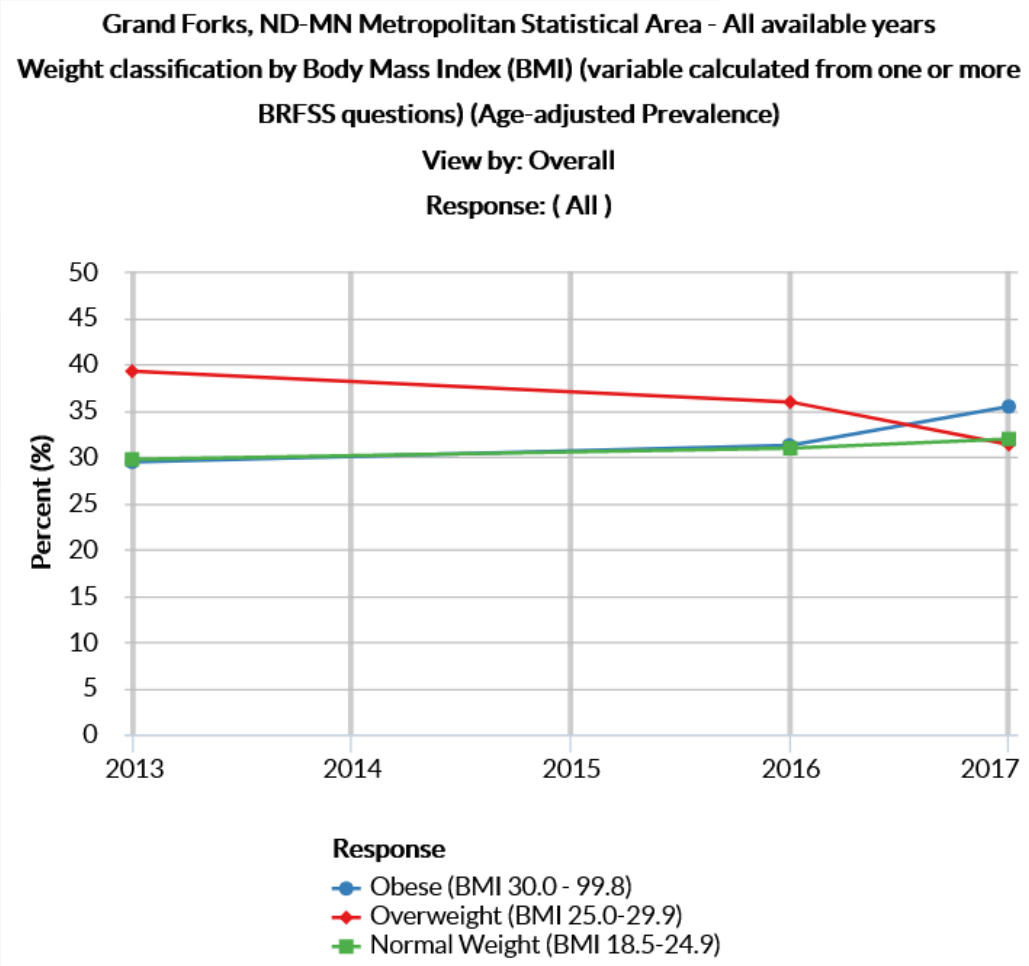


Figure 15: Prevalence (%) of Weight Classification by BMI of Adults 18 years or older in Minnesota from 2011-2020 [12]

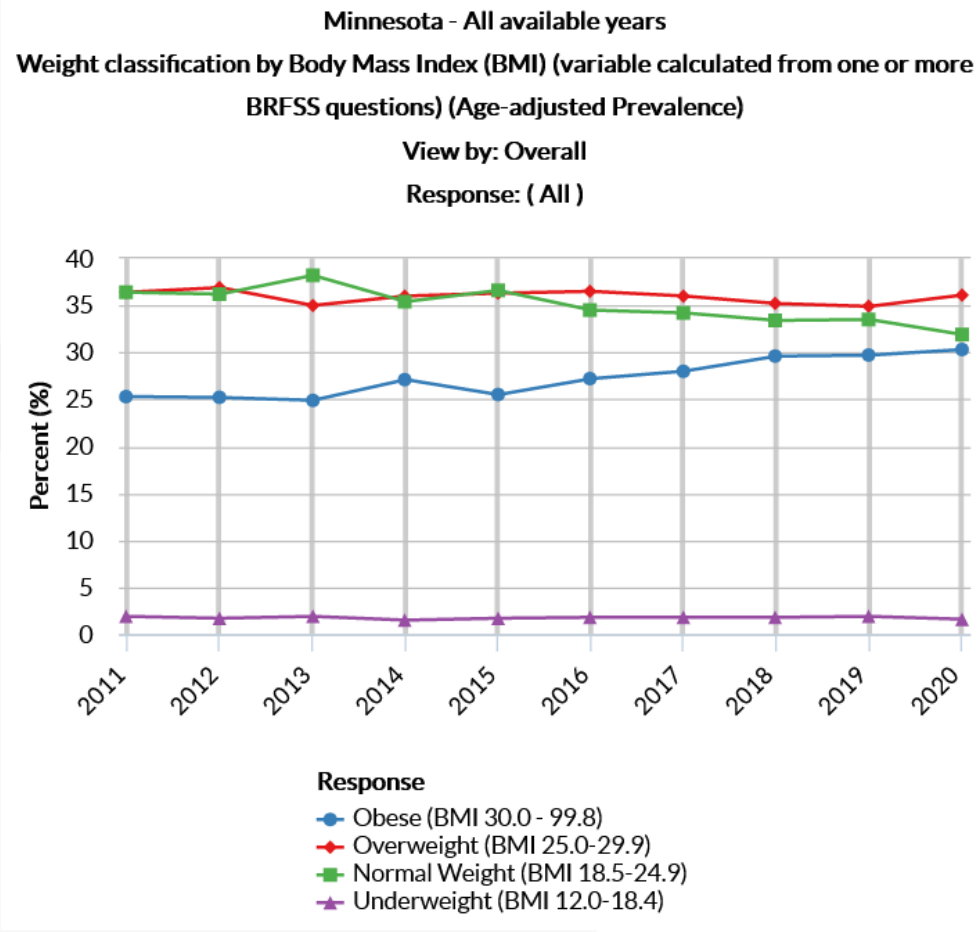
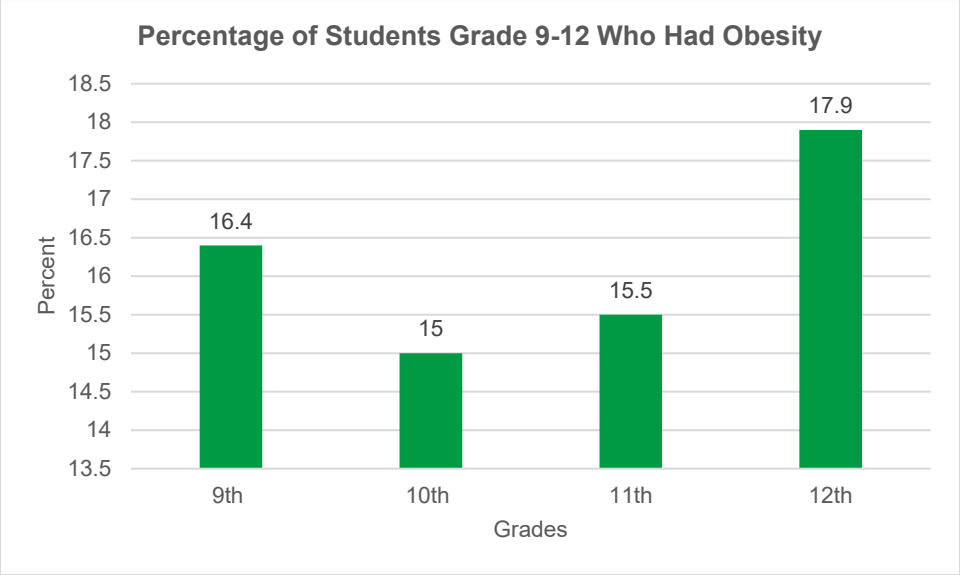


Figure 15 shows that obesity remained steady from 2018 to 2020 and overweight prevalence increased in 2020 in Minnesota.

Figure 16: Percentage of students Grade 9-12 who had obesity in North Dakota in 2021 [13]



(>= 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)

Table 7: Polk County Adolescent Weight [13]

	8th Grade		9th Grade		11th Grade	
	Female	**Male**	**Female**	**Male**	**Female**	**Male**
Overweight	**12%**	**18%**	**18%**	**12%**	**16%**	**18%**
Obese	**9%**	**18%**	**13%**	**21%**	**8%**	**17%**
Total	**21%**	**36%**	**31%**	**33%**	**24%**	**35%**

In 2019, Polk County reported rates of students classified as “overweight” and “obese.” Approximately one fourth to one third of all 8th, 9th, or 11th grade girls and boys could be categorized as either “overweight” or “obese” as reflected in Table 7.

Alcohol

Alcohol consumption is an important health behavioral issue as it can lead to further injury. Here, graphs from the Behavioral Risk Factor Surveillance System (BRFSS) represent prevalence of binge drinking among adults in North Dakota and Minnesota as well as youth from the Youth Risk Behavior Surveillance System (YRBSS).

Figure 17: Adult Prevalence of Binge Drinking from 2011 to 2020 in North Dakota [12]

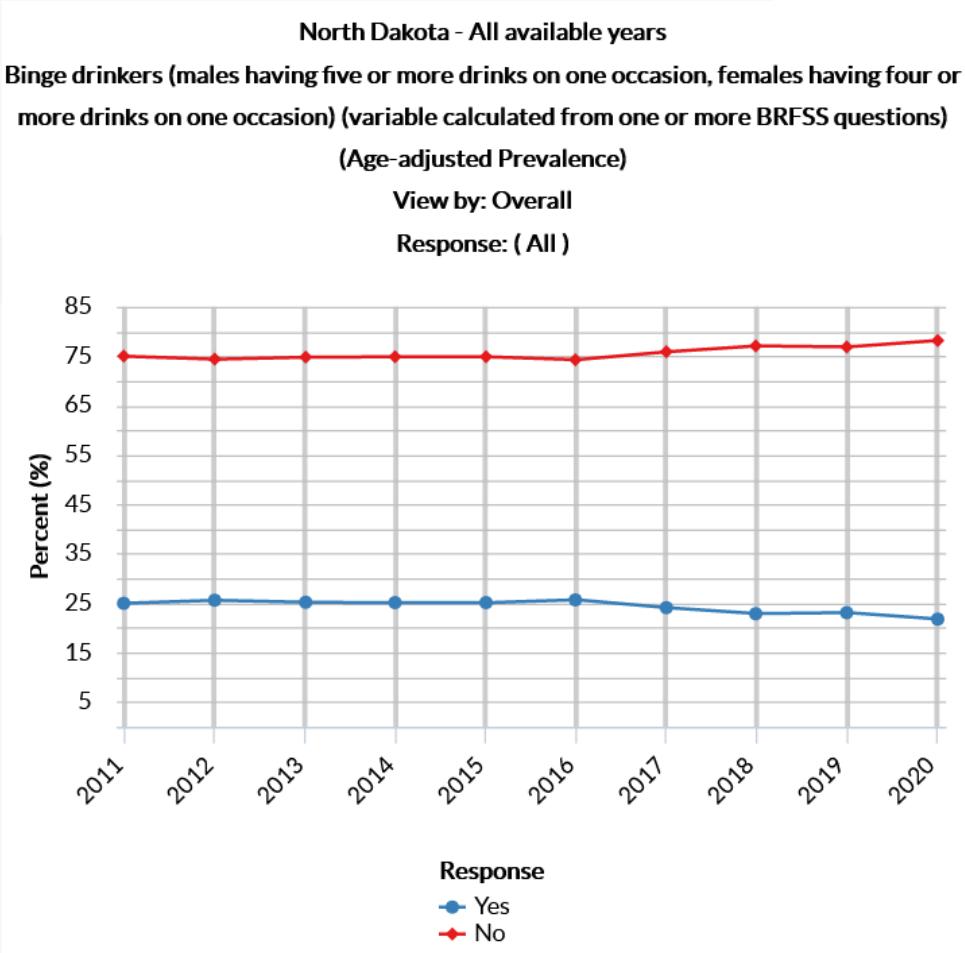


Figure 18: Adult Prevalence of Binge Drinking from 2013 to 2017 in Grand Forks, ND-MN Metropolitan Statistical Area [1, 12]

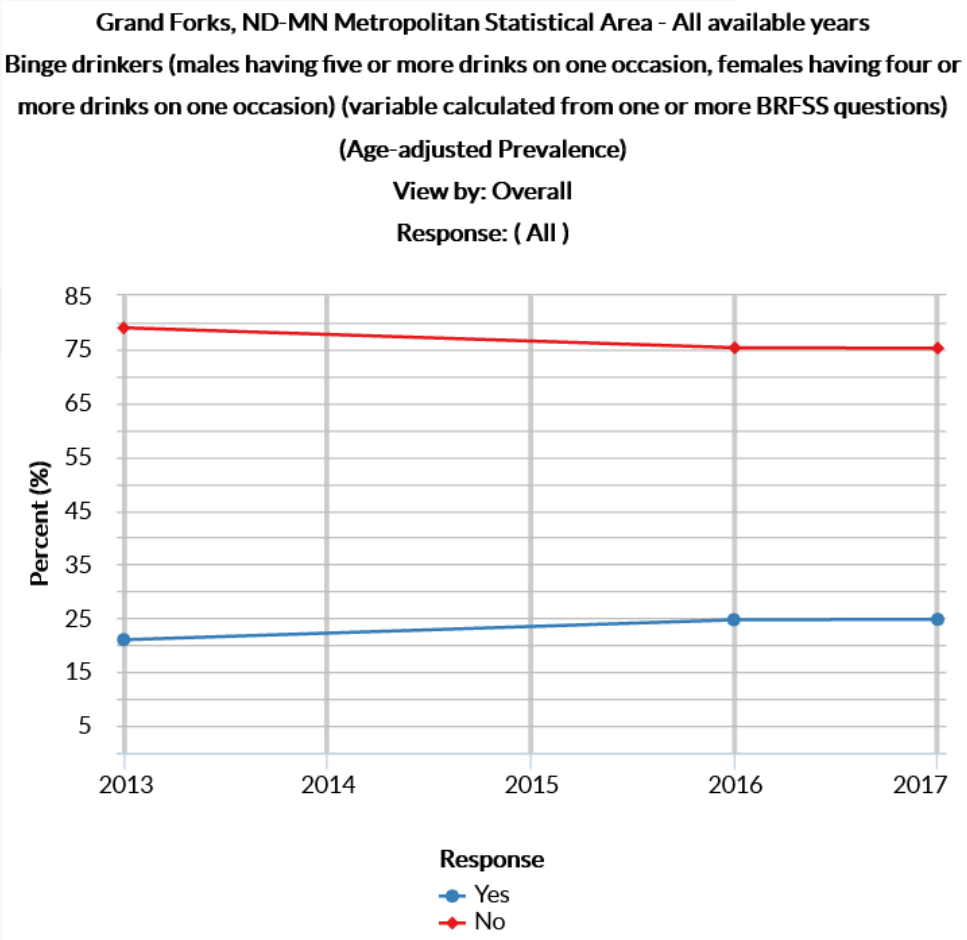
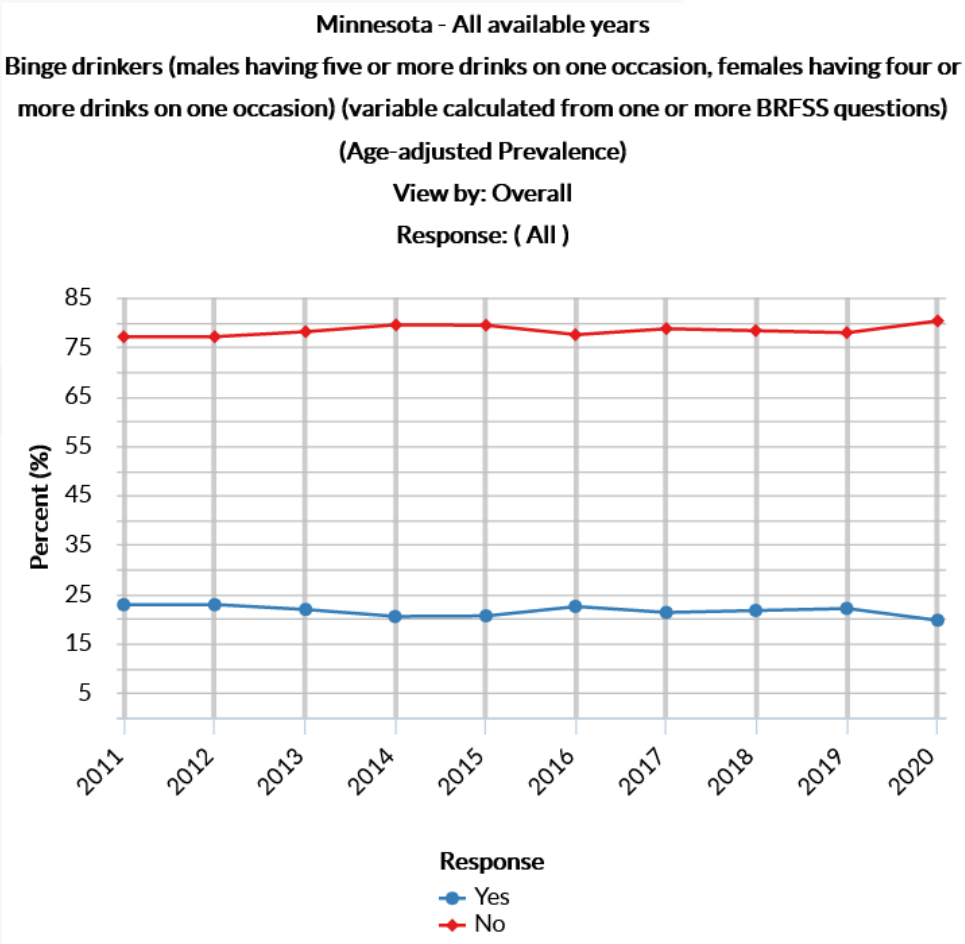
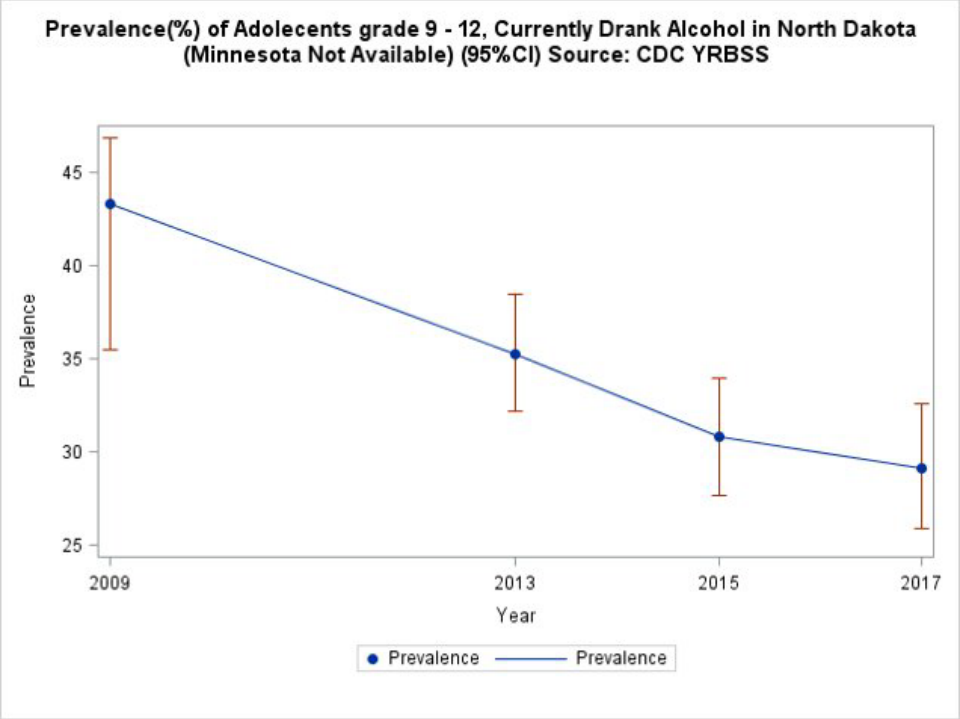


Figure 19: Adult Prevalence of Binge Drinking from 2011 to 2020 in Minnesota [12]



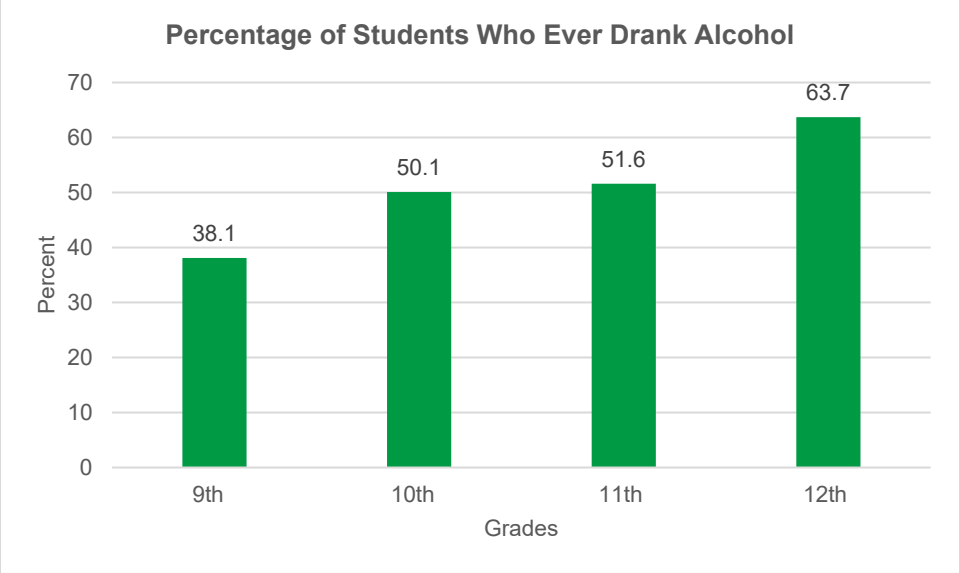
Age-adjusted prevalence for binge drinking in adults for Grand Forks was initially below the standard of North Dakota and Minnesota in 2013 but began to rise above the state's prevalence for binge drinking by the year 2017 (Figures 17, 18 and 19). The prevalence of binge drinking decreased in 2020 in both North Dakota and Minnesota (Figures 17 and 19).

Figure 20: Prevalence by percent of Adolescents Grade 9-12 who Currently Drank Alcohol in North Dakota by 2009. 2013, 2015, 2017 [1, 13]



Conversely, for alcohol consumption for adolescents in North Dakota, the prevalence of those who currently drank alcohol has seen a steady decline from 2009 to 2017 (Figure 20).

Figure 21: Percentage of students Grade 9-12 who ever drank alcohol in North Dakota in 2021 [13]



(At least one drink of alcohol, on at least 1 day during the 30 days before the survey)

Drugs

Substance use is an urgent topic locally and nationally. At the national level, 92,000 drug overdose deaths were reported in 2020, compared with 67,367 in 2018; in North Dakota. there were 82 reported drug overdose deaths in 2019 compared with 36 in 2018 [1, 14]. Altru Health System, located in Grand Forks County, treated 71 opioid overdoses in 2021, a 57.7% increase from 30 cases in 2017. In 2021, Grand Forks Police Department reported 11 overdose deaths, an increase from 4 deaths in 2017 [1, 15]. Polk County reported 2 drug overdose deaths in 2020 compared to 1 overdose death in 2017 [1, 16]. Data on the number of drugs seized shows concern for both opioids and methamphetamines as Polk County seized 275 grams of heroin in 2017 compared to 31 grams in 2015. 3,641 grams of methamphetamines were seized in 2017, compared to 663 grams in 2015 (The latest data belong to 2017) [1].

In 2021, Grand Forks County police seized 1,635 grams of heroin and 20,709 grams of methamphetamines. This is a significant increase from 2017 of 240 grams of heroin and 9,326 grams of methamphetamines [1, 17].

Figure 22: Overdoses and Fatalities Rate, Grand Forks ND (Grand Forks Police Department reported all suspected overdoses versus opioid-specific overdoses) [15]

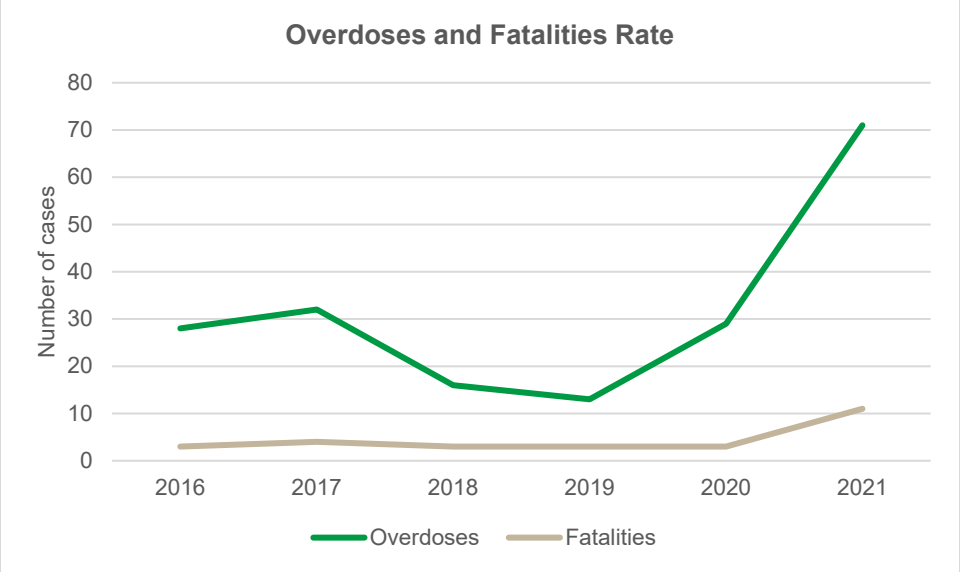
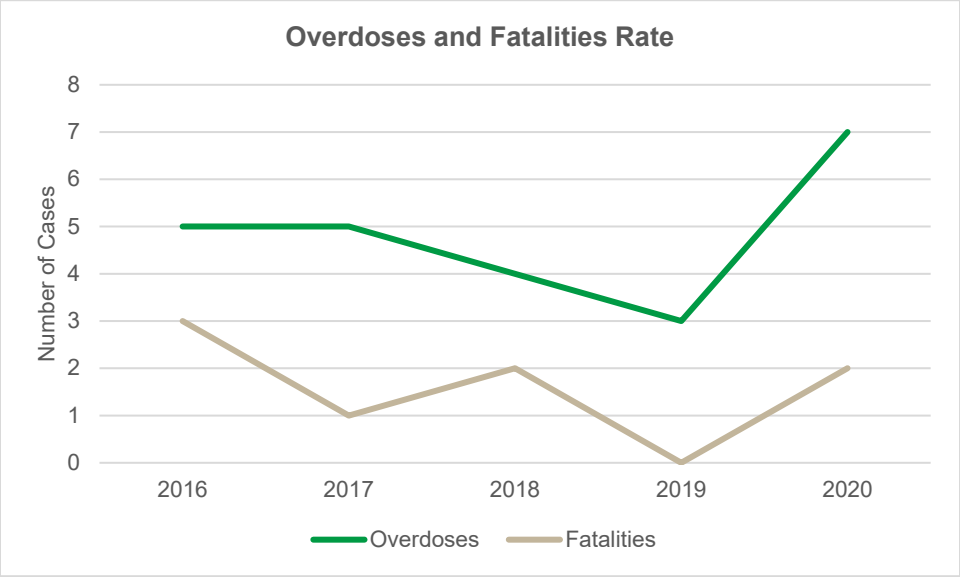
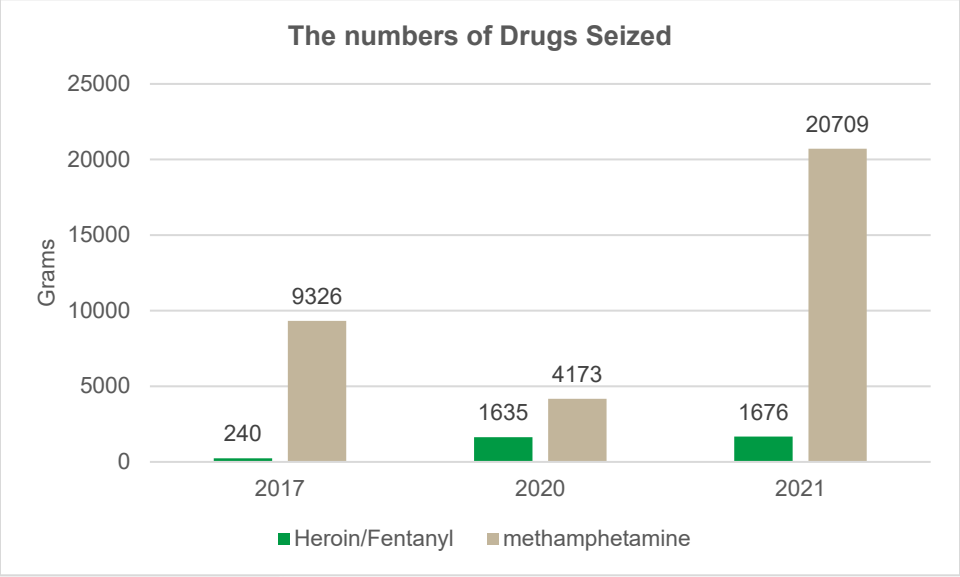


Figure 23: Overdoses and Fatalities Rate, Polk County MN [16]



Number of overdose and fatalities cases increased from 2019 in Polk County (Figure 23).

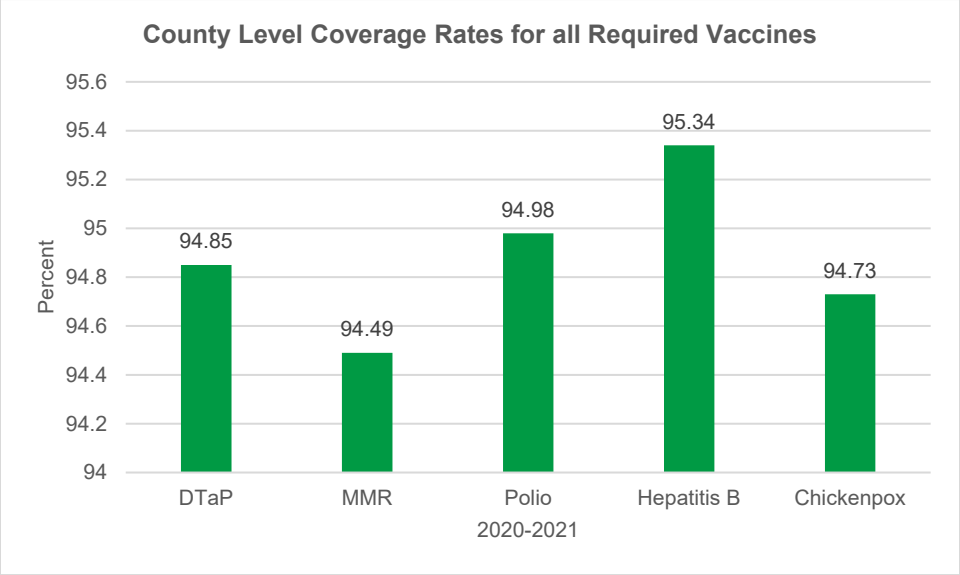
Figure 24: Grams of Drugs Sized, Grand Forks County [17]



Immunization

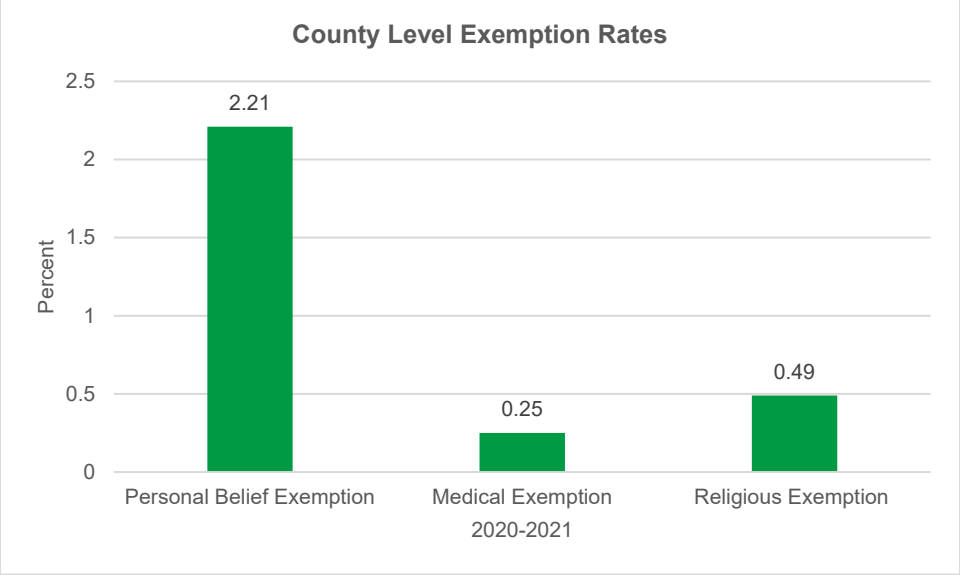
Immunization rates are an important aspect of community health as they help not only to protect individuals, but also to build immunity against deadly diseases for interconnected communities. This section focuses on childhood and adolescent vaccination rates. Of note is that the reported exemptions include a number of non-medical exemptions.

Figure 25: Kindergarten Immunization Rate, Grand Forks ND [18]



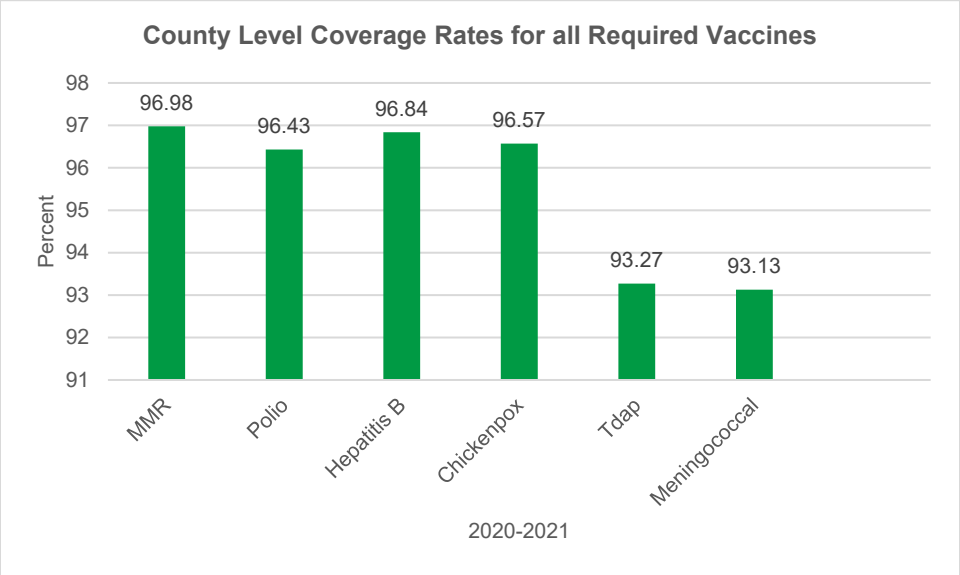
The average Kindergarten Immunization Rate was 94.89% in Grand Forks County in 2020-2021 (Figure 25).

Figure 26: Kindergarten Exemption Rates, Grand Forks ND [18]



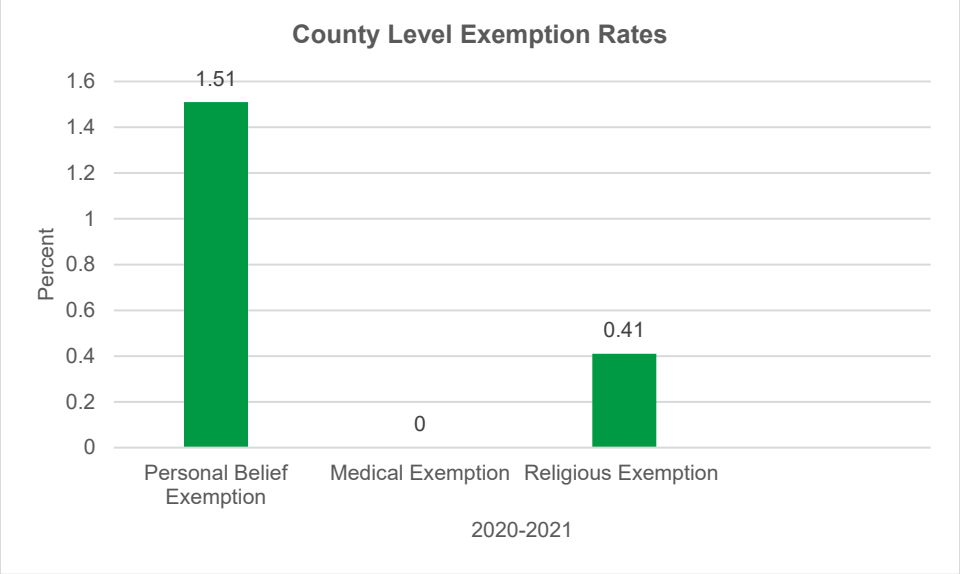
The personal belief exemption rate was higher compared to the other exemption types (Figure 26).

Figure 27: Seventh Grade Immunization Rate, Grand Forks ND [18].



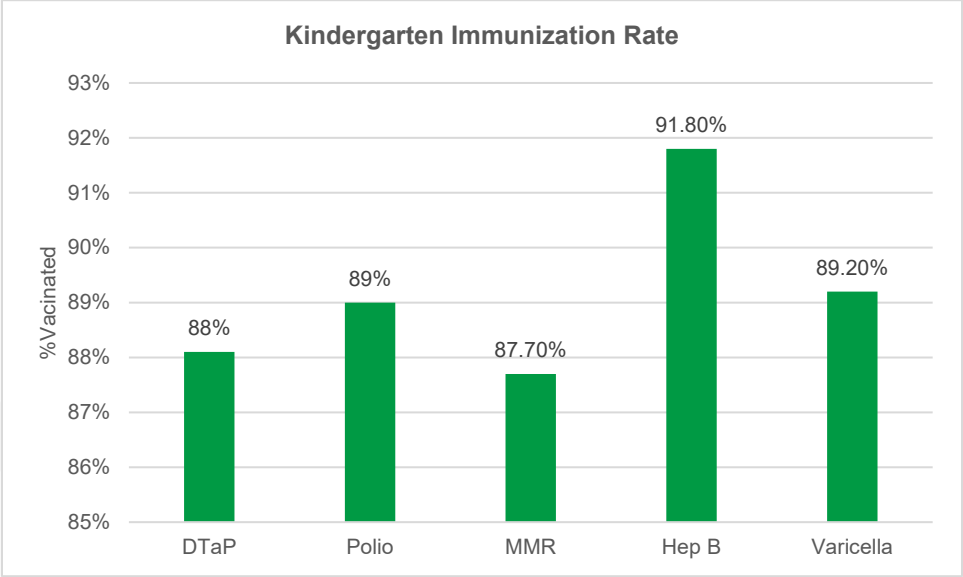
The average Seventh Grade Immunization Rate was 95.54% in Grand Forks County in 2020-2021 (Figure 27).

Figure 28: Seventh Grade Exemption Rates, Grand Forks ND [18]



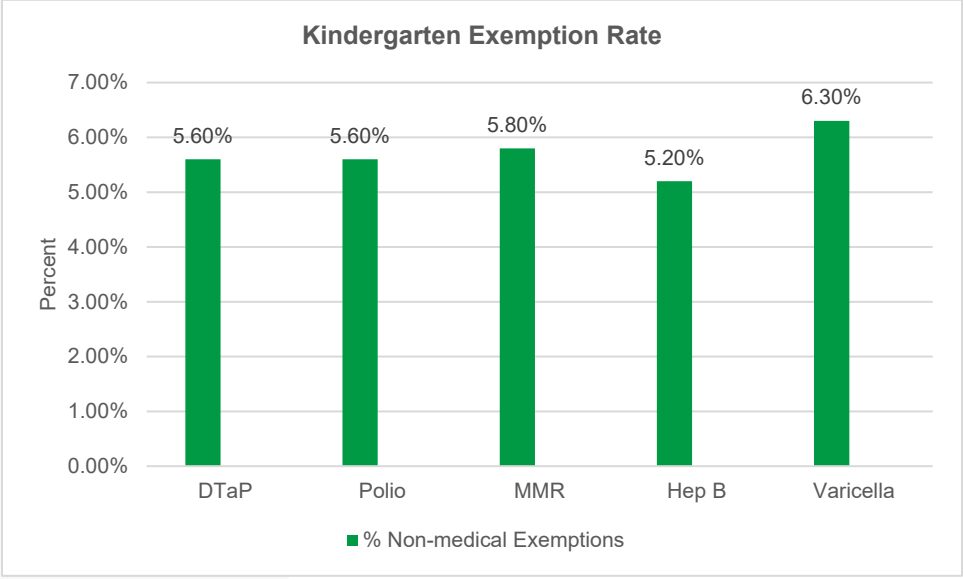
Personal belief exemption rate was 1.51% in Seventh Grade in Grand Forks County (Figure 28).

Figure 29: Kindergarten Immunization Rate 2020-2021, Polk County MN [19]



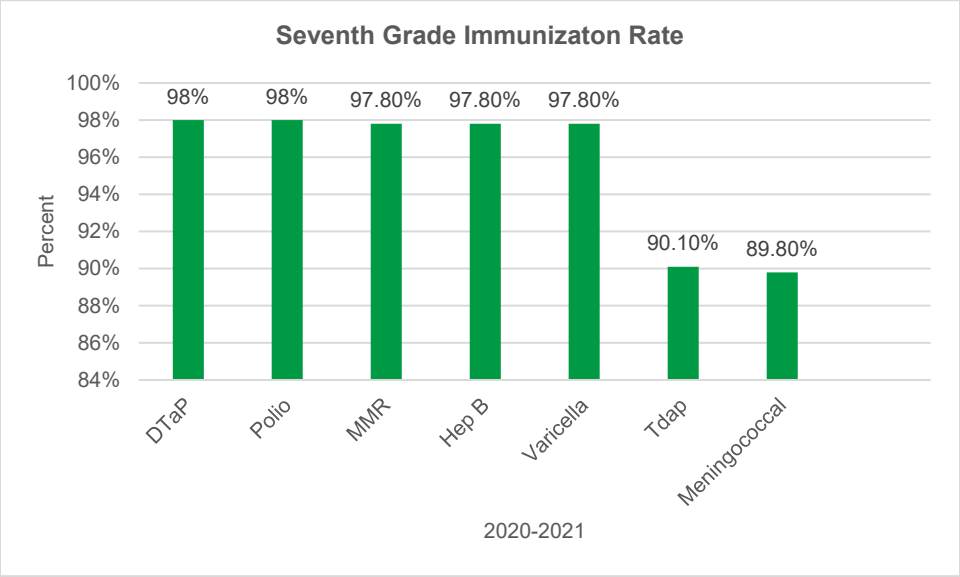
The average Kindergarten Immunization Rate was 89.14% in Polk County (Figure 29).

Figure 30: Kindergarten Exemption Rate 2020-2021, Polk County MN [19]



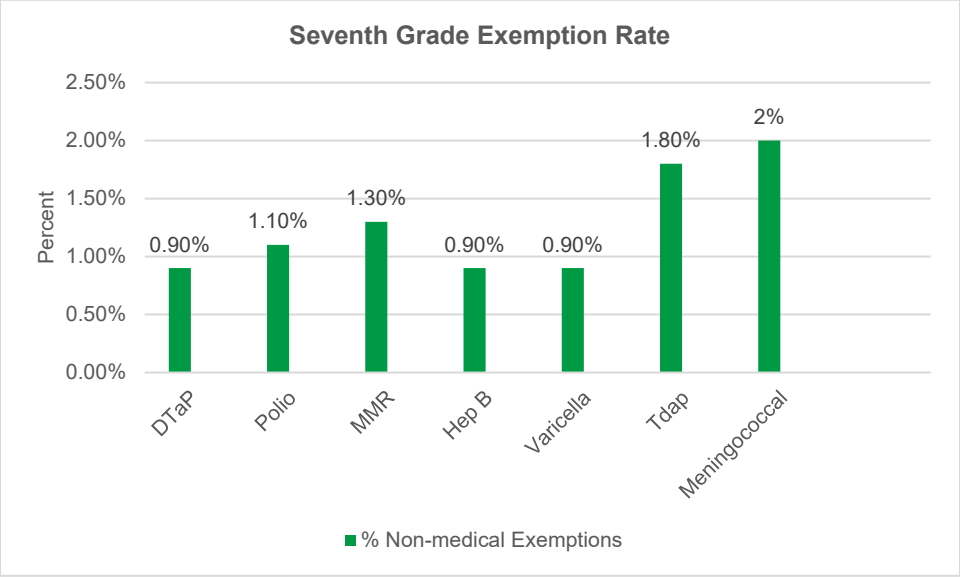
There were no medical exemptions, but the average Kindergarten Non-Medical exemption rate was 5.7% in Polk County (Figure 30).

Figure 31: Seventh Grade Immunization Rate 2020-2021, Polk County, MN [19]



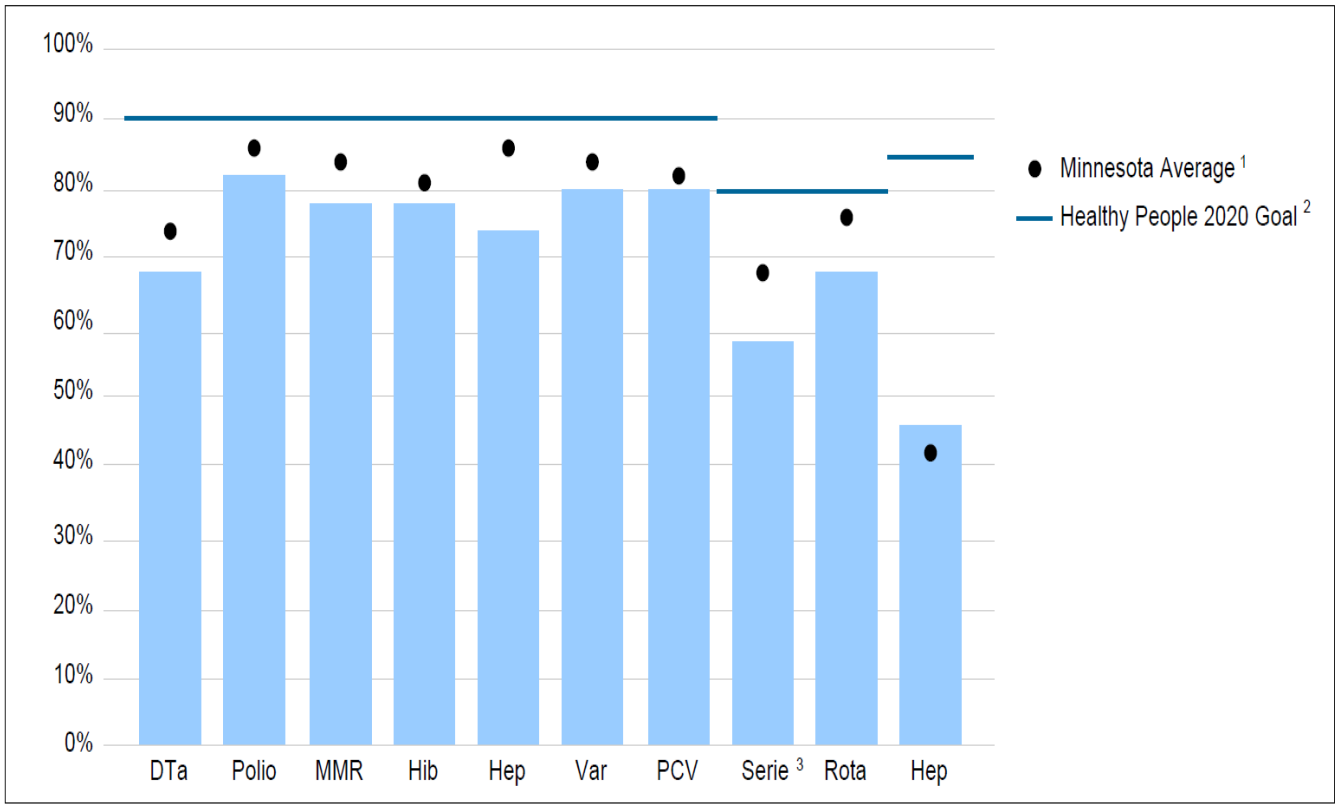
The average Seventh Grade Immunization Rate was 95.62% in Polk County (Figure 31). However, for Polk County, 97% of all 7th-grade children were immunized in 2018 [20].

Figure 32: Seventh Grade Exemption Rate, Polk County, MN [19]



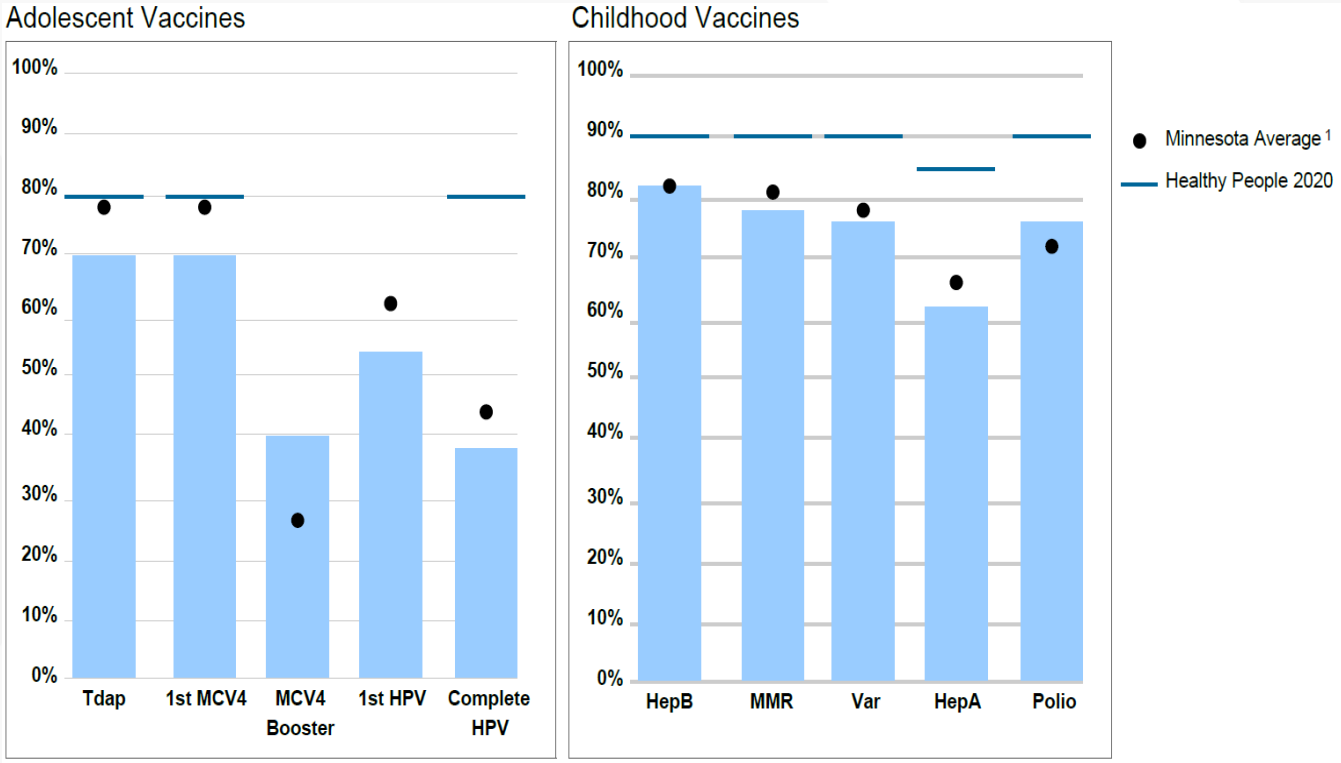
While the medical exemption rate was 0%, non-medical exemptions varied by vaccination type. The average Seventh Grade non-medical exemption rate was 1.28% in Polk County (Figure 32).

Figure 33: Assessment of Immunization Rates by 24 Months, Polk County, MN [21]



The immunization rates by 24 Months in Polk County were lower than Minnesota Average and Healthy People 2020 goals except for Hepatitis Vaccine (Figure 33). Healthy People is an ongoing federal campaign to improve national health outcomes by setting specific goals every 10 years.

Figure 34: Assessment of Immunization Rates in Adolescent and Childhood, Polk County, MN [22].



Immunization Rates in Childhood in Polk County was almost the same as the Minnesota average, but Immunization Rates in Adolescent was lower than the Minnesota average except for MCV4 Booster (Figure 34).

College Community

A unique aspect of Grand Forks County is the college community, the University of North Dakota. Analyzing statistics relevant to this community will improve the overall community due to the University's large presence in the area. In terms of General Health, 55.6 % of college students described their health as very good or excellent and 92.4 % described their health as good or better (87.6%). The issue of safety perception was evident as only 29.4% reported feeling safe on campus at nighttime and 22.4% reported feeling safe in the community at nighttime. Additionally, related to mental health, 35.8% of students reported stress as affecting academic performance; 26.4% reported anxiety affecting academic performance; 19.6% reported sleep difficulties as affecting academic performance, and 18.9% reported depression affecting academic performance. Each percentage has increased in comparison to the 2019 CHA. Other risky behaviors included e-cigarette use reported at 24% within the last 3 months, alcohol consumption reported at 78.9% within the last 3 months, and 21.8% using Cannabis (marijuana, weed, hash, edibles, vaped cannabis, etc.) in the last 3 months [23].

Risky Behaviors (From 2019 CHA)

Risky behaviors include smoking, alcohol, and seeking/delaying medical care rates. In Polk County, 10.3% of the population currently smoked in 2017 compared to 15.6% in 2014, a drop of 5.3%. In Polk County, 64.4% reported having a drink in the past 30 days in 2017, compared to 62.5% in 2014, an increase of 1.9%. Finally, delaying medical care became more prevalent in Polk County as 84.2% of the population reported delaying medical care due to cost or their deductible was too

expensive in 2017 compared to 30.4% in 2014, an increase of 53.8 percent points [1, 24]. The latest data is from 2017 as the data from “Polk-Norman-Mahnomen Community Health Services” is updated every seven years.
An in-depth analysis of Polk County data was made available using Polk County resources presented by Polk County Public Health and the Polk, Norman, Mahnomen (PNM) Regional Report, 2017. When comparing the residents in Polk County who are overweight (38.1%) or obese (37.7%), they are above the Minnesota statewide average of 64.5% (36.7% overweight: 27.8%, obese). The percentage of individuals who are overweight or obese is positively correlated with an increase in age. Males also tend to be more overweight or obese than females in Polk County. In the County, only an estimated 28% of adults are engaging in the recommended level of physical activity. This is much lower than the 55% estimated adults statewide that receive recommended physical activity levels. It appears that physical activity has no correlation to age, gender, or education in Polk County, however, individuals in households with annual earnings of $35,000 or more were more likely to meet physical activity guidelines than those who reside in homes making less than $35,000 annually. Sixty-two percent of individuals in Polk County state that lack of time is a barrier to exercise, and an even greater 66% state that weather is another barrier to exercise. Interestingly, individuals residing in middle-income households were the least likely to consume the recommended amount of fruit and vegetables per day, compared to individuals from upper-income households (27%) and lower-income households (36%).

Currently, 10% of individuals in Polk County smoke tobacco, a 5.5% decrease over the last three years, suggesting a positive impact of public health prevention efforts. Gender is not associated with smoking rates, but individuals in a household with a combined income of less than $35,000 per year were associated with a nearly fourfold increase in smoking rates (27% vs. 7%). Higher education attainment tended to be negatively correlated with smoking.

Sixty-four percent of Polk County residents reported drinking alcohol at least once in the past 30 days, with 77% of individuals in households of incomes greater than $75,000 drinking alcohol, compared to only 37% of individuals residing in households earning $34,000 or less consuming alcohol in the last 30 days. 29% of Polk County residents have been told by a health care professional at some point in their life that they have a mental health condition. Over 30 days, 26% of respondents expressed feelings of hopelessness, anxiety, or loss of interest in things they used to enjoy. Negative feelings in the past 30 days were associated with 40% of individuals age 34 years or less, compared to only 18% for those aged 55 or older. The rate of suicide in this region is higher than the Minnesota statewide average, possibly due to a high proportion of American Indians and adult white males, both of whom are in high-risk categories for death by suicide.

Poverty is significantly associated with health, and the PNM Community Health improvement Plan hopes to address this issue by decreasing persistent poverty. 13% of Polk County individuals fall under the poverty line, exceeding the statewide level in Minnesota. Between the years 2012-2016, 29.8% of Polk County residents of all ages live at or below 200% of poverty, with Minnesota's statewide average being 26% [1, 24].

The latest data belong to 2017 as data from “Polk-Norman-Mahnomen Community Health Services” is updated every seven years.

Tobacco

Commercial tobacco remains a concern in many communities, though the follow section shows some improvements. This table reveals recent rates of use, as well as data on cessation programs in North Dakota.

Table 8: Tobacco Surveillance Data, North Dakota [25]

Indicator	2017	2018	2019	2020	2021
Tobacco Use (Used at least once in past 30 days)					
Cigarette Smoking					
Adult (BRFSS*)[1]	18.3	19.1	17.0	17.4	
High School (YRBS)[1]	12.6		8.3		5.9
American Indian[2]	51.3	43.7	35.1	36.1	
Pregnant Women[3]	11.5	11.0	10.3	9.7	
Low Income[4]	33.4	34.7	30.6	31.2	
Low Education[5]	31.0	33.5	27.7	39.2	
Smokeless Tobacco[6]					
Adult Males (BRFSS*)	11.6	12.0	11.8	11.1	
High School Males (YRBS)	12.8		7.5		7.5
Cigars[7]					
Adult (ATS)	5.3		4.3		
High School (YRBS)	8.2		5.2		2.8
E-Cigarettes[8]					
Adult (ATS)	19.6		22.1		
Adult (BRFSS*)	20.7	23.3		17.9	
High School (YTS)	19.1		29.4		
High School (YRBS)	20.6		33.1		21.2
Any Tobacco Product[9]					
Adult (BRFSS*)	23.4	25.5			
High School (YRBS)	27.0		34.7		23.0
Tobacco Use Initiation					
Adult - Ever tried electronic cigarettes[10]	20.6	27.2		25.1	
High School - Ever tried electronic cigarettes[10]	41.0		52.8		38.6
High School cigarette use before age 13[11]	35.5		40.7		
High School smokeless tobacco use before age 13[12]	26.1		27.1		
Tobacco Consumption					
Cigarettes Sold - in millions (ND Tax Commission)	966	936	890	885	
Annual Cigarette Tax Revenue - in millions	21.2	20.6	19.6	19.5	
Annual Other Tobacco Tax Revenue - in millions	7.0	7.1	7.1	6.9	
Cessation					
Cigarette Smoking Quit Attempts					
Adult (BRFSS*)	54.6	54.0	55.1	50.0	
High School (YRBS)	50.3		54.0		30.9
NDQuits - Total Enrolled[13]	3,266	3,401	3,029	2,533	1,976
NDQuits - Quit Rate[14]				28.7†	32.8†
Tobacco-related Policy					
Support increasing cigarette tax to $2.00[15]	57.8		56.7		
Health and Economic Consequences					
Deaths Attributed to Tobacco Use[16]					1,000
Deaths Attributed to Secondhand Smoke[17]					80 - 140
Smoking Attributable Medical Expenditures - in millions[18]					$326
Smoking Attributable Productivity Loss - in millions[19]					$232.6

Tobacco Surveillance Data

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*Note: In 2011, the Behavior Risk Factor Surveillance System (BRFSS) began including cell phone-only users in sampling and the method of weighting the results was changed. This makes BRFSS results from 2010 and prior no longer comparable to 2011 and beyond.

[1] Adult current cigarette smoking defined as, of those who have smoked 100+ cigarettes in their life, those who used every day or some days of the past 30 days. Youth current cigarette smoking defined as the proportion of 9-12 grade students who have smoked cigarettes on at least one of the past 30 days.

[2] American Indian current smoking prevalence obtained from the North Dakota Behavior Risk factor Surveillance System (BRFSS) Calculated Variables Report. Data currently unavailable for smokeless tobacco use.

[3] The percent of women reporting smoking during the 1st trimester (North Dakota Vital Statistics). Beginning in 2020, percent of pregnant women reporting smoking anytime during pregnancy.

[4] Current smoking rate among low income adults (Eearning less than $15,000 per year). From the North Dakota BRFSS.

[5] Current smoking rate among adults having low education (defined as having less than a high school diploma or GED) from the North Dakota BRFSS.

[6] Adult chewing tobacco use defined as using chewing tobacco, snuff, or snus every day or some days of the 30 days before the survey. High School (grades 9-12) current smokeless tobacco use defined as using chewing tobacco, snuff, dip, snus, or dissolvable tobacco products on one or more of the 30 days before the survey.

[7] Adult and High School current cigar use defined as smoking cigars, cigarillos, or little cigars on one or more of the 30 days before the survey. Adult current cigar use from the North Dakota Adult Tobacco Survey (ATS) and High School (grades 9-12) current cigar use from the North Dakota Youth Risk Behavior Survey (YRBS).

[8] Adult current use of electronic cigarettes (among those who have ever tried, also used every day or some days of past 30 days) from the North Dakota BRFSS. Youth (youth in grades 9-12 who used at least one day of past 30 days) from North Dakota Youth Tobacco Survey (YTS) and North Dakota Youth Risk Behavior Survey (YRBS).

[9] For adults, any current tobacco use (used at least one day of the past 30 days) includes cigarettes, smokeless tobacco, or electronic cigarettes while for youth (grades 9-12), any current tobacco use includes cigarettes, cigars, smokeless tobacco, or electronic cigarettes.

[10] Ever tried electronic cigarettes for total adult population from the North Dakota ATS and for the total High School (grades 9-12) population from the North Dakota YRBS.

[11] Of current cigarette smokers in grades 9-12, the proportion who report first cigarette use before age 13 (YTS).

[12] Of current smokeless tobacco users in grades 9-12, proportion who reporting smokeless tobacco use before age 13

[13] Total number people enrolled in NDQuits is for state fiscal year (July-June) comes from NDQuits State Summary

[14] NDQuits quit rate is obtained from annual NDQuits Evaluation Reports and calculated using North American Quitline Consortium (NAQC) guidelines. They are for state fiscal year (July-June) and participants are considered to have quit if, 7 months after program registration, they report not using cigarettes or other forms of tobacco, including electronic nicotine delivery systems (ENDS), in the past 30 days (i.e. Thirty-day Point Prevalence Abstinence).

[15] The source for this tobacco tax-related policy question is the North Dakota Adult Tobacco Survey (ATS).

[16] North Dakota estimate of smoking-attributable deaths: CDC, Best Practices for Comprehensive Tobacco Control Programs—2014. This estimate is the annual average from 2005-2009, is among adults aged 35 years and older, and does not include burn or secondhand smoke deaths.

[17] Estimated range of deaths due to secondhand smoke exposure reported by the Campaign for Tobacco Free Kids

[18] Smoking attributable medical expenditures reported by the Campaign for Tobacco-Free Kids and are among adults aged 18 years and over.

[19] Smoking attributable productivity costs reported by the Campaign for Tobacco-Free Kids (CTFK). They are the annual average productivity costs from 2000-2004 reported by they CDC's SAMMEC (Smoking-Attributable Morbidity, Mortality, and Economic Costs) website updated to 2009 dollars.

†Respondents to the NDQuits 7-Month Follow-Up Survey were more likely to exhibit characteristics that are associated with higher levels of quitting (i.e. be older at intake, have a higher education level, be insured, and to use their first cigarette later after waking). This means the quit rate could be biased upward since a greater proportion of these groups of tobacco users were among survey responders compared to all program participants.

Contact: Clint Boots, Research Analyst - 701.328.4566 or cboots@nd.gov

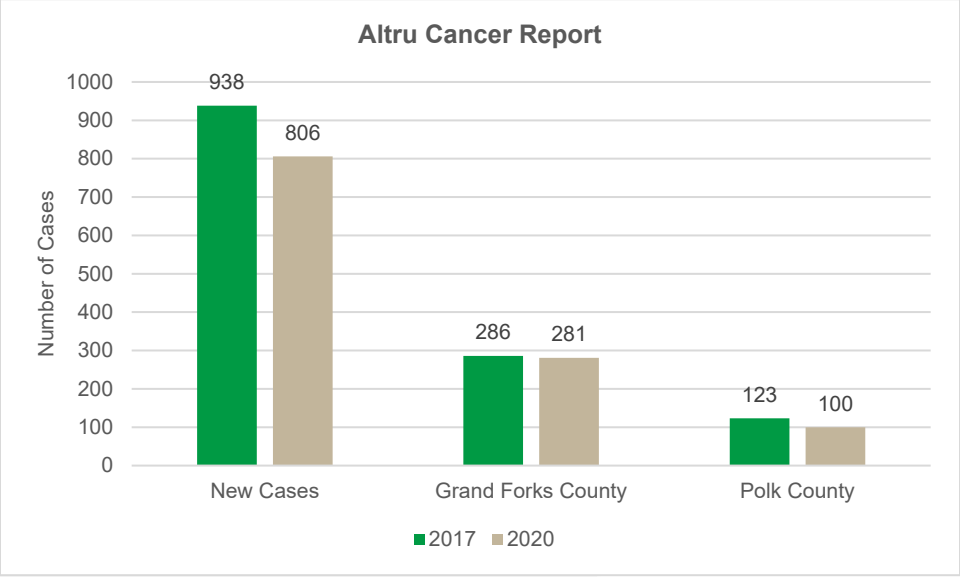
As represented in Table 8, trends of cigarette use have been decreasing among high schoolers, American Indians, pregnant women, and low-income populations. While the number of individuals enrolled in the NDQuits cessation program has decreased, this could be due to overall lower population tobacco use as the number of cigarettes sold has been declining in recent years.

Cancer

In 2020, 806 incident cases (new cases) were reported compared to 938 cases in 2017. The number of incident cases decreased when compared to the 2019 CHA [1, 26].

- 15.76% Bronchus and Lung Cancer among all Cancer types in 2020 compared to 14.95% in 2017
- 15.14% of Breast Cancer among all Cancer types in 2020 compared to 16.40% in 2017
- 12.66% Prostate Cancer among all Cancer types in 2020 compared to 9.38% in 2017
- 6.45% Blood and Bone Marrow Cancer among all Cancer types in 2020 compared to 8.20% in 2017
- 4.96% of Colon Cancer among all Cancer types in 2020 compared to 7.67% in 2017 [1, 26].

Figure 35: Total number of cancer cases from the Altru Cancer Report (Grand Forks, Polk, Roseau, Walsh, Marshall, Pembina, and Pennington) and number of cases in Grand Forks County and Polk County in 2017 and 2020 [1, 26]



COVID-19

COVID-19 became a unique health issue to all communities globally. This section highlights recent data of case rates, deaths, and vaccination rates.

The COVID-19 Community Level and associated metrics presented below are updated weekly on Thursday by CDC (Last time updated: 05/12/2022) [27].

Table 9: COVID-19 data in Grand Forks County, Polk County, North Dakota, and Minnesota by May 2022 [27]

	Grand Forks County	Polk County	North Dakota	Minnesota
Case rate per 100,000 people	133.91	117.97	31,817	26,226
Total confirmed cases	22,468	8,961	242,462	1,479,047
Death rate per 100000 people	NA	NA	298	227
Total deaths	125	107	2,274	12,849
New COVID-19 admissions per 100,000 population	3.2	3.2	NA	NA
% Staffed inpatient beds in use by patients with confirmed COVID-19	1%	1%	NA	NA

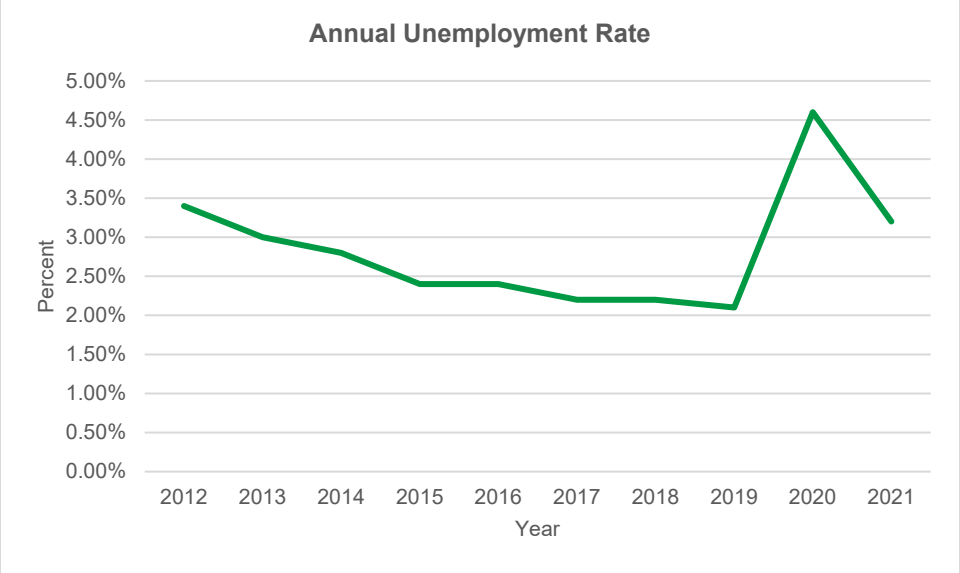
Table 10: COVID-19 Vaccinations in Grand Forks County by May 2022 [27]

People Vaccinated	At Least One Dose	Fully Vaccinated
Total	48,766	41,163
% Of Total Population	70.2%	59.3%
Population ≥ 5 Years of Age	48,727	41,137
% Of Population ≥ 5 Years of Age	75.3%	63.6%
Population ≥ 12 Years of Age	46,672	39,375
% Of Population ≥ 12 Years of Age	79.2%	66.8%
Population ≥ 18 Years of Age	44,028	37,253
% Of Population ≥ 18 Years of Age	80.4%	68%
Population ≥ 65 Years of Age	9,928	8,226
% Of Population ≥ 65 Years of Age	95%	88.9%

Unemployment Rate

Employment is important to community health as it improves quality of life through social economic status as well as additional benefits related to employment such as health insurance. Here we have data specifically related to the city of Grand Forks.

Figure 36: Annual unemployment rate (all ages) from 2012 to 2021, Grand Forks, ND [28]



The annual unemployment rate had an upward trend from 2019 to 2020 and a downward trend in 2021 (Figure 36). As of 2021, Grand Forks had not returned to pre-pandemic unemployment rates.

Youth Health

Grand Forks County

Data from the 2020 Grand Forks Youth Survey shows improving scores in several areas of alcohol, marijuana, and cigarette misuse by students in 8th, 9th, and 11th grades. Aggregate scores show a decrease in the percentage of students reporting.

12% of students had one or more drinks in the past 30 days. 82.7% of students perceive that their friends feel it would be "wrong" or "very wrong" for them to have one or two drinks nearly every day and 96% of students perceive their parents feel it would be "wrong" or "very wrong" for them to have one or two drinks nearly every day.

7.7% used marijuana one or more times in the past 30 days. 76% of students perceive their friends would feel it "wrong" or "very wrong" for them to smoke marijuana. 92.8% of students perceive "very wrong" or "wrong" when asked how their parents would feel it would be for them to smoke marijuana.

3.8% smoked all or part of a cigarette one or more times in the past 30 days. 84.5% perceive their friends would feel it "wrong" or "very wrong" for them to smoke tobacco. 97.5% perceive "very wrong" or "wrong" when asked how their parents would feel it would be for them to smoke tobacco [29].

Polk County

Figure 37: Use of conventional tobacco products (cigarettes, cigars, smokeless tobacco) among grades 5th, 8th, 9th, and 11th students during the past 30 days in Polk County in 2019 [30].

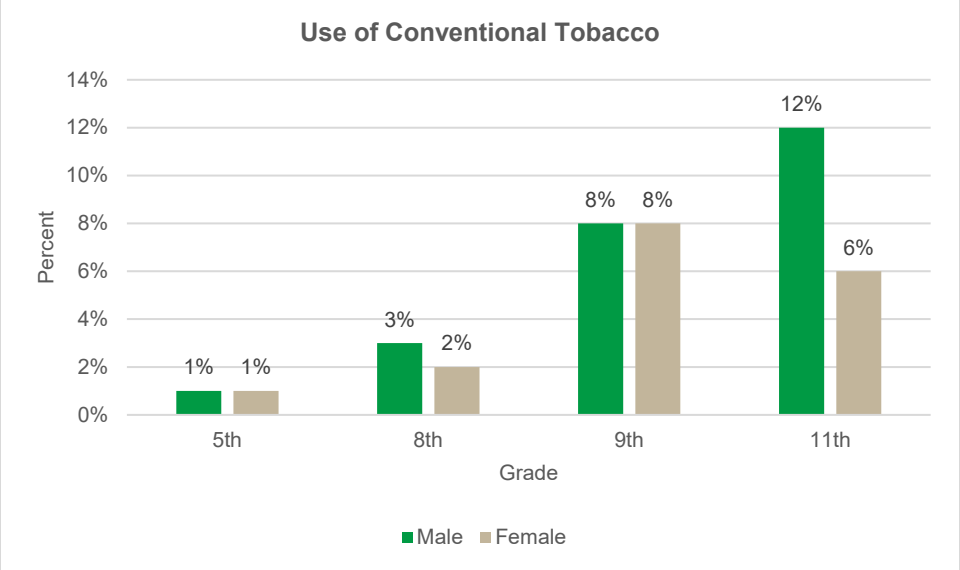
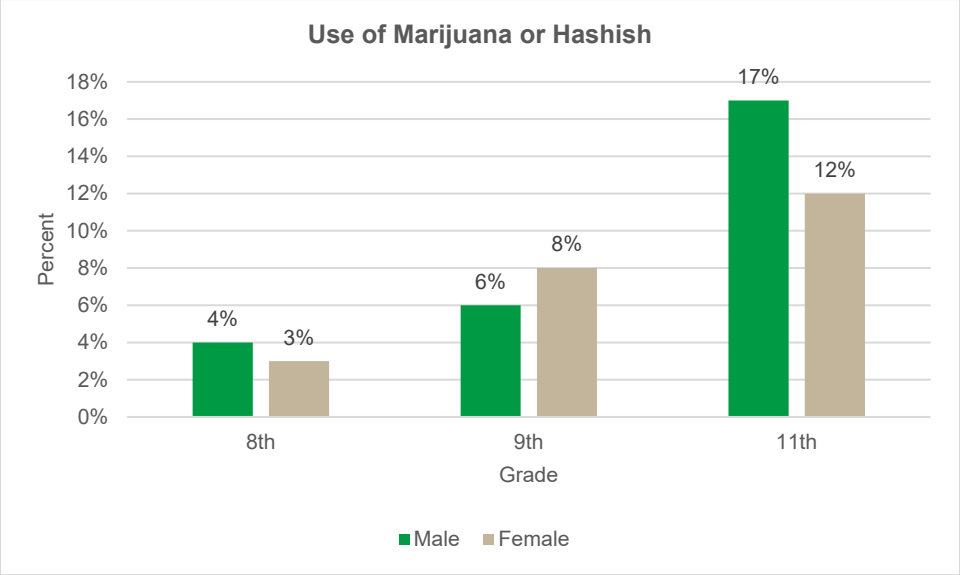
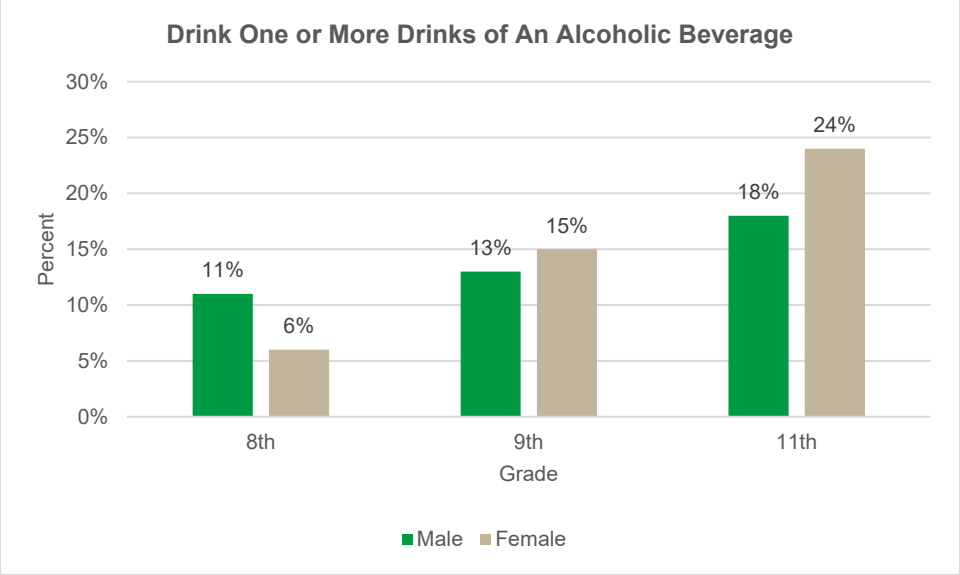


Figure 38: Use of marijuana or hashish during the past 30 days in Polk County in 2019 [30]



The rate of using marijuana in females was higher than in males in grade 9th (Figure 38).

Figure 39: Drink one or more drinks of an alcoholic beverage during the past 30 days in Polk County in 2019 [30]



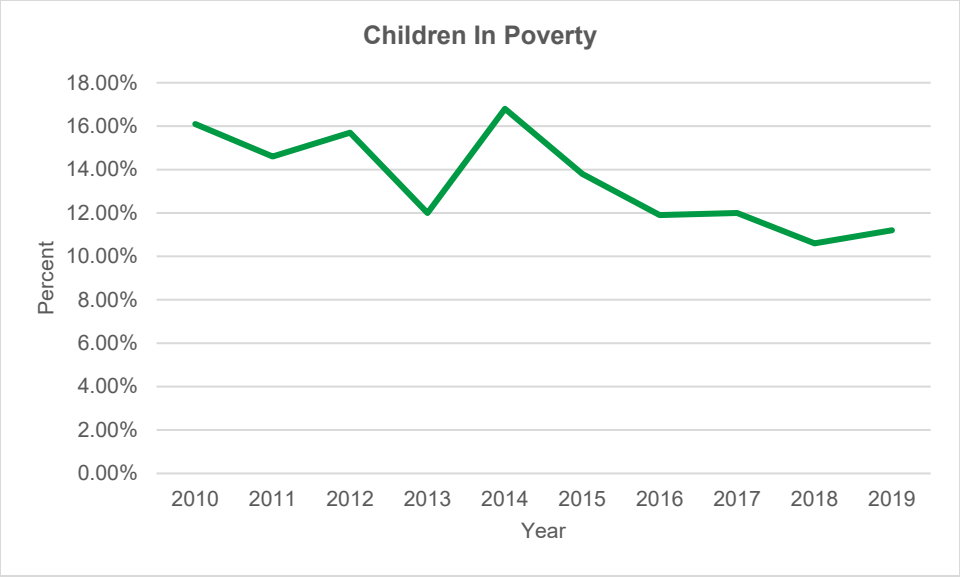
Drinking alcohol among females in grades 9th and 11th was higher than among males (Figure 39).

Kids Health

The health of children can helps project their future health status as adults. This section shows some positive trends as poverty, food insecurity, and rates of uninsured children have declined in recent years.

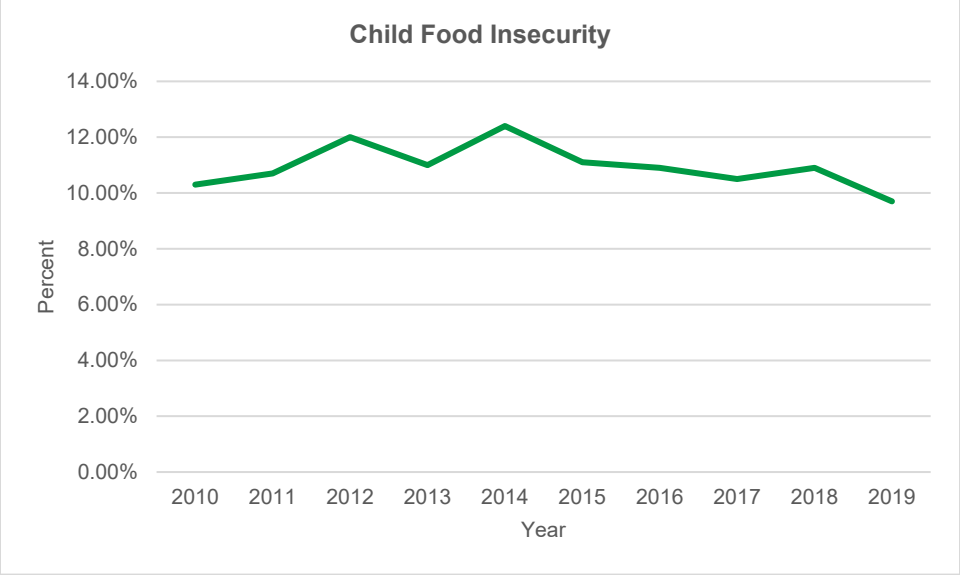
Grand Forks County

Figure 40: Children in poverty ages 1-17 from 2010 to 2019, Grand Forks, ND [28]



There was a downward trend in children in poverty from 2014 to 2019 (Figure 40).

Figure 41: Child food insecurity from 2010 to 2019, Grand Forks, ND [28]



The rate of child food insecurity decreased from 2018 (Figure 41).

Figure 42: Children ages 0 to 17 living in single-parent families from 2009 to 2020, Grand Forks ND [28]

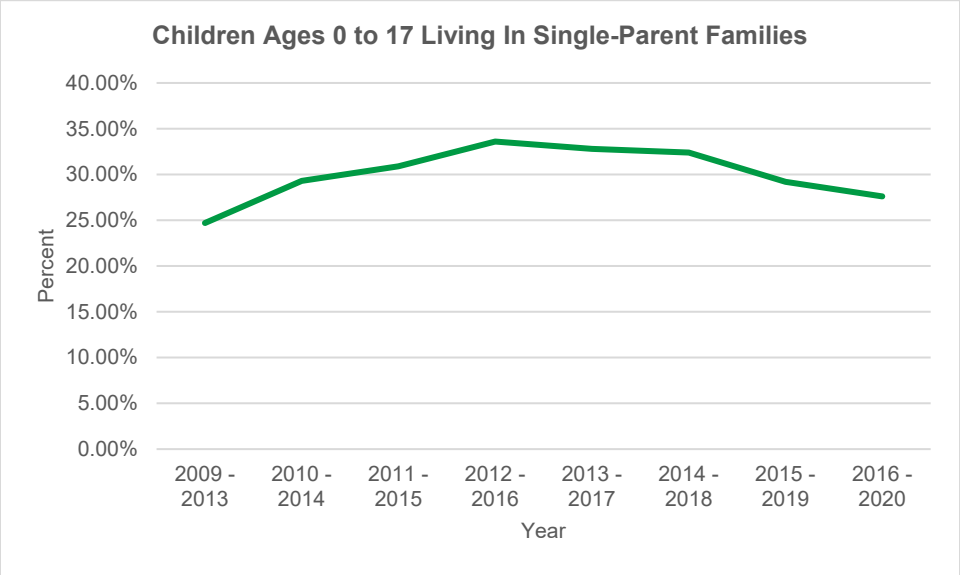
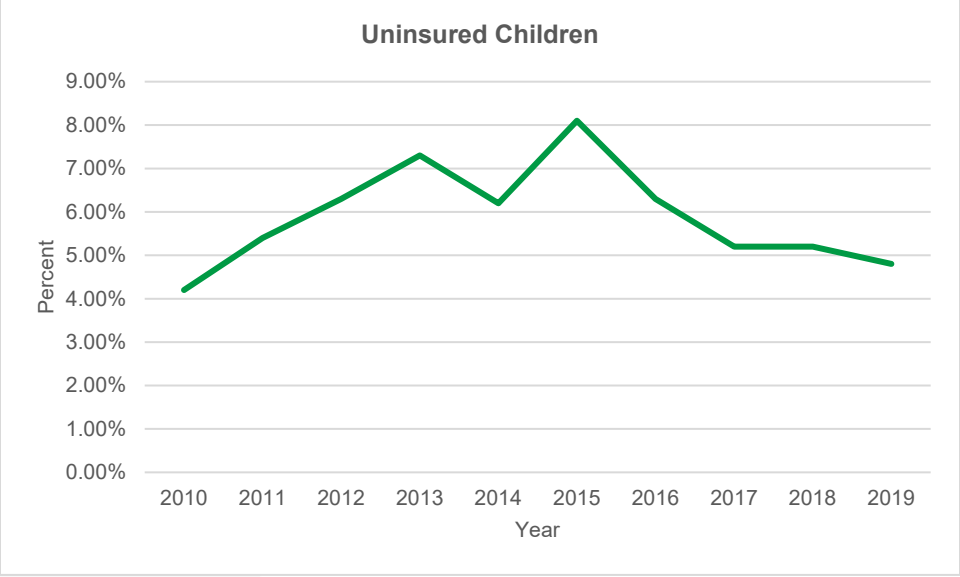
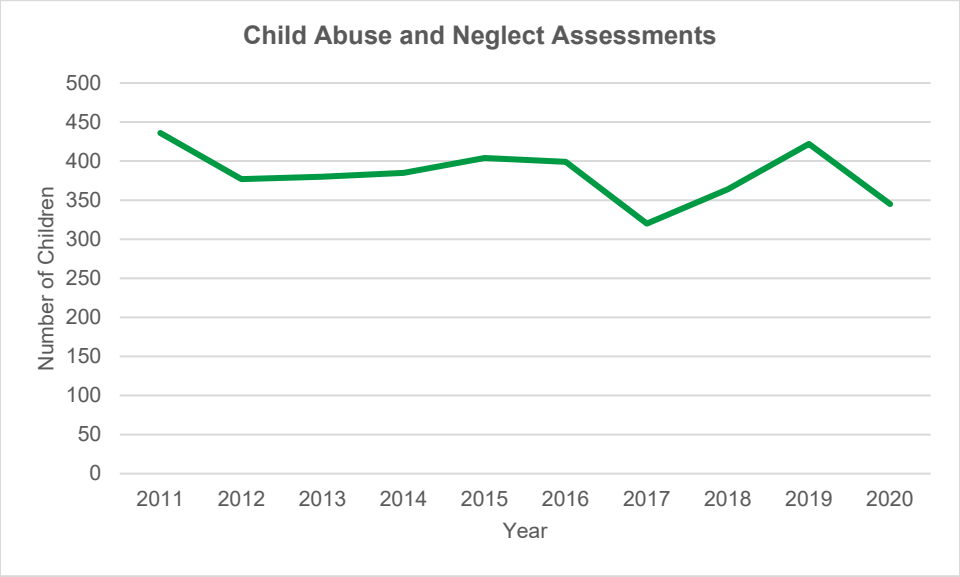


Figure 43: Uninsured children ages 0 to 18 from 2010 to 2019, Grand Forks ND [28]



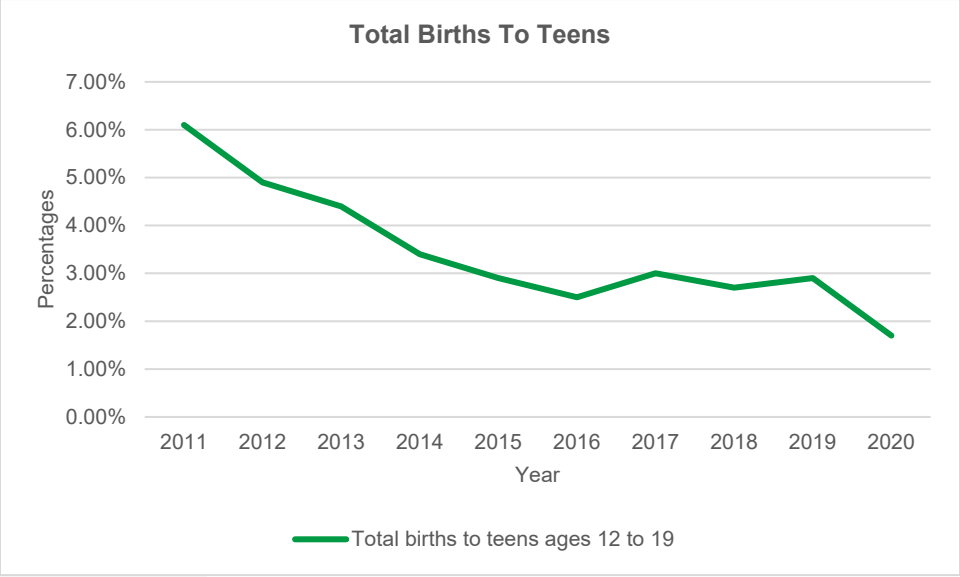
There was a downward trend from 2015 for uninsured children (Figure 43).

Figure 44: Child abuse and neglect assessments from 2011 to 2020, Grand Forks ND [28]



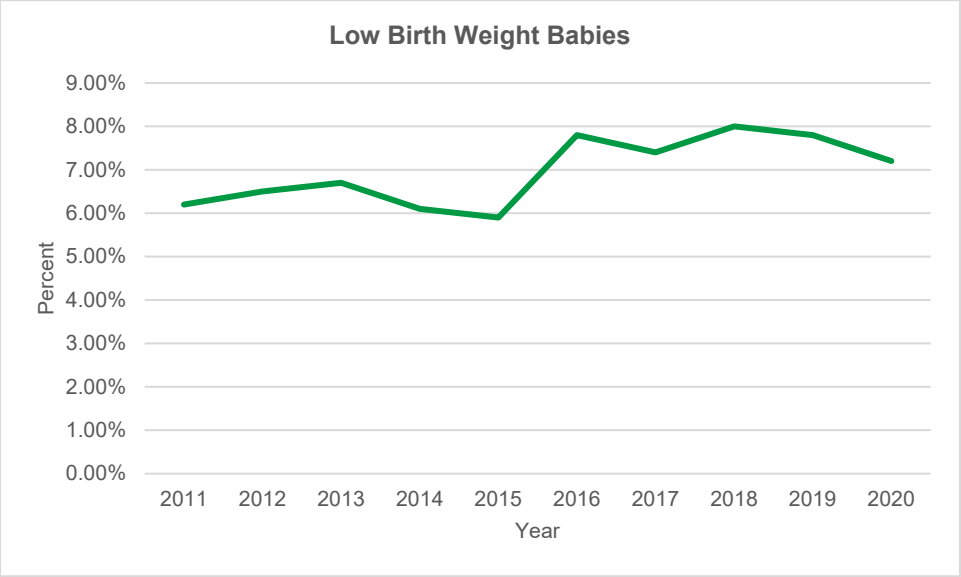
The number of child abuse and neglect decreased from 2019 to 2020 (Figure 44).

Figure 45: Total births to teens ages 12 to 19 from 2011 to 2020, Grand Forks ND [28]



There was a downward trend for births to teens since 2019 (Figure 45).

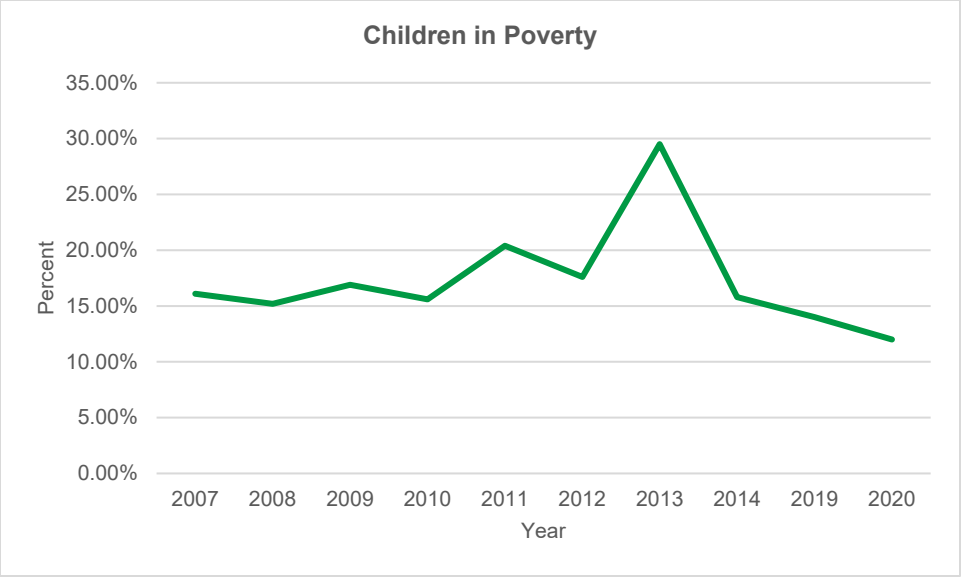
Figure 46: Low Birth Weight Babies (1-year totals) from 2011 to 2020, Grand Forks ND [28]



There was an upward trend from 2015 to 2016 but there was a downward trend from 2018 to 2020 in the number of low-birth-weight babies in Grand Forks (Figure 46).

Polk County

Figure 47: Children in Poverty, Polk County MN [28]

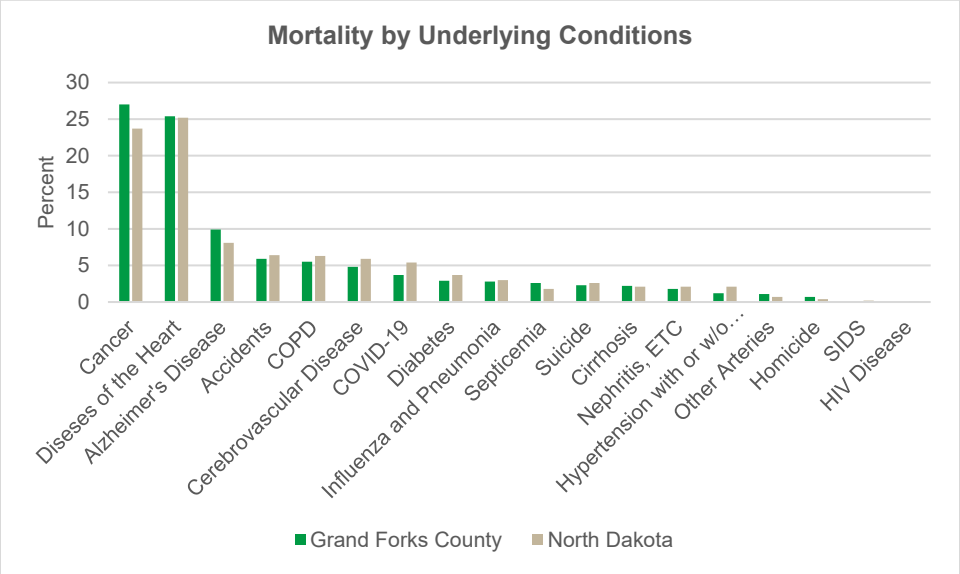


The poverty rate increased from 2007-2013 and then fell between 2013-2020 (Figure 47).

Mortality Rate

It is important to know causes of mortality (death) in a community as it can inform interventions.

Figure 48: Mortality by Underlying Conditions in Grand Forks County and North Dakota from 2017-2020 [31]



The first cause of death in Grand Forks County was cancer but diseases of the heart was the first cause of death in North Dakota.

LIMITATIONS

Not all measures have been updated since the previous 2019 Community Health Assessment report. Data could not be found for all measures in both Grand Forks and Polk Counties. While this report cannot provide all possible measurements due to the quality of reporting from outside sources, it does provide a comprehensive analysis of population health across the two counties.

SUMMARY

The population of Grand Forks County rose since 2010. This is contrasted in neighboring Polk County, where the population slightly decreased from 2010. A notable demographic change is signified by a decrease in the “White” racial category in Grand Forks County and Polk County. In Grand Forks and Polk Counties, the population covered by health insurance increased compared to 2017. Grand Forks County's overall health ranking negatively changed from 21 to 22 out of 48 counties, and Polk County's overall health ranking positively changed from 71 to 44 out of 87 counties from 2019 to 2022.

Positive changes in both Polk and Grand Forks Counties include:

- Quality of Life
- Health Factors
- Health Behaviors
- Clinical Care
- Physical Environment
- Mental Health Providers
- Excessive Drinking

Negative changes across both counties included:

- Poor Mental Health Days
- Alcohol-impaired Driving Deaths
- Unemployment
- Increase in Overdose and Fatalities Rate

Some other notable findings include: “Adult smoking” decreased in Grand Forks County however it increased in Polk County in 2019. In Grand Forks County, there was a rise in “Adult obesity” and a decrease in Polk County in 2019. In Grand Forks County, the rate of victims served by CVIC and the number of children living in homes with domestic violence increased when compared with the 2019 CHA. In both counties, the total number of crimes decreased from 2017, however there was an increase in the number of crimes in 2021 in Grand Forks. Grand Forks County crimes increased above North Dakota from 2017 to 2019, but Polk County fell below Minnesota as of 2017. In 2020, Altru reported the number of new cancer cases decreased when compared to the 2019 CHA. The first cause of death in Grand Forks County was cancer. By May 2022, 59.3% of the population in Grand Forks County and 58.4% of the population in Polk County were fully vaccinated for COVID-19.

Overall, it is clear that Grand Forks and Polk counties have made significant changes to improve population health in recent years. Perhaps the most definitive population health factor for the past three years since the previous assessment has been COVID-19. Although there aren’t many data directly linked to the pandemic, the effects of it can be seen across various measures. There has been an increase in mental health issues and poor health outcomes and behaviors linked to poverty. While this portion of the report has focused on quantitative data measures, the following two sections of the report will further explore community members’ perspectives.

COMMUNITY SURVEY

Methods

A community survey was developed to: (1) assess the health of residents in Grand Forks and Polk counties; (2) identify health service deficiencies and proficiencies; and (3) learn about residents' opinions, attitudes, and beliefs about health issues that affect them and their communities. In general, community members were asked about their opinions on public health issues, individual health concerns, health behaviors, community and environmental issues, and access to health care. See Appendix A for a copy of the community member survey.

Surveys were distributed to community member electronically using Qualtrics survey software from April 25, 2022, to May 23, 2022. CHA Community Survey results represent the opinions and needs of the general population in Grand Forks County and Polk County. A total of 397 surveys were completed, with 90.43% of respondents completing the survey in its entirety. The Community Survey included 26 questions, 15 of which assessed community health, and 11 of which recorded respondent demographics. Refer to Appendix A to review a copy of the survey.

Results

Descriptive Analysis

This section contains a descriptive analysis of the community survey findings, which will be presented by question.

Survey Question 1: When thinking about your connectedness to the community you live in, to what extent do you agree with the following statements?

Most respondents "agreed" or "strongly agreed" with the following statements: People feel a strong connection to the community (n=396, strongly agree 17.41%, agree 47.98%) and people can make a difference through civic engagement (n=390, strongly agree 33.33%, agree 50.77%). There were some mixed feelings that people in the community are inclusive and welcoming to all (n=390, strongly agree 5.90%, agree 40.00%, neither agree nor disagree 27.44%, and disagree 23.08%). Less than 4% of respondents "strongly disagreed" with the three statements.

Figure 49. Question 1 (n=396) When thinking about your connectedness to the community you live in, to what extent do you agree with the following statements?

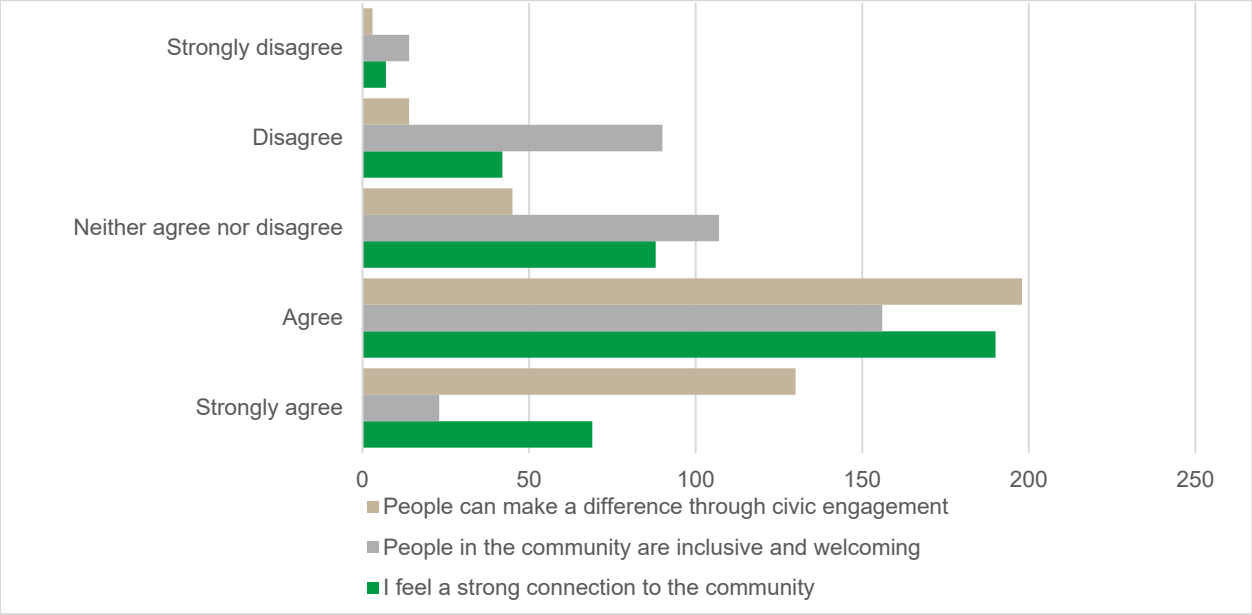


Table 11. Question 1 (n=396) When thinking about your connectedness to the community you live in, to what extent do you agree with the following statements?

#	Question	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Responses
1	I feel a strong connection to the community	**17.42%** 69	**47.98%** 190	**22.22%** 88	**10.61%** 42	**1.77%** 7	396
2	People in the community are inclusive and welcoming to all	**5.90%** 23	**40.00%** 156	**27.44%** 107	**23.08%** 90	**3.59%** 14	390
3	People can make a difference through civic engagement	**33.33%** 130	**50.77%** 198	**11.54%** 45	**3.59%** 14	**0.77%** 3	390

Survey Question 2: Please rate the community on the following items related to employment and economic opportunities?

Grand Forks and Polk County residents generally feel that employment and economic opportunities are within the range of "good" to "fair". Respondents replied that availability of jobs with livable wages were "good" (n=396, 35%); responsiveness of local government to economic issues was "fair" (n=394, 35%) and cost of living was "fair" (n=392, 33%). Many respondents felt that availability of affordable housing was "poor" (n=395, 37%).

Figure 50. Survey Question 2 (n= 396) Please rate the community on the following items related to employment and economic opportunities?

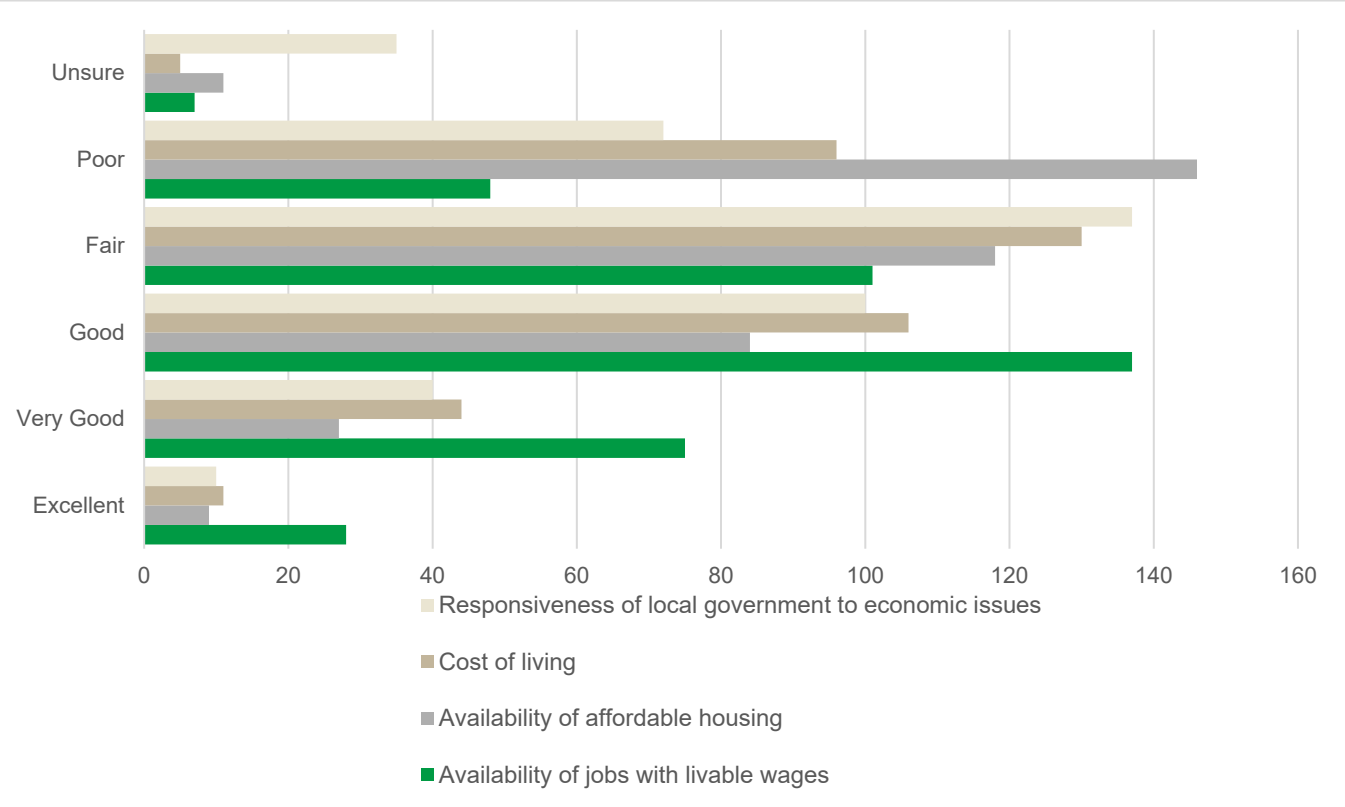


Table 12. Survey Question 2 (n= 396) Please rate the community on the following items related to employment and economic opportunities?

#	Question	Excellent	Very Good	Good	Fair	Poor	Unsure	Responses
1	Availability of jobs with livable wages	**7.07%** 28	**18.94%** 75	**34.6%** 137	**25.51%** 101	**12.12%** 48	**1.77%** 7	396
2	Availability of affordable housing	**2.28%** 9	**6.84%** 27	**21.27%** 84	**29.87%** 118	**36.96%** 146	**2.78%** 11	395
3	Cost of living	**2.81%** 11	**11.22%** 44	**27.04%** 106	**33.16%** 130	**24.49%** 96	**1.28%** 5	392
4	Responsiveness of local government to economic issues	**2.54%** 10	**10.15%** 40	**25.38%** 100	**34.77%** 137	**18.27%** 72	**8.88%** 35	394

Survey Question 3: How would you rate the ability of residents to access daily transportation in your community?

Many respondents rated the ability of residents to access daily transportation in the range of “very good” to “fair” (n=395, very good 19.24%, good 26.84%, and fair 23.29%). However, 13.16% of respondents were “unsure” of the ability to access daily transportation.

Figure 51. Survey Question 3 (n= 395) How would you rate the ability of residents to access daily transportation in your community?

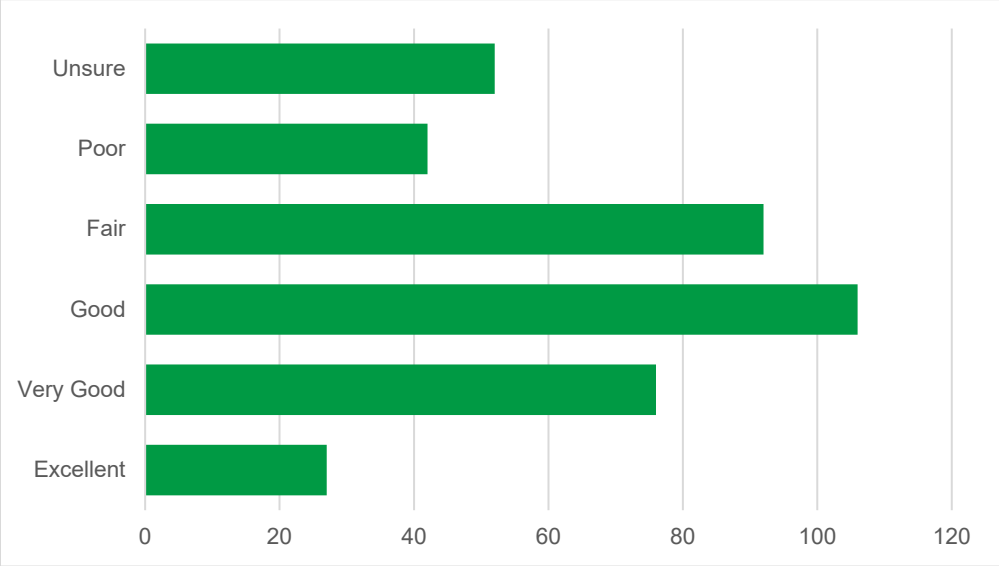


Table 13. Survey Question 3 (n= 395) How would you rate the ability of residents to access daily transportation in your community?

Question	Excellent	Very Good	Good	Fair	Poor	Unsure	Responses
How would you rate the ability of residents to access daily transportation in your community?	**6.84%** 27	**19.24%** 76	**26.84%** 106	**23.29%** 92	**10.63%** 42	**13.16%** 52	395

Survey Question 4: How would you rate the resources available for youth in your community?

Survey respondents feel positive about the resources available to youth in Grand Forks and Polk Counties. Many respondents feel it is overall a “very good” place to raise a family (n=384, 35.42%). Most feel the quality of public schools and availability of summer activities are “very good” to “good”, (quality of K-12 public schools, n=384, very good 28.39% and good 27.60%; availability of summer activities, n=383, very good 28.57% and good 29.87%). The respondents were split on the availability of after-school activities, (n=385, good 25.59% and unsure 24.54%).

Figure 52. Survey Question 4 (n= 385) How would you rate the resources available for youth in your community?

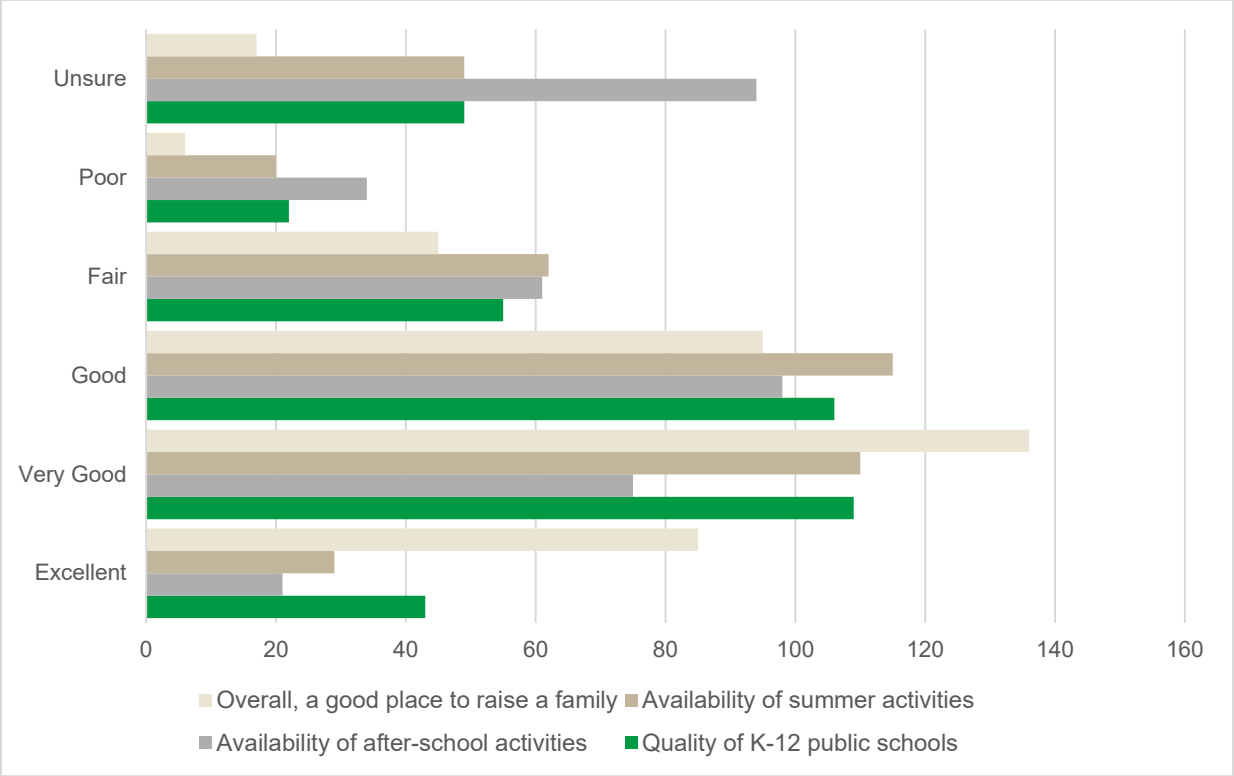


Table 14. Survey Question 4 (n= 385) How would you rate the resources available for youth in your community?

#	Question	Excellent	Very Good	Good	Fair	Poor	Unsure	Responses
1	Quality of K-12 public schools	11.20% 43	28.39% 109	27.60% 106	14.32% 55	5.73% 22	12.76% 49	384
2	Availability of after-school activities	5.48% 21	19.58% 75	25.59% 98	15.93% 61	8.88% 34	24.54% 94	383
3	Availability of summer activities	7.53% 29	28.57% 110	29.87% 115	16.10% 62	5.19% 20	12.73% 49	385
4	Overall, a good place to raise a family	22.14% 85	35.42% 136	24.74% 95	11.72% 45	1.26% 6	4.43% 17	384

Survey Question 5: How would you rate your communities' access to recreation resources?

Grand Forks and Polk County residents are generally positive about recreational activities and leisure resources. This is depicted by the high number of "excellent", "very good" and "good" responses including: access to parks (excellent, 28.24% and very good, 32.90%); outdoor recreation opportunities (very good, 28.50% and good, 34.72%); arts and culture (good, 33.78%); and fitness opportunities year-round (very good, 24.35% and good, 31.87%).

Figure 53. Survey Question 5 (n= 386) How would you rate your communities' access to recreation resources?

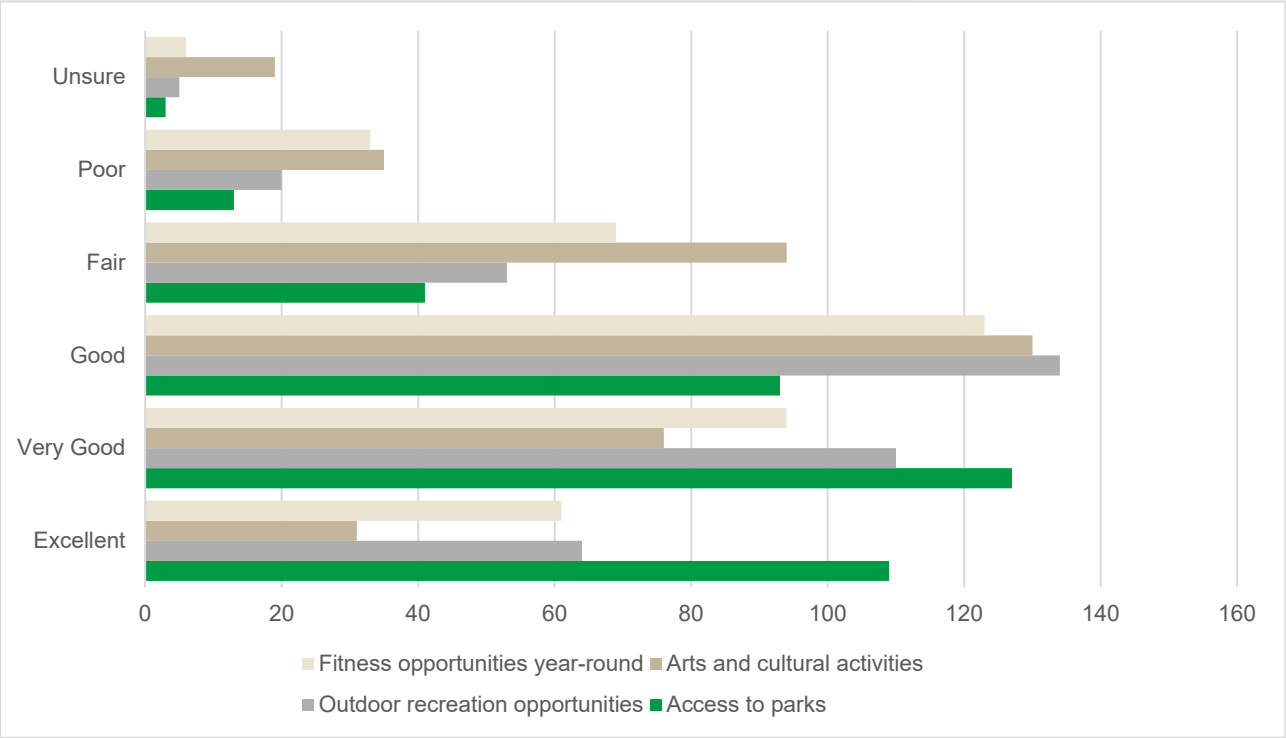


Table 15. Survey Question 5 (n= 386) How would you rate your communities' access to recreation resources?

#	Questions	Excellent	Very Good	Good	Fair	Poor	Unsure	Responses
1	Access to parks	**28.24%** 109	**32.90%** 127	**24.09%** 93	**10.62%** 41	**3.37%** 13	**0.78%** 3	386
2	Outdoor recreation opportunities	**16.58%** 64	**28.50%** 110	**34.72%** 134	**13.73%** 53	**5.18%** 20	**1.30%** 5	386
3	Arts and cultural activities	**8.05%** 31	**19.74%** 76	**33.77%** 130	**24.42%** 94	**9.09%** 35	**4.94%** 19	385
4	Fitness opportunities year-round	**15.80%** 61	**24.35%** 94	**31.87%** 123	**17.88%** 69	**8.55%** 33	**1.55%** 6	386

Survey Question 6: How would you rate the access to quality childcare services in your community?

Many respondents rated the quality of childcare services in their community in the range of “fair” to “poor” (n=378, fair 25.54% and n=378, poor 28.57%), but the greatest percent were “unsure” (n=378, 32.80%).

Figure 54. Survey Question 6 (n=378) How would you rate the access to quality childcare services in your community?

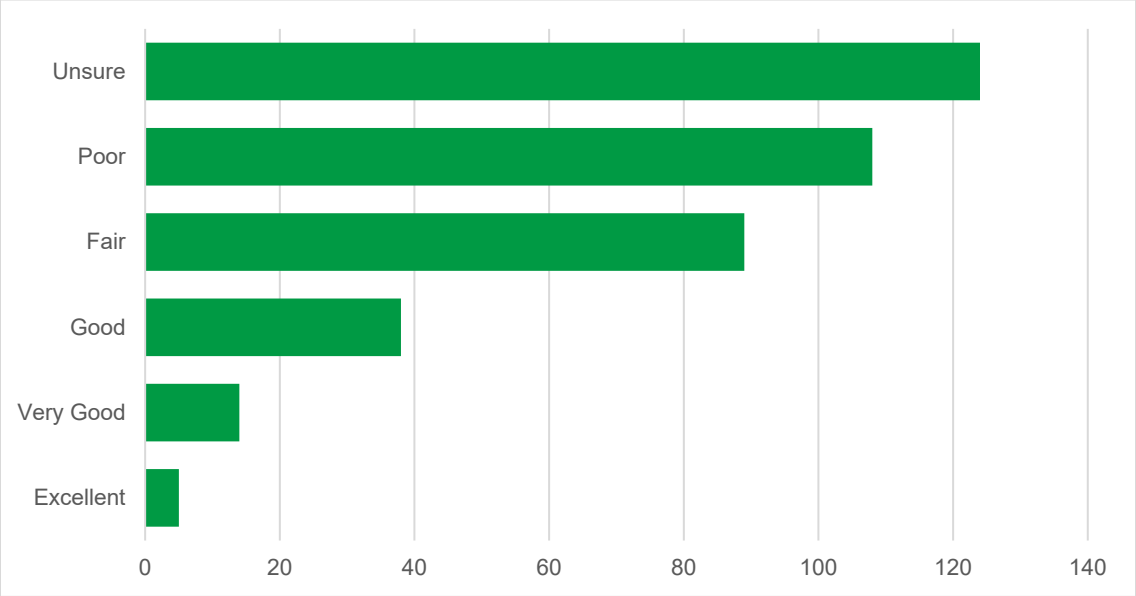


Table 16. Survey Question 6 (n=378) How would you rate the access to quality childcare services in your community?

#	Question	Excellent	Very Good	Good	Fair	Poor	Unsure	Responses
1	How would you rate the access to quality childcare services in your community	**1.32%** 5	**3.70%** 14	**10.05%** 38	**23.54%** 89	**28.57%** 108	**32.80%** 124	378

Survey Question 7: How would you rate the quality of senior housing, including nursing homes, in your community?

Respondents who rated the quality of senior housing, including nursing homes, had mixed feelings (very good, n=379, 15.30%; good, n=379, 21.64%; and fair, n=379, 17.94%). Very few rated the quality of senior housing as “poor” (n=379, 5.80%), although many were “unsure” (n=379, 31.13%).

Figure 55. Survey Question 7 (n=379) How would you rate the quality of senior housing, including nursing homes, in your community?

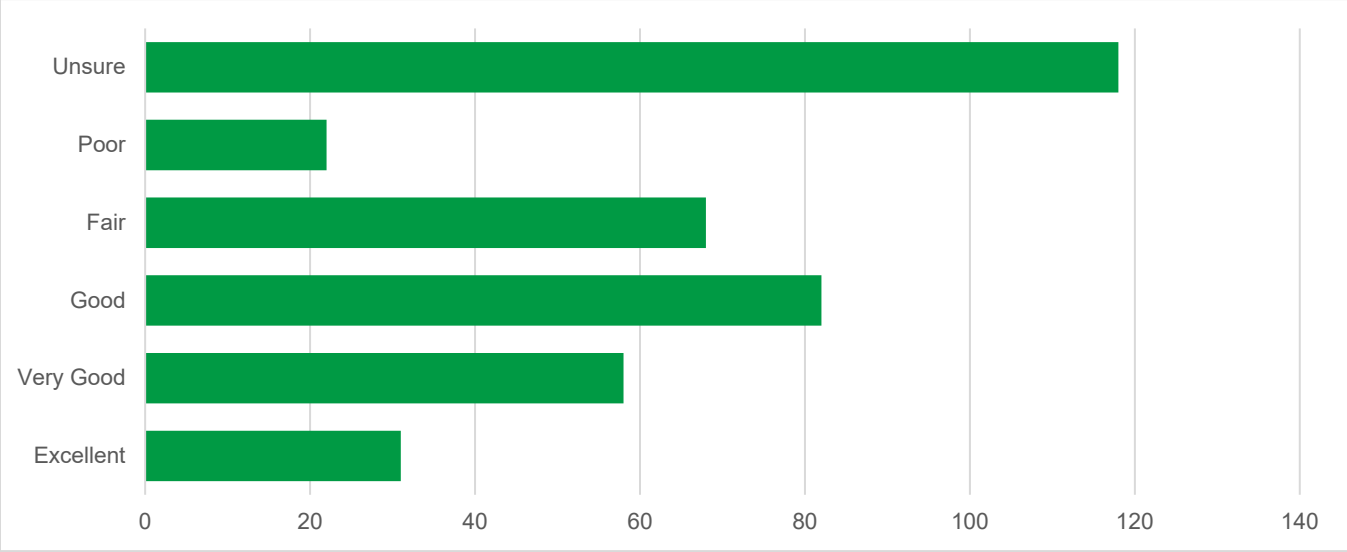


Table 17. Survey Question 7 (n=379) How would you rate the quality of senior housing, including nursing homes, in your community?

#	Question	Excellent	Very Good	Good	Fair	Poor	Unsure	Responses
1	How would you rate the quality of senior housing, including nursing homes, in your community	**8.18%** 31	**15.30%** 58	**21.64%** 82	**17.94%** 68	**5.80%** 22	**31.13%** 118	379

Survey Question 8: How would you rate the community on the following items related to the environment?

Overall, the most common response was the ranking of “very good” to questions on air and water quality (n=125, 33.69%). Respondents were often “unsure” about land development policies (n=113, 30%).

Figure 56. Survey Question 8 (n=371) How would you rate the community on the following items related to the environment?

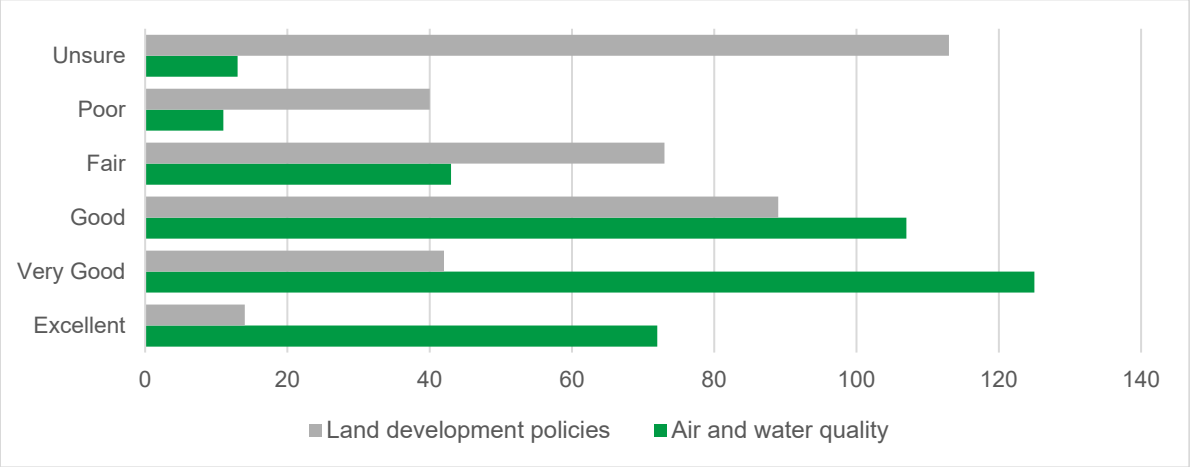


Table 18. Survey Question 8 (n=371) How would you rate the community on the following items related to the environment?

#	Questions	Excellent	Very Good	Good	Fair	Poor	Unsure	Responses
1	Air and water quality	**19.41%** 72	**33.69%** 125	**28.84%** 107	**11.59%** 43	**2.96%** 11	**3.50%** 13	371
2	Land development policies	**3.77%** 14	**11.32%** 42	**23.99%** 89	**19.68%** 73	**10.78%** 40	**30.46%** 113	371

Survey Question 9: What is the biggest health care concern you or your family face on a regular basis?

This survey question was left open-ended for respondents to fill in a response. Therefore, there were many diverse responses. The top themes were related to barriers to receiving/accessing health care:

- Access to healthcare services
- Lack of specialists
- Lack of mental health providers
- Cost of care
- Cost of insurance
- Limited options for healthcare appointment times
- Transportation
- COVID
- Chronic Disease

Survey Question 10: Please rate your level of concern regarding teen health and wellness in the community.

Within the Grand Forks and Polk County Community, survey results suggest that participants are worried about teen health and wellbeing. The following questions were often answered as "concerned": bullying/cyberbullying (n=362, 41.16%), lack of physical activity (n=359, 35.21%), obesity and overweight (n=363, 34.71%), dating violence (n=362, 32.60%), and video game/media violence (n=363, 25.62%). The respondents were "somewhat concerned" with traffic injuries (n=362, 33.98%).

Figure 57. Survey Question 10 (n=362) Please rate your level of concern regarding teen health and wellness in the community.

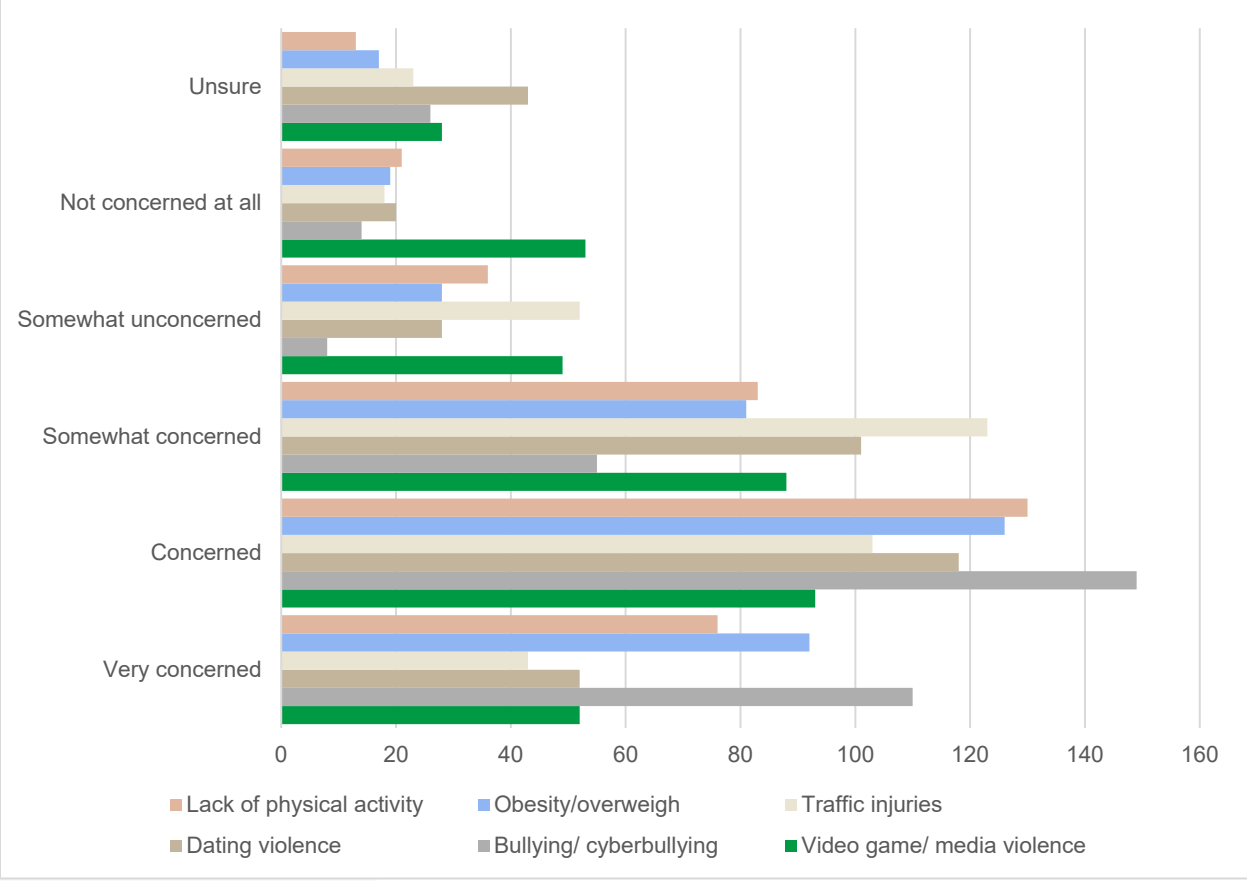


Table 19. Survey Question 10 (n=363) Please rate your level of concern regarding teen health and wellness in the community.

#	Question	Very concerned	Concerned	Somewhat concerned	Somewhat unconcerned	Not concerned at all	Unsure	Responses
1	Video game/ media violence	**14.33%** 52	**25.62%** 93	**24.24%** 88	**13.50%** 49	**14.60%** 53	**7.71%** 28	363
2	Bullying/ cyberbullying	**30.39%** 110	**41.16%** 149	**15.19%** 55	**2.21%** 8	**3.87%** 14	**7.18%** 26	362
3	Dating violence	**14.36%** 52	**32.60%** 118	**27.90%** 101	**7.73%** 28	**5.52%** 20	**11.88%** 43	362
4	Traffic injuries	**11.88%** 43	**28.45%** 103	**33.98%** 123	**14.36%** 52	**4.97%** 18	**6.35%** 23	362
5	Obesity/overweigh	**25.35%** 92	**34.71%** 126	**22.31%** 81	**7.71%** 28	**5.23%** 19	**4.68%** 17	363
6	Lack of physical activity	**21.17%** 76	**36.21%** 130	**23.12%** 83	**10.03%** 36	**5.85%** 21	**3.62%** 13	359

Survey Question 11: How would you rate access to the following health care services in your community?

Respondents had a general consensus that access to health care services in Grand Forks and Polk Counties was “good”, this includes primary care providers (n=359, 35.38%), specialists (n=359, 30.64%), dental (n=359, 33.15%), vision (n=359, 39.55%), and wellness/disease prevention (n=358, 36.03%). A high percentage of respondents viewed “poor” access to substance use treatment services (n=358, 22.07%) and access to mental health services (n=359, 30.64%). The highest percentage of respondents were “unsure” how to rate the access to substance use treatment services (n=358, 34.92%).

Figure 58. Survey Question 11 (n=359) How would you rate access to the following health care services in your community?

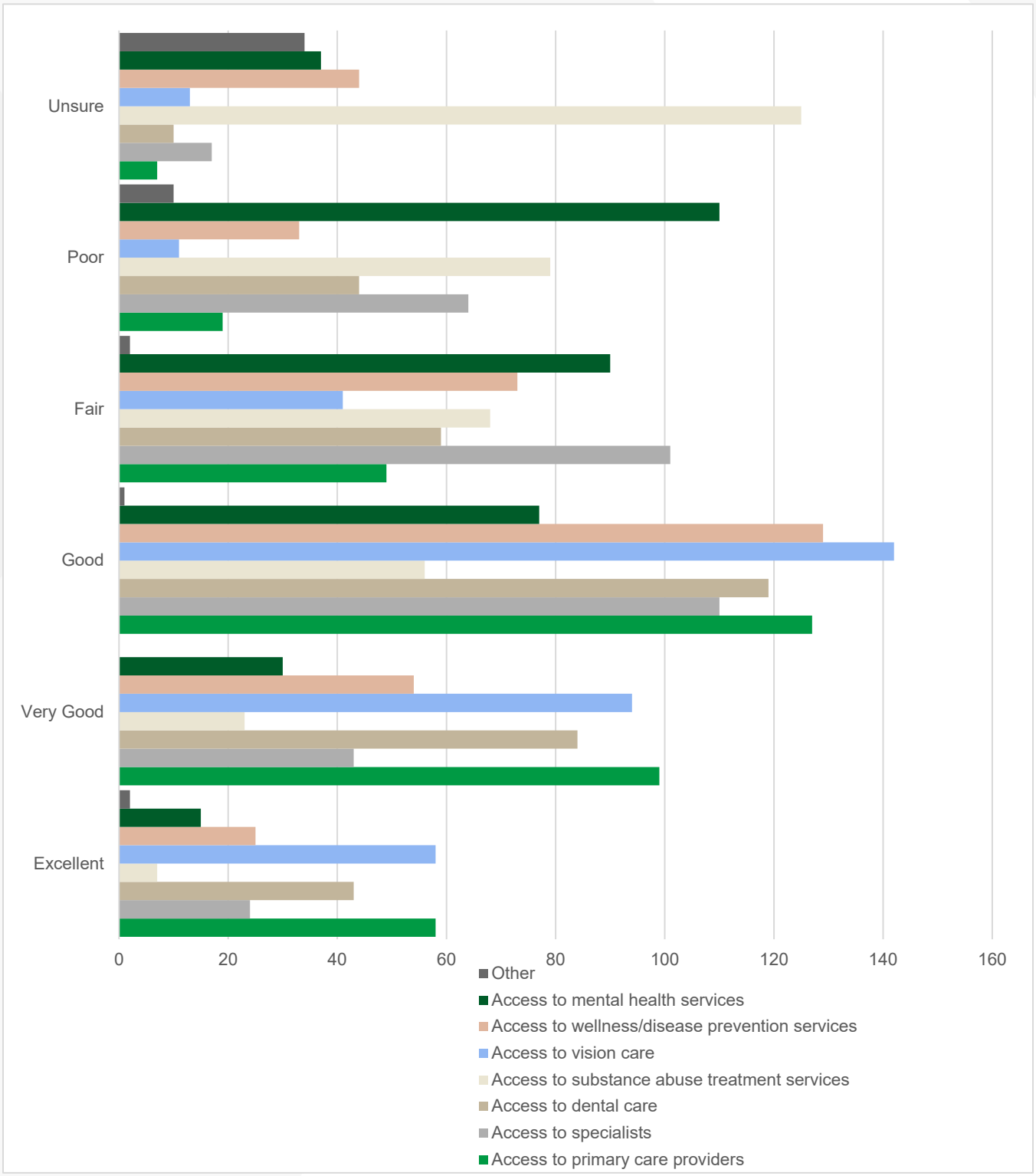


Table 20. Survey Question 11 (n=359) How would you rate access to the following health care services in your community?

#	Question	Excellent	Very Good	Good	Fair	Poor	Unsure	Responses
1	Access to primary care providers	**16.16%** 58	**27.58%** 99	**35.38%** 127	**13.65%** 49	**5.29%** 19	**1.95%** 7	359
2	Access to specialists	**6.69%** 24	**11.98%** 43	**30.64%** 110	**28.13%** 101	**17.83%** 64	**4.74%** 17	359
3	Access to dental care	**11.98%** 43	**23.40%** 84	**33.15%** 119	**16.43%** 59	**12.26%** 44	**2.79%** 10	359
4	Access to substance abuse treatment services	**1.96%** 7	**6.42%** 23	**15.64%** 56	**18.99%** 68	**22.07%** 79	**34.92%** 125	358
2	Access to vision care	**16.16%** 58	**26.18%** 94	**39.55%** 142	**11.42%** 41	**3.06%** 11	**3.62%** 13	359
6	Access to wellness/disease prevention services	**6.98%** 25	**15.08%** 54	**36.03%** 129	**20.39%** 73	**9.22%** 33	**12.29%** 44	358
7	Access to mental health services	**4.18%** 15	**8.36%** 30	**21.45%** 77	**25.07%** 90	**30.64%** 110	**10.31%** 37	359
8	Other	**4.08%** 2	**0.00%** 0	**2.04%** 1	**4.08%** 2	**20.41%** 10	**69.39%** 34	49

Survey Question 12: Please list any barriers to receiving/accessing health care in your community.

This survey question was left open-ended for respondents to fill in a response. Therefore, there were many diverse responses. The top themes for barriers to receiving/accessing health care were:

- Lack Mental Health Services
- Lack of healthcare providers
- Long wait times for appointments
- Lack of specialists
- Cost of care
- Cost of insurance
- Limited options for healthcare appointment times
- Transportation

Survey Question 13: Do you currently have a primary care physician or provider who you go to for general health issues?

Most respondents currently have a primary care physician or provider who they go to for general health issues (n=359, 88.30%).

Figure 59. Survey Question 13 (n=359) Do you currently have a primary care physician or provider who you go to for general health issues?

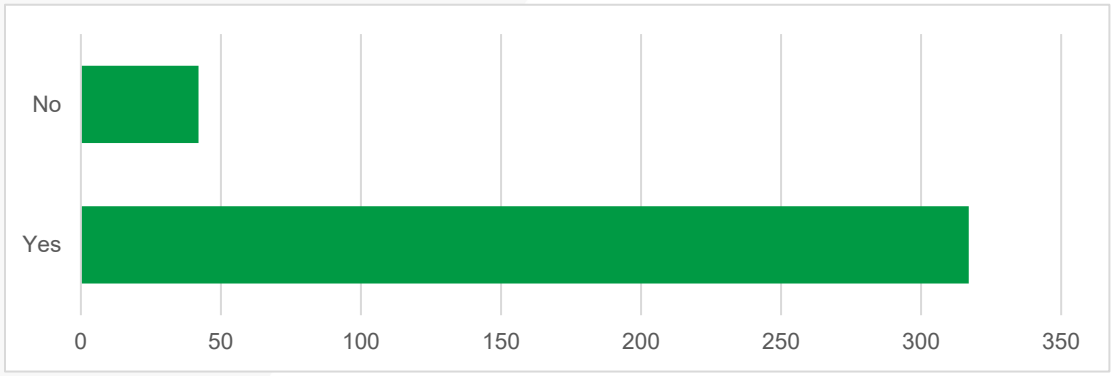


Table 21. Survey Question 13 (n=359) Do you currently have a primary care physician or provider who you go to for general health issues?

Answer	Response Count	Percentage
Yes	317	88.30%
No	42	11.70%

Survey Question 14: In general, how would you rate your health?

Most people rate their health as “very good” (n=357, 38.87%) and “good” (n=357, 39.50%), while only 5 people rated their health as “poor” (n=357, 1.40%).

Figure 60. Survey Question 14 (n=357) In general, how would you rate your health?

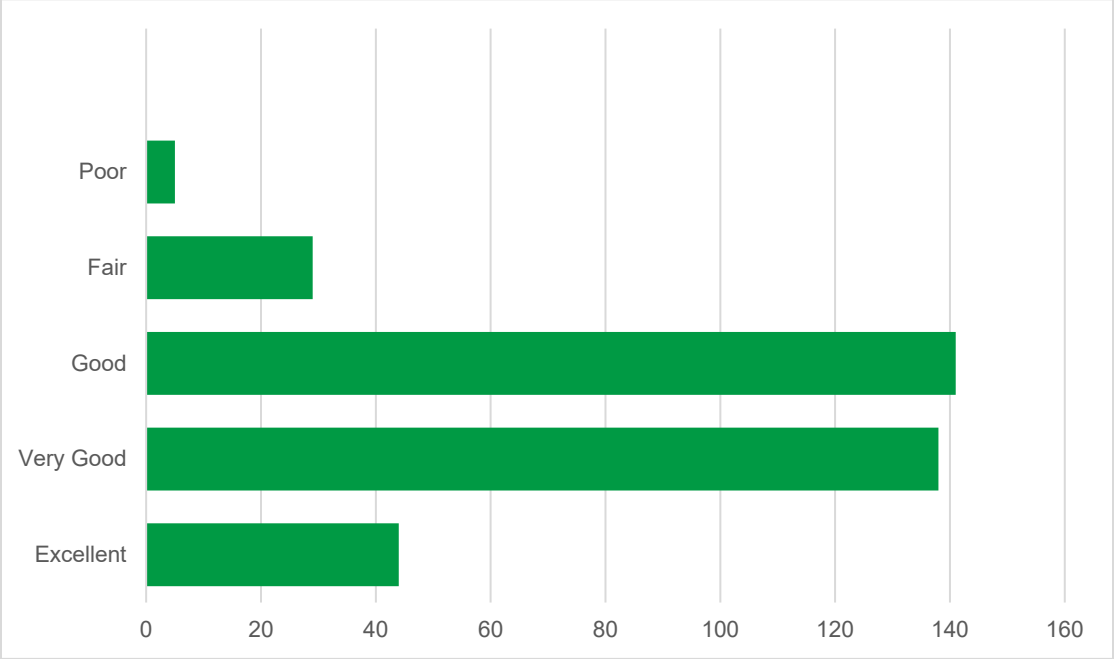


Table 22. Survey Question 14 (n=357) In general, how would you rate your health?

#	Answer	Response Count	Percentage
1	Excellent	44	12.32%
2	Very Good	138	38.87%
3	Good	141	39.50%
4	Fair	29	8.12%
5	Poor	5	1.40%
	Total	357	

Survey Question 15: How do you like to receive health information? (Select up to 3)

A significant number of respondents reported that they would like to receive their health information “Online” (n=865, 27.40%) followed by “Email” (n=865, 17.80%), compared to (n=865, 6.36%) reporting that they preferred “Text message”. This has implications for the delivery of health information.

Figure 61. Survey Question 15 (n=865) How do you like to receive health information? (Select up to 3)

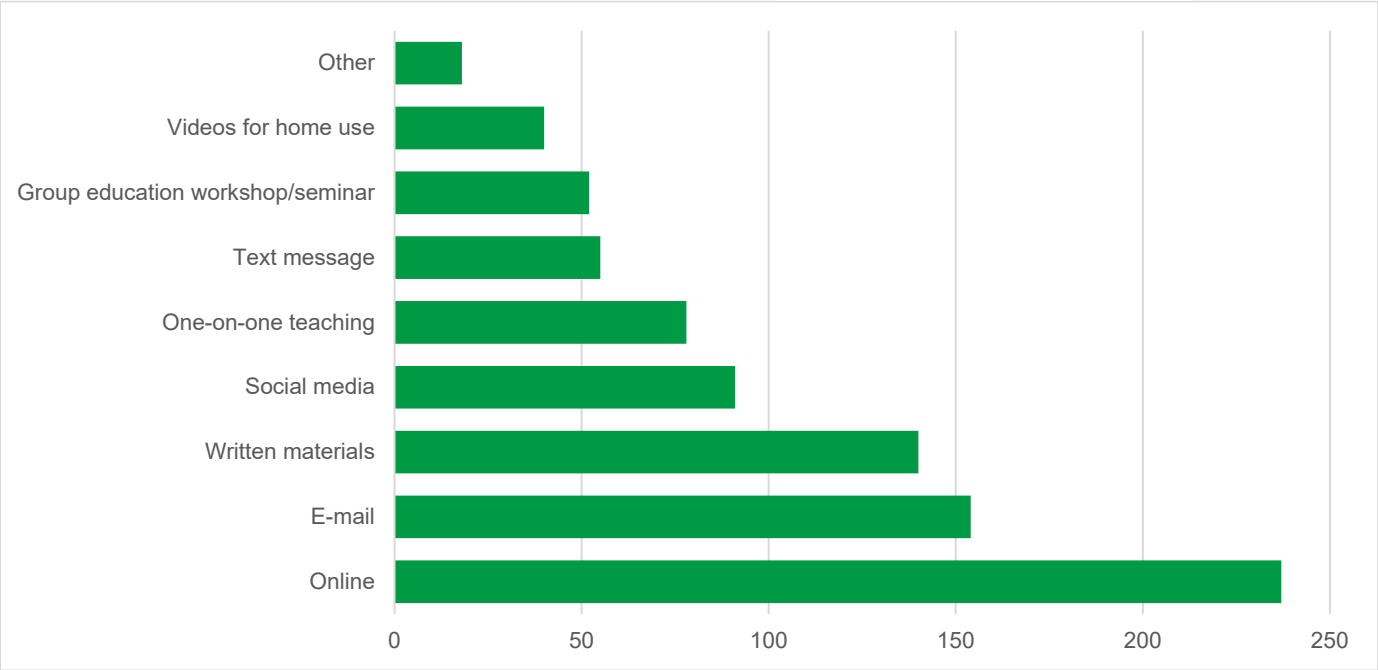


Table 23. Survey Question 15 (n=347) How do you like to receive health information? (Select up to 3)

#	Answer	Response Count	Percentage
1	Online	237	27.40%
2	E-mail	154	17.80%
3	Written materials	140	16.18%
4	Social media	91	10.52%
5	One-on-one teaching	78	9.02%
6	Text message	55	6.36%
7	Group education workshop/seminar	52	6.01%
8	Videos for home use	40	4.62%
9	Other	18	2.01%
	Total	865	

Respondents choosing “other”, responded as follows:

- As an MD I find ways to keep up
- Library and online journals for specific research topics; evidence-based research
- Phone call from Dr
- In person; trusted sources such as healthcare providers during routine appointments; Appointments.
- Friends/word of mouth
- Google
- Clinic portal
- Phone app
- My Chart
- Qualified healthcare professional
- From a doctor
- From my primary care physician

Survey Question 16. Please indicate the source of your health insurance coverage.

Most respondents reported they have insurance through an “employer” (n=354, 70.9%) compared to those reporting “I do not have health insurance” (n=354, 0.28%).

Figure 62. Survey Question 16 (n=354) Please indicate the source of your health insurance coverage.

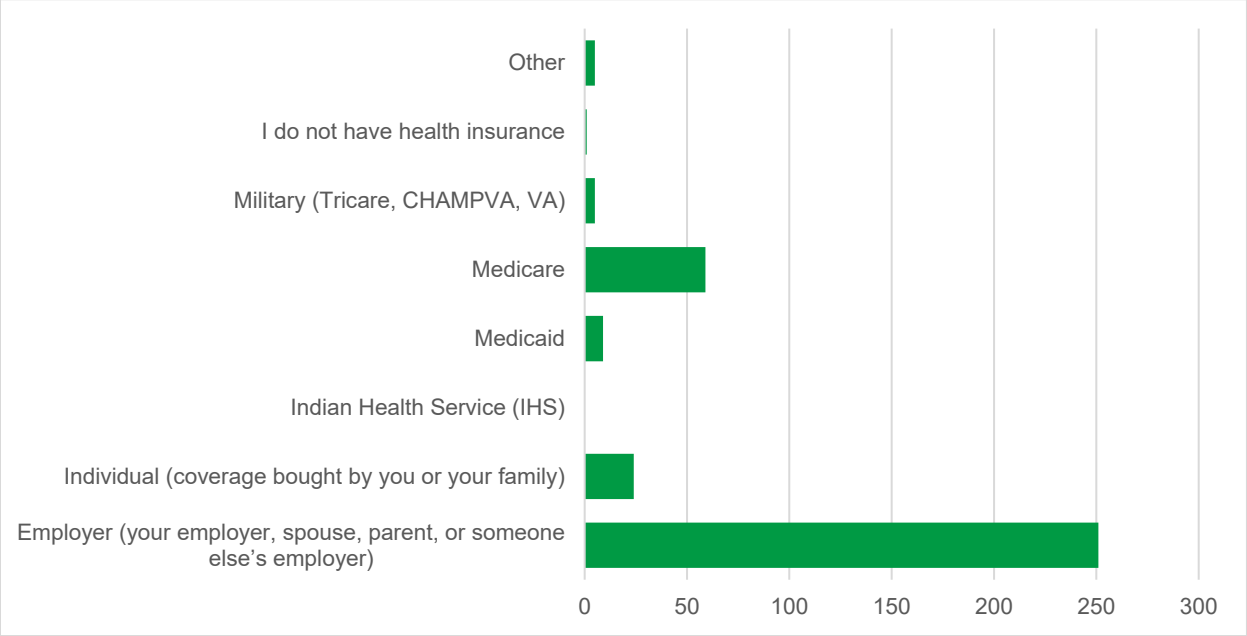


Table 24. Survey Question 16 (n=354) Please indicate the source of your health insurance coverage.

#	Answer	Response Count	Percentage
1	Employer (your employer, spouse, parent, or someone else’s employer)	251	70.90%
2	Individual (coverage bought by you or your family)	24	6.78%
3	Indian Health Service (IHS)	0	0.00%
4	Medicaid	9	2.54%
5	Medicare	59	16.67%
6	Military (Tricare, CHAMPVA, VA)	5	1.41%
7	I do not have health insurance	1	00.28%
7	Other	5	1.14%
	Total	354	

Those that indicated “Other” reported:

- Medicaid, Medicare, & Individual
- Retirement plan
- Medicare & Tricare for Life
- Union
- ND state PER

Survey Respondent Demographic Section

Survey Question 17: Which of the following best describes your current living situation?

The majority of respondents reported their current living situation as “House-owned”, (n=352, 74.43%) compared to those indicating living in an “Apartment or house-rented” (n=352, 23.86%).

Figure 63. Survey Question 17 (n=352) Which of the following best describes your current living situation?

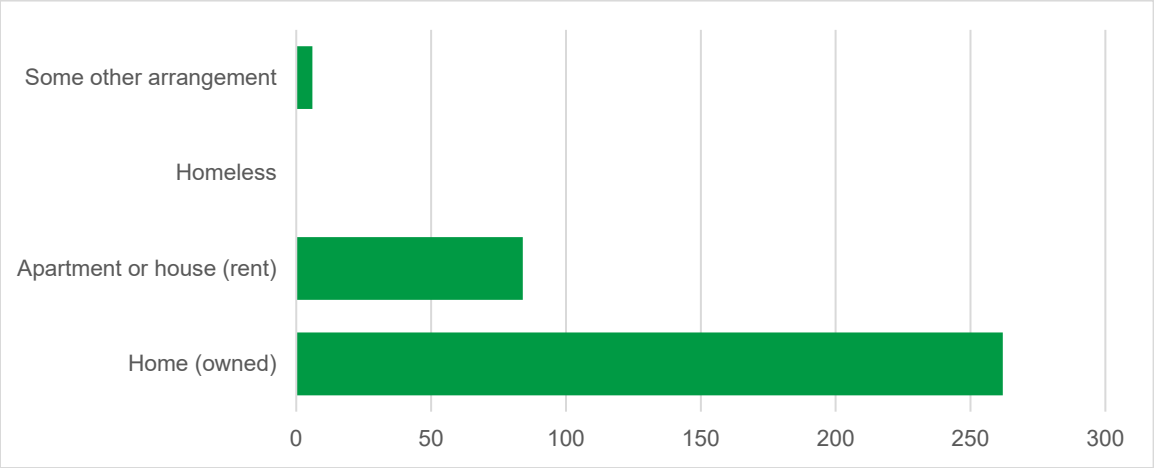


Table 25. Survey Question 17 (n=352) Which of the following best describes your current living situation?

#	Answer	Response Count	Percentage
1	Home (owned)	262	74.43%
2	Apartment or house (rent)	84	23.86%
3	Homeless	0	0.00%
4	Some other arrangement	6	0.17%
	Total	352	

Survey Question 18: What is your zip code?

The majority of respondents lived in zip code 58201 (n=347, 67.75%), followed by 58203 (n=347, 13.26%). Minnesota zip codes 56716 and 56721 made up 15% total (n=347, 7.49% each).

Table 26. Survey Question 18 (n=347) What is your zip code?

Zip Code	Response Count	Percentage
58201	235	67.72%
58202	2	0.58%
58203	46	13.26%
58206	1	0.29%
56535	5	1.44%
56540	3	0.86%
58202	2	0.58%
56792	1	0.29%
56716	26	7.49%
56721	26	7.49%
55712	1	0.29%
58251	1	0.29%
Total	347	

Survey Question 19: What is your current age?

The maximum age of respondents was 67 and the minimum age was 19 years, with a mean age of 30.

Table 27. Survey Question 19 (n=348) What is your current age?

Response Count	Mean Age	Minimum Age	Maximum Age
348	30.06	19	67

Survey Question 20: What is your Gender?

A majority of survey respondents identified as “Female” (n=350, 80.57%).

Figure 64. Survey Question 20 (n=350) What is your gender?

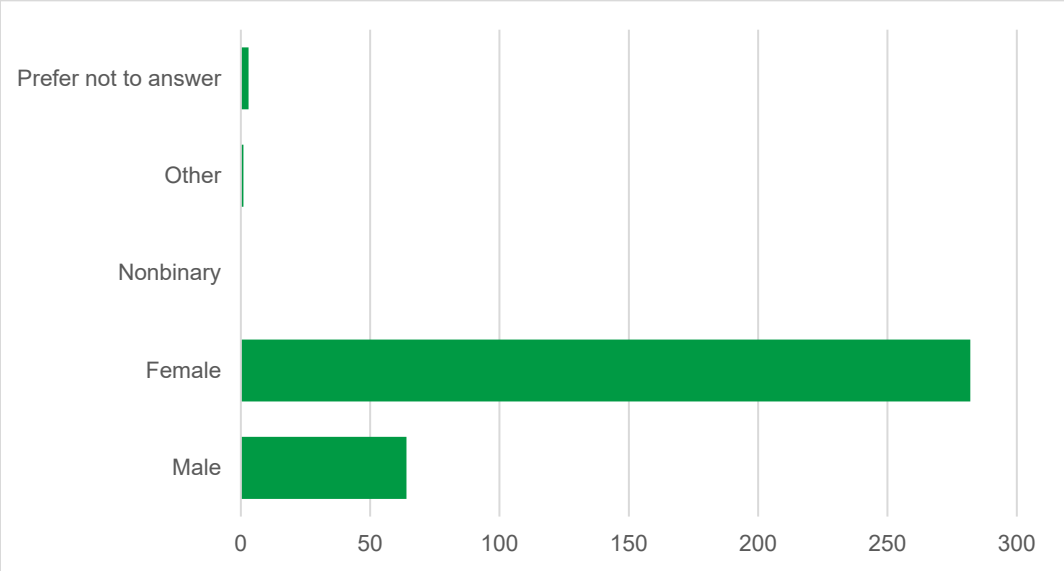


Table 28. Survey Question 20 (n=350) What is your gender?

Answer	Response Count	Percentage
Male	64	18.29%
Female	282	80.57%
Nonbinary	0	0.00%
Other	1	0.29%
Prefer not to answer	3	0.86%
Total	350	

Survey Question 21: What is your race/ethnicity?

Most of the respondents reported their race/ethnicity as “White, not Hispanic” (n=349, 94.56%) with a small number reporting “American Indian/Alaska Native” (1.43%), “Hispanic or Latino” (1.43%), and “Asian” (0.86%).

Those respondents that reported “Other” (n=349, 1.72%) specified:

- American Indian/Irish
- Mixed
- American
- Multi
- Mix of a variety of ethnic backgrounds

Table 29. Survey Question 21 (n=349) What is your race/ethnicity?

Answer	Response Count	Percentage
White, not Hispanic	330	94.56%
American Indian or Alaska Native	5	1.43%
Black or African American	0	0.00%
Asian	3	0.86%
Pacific Islander/Hawaiian Native	0	0.00%
Hispanic or Latino	5	1.43%
Other	6	1.72%
Total	349	

Survey Question 22: What language is spoken most frequently in your home?

Most respondents reported that “English” is the language spoken most frequently in their home (n=339, 98.82%). Other languages reported spoken most frequently in their home include “Korean”, “Spanish”, “Bosnian”, and “Napali”, each receiving one response (n=359, 0.29%).

Table 30. Survey Question 22 (n=339) What language is spoken most frequently in your home?

Answer	Response Count	Percentage
English	335	98.82%
Korean	1	0.29%
Spanish	1	0.29%
Bosnian	1	0.29%
Nepali	1	0.29%
Total	339	

Survey Question 23: What is your highest level of education?

Most of the respondents reported to have a college education (n=351, “Bachelor’s degree”, 38.75%; “Master’s degree”, 25.36%; and “Some college education” 11.11%). Very few respondents reported the highest level of education being a “High school graduate” (n=351, 5.70%) or “less than high school” (n=351, 0.57%).

Figure 65. Survey Question 23 (n=351) What is your highest level of education?

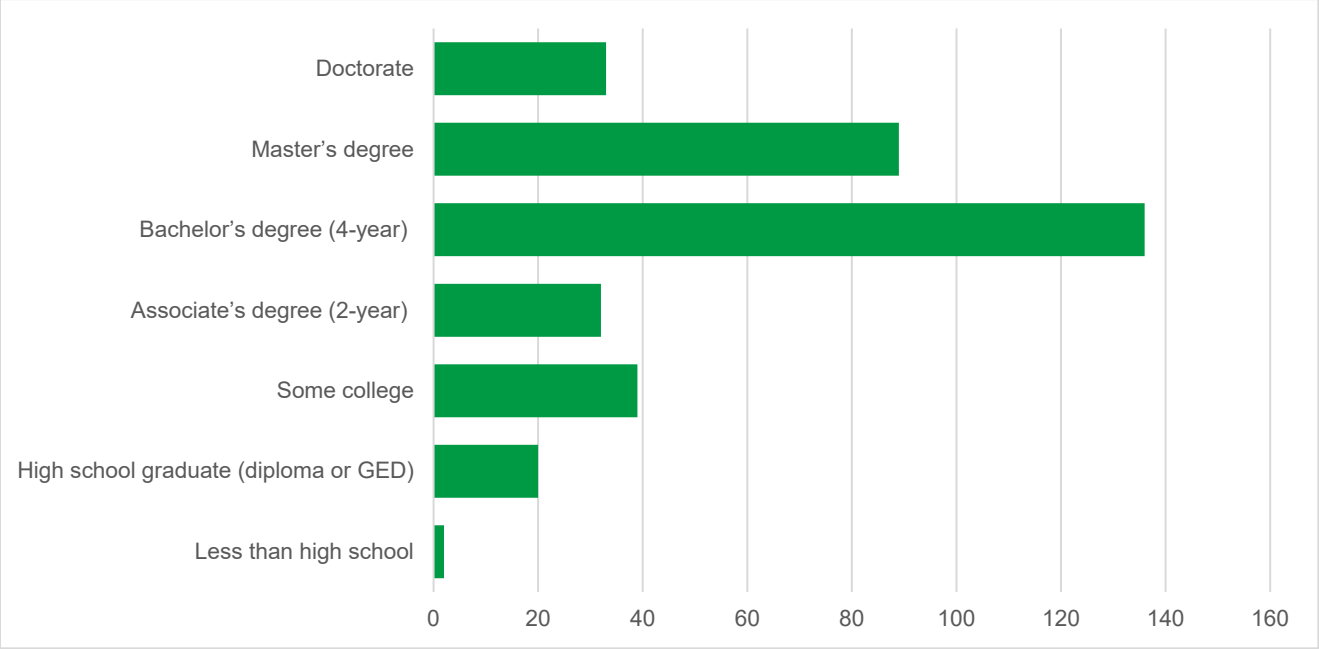


Table 31. Survey Question 23 (n=351) What is your highest level of education?

Answer	Response Count	Percentage
Less than high school	2	0.57%
High school graduate (diploma or GED)	20	5.70%
Some college	39	11.11%
Associate’s degree (2-year)	32	9.12%
Bachelor’s degree (4-year)	136	38.75%
Master’s degree	89	25.36%
Doctorate	33	9.40%
Total	351	

Survey Question 24: What is your current employment status?

Most of the respondents reported their employment status as “Employed full-time” (n=350, 62.29%) followed by “Retired” (n=350, 20.00%). Also, to be noted is those “Not employed, looking for work” (n=350, 1.14%) and those “Not employed, not looking for work” (n=350, 4.00%) was low.

Figure 66. Survey Question 24 (n=350) What is your current employment status?

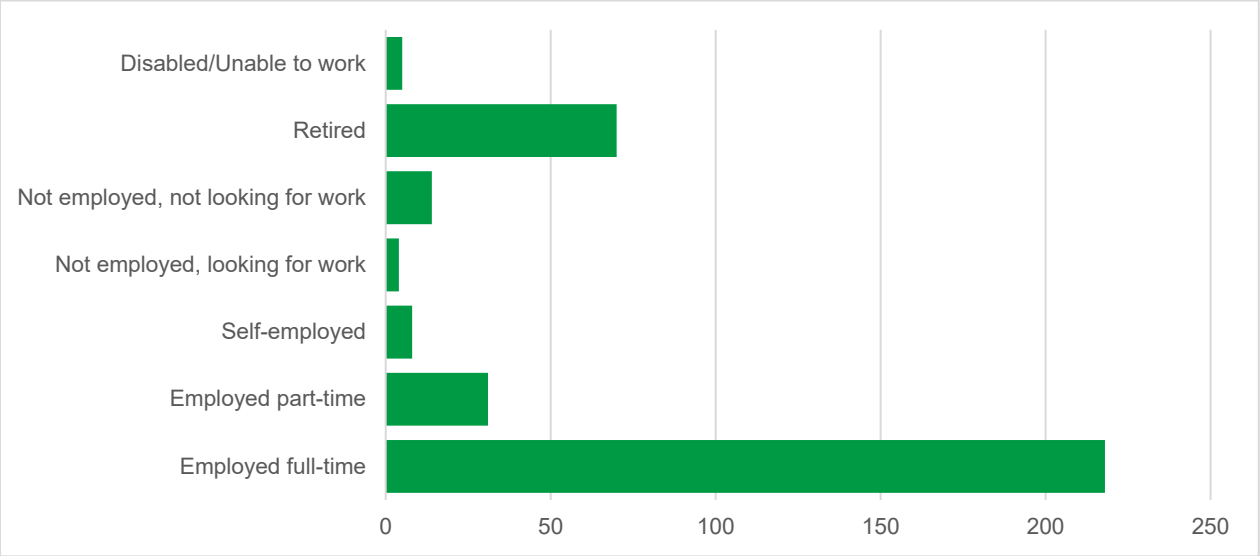


Table 32. Survey Question 24 (n=350) What is your current employment status?

Answer	Response Count	Percentage
Employed full-time	218	62.29%
Employed part-time	31	8.86%
Self-employed	8	2.29%
Not employed, looking for work	4	1.14%
Not employed, not looking for work	14	4.00%
Retired	70	20.00%
Disabled/Unable to work	5	1.43%
Total	350	

Survey Question 25: What is your annual household income (before taxes)?

Most respondents reported incomes exceeding $74,999, with the highest percentage of respondents reporting annual household income (before taxes) between $100,000-$149,000 (n=329, 27.96%) followed by $75,000-99,000 (n=329, 19.15%). Less than 10% of all respondents reported household income of less than $25,000; less than $15,000 (n=329, 6.08%) and $15,000-$24,999 (n=329, 3.34%).

Figure 67. Survey Question 25 (n=329) What is your annual household income (before taxes)?

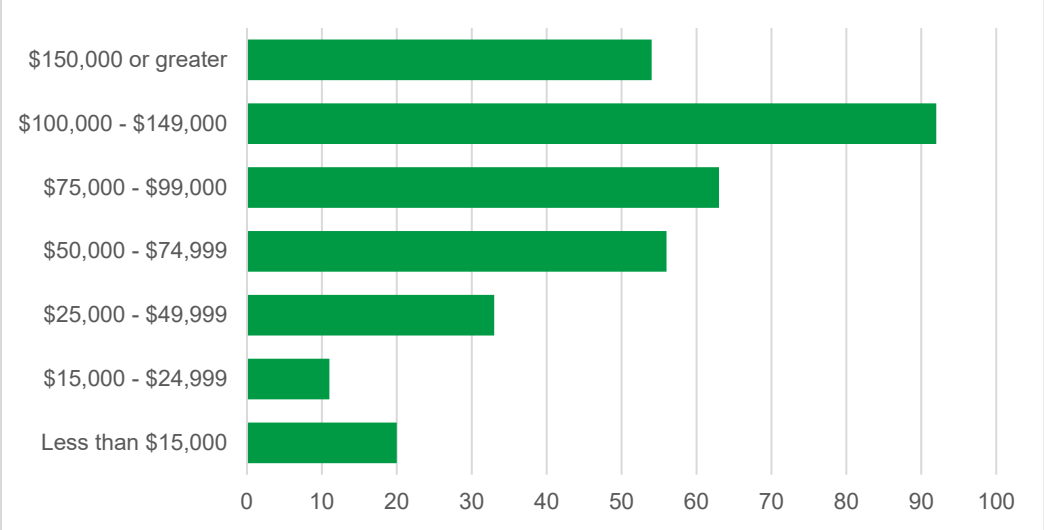


Table 33. Survey Question 25 (n=329) What is your annual household income (before taxes)?

Answer	Response Count	Percentage
Less than $15,000	20	6.08%
$15,000 - $24,999	11	3.34%
$25,000 - $49,999	33	10.03%
$50,000 - $74,999	56	17.02%
$75,000 - $99,000	63	19.15%
$100,000 - $149,000	92	27.96%
$150,000 or greater	54	16.41%
Total	329	

Survey Question 26: How many people live in your household (including yourself)?

Most of the survey respondents reported having two people living in their home, including themselves (n=344, 38.66%), followed by four people (n=344, 18.02%) and close behind that, one person (n=344, 16.86%).

Figure 68. Survey Question 26 (n=344) How many people live in your household (including yourself)?

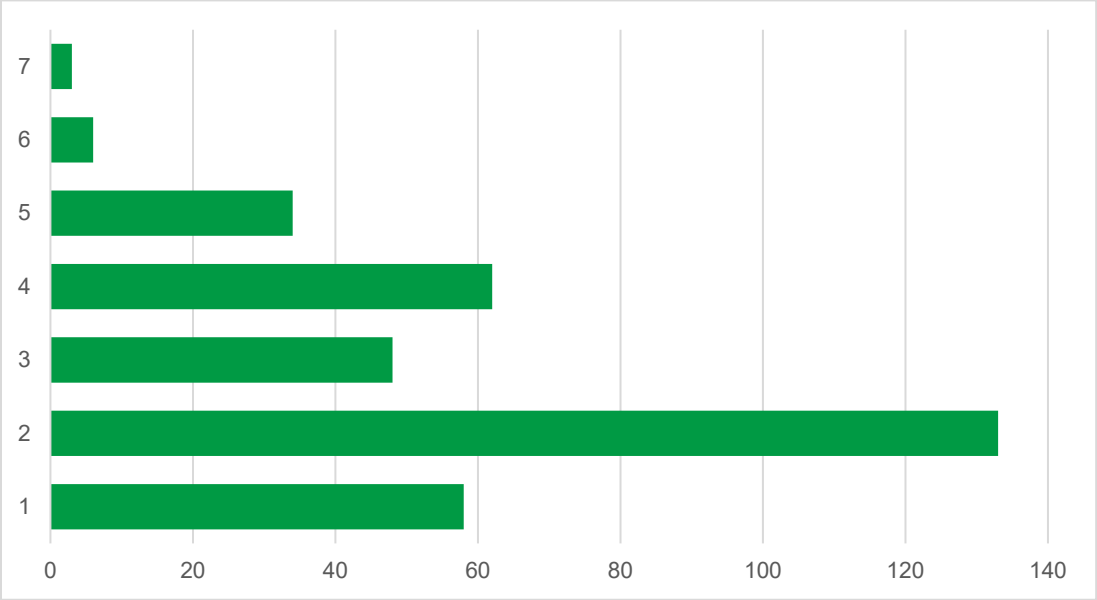


Table 34. Survey Question 26 (n=344) How many people live in your household (including yourself)?

Answer	Response Count	Percentage
1	58	16.86%
2	133	38.66%
3	48	13.95%
4	62	18.02%
5	34	9.88%
6	6	1.74%
7	3	0.87%
Total	344	

LIMITATIONS

The Community Survey results are meant to represent the opinions and needs of the general population in Grand Forks and Polk Counties. This survey used a convenience sampling method as it was distributed and made broadly available throughout the community. It should be noted that when looking at survey demographics, most respondents were white females reporting to have at least a bachelor's degree. Most respondents were also fully employed and reported incomes exceeding $74,999. As a convenience sampling method was employed, data findings may not necessarily represent the entire community.

SUMMARY

Overarching positive themes included:

- Positive connection to the community
- Community is welcoming and inclusive
- Good resources available for youth and community recreation
- Good overall health
- Access to primary health care

Overarching themes for areas of improvement included:

- Childcare services
- Affordable housing
- Lack of mental health services and providers for adults and youth
- Lack of specialty providers
- Affordable, quality insurance and high costs of care

Overall, respondents felt there are good opportunities available within the community and that there is good overall health, however, there are necessary improvements when it comes to affordability and accessing certain types of care.

FOCUS GROUPS

Methods

Community Leaders

Recruitment for the Community Leader focus groups was done through personal invitation (See Appendix B). Fifty individuals were identified by the CHA Advisory Committee and contacted; 16 of those contacted participated for a participation rate of 32%. Three sessions were held in-person at the UND School of Medicine and Health Sciences and one session was held virtually between August 29 and 30, 2022. Focus group discussions were led by UND MPH research assistants and lasted between 60-80 minutes. The discussion focused on health-related issues that Community Leaders identified as the most important, as well as resources available in the community, barriers to accessing those resources, and finally, solutions (See Appendix C for a review of the process). Emerging themes were identified and qualitatively assessed in the report below.

Special Populations

Special populations were identified by the CHA Advisory Committee and recommended by the MPH technical team. The groups included the following: New American/Foreign Born/Immigrants (NFI), Indigenous (American Indian), LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer), and Adults with Disabilities. These were identified as likely being underrepresented within the other two portions of the assessment and having unique needs.

Community leaders and organizations that serve and work closely with these populations were identified and asked to assist with recruitment. Recruitment was done via word of mouth as well as general advertisements within the community. Recruitment flyers were adapted to each targeted population. Participants in the special populations groups were offered a $25 Hugo's gift card as an incentive and thank you for their time and participation. These focus groups followed the same format as the Community Leaders groups with discussions lasting between 60-80 minutes on health-related issues, resources, barriers, and solutions. All focus groups were recorded, and notes were transcribed without personally identifying information to maintain confidentiality of participants.

Results

This section of the report summarizes focus group findings conducted as part of the 2022 Grand Forks and Polk Counties CHA. Findings were based on focus groups that were conducted with community leaders and special populations during August and September of 2022. Focus groups explored people's opinions, attitudes, and beliefs about health issues, barriers, and solutions that affect them and their community. Eight focus groups were conducted with community members, including four with individuals identified by the CHA Advisory Committee as community leaders, and four with special populations groups. Sixteen persons participated in community leader focus groups with three sessions in person and one virtual. Twenty-two persons participated in special population focus groups with sessions held in person at UND SMHS for NFI and Indigenous populations, in person at Options Resource Center in East Grand Forks and one individual phone call interview for Adults with Disabilities, and three virtual one-on-one meetings for LGBTQ+ individuals. Themes have been assessed by group and broken down between the categories of "Themes of Concern," "Barriers," and "Solutions/Recommendations."

Table 35. Focus Group Information

Date & Time	Location	Population	Number of Participants
August 29, 2022 12:00pm-1:15pm	E153, UND SMHS 1301 N Columbia Rd, Grand Forks, ND 58202	Community Leaders	4
August 29, 2022 4:00pm-5:15pm	E153, UND SMHS 1301 N Columbia Rd, Grand Forks, ND 58202	Community Leaders	4
August 30, 2022 12:00pm-1:15pm	E153, UND SMHS 1301 N Columbia Rd, Grand Forks, ND 58202	Community Leaders	3
August 30, 2022 4:00pm-5:00pm	Zoom	Community Leaders	5
September 8, 2022 6:15pm-6:45pm	Microsoft Teams	LGBTQ+	1
September 9, 2022 12:00pm-1:15pm	E153, UND SMHS 1301 N Columbia Rd, Grand Forks, ND 58202	New American/Foreign Born/Immigrant	6
September 12, 2022 2:30pm-3:00pm	Zoom	LGBTQ+	1
September 13, 2022 4:00pm-5:15pm	E153, UND SMHS 1301 N Columbia Rd, Grand Forks, ND 58202	Indigenous (American Indian)	9
September 14, 2022 10:00am-10:30am	Zoom	LGBTQ+	1
September 15, 2022 4:00pm-5:15pm	Options	Adults with Disabilities	3
September 16, 2022 1:00pm-1:30pm	Phone call	Adults with Disabilities	1

Table 35. Focus group host site and number of participants. Some groups were held in person while others were held virtually or over the phone. There was a mix of group discussions and one-on-one conversations.

Table 36. Focus Group Demographics

	Race					**Gender**			**Age**	
	White	**Black/African American**	**Hispanic, White**	**American Indian**	**Asian/PI**	**Male**	**Female**	**Trans, Non-Binary**	**18-65**	**65+**
Community Leaders	15	1	0	0	0	8	8	0	14	2
NFI	1	4	0	0	1	3	3	0	5	1
LGBTQ+	3	0	0	0	0	1	1	1	3	0
Indigenous	0	0	0	9	0	2	7	0	9	0
Adults with Disabilities	2	0	2	0	0	1	3	0	1	3

Community Leader Focus Group Results

Community leaders from many professional sectors of the community, including law enforcement, emergency response, social services, public schools, among others, discussed the most pressing concerns related to health in the community. The 2019 CHA community leaders identified Substance Use, Mental Health Crisis, Health Coordination and Prevention, Nutrition, Social Inequities and Income Disparities, Cultural Acceptance, and Insurance Navigation and Coverage as the most pressing health issues. The updated findings in this 2022 report maintain similar themes of Mental Health and Substance Use. These issues are discussed in more depth than the previous report as participants found the current situation to be urgent. The remaining themes from the other report were also mentioned, but the most recent focus groups identified more concerns related to Youth Health and Childcare Access.

Themes of Concern

Theme #1 Mental Health

Mental health was the most discussed topic and nearly all participants cited it as the most concerning issue. They mentioned stigma that persists around the subject as well as issues related to accessing care as individuals seek help. Participants were greatly concerned that mental health is often not addressed until it becomes a crisis. There is very little prevention or primary management occurring and many service organizations have their efforts entirely focused on serving those with the highest needs. They do not have the capacity to address anything less than the most dramatic cases. These issues were similarly reflected in the 2019 Community Health Assessment report.

One participant noted that for community members who suffer from severe mental illness there is “no real standardized process or model with local law enforcement and the courts...to make sure we aren’t criminalizing individuals with mental illness, but also making sure they are getting the services and support.” Participants exhibited frustration at the inability to officially intervene before an individual’s life is at risk. Emergency responders must deal with persistent, intense episodes with no real solution as the systemic issues are so complex. Mental illness presents so persistently, with complexity and diversity, it is difficult to address systematically.

Participants said that COVID exacerbated and revealed underlying mental health issues. They were concerned that rural, elderly populations do not receive the mental health care they need. Participants noted the complexity of mental health; there are often several compounding issues interconnected with mental health such as substance use or homelessness. Additionally, mental health effects all members of the community, including employees across sectors.

Theme #2 Substance Use

Focus group participants often cited mental health and substance use as co-occurring and reinforcing concepts. While they noted certain high-risk populations face this issue, it was clear that substance use is an issue across the community, among neighbors and coworkers. Participants were concerned with the use of alcohol around youth, particularly surrounding youth sports, which was also reflected in the 2019 CHA report.

Participants mentioned the connection to socioeconomic status and that substance use and mental health may more greatly impact minority populations. They expressed a need to have resources that are more culturally diverse to reflect the populations they serve. Participants also mentioned a need to intervene earlier at developmental stages, as prevention starts with youth.

There was a specific concern that people who are at certain levels of intoxication have nowhere to go, “the social detox center was a great addition but it’s just not enough.” Organizations cannot provide services to these people because there is too much risk; the “next step is quite elaborate…it takes rooms that have monitors, nursing staff…the next step is quite expensive.” There is a need for more resources to deal with intense substance use issues.

Theme #3 Youth health

Participants were concerned about youth in several aspects. They expressed concern about behavioral health problems in schools that have emerged in recent years. Resource officers report being contacted much more in recent years to respond to situations at both elementary and middle schools where students may become violent. Participants noted that schools offer increasing support aside from education, such as nutrition. They noted the burden schools face in supporting many kids as families may struggle to provide.

Participants discussed the stress that families face and how those stressors may present in high-risk behaviors for youth. Again, substance use and mental illness in adults was discussed in the context of youth health; substance use in adults has negative impacts on children and their development. Participants expressed the need for further support and education for parents. Participants were worried about kids offering mental health support for peers, informally, without actual tools or knowledge. Additionally, participants were also concerned about youth technology use and not spending enough time outdoors.

Theme #4 Childcare Access

Participants consistently said that finding childcare is difficult in the region, regardless of income. As one participant put it, “even for people who can afford it, it’s hard to come by”. Participants emphasized that there are not enough childcare providers to fit the community’s needs. To open childcare facilities, there is an intense process to become licensed. The lack of accessible childcare may leave young children home alone for periods of time. Participants also noted that childcare can be so expensive that it costs more to work and put kids in day care than stay home with the kids.

Additional Concerns

Participants across focus groups also noted several other areas of concern, though they did not receive as much attention within conversations. These include affordable housing and homelessness, a shortage of dental care providers, elderly health, poverty, and a general lack of public knowledge or recognition of these issues.

Resources

Focus group participants listed many resources available in the community to address these issues:

- 211 Crisis line
- Agassiz Associates
- Altru
- Backpack Program
- Blue Zone project
- Call to Action (stopped with COVID)
- Crisis Team
- CVIC
- GF Parks & Rec Youth and Adult programs
- Grand Forks Parks & Recreation
- Guardianship program
- Headstart and Early Headstart
- Healthy Families
- Inspire pharmacy
- La Grave
- Medicaid
- Mental Health Matters
- Naloxone training and distribution program
- Syringe Service Program
- North Dakota Department of Health & Human Services
- Northeast Human Services
- Northlands Rescue Mission
- Police departments
- Private health care providers

- Public health departments (especially in rural areas)
- Public school systems
- Recovery Reinvented
- Safe Kids
- SNAP
- Social detox
- Spectra
- TEARS program
- The Village
- Community mental health crisis responders
- Veterans Assistance

Barriers

While there are many resources within the community, including those not explicitly identified above, some community members may struggle to access such resources. Participants discussed some of the primary barriers to accessing resources and several themes emerged.

Workforce

Participants continually reported issues of having sufficient workforce capacity to meet the needs of the community. Such low capacity leads to long wait times for necessary resources, especially in mental and behavioral health. It also means that organizations must focus more heavily on those who suffer the most severe cases. Currently, there is more demand than there are services available.

Participants mentioned staff burn out in mental and behavioral health fields may be due to staff feeling there is no resolution, as issues continue to persist. Low pay in fields such as education and social work, along with the costs of associated educational degrees, may be an issue for recruiting sufficient staff members. Many of the organizations providing behavioral health services are grant-funded, where grants do not pay for staff. Staff shortages are impacting all sectors, including mental health care, transportation, and education. Often, staff shortages are associated with underfunding.

Transportation

Some community members do not have access to reliable and consistent transportation. This impacts individuals' ability to attend important appointments and programs. It also limits the ability to secure and maintain a job.

Health Insurance

The ability to access care depends on insurance coverage. However, for many community members, marketplace insurance is not affordable, and most insurance options offer little or inadequate coverage.

Program Qualifications

To qualify for assistance programs, qualifications, such as income guidelines, leave groups of people without the services they need. Individuals who are just above the mark cannot receive assistance but also do not make ends meet as their wages are not enough to provide for a family.

Additional barriers include individuals not asking for help, stigma, housing (individuals need proof of residency to qualify for various programs), poverty, accessing and navigating systems and programs, lack of public knowledge, those in need do not know about resources available, and access to and using technology.

Solutions & Recommendations

Theme #1: Workforce

Staff shortages in the community greatly impact mental and behavioral health care and access. Participants had several recommendations to increase and retain staff in these positions. Participants noted the importance of focusing on staff health and wellness. Staff and supervisors who face ongoing challenges in their work need to be supported and employers must do a better job supporting staff with mental health issues. One participant said, “If my staff is not in a healthy place mentally and physically, they can’t serve the community.”

Participants thought organizations should work on incentives for staff and staff retention for high-burn out jobs in service fields by providing job security and better pay. Another option is to expand student loan forgiveness throughout the state for behavioral health staffing. One participant suggested organizations could host group sessions for staff periodically who serve high needs individuals with trauma.

One participant suggested integrating peer support more could help support the work of several professional settings. Many positions require at least a bachelor’s degree however, as one participant noted, “why do you need a degree to help somebody...life experience will also teach you.” However, the liability of somebody not technically trained creates a risk that may be difficult to overcome, but participants found the current crisis too intense to ignore.

For other sectors facing short staffing in the community, recruiting younger individuals, and having more job training opportunities to streamline the hiring process could help.

Theme #2: Early intervention

Many organizations are emerging from the pandemic crisis-mode, and participants want to see a focus again on prevention efforts and early intervention in especially mental and behavioral health. Some of the areas for early intervention included education for families, youth health and substance use intervention, and bystander training. There is an opportunity to integrate behavioral health in smaller, brief interventions. Crises can be avoided in a primary care appointment. Participants also noted many of the most concerning issues are related to poverty. Few programs are dedicated to eliminating poverty, and most address symptoms of being in poverty.

Theme #3: Unify resources

Across the focus groups, participants emphasized the importance of working together and collaboration among organizations to streamline resources. Participants noted how the COVID pandemic isolated organizations, and there was a loss of momentum with partnerships. Now, there is a new call to “break down silos.” Participants want to see resources consolidated and coordinated. There are many resources out there, but they need to be identified and effectively work together. “Right now, everything is just so fragmented. We need to get all the community leaders and partners, and stakeholders together so we can really identify what our shared goals are.” One participant said, “It is our responsibility as resource providers to know what’s out there so that we can advocate for these programs that people don’t know about.” Participants would like to see emergency personnel, health care providers, educators, local governments, and social service providers as more knowledgeable about programs.

One suggestion was a resource hotline that can fit needs as they arise with the resources available. There could be small business cards with certain types of resources to hand out in the community when there is a need. Participants suggested various forms of a hub of information for referrals. This would help to take a bit of the burden of advertising and outreach off

organizations who can then focus on the work they are supposed to be doing. Similar suggestions were made in the 2019 CHA report.

Theme #4: Childcare

To expand childcare in the area, participants suggested connecting folks to support programs within the state as well as providing additional support to those working on getting licensed. Participants suggested employers help to pay for childcare and that organizations provide more financial support for families who need childcare.

Theme #5: Mental and Physical Wellness

Participants made various suggestions that were related to fostering connection and overall mental wellness in the community as a method of prevention and reducing risky behaviors. They suggested more open conversations with employees and neighbors about substance use and help to support one another. They suggested increasing physical activity by normalizing walking, biking, and taking advantage of corporate packages at fitness centers. Employers can support employees by allowing more flexibility to take time to go to the gym and create fitness opportunities for workers in office-setting jobs.

Participants would like to see more affordable, substance-free activities in the community for both youth and adults. There needs to be more diverse opportunities for diverse community members. It would be beneficial to increase awareness and expand informal sports and activities such as intramurals that must also be accessible.

Others:

Other recommendations made by participants included lowering qualifications for assistance programs, getting to know and support neighbors and speaking up when others are facing difficulties, adding a medical detox center, more robust opportunities for dial-a-ride for individuals to get a ride to appointments (where both riders and the driver feel safe). They felt the Grand Forks Taxi system needs improvement (cleanliness, timeliness) as the avenues for funding rides will pay for taxi rides (e.g., Medicaid). Participants also wanted to see increased attention to equity, diversity, and inclusion and said there are other states leading this movement to learn from.

Special Populations Focus Group Results

Several focus groups were conducted with special populations groups identified by the Community Health Advisory Committee. These populations may be underrepresented in other portions of the assessment and present unique challenges.

New American/Foreign Born/Immigrant (NFI)

Six community members discussed topics that are of concern and need to be addressed to improve health and opportunities for NFI community members. Common themes of Insurance Coverage, Cultural Sensitivity, and Language barriers were identified.

Themes of Concern

Theme #1: Insurance Coverage

Participants discussed at length the issues of not having affordable, quality health insurance. They noted that community members who do not qualify for Medicaid also cannot afford marketplace insurance options. Coverage in North Dakota is not as expansive as it is in Minnesota. Participants noted unpaid emergency care bills will be sent to collection without notice and North Dakota may garnish their paycheck. Individuals discussed instances where their insurance would not cover a visit with a physician who was not assigned to them. Due to this, some may wait until a provider gets back from time off to bring their child in to receive care. These limitations impact when and how they access care.

Health care coverage can be especially complicated for community members who are undocumented, or when their green card expires. In these instances, individuals lose coverage and do not seek the care they need. Not having adequate coverage often leads to individuals not seeking the care they need.

Theme #2: Cultural Sensitivity

Cultural sensitivity may be reflected in many layers of healthcare, from first entering the health care setting, to the individual appointment. One participant noted that at Altru, the facility seemed “cold” when they first walked in and that some providers do not interact positively with them and their children. Participants noted that individuals in the NFI community may not feel welcome in the facility, and they will not return. Not feeling welcome in the health care setting may keep individuals from seeking the care they need. Participants also said that women especially may avoid necessary care if they are not able to see a female physician. One participant noted this can be especially difficult for older adults, saying “they’d rather die than go see the male doctor.”

Overall, there was a general consensus that North Dakota is not very welcoming to immigrants, and there are significantly fewer services than in other states like Minnesota and Nebraska. Communities of NFI groups are leaving due to the lack of resources in North Dakota, and they do not feel welcome.

Theme #3: Language Barriers

Language barriers can inhibit the quality of care received and participants noted that while there may be phone interpreters available, they do not provide very effective or user-friendly options, especially for the elderly. Over the phone it can be difficult to understand and broad variations in dialects can lead to miscommunication and misunderstandings, which may lead to incorrect diagnoses, prescriptions, or methods of care. This has been a persistent issue for many years.

Additional concerns:

Participants noted that there is a lack of knowledge within the NFI community on preventive visits and when to seek care, that mental health and the related stigma is an issue as there “isn’t even a name for it in some languages,” finally, it was also noted that there is a shortage of dental providers, especially those who accept Medicaid.

Resources

Participants noted there is generally a shortage of resources for the NFI population in the area. However, a few were discussed as essential:

- Cities Area Transit (CAT)
- Community organizations
- Global Friends Coalition
- HERO Program at Altru

- Medicaid
- MNsure
- New Americans Integration Center
- New Hope for Immigrants
- Sanford appointments transportation service (Ready Wheels)
- Spectra Health (with interpreters and social workers on site)

Barriers

Knowledge of resources

Participants felt that organizations are not always forthcoming about opportunities available for individuals who may need or qualify for certain programs like the HERO program. While there is generally a shortage of resources in the area, some community leaders feel as though they do not know about resources to inform other community members.

"What next?"

Participants in the focus group noted they had been to previous groups that discuss these issues, yet "nothing follows…there aren't resources to make change." They feel this is the case because the NFI population is not prioritized or valued. While this can be reflected at the local level, they noted it is often at higher levels where funding streams are located that NFI groups are not prioritized, especially at the state level. Leaders cannot serve their community members because the resources are not out there for them. They do not have support from state-level representatives in North Dakota especially.

Program Qualifications

Similar to other focus groups, it was noted that there are a significant number of individuals who do not qualify for state insurance but also cannot afford marketplace insurance.

Additional barriers included transportation; consistent and reliable transportation is difficult to access for the NFI population, especially as language barriers can make reading bus routes increasingly difficult if individuals can't read words or numbers. Additionally, routes do not always get individuals to where they need to be or get them there at inconvenient times.
One participant also noted that office hours of clinics and hospital as inconvenient or inaccessible.

Solution/Recommendations

Theme #1: Interpreters

Participants noted that accessible and quality interpretation services have been an ongoing issue at the national level. However, they noted that local hospitals could learn from other health care settings to provide better services. Participants suggested hiring full-time in-person staff by training and certifying local individuals. Partnerships between health care organizations could help pay for qualification and certification of potentially existing employees who are part of the NFI population.

Theme #2: Sensitivity Training

One participant noted that Altru has begun an intercultural training program, and participants discussed the need for more trainings for health care providers as well as administrators. Participants felt that this issue should be central to Altru's mission and goals. Participants wanted the health care setting to be more welcoming to diverse backgrounds and that there should be more accessible opportunities for patients to give feedback openly. Some participants spoke about how they feel the need to advocate for themselves on behalf of others who may also look like them, encouraging patients to speak up and be more engaged in their care. Participants felt there needs to be a better connection between Altru and the NFI community, perhaps in the form of a community liaison.

Theme #3: Advertise Resources

While participants noted there are not many resources available for NFI especially in North Dakota, they suggested a centralized, accessible, and comprehensive list of resources for community members. Participants felt that programs, like the HERO Program, should be advertised so that individuals know about their options so that they will seek the care they need.

LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer)

To better accommodate participants, three one-on-one interviews were conducted instead of a focus group. Participants spoke about the stigma surrounding the LGBTQ+ community in the region and how this impacts Mental Health and Access to LGBTQ+ Health Care.

Themes of Concern

Theme #1 Discrimination & Mental Health

Anxiety and depression were noted as common across LGBTQ+ community members. Negative perceptions of LGBTQ+ community members impact their mental wellbeing as one participant said, “they don’t always fit in, they don’t know where they fit in and there is always the tension with regular society and ridicule and historical issues that all compound and lead to more depression and anxiety of being out in public and seeking help.” Individuals who are LGBTQ+ may feel they cannot share that information and “trying to keep it to yourself while you’re at work or around other people can play a mental health role.” They noted negative speech in local media and that homophobic or anti-trans thoughts and actions are common. However, “there are pockets where people feel safe.”

One participant noted the especially harmful rhetoric that is present in schools as the LGBTQ+ community is a target for hate. Especially for youth, negativity towards the LGBTQ+ community puts them at substantially higher risk for poor mental health outcomes as one participant said, “queer youth are more likely to be discriminated against in school so there are higher rates of suicide attempts, suicide completion, and suicide ideation, higher rates of anxiety and depression as well as PTSD experiences.” While mental health still impacts queer adults, one participant said the difference is that as an adult you have more control over your work environment, where you live, who you interact with, where you receive care, and what sorts of therapies you receive.

Theme #2 LGBTQ+ Health Care

One participant noted that LGBTQ+ populations in general suffer from greater health disparities such as smoking, risky behaviors, lower socioeconomic status, and lower rates of insurance coverage. Therefore, it is important that they access health care when needed. However, participants noted the difficulty of finding providers who understand or are open-minded to LGBTQ+ issues and that it can help. One participant said “knowing providers are accepting of who they are so they feel more comfortable asking for help” is important in increasing health care access. Such issues may relate to STD/STI screening practices, mental health, or gender affirming care. However, LGBTQ+ individuals may not feel comfortable sharing their LGBTQ+ identity as “it leads to people being afraid to seek help because they are afraid they will be ridiculed.” Some providers may not be aware of LGBTQ+ health-related issues, which means individuals may need to be more intentional about who they chose to provide their care.

Resources

It was clear across participants that there are not many resources out there specifically for LGBTQ+ community members, particularly related to health. There are more informal streams of information. Individuals will often go to trusted community members or close friends to find out information about who may be a safe health care provider to go to.

- LGTBQ+ Community events
- Online groups
- Word of mouth
- UND Pride Center (outreach and trainings for providers)

Barriers

Safe providers

While there is an overall shortage of mental health care providers in the nation, it is additionally difficult to find someone who has training in LGBTQ+ issues or who "practices as an Ally". Safe providers in health care are not well known in the community and may not be able to advertise for fear of backlash.

Knowledge of Resources

Opportunities for care specific to LGBTQ+ health-related issues are not well known in the community. This could be for a variety of reasons as individuals or organizations may not want to be identified for fear of backlash or because they do not exist.

Religious Services

Many of the social care resources available through non-profit organizations are based on religious values that have historically been harmful to the LGBTQ+ community. This makes it difficult to connect and seek services with these organizations that are otherwise very useful. Some of these organizations are working towards building relationships with the LGBTQ+ community but as one participant noted, this "will take time."

Additional barriers included health care costs and insurance, transportation as some specific services may only be accessible in Fargo, ND or Minneapolis, MN, and once again participants mentioned that individuals feel anxiety as a result of general discrimination in the health care setting.

Solutions/Recommendations

Theme #1 Build Community

With public negativity towards the LGBTQ+ community, one participant said that some things may need to be done "underground". They suggested, for example, that there could be a mentoring program for those who have undergone gender affirming surgery who are willing to share their experiences. They could leave their info at Grand Forks Public Health and people who are looking for those same services could get in touch with them to seek support and advice.
Participants noted the importance of supporting one another through various methods. One suggested mental health community support groups for LGBTQ+ community members to reduce the need for so many providers and build community. One participant mentioned that some large cities have community centers for LGBTQ+ individuals to gather and host events. Participants suggested more ways to engage with the broader community as one participant said that some people "just don't know many queer people." Several participants felt that relationship building at the individual level will be important to reduce stigma and discrimination.

Theme #2 Provider Education

Participants shared that there need to be more providers in the area who are knowledgeable about how to provide reproductive health to those with different types of bodies and different gender identities. There should be additional education about queer issues in health care that "must be optional, not mandatory" as providers who are interested can focus on these issues. Currently, there needs to be more gender affirming care and reproductive health care focused on LGBTQ+ individuals.

As many LGBTQ+ individuals do not know where to go to receive care, providers who are comfortable should reach out more to the LGBTQ+ community and attend events and share resources to "let them know they are accepted." One participant said that if providers spoke up on behalf of the LGBTQ+ community it would go a long way showing they are cared for. However, as one participant noted, some providers may not feel comfortable advocating in public, so they may be able to send signals to patients that they are safe for LGBTQ+ care in more subtle ways. It was agreed by individuals that it is important to "slowly build up trust."

Theme #3 STI/STD Awareness

One participant noted that other cities have more information and resources available surrounding HIV and STI/STD testing. They said there should be more events and opportunities to be tested as well as education on testing and risks. People need to know about what is available to them to offset the costs of tests and where they can go.

Indigenous (American Indian)

According to the University of North Dakota's Land Acknowledgement, "the University of North Dakota rests on the ancestral and contemporary lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians." Polk and Grand Forks counties sit on the same land that these tribes called home since time immemorial. These groups were forcibly displaced and still face many health disparities today. As the Indigenous Peoples of this land, this was an important group to highlight within this report. Self-identifying American Indian adults attended an in-person focus group at the UND School of Medicine and Health Sciences to discuss health-related issues they experience.

Themes of Concern

Theme #1 Discrimination

Participants discussed at length issues of discrimination in the health care setting for American Indian (AI) adults. They noticed how some providers treat AI adults differently than others, that they are not listened to, and that there is a lack of empathy. Substance use issues surround this discrimination as participants noticed other people under the influence may get treatment and be treated with more empathy than AI adults under the influence. Participants noticed biases some providers have towards AI adults. When seeking care, providers may "disregard" their pain, assuming they are there as "pill seekers." As one participant noted, "this limits their access because if they don't feel comfortable going to Altru…and they are feeling judged or not heard, they're not gonna want to go back there." Because of this, individuals may feel they need to "tough it out" and not seek care, "they'll be dying or half dead before going to the hospital." Overall, participants felt their

background and culture are not well understood by some health care professionals and this leads to discrimination, poor care, and negative health outcomes.

Theme #2 Cultural Connection

While participants noted the lack of cultural sensitivity in the health care setting, they also felt there are not enough opportunities in the area to connect with their culture. One participant noted how their "culture views prevention and health as holistic" and Western tradition is "just focusing on chronic disease management…for you to be completely healthy you need to be spiritually connected." There are no traditional elders or leaders to go to for spiritual practices and ceremonies in the community. They noted that while there are many churches in town, there are not any places to smudge (a traditional practice involving the burning sage and other materials) or hold sweats (also a traditional practice). Overall, there is a lack of opportunities to connect with their culture, which participants said is "needed to feel well."

Theme #3 Mental and Behavioral Health

Mental health was an important theme, and participants were particularly concerned about youth and young people. Many AI community members move to Grand Forks or Polk County from nearby reservations (Turtle Mountain, Spirit Lake, Fort Berthold, Standing Rock, White Earth, Red Lake, or others). This transition can be especially difficult for youth as they navigate the world off the reservation, "kids moving here from the reservation have a lack of belonging." Participants noted how this impedes their learning and ability; they have "nobody to identify with and are bullied." Participants were especially concerned with high rates of suicide and self-harm. AI adults and youth may not feel comfortable with school counselors, "we run from social workers, we run from Caucasian counselors cause we're going to go there and be judged."
They noted an overall lack of resources in town as adults moving from the reservation also struggle with anxiety and depression. They also noted high rates of addiction in Indigenous communities including "nicotine, alcohol, pills, drugs in general, gambling." Additionally, one participant noted that "there's a lot more homeless people than anybody knows" including those who may stay with extended family members and couch surf.

Other considerations: As in previous groups, participants discussed childcare; if parents can't afford childcare, older siblings must take on caregiver roles while parents are at work. One participant also mentioned the high rates of diabetes in their community and that healthy foods can be difficult to access if an individual has a low income.

Resources

Participants had a difficult time thinking of resources that are specific to the Indigenous population in the region, however, they identified the following as important resources:

- American Indian Center
- Indian Health Services
- Native American Parent Committee
- Public Health departments
- Social networks
- Social Services, Medicare, Medicaid
- Time Out Powwow

Barriers

Insurance

One participant said, "Insurance is always the first thing to come up." There is an issue accessing places that accept Medicaid especially for vision and dental, and medication coverage is an issue.

Culture Shock

Participants noted how difficult the transition from the reservation to other communities can be, and this includes navigating a new health system that is different from Indian Health Services (IHS). It can be difficult to find social support in a new place.

Distrust

Participants noted that due to previous history, it can be difficult to trust White/Caucasian service providers and that it is easy to become defensive. One bad experience is "enough to shut down" and become isolated and not want to seek treatment in both physical and mental health care.

Additional barriers include with consistent, reliable transportation, qualifications for support programs that are too high, and lack of technology/internet access can make various processes difficult.

Solutions & Recommendations

Theme #1 Cultural Sensitivity Training

As participants discussed experiences with discrimination in the health care setting, they thought it would be helpful for providers to have cultural sensitivity training so that their culture and perspectives could be better understood, and they would receive less judgement. Additionally, one participant thought providers should have bias training so that they can be aware of their subconscious biases they may not realize they have. Participants thought these elements should be included in curriculum at the University of North Dakota so future providers can have this skill set. In general, participants wanted to see more Native providers, especially in mental health.

Theme #2 Cultural Connection and Community

Participants had many suggestions that related to building community and building opportunities for cultural connection. One participant said it would be nice to have a medicine garden in the community where individuals can go to pray, meditate, and gather important plants. They also suggested an option for Indigenous community members to smudge in places where other faith traditions are honored with spaces for prayer (smudging is unique in that it requires a place where materials can be burned, and smoke alarms will not go off). Participants wanted to see more prevention and that "if it's more culturally focused, you're going to have more participation and possibly prevention."

Participants thought that support groups for people moving from reservations would be helpful to build community and access resources. Having a place for youth to gather could help build social connections and reduce isolation and improve mental health. Additionally, one participant had a very positive experience with a codependency training program and thought it would be good to have one here for those who struggle with substance use, gambling, or other addictions.

In terms of cultural practices, participants advocated for the need for older Native male role models, with programming and job training geared specifically towards Native men. Participants want to find a way to empower men because "women are always talking, helping, but where's the men?..our Indigenous men bring a lot of power with them." They see "nobody takes care of them" and they would like to invest in them as leaders because many of them "do not have the education or experience to succeed off the reservation." Participants see a great opportunity to invest in this resource.

Theme #3 Tribal Partnerships

With many tribes represented in the area, participants thought it would be helpful to have a resource office that has a tribal liaison from various tribes. Many individuals leave the reservation and relocate here for jobs, school, and other resources.

Participants think these individuals need a representative from their tribe to help keep the connection back home. There should be better interaction where the county could work with tribes to have an office or liaison in the area that could facilitate a centralized location for information and resources. This collaboration would not just be up to Grand Forks and Polk county officials, “if tribes want to continue to have their people get educated and keep growing, that’s something they’re going to have to think about.” Participants would like tribes to also help facilitate visits from tribal elders to visit and offer support in the community. Additionally, participants suggested enhancing tribal partnerships with Altru where they can better understand how the Indian Health Services (IHS) system works could improve care coordination. Generally, participants would like to see more attention to Indigenous issues within the community where they feel valued, and their voices are heard.

Adults with Disabilities

Four individuals who either had a disability, worked with, or act as a primary caregiver to an individual with a disability participated in a focus group or one-on-one conversation.

Themes of Concern

Theme #1 Cost of Living

The discussion around health-related issues for these individuals came down to costs. “Rent is huge in Grand Forks.” Participants echoed earlier focus groups regarding childcare expenses, “it cost me more to go to work than stay at home.” Participants noted how food insecurity becomes an issue with raising food prices, “ramen has become expensive, peanut butter has become expensive.” Healthy foods are not an option. Between rent, utilities, food, and childcare, “there’s all these things that your money goes to especially if you have children” and medical treatments do not always make the cut. As a result of not seeking medical care, “a lot of people are going to go without diagnoses.” Participants noted how people resort to rationing prescription medications as some face the question “do I pay for my food…house…utilities or my prescription?” Individuals will not go to needed therapy sessions or other visits as they may face wage garnishes after their bill is sent to the collection agency.

Some emergency assistance programs in the community will offer one-time support but ask the question, “how are you going to prevent this from happening again?” and individuals cannot answer because these issues are ongoing, and there isn’t a simple solution.

While all these costs for day-to-day living add up, participants agreed that insurance plans are inadequate with high deductibles and hard limits. Therapy is often an on-going need, and insurance only covers a fraction of needed visits. Additionally, some medications are not covered, as one individual said, “My husband and I make good money but not where we can afford $560 a week for my son’s therapy, especially with medication.”

Theme #2 Home Bound Care

Participants talked about those who may be homebound by disabilities and how care can be exceedingly difficult to access especially in rural areas, and especially for mental health. Being home bound leads to isolation, which exacerbates mental health issues. Additionally, there is a “shortage of home health aides” including Physical Therapists and Occupational Therapists. There is just “not enough staffing” for such resources. As a result, some caregivers may take on these roles with very long wait lists. Insurance coverage is very limited when it comes to paying for home health services. Being home bound may impact an individual’s ability to progress in treatments and therapies. There are opportunities for doctors to make house

calls, but individuals may not know about this option. Senior citizens who have issues with transportation often experience food insecurity.

Theme #3 Caregiver Support

Caregivers directly support individuals with disabilities and take on many roles in providing for them. Some may have experienced trauma from the event that caused the others' disability. One participant shared their experience of transitioning to a life of "financial stress…I became a human resource manager on top of everything…I've spent hours on the phone with health insurance." Having a loved one become disabled altered their entire life, they had to take everybody but the individual with the disability off their insurance because they could not afford it. They had to quit their good paying job "because I couldn't put in the hours." Additionally, they said, "I know I need some sort of counseling, but I can't go" as they spend so much time and effort bringing their loved one to appointments and caring for them. However, "because you're middle class, you can't qualify for nothing…the middle class people are the ones who end up getting hurt the most…they lose their homes. Health insurance is going to be huge." Without qualifying for services, they aren't financially able to stay at home as a full-time caregiver. This participant noted that "every situation's different" but, generally, many resources are geared towards those with disabilities and the caregivers may not receive the support they need as well.

Additional Concerns

Participants said that with some services, even if you qualify, there are long wait lists that may be months long, such as mental health therapy. In small rural communities, transportation and mental health therapy is hard to find. Additionally, not all individuals have technology to do online virtual therapy. While individuals do not always know about resources, there needs to be further language access for materials on such resources such as screen readers, different formats for hearing or writing disability disabilities, especially for filling out forms.

Resources

- 211 Crisis Team
- Altru
- Anne Carlsen Center
- Backpack Program
- CVIC
- Free Need Facebook page
- Good Samaritan
- Hope Church Food Pantry
- Little Miracles
- Mountainbrooke Recovery Center
- NDAD (North Dakota Association for the Disabled)
- Northeast Human Services
- Northlands Rescue Mission
- Options Resource Center
- Prairie Clinic
- Prairie Harvest Mental Health
- Red River Community Action
- Ruby's Pantry
- Salvation Army
- School for the Deaf and Blind
- Senior Center/Resource Manager
- St. Joe's
- UND Northern Prairie Community Clinic
- United Way
- University of North Dakota
- Veteran's Assistance

Barriers

Knowledge of resources

Individuals have to do a lot of research to find what they are looking for, as one individual said, ”it took me a long time and a lot of phone calls for me to find the resources that I currently have”…”sometimes you don’t even know enough to know what questions to ask”...”nobody tells you about (these services) until you are in this position.” Additionally, community resource organizations themselves do not always know about other resources available to make referrals.

Qualifications

Participants experienced a lot of financial stress as they make too much money to qualify for support programs, but their take home pay is at the poverty line. One participant noted this is because “they take the gross, not net income” and that they don’t take into account all the “bills you have to pay…food or childcare…if you’re lucky you have maybe $100 left to get through the month.”

Therapy

For individualized care, it can take a while to get to know and become comfortable with a therapist, and then they may leave if they are a student and it can be difficult to find another person to connect with and receive good care from.

Food restrictions

Individuals who are food insecure may also have nut allergies, celiac disease, or other dietary restrictions that make it increasingly difficult to get the food they need.

Technology, literacy

As noted in previous groups, one participant said, “there are some people who are actually illiterate.” And this can be a barrier to accessing many types of services.

Solutions/Recommendations

Theme #1 Knowledge of Resources

Participants, as in previous groups, suggested having a single hub to find resources, “come up with a list or booklet that can be available at all these organizations.” It could be available in print throughout the community to make it accessible for those without technology. As one participant noted, “the resources are there, it’s just about getting the information out…and then paying for them.” Health care providers could have specific resource brochures at the time of certain diagnoses for local resources, as well as school counselors and others who may serve in the community. Participants also thought a community resource fair would be beneficial, “have all the agencies get together…that way individuals can go to the different booths and get information.” Agencies and resources can learn about one another and connect as well. Participants thought more advertisements throughout the community would be helpful as “a lot of things get overlooked” on social media. Advertisements in bathrooms are a good way for individuals to find out discretely about resources they may not be comfortable asking about.

Theme #2 Political Advocacy

Participants recognized the issues related to basic costs, income tax, insurance, and qualifications for programs, are part of a greater system. They understand systems change is needed at the city, county, state, and primarily, the federal level, “ultimately it comes down to what the guidelines are at the federal level, and the state level.” To advocate for systems

change, participants understood there will need to be political engagement, with letter writing campaigns or "meeting with our state representatives…who then meet with other representatives and it can work its way up to the federal level."

Additional Recommendations

Participants wanted more mental health services, with virtual options that are accessible for those with disabilities. For caregivers, one participant found a lot of support from individual community members, but a lack of support from systems. They suggested making it financially easier to be a full-time caregiver. More programming needs to support caregivers in times of hardship with resources that offer support that is "financial, emotional, anything."

LIMITATIONS

Some limitations related to the focus groups include the ability to generalize findings. Individuals who participated in the group do not necessarily reflect the views of the wider population and community they represent. While these limitations are present, the focus groups provided qualitative data not present in the Community Survey and Secondary Data portions of the report. As reflected in the other two portions of the report, the focus groups supported common themes related to mental health and access to affordable care via insurance and program qualifications.

SUMMARY

Overall, participants across focus groups had similar concerns. Some common themes were not discussed in depth but were well understood by participants as ongoing issues. Participants consistently felt the following were important concerns and barriers to be addressed:

- Mental health
- Discrimination
- Insurance and health care costs
- Transportation
- Dental health care access
- Lack of knowledge of resources
- Program qualifications

The above listed issues were noted by several groups as taking place at a higher level of health and political systems, such as the state and federal levels. Insurance coverage and program qualifications are complex issues that are not determined at the local level, and participants wanted to see change at the state and federal levels.

Similar types of solutions were suggested across several groups:

- Sensitivity trainings
- Resource hubs
- Community support

CONCLUSIONS

Overall, the secondary data analysis, community survey, and focus groups identified similar health related concerns in the community including:

- Mental health
- Health care access; including dental and specialty care
- Substance use
- Transportation
- Child care access
- Insurance coverage

This report can help inform how our community identifies priority areas and how to move towards improving health. Using a collaborative, comprehensive approach we can continue to build healthier communities in Grand Forks County, ND and Polk County, MN.

REFERENCES

1. *Grand Forks County's and Polk. County's Community Health Assessment*. 2019; Available from: https://www.altru.org/documents/content/CHA-2019-Complete-Report-for-Approval.pdf.
2. *Grand Forks County Information Services*, in *Grand Forks County*. 2014.
3. *US Census*, in *US Department of Commerce*. 2020.
4. McCall, T.M., *centennial History of Polk County*, in *Centennial History of Polk County*. 1961, McGarry Printing Co.: Crookston. p. 1-3.
5. ; Available from: https://www.countyhealthrankings.org/.
6. *US Census*, in *US Department of Commerce*. 2010-2020.
7. *American Community Survey*, in *US Census* 2020.
8. *American Community Survey*, in *US Department of Commerce*. 2017-2020.
9. *Community Violence Intervention Center*. Available from: https://www.cviconline.org/.
10. *Grand Forks Police Department*. Available from: https://www.grandforksgov.com/home/showpublisheddocument/43378/637847608876870000.
11. *NEIGHBORHOOD INFORMATION YOU CAN TRUST*. Available from: www.homefacts.com.
12. *The Behavioral Risk Factor Surveillance System*. Available from: https://www.cdc.gov/brfss/index.html.
13. *Youth Risk Behavior Surveillance System (YRBSS)*. Available from: https://www.cdc.gov/healthyyouth/data/yrbs/index.htm.
14. *National Institute on Drug Abuse*, in *National Institute of Health*. 2020.
15. *Overdose rate and Fatalities*. 2021, Grand Forks Police Department: Grand Forks.
16. *Polk County Substance Use and Overdose Profile*. 2020, Minnesota Department of Health.
17. *Syringe Service Program*. 2021, Grand Forks Public Health Department: Grand Forks.
18. *North Dakota Immunization Rate*, in *North Dakota Department of Health*. 2020-2021.
19. *School Immunization Data*. 2020-2021, Minnesota Department of Health.
20. *School Immunization Data*, in *Minnesota Department of Health*. 2019.
21. *Childhood Immunization Summary*. 2022, Minnesota Department of Health.
22. *Adolescent Immunization Summary*. 2022, Minnesota Department of Health.
23. *American College Health Association, National College Health Assessment III*. 2020, Univeristy of North Dakota.
24. Kruger, G., *Polk-Norman-Mahnomen Community Health Services* 2017, Evaluation Group, LLC: Warren.
25. *Tobacco Surveillance Data* 2021, North Dakota Health
26. *Altru Cancer Program Annual Report* 2020, Altru Health System.
27. CDC, *COVID Data Tracker*. 2022, Centers for Disease Control and Prevention.
28. *KIDS COUNT*. Available from: https://www.aecf.org/work/kids-count.
29. *Grand Forks Youth Survey Spring 2020 Results*. 2020, Wyoming Survey & Analysis Center: Grand Forks.
30. *Minnesota Student Survey County Tables*. 2019, Minnesota Department of Health.
31. *Division of Vital Records* Available from: https://www.health.nd.gov/vital.

Appendix A: Community Survey

Thank you for your interest in taking the Grand Forks and Polk Counties' Community Health Assessment Survey. Below you will find details regarding participation in this survey. Once you have finished reading the study information sheet, select the continue button to begin the survey.

UNIVERSITY OF NORTH DAKOTA

Institutional Review Board

Study Information Sheet

Title of Project: Grand Forks and Polk Counties Community Health Assessment, Community Survey

Principal Investigator: *Ashley Bayne, 701-777-6079 ashley.bayne@und.edu*

Co-Investigator(s): *Mehrnoosh Kaffashi, mehrnoosh.kaffashi@und.edu*

Nicole Benson, nicole.d.benson@und.edu

Advisor: *Dr. Andrew Williams, 701-777-6718, andrew.d.williams@und.edu*

Purpose of the Study:

The purpose of this research study is *to gather information that can be used to make our community healthier.*

Procedures to be followed:

You are being asked to complete a survey

Risks:

There are no risks in participating in this research beyond those experienced in everyday life.

Benefits:

You may not benefit personally from being in this study. However, in the future, other people might benefit. By completing the survey, you will greatly assist in determining the community's health needs and how to build a healthier community in Grand Forks and Polk Counties.

Duration:

It will take about 5 minutes to complete the 26 question survey.

Statement of Confidentiality:

The survey does not ask for any information that would identify who the responses belong to. Therefore, your responses are recorded anonymously. When the final report is written, no information that would identify you will be included since your name is in no way linked to your responses.

All survey responses that we receive will be treated confidentially and stored on a secure server. However, given that the surveys can be completed from any computer (e.g., personal, work, school), we are unable to guarantee the security of the computer on which you choose to enter your responses. As a participant in our study, we want you to be aware that certain "key logging" software programs exist that can be used to track or capture data that you enter and/or websites that you visit.

Right to Ask Questions:

The researchers conducting this study are Ashley Bayne, Mehrnoosh Kaffashi and Nicole Benson. You may ask any questions you have now. If you later have questions, concerns, or complaints about the research please contact Ashley Bayne at 701-777-6079 during the day.

If you have questions regarding your rights as a research subject, you may contact The University of North

Dakota Institutional Review Board at (701) 777-4279 or UND.irb@UND.edu. You may contact the UND IRB with problems, complaints, or concerns about the research. Please contact the UND IRB if you cannot reach research staff, or you wish to talk with someone who is an informed individual who is independent of the research team.

General information about being a research subject can be found on the Institutional Review Board website

"Information for Research Participants" http://und.edu/research/resources/human-subjects/researchparticipants.html

Compensation:

You will not receive compensation for your participation.

Voluntary Participation:

You do not have to participate in this research. You can stop your participation at any time. You may refuse to participate or choose to discontinue participation at any time without losing any benefits to which you are otherwise entitled.

You do not have to answer any questions you do not want to answer.

You must be 18 years of age older to participate in this research study.

Completion and return of the *survey* implies that you have read the information in this form and consent to participate in the research.

Please keep this form for your future records.

1. When thinking about your connectedness to the community you live in, to what extent do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
People feel a strong connection to the community	○	○	○	○	○
People are very helpful to others in the community	○	○	○	○	○
People are highly involved in the community	○	○	○	○	○
People are tolerant	○	○	○	○	○
People are open-minded	○	○	○	○	○
People can make a difference through civic engagement	○	○	○	○	○

2. Please rate the community on the following items related to employment and economic opportunities.

	Excellent	Very good	Good	Fair	Poor	Unsure
Availability of jobs with livable wages	○	○	○	○	○	○
Availability of affordable housing	○	○	○	○	○	○
Cost of living	○	○	○	○	○	○
Responsiveness of local government to economic issues	○	○	○	○	○	○

3. How would you rate the ability of residents to access daily transportation in your community?

- ○ Excellent
- ○ Very good
- ○ Good

- Fair
- Poor
- Unsure

4. How would you rate the resources available for youth in your community?

	Excellent	Very good	Good	Fair	Poor
Quality of K-12 public schools					
Availability of after-school activities					
Availability of summer activities					
Overall, a good place to raise a family					

5. How would you rate your communities' access to recreation resources?

	Excellent	Very good	Good	Fair	Poor
Access to parks					
Outdoor recreation opportunities					
Arts and cultural activities					
Fitness opportunities year-round					

6. How would you rate the access to quality childcare services in your community?

- Excellent
- Very good
- Good
- Fair
- Poor
- Unsure

7. How would you rate the quality of senior housing including nursing homes, in your community?

- Excellent
- Very good
- Good
- Fair
- Poor
- Unsure

8. How would you rate the community on the following items related to the environment?

	Excellent	Very good	Good	Fair	Poor
Air and water quality	○	○	○	○	○
Land development policies	○	○	○	○	○

9. What is the biggest health care concern you or your family face on a regular basis?

_____

10. Please rate your level of concern regarding teen health and wellness in the community.

	Very Concerned	Concerned	Somewhat Concerned	Somewhat Unconcerned
Video game/media violence	○	○	○	○
Bullying/cyber bullying	○	○	○	○
Dating violence	○	○	○	○
Traffic injuries	○	○	○	○
Obesity/Overweight	○	○	○	○
Lack of physical activity	○	○	○	○
Poor nutrition	○	○	○	○
Lack of food/hunger	○	○	○	○
Oral/dental health	○	○	○	○

Sexually transmitted disease	○	○	○	○	
Teen pregnancy	○	○	○	○	
Immunizations	○	○	○	○	
Alcohol use	○	○	○	○	

11. How would you rate access to the following health care services in your community?

	Excellent	Very good	Good	Fair	Poor
Access to primary care providers	○	○	○	○	○
Access to specialists	○	○	○	○	○
Access to dental care	○	○	○	○	○
Access to substance use treatment services	○	○	○	○	○
Access to vision care	○	○	○	○	○
Access to wellness/disease prevention services	○	○	○	○	○
Access to mental health services	○	○	○	○	○
Other (Please specify): _____	○	○	○	○	○

12. Please list any barriers to receiving/accessing healthcare in your community.

---

13. Do you currently have a primary care physician or provider you go to for general health issues?

- ○ Yes
- ○ No

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

- ○ Excellent

- Very good
- Good
- Fair
- Poor

15. How do you like to receive health information? (Select up to 3)

- Online
- Email
- Text message
- Written materials
- Social media
- Group education workshop/seminar
- Videos for home use
- One-on-one teaching
- Other (Please specify): _____

16. Please indicate the source of your health insurance coverage?

- Employer (your employer, spouse, parent, or someone else's employer)
- Individual (coverage bought by your or your family)
- Indian Health Service (IHS)
- Medicaid
- Medicare
- Military (Tricare, CHAMPVA, VA)
- I do not have health insurance
- Other (Please specify): _____

17. Which of the following best describes your current living situation?

- House (owned)
- Apartment or house (rent)
- Homeless
- Some other arrangement

18. What is your zip code?

_____

19. What is your current age?

_____

20. What is your gender?
- Male

- Female
- Nonbinary
- Prefer not to answer
- Other (please specify): _____

21. What is your race/ethnicity?
    - White, not Hispanic
    - American Indian or Alaska Native
    - Black or African American
    - Asian
    - Pacific Islander/Hawaiian Native
    - Hispanic or Latino
    - Other (please specify): _____
22. What language is spoken most frequently in your home?

_____

23. What is your highest level of education?
    - Less than high school
    - High school graduate (diploma or GED)
    - Some college
    - Associate's Degree (2-year)
    - Bachelor's Degree (4-year)
    - Master's Degree
    - Doctorate
24. What is your current employment status?
    - Employed full-time
    - Employed part-time
    - Self-employed
    - Not employed, looking for work
    - Not employed, not looking for work
    - Retired
    - Disabled/Unable to work
25. What is your annual household income (before taxes)?
    - Less than $15,000
    - $15,000-$24,999
    - $25,000-$44,999
    - $50,000-$74,999
    - $75,000-$94,999
    - $100,000-$149,999
    - $150,000 or greater
26. How many people live in your household? (including yourself)

_____

APPENDIX B: Focus Group Recruitment Email

Dear (insert name),

This is an invitation to participate in a focus group for the 2022 Community Health Assessment (CHA) for Grand Forks and Polk Counties. The overall purpose of the CHA is to gather information that can be used to make our community healthier. You have been recognized as a thoughtful leader within the community, and we want to hear your opinion on how to improve health among our residents. By participating in a focus group, you will greatly assist us in identifying the health needs of residents and the ways we can improve health in our community.

This invitation is made on behalf of the CHA Advisory Committee, a coalition of community organizations headed by Altru Health System and the Grand Forks Public Health Department. UND's Master of Public Health (MPH) Program is providing technical support for the CHA. When complete, the CHA will inform a Community Health Improvement Plan.

Focus groups with community leaders will be held throughout the two counties. Focus groups will have a minimum of 5 and a maximum of 15 participants. All information from the focus groups will be strictly confidential. Persons who participate will not be identified in any reports or releases of information. If you are willing to participate in a focus group, please respond to this email to select the date/time that works best for you. Sign up is first-come-first-served. Please respond with the time that works best and a backup time, in case your preferred focus group reaches capacity before you were able to respond.

If you have questions or experience technical difficulties, please email sarah.larson.4@und.edu a member of the MPH Technical Support Team.

In-person focus groups will be held at University of North Dakota School of Medicine & Health Sciences in Grand Forks, ND and virtual groups will be held via Zoom on the following dates:

Thursday, August 25 Noon & 4pm, In-person or Virtually

Monday, August 29 Noon & 4pm, In-person or Virtually

Tuesday, August 30 Noon & 4pm, In-person or Virtually

Thank you for considering this request to participate in a very important community endeavor. Please feel free to contact Ashley Evenson (Ashley.bayne@und.edu or 701-777-6368) Or Sarah Larson (sarah.larson.4@und.edu) directly if you have any questions.

Sincerely,

Sarah Larson

MPH Candidate, Graduate Research Assistant

Master of Public Health Program

University of North Dakota

APPENDIX C: Focus Group Review of Process

1 Room Set-Up. Tape up 3 flip chart pages labeled: Problems/Concerns, Resources/Barriers, and Solutions. Create paper name tents for each participant to sit at.

2 Welcome & Informed Consent Review & Collection. Focus group facilitator will welcome participants. Focus group assistant will distribute two copies of the informed consent forms to participants, participants will sign and return one form and keep the second copy for themselves. Participants will be introduced, and the focus group will begin. All questions will then be asked in order. After all questions have been asked, participants will be given the opportunity to provide any final or additional comments or thoughts.

3 Documentation. Upon completion of the focus group session, focus group assistant will hand out incentive with a participant demographics form. The focus group co-facilitator will collect the demographics form and log the self-identified demographics on the focus group cover page.

AGENDA

Introduction:

Welcome & Informed Consent – 10 minutes; begin recording

Welcome! My name is Sarah, and this is Nicole Benson. Your invitation to participate in this focus group is made on behalf of the CHA Advisory Committee, a coalition of community organizations headed by Altru Health System and the Grand Forks Public Health Department, who are conducting the CHA for Grand Forks and Polk Counties. UND's Master of Public Health Program, who we represent, is providing technical support for the CHA. The overall purpose of the CHA is to gather information that will be used to make our community healthier. When complete, the CHA will inform a Community Health Improvement Plan. By participating in this focus group, you are greatly assisting us in our community health improvement endeavors, so thank you for being here.

During this focus group you will be asked to identify any community health concerns you have, consider the resources that are currently available to address those concerns, and identify any barriers for accessing health services. After you identify concerns and barriers, you will be asked to make suggestions on how to address those issues. Your input is vital in helping us identify and prioritize community needs.

Before we can begin, each of you must give your informed consent to participate. Two copies of the informed consent form are being distributed to you now. Please sign both copies and keep one for yourself and return one to us. The informed consent explains that any information you share during this focus group will remain confidential and private. Focus group audio recordings and transcripts will contain no names or identifiers. Recordings and transcripts will be accessible only to study investigators and will be used only for the 2022 CHA report. When the report is completed, the audiotapes will be destroyed, and after three years all transcripts will be destroyed. Your participation is voluntary, and you should only answer questions you feel comfortable responding to.

Some ground rules before we begin: We have gathered you all here because we value each of your voices and perspectives. We would like to hear from each of you; I may call on you if I have not heard from you just because I want to make sure everybody is included.

There are no right or wrong answers, and it is okay to disagree with one another, we just ask that you do so politely and focus on your own experience and perspective. We are interested in a diverse range of opinions and ideas. I may have to interrupt during the discussion because we have a number of questions to get through. So, I apologize in advance and know that we value what you have to say, we just want to make sure we make it through our agenda.

Are there any questions before we begin?

Discussion:

Questions:

Introduction/Ice breaker – 5 minutes

- In no particular order, I'd like everyone to introduce themselves with their name and one summer activity you enjoy or one thing you enjoy about the summertime.

Problems/Concerns Identification – 15 minutes

Ask the following questions and document answers on flipcharts.

- I will give everyone a piece of paper and I'd like you to write down 3 health related issues you see in your community. - 5 minutes
- What are the most significant problems related to health in your community? - 10 minutes

Community Resources and Barriers – 20 minutes

Have participants look at the list of problems and concerns, and then ask:

- What resources are available in the community to address these issues? (List each resource on the left side of the flip chart page) -5 minutes
- Think back to a time when you or someone you know faced one of these health issues. What resources helped them move forward? – 10 minutes
    - Were there any resources that were not accessible?
- What are the barriers (if any) to accessing these resources? (List barriers next to the resource they apply to). -5 minutes

Solutions – 20 minutes

Have participants look at the list of problems, issues, resources and barriers, and then ask:

- Thinking again to the health issue experience, what would have been helpful for this individual? -10 minutes
- What actions, programs, or strategies do you think would make the biggest difference in the community? (e.g., What solutions would help solve the problems and reduce/remove the barriers listed?) -10 minutes
- How can organizations and programs most effectively advertise these opportunities to your community? (ask especially for special population groups) – 5 minutes

Conclusion: -10 minutes

To the other moderator: Do you have any additional questions or follow ups?

Before you all leave, I ask that you fill out a small demographic form with your self-identified age, race, and gender. This information will be kept confidential.

Thank you & Distribute Incentive

Thank you for your time and participation! We will be handing out the Hugo's gift cards as a thank you. We expect to hold a community forum, where we will discuss the Community Health Assessment findings. The final report will be made publicly available. If you have any questions at any time moving forward, feel free to contact myself or any of the study team members listed on the consent form. Thank you!

Debrief

Once all participants have left, the facilitators will make notes and discuss any relevant notes/topics with the recorder still on.