

# Community Health Assessment

# 2019



**Public Health**  
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Grand Forks Public Health



# COMMUNITY HEALTH ASSESSMENT

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Attachment One: [2019 Community Health Assessment Report](#)

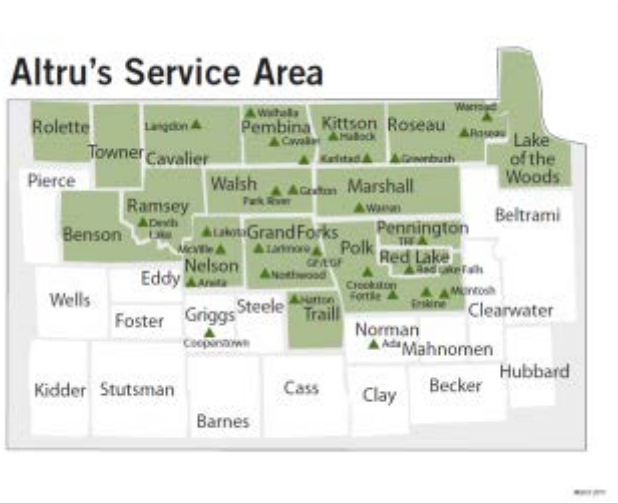
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# Introduction

The 2019 Community Health Assessment was a joint effort led by Altru Health System and Grand Forks Public Health. 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 nearly 4,000 staff. We serve the approximately 225,000 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.

The 2019 assessment process represents Altru's third cycle of work, conducting previous assessments in 2013 and 2016. We benefited from the involvement of many people and gained valuable information about the community we are privileged to serve.



## Grand Forks Public Health

Grand Forks Public Health 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.

Grand Forks Public Health is committed to:

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

Grand Forks Public Health is required to conduct an assessment as part of our pursuit to be an accredited public health department. The process also meets our goals for improving population health in our service area.

### Grand Forks Public Health 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 and 2016 assessments.) 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 with previous assessments, we agreed to engage community leaders in the process through the formation of an Advisory Committee. The first meeting was held in March with representatives from the following organizations agreeing to participate in the process with Grand Forks Public Health and Altru Health System:

- » Altru Family YMCA
- » Cities Area Transit
- » City Council
- » Community Violence Intervention Center
- » Grand Forks Parks and Recreation
- » Grand Forks Public Schools
- » Grand Forks Air Force Base
- » Grand Forks Fire Department
- » Grand Forks Herald
- » Grand Forks Housing Authority
- » Grand Forks Park District
- » Grand Forks Police Department
- » Grand Forks Public Schools
- » Grand Forks Senior Center
- » Global Friends Coalition

- » Grand Forks EDC
- » Inspire Pharmacy
- » Northeast Human Service Center
- » Northlands Rescue Mission
- » Northwestern Mental Health Center
- » Polk County Public Health
- » Quality Health Associates
- » Simplot
- » Spectra Health
- » The Chamber
- » Turtle River State Park
- » University of North Dakota
- » United Way

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 determinants 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 Shay Schwimmer, a student at the University of North Dakota's Master of Public Health program, to collect primary and secondary data. He was assisted by the following staff and faculty members: Ashley Evenson, MPH, Donald Warne, MD, MPH and Melanie Nadeau, MPH, PhD.

Working closely with the Director of Grand Forks Public Health, the student and faculty team conducted a community survey, focus groups with community leaders, and focus groups with special populations. These primary data provided 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 October 2, 2019 to October 21, 2019. Paper surveys were distributed at designated locations including: Grand Forks Public Health, Altru Health System, and Grand Forks Senior Center. In total, 517 surveys were completed; all surveys were completed electronically.

The community survey was comprised of twenty-six questions, twelve 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 and prescription drugs 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.
- » Residents are concerned about availability of care for the elderly.

## Focus Groups

Eight focus groups were held with each 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 unhoused individuals, adults with disabilities, adults with mental illness, and new Americans (Bhutanese population). 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

Eight themes arose from the focus groups:

- » Mental health
  - Access to psychiatry providers/wait times for appointments
  - Crisis resources
  - Stigma
- » Substance use concerns
  - Vaping as a new substance use phenomenon
  - Alcohol, tobacco and methamphetamines
- » Health coordination and prevention
  - Medication access and payment
  - Insurance
  - Referrals and billing
- » Social inequities and income disparities
  - Budgeting resources
  - Employment for felons
- » Holistic health
  - Exercise opportunities
  - Budgeting
  - Literacy
- » Transportation barriers
- » Obesity and Nutrition
  - Food waste
- » Cultural acceptance
  - Stigma
  - Language barriers
  - Transportation



## 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

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 2018 with population increasing from 66,771 to 70,777 (US Census, 2010-2018).
- » Polk County has been stable with only a slight increase from 31,336 to 31,529 between 2010 and 2018 (US Census, 2010-2018).
- » 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 (2019) released by the Robert Wood Johnson Foundation, Grand Forks County is ranked number 21 out of 49 counties in North Dakota for overall health outcomes and 17 for health factors. Polk County is at 71 out of 87 counties for health outcomes and 72 for health factors.

The Health Outcomes ranking considers the following two aspects:

- » Length of life, measuring premature death and life expectancy.
- » Quality of life, measuring low birthweight and those who rated their physical or mental health as fair or poor.

The Health Factors ranking considers four areas:

- » Health behaviors, providing rates of alcohol and drug use, diet and exercise, sexual activity and tobacco use.
- » Clinical care, showing the details of access to and quality of health care.
- » Social and economic factors, rating education, employment, income, family and social support and community safety.
- » Physical environment, measuring air and water quality as well as housing and transit.

The table on the next page shows these rankings over the last four years for Grand Forks and Polk Counties. Both counties have seen declines in rankings since 2016.

<b>Grand Forks County (rank among 49 counties)</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Overall Health Outcomes	18	17	24	21
Overall Health Factors	16	18	14	17
<b>Polk County (rank among 87 counties)</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Overall Health Outcomes	69	71	72	71
Overall Health Factors	60	75	77	72

**A complete copy of the 2019 Community Health Assessment Report 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 on November 7, 2019. The process was conducted electronically at this meeting via two steps. The first step was each committee member independently providing what they believe are the five most significant health needs in our community. From this input, the following list of significant needs/issues was compiled:

- » Transportation
- » Obesity
- » Mental Health
- » Housing
- » Suicide
- » Substance use
- » Vaping
- » Affordable housing
- » Adult binge drinking
- » Cost of living/living wage
- » Health care access
- » Access to mental health providers
- » Cost of health care
- » Youth substance use
- » Economic opportunities
- » Depression
- » Oral health

For the second step, each committee member was given the opportunity to individually rank their top five concerns. 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 determinants that promote health and wellness (versus treating disease).

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
Mental health	57
Substance use	53
Obesity	44
Transportation	43
Cost of health care	31
Housing	28
Health care access	15
Suicide	10
Dental	2

The ranking results were shared with the Advisory Committee on November 21, 2019, for review per the criteria. At the conclusion of our discussion, the Committee agreed that the top six priority areas for improvement should be as follows:

1. **Substance Use** – Reduce the prevalence of substance use including alcohol, tobacco and other drugs
2. **Mental Health** – Promote mental health and building resilience
3. **Obesity** – Reduce the prevalence of obesity in our population
4. **Transportation** – Improve the quality of and access to transportation
5. **Cost of Health Care** – Reduce the burden of the cost of health care
6. **Housing** – Increase the availability of affordable housing, including permanent supportive options.

## Step 5 | Documenting and Communicating Results

This report will be shared for approval as follows:

- » Altru Health System's Board of Directors on December 16, 2019.
- » Grand Forks Board of Health on January 9, 2020.

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](http://www.altru.org)) and the Grand Forks Public Health website ([www.grandforksgov.com/publichealth](http://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 at 151 South 4<sup>th</sup> 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: 2019 Community Health Assessment Report



Grand Forks County, ND  
Polk County, MN  
Community Health Assessment  
2019

Submitted by:

Donald Warne, MD MPH  
Professor and Director, MPH Program

Melanie Nadeau, MPH PHD  
Professor and Assistant Director, MPH Program

Shay Schwimmer  
MPH Graduate Research Assistant

Zachary Hoggarth  
MPH Graduate Research Assistant

Ashlee Nelson  
MPH Graduate Research Assistant

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

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## **Introduction**

The 2019 Grand Forks County, ND, and Polk County, MN, Community Health Assessment was initiated by the Community Health Assessment (CHA) Advisory Committee, led by Altru Health System and Grand Forks Public Health Department. The purpose of this CHA is to identify health and wellness needs in Grand Forks County and Polk County communities. A Technical Support Team from the Master of Public Health Program (MPH) at the University of North Dakota assisted with CHA data collection efforts and is responsible for this report.

### **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: unhoused individuals, adults with disabilities, adults with mental illness, and new Americans.

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; (4) 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 Population Health Institute’s County Health Rankings and Roadmaps, the U.S. Census Bureau, Vital Statistics, Health Indicator Warehouse, North Dakota KIDS COUNT, 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

<b>Source/ Dataset</b>	<b>Description</b>
<b>North Dakota and Minnesota Behavioral Risk Factor Surveillance System</b>	Conducted annually, this phone-based survey assesses adult health risk factors and behaviors across the state and at the county level
<b>North Dakota and Minnesota Youth Risk Behavior Surveillance System</b>	Conducted biennially, this paper-based survey assesses child health risk factors and behaviors across the state and at the county level for high school children from 9 <sup>th</sup> to 12 <sup>th</sup> grade
<b>Vital Statistics</b>	Surveillance on births, deaths, and other vital statistics at the state, county, and community level.
<b>US Census Bureau</b>	The United States Census Bureau collects national census data every 10 years with periodic estimations.
<b>University of Wisconsin Population Health Institute’s County Health Rankings</b>	Each year the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Foundation and the University of Wisconsin Population Health Institute School of Medicine and Public Health.
<b>North Dakota KIDS COUNT</b>	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.
<b>Minnesota Department of Health</b>	The Minnesota Department of Health Immunization Status Report (AISR) provides quantitative data on school immunization from children in Kindergarteners and 7 <sup>th</sup> graders from 2017-2018; county level was utilized for purposes of this report Minnesota Department of Health also reports on the Minnesota Student Survey that utilize risk behaviors in school aged children by county for the year 2016
<b>North Dakota Department of Health</b>	The 2018-2019 survey analysis reports on immunization levels for kindergarteners at the state level and the county level for North Dakota and Grand Forks

## 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

<b>Source/Dataset</b>	<b>Description</b>
<b>Grand Forks Police Department</b>	Included opioid related statistics collected from 2011 to 2018
<b>Polk County Public Health</b>	Polk County submitted various reports including the 2017 Adult Behavior Survey Summary that reports on quantitative data on health perceptions in Polk County, the 2018 concept map that outline qualitative data on concerns and evaluation of Polk County, and the 2017 Regional Report that reports on health behaviors within three counties, Polk County data was utilized.
<b>Altru Health System</b>	Included data on total drug overdoses as raw numbers from 2010 to 2018 along with other statistics regarding health in Grand Forks and Polk County; the 2018 Cancer Report that outlines the amount of cases and treatments conducted within Altru Health System; and the Grand Forks Youth Survey conducted by the Wyoming survey & Analysis Center that depicts the results of an online survey given to administration teachers and students in the 8 <sup>th</sup> , 9 <sup>th</sup> , and 11 <sup>th</sup> grades in 2018
<b>Community Violence Intervention Center (CVIC)</b>	Data included a consolidation of 2014-2018 statistics from national databanks, 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
<b>Valley Community Health</b>	This 2018 Needs Assessment consists of demographics, risk factors, and health outcomes by state and county levels including data on Minnesota, North Dakota, Polk and Grand Forks Counties.
<b>American College Health Association</b>	The University of North Dakota Executive Summary reports on the health of the campus community including general, disease, academic impacts, violence, substance use, sexual behavior, nutrition and exercise, as well as mental health for students of The University of North Dakota for the 2018 year
<b>University of North Dakota College of Nursing &amp; Professional Disciplines (UND CNPD)</b>	The UND CNPD reported on substance use and risk factors for 2017 including data on demographics, alcohol use, tobacco use, marijuana use, and other drugs, and its effects on mental health in North Dakota and Grand Forks



## Focus Groups

Focus groups were conducted with special populations consisting of underrepresented group and with community leaders, identified by the CHA Advisory Committee. 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).

Table 3. Focus Group Schedule

<b>Date &amp; Time</b>	<b>Location</b>	<b>Population</b>	<b>Number of Participants</b>
<b>September 9<sup>th</sup>, 2019, 12:00pm-1:00pm</b>	E226, UND SMHS, 1301 N Columbia Rd, Grand Forks, ND 58202	Community Leaders	5
<b>September 9<sup>th</sup>, 2019, 5:00pm-6:00pm</b>	E226, UND SMHS, 1301 N Columbia Rd, Grand Forks, ND 58202	Community Leaders	6
<b>September 12<sup>th</sup>, 2019, 5:00pm-6:00pm</b>	LaGrave on First, 500 S 1 <sup>st</sup> Ave, Grand Forks, ND 58201	Unhoused Individuals	17
<b>September 13<sup>th</sup>, 2019, 12:00pm-1:00pm</b>	E230, UND SMHS, 1301 N Columbia Rd, Grand Forks, ND 58202	Community Leaders	9
<b>September 13<sup>th</sup>, 2019, 5:00pm-6:00pm</b>	E226, UND SMHS, 1301 N Columbia Rd, Grand Forks, ND 58202	Community Leaders	3
<b>September 20<sup>th</sup>, 2019, 5:15pm-6:15pm</b>	Development Homes 3880 S Columbia Rd, Grand Forks, ND 58201	Adults with Disabilities	8
<b>September 24<sup>th</sup>, 2019, 9:00am-10:00am</b>	Prairie Harvest 930 N 3rd St, Grand Forks, ND 58203	Adults with Mental Illness	4
<b>October 10<sup>th</sup>, 2019, 1:30pm-2:30pm</b>	Sharon Lutheran Church 1720 S 20th St, Grand Forks, ND 58201	New Americans, Bhutanese	11

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, 103 community leaders were identified. Each leader was asked to participate in a focus group. Requests were made via email (see Appendix B for the Letter Requesting Focus Group Participation). Twenty-three community leaders participated in a focus group (Participation Rate: 22.3%). Focus groups were held from September 9, 2019 to September 13, 2019.

Community leader focus groups were conducted in person in Grand Forks County at The University of North Dakota School of Medicine and Health Sciences and were facilitated and assisted by trained members of the UND MPH Technical Team. Each interview lasted approximately 60 minutes. Interviews were recorded and analyzed later. Focus group themes 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: unhoused individuals, adults with disabilities, adults with mental illness, and new Americans. The following organizations were identified as those with frequent contact with these sub-groups and received a request for focus group participation: LaGrave on First, Prairie Harvest, Development Homes, and Global Friends Coalition (see Appendix C for Request for Special Population Focus Group Participation). All four of these organizations agreed to participate in focus groups.

Special population focus groups were conducted in person throughout Grand Forks County (see Table 3 above for location specifics). Two trained members of the UND MPH Technical Team facilitated and assisted with the focus groups. Each interview lasted approximately 60 minutes. Focus groups were held from September 12, 2019 to October 10, 2019. Interviews were recorded and analyzed. Focus group themes 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 communities. In general, community members were asked about their opinions on public health issues, individual health concerns, health behaviors, community and environmental issues, and access to health care. See Appendix D for a copy of the community member survey.

Surveys were distributed to community member electronically using Qualtrics survey software from October 2, 2019 to October 21, 2019. Paper surveys were also developed in Qualtrics and distributed at designated locations including: Grand Forks Public Health, Altru Health System, Grand Forks and Polk County Libraries, and Grand Forks Senior

Center. In total, 517 surveys were completed, 517 electronic, and 0 paper resulting in a survey completion rate of 78.21 %. 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**

Founded in 1873 and organized in 1875, Grand Forks County was named for its location at the fork of the Red River and the Red Lake River (Grand Forks County Information Services, 2014). The Red River, which flows north, made the county an important trading and supply post for American Indians and early colonists. Today, Grand Forks County is located in 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 with a population of approximately 70,770 persons (US Census, 2018). Grand Forks County, as a part of the Grand Forks, North Dakota-Minnesota Metropolitan Statistical Area, is one of the few metropolitan/micropolitan areas in the state. Metropolitan/micropolitan areas are defined as follows: “the 2010 standards provide that each core based statistical area (CBSA) must contain at least one urban area of 10,000 or more population. Each metropolitan statistical area must have at least one urbanized area of 50,000 or more inhabitants. Each micropolitan statistical area must have at least one urban cluster of at least 10,000 but less than 50,000 population” (US Census, 2018).

Polk County, established in 1858, has a population of approximately 31,529 persons and is located in northwestern Minnesota (US Census, 2018). Polk County is boarded by three counties to the east (Pennington, Red Lake, and Clearwater Counties), one county to the north (Marshall County), two counties to the west (Grand Forks and Traill Counties), and two counties to the south (Norman and Mahnomen Counties) (McCall, 1961)The county is 7<sup>th</sup> largest in the state, spanning approximately 1,917.3 miles (US Census, 2018). Overall, Minnesota is not a highly rural state with an average of 66.6 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).

Table 4 (below) provides a health status overview, and allows for the comparison, of health status in North Dakota which consists of 49 counties in total, Minnesota which consists of 87 counties in total, Grand Forks County, ND and Polk County, MN.

Table 4. Grand Forks County, ND; Polk County, MN; North Dakota; and Minnesota Comparison (Source: County Health Rankings & Roadmaps, 2019)

	Grand Forks County, ND (49 total counties)	Polk County, MN (87 total counties)	North Dakota	Minnesota
<b>Health Outcomes</b>	21 <sup>st</sup>	71 <sup>st</sup>	NA	NA
<b>Length of Life</b>	3 <sup>rd</sup>	71 <sup>st</sup>	NA	NA
<i>Premature Death</i>	5,700	7,300	6,700	5,300
<b>Quality of Life</b>	44	63	NA	NA
<i>Poor or fair health</i>	14%	14%	14%	12%
<i>Poor physical health days</i>	3.4	3.1	3.0	3.0
<i>Poor mental health days</i>	3.1	3.1	3.1	3.2
<i>Low birthweight</i>	7%	6%	6%	7%
<b>Health Factors</b>	17	72	NA	NA
<b>Health Behaviors</b>	21	79	NA	NA
<i>Adult smoking</i>	18%	16%	20%	15%
<i>Adult obesity</i>	31%	37%	32%	28%
<i>Food environment index</i>	8.1	7.9	9.1	9.0
<i>Physical inactivity</i>	21%	26%	22%	19%
<i>Access to exercise opportunities</i>	83%	69%	74%	87%
<i>Excessive drinking</i>	26%	32%	26%	23%
<i>Alcohol-impaired driving deaths</i>	27%	32%	46%	29%
<i>Sexually transmitted infections</i>	507.6	218.8	456.5	413.2
<i>Teen births</i>	14	19	23	16
<b>Clinical Care</b>	3 <sup>rd</sup>	46 <sup>th</sup>	NA	NA
<i>Uninsured</i>	7%	5%	8%	5%
<i>Primary care physicians</i>	770:1	2260:1	1,320:1	1,120:1
<i>Dentists</i>	1,240:1	1,980:1	1,530:1	1,410:1
<i>Mental health provider</i>	350:1	490:1	570:1	430:1
<i>Preventable hospital stays</i>	4,087	5,912	4,452	5,703
<i>Influenza Vaccination</i>	53%	50%	47%	49%
<i>Mammography screening</i>	49%	43%	50%	46%
<b>Social &amp; Economic Factors</b>	20 <sup>th</sup>	57 <sup>th</sup>	NA	NA
<i>High school graduation</i>	86%	89%	85%	83%
<i>Some college</i>	78%	71%	73%	75%
<i>Unemployment</i>	2.2%	4.2%	2.6%	3.5%
<i>Children in poverty</i>	12%	13%	11%	12%
<i>Income inequality</i>	5.4	5.1	4.4	4.3
<i>Children in single-parent households</i>	33%	26%	27%	28%
<i>Social associations</i>	11.7	21.2	16.0	13.0
<i>Violent crime</i>	243	193	258	236
<i>Injury deaths</i>	53	81	69	64
<b>Physical Environment</b>	47 <sup>th</sup>	83 <sup>rd</sup>	NA	NA
<i>Air pollution- particulate matter</i>	6.9	6.9	5.4	6.9
<i>Drinking water violations</i>	No	Yes	NA	NA
<i>Severe housing problems</i>	16%	12%	11%	14%
<i>Driving alone to work</i>	82%	81%	81%	78%
<i>Long commute – driving alone</i>	9%	20%	13%	31%

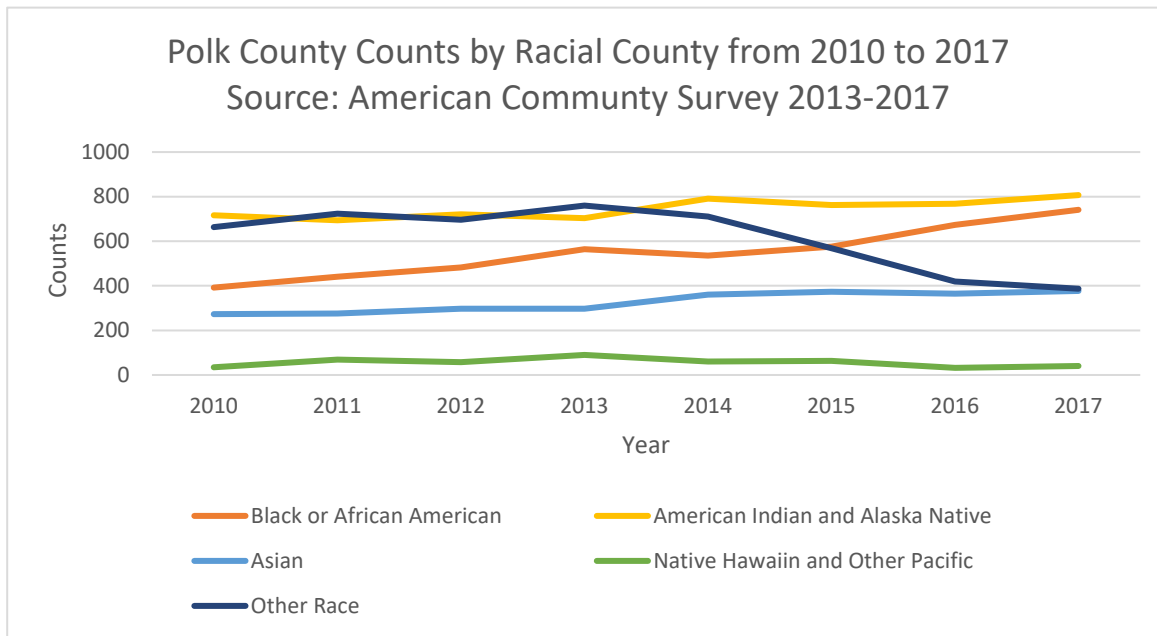
## Demographics

Grand Forks and Polk Counties have experienced several demographic shifts over the past decade, especially within the past eight years. The first trend is the rise in the population of Grand Forks County from 2010 to 2018: 66,771 to 70,777 persons, respectively (US Census, 2010-2018). This is contrasted in the neighboring county of Polk, where the population was stable with only a slight increase from 31,336 to 31,529 from 2010 to 2018 (US Census, 2010-2018). Age distribution remained fairly constant for Grand Forks from 2010 to 2017 with the median age of 29.2 in 2010 and 29.5 in 2017 denoting a decrease by 0.3 years from 2010— 2017 (Us Census Fact Finder, 2017). However, age distribution for Polk County shows a decreasing trend with a median age of 40.4 in 2010 and 38.7 in 2017, an overall decrease of 1.7 years. Gender distribution also remained constant from 2010 – 2017 with Grand Forks consisting of 48.5% (32,392 persons) female; 51.5% (34,379 persons) male in 2010, and 48% (33,692 persons) female; 52% (36,438 persons) male in 2017. Polk County saw a small change in gender distribution with 49.9% (15,624 persons) female; 50.1% (15,712 persons) male in 2010 and 49.3% (15,576 persons) female; 50.7% (15,988 persons) male in 2017. The small change in gender demographics 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 76.2% in Grand Forks County and 97.4% in Polk County (Us Census Fact Finder, 2017).

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 County down to 87.2 and 92.2 respectively (Us Census Fact Finder, 2017) This change is mirrored by the increase in counts within Black or African American and American Indian and Alaska Native individuals in Polk County (figure 1) and Black or African American, Asian, and self-identified as other race in Grand Forks County (figure 2).

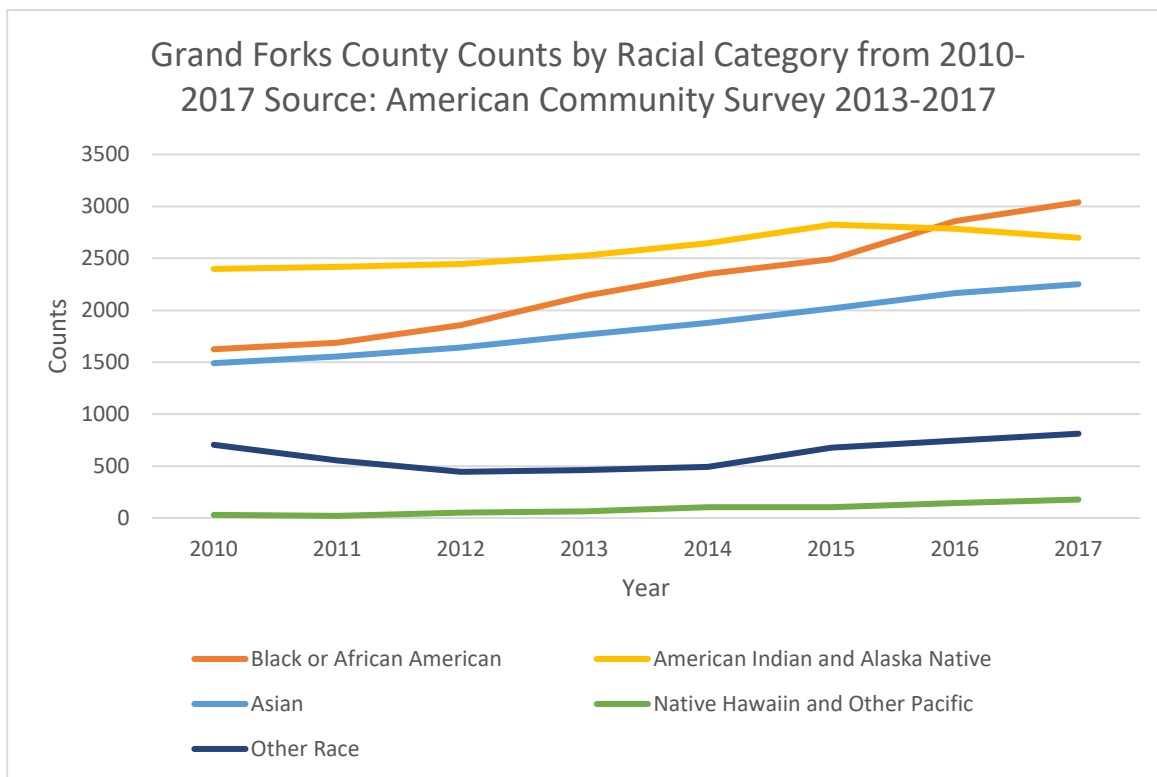


Figure 1: Polk County Population Count by Racial Category from 2010-2017 Source: American Community Survey 2013-2017



\*White racial category was removed to view the trend changes of other races

Figure 2: Grand Forks County Population Count by Racial Category from 2010-2017 Source: American Community Survey 2013-2017



\*White racial category was removed to view the trend changes of other races

The economic demographics of Grand Forks and Polk Counties have experienced several positive trends from 2014 to 2017. The population of individuals aged 16 years and older that are in the labor force experienced a change from 71.8% in 2014 to 72.4% in Grand Forks County depicting an increase of 0.6%. A similar trend appears in Polk County where in 2014, 66.1% of the population aged 16 years and older were in the labor force compared to 66.3% in 2017, an increase of 0.2% (American Community Survey, 2013-2017). (2018 Adverse Childhood Experiences, 2018).

Additionally, poverty statistics will account for changes in economic demographics as Polk County experienced a shift in the percentage of all people whose income in the past 12 months fell below the poverty line was 13.0% in 2014, compared to 12.4% in 2017, a decrease of 0.6%. In Grand Forks County, a similar trend occurred as the percentage decreased from 18.1% in 2014 to 17% in 2017, a decrease of 1.1%. In terms of education, in Grand Forks the proportion of the population 25 years of age and older graduating from high school compared to other levels of education has decreased from 24.3% in 2014 to 23.4% in 2017 a negative change of 1.0%. The trend in Polk County went from 31.3% in 2014 to 31.4% in 2017, an increase of 0.1%. This may be due to the increase in bachelor's degree or higher education of the same age group in Grand Forks which was 21.1% in 2014 and 22.2% in 2017, an increase of 1.1%. In Polk County the same trend appears as 23.0% acquired a bachelor's degree or higher in 2014, compared to 24.5% in 2017, an increase of 1.5%. Another key indicator of economic demographics highlights the overall coverage of health insurance which reflects positive trends. In Polk County during 2014, 92.0% of the population was covered by health insurance which increased to 93.4% in 2017, an increase of 1.4%. Similarly, in Grand Forks, health insurance coverage rose from 92.0% in 2014 to 94.3% in 2017, an increase of 2.3%.

### **Behavioral Risk Factors**

Several behavior changes that increase the likelihood of negative health outcomes were also recorded. The first was depicted by changes in violent crime. Community violence is often underreported; consequently, statistics on violence-related data often include a small fraction of persons impacted. At a local level Grand Forks Community Violence Intervention Center (CVIC) reports yearly on the number of clients served by adult, children, and known children living in homes with domestic violence (See table 5 below).

Table 5: Reported Victims Served by CVIC and Known Children Living in Homes with Domestic Violence by Year from 2016 - 2018 (Source: CVIC 2019)

Year:	Adult victims of Intimate Partner Violence served	Adult Victims of Sexual Assault served	Children Served	Children living in homes with domestic violence
2016	803	126	199	1,028
2017	835	134	237	1,075
2018	800	155	179	766

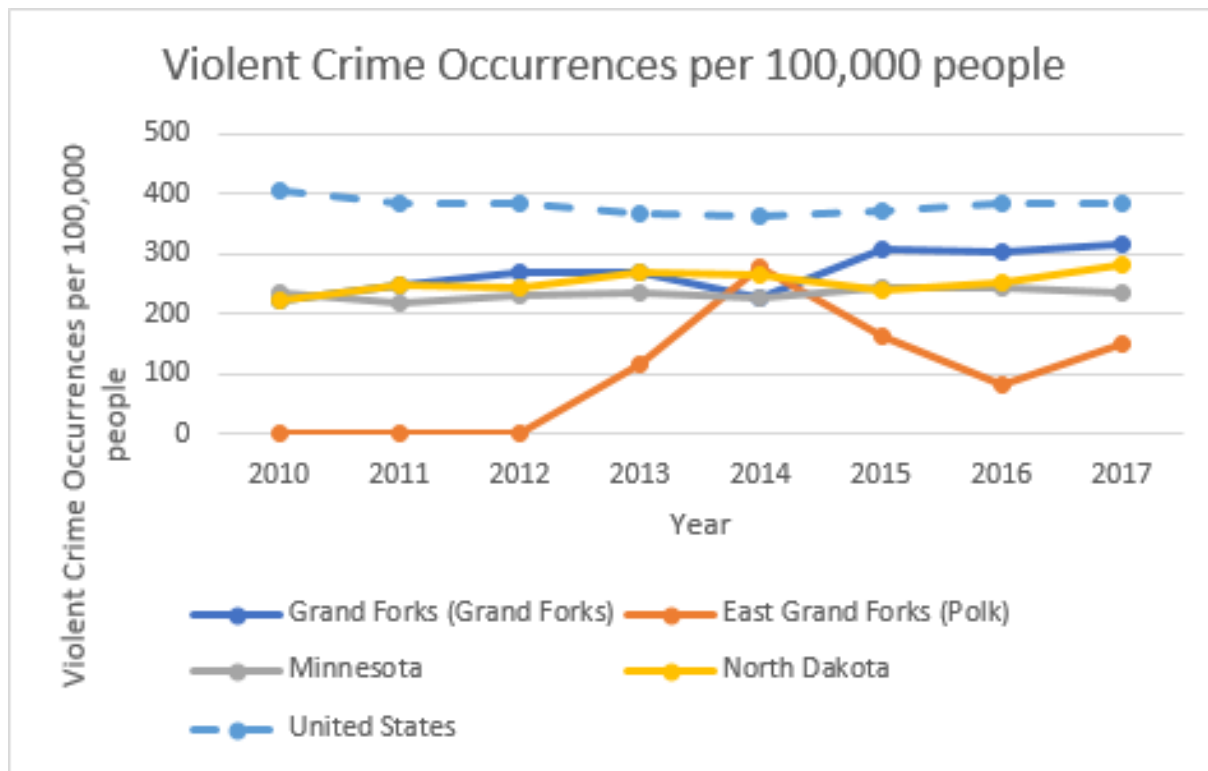
\*The number of children who lived in homes with domestic violence may be skewed during 2018 as a different data collection system was implemented.

During 2018, CVIC reported the percentages of adverse childhood experiences (ACEs) victims of violence experienced as follows: 98% had 1+ ACEs, 78% had 2+ ACEs, 59% had 3+ ACEs, 35% had 4+ ACEs, 24% had 5+

ACEs, and 10% had 6 or more ACEs. The remaining 2% were removed from this data as they were primary victims of violence not included in the ACEs such as bullying, dating violence, sexual assault, etc.

Several behavior changes that increase likelihood of negative health outcomes were also recorded. The first of these is the increase in violent crimes in both Grand Forks and East Grand Forks compared to the 2016 CHA (figure 3). This increase was indicated by rates of robbery (figure 6), aggravated assault (figure 7), and larceny (figure 10) in Grand Forks County, and recent spikes in aggravated assault (figure 7), and larceny (figure 10) reported in Polk County.

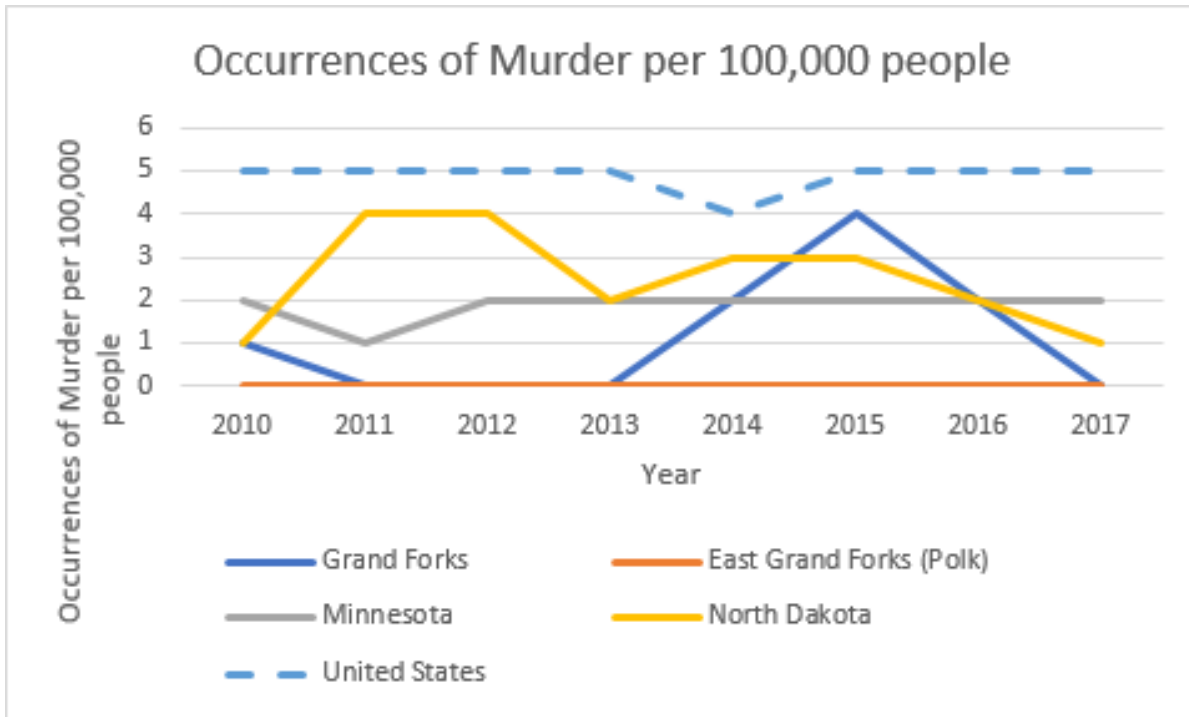
Figure 3: Violent Crime Occurrences per 100,000 people by location by year from 2010-2017 (Source: [www.homefacts.com](http://www.homefacts.com))



\*Years with 0 occurrences for any location reflect a lack of information for that indicator

Depicted in figure 4 is the occurrences of murder per 100,000 people. : There is a downward trend of murders in Grand Forks and ND between 2015 and 2017. Minnesota data is consistently the same level from 2012 to 2017 and both ND and MN are lower than U.S. rates.

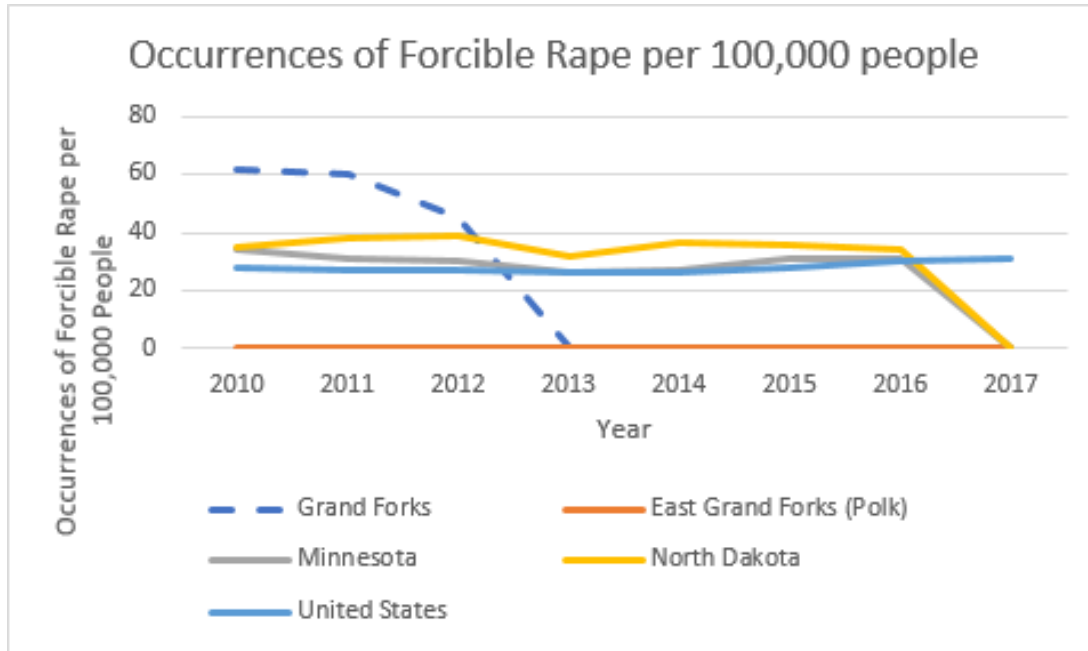
Figure 4: Murder Occurrences per 100,000 people by location by year from 2010-2017 (Source: [www.homefacts.com](http://www.homefacts.com))



\*Years with 0 occurrences for any location reflect a lack of information for that indicator

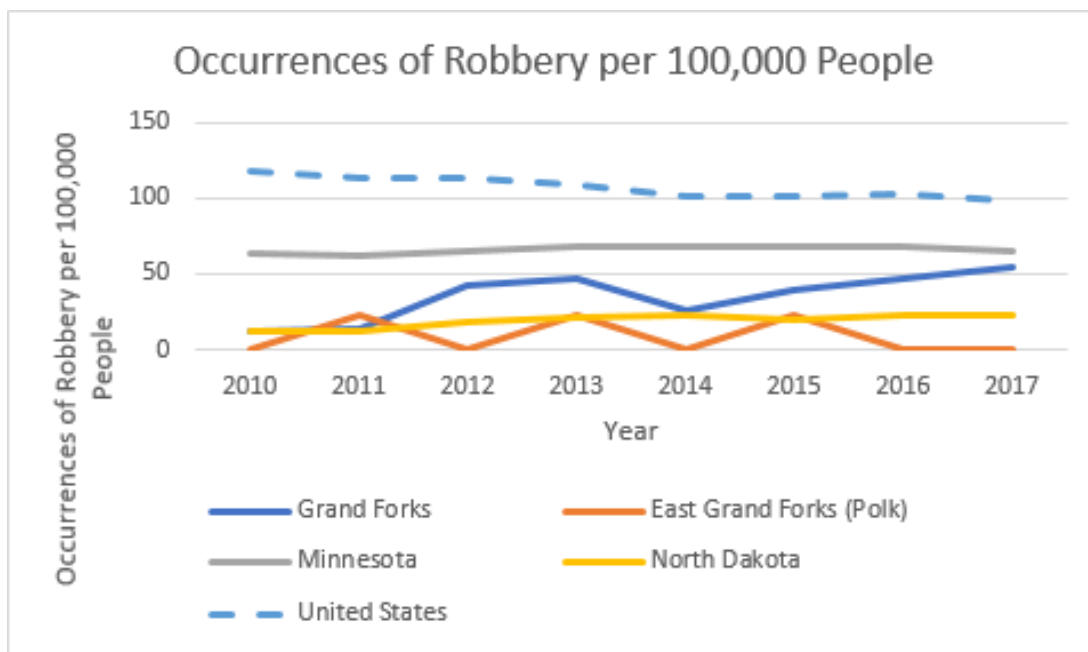
Figure 5 records the occurrences of forcible rape per 100,000 people. Forcible rape in these locations has remained consistent, as any decrease to zero should be understood to be missing information.

Figure 5: Forcible Rape Occurrences per 100,000 people by location by year from 2010-2017 (Source: www.homefacts.com)



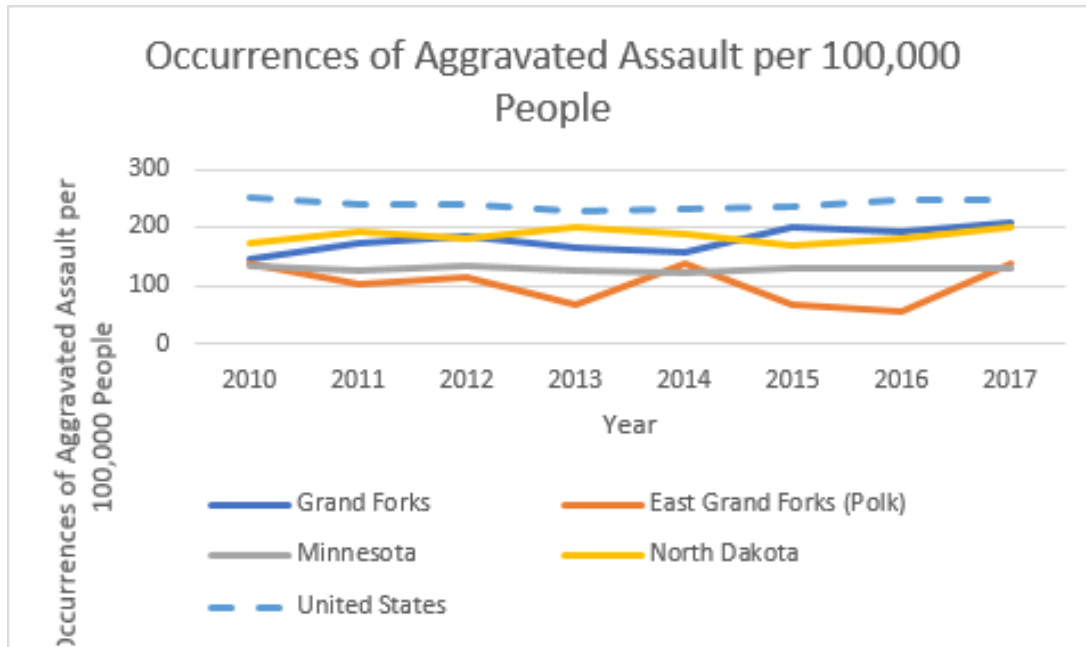
\*Years with 0 occurrences for any location reflect a lack of information for that indicator

Figure 6: Robbery occurrences per 100,000 people by location by year from 2010-2017 (Source: www.homefacts.com)



\*Years with 0 occurrences for any location reflect a lack of information for that indicator

Figure 7: Aggravated Assault per 100,000 People by location by year from 2010-2017 (Source: www.homefacts.com)



In figure 8, the occurrences of property crime drop from 2016 to 2017 in both East Grand Forks and Grand Forks. While Grand Forks experiences property crime higher than that of the United States and North Dakota, Polk County property crime is less than that of the United States and Minnesota.

Figure 8: Property Crime Occurrences per 100,000 People by location by year from 2010-2017 (Source: www.homefacts.com)

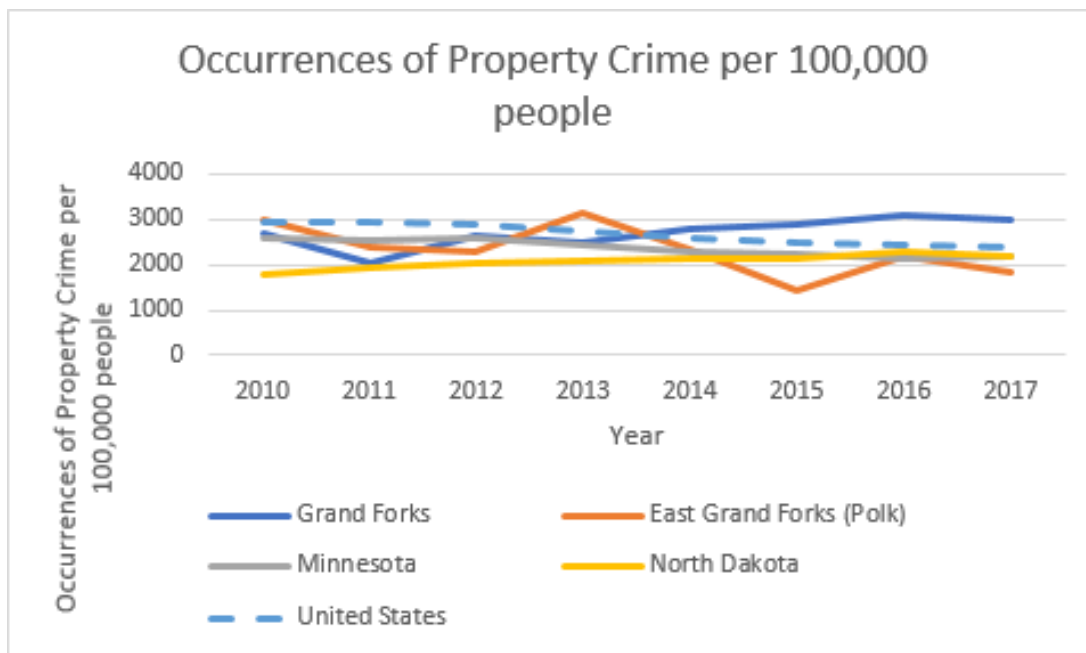
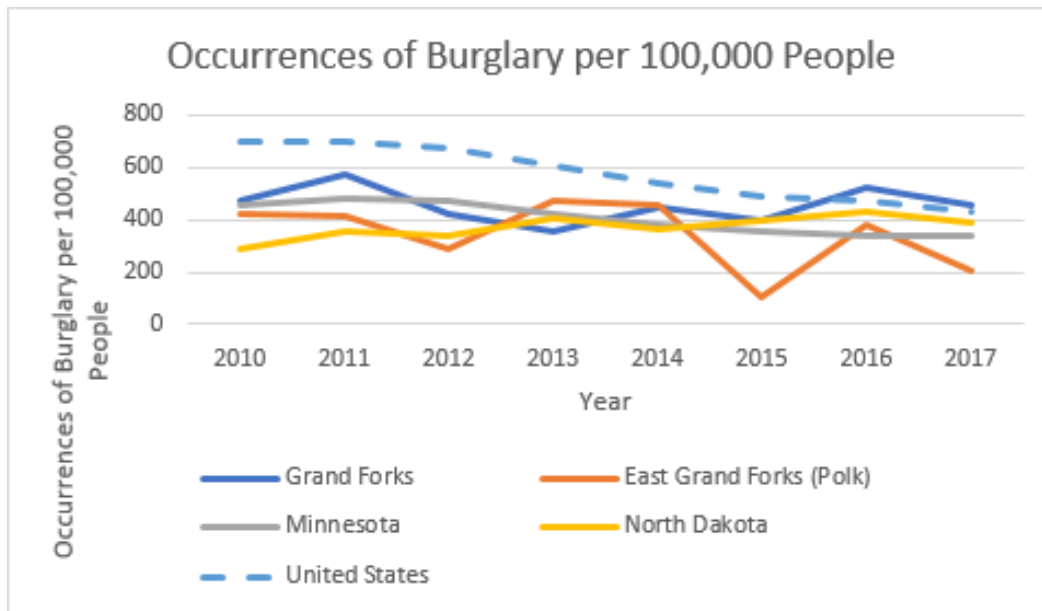
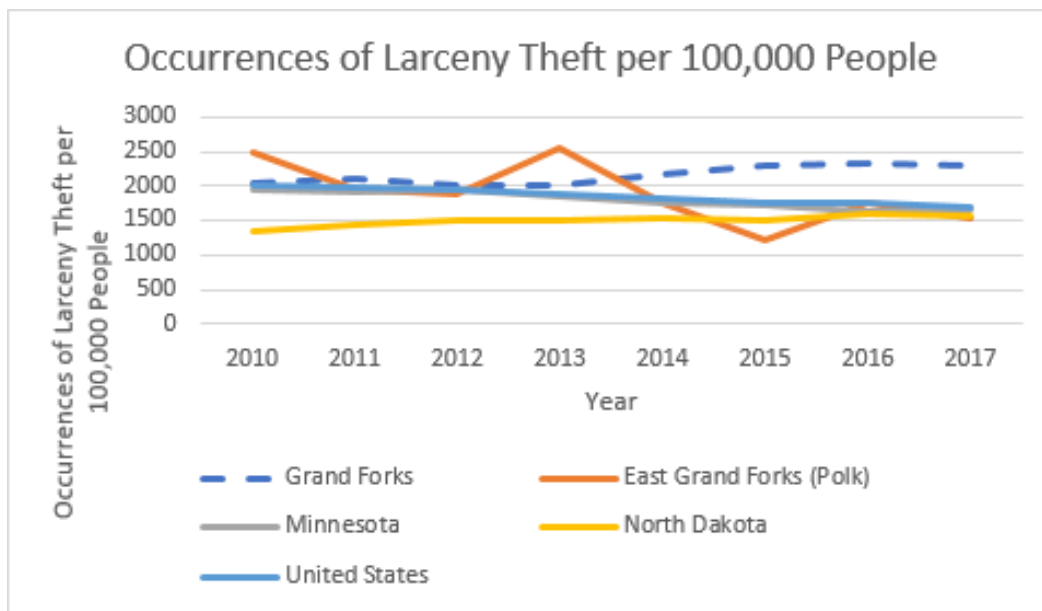


Figure 9: Burglary Occurrences per 100,000 People by location by year from 2010-2017 (Source: www.homefacts.com)



Burglary in all locations has shifted to a downward trend from 2016 to 2017. While Grand Forks was below the national standards in 2015, the city has since then increased above that of the national trend as well as the North Dakota trend. Polk County burglaries momentarily increased above Minnesota in 2016, but then fell below that of Minnesota as of 2017.

Figure 10: Larceny Occurrences per 100,000 People by location by year from 2010-2017 (Source: www.homefacts.com)



Other health risk factors including weight, alcohol consumption, substance use, mental health, and economics analyzed against these factors contribute to the overall health of Polk and Grand Forks Counties. When analyzing the overall prevalence of obesity in Grand Forks and Polk Counties, an increase between the years 2010 to 2013 for Polk County occurred, while Grand Forks remained at a near constant prevalence (see Figure 11 below).

Compared to the state level, Grand Forks had a similar trend with North Dakota, while Polk County was above the state of Minnesota's prevalence of obesity (See Figure 11 above and 12 below).

Figure 11: Overall Prevalence of Obesity in Grand Forks & Polk Counties from 2008-2013 Source: CDC BRFSS)

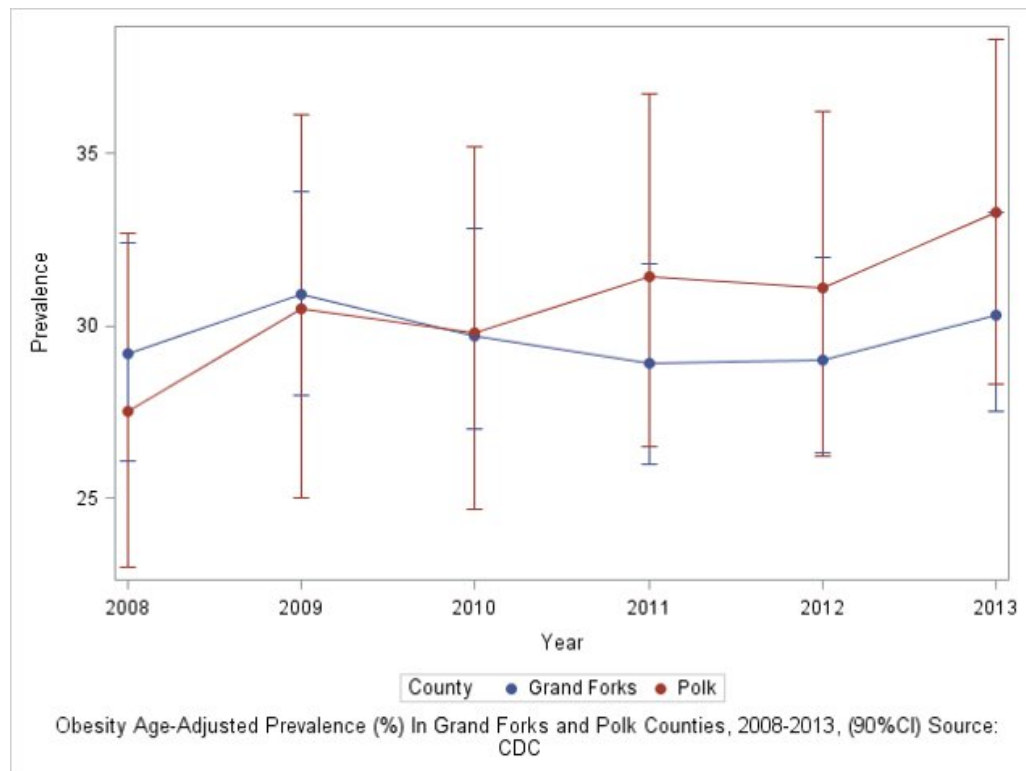
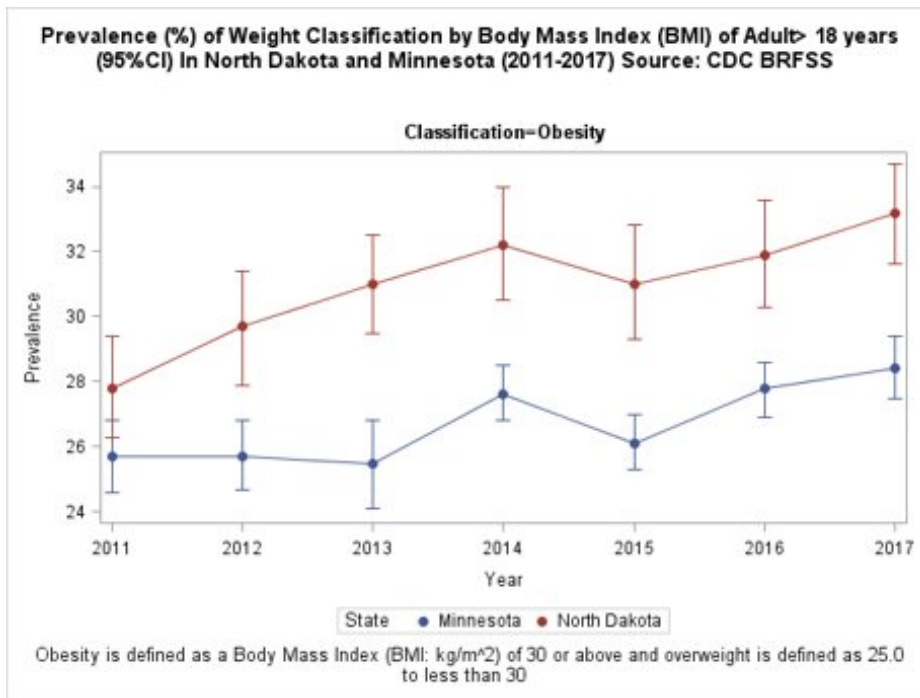


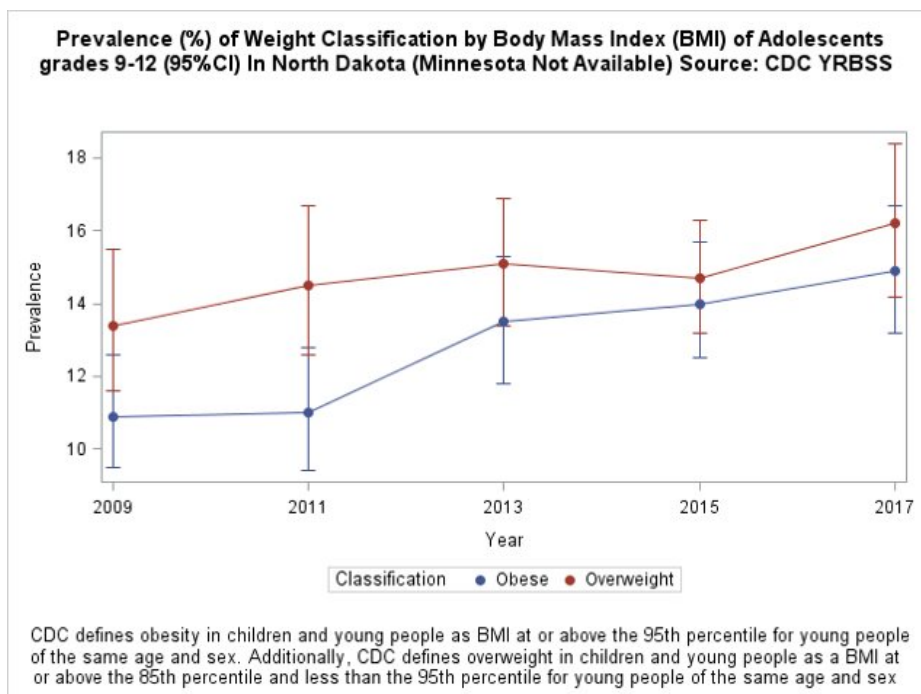


Figure 12: Prevalence (%) of Weight Classification Obesity by BMI of Adults 18 years or older in North Dakota and Minnesota from 2011-2017 Source: CDC BRFSS



Similarly, the trend of adolescent obesity and overweight classifications shows alarming results as the state of North Dakota trends are steadily increasing (See Figure 13 below).

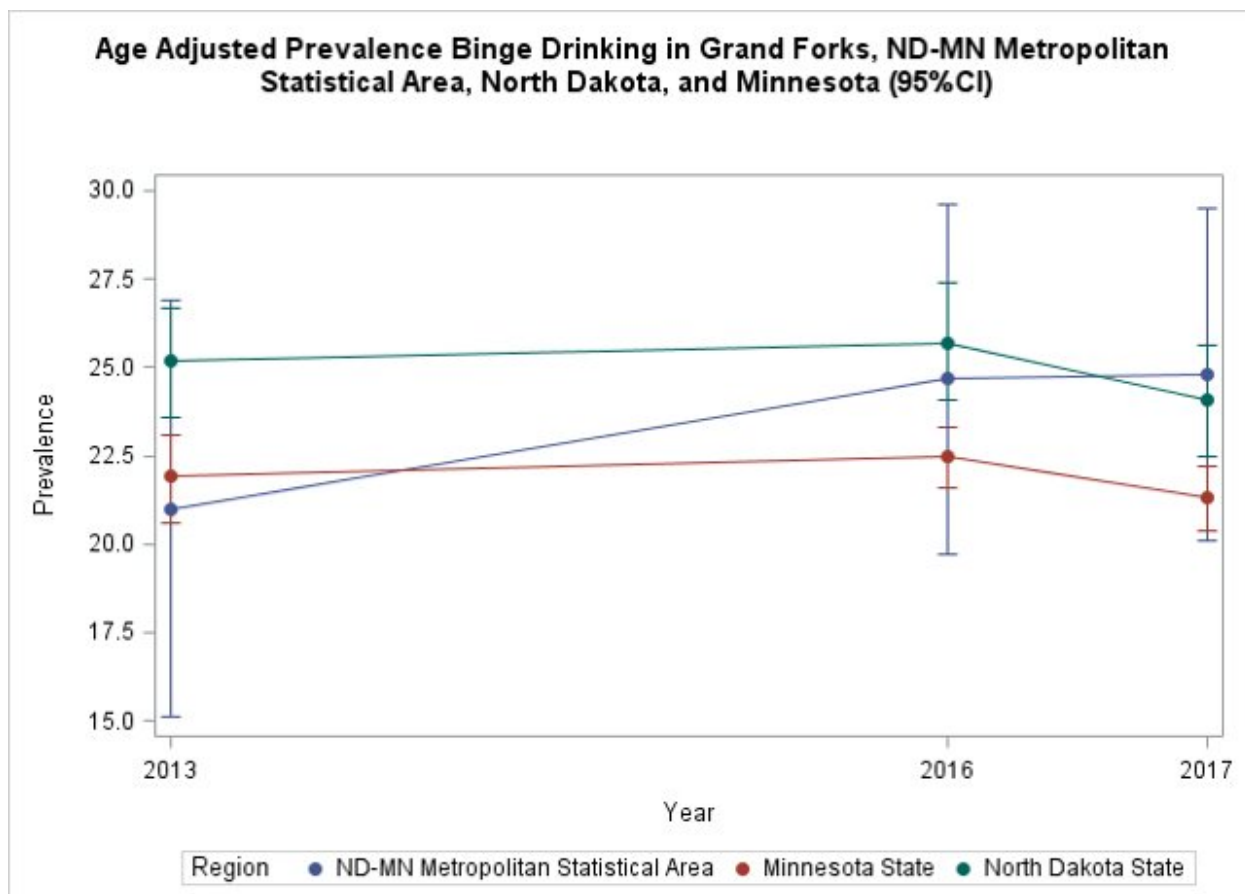
Figure 13: Adolescent Overweight and Obesity in North Dakota yearly from 2009 to 2017 Source: CDC YRBSS



Additionally, in 2016, Polk County reported that 26% of 8th graders were overweight or obese, 33% of 9th graders were overweight or obese, and 32% of 12th graders were overweight or obese (Minnesota Student Survey Selected Single Year Results, 1998-2016, 2019). A lack of reported information on the Minnesota State as well as Grand Forks County results in insufficient data to compare to the given North Dakota and Polk County parameters provided.

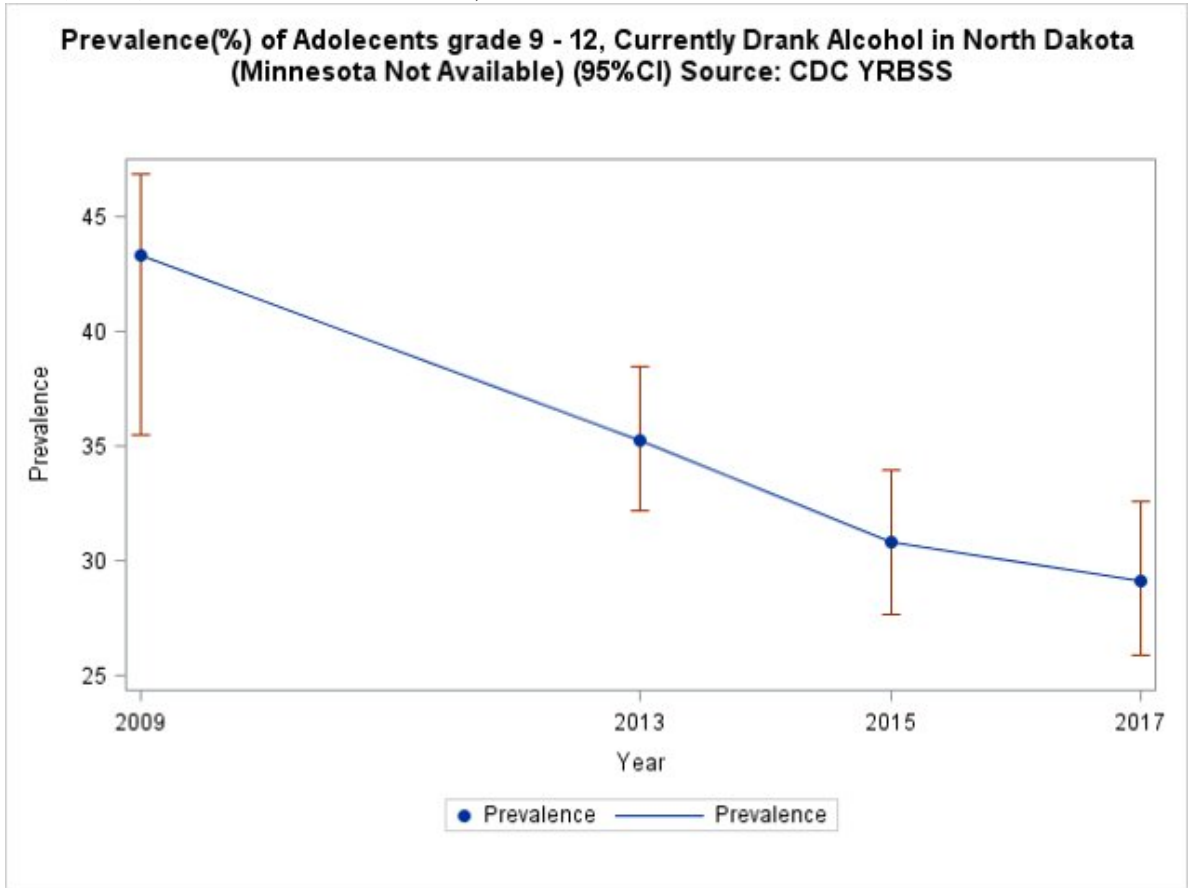
Age adjusted binge drinking in adults for Grand Forks and Polk Counties, as described by the ND-MN Metropolitan Statistical area, were initially below the standard of North Dakota and Minnesota in 2013, but began to rise above states prevalence for binge drinking by the year 2017 (See Figure 14)

Figure 14: Adult Prevalence of Binge Drinking in 2013, 2016, and 2017 by State and Statistical Area Source CDC BRFSS



Conversely, for alcohol consumption for adolescents in North Dakota, the prevalence of those who currently drank alcohol has seen a steady decline from 2009 to 2017 (see figure 15).

Figure 15: Prevalence by percent of Adolescents Grade 9-12 who Currently Drank Alcohol in North Dakota by 2009, 2013, 2015, 2017 Source: CDC YRBSS)



This trend is consistent for Grand Forks as 8% of 8th graders, 10% of 9th graders, 28% of 11th graders had one or more drinks in the past 30 days. In 2018, students in Grand Forks County perceived risks/harms from drinking alcohol to decrease as they aged. This is reflected by 86% of 8th graders, 80% of 9th graders, 79% 11th graders perceived having five or more drinks once or twice a week would create moderate or great risk of harming themselves; 87% of 8th graders, 78% of 9th graders, 65% of 11th graders perceive that their friends feel it would be wrong for them to have one or two drinks nearly every day; and 97% of 8th graders, 96% of 9th graders, 89% of 11th graders perceive their parents feel it would be wrong for them to have one or two drinks nearly every day (Simpson & Canen, 2018). A lack of reported information on the Minnesota State as well as Polk County results for adolescent drinking creates insufficient data to compare.

A topic prevalent in all aspects of society today is opioid substance use. At the national level, 14.6 deaths per 100,000 people have been reported; at the state level, there have been 35 reported overdose deaths in North Dakota (National Institute on Drug Abuse, 2019). Altru Health System in Grand Forks County has seen 30 opioid overdoses in 2018 which is a drop of 33 cases compared to the 63 cases seen in 2016. In 2017, Grand Forks Police Department reported 32 opioid overdoses with 4 fatalities (Swanson & Dulitz, 2019). At a broader level, Polk County reported 3 drug overdose deaths in 2015. Data on the amount of drugs seized shows a concern for both opioids and methamphetamines

as Polk County seized 275 grams of heroin in 2017 compared to 31 grams in 2015. 3,641 grams of methamphetamines were seized in 2017, compared to 663 grams in 2015. In 2017, Grand Forks County police seized 240 grams of heroin as well as 9,326 grams of methamphetamines.

With the antivaccination movement, data on immunization has become more important to report. Parameters related to this include immunization rates, where for Polk County 97% of all 7<sup>th</sup> grade children were immunized in 2018 (School Immunization Data, 2019). Grand Forks County reported immunization rates of all necessary immunizations from 94.07% to 95.96% for all school aged children. Of the students who were not immunized, exemptions were as follows: 2.9% declining vaccinations due to personal beliefs, 1.26% due to religious, and 0% due to medical exemptions (2018-2019 NDDoH School Immunization Survey Results, 2019).

Other risky behaviors include smoking, alcohol, and sought medical care rates for Polk County. In Polk County, 10.3% of the population currently smoked in 2017 compared to 15.6% in 2014, a drop of 5.3%. Alcohol consumption, which is a prevalent topic in both counties showed, that in Polk County 64.4% reported having a drink in the past 30 days in 2017, compared to 62.5% in 2014 an increase of 1.9%. Finally, delaying medical care became more prevalent in Polk County as 84.2% of population reported delaying medical care due to cost or their deductible was too expensive in 2017 compared to 30.4% in 2014 an increase of 53.8 percentage points (Kruger, 2017).

A unique aspect of Grand Forks County is the existence of its own college community through The University of North Dakota. Analyzing statistics relevant to this community will allow for a betterment of the overall community due to the University's large presence in the area. Pertaining to mental health, an urgency of safety perception occurred as only 28.9% reported feeling safe on campus at nighttime and 22.6% reported feeling safe in the community at nighttime. Additionally, other factors may have contributed to the 28.7% of students who reported stress as affecting academic performance; 24.7% who reported anxiety affecting academic performance; 19.3% who reported sleep difficulties as affecting academic performance; and 11.9% who reported depression affecting academic performance. Other risky behaviors included the absence of transportation safety where 58.4% students reported never wearing a helmet when riding a bike and 69.6% reported never wearing a helmet when inline skating; and perception problems for both e-cigarette usage: 15.9% reported use within last 30 days 87.4% perceived peers use within last 30 days, and alcohol consumption, 67.4% reported use within last 30 days and 97.6% perceived peers use within last 30 days (University of North Dakota Executive Summary National College Health Assessment II, 2018).

In-depth analysis of Polk County data was made available using Polk County Resources presented by Polk County Public Health and the Polk, Norman, Mahnomen (PNM) Regional Report, 2017. When comparing the residents in Polk County who are overweight (38.1%) or obese (37.7%), they are above the Minnesota statewide average of 64.5% (36.7% overweight; 27.8%, obese). The percentage of individuals who are overweight or obese is positively correlated with increase in age. Males also tend to be more overweight or obese than females in Polk County. In the County, only an estimated 28% of adults are engaging in the recommended level of physical activity. This is much lower than the

55% estimated adults statewide that receive recommended physical activity levels. It appears that physical activity has no correlation to age, gender, or education in Polk County, however individuals in households with annual earnings of \$35,000 or more were more likely to meet physical activity guidelines than those who reside in homes making less than \$35,000 annually. Sixty two percent of individuals in Polk county state that lack of time is a barrier to exercise, and an even greater 66% state that weather is another barrier to exercise. Interestingly, individuals residing in middle income households were the least likely to consume the recommended amount of fruit and vegetables per day, compared to individuals from upper income households (27%) and lower income households (36%). Currently, 10% of individuals in Polk County smoke tobacco, a 5.5% decrease over the last three years, suggesting positive impact from public health prevention efforts. Gender is not associated with smoking rates, but individuals in a household with a combined income of less than \$35,000 per year was associated with a nearly fourfold increase in smoking rates (27% vs. 7%). Higher education attainment tended to be negatively correlated with smoking. Sixty four percent of Polk County residents reported drinking alcohol at least once in the past 30 days, with 77% of individuals in households of incomes greater than \$75,000 drinking alcohol, compared to only 37% of individuals residing in households earning \$34,000 or less consuming alcohol in the last 30 days. A healthcare professional has told 29% of Polk County respondents that at some point in their life they have had a mental health condition. Over a 30-day span, 26% of respondents expressed feelings of hopelessness, anxiety or loss of interest in things they used to enjoy. Negative feelings in the past 30 days were associated in 40% of individuals age 34 years or less, compared to only 18% for those aged 55 or older. The rate of suicide in this region is higher than the Minnesota statewide average, possibly due to a high proportion of American Indians and adult white males, both who are in high-risk categories for death by suicide. Poverty is significantly associated with health, and the PNM Community Health improvement Plan hopes to address this issue by decreasing persistent poverty. 13% of Polk County individuals fall under the poverty line, exceeding the statewide level in Minnesota. Between the years 2012-2016, 29.8% of Polk County residents of all ages live at or below 200% of poverty, with Minnesota statewide average being 26%.

## **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 517 surveys were completed, with 78.21% of respondents completing the survey in its entirety. This section of the report summarizes Community Survey findings, conducted as a part of the 2019 CHA for Grand Forks and Polk Counties from October 2, 2019 to October 21, 2019. The Community Survey was comprised of 26 questions, 12 of which assessed community health, and 11 of which recorded participant 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: When thinking about community relationships in Grand Forks and Polk Counties, to what extent do you agree with the following statements?

The majority of responses agreed with the following statements: People feel a strong connection to the community (n= 393, 59.46%); people are very helpful to others in the community (n= 419, 63.68%); and people can make a difference through civic engagement (n= 360, 54.63%). In contrast, 226 respondents neither agreed nor disagreed to the question people are open minded (34.29%) and 184 disagreed (27.92%).

Figure 16. Question 1 (n= 661)

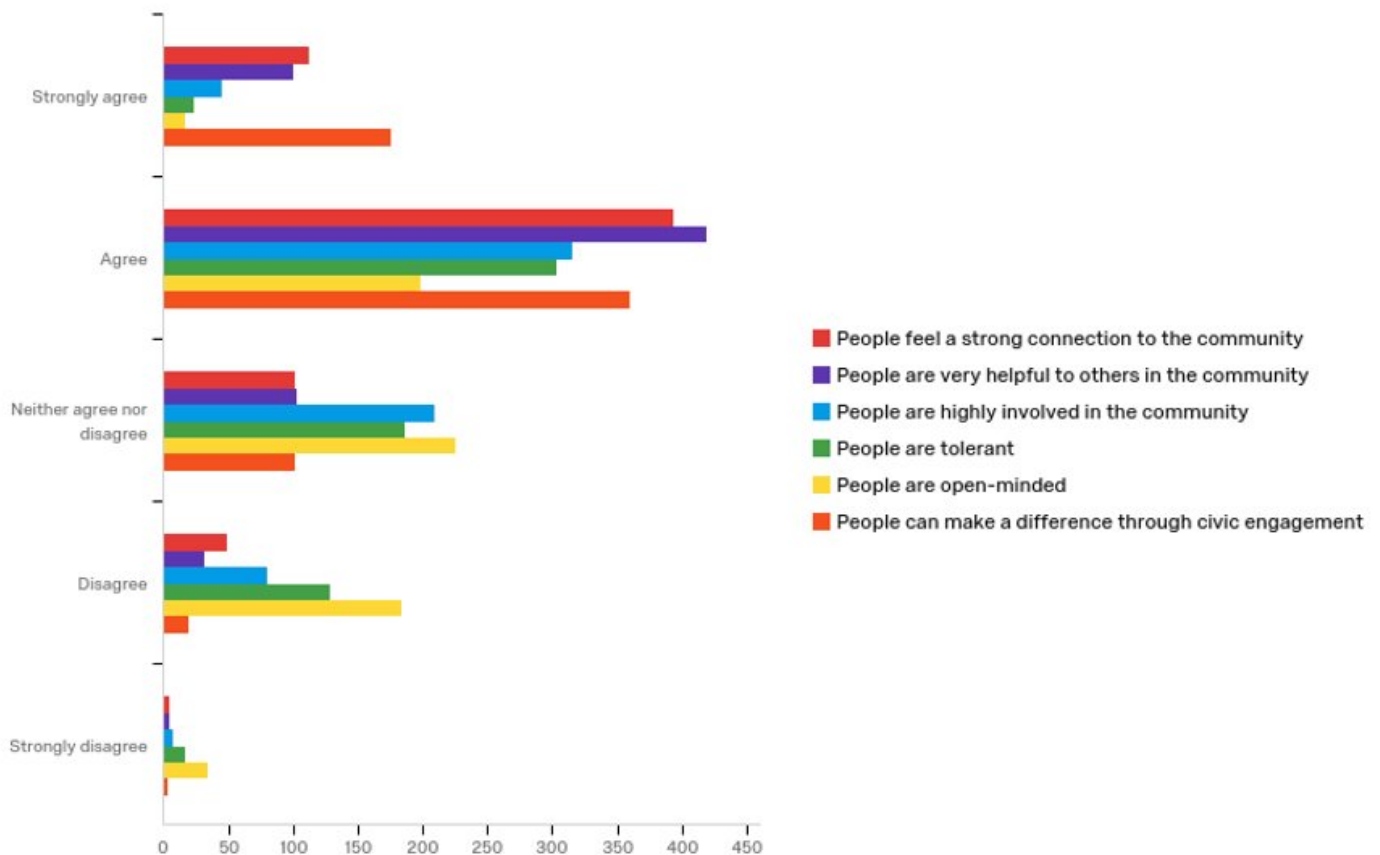


Table 6. Survey Question 1 (n= 661)

#	Question	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Responses	Mean
1	People feel a strong connection to the community	17.10%	59.46%	15.28%	7.41%	0.76%	661	2.51
2	People are very helpful to others in the community	15.20%	63.68%	15.65%	4.71%	0.76%	658	2.12
3	People are highly involved in the community	6.85%	63.77%	31.81%	12.18%	1.07%	657	2.53
4	People are tolerant	3.49%	46.13%	28.38%	19.42%	2.58%	659	2.71
5	People are open-minded	2.58%	30.05%	34.29%	27.92%	5.16%	659	3.03
6	People can make a difference through civic engagement	26.71%	54.63%	15.33%	2.88%	0.46%	659	1.96

**Survey Question 2: When thinking about community relationships in Grand Forks and Polk Counties, how important are these issues to you?**

When looking at the survey responses it is apparent that Grand Forks and Polk County residents value community relationships. Respondents replied very important to people are very helpful to others in the community (n= 306, 50.08%); and people are open minded (n=311, 50.82%). Additionally, respondents rated the following as important: people feel a strong connection to the community (n= 327, 53.26%); and people are highly involved in the community (n= 335, 54.83%). When comparing question one with question two although respondents place a high value on open-mindedness, this value is not currently reflected in the community.

Figure 17. Survey Question 2 (n= 614)

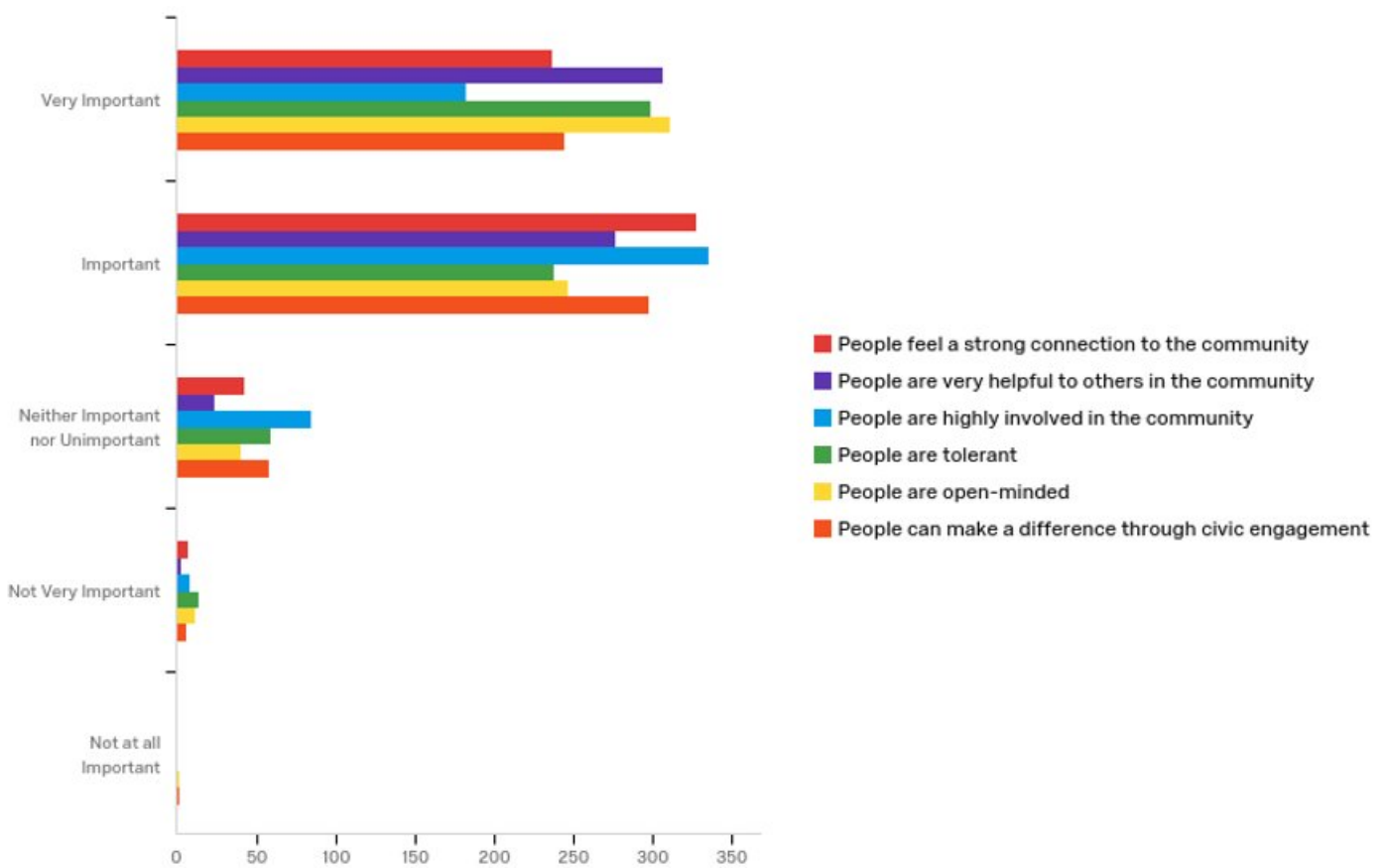




Table 7. Survey Question 2 (n= 614)

#	Question	Very Important	Important	Neither Important nor Unimportant	Not Very Important	Not at all Important	Responses	Mean
1	People feel a strong connection to the community	38.60%	53.26%	7.00%	1.14%	0.00%	614	1.71
2	People are very helpful to others in the community	50.08%	45.34%	3.93%	0.49%	0.16%	611	1.55
3	People are highly involved in the community	29.79%	54.83%	13.91%	1.31%	0.16%	611	1.87
4	People are tolerant	48.94%	38.95%	9.66%	2.29%	0.16%	611	1.66
5	People are open-minded	50.82%	40.36%	6.54%	1.96%	0.33%	612	1.61
6	People can make a difference through civic engagement	40.20%	48.93%	9.56%	0.99%	0.33%	607	1.72

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

Community residents' responses suggest that employment and economic well-being in Grand Forks and Polk Counties are within the range of average and poor. Respondents replied on average for the following questions: availability of jobs with livable wages (n=200, 32.63%); and responsiveness of local government to economic issues (n= 195, 32.13%). Respondents replied either fair or poor on cost of living (fair, n= 197, 32.3%); and availability of affordable housing (poor, n=257, 42.20%).

Figure 18. Survey Question 3 (n= 614)

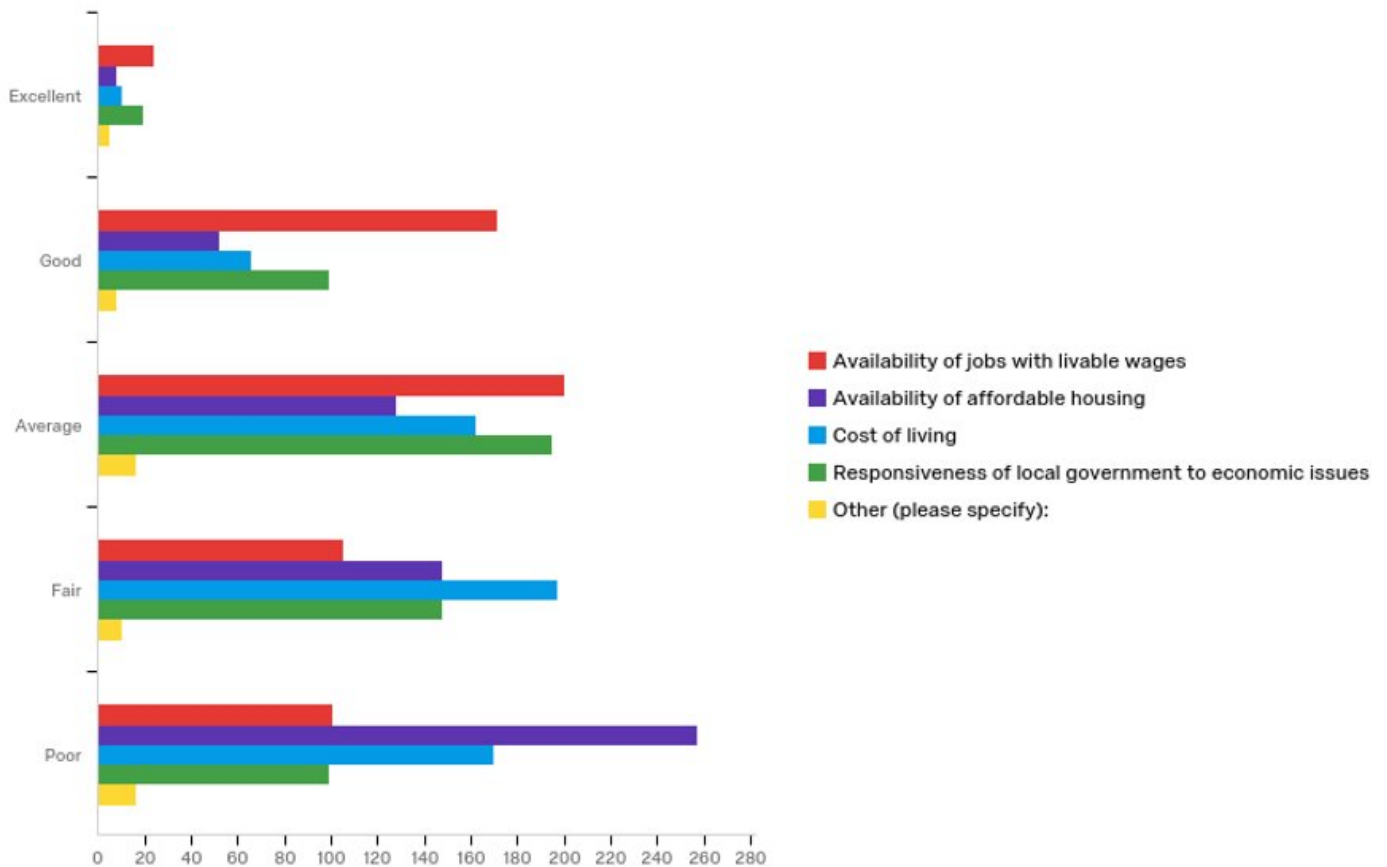


Table 8. Survey Question 3 (n= 614)

#	Question	Excellent	Good	Average	Fair	Poor	Unsure	Responses	Mean
1	Availability of jobs with livable wages	3.92%	27.90%	32.63%	17.13%	16.48%	1.96%	613	3.20
2	Availability of affordable housing	1.31%	8.54%	21.02%	24.30%	42.20%	2.63%	609	4.05
3	Cost of living	1.64%	10.82%	26.56%	32.30%	27.87%	0.82%	610	3.76
4	Responsiveness of local government to economic issues	3.13%	16.31%	32.13%	24.38%	16.31%	7.74%	607	3.58
5	Other	5.56%	8.89%	17.78%	11.11%	17.78%	38.89%	90	4.43

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

From the survey results, respondents seem to be divided about youth resources in Grand Forks and Polk Counties. Of all results, only two questions received responses at or near the majority and they are: quality of K-12 public schools (good, n=273, 45.88%); and overall, a good place to raise a family (good, n= 303, 51.18%).

Figure 19. Survey Question 4 (n= 595)

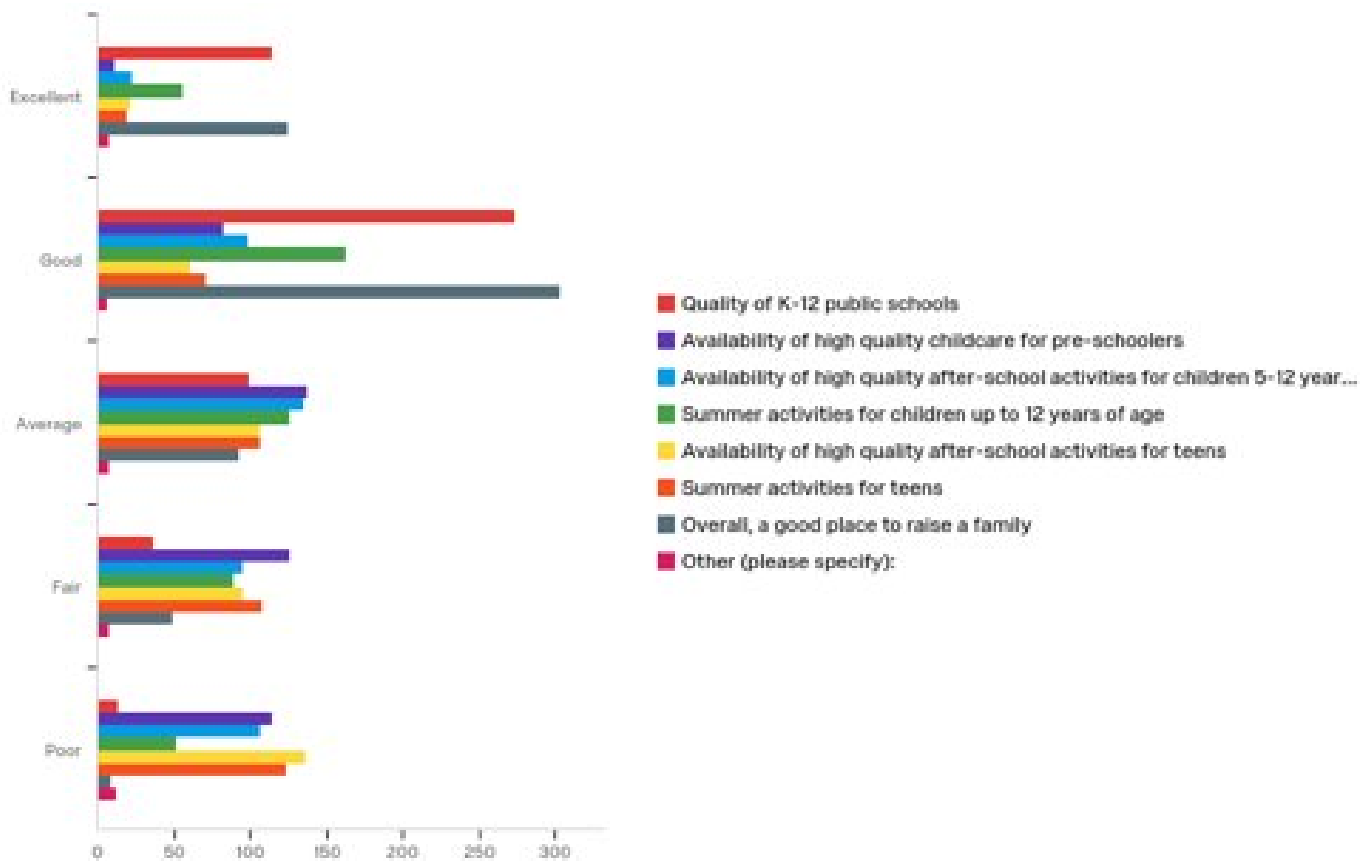


Table 9. Survey Question 4 (n= 595)

#	Question	Excellent	Good	Average	Fair	Poor	Unsure	Responses	Mean
1	Quality of K-12 public schools	19.33%	45.88%	16.81%	6.05%	2.18%	9.75%	595	2.55
2	Availability of high-quality childcare for preschoolers	1.86%	13.9%	23.22%	21.36%	19.49%	20.17%	590	1.96
3	Availability of high quality after-school activities for children 5-12 years of age	3.89%	16.58%	22.84%	16.07%	17.94%	22.67%	134	2.33
4	Summer activities for children up to 12 years of age	9.46%	27.53%	21.28%	15.03%	22.97%	29.22%	592	2.62
5	Availability of high quality after-school activities for teens	3.55%	10.14%	18.07%	16.05%	22.97%	29.22%	592	2.20
6	Summer activities for teens	3.22%	12.03%	18.14%	18.31%	21.02%	27.29%	590	2.20
7	Overall, a good place to raise a family	21.11%	51.18%	15.71%	8.28%	1.52%	2.20%	592	1.13
8	Other	10.13%	7.59%	10.13%	8.86%	15.19%	48.10%	79	3.08

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

Survey results suggest that Grand Forks and Polk County residents are generally positive about recreational activities and leisure resources. This is depicted by the high number of excellent and good responses including: access to parks (excellent, n=253, 43.17% & good, n= 245, 41.81%); outdoor recreation opportunities (good, n= 238, 40.75%); sporting events (good, n=267, 45.72%); and fitness opportunities year-round (good, n=223, 38.13%).

Figure 20. Survey Question 5 (n= 586)

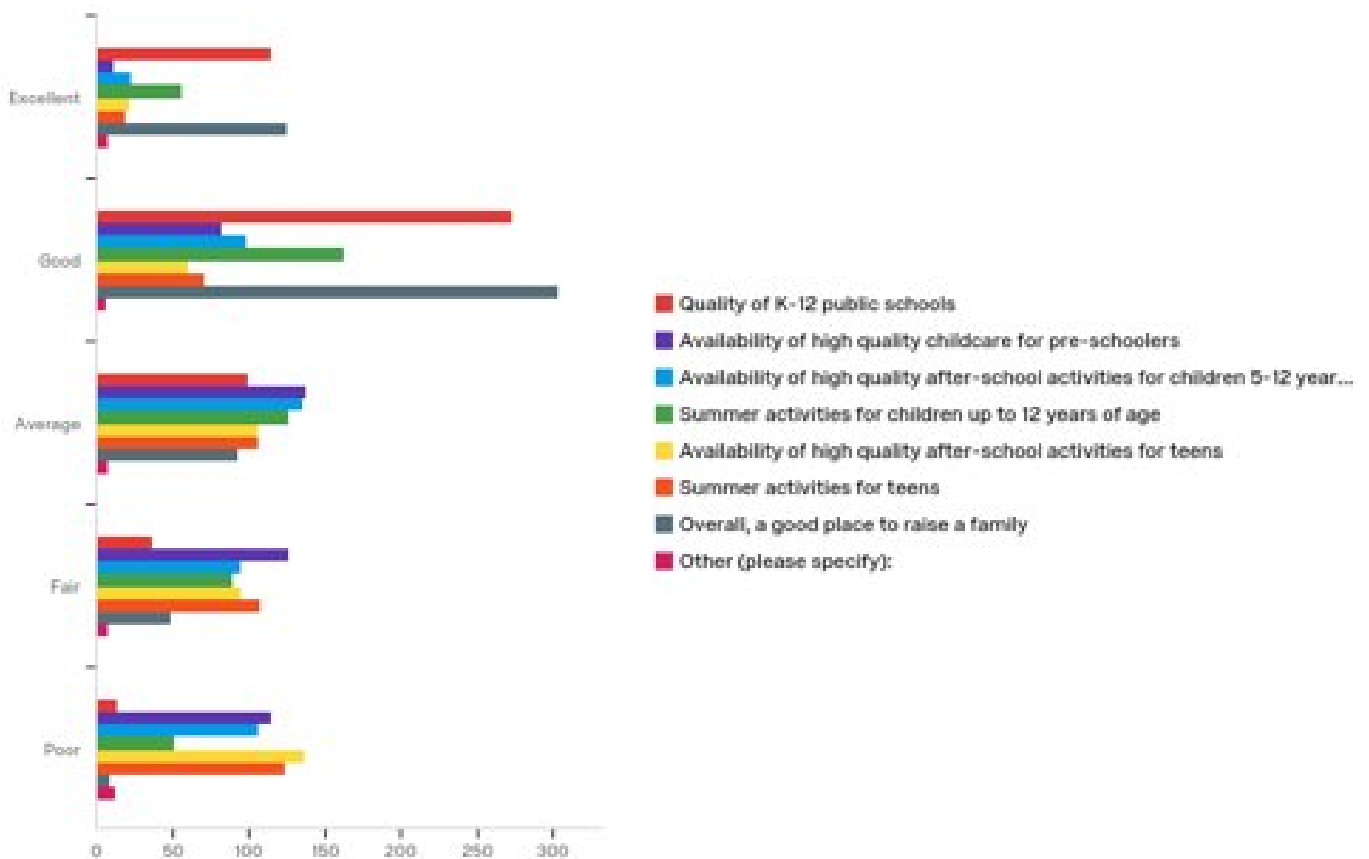


Table 10 Survey Question 5 (n= 586)

#	Questions	Excellent	Good	Average	Fair	Poor	Unsure	Responses	Mean
1	Access to parks	43.17%	41.81%	10.75%	2.73%	0.85%	0.68%	586	1.78
2	Outdoor recreation opportunities	23.29%	40.75%	24.14%	7.19%	3.60%	1.03%	584	2.30
3	Arts and cultural activities	13.01%	36.13%	28.25%	13.87%	6.51	2.23	584	2.71
4	Fairs and festivals	9.67%	35.96%	28.25%	16.95%	8.05%	1.03%	584	2.81
5	Sporting events	28.94%	45.72%	16.44%	6.34%	1.71%	0.86%	584	2.09
6	Fitness opportunities year-round	20.72%	38.18%	21.06%	11.82%	6.16%	2.05%	584	2.51
7	Transportation	8.25%	31.78%	27.32%	14.95%	11.17%	6.53%	582	3.09
8	Other	7.81%	9.38%	17.19%	3.13%	17.19%	45.31%	64	4.48

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

The consensus on senior care was a lack of understanding of the resources available for seniors. Unsure responses were as follows: availability of resources for family and friends caring for seniors (n= 262, 46.21%); availability of resources to help seniors stay in their homes (n= 262, 46.21%); cost of activities for seniors (n= 304, 53.71%); availability of Dementia/Alzheimer's care (n=286, 50.71%); Overall, ability to meet the needs of seniors (n=258, 45.83%).

Figure 21. Survey Question 6 (n=568)

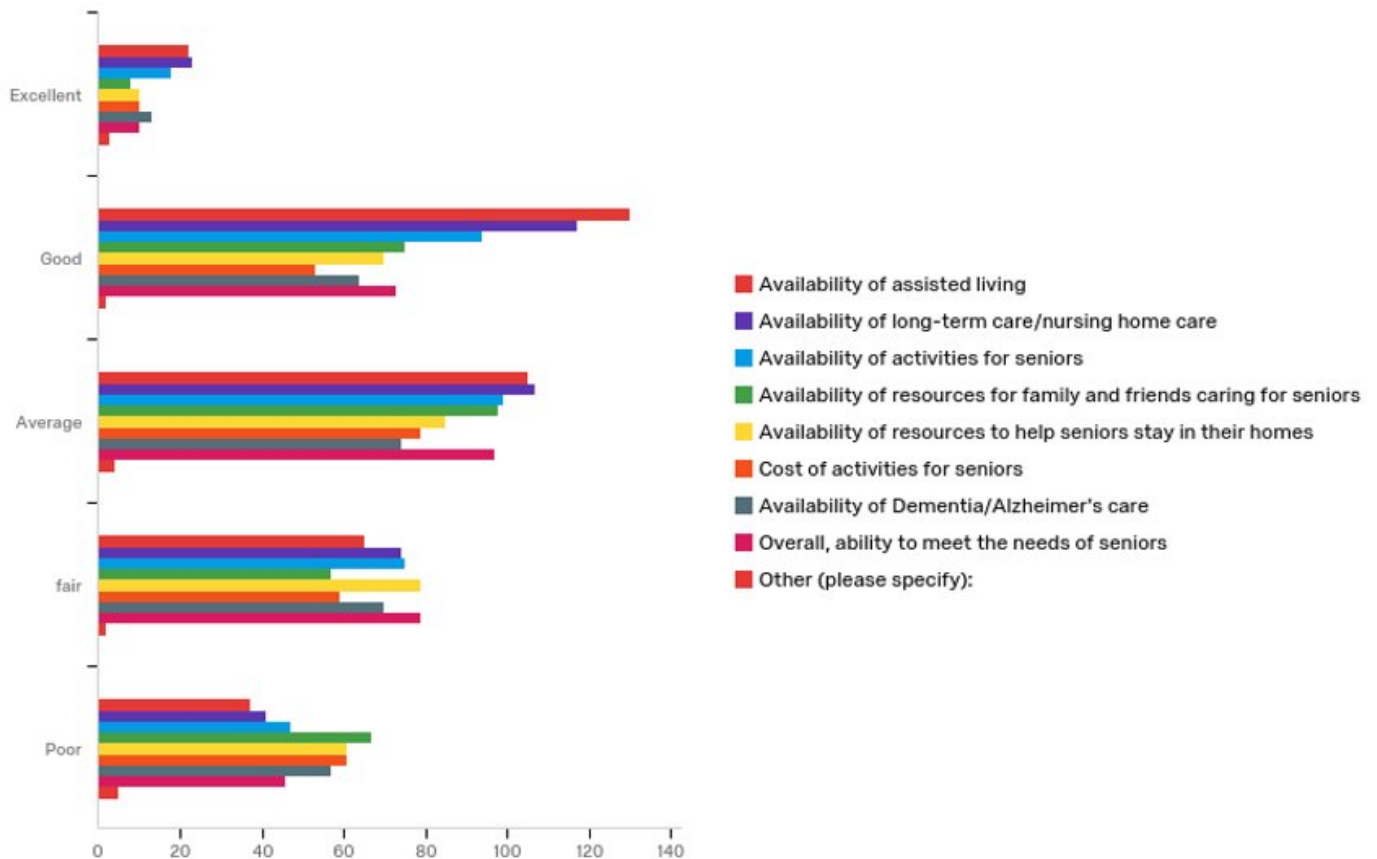




Table 11. Survey Question 6 (n=568)

#	Question	Excellent	Good	Average	Fair	Poor	Unsure	Responses	Mean
1	Availability of assisted living	3.87%	22.89%	18.49%	11.44%	6.51%	36.80%	568	4.04
2	Availability of long-term care/nursing home care	4.06%	20.63%	18.87%	13.05%	7.23%	36.16%	567	4.07
3	Availability of activities for seniors	3.19%	16.67%	17.55%	13.30%	8.33%	40.96%	564	4.30
4	Availability of resources for family and friends caring for seniors	1.41%	13.23%	17.28%	10.05%	11.82%	46.21%	567	4.56
5	Availability of resources to help seniors stay in their homes	1.76%	12.35%	14.99%	13.93%	10.76%	46.21%	567	4.58
6	Cost of activities for seniors	1.77%	9.36%	13.96%	10.42%	10.78%	53.71%	566	4.80
7	Availability of dementia/Alzheimer's care	2.30%	11.35%	13.12%	12.41%	10.11%	53.71%	564	4.69
8	Overall, ability to meet the needs of seniors	1.78%	12.97%	17.23%	14.03%	8.17%	45.83%	563	4.51
9	Other	4.84%	3.23%	6.45%	3.23%	8.06%	74.19%	46	5.29

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

Respondents feel as though the environment and environmental processes of Grand Forks and Polk Counties is clean and efficient. Overall, most participants responded with the ranking of “good” to questions on: air quality (n= 285, 50.71%); and food safety (n=285, 50.89%). Respondents were unsure about land development policies (n=170, 30.30%).

Figure 22. Survey Question 7 (n= 562)

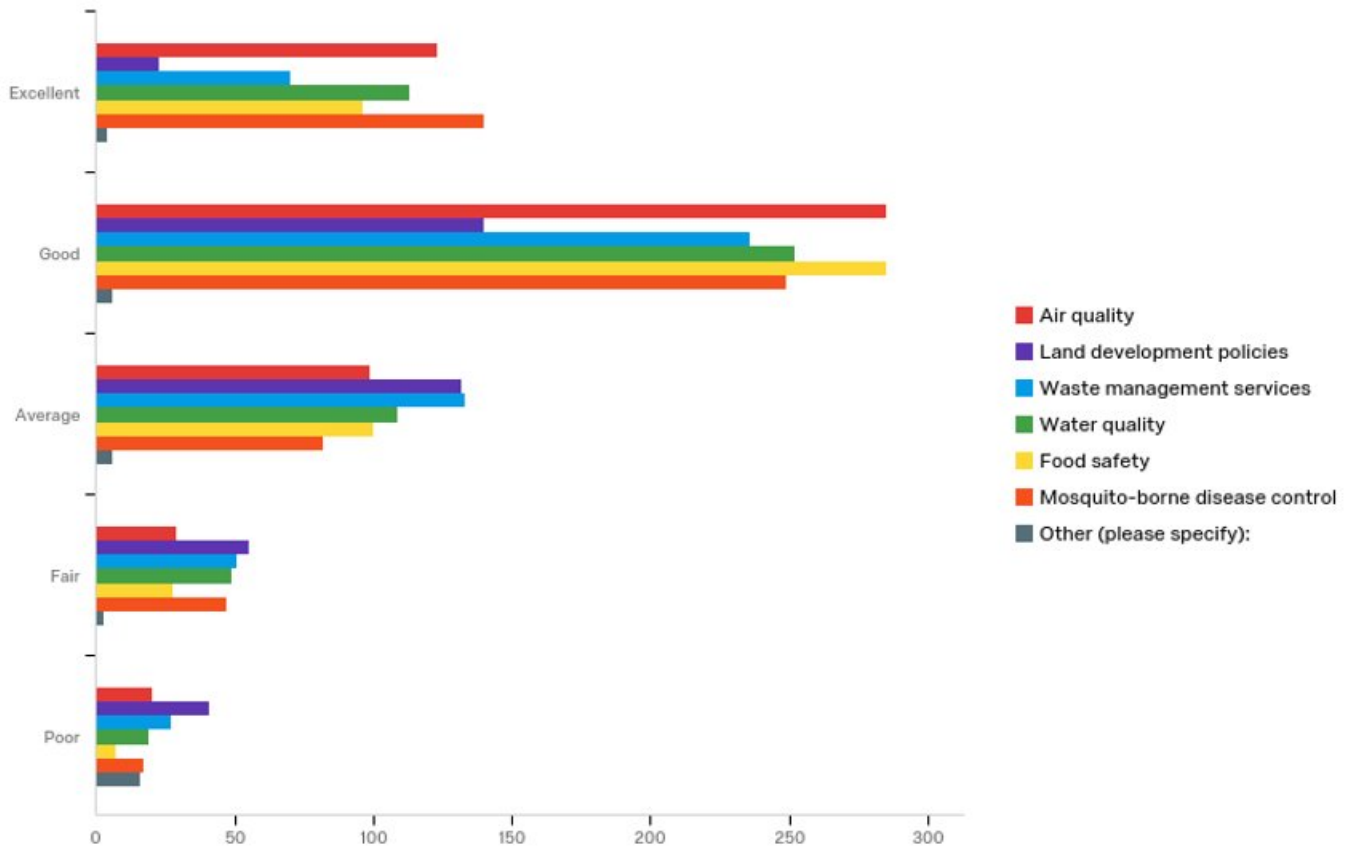


Table 12. Survey Question 7 (n= 562)

#	Questions	Excellent	Good	Average	Fair	Poor	Unsure	Responses	Mean
1	Air Quality	21.89%	50.71%	17.62%	5.16%	3.56%	1.07%	562	2.21
2	Land development policies	4.10%	24.96%	23.53%	9.80%	7.31%	30.30%	561	3.82
3	Waste management services	12.50%	42.14%	23.75%	9.11%	4.82%	7.68%	560	2.75
4	Water quality	20.11%	44.84%	19.40%	8.72%	3.38%	3.56%	562	2.41
5	Food safety	17.14%	50.89%	17.86%	5.00%	1.25%	7.86%	560	2.46
6	Mosquito-borne disease control	25.0%	44.46%	14.64%	8.39%	3.04%	4.46%	560	2.33
7	Other	6.25%	9.38%	9.38%	4.69%	25.00%	45.31%	64	4.69

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

Similarly reflected by the other components of this report, the majority or close to majority of respondents are very concerned with several themes including: illegal drug use (n=282, 51.46%) ; suicide and suicide attempts (n=271, 49.63%), depression (n= 265, 48.80%) , and prescription drug abuse (n= 249, 45.60%) when asked about several health conditions or health behaviors

Figure 23. Survey Question 8 (n= 548)

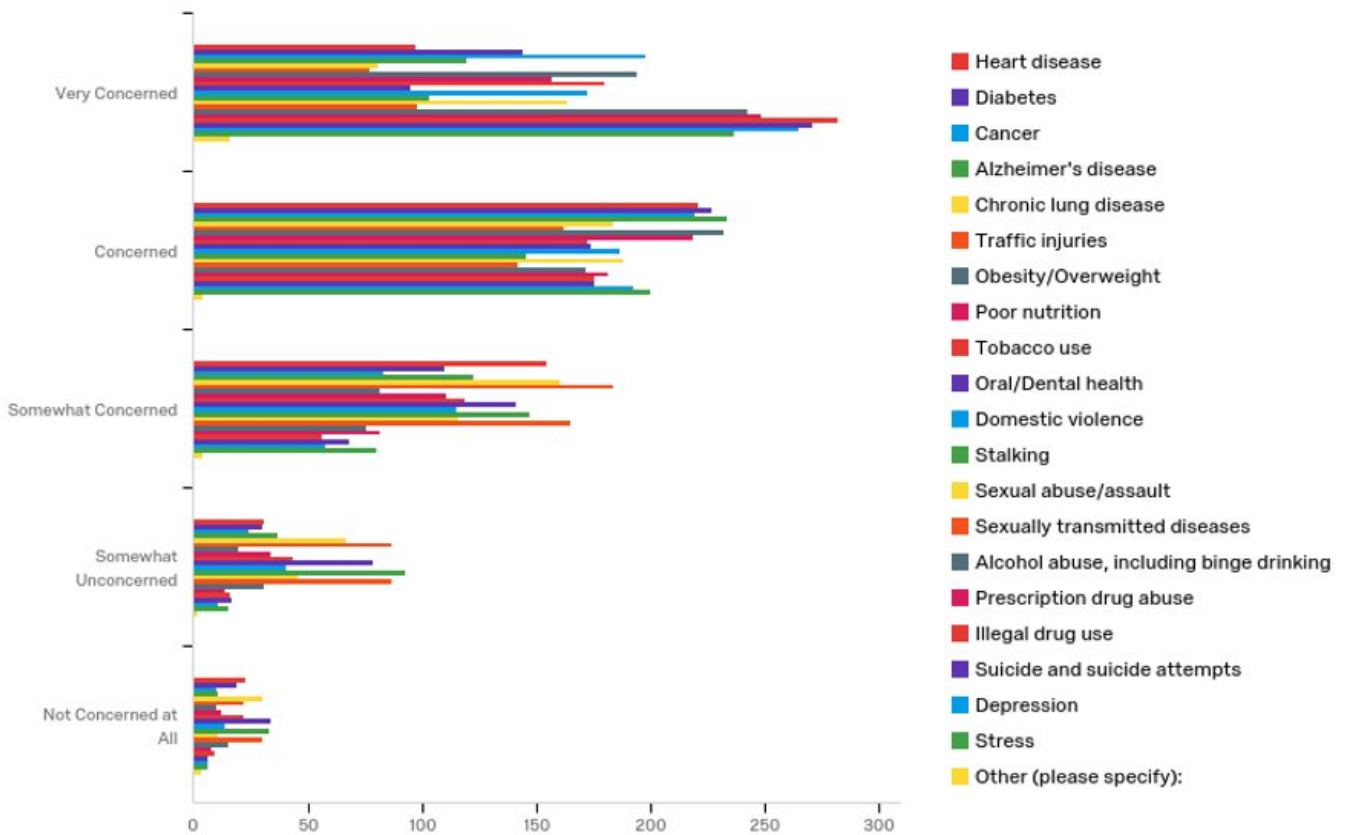


Table 13 Survey Question 8 (n= 548)

#	Question	Very concerned	Concerned	Somewhat concerned	Somewhat unconcerned	Not concerned at all	Unsure	Responses	Mean
1	Heart Disease	17.77%	40.48%	28.39%	5.68%	4.21%	3.48%	546	2.49
2	Diabetes	26.33%	41.50%	20.11%	5.48%	3.47%	3.11%	547	2.28
3	Cancer	36.13%	40.15%	15.15%	4.38%	1.82%	2.37%	548	2.03
4	Alzheimer's disease	21.94%	42.78%	22.49%	6.76%	2.01%	4.02%	547	2.36
5	Chronic lung disease	14.81%	33.64%	29.43%	12.25%	5.48%	4.39%	547	2.73
6	Traffic injuries	14.05%	29.56%	33.58%	15.88%	4.01%	2.92%	548	2.75
7	Obesity/overweight	35.53%	42.49%	15.02%	3.66%	1.83%	1.47%	546	1.98
8	Poor nutrition	28.91%	40.33%	20.44%	6.26%	2.21%	1.84%	543	2.18
9	Tobacco use	32.91%	31.63%	21.76%	8.04%	4.02%	1.65%	547	2.24
10	Oral/dental health	17.53%	32.10%	26.01%	14.58%	6.27%	3.51%	542	2.70
11	Domestic violence	31.74%	34.31%	21.10%	7.52%	2.57%	2.75%	545	2.23
12	Stalking	18.86%	26.74%	26.92%	17.03%	6.04%	4.40%	546	2.78
13	Sexual abuse/assault	30.04%	34.43%	21.25%	8.42%	2.01%	3.85%	546	2.29
14	Sexually transmitted diseases	17.98%	26.06%	30.28%	15.96%	5.50%	4.22%	545	2.78
15	Alcohol abuse, including binge drinking	44.51%	31.50%	13.92%	5.68%	2.75%	1.65%	546	1.96
16	Prescription drug abuse	45.60%	33.33%	15.02%	2.56%	1.47%	2.01%	546	1.87
17	Illegal drug use	51.46%	32.12%	10.22%	2.92%	1.64%	1.64%	548	1.76
18	Suicide and suicide attempts	49.63%	32.23%	12.45%	3.11%	1.10%	1.84%	546	1.78
19	Depression	48.80%	35.54%	10.68%	2.03%	1.10%	1.84%	543	1.77
20	Stress	43.49%	36.70%	14.69%	2.75%	1.10%	1.28%	545	1.85
21	Other	30.77%	7.69%	7.69%	3.85%	5.77%	44.23%	52	3.79

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

Within the Grand Forks and Polk County Community, survey results suggest that participants are worried about youth substance use and mental health. The following questions were answered as very concerned: suicide and suicide attempts (n= 304, 57.69%); depression (n= 280, 53.13%); illegal drug use (n= 267, 50.66%); and bullying/cyberbullying (n=262, 49.25%).

Figure 24. Survey Question 9 (n= 532)

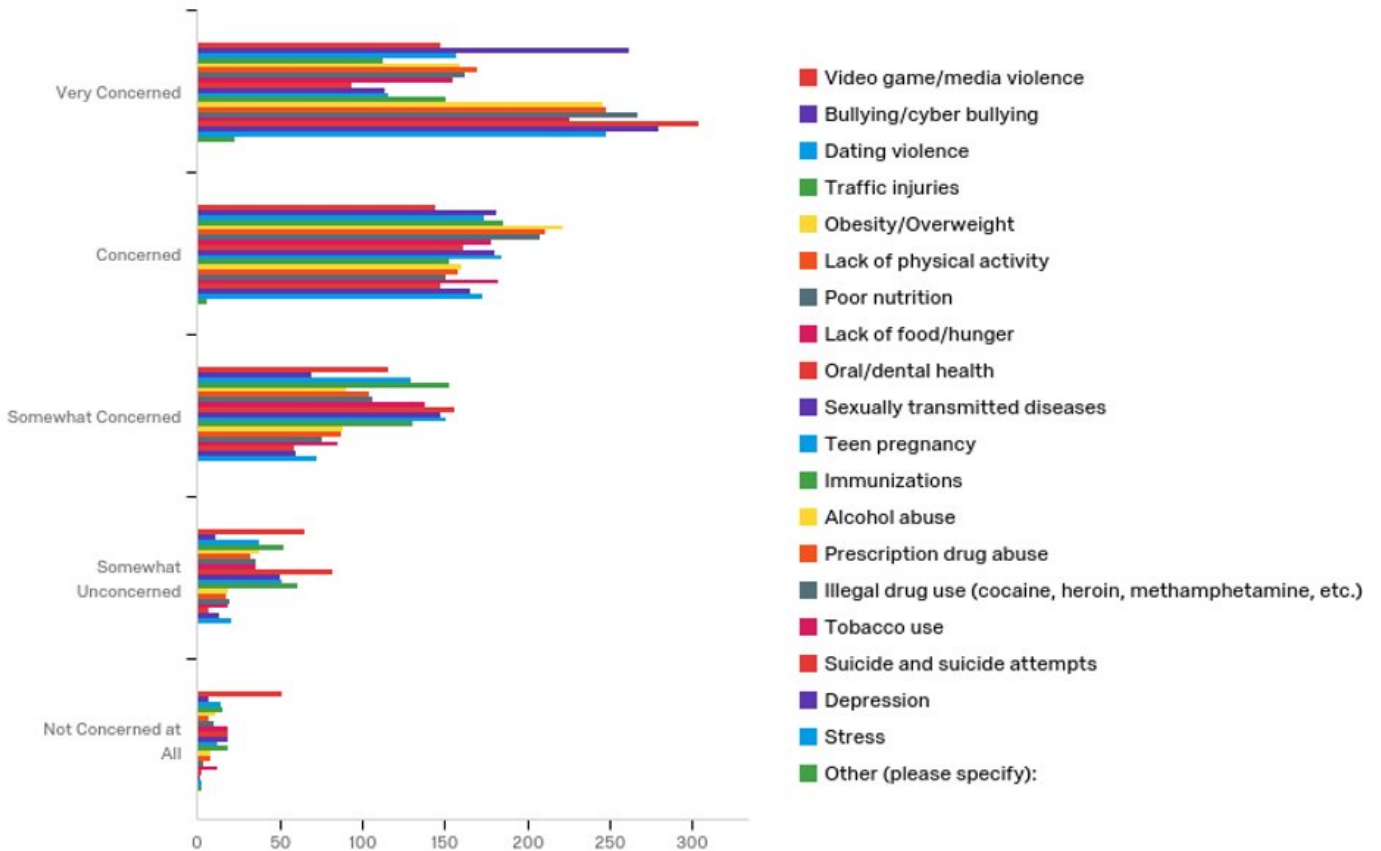


Table 14. Survey Question 9 (n= 532)

#	Question	Very concerned	Concerned	Somewhat concerned	Somewhat unconcerned	Not concerned at all	Unsure	Responses	Mean
1	Video game/ media violence	27.87%	27.12%	21.85%	12.24%	9.60%	1.32%	531	2.53
2	Bullying/ cyberbullying	49.25%	32.02%	12.97%	2.07%	1.32%	0.38%	532	1.73
3	Dating violence	29.68%	32.89%	24.39%	6.99%	2.65%	3.40%	529	2.30
4	Traffic injuries	21.32%	35.09%	28.87%	9.81%	2.83%	2.08%	530	2.44
5	Obesity/overweigh	30.23%	42.21%	17.11%	7.22%	2.09%	1.14%	526	2.12
6	Lack of physical activity	32.26%	40.04%	19.73%	6.07%	1.33%	0.57%	527	2.06
7	Poor nutrition	30.74%	39.47%	20.11%	6.64%	1.90%	1.14%	527	2.13
8	Lack of food/hunger	29.36%	33.71%	26.14%	6.63%	3.41%	0.76%	528	2.23
9	Oral/dental health	17.90%	30.67%	29.71%	15.62%	3.62%	2.48%	525	2.64
10	Sexually transmitted diseases	21.63%	34.16%	28.08%	9.49%	3.42%	3.23%	527	2.49
11	Teen pregnancy	21.97%	34.85%	28.60%	9.66%	2.27%	2.65%	528	2.43
12	Immunizations	28.65%	29.03%	24.86%	11.57%	3.42%	2.47%	527	2.39
13	Alcohol abuse	46.69%	30.36%	16.70%	3.42%	1.52%	1.33%	527	1.87
14	Prescription drug abuse	46.88%	29.87%	16.45%	3.21%	1.51%	2.08%	529	1.89
15	Illegal drug use (cocaine, heroin, methamphetamine, etc.)	50.66%	28.65%	14.42%	3.80%	0.76%	1.71%	527	1.80
16	Tobacco use	42.80%	34.47%	16.10%	3.41%	2.27%	0.95%	528	1.91
17	Suicide and suicide attempts	57.69%	28.08%	11.20%	1.33%	0.57%	1.14%	527	1.62
18	Depression	53.13%	31.31%	11.39%	2.47%	0.38%	1.33%	527	1.70
19	Stress	47.24%	32.95%	13.71%	4.00%	0.57%	1.52%	526	1.82
20	Other	40.35%	10.53%	1.75%	1.75%	5.26%	40.35%	57	3.42

### Survey Question 10:

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

Respondents had a general consensus that access to health care in Grand Forks and Polk Counties was above average. Several questions that received a response of good included: access to vision care (n= 230, 44.49%); access to dental care (n=220, 42.64%); and access to primary care providers (n= 212, 41.01%)

Figure 26. Survey Question 10 (n= 517)

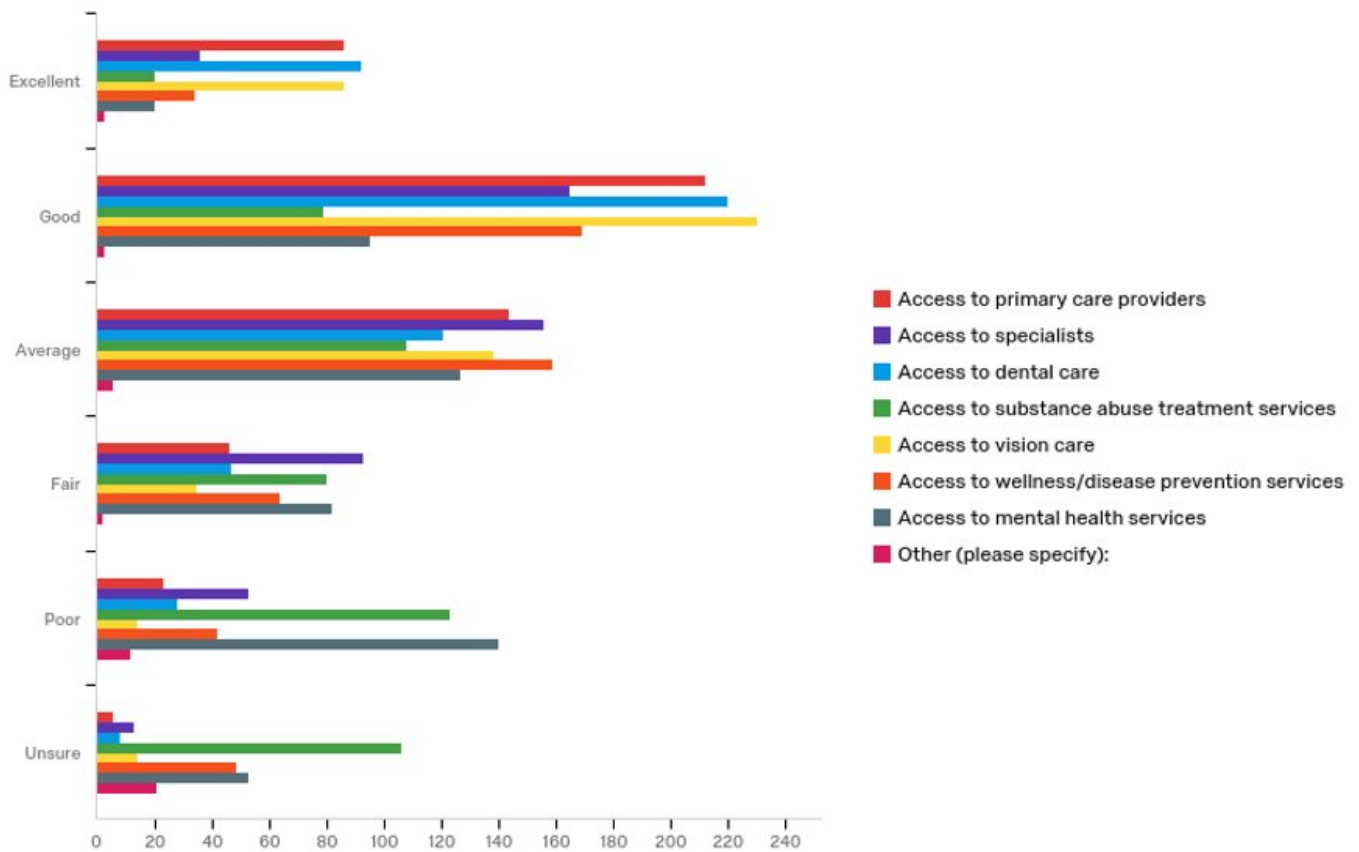




Table 15. Survey Question 10 (n= 517)

#	Question	Excellent	Good	Average	Fair	Poor	Unsure	Responses	Mean
1	Access to primary care providers	16.63	41.01%	27.85%	8.90%	4.45%	1.16%	517	2.47
2	Access to specialists	6.98%	31.98%	30.23%	18.02%	10.27%	2.52%	516	3.00
3	Access to dental care	17.83%	42.64%	23.45%	9.11%	5.43%	1.55%	516	2.46
4	Access to substance abuse treatment services	3.88%	15.31%	20.93%	15.50%	23.84%	20.54%	516	4.02
2	Access to vision care	16.63%	44.49%	26.69%	6.77%	2.71%	2.71%	517	2.43
6	Access to wellness/disease prevention services	6.58%	32.69%	30.75%	12.38%	8.12%	9.48%	517	3.11
7	Access to mental health services	3.87%	18.38%	24.65%	15.86%	27.08%	10.25%	517	3.75
8	Other	6.38%	6.38%	12.77%	4.26%	25.53%	44.68%	47	4.70

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

Table 16. Survey Question 11 (n= 515)

#	Answer	Responses	Percentage
1	Excellent	50	9.71%
2	Very Good	200	38.83%
3	Good	222	43.11%
4	Fair	36	6.99%
5	Poor	7	1.36%
	Total	515	100.00%

**Survey Question 12: How do you like to receive health information? (Select up to 3)**

A significant number of respondents (n=332, 28.67%) reported that they would like to receive their health information online compared to just 90 respondents (7.77%) reporting that they preferred group education. This has implications for the delivery of health information.

Table 17. Survey Question 12 (n=1,158)

#	Answer	Responses	Percentage
1	Online	332	28.67%
2	E-mail	212	18.67%
3	Written materials	181	15.63%
4	Social media	116	10.02%
5	Group education workshop/seminar	90	7.77%
6	Text message	72	6.22%
7	Videos for home use	23	1.99%
8	One-on-one teaching	122	10.54%
9	Other	10	0.86%
	Total	1,158	100.00%

**Survey Question 13: Do you have health insurance?**

Table 18. Survey Question 13 (n=519)

#	Answer	Response	Percentage
1	Yes	510	98.27%
2	No	9	1.73%
3	Unsure	0	0%
	Total	519	100.00%

**Survey Question 14: What kind of health insurance do you have (Select ALL that apply)?**

Table 19. Survey Question 14 (n= 530)

#	Answer	Response	Percentage
1	Insurance through your or a family member's employer	447	84.34%
2	Insurance that you or a family member purchase privately	17	3.21%
3	Indian Health Service (IHS)	3	0.57%
4	Medicaid	22	4.15%
5	Medicare	19	3.58%
6	Veteran's Health Care Benefits	13	2.45%
7	Other	9	1.70%
	Total	530	100.00%

**Survey Question 15: Are you a health care professional (work for a hospital, clinic, doctor's office, home care, or public health unit)?**

Table 20. Survey Question 15 (n= 508)

#	Answer	Response	Percentage
1	Yes	163	32.09%
2	No	343	67.52%
3	Unsure	2	0.39%
	Total	508	100.00%

**Survey Question 16: What is your zip code?**

Table 21. Survey Question 16 (n= 494)

Zip Code	Response	Percentage
Grand Forks County	288	58.30
Polk County	206	41.7%
Total	494	100.00%

**Survey Question 17: What is your age?**

Table 22. Survey Question 17 (n= 502)

Response	Mean Age	Minimum Age	Maximum Age
502	43.97	19	82

**Survey Question 18: Are you currently a UND student?**

Table 23. Survey Question 18 (n= 505)

#	Answer	Response	Percentage
1	Yes	44	8.71%
2	No	461	91.29%

**Survey Question 19: What is your Gender?**

Table 24. Survey Question 19 (n= 509)

Answer	Response	Percentage
Male	101	19.84%
Female	400	78.59%
Nonbinary	0	0.00%
Other	0	0.00%
Prefer not to answer	8	1.57%
Total	509	100.00%

**Survey Question 20: What is your race/ethnicity?**

Table 25. Survey Question 20 (n= 506)

Answer	Response	Percentage
White, not Hispanic	472	93.28%
American Indian or Alaska Native	12	2.37%
Black or African American	3	0.59%
Asian	6	1.19%
Pacific Islander	0	0.00%
Hispanic or Latino	6	1.19%
Other	7	1.38%
Total	506	100.00%

**Survey Question 21: What is your highest level of education?**

Table 26. Survey Question 21 (n= 507)

Answer	Response	Percentage
Less than high school	0	0.00%
High school graduate	14	2.76%
Some college	63	12.43%
2-year degree	74	14.60%
4-year degree	194	38.26%
Graduate or Professional degree	141	27.81%
Doctorate	21	4.14%
Total	507	100.00%

**Survey Question 22: What is your employment status?**

Table 27. Survey Question 22 (n= 506)

Answer	Response	Percentage
Employed full-time	405	80.04%
Employed part-time	53	10.47%
Self-employed	8	1.58%
Homemaker	9	1.78%
Unemployed for 1 year or more	1	0.20%
Unemployed for less than 1 year	2	0.40%
Retired	6	1.19%
Unable to work	1	0.20%
Student	21	4.15%
Total	506	100.00%

**Survey Question 23: What is your annual household income (before taxes)?**

Table 27. Survey Question 23 (n= 491)

Answer	Response	Percentage
Less than \$15,000	18	3.67%
\$15,000 - \$24,999	15	3.05%
\$25,000 - \$49,999	63	12.83%
\$50,000 - \$74,999	87	17.72%
\$75,000 - \$99,000	92	18.74%
\$100,000 - \$149,000	138	28.11%
\$150,000 or greater	78	15.89%
Total	491	100.00%

**Survey Question 24: How many people live in your household (including yourself)?**

Table 28. Survey Question 24 (n=501)

Answer	Response	Percentage
1	50	9.98%
2	135	26.95%
3	94	18.76%
4	130	25.95%
5	68	13.57%
6	18	3.59%
7	4	0.90%
8	2	0.40%
Total	501	100.00%

## **FOCUS GROUP RESULTS**

This section of the report summarizes focus group findings conducted as part of the 2019 Grand Forks and Polk Counties Community Health Assessment. Findings were based on focus groups that were conducted with community leaders and special populations during a two month period in 2019. 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. Twenty-three persons participated in community leader focus groups with sessions ranging from 3 to 9 participants. Forty persons participated in special population focus groups with sessions 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 moderate overlap was evident.

### **COMMUNITY LEADER FOCUS GROUP RESULTS**

#### *Themes of Concern*

##### *Theme #1: Substance Use (Alcohol, Tobacco, Other Drugs)*

A commonly discussed topic throughout all Key Stakeholder Focus Groups was the concern over substance use, which involved several drugs including alcohol, tobacco, and other drugs such as methamphetamines and opioids. Regarding alcohol, respondents portrayed concerns related to the culture of use in Grand Forks and Polk Counties and its effects on children. As respondents described alcohol as a key socializer in this area, they noted alcohol has been emerging in various venues such as entertainment settings to children’s sports events. One respondent reflected that, “between periods of hockey, parents would go to their car and tailgate with other parents, taking Jell-O shots and drinking from bottles of liquor”. While the prevalence of smoking has been declining, participants recognized that the emergence of e-cigarettes and vaping has caused a large increase of tobacco prevalence. Of concern here, was the widespread use in the youth population, in part due to the targeting advertisements to youth, and the lack of knowledge and studies on the effects of e-cigarettes and vaping. Respondents commented on other drugs that have gained media exposure through the Grand Forks Mayor’s Call to Action to reduce the use of opioids. While respondents are in favor of the programs to reduce opioid use, concerns arose that the strict opioid attention is overcasting efforts to mitigate other drug usage such as the methamphetamine epidemic in Grand Forks and Polk Counties.

##### *Theme #2: Mental Health Crisis*

Like the 2016 CHA findings, the trend of concern for the lack of mental health resources was discussed in all focus groups. Of concern was the lack of emergency resources for mental health crisis, as several respondents discussed “Crisis management often times has a wait time of over two weeks”, which was noted to be ineffective management for individuals experiencing mental health crises. Many participants expressed worry about the high prevalence of youth with suicidal ideation and depression. This concern is compounded with substance use as individuals



experiencing mental health crises turn to drugs to mitigate their symptoms, which only leads to further long-term complications.

### *Theme #3: Health Coordination and Prevention*

Respondents have noted that within the community the fragmentation of the healthcare delivery system has created situations where patients are withholding visits regarding their health. Specifically mentioned has been the lack of connection with primary care providers to elicit prevention and coordination of further specialty care. In addition to the use of referrals and the gatekeeping model, participants commented on the stigma of providers and community members towards certain populations, such as individuals with low income, substance use, or different cultures, has created unease within the patient's relationship with the provider, and an overall reluctance to seek needed care. Further concern was relayed as the lack of proactive prevention efforts results in higher provider burden and overall reduction of individual health.

### *Theme#4: Nutrition*

With the rise of obesity, many participants expressed concern over nutrition options within the community for both adults and children. Of worry, were the effects of food deserts within the area, the inability to afford healthier foods, and the overall culture of the easy, fast, meals which is consistent with less nutritious, fast food. Additionally, a few respondents were concerned over the amount of food waste occurring within the two counties.

### *Theme #5: Social Inequities and income disparities*

Throughout all the focus groups, respondents keyed in on the difficulties of day to day living experienced by those with low income. Respondents' focus was on the effects of houselessness on individuals and their access to employment opportunities, financial security, and proper nutrition and health care. Concerns of poverty also reflected negative mental and physical health outcomes. Additional factors that contribute to the burdens of those experiencing poverty are the negative consequences of stigma, which results in poor interactions with health care providers, a feeling of paranoia, and an overall apathy to seek help.

### *Theme #6: Cultural Acceptance*

A general lack of cultural acceptance has led to concerns of day to day living specifically to new Americans or those not familiar with Grand Forks or Polk County culture. Participants noted the prevalence of language barriers, which contributes to almost all aspects of an individual's life. In regard to nutrition, several factors were outlined by stakeholders as they contribute to a lack of cultural acceptance such as, an under abundance of nutrition education; limited access to standard food choices often consumed by the individual's culture; along with the overabundance of messages that influence decisions to eat fast food or less nutritious meals. Access to healthcare was also discussed as a concern as language barriers and navigation of the healthcare system creates frustration and an overall consensus of prolonging seeking needed healthcare. Additionally, respondents were concerned about stigma and the difficulties of navigating a new culture as these factors cause isolation and mental health concerns. One respondent even remarked

that some stakeholders with disabilities “were hurried along in the midst of asking questions,” thus resulting in mistrust between the patient and the provider.

#### *Theme#7: Insurance navigation and coverage*

Participants relayed that the navigation of acquiring insurance and understanding coverage parameters has been of concern for financial security through the healthcare process. Understanding the various health insurance options and the stringent application to acquire coverage yields high stress and with the low affordability of plans, the process is looked upon with a lack of interest. They reported that for many individuals, this results in not seeking coverage. Respondents reflected that even when insurance is acquired, further discouragement occurs with the lack of coverage. Concerns reflect coverage insufficiencies in dental, vision, and medication care. Respondents noted that with the coverage problems, patients either choose to go without care or face consequences of financial insecurities.

#### *Community Assets*

Respondents discussed numerous community assets and organizations currently available to address many of the concerns they identified. These assets include the following: Rehab Services, Grand Forks Police Department, Free Through Recovery, faith specific programs, Spectra Health Medication-Assisted Treatment (M.A.T)., Youth Commission, ND Quits, parental involvement, private providers, inpatient services, Lutheran Social Services, Mental Health First Aid, Together we Educate About the Realities of Suicide (TEARS), NDSU Extension, Altru Health System, 2-1-1, farmer’s markets, Meals on Wheels, food stamps, Supplemental Nutrition Assistance Program (SNAP), LaGrave on First, Human Services Center, Social Services, YMCA Grand Forks, Grand Forks Public Health, Medicaid, Medicare, Global Friends Coalition, University of North Dakota, English as a Second Language (ESL), use of sliding fee scales, and Polk County Public Health.

#### *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 Use (Alcohol, Tobacco, Other Drugs)*

Focus Group participants discussed a list of potential solutions to reduce substance use. First involves a cumulative list of services and eligibility in one source for easy access and dissemination for those seeking help. This list should be utilized through various centers and be updated continually to maximize efficiency and accuracy. Respondents felt that funding for various programs would help to mitigate substance use. Several participants noted that restricting funding only to opioids is causing other substance use to go unchecked. Campaigns for stigma awareness and reduction will allow for individuals who use substances to come forward and seek help without the fear of prosecution by the law or peers. To achieve this, many respondents advocate for legislative change and the involvement of public figures, which will additionally address the changes needed in culture of alcohol consumption. A final solution to reduce duplication is the creation of committees working towards a common goal.

### *Theme #2: Mental Health Crisis*

To address mental health crises, participants support the use of stigma awareness and reduction campaigns to help grow a culture of understanding and healing to individuals with mental health conditions. To increase staffing and services, retention efforts aimed at The University of North Dakota health students were a key component according to participants. In conjunction with these efforts, participants called for a wider initiative aimed in the training of Mental Health First Aid, a call for health care organizations to provide more on-call crisis resources, and the utilization of a standardized suicide risk assessment. Finally, a consensus of prevention was addressed opposed to the current treatment-only atmosphere would help to mitigate future mental illness occurrence.

### *Theme #3: Health Coordination and Prevention*

A common theme brought up in several focus groups highlighted the need to have a one-roof care model in which patients can have all health concerns addressed by an interprofessional team. To achieve integrated treatment, discussion of legislative incentives for collaboration between health care organizations would benefit both coordination and prevention efforts. Additionally, the respondents warranted a proactive strategy to health in which prevention is prioritized and outreach to the community is established. The establishment of educational treatment centers for the management of chronic illness and to provide prevention efforts would help eliminate future complications/comorbidities. As with solutions to the other themes, the creation of a universal list of services and eligibilities was advocated during several focus groups.

### *Theme#4: Nutrition*

The participants in the focus groups agreed that raising public awareness on the prevalence of obesity and dissemination of education is the first defense against malnutrition concerns. In conjunction with education, an overhaul of the current culture of on-the-go unhealthy food choices must be conducted through making the nutritious choice the easy choice. Participants argue that this can be done by proposing legislation to create incentives towards farming fruits and vegetables over grains; healthy food choices at event concessions and making these the cheaper options; and easy to read nutrition facts on all menu choices. As with other themes, the creation of committees toward a common goal of nutrition will reduce duplication of efforts and increase efficiency of resources and collaboration.

### *Theme #5: Social Inequities and income disparities*

Legislative changes to increase funding for programs was one of the first solutions presented by participants to address poverty concerns. Because of the great success of housing options such as LaGrave on First, participants believe that by increasing funding for these and other financial stability programs will lead to the overall reduction of poverty through the introduction of education, self-efficacy, and development. Participants also noted that a more proactive approach to assessing the needs of individuals suffering from income disparities will improve the number of

participants in these programs. Factors such as stigma prevents individuals from asking for aid. Additional efforts should be made towards awareness and reduction of stigma through dissemination of public knowledge.

#### *Theme #6: Cultural Acceptance*

Participants advocated for in-person translators to ease the tension between patient and providers and to create better health outcomes for the patient. Over-the-phone interpreters have been reported to create an environment of insensitivity and uncaring resulting in distrust. To better influence trust, cultural sensitivity training has been identified as a solution for health care professionals. Along with care coordination and prevention, participants advocated that having more integrative resources such as those implemented by Spectra Health would reduce the need for referrals and thus missed appointments. Finally, access to culturally relevant foods or knowledge on US foods would help to eliminate the nutrition concerns while promoting a welcoming environment in Grand Forks and Polk Counties.

#### *Theme#7: Insurance navigation and coverage*

Among focus groups, legislative changes have been one of the first approaches to solutions for insurance navigation and coverage. By incentivizing an easy to use methodology and all-inclusive coverage, navigation and coverage concerns would be mitigated. Other solutions include public awareness of resources available, increasing social work staffing to assist through the insurance process, and stigma reduction of federal assistance to help eliminate complications associated with insurance. To oversee this theme, participants suggested implementing an advisory group of community leaders to address insurance concerns.

## **SPECIAL POPULATION FOCUS GROUP RESULTS**

### **LaGrave on First: Unhoused Individuals**

#### *Themes of Concern*

#### *Theme #1: Hepatitis C*

Hepatitis C was agreed upon by all participants as a major health concern in the community. Participants alluded to reusing and sharing syringes as a major factor for this concern; some shared anecdotes about seeing secured sharps containers broken into in order for individuals to obtain “rigs”. They acknowledged that there are other ways to contract the disease as well but were confident that needle-sharing and reuse was the biggest contributing practice.

#### *Theme #2: Access to medical services*

Many participants shared stories that expressed their concern for access to medical services. The major sub-themes were affordable insurance, expensive co-pays when insured, perceived lack of provider empathy, and too few medicine alternatives, such as marijuana. They were especially disheartened by the way they are treated by medical providers, feeling as though they do not listen to the needs of the patient.

### *Theme #3: Felony convictions hindering quality of life.*

Felonies came up at a few different times throughout the focus group meeting. One concern is the ease in which one can be convicted of a felony after multiple possession charges; specifically suggesting that there should be a time period attached to this statute. Another major concern was ability to find employment after a felony conviction. Several participants expressed a desire to work but the inability to secure employment due to their backgrounds.

### *Theme #4: Employability*

In addition to felony convictions inhibiting employment, many participants shared that they feel they have inadequate skills to compete in the job force. They said that they do not possess common skills such as word processing, spreadsheets, or other basic administrative skills.

### *Community Assets*

Respondents in the focus group identified multiple resources in the community to find help with the concerns previously stated, as well as some other struggles they seek to overcome. The community assets listed were: Northeast Human Services, Inspire Pharmacy, Third Street Clinic, medication delivery programs, social security income, SNAP benefits, and the social detox facility.

It is important to note some of the common barriers that were discussed regarding any of the services listed. The most notable was transportation, bus systems in particular. They relayed that bus drivers only allow for two bags for each rider, including a personal item such as a purse. This poses a major barrier to this population as they are often carrying many belongings or rely on the bus system for things like grocery shopping. Two other barriers brought to our attention were background checks as previously mentioned and the difficulty to ask for help. Asking for help may be difficult for a multitude of reasons: perceived reactions to individuals; not knowing what, who, or how to ask; and/or lack of awareness of possible aid.

### *Solutions and Recommendations*

The most emphasized solution to the Hepatitis C concern was the implementation of a syringe service program which participants also identified as a means to substance use treatment services. Additionally, they suggested that treatment centers include a more educational approach to teach skills for job attainment in addition to the traditional coping skills. Employment could provide incentives to remain in recovery. These types of educational courses were also identified for individuals with felony backgrounds, as well as more second chance programs. Another common theme was to enhance the general treatment of individuals. They felt that they are judged and stigmatized, therefore not treated with dignity or respect. Finally, the participants stated that no matter the enhancement or addition of resources, there needs to a common and public space to post and find them, which can also ensure privacy.

## **Development Homes: Adults with Disabilities**

### *Themes of Concern*

#### *Theme #1: Access to Psychiatry*

Focus group respondents described difficulties with scheduling as long wait time to access psychiatry services has been troubling. In addition to long wait times, low numbers of providers have been of concern, however, were noted to be on an upward trend of retention. On top of scheduling these visits, another problem relates to the transportation of Development Homes clients to psychiatry as transportation services are limited.

#### *Theme #2: Provider stigma*

Described as rushed encounters, providers and allied health partners have been described as disregarding respondents from this population. When seeking or attending health care visits, respondents felt as though they were being dismissed, hurried, or misunderstood which results in mistrust and even negative health outcomes. This was seen to be the result of the conversations from the patient to provider as lacking in autonomy and the directions from provider to patient as not audience friendly.

#### *Theme #3: Mental health crisis*

Similar to other focus group, respondents felt as though a concern within the Grand Forks County area is the overall mental health of the community. Participants were quick to discuss the impacts of the long winters on mental health, the lack of mental health services, and the culture that stigmatizes any discussion of mental health. While respondents felt that the stigmatization of mental health is slowly becoming less of a problem, they recognize that there is still a lot of work that could be done to help mitigate negative perceptions on mental health discussion.

#### *Theme #4: Food waste*

A common theme discussed within this focus group was the discarding of food. While nutrition was thought of as well supplied, respondents remarked that the amount of food that is purchased compared to the amount of food being utilized was of concern. Identified by previous workers of the UND cafeterias, food waste, specifically, among the student population contributed to discussions of prevention efforts towards better nutrition of the general population.

### *Community Assets*

Respondents noted a range of community assets available to address their concerns. Community assets discussed included: University of North Dakota, easy access apartments, Dial a Ride, Area Cities Transit, Dental Coalition, mental health students, SNAP, Meals on Wheels, Northeast Human Services, and the Senior Center.

## *Solutions and Recommendations*

To address access to psychiatry and mental health crisis services, respondents suggested the use of retention campaigns to keep mental health providers and to utilize students from UND as interns for Development Homes as done in the past. Additional solutions include mobile units to schools for proactive engagement of students with mental health concerns and affordable pharmacy programs to help mitigate financial burdens of mental health medications. One solution for the better treatment of respondents during health care visits would be to introduce more cultural sensitivity training classes to help reduce stigma and build the patient provider relationship. Finally, respondents felt that nutrition in the community would be benefited if UND were to implement three key components to reduce food waste: 1.) remove all trays from cafeterias as this would reduce the amount of food taken thus resulting in less food being thrown away; 2.) enforce rules that incentivize customers to only take what they can eat; and 3.) create a donation process in which, uneaten or untouched foods can be donated to those who do not have easy access to nutritious foods.

### **Prairie Harvest: Adults with Mental Illness**

#### *Themes of Concern*

##### *Theme #1: Substance use (alcohol, tobacco, other drugs)*

The initial discussion in this focus group brought about concerns over substance use in the community. Of note was the use of tobacco in the form of e-cigarettes or vaping and the overabundance of youth with access to associated paraphernalia. Considered was the open culture towards alcohol which is accompanied with an exclusion of those who do not partake in alcohol consumption. Other drugs were mentioned with the methamphetamine and the opioid epidemic, however, was remarked as not as much of a concern compared to alcohol and tobacco. One respondent recalled their time on the bus on UND campus where looking out the window they viewed, “clouds of smoke passing by students which I thought was vehicle exhaust, but after watching a few more students I noticed they were actually e-vapor clouds making a fog across campus”.

##### *Theme #2: Transportation*

While respondents acknowledged the existence of dial a ride and the bus system available in Grand Forks County, transportation persisted as an area of concern as services are not sufficient to meet the needs of this population. Specific concerns relayed were the inability to utilize the bus system for grocery shopping due to the enforced two bag limit, the high cost of taxis, and the scheduling of Dial a Ride. Additionally, bike safety and minimal transportation routes contribute to the limited ability to utilize bicycles. Respondents felt especially concerned for the winter months where bike routes and sidewalks are often the first to be buried under snow from the removal processes.

##### *Theme #3: Budgeting and financial assistance*

Other areas of concern reflected a higher cost of living and the inability to effectively budget finances on fixed incomes within this population. Specific areas of concern were the insufficiencies of SNAP and the eligibility criteria

to qualify for other programs. Effectively, many respondents in this focus group find themselves in a predicament, where they do not have sufficient funds to provide for a satisfactory lifestyle (basic needs?) but are not impoverished enough to qualify for most benefit programs.(or... income is too high to qualify for most assistance programs.)

#### *Theme #4: Mental health*

Mental health of youth was another talking point respondents were concerned with. Participants were quick to point out the lack programming to keep youth “out of trouble” especially during summer and winter months. During the summer, participants were alarmed at the lack of affordable summer programs. Additionally, during the winter months, the ability to exercise or socialize outdoors is limited - creating mental health problems.

#### *Community Assets*

Respondents reported a variety of community assets available to assist with concerns. Community assets discussed included: Work related resources, Dial a Ride, Area Cities Transit, Medicaid, Medicare, Indian Health Service (IHS), ND Quits, Alcoholics Anonymous, Narcotics Anonymous, Schizophrenia Anonymous, Representative Payee Program provided by Social Services, SNAP, Red River Valley Community Action, food shelves, debt relief programs, and North Dakota Law Enforcement

#### *Solutions and Recommendations*

Solutions aimed at gaining awareness of the increases in substance use would create knowledge of the negative implications that tobacco and alcohol has on the community. Participants agreed that phone support programs would not only help those seeking to quit, but provide resources on alternative recreational activities which spans into mitigating mental health concerns. To further address mental health, the creation of an accessible recreational center for winter months would provide youth with the opportunity to meet with friends and participate in extracurricular activities. Participants discussed changes in transportation which involved more efficient processes, a new policy regarding the ability to bring more than two bags onboard buses for groceries, and better locations for bus stops. Respondents suggested implementing programs aimed at reducing the cost of living and to re-evaluate sliding fee scales to address financial concerns.

### **Global Friends Coalition: The Bhutanese Population**

#### *Themes of Concern*

##### *Theme #1: Exercise opportunities*

Repeated throughout this focus group was the concern of joint pain brought on by the lack of exercise. To address the cold weather and its effects on the human body, the respondents prioritized addressing exercise opportunities. Of interest are exercises consisting of stretching and joint movement to diminish any negative health impacts of the cold, dry air. Another concern is the inability to perform such exercise opportunities due to the harsh winters causing



individuals to stay inside and, without the aid of transportation services this creates an environment where respondents feel isolated.

### *Theme #2: Healthcare & Medication navigation*

Respondents were concerned with the navigation of healthcare and medication services as the result of several factors including but not limited to: language barriers; lack of knowledge of resources; stigma; and lack of cultural awareness. While literacy impacts all activities of day to day life, concern was higher when it came to making appointments and communicating with the healthcare team for treatment of care and instructions after the visit. While respondents understood the instructions at the time with the aid of phone or in-person interpreters, providers left little in the form of written materials to reference as needed after the visit was concluded. Additionally, being new to the community, understanding what resources are available to assist in medication and healthcare navigation has been troublesome. Respondents remarked that they often seek specialty care before primary care resulting in unnecessary billing from services such as Medicaid and Medicare. This is the result from the lack of communication and relationship between the primary care providers and this population. Respondents reflect that they become frustrated and confused as to why seeing a specialist for their specialty condition would result in a monetary penalty.

### *Theme #3: Transportation*

Because of the lack of interpreters available to assist during the transportation process, many respondents report that they are only able to find transportation within the Global Friends Coalition community. By eliminating senior bussing, dial a ride, and area cities transit as reliable to navigate, respondents find they have trouble accessing grocery stores, health care facilities, and any form of socializing event. Compound this with the inability to walk or bike during the winter months, respondents report isolation as a common negative consequence.

### *Theme #4: Youth substance use (alcohol, tobacco, other drugs)*

The Bhutanese population of new Americans are concerned that the introduction of their youth in the Grand Forks and Polk Counties' community has resulted in higher substance use and general disrespect towards family members. Respondents are concerned about their children facing more peer pressure to try drugs, the lack of recreational activities to keep youth occupied, and a lack of accessible family social programs to aid parenting strategies.

### *Community Assets*

Respondents reported a few of the community assets available to assist with concerns in the community. Community assets discussed included: Altru Hospital, Global Friends social hours, medication navigation, phone interpretation, community acceptance, senior bussing, Spectra Health, and physical therapy services.

### *Solutions and Recommendations*

Because of the harsh winter months, respondents advocate for home health visits to reduce the need for navigating public transportation. To aid in transportation efforts, better communication strategies need to be implemented and more efficient systems need to be maintained. Respondents also want to see accessible recreational areas during winter months for both exercise opportunities as well as a space for youth to socialize to mitigate substance use. Finally, there was a consensus that an overall sense of proactive response will help with prevention efforts toward mitigating all of these concerns, as often respondents do not know where to seek help due to language and other barriers.

## **LIMITATIONS**

Limitations and gaps existed that impacted the ability to conduct a more thorough and rigorous assessment. For example, reliability of sources might be of concern as some avenues of secondary research have gaps in years and in indicators. While many sources had overlapping data and provided for confirmation of said data, some were inconsistent which results in limitations of consistency in reporting. For surveys, only English was offered, which limits the representation of individuals who speak other languages. Providing less complicated language is necessary and is recommended at a 6<sup>th</sup> grade reading level to provide better understanding of the questions being asked. While the creation of the survey attempted to use only word choices at a 6<sup>th</sup> grade level, there was no systematic review to confirm all language was simplified as necessary. Another complication was survey fatigue as responses dwindled near the end of the survey. Moving forward, condensing the survey might result in a higher completion rate. Additional focus groups would be conducted if time and resources allowed, which should consist of elderly population as it is an area of concern as reflected in the survey results. Reflection of all areas within Grand Forks and Polk Counties as represented by focus group selection and survey completion should be taken into consideration. While UND students were addressed for representativeness of secondary findings and survey dissemination, Northland Community and Technical College students, along with other populations present within the two counties should be targeted for complete representation.

## **CONCLUSION**

Based on the findings from all data collection efforts, several topics emerged which impact the health of our community: mental health and crises; substance use including alcohol, tobacco, and other drugs; overweight and obesity; suicide and depression; social inequalities and income disparities; and violence. Themes identified in focus groups include substance use; mental health crises; health coordination and prevention; nutrition; Insurance navigation and coverage; and cultural acceptance.

This report can help inform how our community identifies priority areas and how to move towards 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.** Upon completion of the focus group session, focus group assistant will hand out incentive (if applicable) with a participant demographics form. The focus group participant will collect the demographics form and log the self-identified demographics on the focus group cover page.

### AGENDA

#### **Welcome & Informed Consent – 10 minutes**

Welcome! My name is Shay, 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 one for yourself and return one to us. The informed consent explains that any information you share during this focus group will remain confidential and private. Focus group audio recordings and transcripts will contain no names or identifiers. Recordings and transcripts will be accessible only to study investigators and will be used only for the 2019 CHA report. When the report is completed the audiotapes will be destroyed, and after three years all transcripts will be destroyed. Your participation is voluntary, and you should only answer questions you feel comfortable responding to.

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.

**Focus Group Cover Page**

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

**Participant Demographics**

	Total	White	Black/African Am.	Hispanic/Latino	American Indian	Asian/PI	Other
Adults (18-65)							
Seniors (65+)							

Males	Females

**Focus Group Participant Demographics**

Meeting Date	
Location	

Age	
Ethnicity/Race	
Gender	

Any other comments, concerns, or thoughts you would like to mention?









## Appendix B. Letter Requesting Focus Group Participation

Dear (insert name),

This is an invitation to participate in a focus group for the 2019 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 thoughtful 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. UND's Master of Public Health (MPH) Program is providing technical support for the CHA. When complete, the CHA will inform a Community Health Improvement Plan.

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

**If you have questions or experience technical difficulties, please email [Shay.Schwimmer@und.edu](mailto:Shay.Schwimmer@und.edu) a member of the MPH Technical Support Team.**

**All focus groups will be held at University of North Dakota School of Medicine & Health Sciences in Grand Forks, ND on the following dates:**

Wednesday, September 4th 12:00 – 1:00 PM

Wednesday, September 4th 5:00 – 6:00 PM

Monday, September 9th 12:00 – 1:00 PM

Monday September 9th 5:00 – 6:00 PM

Friday September 13th 12:00 – 1:00 PM

Friday September 13th 5:00 – 6:00 PM

Thank you for considering this request to participate in a very important community endeavor. Please feel free to contact Ashley Evenson ([Ashley.Evenson@und.edu](mailto:Ashley.Evenson@und.edu) or 701-777-6368) Or Shay Schwimmer ([Shay.schwimmer@und.edu](mailto:Shay.schwimmer@und.edu)) directly if you have any questions.

Sincerely,

Shay Schwimmer

MPH Candidate, Graduate Research Assistant

Master of Public Health Program

University of North Dakota

## **Appendix C. Request for Special Population Focus Group Participation**

(date)

Client Organization Address

Dear (Organization leader):

The Community Health Assessment Advisory Committee, headed by Altru Health System 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 ensure 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 701-777-3277. If you have any questions, please feel free to contact me directly by email at [donald.warne@und.edu](mailto:donald.warne@und.edu), by phone at 701-777-6079 or Shay Schwimmer by email at [Shay.schwimmer@und.edu](mailto:Shay.schwimmer@und.edu).

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

Best regards,

Donald Warne M.D., M.P.H.

Director- Master of Public Health Program

(Date)

Donald Warne, M.D., M.P.H.

Director, MPH Program

School of Medicine & Health Sciences

University of North Dakota

1301 N Columbia Rd Stop 9037

Grand Forks, ND 58202-9037

Dear Dr. Warne:

I would like to participate in the 2019 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)

# Grand Forks, Polk counties Community Health Assessment Survey

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

UNIVERSITY OF NORTH DAKOTA

Institutional Review Board Study Information Sheet

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

Principal Investigator: Dr. Donald Warne 701-777-6079 donald.warne@und.edu

Co-Investigator(s): Shay Schwimmer shay.schwimmer@und.edu

Advisor: Dr. Melanie Nadeau 701-777-6079 melanie.nadeau@und.edu

## Purpose of the Study:

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

## Procedures to be followed:

You are being asked to complete a survey

## Risks:

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

## Benefits:

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

**Duration:**

It will take about 8 minutes to complete the 25-question survey.

**Statement of Confidentiality:**

The survey does not ask for any information that would identify who the responses belong to. Therefore, your responses are recorded anonymously. When the final report is written, no information that would identify you will be included since your name is in no way linked to your responses. All survey responses that we receive will be treated confidentially and stored on a secure server. However, given that the surveys can be completed from any computer (e.g., personal, work, school), we are unable to guarantee the security of the computer on which you choose to enter your responses. As a participant in our study, we want you to be aware that certain "key logging" software programs exist that can be used to track or capture data that you enter and/or websites that you visit.

**Right to Ask Questions:**

The researchers conducting this study are Dr. Donald Warne and Shay Schwimmer. You may ask any questions you have now. If you later have questions, concerns, or complaints about the research please contact Dr. Donald Warne or Shay Schwimmer at 701-777-6079 during the day.

If you have questions regarding your rights as a research subject, you may contact The University of North Dakota Institutional Review Board at (701) 777-4279 or [UND.irm@UND.edu](mailto:UND.irm@UND.edu). You may contact the UND IRB with problems, complaints, or concerns about the research. Please contact the UND IRB if you cannot reach research staff, or you wish to talk with someone who is an informed individual who is independent of the research team.

General information about being a research subject can be found on the Institutional Review Board website "Information for Research Participants" <http://und.edu/research/resources/human-subjects/researchparticipants.html>

**Compensation:**

You will not receive compensation for your participation.

**Voluntary Participation:**

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

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

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

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

Please keep this form for your records or future reference.

1. When thinking about **community relationships in Grand Forks and Polk Counties**, to what extent do you agree with the following statements?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
People feel a strong connection to the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are very helpful to others in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are highly involved in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are tolerant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are open-minded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can make a difference through civic engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. When thinking about **community relationships in Grand Forks and Polk Counties**, how important are these issues to you?

	Very Important	Important	Neither Important nor Unimportant	Not Very Important	Not at all Important
People feel a strong connection to the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are very helpful to others in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are highly involved in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are tolerant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are open-minded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People can make a difference through civic engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Excellent	Good	Average	Fair	Poor	Unsure
Availability of jobs with livable wages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsiveness of local government to economic issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

	Excellent	Good	Average	Fair	Poor	Unsure
Quality of K-12 public schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of high-quality childcare for preschoolers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of high quality after-school activities for children 5-12 years of age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer activities for children up to 12 years of age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of high quality after-school activities for teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Summer activities for teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, a good place to raise a family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Excellent	Good	Average	Fair	Poor	Unsure
Access to parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoor recreation opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arts and cultural activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fairs and festivals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sporting events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness opportunities year-round	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Excellent	Good	Average	fair	Poor	Unsure
Availability of assisted living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of long-term care/nursing home care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of activities for seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of resources for family and friends caring for seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of resources to help seniors stay in their homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of activities for seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of Dementia/Alzheimer's care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, ability to meet the needs of seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Excellent	Good	Average	Fair	Poor	Unsure
Air quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Land development policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waste management services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mosquito-borne disease control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Very Concerned	Concerned	Somewhat Concerned	Somewhat Unconcerned	Not Concerned at All	Unsure
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alzheimer's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic lung disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traffic injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity/Overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral/Dental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stalking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual abuse/assault	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	Concerned	Somewhat Concerned	Somewhat Unconcerned	Not Concerned at All	Unsure
Video game/media violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying/cyber bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dating violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traffic injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity/Overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of food/hunger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral/dental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually transmitted diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drug abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Illegal drug use  
(cocaine, heroin,  
methamphetamine,  
etc.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Tobacco use

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Suicide and suicide  
attempts

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Depression

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Stress

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Other (please  
specify):

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. Please rate the community on the following aspects **related to health care services**.

	Excellent	Good	Average	Fair	Poor	Unsure
Access to primary care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to specialists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to substance abuse treatment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to vision care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to wellness/disease prevention services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Please list any barriers to receiving/accessing health care

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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Online
- E-mail
- Written materials
- Social media
- Other (please specify) \_\_\_\_\_
- Group education workshop/seminar
- Text message
- Videos for home use
- One-on-one teaching

14. Do you have health insurance?

- Yes
- No
- Unsure

15. What kind of health insurance 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): \_\_\_\_\_

16. Are you a health care professional (work for a hospital, clinic, doctor's office, home care, or public health unit)?

- Yes
- No
- Unsure

17. What is your zip code?

18. What is your age?

19. Are you currently a UND student?

Yes

No

20. What is your gender?

Male

Female

Nonbinary

Other (please specify) \_\_\_\_\_

Prefer not to answer

21. What is your race/ethnicity?

White, not Hispanic

American Indian or Alaska Native

Black or African American

Asian

Pacific Islander

Hispanic or Latino

Other (please specify): \_\_\_\_\_

22. What is your 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

23. What is your 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

24. 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

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25. How many people live in your household (including yourself)?