2016

Community Health Assessment

Public Health
Prevent. Promote. Protect.
Grand Forks Public Health

Altru
HEALTH SYSTEM

COMMUNITY HEALTH ASSESSMENT

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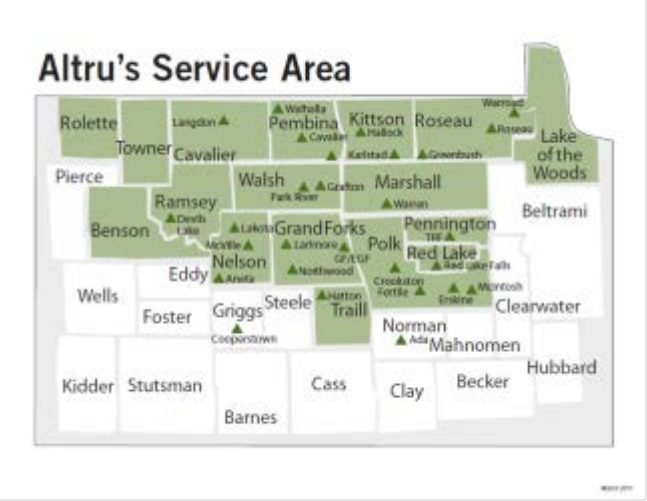
Introduction

The 2016 Community Health Assessment was a joint effort led by Altru Health System and the Grand Forks Public Health Department. Our two organizations have a history of collaboration to improve community health. Together, we engaged multiple partners to conduct the assessment, which provides information on health issues, status, and needs and identifies areas for improvement. This report will be used by health care providers, public health officials, policy makers, area organizations, community groups and individuals who are interested in improving the health status of the community. The results of our data analysis, focus groups and surveys enable organizations to strategically establish areas of focus, develop intervention, and commit resources.

Altru Health System

Altru Health System is a community-owned, integrated system with an acute care hospital, a rehabilitation hospital, more than a dozen clinics in Grand Forks and the region, and large home care and outreach therapy networks. We employ more than 200 physicians and over 4,000 staff. We serve the approximately 220,000 residents of a 17-county region as shown in the map below.



The passage of the Affordable Care Act in 2010 requires not-for-profit hospitals to conduct a community health assessment every three years. While Altru is required to conduct the project, it represents a great opportunity to partner with the community to gain a broader understanding of opportunities and issues.

In 2013, Altru Health System conducted our first comprehensive community health assessment per the Affordable Care Act requirements. We benefited from the involvement of many people and gained valuable information about the community we are privileged to serve. As a result of that assessment, our Community Advisory Committee identified five priority areas for improving the health of our community:

- Rate of obesity
- Access to mental health services
- Binge drinking/ excessive drinking

» Impact of poverty on health
» Financial barriers to health care access

At the end of 2015, Altru Health System partnered with Grand Forks Public Health Department to start a new community health assessment cycle. The timing of this assessment meets the requirement for Altru to conduct one every three years.

Grand Forks Public Health Department

The Grand Forks Public Health Department provides services to the City and County of Grand Forks, North Dakota. We believe in creating a culture in which all people have the means and the opportunity to make choices that lead to the healthiest lives possible. We facilitate policy, system and environmental changes that are supported by businesses, government, individuals, and organizations all working together to foster healthy communities and lifestyles.

The Grand Forks Public Health Department is committed to:

» promoting healthy environments and lifestyles
» preventing disease
» building community resilience through preparedness
» assuring access to health services

The Grand Forks Public Health Department is required to conduct an assessment as part of our pursuit to be an accredited public health department.

Grand Forks Public Health Department's Service Area

Working together, Altru Health System and Grand Forks Public Health are able to meet both of our respective requirements and develop a deeper understanding of the needs in our community.

Assessment Methodology

Leadership from Altru and Grand Forks Public Health agreed to adopt the process from the Association for Community Health Improvement (an American Hospital Association affiliated group) for our community health assessment. (This same process was used for the 2013 assessment.) The diagram below shows the six steps that comprise the process.

The structure of this report will follow the six steps of the process.

Step 1 | Establishing the Assessment Infrastructure

A team from Altru and Grand Forks Public Health formed a work group to manage the assessment process. As in 2013, we agreed to engage community leaders in the process through the formation of an Advisory Committee. A letter of invitation was sent to prospective members in November, 2015. The first meeting was held in November with representatives from the following organizations agreeing to participate in the process with Grand Forks Public Health and Altru Health System:

- Community Violence Intervention Center
- United Way
- Grand Forks Public Schools
- University of North Dakota School of Medicine
- University of North Dakota
- Northeast Human Service Center
- Grand Forks Police Department
- Grand Forks Fire Department
- Altru Family YMCA
- Grand Forks Park District
- Grand Forks Air Force Base
- Lipp, Carlson, Witucki & Associates
- Grand Forks Senior Center

- Third Street Clinic
- Grand Forks City Council
- Faith Community
- Global Friends Coalition
- Valley Community Health Center
- Polk County Public Health
- Grand Forks County Commission

The Committee agreed that its role in the assessment process would be as follows:

- Collectively oversee the project
- Define the project's purpose and scope; goals of the assessment; range of issues; geography; types of data needed
- Review data
- Determine criteria for evaluating data and setting priorities
- Set priorities
- Approve the report
- Help communicate the information per the communication plan
- Develop action plans for addressing priorities (including budget and responsible parties)
- Help engage resources to implement plans
- Facilitate implementation of action plans
- Provide input into the evaluation plan
- Monitor implementation progress and measure results

Step 2 | Defining the Purpose and Scope

After a brainstorming meeting where many ideas about the issues and opportunities in the community were shared, the Advisory Committee defined the purpose of the community health assessment as follows:

Improve the overall health of the community by focusing on factors that promote health and wellness (versus treating disease).

The Advisory Committee also discussed the geographic region to include in the assessment. Areas served by the agencies represented ranged from Grand Forks and Polk Counties. As shown on the first page of this report, Altru Health System serves a very large seventeen-county region. This region includes many small hospitals who will be conducting community health assessments for their own local area. Altru considers its primary market to be Grand Forks County in North Dakota and Polk County in Minnesota. The Advisory Committee agreed that the geographic definition for the community health assessment would be Grand Forks and Polk Counties.

Step 3 | Collecting and Analyzing Data

Grand Forks Public Health and Altru Health System engaged students from the University of North Dakota's Master of Public Health program with the assistance of Dr. Raymond Goldsteen, Professor and Director of the Department of Population Health.

Working closely with the Director of Grand Forks Public Health, the student team conducted a community survey along with focus groups with community leaders to get their insight about the health of Grand Forks and Polk County communities and how it can be improved. The team also reviewed data from secondary sources.

Community Survey

The community survey was developed to:

- Assess the health of residents in Grand Forks and Polk Counties.
- Identify health services deficiencies and proficiencies.
- Learn about residents' opinions, attitudes and beliefs about health issues that affect them and their community.

Surveys were distributed to community members electronically using Qualtrics survey software from April 12, 2016 to May 15, 2016. Paper surveys were distributed at designated locations including: Grand Forks Public Health Department, Altru Health System, and Grand Forks Senior Center. In total, 383 surveys were completed (364 electronic surveys and 19 paper surveys).

The community survey was comprised of twenty-one questions, ten of which assessed community health and eleven of which recorded personal demographics. Main themes that emerged from the community survey were:

- People are very helpful to others in the Grand Forks and Polk County community.
- Respondents feel it is a good place to raise a family.
- Residents feel people in the Grand Forks and Polk county community are open-minded.
- Residents feel there are problems related to employment and economic well-being.
- Respondents are happy with resources available for youth programs in the community.
- Overall residents are happy with availability of assisted living for senior citizens.
- Respondents feel there is a community concern dealing with illegal, prescription, and alcohol abuse.
- Residents feel there are scarce resources for availability of affordable housing.
- Access to mental health is a barrier in Grand Forks and Polk counties.

Focus Groups

There were a total of eight focus groups with each focus group exploring opinion, attitudes and beliefs about health issues that affect our community. Four out of the eight focus groups were conducted with community leaders which were identified by the CHA Advisory Committee. The

next four focus groups were conducted with special populations including, participants with disabilities, new Americans, and seniors citizens. All focus group participants were asked to:

- Identify community health problems and concerns within the community
- Identify barriers and resources in relationship to those problems and concerns
- To make a recommendation to resolve the specific problems and concerns

Six themes arose from the eight focus groups:

- Health care coordination
- Elderly care
- Social equity and income disparities
- Lack of health prevention
- Underfunding for health problems
- Acceptance of diversity in the community

Secondary Data

Secondary data were collected and analyzed to provide a snapshot of the area's overall health conditions, risks and outcomes. A variety of information is included:

- Background description of Grand Forks and Polk Counties
- Health status overview
- Demographics of Grand Forks and Polk Counties
- Behavioral risk factors
- Health outcomes

A few highlights are summarized next.

Demographic Data

Grand Forks and Polk Counties have experienced several demographic shifts over the past decade, especially in the past six years.

- In Grand Forks County there has been a steady rise in population between 2010 and 2014 with population increasing from 66,771 to 70,916 (US Census, 2010-2014).
- Polk County has been stable with only a slight increase from 31,336 to 31,630 between 2010 and 2014 (US Census, 2010-2014).
- In both Grand Forks and Polk County, there has been an increase in ethnic diversity.

County Health Rankings

In the most recent County Health Rankings (2016) released by the Robert Wood Johnson Foundation, Grand Forks County is ranked number 18 out of 49 counties in North Dakota for overall health outcomes; Polk County is ranked 60 out of 87 Minnesota counties.

The Overall Health Outcomes ranking is based on outcomes for mortality and morbidity. The measure for mortality is the years of potential life lost before age 75. Morbidity includes

outcomes for poor or fair health, poor physical health days, poor mental health days, and low birthweight.

	Grand Forks County	ND	Polk County	MN
Overall Health Outcomes Ranking	**18**	(of 49)	**69**	(of 87)
Length of Life	**10**	(of 49)	**80**	(of 87)
Quality of Life	**34**	(of 49)	**46**	(of 87)

A complete copy of the June 2016 Community Health Assessment is included as Attachment One.

Step 4 | Selecting Priorities

After a review of the primary and secondary data, the Advisory Committee was given the opportunity to provide input for the priority setting process. This process started with each committee member independently providing what he or she believes are the five most significant health needs in our community. From this input, the following list of significant needs/issues was compiled:

- Illegal drug abuse
- Addiction
- Prescription drug abuse
- Substance abuse
- Addiction counseling programs
- Access to drug abuse treatment
- Drug treatment facility
- Obesity
- Diabetes
- Environments that support physical activity
- Health management
- Health education programs
- Mental health
- Access to mental health providers
- Limitations with mental health screenings
- Mental health home visits
- Bullying
- Cyber bullying
- Suicide/ Suicide prevention (assessment and treatment)
- Domestic violence
- Sexual assault
- Stalking

- Bullying awareness programs
- Resources for seniors to stay home
- Alzheimer's/ Dementia screening, support, and education
- Resources for homeless people after medical treatment
- Affordable dental care
- Affordable eye care
- Affordable medication
- In-home medical services for seniors
- Availability of affordable housing
- Poor housing conditions for seniors
- Limited financial resources for seniors
- Senior mental health
- Funding for homemaking services for seniors
- Care fragmentation
- Poor communication between primary physicians
- Access to specialists in the medical field
- After-hours access to health care
- Access to Inpatient psychiatry services
- Availability of high quality childcare
- Improve discharge planning to include community based services
- Access to child and adolescent psychiatry providers and treatment settings
- Create greater inclusiveness and diversity for all residents
- Transportation for people in poverty
- Healthcare for people in poverty
- Affordable immunizations for seniors and children
- Heart Disease
- Cancer
- Nutrition and hunger during summertime while children are not in school
- After school programs for youth
- Underage tobacco consumption
- Poor nutrition
- Limited physical activity
- Driving under the influence
- Tobacco use
- Failure to identify and treat colorectal cancer in early stages

This list was discussed at an Advisory Committee meeting on July 21, 2016; the list was modified based on our discussion. The revised list of significant issues was then sent to each committee member with the assignment to independently rank the top five health issues. Committee members approved the following criteria to use while making their decisions:

- The burden, scope, severity, or urgency of the health need
- The estimated feasibility and effectiveness of possible interventions

» The health disparities associated with the need
» The importance the community places on addressing the need
» The community resources already allocated to addressing the need
» The connection to the purpose of the assessment developed by the Advisory Committee: Improve the overall health of the community by focusing on factors that promote health and wellness (versus treating disease).

Committee members were welcome to seek input from colleagues or others when determining their priority rankings. Feedback from each committee member was compiled; points were assigned to the rankings as follows: 1 = 5 points, 2 = 4 points, 3 = 3 points, 4 = 2 points, 5 = 1 point. The following table shows the results of the ranking process.

Health Issue	Total Points	# of Votes
Access to mental health services	76	21
Prescription and illegal drug abuse	48	13
Obesity	32	13
Binge drinking and alcohol abuse	28	8
Care fragmentation	27	10
Access to addiction treatment and counseling	23	7
Access to health care/ affordable care	21	5
Housing	18	8
People in poverty	16	6
Services for children and youth	12	4
Suicide and suicide prevention	12	6
Violence	8	3
Heart disease	6	3
Access to services for seniors	5	3
Alzheimer's/ dementia	5	1
Bullying and cyber bullying	2	1
Diabetes	2	1
Tobacco use among adults and underage youth	2	2

Items that didn't receive any votes in the ranking process include cancer and create greater inclusiveness and diversity for all residents.

The composite ranking results were shared with the Advisory Committee on August 18, 2016, for discussion and review per the criteria. At the conclusion of our discussion, the Committee agreed that the top five priority areas for improvement should be as follows:

1. Improve access to behavioral health services, including addiction treatment and counseling
2. Reduce incidence of prescription and illegal drug abuse
3. Reduce the rate of obesity
4. Reduce the incidence of binge drinking and alcohol abuse
5. Improve care coordination and access to health care

A preliminary inventory of community assets available in Grand Forks and Polk Counties to address these priority areas is included as Attachment Two. A more robust inventory of resources available to address our significant health needs will be documented as we develop our improvement plans in Step 6.

Step 5 | Documenting and Communicating Results

This report will be shared for approval as follows:

- Community Advisory Committee on September 15, 2016.
- Altru Health System's Executive Team on September 20, 2016.
- Altru Health System's Board of Directors on September 26, 2016.
- Grand Forks Board of Health on October 13, 2016.

Upon approval by these bodies, the report will be available to the public as follows:

- An electronic and paper copy will be given to each Advisory Committee member.
- An electronic file will be available on Altru's website (www.altru.org) and the Grand Forks Public Health Department website (www.grandforksgov.com/publichealth).
- A copy of the report will be available for review at the information desk located in Altru Hospital's front lobby and at the front desk of Grand Forks Public Health Department at 151 South 4th Street.
- A copy of the report will be sent—electronically or via U.S. Postal Service—to anyone who requests it.

Step 6 | Planning for Action and Monitoring Progress

This step of the process will be part of the Community Health Improvement Plan and Implementation Strategy report that will be developed upon approval of this Community Health Assessment report by the bodies noted in Step 5.

Attachment One

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

June 2016

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INTRODUCTION

The 2016 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 the Grand Forks County and Polk County communities. A Technical Support Team from the Master of Public Health Program at the University of North Dakota assisted with CHA data collection efforts and is responsible for this report.

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 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.
3. ***Special Population Focus Groups***
   Four focus groups were conducted with special populations to assess community health problems from underrepresented groups. Special populations included: persons with disabilities, new Americans, and seniors.
4. ***Community Survey***
   A community survey was developed and distributed electronically and using paper copies to assess the general population's perspective on community health in Grand Forks and Polk County.

METHODS

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

Secondary Data Analysis

To assist with reporting community health needs in depth, a comprehensive analysis of Grand Forks County's and Polk County's demographics, behavioral risk factors, and

health outcomes was undertaken. Data sources searched included the University of Wisconsin's County Health Rankings and Roadmaps, the U.S. Census Bureau, Vital Statistics, Health Indicator Warehouse, and the North Dakota Behavioral Risk Factor Surveillance System (BRFSS) (see Table 1 for a description of secondary data sources). This component of the CHA informed further investigation using local data sources.

Table 1. Secondary 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.
Vital Statistics	Surveillance on births, deaths and other vital statistics at the state, county and community level.
Health Indicator Warehouse	Serves as a federal data hub for measurable characteristics that describe health (such as life expectancy, mortality, disease incidence or prevalence); determinants of health (such as health behaviors and factors, physical environments, and socioeconomic environments); and health care access, quality, and use.
US Census Bureau	The United States Census Bureau collects national census data every 10 years.
University of Wisconsin's County Health Rankings	Each year the overall health of each county in all 50 states is assessed and ranked using the latest publically available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
North Dakota KIDS COUNT	Data is collected annually on children's well-being using more than 40 indicators. Data are organized at multiple levels, including by state, state planning region, and county.

Local Data Analysis

Data from local sources were obtained to ensure analyses were comprehensive and representative of Grand Forks County and Polk County. Local data sources were supplementary to the findings of the secondary data analysis. Local data were collected from multiple sources (see Table 2).

Table 2. Local Data Sources

Source/Dataset	Description
Grand Forks Police Department	Included opioid related statistics collected from 2011 to 2015.
North Dakota Department of Human Services: FRAME Data	Included data from pregnant women assessments and suspected maltreatments by FFY from 2011 to 2015.
Grand Forks County States Attorney's Office	Data included reports on drug cases from 2011 to September 2015.
Polk County Public Health: Youth Profile	Polk County's report on substance abuse among youth and young adults, funded by the Strategic Prevention Framework State Incentive Grant and completed in March 2015. Report data used multiple sources to provide a comprehensive perspective on substance abuse in the area.
State Social Services	Data reported on foster care episodes and foster care entry for reasons related to substance abuse by FFY from 2011 to 2015
Grand Forks County Task Force ND BCI	Included data on significant arrests and crimes in Grand Forks County by the Drug Task Force ND BCI from 2010 to 2015.
Altru Health System	Included data on total drug overdoses (both intentional and unintentional) as raw numbers and by gender and age group from 2010 to 2015.
Grand Forks County Coroner	Data includes regional non-natural deaths from 2003 to 2015. Data compares the percentage of non-natural deaths handled by UND Forensic Pathology in 2014 with the cumulative percentage of non-natural deaths handled by UND Forensic Pathology from 2003 to 2013.
Community Violence Intervention Center (CVIC)	Data included a consolidation of 2014 statistics from national databanks (e.g. National Center for Injury Prevention and Control, CDC, etc.), local law enforcement, partner agencies, and from 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.

Focus Groups

Focus groups were conducted with community leaders, identified by the CHA Advisory Committee, and with special populations, identified by the MPH Technical Team as underrepresented groups. Focus groups explored people's opinions, attitudes and beliefs about health issues that affect them and their community. In all, eight focus groups were

conducted with community residents, four with persons identified by the CHA Advisory Committee as community leaders, and four with special populations. See Table 3, below, for the focus group schedule.

Table 3. Focus Group Schedule

Date & Time	Location	Population	Number of Participants
April 5, 2016, 5:00pm-6:00pm	Room A, Altru Main Hospital, Columbia Road S., Grand Forks, ND	Community Leaders	8
April 14, 2016, 4:00pm-5:00pm	Development Homes, 3880 S. Columbia Road, Grand Forks, ND	Adults with Disabilities	4
April 18, 2016, 4:00pm-5:00pm	Room E, Altru Main Hospital, Columbia Road S., Grand Forks, ND	Community Leaders	15
April 22, 2016, 1:30pm-2:30pm	Red Pine i-Brary, 2402 14th Ave S., Grand Forks, ND	New Americans, Bhutanese	17
April 26, 2016, 1:00pm-2:00pm	Kvasager Adult Learning Center, 1802 Continental Drive, Grand Forks, ND	New Americans, Somali Women	9
April 26, 2016, 5:00pm-6:00pm	Room A, Altru Main Hospital, Columbia Road S., Grand Forks, ND	Community Leaders	7
April 28, 2016, 1:30pm-2:30pm	Senior Center, 620 4th Ave S., Grand Forks, ND	Seniors	6
April 28, 2016, 4:30pm-5:30pm	Room C, Altru Main Hospital, Columbia Road S., Grand Forks, ND	Community Leaders	6

All focus group participants were specifically asked to identify community health problems/concerns, discuss barriers and resources related to those problems/concerns, and make recommendations to remedy those problems/concerns. See Appendix A for a copy of the Focus Group Guide, which lists the specific questions asked.

Community Leader Focus Groups

Community leaders were identified by the CHA Advisory Committee. These leaders represented a specific sector in the community and leaders were drawn from multiple sectors, including: public schools and universities, law enforcement, social services, public health departments, mental health workers, clinicians and other hospital staff, etc. In total, 87 community leaders were identified. Each leader was asked to participate in a focus group. Requests were made via email or phone (see Appendix B for the Letter Requesting Focus Group Participation). Thirty-six community leaders participated in a

focus group (Participation Rate: 41.4%). Focus groups were held from April 5, 2016 to April 28, 2016.

Community leader focus groups were conducted in person in Grand Forks County at Altru Hospital, and were facilitated by a trained member of the UND MPH Technical Team. Each interview lasted no longer than 60 minutes. Interviews were recorded and later transcribed. Focus group themes in qualitative data were identified and trends were summarized.

Special Population Focus Groups

Special populations were identified by the MPH Technical Team and approved by the CHA Advisory Committee. Special populations were defined as those sub-populations in the community that are underrepresented and considered to be the most vulnerable and at-risk groups. The special populations included: the homeless population, female survivors of domestic violence, persons with mental illness, persons with disabilities, new Americans, and the elderly population. The following organizations were identified as those with frequent contact with these sub-groups and received a request for focus group participation: The Northlands Rescue Mission, CVIC, Prairie Harvest, the Development Homes, Global Friends Coalition, and the Grand Forks Senior Center (see Appendix C for Request for Special Population Focus Group Participation). Three of these organizations agreed to participate in focus groups: the Development Homes, Global Friends Coalition, and the Grand Forks Senior Center.

Special population focus groups were conducted in person throughout Grand Forks County (see Table 3 above for location specifics). A trained member of the UND MPH Technical Team facilitated focus groups. Each interview lasted no longer than 60 minutes. Focus groups were held from April 14, 2016 to April 28, 2016. Interviews were recorded and later transcribed. Focus group themes in qualitative data were identified and trends were summarized.

Community Survey

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 community. 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 D for a copy of the community member survey.

Surveys were distributed to community members electronically using Qualtrics survey software from April 12, 2016 to May 15, 2016. Paper surveys were also developed in Microsoft Word and distributed at designated locations, including: Grand Forks Public Health Department, Altru Health System, and Grand Forks Senior Center. In total, 383 surveys were completed, 364 electronic, 19 paper, with a survey completion rate of

78%—survey completion rate is defined as the percentage of survey respondents who completed the survey in its entirety.

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 and local data sources.

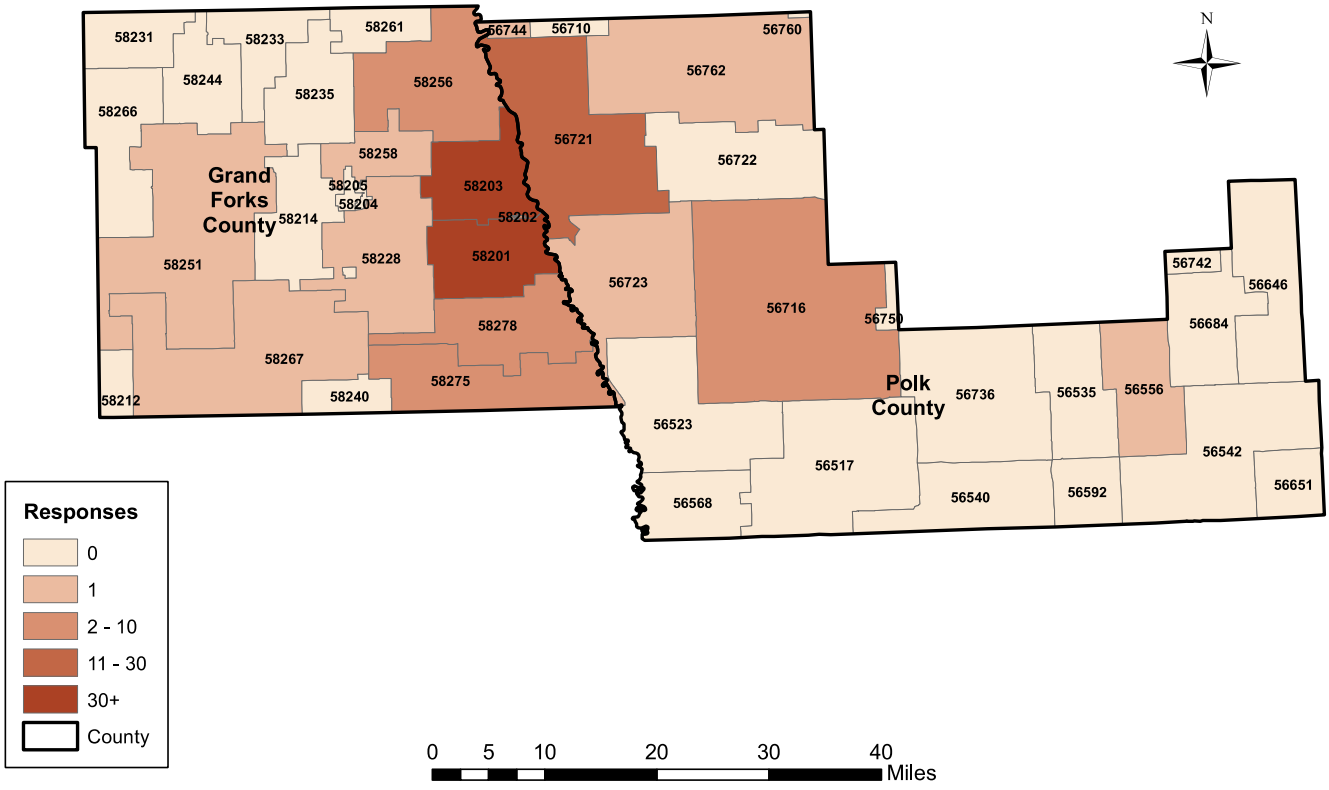
Background

Established in 1881, Grand Forks County was named for its location at the fork of the Red River and the Red Lake River. The Red River, which flows north, made the county an important trading and supply post for Native Americans and early colonists. Today, Grand Forks County is located in northwestern 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 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 an average of 9.7 persons per square mile. Grand Forks County has a population density of 46.5 persons per square mile. Grand Forks County, as a part of the Grand Forks, North Dakota-Minnesota Metropolitan Statistical Area, is one of the few a metropolitan/micropolitan areas in the state (U.S. Census, 2014). 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" Figure 1. Map of North Dakota with Grand Forks County Identified, County Population Change by Zip Code, 2010-2014 (US Census, 2014).

Polk County, established in 1858, has a population of approximately 32,000 persons and is located in northwestern Minnesota (US Census, 2014). Polk County is bordered 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 Traill Counties), and two counties to the south (Norman and Mahnomen Counties) (McCall, 1961). The county is the 5th largest in the state, spanning approximately 2,013 square miles (McCall, 1961). Overall, Minnesota is not a highly rural state, with an average of 16 persons per square mile (US Census, 2010). However, Polk County's population density of 16 persons per square mile is far more rural than Grand Forks County's 46.5 persons per square mile (US Census, 2010).

Figure 1. Map of Grand Forks County and Polk County with CHA Community Survey Response Rates by Zip Code Identified



Health Status Overview

Table 4 (below) provides an overview, and allows for the comparison, of health status in Grand Forks County, ND and Polk County, MN.

Table 4. Grand Forks County, ND and Polk County, MN Comparison (Source: County Health Rankings, 2016)

	Grand Forks County, ND	Polk County, MN
Health Outcomes		
Length of Life		
Premature death	5,900	7,300
Length of Life		
Poor or fair health	13%	12%
Poor physical health days	2.9	2.8
Poor mental health days	2.7	2.8
Low birthweight	6%	6%
Health Factors		
Health Behaviors		
Adult smoking	19%	18%
*Adult obesity***	29%	31%
*Food environment index***	7.6	8.0
*Physical inactivity***	22%	25%
Access to exercise opportunities	83%	56%
Excessive drinking	25%	22%
Alcohol-impaired driving deaths	35%	31%
Sexually transmitted infections	428.3	184.6
Teen births	20	28
Clinical Care		
Uninsured	12%	10%
Primary care physicians	780:1	1,860:1
Dentists	1,460:1	1,980:1
Mental health providers	370:1	570:1
Preventable hospital stays	45	44
Diabetic monitoring	85%	90%
Mammography screening	72%	64%
Social & Economic Factors		
*High school graduation***	88%	88%
Some college	75%	70%
Unemployment	2.9%	4.5%
Children in poverty	17%	16%
Income inequality	5.0	4.8
Children in single-parent households	28%	28%
Social associations	12.1	22.8
*Violent crime***	217	208
Injury deaths	47	79
Physical Environment		
Air pollution – particulate matter	10.8	11.5
Drinking water violations	No	Yes
Severe housing problems	14%	13%
Driving along to work	80%	81%
Long commute – driving along	9%	18%

**Compare across states with caution

Demographics

Grand Forks and Polk Counties have experienced several demographic shifts over the past decade, especially within the past six years. The first, immediately recognizable trend is the steady rise in the population of Grand Forks County between 2010 and 2014: 66,771 persons to 70,916 persons, respectively (US Census, 2010-2014). This is contrasted in the neighboring county of Polk, where the population was stable with only a slight increase from 31,336 individuals to 31,630 individuals between 2010 and 2014 (US Census, 2010-2014). Age distribution remained fairly constant from 2010 to 2014, with only a +0.1 year change in median age in Grand Forks County and -0.7 year change in Polk County (US Census, 2010-2014). Gender distribution also remained constant from 2010 to 2014. This could be partially explained by the limited change in housing makeup, as indicated by the percentage of individuals who were living in the same house one year prior: approximately 77% in Grand Forks County and approximately 83% in Polk County (US Census, 2010-2014).

A notable demographic change that occurred in both Grand Forks and Polk Counties is the increase in ethnic diversity. This change is signified by a decrease in the "White Alone" racial category from 94.5% of the population in Grand Forks County and 93.7% of the population in Polk down to 88.8% and 92.6%, respectively (US Census, 2010-2014). This change is mirrored by the subsequent increase in the African American population (+1.4% in Grand Forks County), as well as an increase in multiple race individuals in both counties (Grand Forks County: +0.7%, Polk County: +1.3%) (US Census, 2010-2014). Further evidence of diversification within these neighboring communities is made evident by the increase in the foreign-born population. This segment of the population has increased in Grand Forks County from 3.4% of the total population in 2010 to 3.9% in 2014, with an all-time high of 4.2% in 2013. A similar trend was observed in Polk County with a rise from 2.3% of the population in 2010 to 2.5% of the population in 2014 with a peak of 2.6% in 2013 (US Census, 2010-2014).

The economic demographics of Grand Forks and Polk Counties have experienced a mix of positive and negative trends from 2010 and 2014. First, while Grand Forks County experienced a minor decrease in individuals sixteen years of age and older in the civilian labor force (-0.6%), Polk County experienced a minor increase (-0.5%) (US Census, 2010-2014). Second, while the workforce percentage changes were inconsistent across county lines, both communities registered increases to both median household income as well as per capita income; this trend is also marked in North Dakota and Minnesota (see Table 4). In terms of education, the proportion of the population graduating from high school is increasing: +0.2% in Grand Forks County and +2.8% in Polk County (US Census, 2010-2014). However, this correlation is not consistent for persons obtaining bachelor's degrees: -0.7% in Grand Forks County and +0.7% in Polk County (US Census, 2010-2014).

Table 5. Changes in Median Household Income and Per Capita Income, 2010-2014 (US Census)

	Grand Forks County	Polk County	North Dakota	Minnesota
Median Household Income ($)	+$2,808	+$3,792	+$8,798	+$3,585
Per Capita Income ($)	+$3,496	+$2,718	+$5,091	+$2,060

North Dakota has a thriving economy with low unemployment rates, growth in GDP, and growth in median household income (ND Kids Count, 2015). Despite this, child poverty rates have remained relatively stable, even with the state's economic successes (ND Kids Count, 2015). At present, about one of seven children lives in poverty: 14% in 2013, which equates to more than 21,000 children (ND Kids Count, 2015). This trend is also evident in Grand Forks County, whose poverty rate declined by just 0.8% from 2010 to 2014, and in Polk County, whose poverty rate remained stable at 13% despite increased incomes (US Census, 2010-2014). Similarly, median gross monthly rent and housing costs have increased in both Counties, as well as across both North Dakota and Minnesota (see Table 6).

Table 6. Changes in Housing Costs, 2010-2014 (US Census)

	Grand Forks County	Polk County	North Dakota	Minnesota
Median Gross Monthly Rent ($)	+$87	+$73	+$121	+$76
Median Owner-Occupied House Value ($)	+$14,900	+$0	+$30,700	-$21,000

Household compositions represent the final demographic change to be discussed. Grand Forks County has experienced a substantial increase in non-family households over the past 20 years, although, this upward trend has stabilized between 2010 and 2014 (+879 households) (US Census, 2010-2014). This trend was also seen in Polk County, but to a smaller degree (+247 households). In both counties, the most marked change in household composition has been the increase in households headed by a single father, compared to the more consistent levels of single mother households (US Census, 2010-2014). These changes are similar to those seen in both North Dakota and Minnesota, and therefore indicate that such trends are more than local phenomena and are indicative of larger trends in the area (Table 7).

Table 7. Changes in the Number of Single-Father and Single-Mother Households, 2010-2014 (US Census)

	Grand Forks County	Polk County	North Dakota	Minnesota
Single Father Households (#)	+435	+115	+1,949	+6,356
Single Mother Households (#)	+45	+34	+1,812	+10,647

Community violence is often underreported; consequently, statistics on violence-related data often include a small fraction of persons impacted. According to national statistics, an estimate 33% of women has experience sexual violence or harm by an intimate partner (Breiding, Chen & Black, 2014). This equates to nearly 9,000 women in Grand Forks County (CVIC, 2016). Despite this, in 2015, the CVIC served just a little more than 900 adult victims of partner violence and 76 victims of sexual assault. Similarly, in 2015, CVIC knows of over 900 children living in violent homes, but just 349 children and adolescents were served (CVIC, 2016). Conversely, from 2014 to 2015, the CVIC experienced a 13% increase in the total number of clients served, with a 53% increase in the last 10 years (CVIC, 2016).

Table 8. Reports of Community Violence (Source: CVIC, 2016)

	Number of Reports	Age Range	Mean Age of Victim	Mean Age of Suspect	% Victims' Gender	% Suspects' Gender
Intimate Partner Violence	761	Unknown – 88	25	38	Male: 17% Female: 68% *Other: 15%	Male: 67% Female: 18% *Other: 15%
Sexual Violence	35	---	---	---	Male: 14% Female: 86%	---
Child Abuse & Neglect	743	---	---	---	---	---

*Cases where law enforcement identified both the male and female as the either the suspect or the victim

Behavioral Risk Factors

Several behavior changes that increase likelihood of negative health outcomes were also recorded. The first of these is the increase in violent crime, indicated by rates of rape, robbery, and assault in Grand Forks County, and recent spikes in rapes and assaults reported in Polk County (Figure 2). Violent crime increases correspond with increases in larceny and motor vehicle theft in both counties. In addition, there has been a drastic rise in burglaries within Polk County, although, this trend is not reflected in Grand Forks County (Figure 3).

Figure 2. Changing Rates of Violent Crime in Grand Forks and Polk Counties, 2010-2014 (Source: www.homefacts.com)

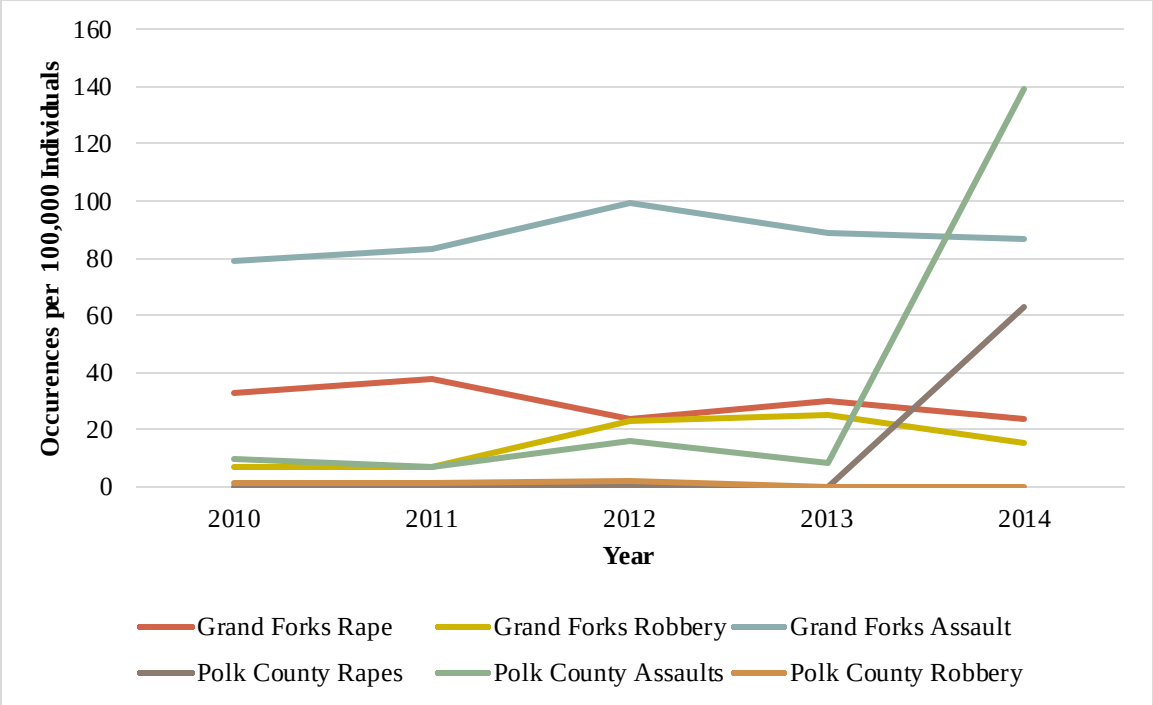
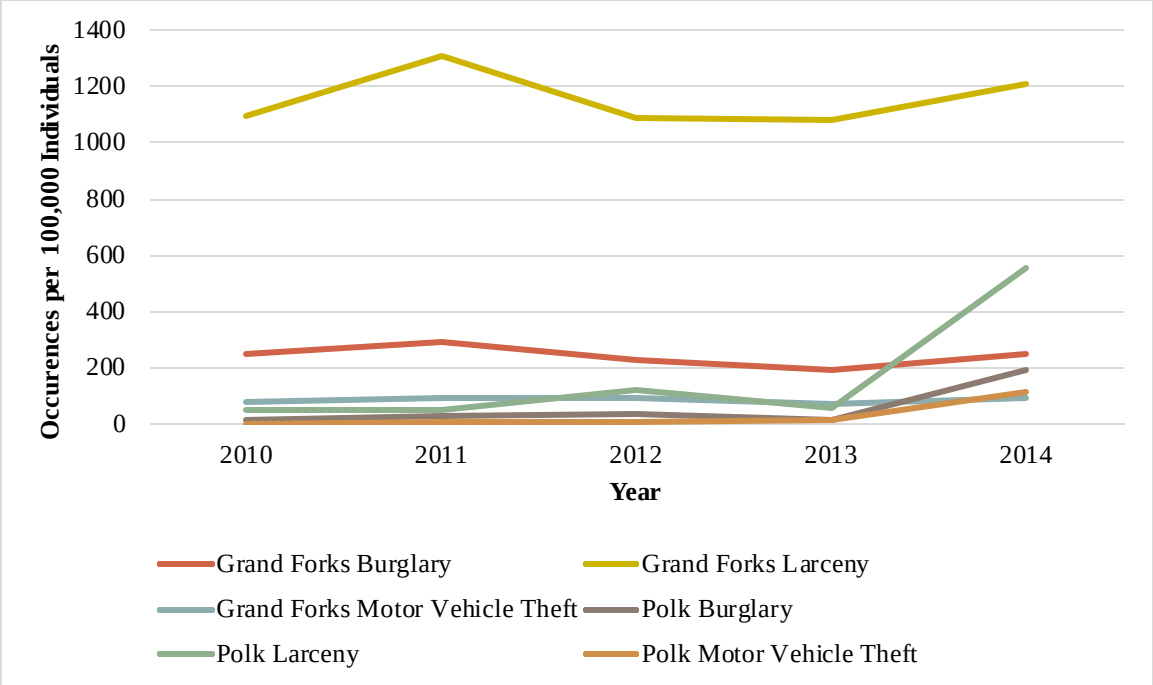


Figure 3. Changing rates of property crime in Grand Forks and Polk Counties, 2010-2014 (Source: www.homefacts.com)



Trend inconsistencies were evident among legal substance use, adult cigarette smoking, and adult binge drinking registered from 2010 to 2014. Cigarette use decreased while the incidence of binge drinking increased in Polk County, signifying the probable success of anti-smoking campaigns but highlighting the potential lack of similar resources for alcohol use. These trends ran counter to broader state trends in most cases, indicating a difference in efforts at the local versus state level or across states. Illegal substance use has increased significantly in both communities. This may be due to increasing population sizes and more frequent contact with larger population centers in Canada and the Midwest (see Table 9).

Table 9. Changing Rates of Legal Substance Use by Percentage of the Population, 2010-2014 (Source: Health Indicator Warehouse, 2010-2014; Grand Forks County Sheriff, 2010-2014).

	Grand Forks County	Polk County	North Dakota	Minnesota
Adult Cigarette Use (%)	-1.1%	-1.9%	+0.7%	+1.3%
Adult Binge Drinking (%)	-1.7%	+1.0%	+2.4%	+1.0%
Illicit Drug Use Reports (#)	+65	+89	+2,815	+3,305

Optimistically, the rate of births to teen mothers (ages 15-19) in both Grand Forks and Polk Counties has decreased substantially. Conversely, births to unmarried women have increased over the same time period in both counties despite decreases in the same measurement at the state level (see Table 10) (Health Indicator Warehouse, 2010-14).

Table 10. Changing Rates of Births to Teen and/or Un-wed Mothers, 2010-2014 (Source: Health Indicator Warehouse)

	Grand Forks County	Polk County	North Dakota	Minnesota
Teen Births (per 1,000 females 15-19 years)	-4.9	-10.2	-9.7	-4.2
Births to Unmarried Women 18-54 years (%)	+0.8	+6.2	-1.1	-1.4

Health Outcomes

Health outcome findings correspond closely with trend data previously discussed. The death rate attributable to all causes has experienced significant decline in Polk County (-154.6 per 100,000 individuals), although rates increased in Minnesota (+22.5 per 100,000 individuals). An inverse trend was also seen in North Dakota, where the death rate decreased in the state (-31.2 per 100,000 individuals) but increased slightly in Grand Forks County (+73.4 per 100,000 individuals) (Health Indicator Warehouse, 2010-2014). This suggests a disconnect between county level outcomes and state outcomes (Health Indicator Warehouse, 2010-2014). Death rates can be examined further to show outcomes

of cancer deaths, heart disease deaths, dementia deaths, and chronic lower respiratory disease deaths, shown in Table 11 (Health Indicator Warehouse, 2008-2014).

Table 11. Changes in Death Rates Per Cause, 2008-2014 (Source: Health Indicator Warehouse, 2008-2014)

Cause of Death (per 100,000 individuals)	Grand Forks County	Polk County	North Dakota	Minnesota
Cancer	-11	-56.6	-28.1	-2.9
Heart Disease	+42.2	-18.9	-20.5	+1.9
Dementia/Alzheimer's	+14.5	-26.8	+2.8	+0.7
Chronic Lower Respiratory Disease	+0.0	-18.7	-8.2	+2.3

Over the past decade, fluctuations in morbidity for several conditions are evident. For instance, among Medicare recipients, the rate of readmission to hospitals within 30 days of being released decreased by 4.18% in Polk County, but increased by 5.14% in Grand Forks County (Health Indicator Warehouse, 2007-2013). The rising rate of readmissions in the more populous of the two Counties could indicate lower quality of life, as illness is often the cause of hospitalization and re-hospitalization. A second indicator of changing morbidity trends and, specifically, signs of lowered quality of life, is the increases in Medicare beneficiaries who receive care for asthma and/or arthritis, which is evident in both Counties (see Figure 4 and 5).

Figure 4. Changing Rates of Arthritis among Medicare Beneficiaries, 2007-2013 (Source: Health Indicator Warehouse, 2007-2013)

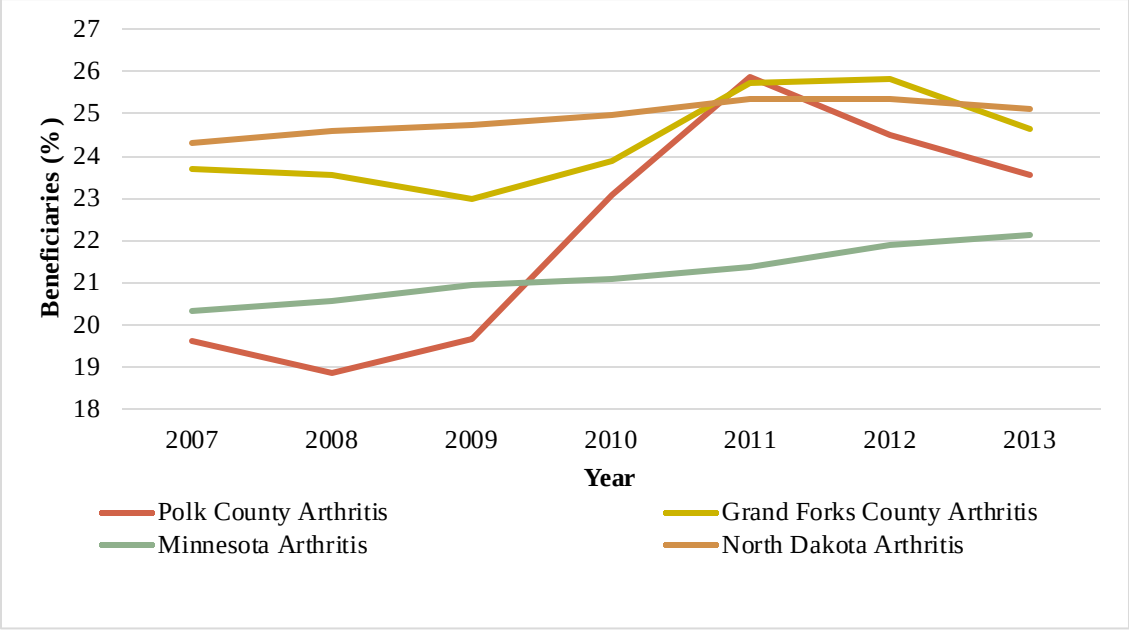
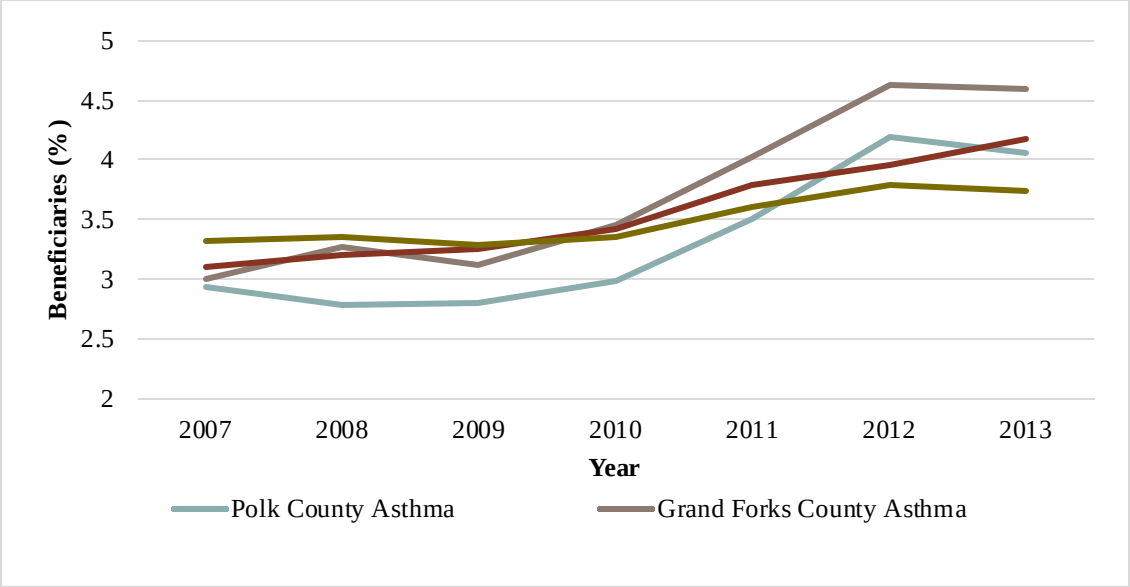


Figure 5. Changing Rates of Asthma among Medicare Beneficiaries, 2007-2013 (Source: Health Indicator Warehouse, 2007-2014)



Another notable change is the decrease in utilization of hospital inpatient services and, conversely, the increase in outpatient service utilization (see Figure 6). This points to changes in care delivery, as opposed to changes in amount of care delivered. The increasing rates of chronic illnesses coupled with the increase in re-hospitalization rates may be fueling the increases in per capita Medicare spending (see Table 12). This may be especially true in Grand Forks County, which experienced an increase nearly twice that of North Dakota and approximately four times that of its neighboring County, Polk.

Figure 6. Changing Rates of Hospital Utilization among Medicare Beneficiaries, 2007-2013 (Source: Health Indicator Warehouse, 2007-2013)

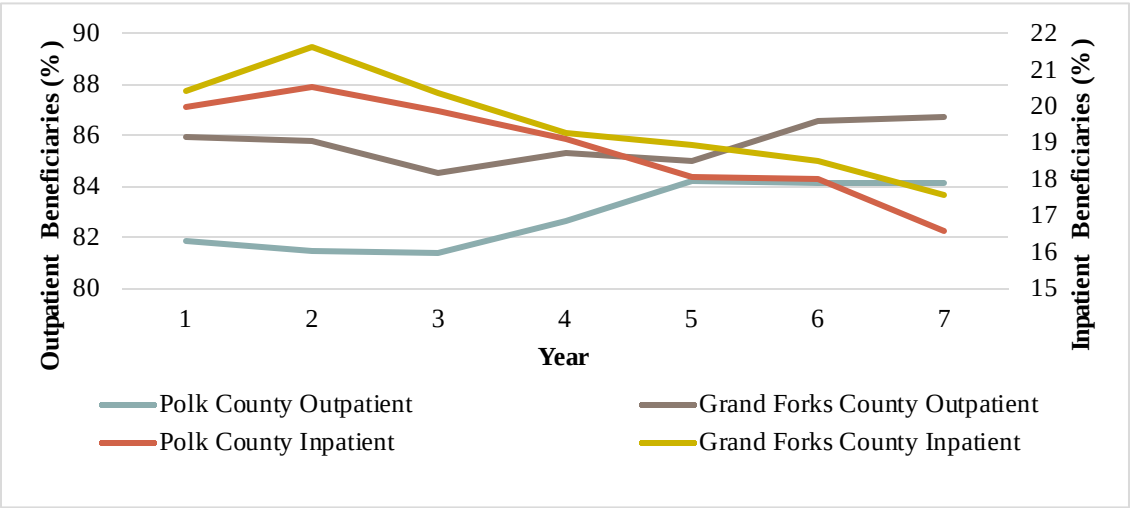


Table 12. Changes in Medicare Per Capita Spending, 2007-2013 (Source: CMS.gov)

Geographic Area	Change in Medicare Per Capita Spending ($)
Polk County, MN	+$143.00
Grand Forks County, ND	+$584.00
Minnesota	+$334.00
North Dakota	+$357.00

COMMUNITY SURVEY RESULTS

CHA Community Survey results represent the opinions and needs of the general population in Grand Forks County and Polk County. A total of 383 surveys were completed, with 78% of respondents completing the survey in its entirety. This section of the report summarizes Community Survey findings, conducted as a part of the 2016 CHA for Grand Forks and Polk Counties from April 12, 2016 to May 15, 2016. The Community Survey was comprised of 21 questions, 10 of which assessed community health, and 11 of which recorded personal demographics. Refer to Appendix D to review a copy of the survey.

Descriptive Analysis

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

Survey Question 1: How much do you agree or disagree with the following statements related to community relationships in Grand Forks and Polk County?

The majority of responses agreed with the following statements: "People are very helpful to others in the community" (N=192, 65.1%); "People feel a strong connection to the community" (N=188, 63.5%); "People can make a difference through civic engagement" (N=160, 51.4%); and "People are highly involved in the community" (N=158, 53.6%). In addition, 98 respondents (33.5%) strongly agreed with the statement "People can make a difference through civic engagement."

Figure 7. Question 1 (N=296)

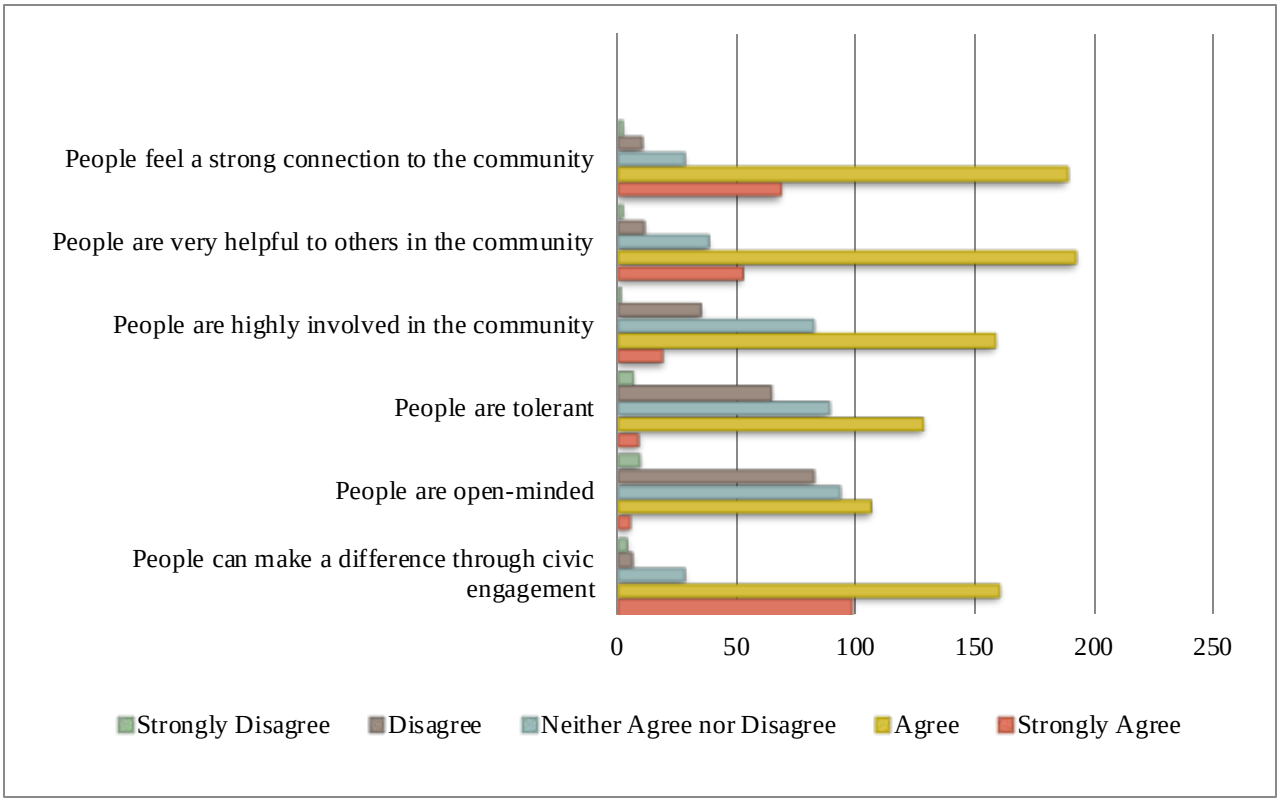


Table 13. Survey Question 1 (N=296)

#	Question	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Total Responses	Mean
1	People feel a strong connection to the community	23.0%	63.5%	9.5%	3.4%	0.7%	296	2.0
2	People are very helpful to others in the community	17.6%	65.1%	12.9%	3.7%	0.7%	295	2.0
3	People are highly involved in the community	6.4%	53.6%	27.8%	11.9%	0.3%	295	2.5
4	People are tolerant	3.1%	43.4%	29.8%	21.7%	2.0%	295	2.8
5	People are open-minded	1.7%	35.9%	31.5%	27.8%	3.1%	295	2.9
6	People can make a difference through civic engagement	33.1%	54.1%	9.5%	2.0%	1.4%	296	1.8

Survey Question 2: Overall, how important to you are these issues related to our relationships?

Based on survey responses, it is clear that community residents place a high value and importance on community relationships. Community members almost unanimously responded "very important" or "important" to the following statements: "People feel a strong connection to the community" (very important: N=125, 42.5%; important: 149 N=, 50.7%); "People are very helpful to others in the community" (very important: N=151, 51.4%; important: N=130, 44.2%); "People are highly involved in the community" (very important: N=99, 33.7%; important: N=156, 53.1%); "People are tolerant" (very important: N=143, 48.6%; important: N=116, 39.5%); "People are open-minded" (very important: N=147, 50%; important: N=117, 39.8%); and, "People can make a difference through civic engagement" (very important: N=130, 44.4%; important: N=124 41.6%). In comparing question 1 with question 2, it is clear that, although respondents place a high value on tolerance and open-mindedness, this value is not currently reflected in the community.

Figure 8. Survey Question 2 (N=295)

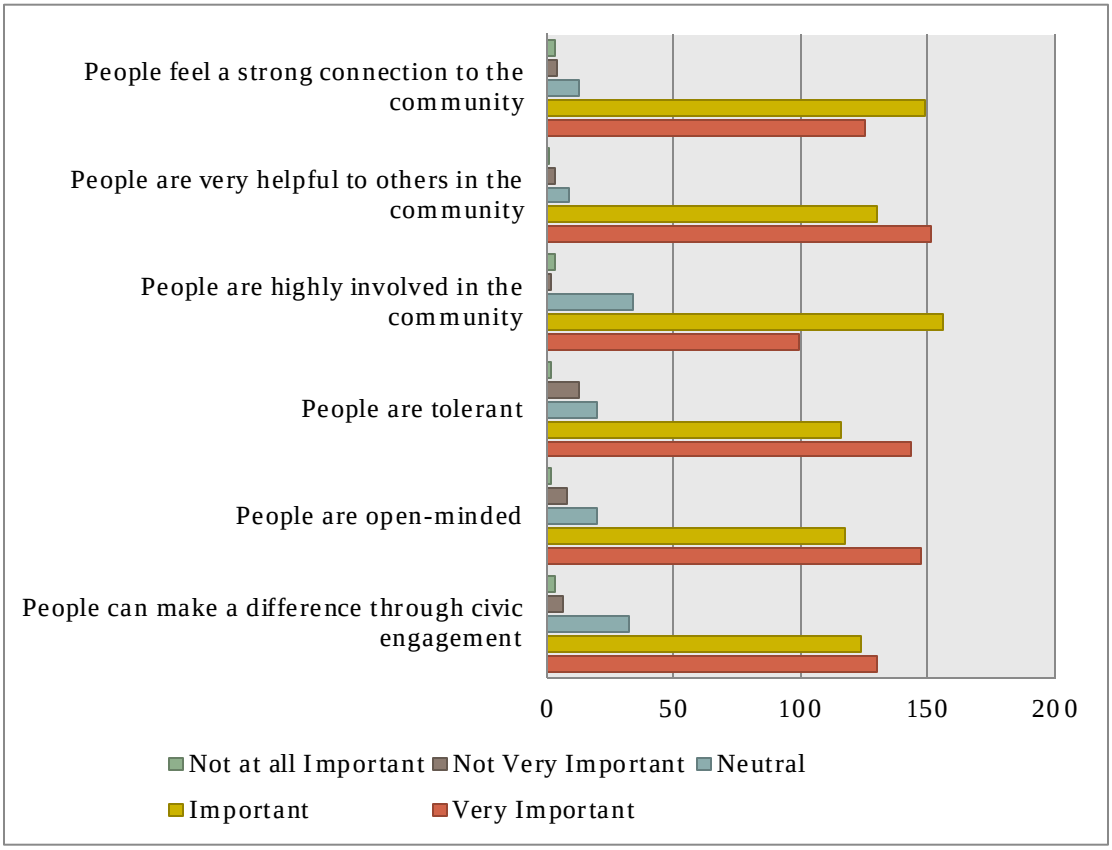


Table 14. Survey Question 2 (N=295)

#	Question	Very Important	Important	Neutral	Not Very Important	Not at All Important	Total Responses	Mean
1	People feel a strong connection to the community	42.5%	50.7%	4.4%	1.4%	1.0%	294	1.7
2	People are very helpful to others in the community	51.4%	44.2%	3.1%	1.0%	0.3%	294	1.5
3	People are highly involved in the community	33.7%	53.1%	11.6%	0.7%	1.0%	294	1.8
4	People are tolerant	48.6%	39.5%	6.8%	4.4%	0.7%	294	1.7
5	People are open-minded	50.0%	39.8%	6.8%	2.7%	0.7%	294	1.6
6	People can make a difference through civic engagement	44.4%	41.6%	10.9%	2.0%	1.0%	293	1.7

Survey Question 3: Please rate the community on the following aspects related to employment and economic well-being

Community residents' responses suggest there are problems related to employment and economic well-being in Grand Forks and Polk Counties. The majority of respondents marked either "poor" or "satisfactory" in regards to the following statements: "Availability of jobs with livable wages" (poor: N=84, 28.9% satisfactory: N=176, 62.4%); "Availability of affordable housing" (poor: N=212, 73.1% satisfactory: N=76, 26.2%); "Cost of living" (poor: N=131, 45% satisfactory: N=148, 50.9%); and, "Responsiveness of local government to economic issues" (poor: N=101, 39.1% satisfactory: N=138, 53.5%).

Figure 9. Survey Question 3 (N=291)

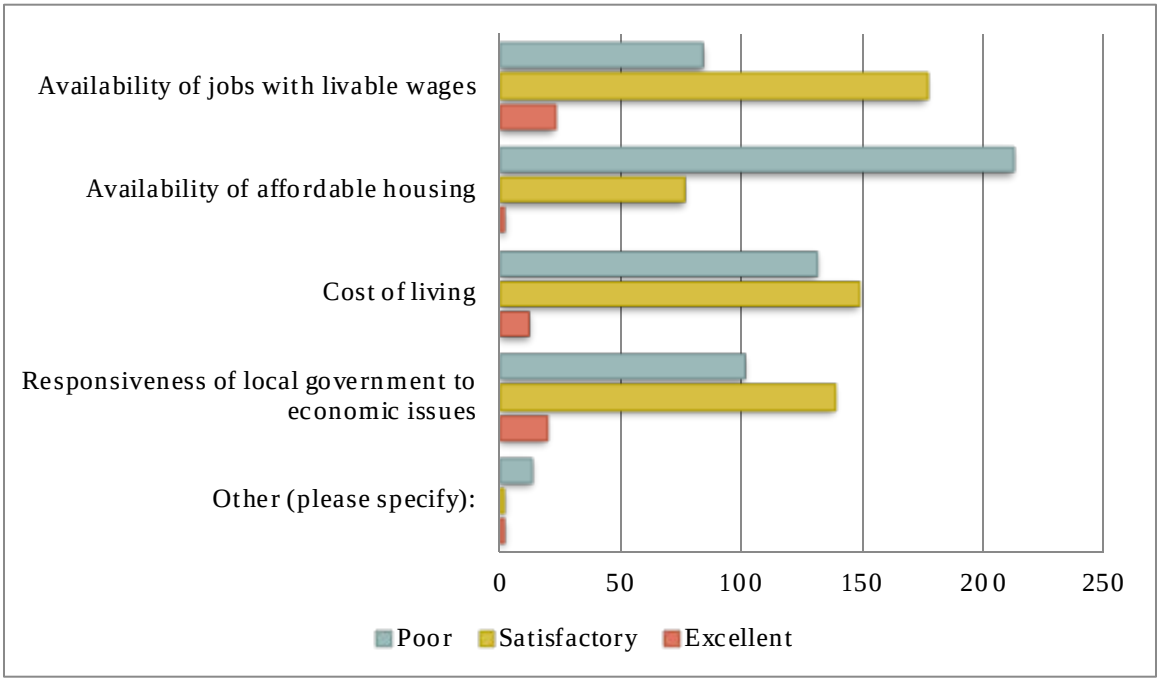


Table 15. Survey Question 3 (N=291)

#	Question	Excellent	Satisfactory	Poor	Total Responses	Mean
1	Availability of jobs with livable wages	7.8%	62.4%	29.8%	282	3.2
2	Availability of affordable housing	0.7%	26.2%	73.1%	290	3.7
3	Cost of living	4.1%	50.9%	45.0%	291	3.4
4	Responsiveness of local government to economic issues	7.4%	53.5%	39.1%	258	3.3
5	Other (please specify):	7.7%	7.7%	50.0%	17	3.6

Survey Question 4: Please rate the community on the following aspects related to resources for youth

Community aspects for youth rated by the majority of respondents as either "excellent" or "satisfactory" included the following: "Overall a good place to raise a family" (excellent: N=126, 46.3%; satisfactory: N=140, 51.1%); and, "Quality of K-12 public schools" (excellent: N=124, 51%; satisfactory: N=106, 43.6%). Community aspects for youth rated by the majority of respondents as either "satisfactory" or "poor," indicating possible problems or deficiencies, included the following: "Availability of high quality after-school activities for teens" (satisfactory: N=77, 42.3%; poor: N=86, 44.2%); "Availability of high quality after-school activities for children 5-12 years" (satisfactory: N=112, 56.6%; poor: N=72, 36.4%); and, "Availability of high quality childcare for

pre-schoolers" (satisfactory: N=89, 42.8%; poor: N=105, 50.5%). Responses to "summer activities for children up to 12 years" were relatively divided in terms of those answering either "excellent" (20.1%) or "poor" (16%). The majority of respondents marked this community aspect as "satisfactory" (63.9%).

Figure 10. Survey Question 4 (N=272)

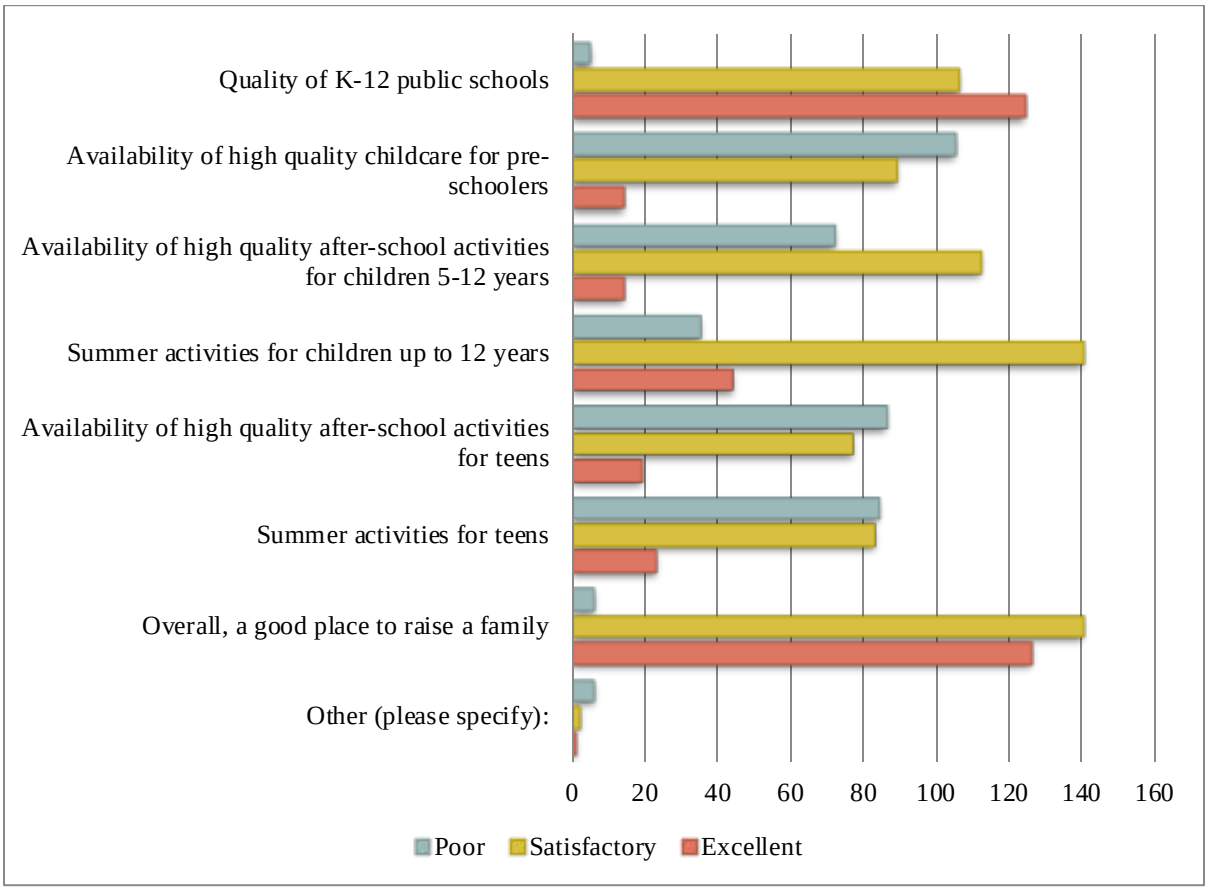


Table 16. Survey Question 4 (N=272)

#	Question	Excellent	Satisfactory	Poor	Total Responses	Mean
1	Quality of K-12 public schools	51.0%	43.6%	5.3%	243	2.5
2	Availability of high quality childcare for pre-schoolers	6.7%	42.8%	50.5%	208	3.4
3	Availability of high quality after-school activities for children 5-12 years	7.1%	56.6%	36.4%	198	3.3
4	Summer activities for children up to 12 years	20.1%	63.9%	16.0%	219	3.0
5	Availability of high quality after-school activities for teens	10.4%	42.3%	47.3%	182	3.4
6	Summer activities for teens	12.1%	43.7%	44.2%	190	3.3
7	Overall, a good place to raise a family	46.3%	51.5%	2.2%	272	2.6
8	Other (please specify):	5.3%	10.5%	31.6%	9	3.6

Survey Question 5: Please rate the community on the following aspects related to recreation and leisure resources

The majority of community residents rated the following aspects related to recreation and leisure as either "excellent" or "satisfactory:" "Access to parks" (excellent: N=196, 67.4%; satisfactory: N=90, 30.9%); "Outdoor recreation opportunities, " (excellent: N=127, 45%; satisfactory: N=134, 47.5%); "Arts and cultural activities" (excellent: N=82, 28.9%; satisfactory: N=173, 60.9%); "Sporting events" (excellent: N=137, 48.1%; satisfactory: N=133, 46.7%); and, "Fitness opportunities year-round" (excellent: N=115, 40.4%; satisfactory: N=142, 49.8%). In addition, the majority of respondents were satisfied (N=180, 62.7%) with the communities "Fairs and festivals."

Figure 11. Survey Question 5 (N=291)

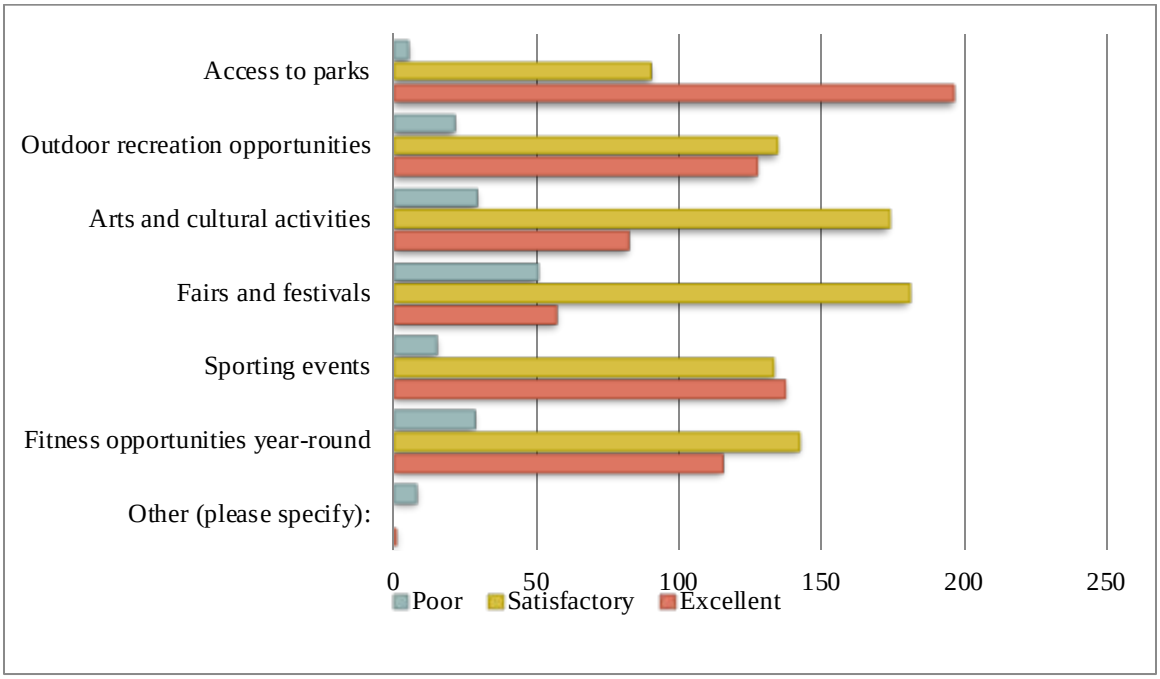


Table 17. Survey Question 5 (N=291)

#	Question	Excellent	Satisfactory	Poor	Total Responses	Mean
1	Access to parks	67.4%	30.9%	1.7%	291	2.3
2	Outdoor recreation opportunities	45.0%	47.5%	7.4%	282	2.6
3	Arts and cultural activities	28.9%	60.9%	10.2%	284	2.8
4	Fairs and festivals	19.9%	62.7%	17.4%	287	3.0
5	Sporting events	48.1%	46.7%	5.3%	285	2.6
6	Fitness opportunities Year-Round	40.4%	49.8%	9.8%	285	2.7
7	Other (please specify):	7.7%	0.0%	61.5%	9	3.8

Survey Question 6: Please rate the community on the following aspects related to resources for seniors

For all statements related to community resources for seniors, the majority of respondents marked either "satisfactory" or "poor," indicating problems or deficiencies. Responses were as follows: "Availability of assisted living" (satisfactory: N=97, 57.4%; poor: N=51, 30.2%); "Availability of long-term care/nursing home care" (satisfactory: N=95, 55.2%; poor: N=60, 34.9%); "Availability of activities for seniors" (satisfactory: N=95, 57.6%; poor: N=48, 29.1%); "Availability of resources for family and friends caring for seniors" (satisfactory: N=77, 47.8%; poor: N=72, 44.7%); "Availability of resources to help seniors stay in their homes" (satisfactory: N=71, 45.2%; poor: N=76, 48.4%); "Cost

of activities for seniors" (satisfactory: N=89, 59.3%; poor: N=51, 34%); "Availability of dementia/Alzheimer's care" (satisfactory: N=62, 44.6%; poor: N=65, 46.8%); and, "Overall, ability to meet the needs of seniors" (satisfactory: N=91, 55.5%; poor: N=62, 37.8%).

Figure 12. Survey Question 6 (N=172)

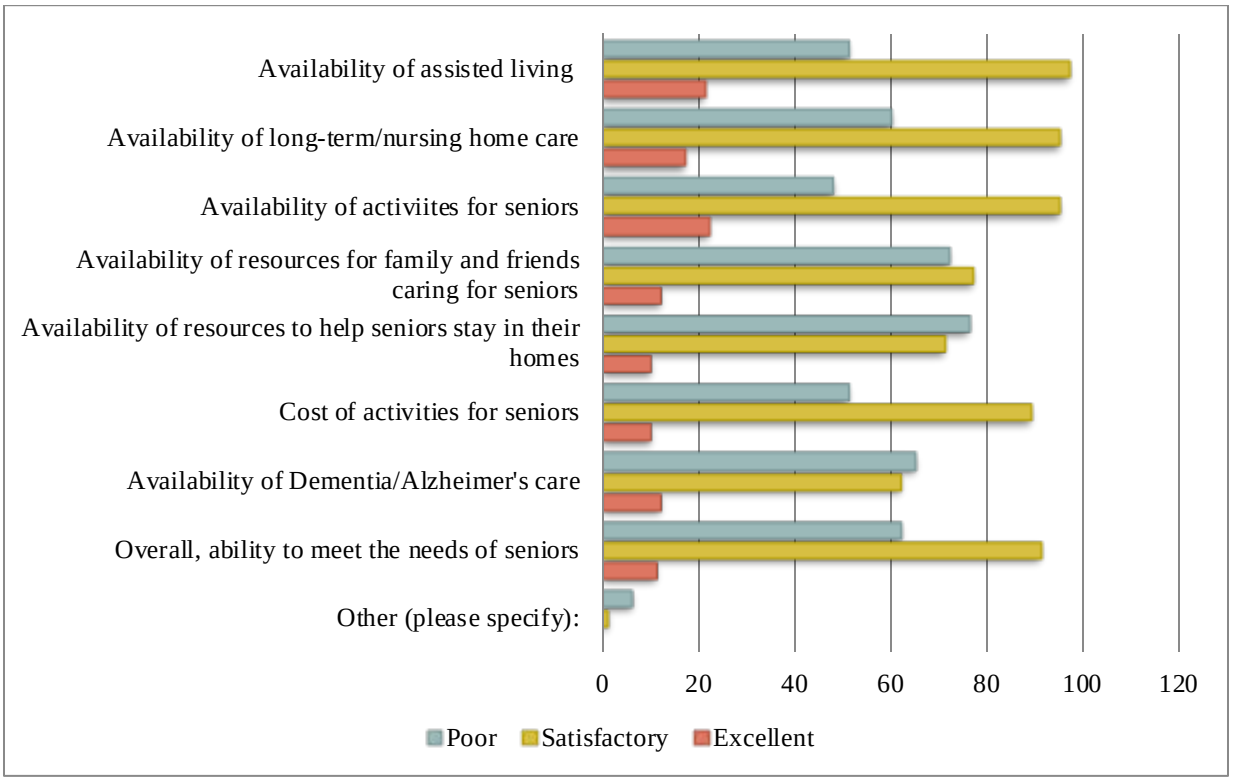


Table 18. Survey Question 6 (N=172)

#	Question	Excellent	Satisfactory	Poor	Total Responses	Mean
1	Availability of assisted living	12.4%	57.4%	30.2%	169	3.2
2	Availability of long-term care/nursing home care	9.9%	55.2%	34.9%	172	3.3
3	Availability of activities for seniors	13.3%	57.6%	29.1%	165	3.2
4	Availability of resources for family and friends caring for seniors	7.5%	47.8%	44.7%	161	3.4
5	Availability of resources to help seniors stay in their homes	6.4%	45.2%	48.4%	157	3.4
6	Cost of activities for seniors	6.7%	59.3%	34.0%	150	3.3
7	Availability of dementia/Alzheimer's care	8.6%	44.6%	46.8%	139	3.4
8	Overall, ability to meet the needs of seniors	6.7%	55.5%	37.8%	164	3.3
9	Other (please specify):	0.0%	10.0%	60.0%	7	3.9

Survey Question 7: Please rate the community on the following aspects related to the environment

For most statements on environmental aspects, the majority of respondents marked either "satisfactory" or "excellent," indicating community strengths. These responses were as follows: "Air quality" (excellent: N=133, 46%; satisfactory: N=140, 48.4%); "Waste management services" (excellent: N=74, 28%; satisfactory: N=176, 66.7%); "Water quality" (excellent: N=121, 42.4%; satisfactory: N=146, 50.9%); "Food safety" (excellent: N=98, 36.2%; satisfactory: N=166, 61.3%); and, "Mosquito-borne disease control" (excellent: N=106, 37.3%; satisfactory: N=153, 53.9%). Alternatively, the majority of responses to an environmental aspect were marked as either "satisfactory" or "poor," indicating a community need: "Land development policies" (satisfactory: N=136, 63%; poor: N=31, 21.5%).

Figure 13. Survey Question 7 (N=289)

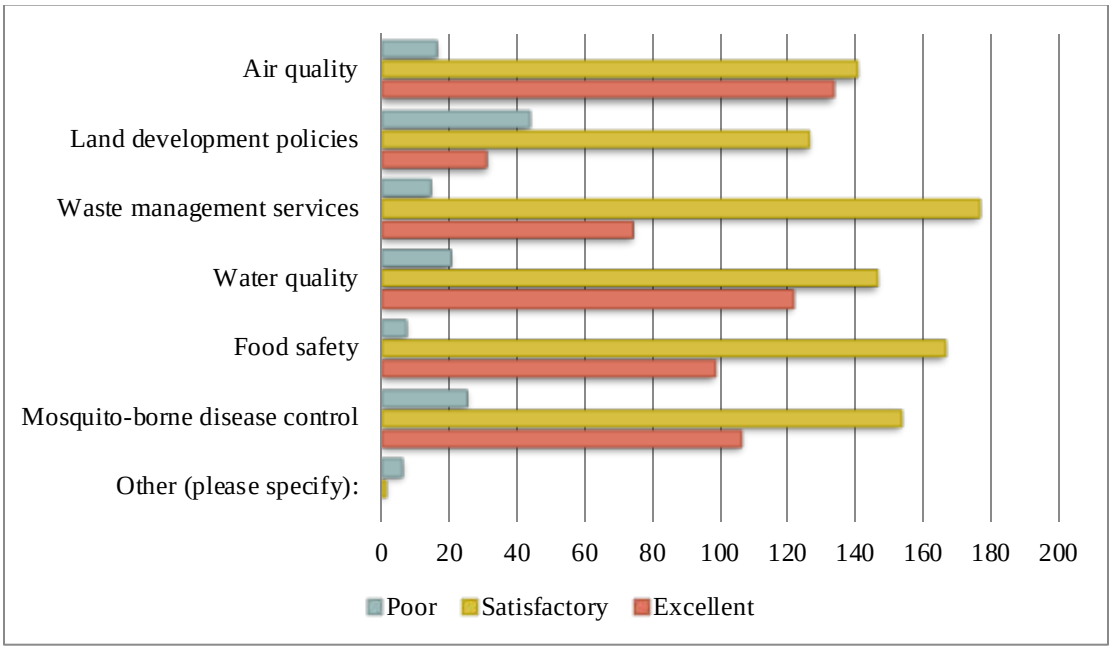


Table 19. Survey Question 7 (N=289)

#	Question	Excellent	Satisfactory	Poor	Total Responses	Mean
1	Air quality	46.0%	48.4%	5.5%	289	2.6
2	Land development policies	15.5%	63.0%	21.5%	200	3.1
3	Waste management services	28.0%	66.7%	5.3%	264	2.8
4	Water quality	42.2%	50.9%	7.0%	287	2.6
5	Food safety	36.2%	61.3%	2.6%	271	2.7
6	Mosquito-borne disease control	37.3%	53.9%	8.8%	284	2.7
7	Other (please specify):	0.0%	10.0%	60.0%	7	3.9

Survey Question 8: Please rate your level of concern regarding adult health and wellness in the community

The top three concerns—statements marked as "very concerned"—identified by community residents regarding adult health and wellness included: (1) illegal drug use (N=196, 69.3%); (2) prescription drug abuse (N=179, 64.4%); and, (3) alcohol abuse, including binge drinking (N=163, 57.4%). The majority of respondents (45% or more) also marked the following health aspects as very concerning: diabetes (N=135, 48.4%); cancer (N=129, 46.1%); poor nutrition (N=127, 45%); obesity/overweight (N=158, 56.4%); domestic violence (N=130, 47.1%); sexual abuse/assault (N=124, 45.8%);

suicide and suicide attempts (N=154, 55.4%); depression (N=158, 56.4%); and stress (N=138, 49.5%).

Figure 14. Survey Question 8 (N=281)

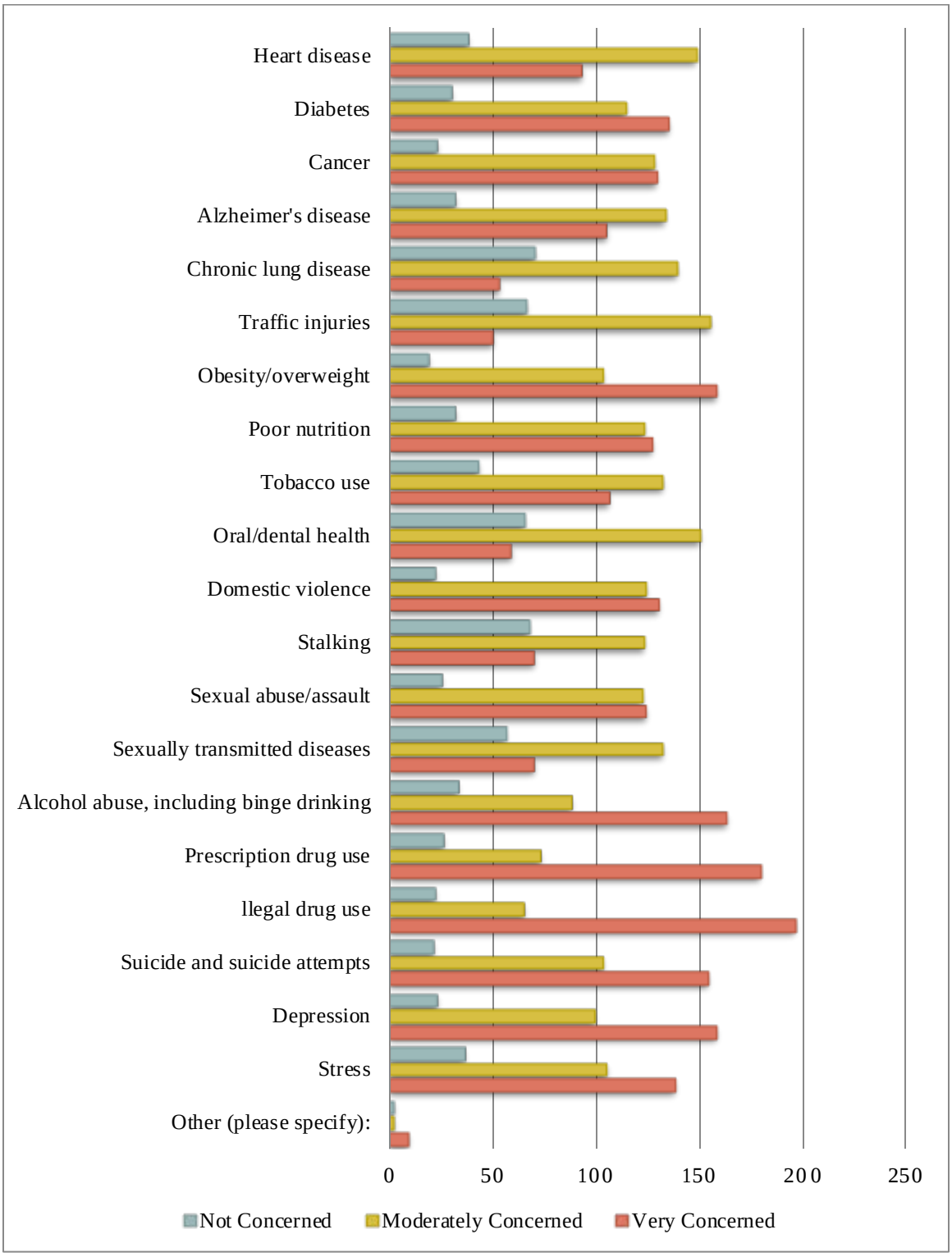


Table 20. Survey Question 8 (N=281)

#	Question	Very Concerned	Moderately Concerned	Not Concerned	Total Responses	Mean
1	Heart disease	33.3%	53.0%	13.6%	279	2.6
2	Diabetes	48.4%	40.9%	10.8%	279	2.2
3	Cancer	46.1%	45.7%	8.2%	280	2.2
4	Alzheimer's disease	38.9%	49.3%	11.9%	270	2.5
5	Chronic lung disease	20.2%	53.1%	26.7%	262	3.1
6	Traffic injuries	18.5%	57.2%	24.4%	271	3.1
7	Obesity/overweight	56.4%	36.8%	6.8%	280	2.0
8	Poor nutrition	45.0%	43.6%	11.3%	282	2.3
9	Tobacco use	37.7%	47.0%	15.3%	281	2.6
10	Oral/Dental health	21.5%	54.7%	23.7%	274	3.0
11	Domestic violence	47.1%	44.9%	8.0%	276	2.2
12	Stalking	26.9%	47.3%	25.8%	260	3.0
13	Sexual abuse/assault	45.8%	45.0%	9.2%	271	2.3
14	Sexually transmitted diseases	27.1%	51.2%	21.7%	258	2.9
15	Alcohol abuse, including binge drinking	57.4%	31.0%	11.6%	284	2.1
16	Prescription drug abuse	64.4%	26.3%	9.4%	278	1.9
17	Illegal drug use	69.3%	23.0%	7.8%	283	1.8
18	Suicide and suicide attempts	55.4%	37.1%	7.6%	278	2.0
19	Depression	56.4%	35.4%	8.2%	280	2.0
20	Stress	49.5%	37.6%	12.9%	279	2.3
21	Other (please specify):	56.3%	12.5%	12.5%	13	1.9

Survey Question 9: Please rate your level of concern regarding teen health and wellness in the community

The top three concerns—statements marked as "very concerned"—identified by community residents regarding teen health and wellness included: (1) illegal drug use (N=196, =73.8%); (2) prescription drug abuse (N=179, 66.7%); and, (3) suicide and suicide attempts (N=163, 65.1%). The majority of respondents (50% or more) also marked the following health aspects as very concerning: bullying/cyber bullying (N=135, 63.1%); obesity/overweight (N=129, 51.6%); lack of physical activity (N=127, 51.4%); alcohol abuse (N=158, 59.5%); depression (N=130, 62.9%); and stress (N=138, 50.4%). Here, it is important to note that, for both adults and teens, community residents marked prescription drug abuse and illegal drug abuse as the top two concerns.

Figure 15. Survey Question 9 (N=281)

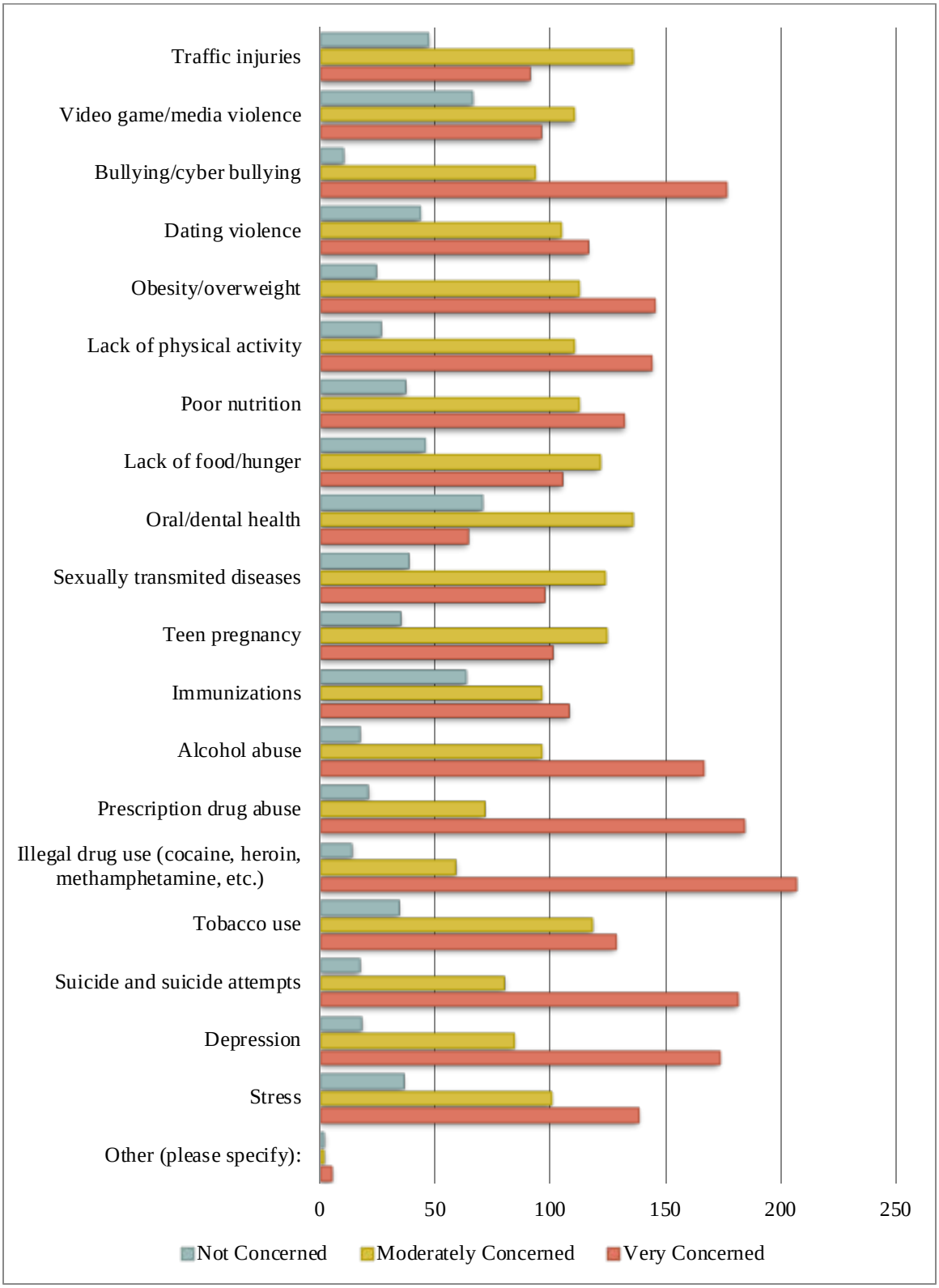


Table 21. Survey Question 9 (N=281)

#	Question	Very Concerned	Moderately Concerned	Not Concerned	Total Responses	Mean
1	Traffic injuries	33.3%	49.5%	17.2%	273	2.7
2	Video game/media violence	35.3%	40.4%	24.3%	272	2.8
3	Bullying/cyber bullying	63.1%	33.3%	3.6%	279	1.8
4	Dating violence	44.1%	39.5%	16.3%	263	2.4
5	Obesity/overweight	51.6%	39.9%	8.5%	281	2.1
6	Lack of physical activity	51.4%	39.3%	9.3%	280	2.2
7	Poor nutrition	47.0%	39.9%	13.2%	281	2.3
8	Lack of food/hunger	38.7%	44.6%	16.6%	271	2.6
9	Oral/Dental health	23.8%	50.2%	26.0%	269	3.0
10	Sexually transmitted diseases	37.6%	47.7%	14.7%	258	2.5
11	Teen pregnancy	38.8%	47.7%	13.5%	260	2.5
12	Immunizations	40.4%	36.0%	23.6%	267	2.7
13	Alcohol abuse	59.5%	34.4%	6.1%	279	1.9
14	Prescription drug abuse	66.7%	25.7%	7.6%	276	1.8
15	Illegal drug use (cocaine, heroin, methamphetamine, etc.)	73.8%	21.1%	5.0%	279	1.6
16	Tobacco use	45.7%	42.1%	12.1%	280	2.3
17	Suicide and suicide attempts	65.1%	28.8%	6.1%	278	1.8
18	Depression	62.9%	30.5%	6.5%	275	1.9
19	Stress	50.4%	36.5%	13.1%	274	2.3
20	Other (please specify):	50.0%	20.0%	20.0%	9	2.3

Survey Question 10: Please rate the community on the following aspects related to heath care services

Regarding aspects related to health care services, the majority of respondents marked the following as "good," indicating a community strength: "Access to primary care doctors" (N=172, 60.8%); "Access to dental care" (N=168, 59.2%); and "Access to vision care" (N=181, 65.8%). Alternatively, the majority of respondents marked the following as either "fair" or "poor," indicating a community need: "Access to specialists" (fair: N=118, 43.4%); "Access to substance abuse treatment services" (fair: N=82, 38.3%; poor: N=95, 44.4%); and, "Access to mental health services" (fair: N=90, 36.9%; poor: N=101, 41.4%)

Figure 16. Survey Question 10 (N=284)

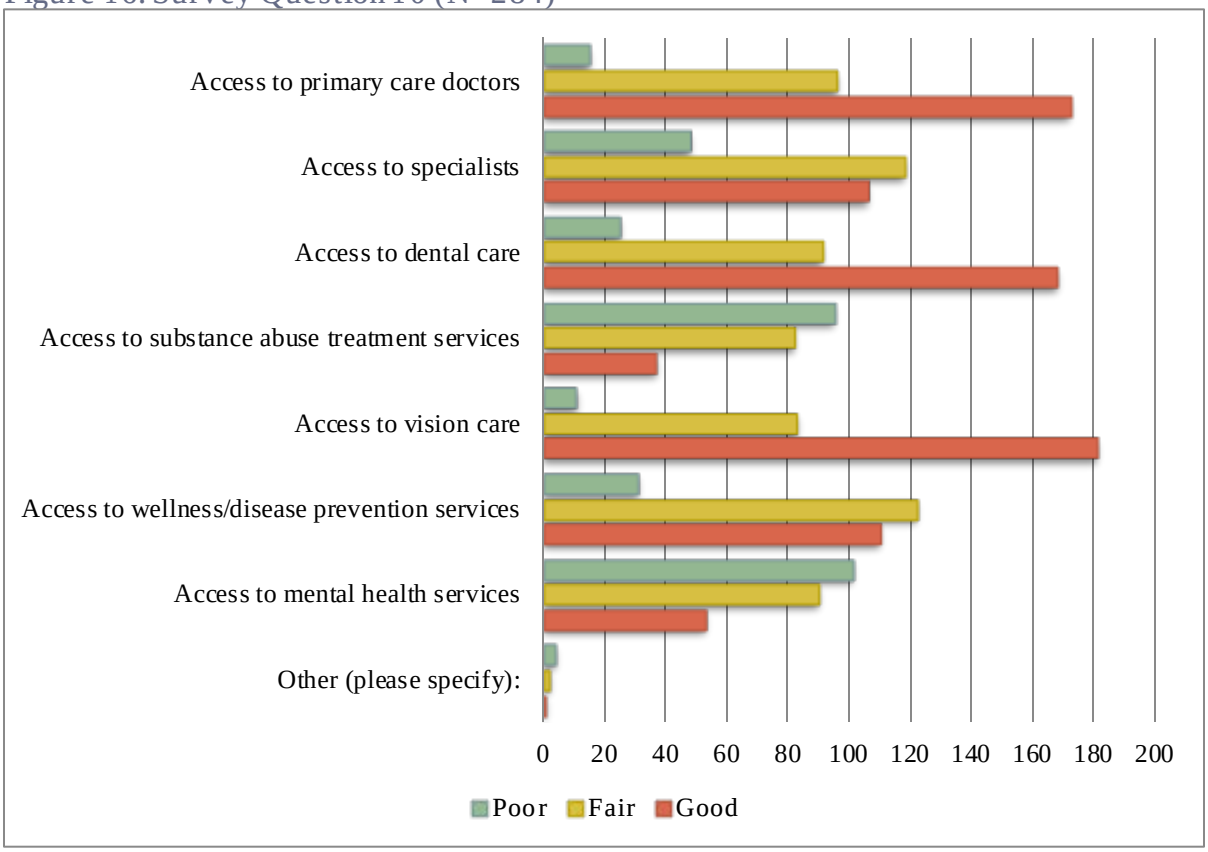


Table 22. Survey Question 10 (N=284)

#	Question	Good	Fair	Poor	Total Responses	Mean
1	Access to primary care doctors	60.8%	33.9%	5.3%	283	2.4
2	Access to specialists	39.0%	43.4%	17.6%	272	2.8
3	Access to dental care	59.2%	32.0%	8.8%	284	2.5
4	Access to substance abuse treatment services	17.3%	38.3%	44.4%	214	3.3
5	Access to vision care	65.8%	30.2%	4.0%	275	2.4
6	Access to wellness/disease prevention services	41.8%	46.4%	11.8%	263	2.7
7	Access to mental health services	21.7%	36.9%	41.4%	244	3.2
8	Other (please specify):	11.1%	22.2%	44.4%	7	3.4

Survey Question 11: In general, how would you rate your health?

Table 23. Survey Question 11

#	Answer		Response	%
1	Excellent		57	20%
2	Very Good		124	43%
3	Good		82	28%
4	Fair		24	8%
5	Poor		3	1%
	Total		**290**	**100%**

Survey Question 12: Are you a health care professional (work for a hospital, clinic, doctor's office, or public health unit)?

Table 24. Survey Question 12

#	Answer		Response	%
1	Yes		90	31%
2	No		199	69%
	Total		**289**	**100%**

Survey Question 13: What is your zip code?

Table 25. Survey Question 13 (N=280)

Zip Code	Frequency	%
Grand Forks County	241	86.1%
Polk County	34	12.1%
Other	5	1.8%
Total	280	100%

Survey Question 14: What is your age?

Table 26. Survey Question 14

Total Respondents	Median Age	Min. Age	Max. Age
280	46.22	19	86

Survey Question 15: What is your gender?

Table 27. Survey Question 15

Answer	Response	%
Males	51	18%
Females	231	82%
Other	1	0%
Total	**283**	

Survey Question 16: Race/ethnicity?

Table 28. Survey Question 16

#	Answer		Response	%
1	White, not Hispanic		266	94%
2	American Indian or Alaska Native		7	2%
3	Black or African American		3	1%
4	Asian		1	0%
5	Hispanic or Latino		1	0%
6	Other (please specify):		6	2%
	Total		**284**	**100%**

Survey Question 17: Highest level of education?

Table 29. Survey Question 17

#	Answer		Response	%
1	Less than high school		2	1%
2	High school graduate (diploma or GED)		10	4%
4	Some college		34	12%
5	2 year degree		27	10%
6	4 year degree		106	37%
7	Graduate or Professional degree		79	28%
8	Doctorate		25	9%
	Total		**283**	**100%**

Survey Question 18: Employment status

Table 30. Survey Question 18

#	Answer		Response	%
1	Employed full-time		202	71%
2	Employed part-time		26	9%
3	Self-employed		6	2%
4	Homemaker		6	2%
5	Unemployed for 1 year or more		1	0%
6	Unemployed for less than 1 year		2	1%
7	Retired		28	10%
8	Unable to work		1	0%
9	Student		13	5%
	Total		**285**	**100%**

Survey Question 19: What is your annual household income (before taxes)?

Table 31. Survey Question 19

#	Answer		Response	%
1	Less than $15,000		15	6%
2	$15,000 - $24,999		7	3%
3	$25,000 - $49,999		49	18%
4	$50,000 - $74,999		39	14%
5	$75,000 - $99,999		58	21%
6	$100,000 - $149,999		63	23%
7	$150,000 or greater		39	14%
	Total		**270**	**100%**

Survey Question 20: Do you have health insurance?

Table 32. Survey Question 20

#	Answer		Response	%
1	Yes		279	99%
2	No		4	1%
	Total		**283**	**100%**

Survey Question 21: If you have health insurance, what kind do you have (select ALL that apply)

Table 33. Survey Question 21

#	Answer		Response	%
1	Insurance through your or a family member's employer		233	84%
2	Insurance that you or a family member purchase privately		26	9%
3	Indian Health Services (IHS)		3	1%
4	Medicaid		9	3%
5	Medicare		32	11%
6	Veteran's Health Care Benefits		7	3%
7	Other (please specify)		9	3%

FOCUS GROUP RESULTS

This section of the report summarizes focus group findings conducted as part of the Grand Forks and Polk Counties Community Health Assessment 2016. Findings are based on focus groups that were conducted with community leaders and special populations during a three-month period in 2016. Focus groups explored people's opinions, attitudes and beliefs about health issues that affect them and their community. In all, eight focus groups were conducted with community residents, four with persons identified by the CHA Advisory Committee as community leaders, and four with underrepresented groups. Thirty-five persons participated in community leader focus groups with sessions ranging from 6 to 15 participants. Thirty-six persons participated in special population focus groups with sessions being held with as few as 4 participants and as many as 17 participants. Qualitative data analysis revealed several overarching themes of concern in community leader focus groups. Special population focus group themes varied, but some overlap was evident.

COMMUNITY LEADER FOCUS GROUP RESULTS

Themes of Concern

Theme #1: Substance Abuse. Of all the health problems discussed by community leaders in focus groups, substance abuse quickly emerged as the top community health concern. Respondents raised concerns about growing prescription (i.e. opioid) and synthetic drug abuse in the community. In all focus groups, participants discussed the widespread impacts of prescription and synthetic drug abuse on the community, and the community's capacity to respond to this problem at present. Several sub-themes emerged, including a discussion about the large and growing foster care population, the increasing homeless population, the need for a detox center and other treatments centers, and the corresponding need for behavioral and mental health services.

Theme #2: Mental and Behavioral Health. Prescription and synthetic drug abuse issues are compounded by the perceived lack of behavioral and mental health services. In all focus groups, participants described the need for more mental and behavioral health service providers. Many participants were concerned about suicide and depression. Specifically, participants felt unprepared in dealing with emergency mental health situations and felt that acquiring that knowledge would be invaluable (e.g. mental health emergency response training, risk assessment training). Many participants also cited the lack of community support for mental and behavioral health due to stigma. This stigma poses as a serious and life-threatening barrier to persons who need those services. Also, in all focus groups, participants described the need for more affordable behavioral and mental health services. Some participants specifically mentioned the need for proper insurance coverage for mental and behavioral health services.

Theme #3: Elderly Care. The growing population of elderly persons, particularly those living with Alzheimer's or dementia, was highlighted as a top community concern. The under-diagnosis of Alzheimer's and dementia, and, with this, insufficient screening was thoroughly discussed in all focus group sessions. Other common sub-themes included: the need for gerontologists; the need for respite care services to informal caregivers; the need for affordable long-term care; and, the need for caregiver support services. Some participants also noted that, at present, there is no community based palliative care, which is needed. These gaps in services are resulting in extended stays in hospitals, which may be contributing to high healthcare costs, burdening families and the healthcare system. Other participants expressed a need for improvements in transportation for the elderly. Many participants specifically noted a need for transportation transitions (i.e. to and from the bus stop or car to the desired location, such as home or the hospital).

Theme #4: Healthcare Coordination. The fragmentation of the healthcare delivery system also emerged as a common concern. Participants observed several situations in which this was evident, including: language and cultural barriers in hospitals and healthcare systems; the lack of healthcare providers for low-income community residents; and no universal screening tool in mental and behavioral health settings. Community leaders cited factors that contribute, including: high physician turnover rates, specifically specialist turnover; poor communication among providers on the patient's behalf; and, a lack of care transition planning.

Theme #5: Social Inequalities and Income Disparities. Another common theme of discussion was focused around social inequalities and income disparities. The lack of affordable housing coupled with the unavailability of jobs providing livable wages has contributed to the increasing homelessness and poverty rates. The low-income working poor is a growing population that is disproportionally burdened with factors that contribute to poor health, including: low access to healthy food; a lack of affordable childcare; a lack of public transportation for their children to and from childcare/school, and for themselves to and from work. These are just a few of the barriers the low-income population navigates on a daily basis.

Theme #6: Health Prevention. The lack of investment in, and emphasis on, health prevention was another common concern among community leaders. That is, in all focus groups, participants acknowledged that most health services are being retroactively delivered, as opposed to being proactive and preventative. This was unanimously described as not ideal.

Theme #7: Funding Opportunities. Ultimately, the lack of funding opportunities to support health improvement endeavors, especially prevention efforts, was unanimously agreed upon as the greatest barrier to building a healthier community in Grand Forks County and Polk County. In addition to this, some participants felt that there is a lost sense of community that has shifted the focus from community well-being to personal well-being. Some participants blamed this cultural shift for underfunding and lack of growth. In the midst of this frustrating discussion, one participant importantly stated, "Our best capital that we have is sitting right here; it's our people [...] and our willingness to collaborate."

Community Assets

Respondents discussed numerous community assets and organizations currently available to address many of the concerns they identified. These assets include the following: school-based clinics; telehealth; grant monies to address bullying; faith-based community services; school systems; the Alzheimer's Association; Prairie Harvest; Grand Forks Substance Abuse Prevention Coalition; CCC Alcohol Prevention; social detox center; the availability of disease prevention technology and screenings (i.e. cancer prevention screenings); public health networking and community health programs; numerous hospital and health care entities, including Altru, Valley Community Health, and more; C.A.T.C.H. collaboration; mentor program through Tri-Valley Senior Center; UND students, which are viewed as assets; the Northlands Rescue Mission homeless shelter; Lutheran Social Services; and, OPTIONS Interstate Resource Center for Independent Living.

Solutions and Recommendations

Respondents offered a range of recommendations to address the health problems and barriers identified. Recommendations are discussed by theme and are described, as follows.

Theme #1: Substance Abuse. Participants offered several ideas to address the substance abuse problem in the community. In nearly all focus groups, participants referenced the detox center that is being developed in Grand Forks County. However, participants felt that this center should be expanded upon to include medication-assisted treatment and be accessible to adolescents. Other participants recommended public education efforts be made. Specifically, drug overdose treatment and emergency response education was requested. Other participants noted the need to increase taxes on tobacco and alcohol, mentioning that North Dakota has not raised taxes on legal substances in several years.

Theme #2: Mental and Behavioral Health. Many of the recommendations made in regards to substance abuse and elderly care overlapped with mental and behavioral health recommendations. In all focus groups, participants recommended that the students attending the University of North Dakota in the field of psychology and social work be utilized more frequently for mental and behavioral health service assistance (i.e. during internships or for other practical experience requirements, etc.). That is, students may help increase the supply of mental and behavioral health providers. Other recommendations included: provision of in-home mental health services, and mental health emergency training for healthcare providers who frequently encounter these persons (e.g. social workers, policemen).

Theme #3: Elderly Care. Several recommendations were made to address the increasing population of elderly persons. These recommendations included the following:

- Provide outpatient social work services to elderly persons and caregivers
- Increase education about, and improve effectiveness of screenings for, Alzheimer's and dementia patients by primary care providers
- Offer affordable nursing homes
- Develop senior friendly housing facilities, specifically communal living spaces
- Educate the public about Alzheimer's and dementia to create an elderly friendly community (i.e. develop protocols for wandering persons)
- Offer caregiver coaching and other support services, such as respite for caregivers to decrease burnout and create a network for support and education
- Investigate the possibilities and opportunities for care using telehealth, which may connect rural or elderly patients to providers

Theme #4: Healthcare Fragmentation. In all focus groups, participants mentioned the need for an integrated care system in all healthcare settings (i.e. hospital care, mental health, behavioral health, dental health, etc.). One participant noted, "We need to quit departmentalizing and start integrating between departments within the community." Participants acknowledged that an integrated care model is a time-intensive effort that would require well-organized, collaborative efforts. Still, it was collectively agreed upon as the ideal solution to healthcare fragmentation. In describing this complex effort, one participant said, "Anything is possible if we think possibility instead of liability."

Theme #5: Social Inequalities and Income Disparities. Recommendations to address social inequalities and income disparities provoked a controversial discussion in many focus groups. However, some important recommendations were made, including: increasing the state minimum wage; offering more affordable and supportive housing projects; and offering affordable financing options for health care services, specifically for oral health services.

Theme #6: Health Prevention. Minimal recommendations were made when discussing health prevention services. Participants attributed the lack of health prevention services to the lack of funding opportunities to do so. Of course, all participants felt it

was important to focus more on prevention of problems, but there has to be funding opportunities to support these important efforts.

Theme #7: Funding Opportunities. Of all the topics discussed, the lack of funding opportunities seemed to cause the most frustration among participants. The theme of participants' recommendations to address funding deficiencies could be summed up in one word: collaboration. Many participants referenced the faith community and the business community, both of which may be willing to assist with fundraising efforts. One participant mentioned the value of networking and communication between health professionals, specifically for sharing information on how to access funding, funding opportunities available, and other funding resources.

SPECIAL POPULATION FOCUS GROUP RESULTS

Development Homes: Persons with Disabilities

Themes of Concern

Theme #1: Substance Abuse and Misuse. All focus group respondents reported concerns about substance abuse and misuse. Participants specifically discussed a number of experiences in which they personally encountered or observed a person using alcohol irresponsibly. Participants discussed their concerns about excessing drinking and binge drinking behaviors, such as drinking and driving, and having a general lack of regard for personal and public safety. All focus group participants also felt that smoking is still an issue in the community, mostly citing concerns about second-hand smoke.

Theme #2: Stricter Law Enforcement for Traffic Safety. Traffic safety, specifically concerns about speeding in residential areas, was thoroughly discussed. Participants also discussed concerns about J-walking and improper, or lack of, use of pedestrian crossways. Some participants noted the dangers this posed to both pedestrians and drivers. The need for stricter law enforcement and a greater presence in residential areas was noted.

Theme #3: Workplace Safety and Handicap Accessibility. Some participants discussed workplace safety and handicap accessibility concerns. Participants were specifically concerned about falls. Participants did not feel that all workplaces and public areas were accommodating to handicapped or elderly persons.

Community Assets

Respondents identified a few community assets currently available to address some of their concerns, previously described. These assets include: addiction counselors, policemen, a homeless shelter, public libraries, job services, access to several public parks, Altru Hospital, adequate public transportation, and the YMCA and other gyms.

Solutions and Recommendations

Participants recommended that law enforcement activities be increased in residential areas to address traffic and safety concerns. Some participants recommended that crosswalks and crosswalk signals be improved and/or expanded upon, noting that this may prevent accidents and traffic injuries. Other participants recommended that improvements be made to sidewalks and workplaces to make them safer and more pedestrian and bicycle-friendly.

Global Friends Coalition: Somali Women

Themes of Concern

Theme #1: Stereotyping and Negative Experiences with Care. In this focus group, respondents reported a number of negative experiences with care in which they felt stereotyped, disrespected, or dismissed by providers. A few respondents reported similar experiences in broader society. In addition, , respondents discussed a range of experiences in which they felt care was not useful, their expressions of distress were misunderstood, they were not listened to, or they felt providers did not trust them.

Theme #2: Language Issues/Barriers. Language barriers emerged as a prominent theme in this focus group. Participants discussed the frustrations and difficulties they had participating in broader society. Many participants noted that their poor English proficiency prevented them from obtaining a job and that the services supporting learning the language are not easily accessible. Respondents noted that not being able to communicate with providers contributed to feelings of isolation, loneliness, depression, anger, and, for some feeling untrusted by providers.

Theme #3 Barriers to Assimilation. All focus group respondents discussed the challenges and barriers to assimilating into society. Participants discussed the difficulties associated with relocating to a new area, explaining the numerous lifestyle changes that had to be made when moving to a colder area. Changes to diet, decreased time exercising, and less time outdoors were noted as some of the more difficult daily living transitions. Respondents also discussed a range of experiences that they felt impeded their being able to successfully integrate into society.

Community Assets

Although respondents focused primarily on community problems, they did identify a few important assets, including: the Global Friends Coalition; the availability of health insurance, specifically Medicare and Medicaid; job services; and access to exercise opportunities, specifically gyms.

Solutions and Recommendations

Respondents offered a range of recommendations to address these barriers to assimilation. Recommendations were to: offer more courses teaching life and language

skills (i.e. driving, sewing); offer more job opportunities to persons with poor English proficiency; develop community support services; enhance affordable exercise opportunities.

Global Friends Coalition: The Bhutanese Population

Themes of Concern

Theme #1: Stereotyping and Negative Experiences with Care. In this focus group, respondents reported a number of negative experiences with care in which they felt stereotyped, disrespected, or dismissed by providers. A few respondents reported similar experiences in broader society. In addition to reports of feeling stereotyped and disrespected, respondents discussed a range of experiences in which they felt care was not useful, providers were dismissive, their expressions of distress were misunderstood, they were not listened to, or they felt providers did not trust them.

Theme #2: Language Issues/Barriers. Language barriers emerged as a prominent theme in this focus group. Participants discussed the frustrations and difficulties they had participating in broader society. Many participants noted that their poor English proficiency prevented them from: finding adequate housing (i.e. understanding rental terms and deposits), communicating effectively with healthcare providers and allied health professionals, and understanding how to obtain or maintain a healthy lifestyle (e.g. proper nutrition, proper housekeeping, etc.). Specific to the healthcare setting, participants noted that phone translation, which is currently the only translation method being used by some health care entities, is impersonal and ineffective for elderly persons who have hearing problems. Further, respondents noted that not being able to communicate with providers contributed to their feelings of isolation, anger, and frustration.

Theme #3: Negative Experiences with Healthcare and Health Insurance. All focus group participants were extremely concerned and frustrated with healthcare and health insurance systems. One participant described his negative experiences with health care billing as "frustrating" and "confusing." All participants went on to explain their lack of understanding when it comes to health insurance. This gap in knowledge, coupled with communication inefficiencies, has created serious problems for some participants, including: the inability to pay bills due to unaffordable payment plans that result in poor credit checks and, consequently, the inability to find housing. With this, many focus group participants had experiences with being wrongly billed. That is, participants received healthcare bills that were not their own due to language miscommunications. All participants, generally, felt frustrated by miscommunications with healthcare institutions and insurance agencies.

Theme #4: Education Opportunities for Successful Integration. Another common theme was the need for educational opportunities to help new Americans successfully integrate into society. Participants specifically mentioned the basic living needs, including education about housing (e.g. rental terms and deposits), and education about healthy foods. Others felt frustrated with the lack of education they received explaining

insurance and insurance coverage. One asked, "Isn't Medicaid supposed to cover everything?" With this, almost all participants requested flexibility in health care payment plans, calling for affordable health care coverage. Lastly, some participants mentioned the need for more affordable housing.

Community Assets

Respondents discussed a range of community assets available to address problems. Community assets discussed included: the Global Friends Coalition; access to hospitals, specifically Altru Hospital; and, the availability of health insurance coverage.

Solutions and Recommendations

Participants made several recommendations to address the problems previously described. These solutions included: developing flexible and affordable health care payment plans; offering educational seminars on nutrition and healthy food options (especially for persons with chronic diseases, such as diabetes), lifestyle habits (e.g. housekeeping), providing information on how to obtain citizenship, and including education on understanding health insurance and health care systems. Participants also recommended that health care entities in the community expand on their cultural competence by hiring a person within their community to assist with translation and communication.

Senior Center: Senior Citizens

Themes of Concern

Theme #1: Lack of Care Coordination Focus group respondents felt that physicians were unable to appropriately respond to all of their health needs. One participant said, "Physicians are always focusing on the most serious conditions and not treating the patient, as a whole." Further, many of the participants noted that they see multiple specialists, and that specialists do not communicate effectively with each other on the patient's behalf. Some respondents noted that this uncoordinated method of care results in a poor physician-patient relationship. Some participants also noted health care challenges related to long emergency room waiting times and complicated prescription refill systems.

Theme #2: Respite Care. All focus group respondents mentioned the need for greater caregiver support services, especially respite care services. Participants noted that respite care is available but strict requirements must be met in order to receive that service. Similarly, participants mentioned the need for affordable caregiver, noting that many caregivers take on a financial burden when caring for their parents and/or other elderly family members.

Theme #3: Transportation. The lack of on demand, easily accessible transportation options was also a theme in this focus group. One participant noted that, although services such as "Dial a Ride" and "Senior Rider" are useful, they operate on limited

hours and rides must be scheduled in advance. Consequently, seniors who cannot get around another way must plan daily needs and other activities in advance, which removes the possibility for spontaneity. In addition, because transportation services operate on limited hours, emergency services (i.e. ambulance) must be called even for non-emergent issues.

Community Assets

Respondents identified some assets and resources currently available to address some problems previously discussed. These assets are resources included: Dial a Ride and Senior Rider transportation services; respite care services; and a caring culture demonstrating a willingness to be caregivers to the elderly.

Solutions & Recommendations

Participants offered a variety of solutions to the problems discussed previously. Respondents unanimously agreed that expanding respite care services to be more inclusive would be an appropriate solution for the lacking caregiver support that is especially apparent in rural areas. Similarly, respondents recommended that home healthcare improvements be made; and, specifically, that hospital assistance and training is given to caregivers. Focus group respondents also recommended that physicians be trained in and utilize treatment options other than prescription drugs or surgeries (e.g. nutrition and exercise coaching). Participants also called for an on-call transportation service for seniors. They recommended that this on-call service be through an existing transportation service, such as Senior Rider.

LIMITATIONS

Limitations and gaps existed that impacted the ability to conduct a more thorough and rigorous assessment. For example, the community survey and other forms are offered in English only, which limits the sample drawn from adults. In addition, all data efforts utilize adults as proxies for youth data. Finally, due to limited resources and time constraints, data was not collected on every vulnerable population (e.g. the homeless population). Also due to funding and resource constraints, community surveys lacked representativeness.

CONCLUSION

Based on the findings from all data collection efforts, several topics emerged which impact the health of our community: mental and behavioral health; substance abuse including prescription and synthetic drug abuse; bullying; obesity; lack of physical activity; suicide and depression. Themes identified in focus groups include healthcare coordination; elderly care; social equity and income disparities; a lack of health

prevention; underfunding for health programs; and, acceptance of diversity in the community.

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

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APPENDICIES

Appendix A. Focus Group Guide

REVIEW OF PROCESSES

1 **Room Set-Up**. Tape up 3 flip chart pages labeled: Problems/Concerns, Resources/Barriers, and Solutions.
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.
3 **Documentation**. Focus group assistant should determine participant demographics based on visual observation of the group (i.e. complete cover page, p. 3) and transfer all flip chart notes into the Word file (p. 4-6)

AGENDA

Welcome & Informed Consent – 10 minutes

Welcome! My name is Laura and this is (insert name). 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 is 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 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 2016 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 only should answer questions you feel comfortable responding to.

Are there any questions before we begin?

Problems/Concerns Identification – 20 minutes
Ask the following questions and document answers on flipcharts.

- What are the most significant problems related to **health** in your community? - 5 minutes
- What **other problems or concerns** significantly affect members of your community? - 5 minutes

Community Resources and Barriers – 10 minutes
Have participants look at the list of problems and concerns, and then ask:

- What recourses are available in the community to address these issues? (List each resource on the left side of the flip chart page)
- What are the barriers (if any) to accessing these resources? (List barriers next to the resource they apply to).

Solutions. – 10 minutes
Have participants look at the list of problems, issues, resources and barriers, and then ask:

- 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?)

Conclusion.
Thank you for your time. We expect to hold a community forum, where we will discuss the CHA findings. The community forum will likely be held in mid-June.

FOCUS GROUP COVER PAGE

Meeting Date	
Location	
Group Facilitator (s)	
Total Meeting Attendance:	

Participant Demographics

	Total	White	Black/ African Am.	Asian	Other
Adults (18-65)					
Seniors (65+)					

Males	**Females**

Were Incentives Used? No ____ Yes ____ (If yes, select all that apply from list below)

☐Child Care
☐Food/beverage
☐Entry into drawing for $25 gift card
☐Other (Describe):

FOCUS GROUP RESULTS DOCUMENTATION

Health Problems/Concerns	Other Problems/Concerns
(List each problem identified on a separate line)	

Community Resources Available to Address Problems / Issues	**Barriers to Accessing Available Resources**
(List resources currently available in the community)	(List barriers next to the appropriate resources)

Solutions	**Concern Area Affected**	
(List each possible solution on a separate line and check the concern area the solution would address)	Health	Other

Appendix B. Letter Requesting Focus Group Participation

Dear Community Leader:

This is an invitation to participate in a focus group for the 2016 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. As a thought leader within the community, 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, which is conducting the CHA. 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. The MPH Technical Support Team, which will conduct the focus groups, will ensure the privacy of participants.

If you are willing to participate in a focus group, please respond to this Doodle to select the date/time that works best for you. Sign up is first-come-first-served. Please sign up for only one date/time.

http://doodle.com/poll/y7hvcdd278kph2up

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

All focus groups will be held in Room A at Altru Health System in Grand Forks, ND on the following dates:

Tuesday, April 5 from 5:00pm-6:00pm
Friday, April 15 from 4:30pm-5:30pm
Monday, April 18 from 4:00pm-5:00pm
Friday, April 22 from 4:30pm-5:30pm
Tuesday, April 26 from 5:00pm-6:00pm
Thursday, April 28 from 4:30pm-5:30pm
Friday, April 29 from 4:30pm-5:30pm

Thank you for considering this request to participate in a very important community endeavor. Please feel free to contact Dr. Raymond Goldsteen (Raymond.Goldsteen@med.und.edu or 701-777-2375) or Laura Ahmed (Laura.Ahmed@und.edu) directly if you have any questions.

Sincerely,

Laura Ahmed

MPH Candidate, Graduate Research Assistant
Master of Public Health Program
University of North Dakota

Appendix C. Request for Special Population Focus Group Participation

Date

Director
Organization
Address

Dear (Director):

The Community Health Assessment Advisory Committee, headed by Altru Health Systems and the Grand Forks Public Health Department, is conducting a Community Health Needs Assessment (CHA) for Grand Forks County and Polk County. UND's Master of Public Health (MPH) Program is providing technical support for the Community Health Assessment. When complete, the CHA will inform a Community Health Improvement Plan.

One component of the CHA is focus groups with vulnerable populations. The purpose of these focus groups is to obtain information about the kind of community services needed by different people and how to improve needed services.

Would you be willing to arrange a focus group for the CHA among 5-10 clients of your organization? This would require you to ask 5-10 of your clients to participate, arrange a time and space for the focus group, and distribute Informed Consent forms to participants before the meeting.

The focus group will be led by a member of the UND MPH Technical Team, who has been trained in focus group facilitation. The focus group will be audiotaped, and the information provided by focus group participants will be used for the CHA report. The privacy of participants will be primary, and all precautions needed to insure their privacy will be taken. There will be no personal identifiers in the CHA report, and the tapes will be destroyed after using.

If you are willing to participate, please send a letter of agreement on your organization's letterhead addressed to me. You may use the enclosed template, if you wish. You may also fax the letter to 701-777-0980. If you have any questions please feel free to contact me directly at by email at raymond.goldsteen@med.und.edu or by phone at 701-777-2375.

Thank you for considering this request to help improve our community and the services we offer to those in greatest need.

Best regards,
Raymond L. Goldsteen, DrPH
Director, MPH Program

(Date)

Raymond L. Goldsteen, DrPH
Director, MPH Program
School of Medicine & Health Sciences
University of North Dakota
501 North Columbia Road
Grand Forks, ND 58202-9037

Dear Dr. Goldsteen:

I would like to participate in the 2016 Community Health Assessment for Grand Forks and Polk Counties by arranging a focus group with 5-10 clients of (Your Organization). I will also arrange a date and place to hold the focus group, as necessary, in our offices.

I understand the precautions that will be taken to protect the privacy of individual participants. I will assist by providing the Informed Consent form to participants before the meeting.

Sincerely,

(Your Name
Your Title)

Appendix D. CHA Survey

Community Health Survey
Grand Forks & Polk County

Your opinion matters

Thank you for your interest in the Community Health Survey - part of a Community Health Assessment (CHA) being conducted by a coalition of community organizations, headed by Altru Health System and the Grand Forks Public Health Department. When complete, the CHA will inform a Community Health Improvement Plan.

The overall purpose of the CHA is to gather information that will be used to make our community healthier.

If you decide to complete the survey, please note:

- The survey is confidential. No email addresses of persons who complete the survey will be maintained or released.
- Your participation is voluntary. You can decide not to participate or to stop participating at any time after you begin. There will be no negative consequences for you if you decide not to participate.
- Persons who have access to the data collected from the surveys include only the Principal Investigator, Dr. Raymond Goldsteen, UND MPH Program Director, and members of the MPH Technical Advisory Team.
- This survey is only for residents of Grand Forks County or Polk County who are 18 years or older. Please do not fill out this survey if you are under the age of 18 or not a resident of one of the counties.
- Do not complete the survey more than once. Only one survey can be completed from an email address.
- Surveys will be accepted through May 15, 2016.

Questions about the Research

If you have questions about the survey, please contact Dr. Raymond Goldsteen at (701)777-2375. If you have questions regarding your rights as a research subject, or if you have any concerns or complaints about the research, you may contact the University of North Dakota Institutional Review Board at (701)777-4279.

To those who continue, thank you for contributing to this very important community activity.

1. How much do you agree or disagree with the following statements related to community relationships in Grand Forks and Polk County?

	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. Overall, how important to you are these issues related to our relationships?

	Very Important	Important	Neutral	Not Very Important	Not at All Important
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	❍	❍	❍	❍	❍

3. Please rate the community on the following aspects related to employment and economic well-being.

	Excellent	Satisfactory	Poor	Don't Know
Availability of jobs with livable wages	❍	❍	❍	❍
Availability of affordable housing	❍	❍	❍	❍
Cost of living	❍	❍	❍	❍
Responsiveness of local government to economic issues	❍	❍	❍	❍
Other (please specify):	❍	❍	❍	❍

4. Please rate the community on the following aspects related to resources for youth.

	Excellent	Satisfactory	Poor	Don't Know
Quality of K-12 public schools	❍	❍	❍	❍
Availability of high quality childcare for pre-schoolers	❍	❍	❍	❍
Availability of high quality after-school activities for children 5-12 years	❍	❍	❍	❍
Summer activities for children up to 12 years	❍	❍	❍	❍
Availability of high quality after-school activities for teens	❍	❍	❍	❍
Summer activities for teens	❍	❍	❍	❍
Overall, a good place to raise a family	❍	❍	❍	❍
Other (please specify):	❍	❍	❍	❍

5. Please rate the community on the following aspects related to recreation and leisure resources.

	Excellent	Satisfactory	Poor	Don't Know
Access to parks	❍	❍	❍	❍
Outdoor recreation opportunities	❍	❍	❍	❍
Arts and cultural activities	❍	❍	❍	❍
Fairs and festivals	❍	❍	❍	❍
Sporting events	❍	❍	❍	❍
Fitness opportunities year-round	❍	❍	❍	❍
Other (please specify):	❍	❍	❍	❍

6. Please rate the community on the following aspects related to resources for seniors.

	Excellent	Satisfactory	Poor	Don't Know
Availability of assisted living	❍	❍	❍	❍
Availability of long-term care/nursing home care	❍	❍	❍	❍
Availability of activities for seniors	❍	❍	❍	❍
Availability of resources for family and friends caring for seniors	❍	❍	❍	❍
Availability of resources to help seniors stay in their homes	❍	❍	❍	❍
Cost of activities for seniors	❍	❍	❍	❍
Availability of dementia/Alzheimer's care	❍	❍	❍	❍
Overall, ability to meet the needs of seniors	❍	❍	❍	❍
Other (please specify):	❍	❍	❍	❍

7. Please rate the community on the following aspects related to the environment.

	Excellent	Satisfactory	Poor	Don't Know
Air quality	❍	❍	❍	❍
Land development policies	❍	❍	❍	❍
Waste management services	❍	❍	❍	❍
Water quality	❍	❍	❍	❍
Food safety	❍	❍	❍	❍
Mosquito-borne disease control	❍	❍	❍	❍
Other (please specify):	❍	❍	❍	❍

8. Please rate your level of concern regarding adult health and wellness in the community.

	Very Concerned	Moderately Concerned	Not Concerned	Don't Know
Heart disease	❍	❍	❍	❍
Diabetes	❍	❍	❍	❍
Cancer	❍	❍	❍	❍
Alzheimer's disease	❍	❍	❍	❍
Chronic lung disease	❍	❍	❍	❍
Traffic injuries	❍	❍	❍	❍
Obesity/overweight	❍	❍	❍	❍
Poor/nutrition	❍	❍	❍	❍
Tobacco use	❍	❍	❍	❍
Oral/Dental health	❍	❍	❍	❍
Domestic violence	❍	❍	❍	❍
Stalking	❍	❍	❍	❍
Sexual abuse/assault	❍	❍	❍	❍
Sexually transmitted diseases	❍	❍	❍	❍
Alcohol abuse, including binge drinking	❍	❍	❍	❍
Prescription drug abuse	❍	❍	❍	❍
Illegal drug use	❍	❍	❍	❍
Suicide and suicide attempts	❍	❍	❍	❍
Depression	❍	❍	❍	❍
Stress	❍	❍	❍	❍
Other (please specify):	❍	❍	❍	❍

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

	Very Concerned	Moderately Concerned	Not Concerned	Don't Know
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 diseases	❍	❍	❍	❍
Teen pregnancy	❍	❍	❍	❍
Immunizations	❍	❍	❍	❍
Alcohol abuse	❍	❍	❍	❍
Prescription drug abuse	❍	❍	❍	❍
Illegal drug use (cocaine, heroin, methamphetamine, etc.)	❍	❍	❍	❍
Tobacco use	❍	❍	❍	❍
Suicide and suicide attempts	❍	❍	❍	❍
Depression	❍	❍	❍	❍
Stress	❍	❍	❍	❍
Other (please specify):	❍	❍	❍	❍

10. Please rate the community on the following aspects related to health care services.

	Good	Fair	Poor	Don't Know
Access to primary care doctors	❍	❍	❍	❍
Access to specialists	❍	❍	❍	❍
Access to dental care	❍	❍	❍	❍
Access to substance abuse treatment services	❍	❍	❍	❍
Access to vision care	❍	❍	❍	❍
Access to wellness/disease prevention services	❍	❍	❍	❍
Access to mental health services	❍	❍	❍	❍
Other (please specify):	❍	❍	❍	❍

1. In general, how would you rate your health?
- ❍ Excellent
- ❍ Very Good
- ❍ Good
- ❍ Fair
- ❍ Poor

2. Are you a health care professional (work for a hospital, clinic, doctor's office, or public health unit)?
- ❍ Yes
- ❍ No

3. What is your zip code?

4. What is your age?

5. What is your gender?

6. Race/ethnicity:
- ❍ White, not Hispanic
- ❍ American Indian or Alaska Native
- ❍ Black or African American
- ❍ Asian
- ❍ Hispanic or Latino
- ❍ Other (please specify): _____

7. Highest level of education:
- ❍ Less than high school
- ❍ High school graduate (diploma or GED)
- ❍ Some college
- ❍ 2 year degree
- ❍ 4 year degree
- ❍ Graduate or Professional degree
- ❍ Doctorate

8. Employment status:
- ❍ Employed full-time
- ❍ Employed part-time
- ❍ Self-employed
- ❍ Homemaker
- ❍ Unemployed for 1 year or more
- ❍ Unemployed for less than 1 year
- ❍ Retired
- ❍ Unable to work
- ❍ Student

9. What is your annual household income (before taxes)?

- ❍ Less than $15,000
- ❍ $15,000 - $24,999
- ❍ $25,000 - $49,999
- ❍ $50,000 - $74,999
- ❍ $75,000 - $99,999
- ❍ $100,000 - $149,999
- ❍ $150,000 or greater

10. Do you have health insurance?

- ❍ Yes
- ❍ No

11. If you have health insurance, what kind do you have (select ALL that apply):

- ❑ Insurance through your or a family member's employer
- ❑ Insurance that you or a family member purchase privately
- ❑ Indian Health Services (IHS)
- ❑ Medicaid
- ❑ Medicare
- ❑ Veteran's Health Care Benefits
- ❑ Other (please specify) _____

Attachment Two

Preliminary Community Assets Inventory

- Alliance for Healthcare Access
- Altru Family YMCA
- Altru Health System
- Altru Opioid Committee
- Altru's Patient Advisory Committee
- Campus and Community Committee on High Risk Alcohol Use
- Choice Health & Fitness
- Community Coordination Committee on Mental Health
- Community Health Assessment Advisory Committee
- Community Violence Intervention Center
- Faith Community
- Global Friends Coalition
- Grand Forks Air Force Base
- Grand Forks City Council
- Grand Forks County Commission
- Grand Forks Fire Department
- Grand Forks Park District
- Grand Forks Police Department
- Grand Forks Public Health
- Grand Forks Public Schools
- Grand Forks Senior Center
- Grand Forks Substance Abuse Prevention Coalition
- Healthy UND Coalition
- Healthy UND Commission on Student Use of Alcohol and Other Drugs
- Housing First
- Lipp, Carlson, Witucki & Associates
- Lutheran Social Services
- Northeast Human Service Center
- Park District
- Polk County Public Health
- Prescription and Synthetic Drug Abuse Community Committee
- Quality Health Associates of North Dakota
- Safer Tomorrows
- Social Detox Center
- Social Detox Task Force
- TEARS Organization
- The Greenway
- Third Street Clinic
- United Way
- University of North Dakota
- University of North Dakota Counseling Center
- University of North Dakota School of Medicine
- University of North Dakota Student Health
- Valley Community Health Center
- Vet Center