2015

Community Health Assessment

Rolette County

North Dakota

Tiffany Knauf, MA and Jaimie Witt, BBA

Center for Rural Health
University of North Dakota
School of Medicine & Health Sciences

Public Health
Prevent. Promote. Protect.
Rolette County Public Health District

Table of Contents

Executive Summary 3

Overview and Community Resources 6

Assessment Process 10

Demographic Information 13

Health Conditions, Behaviors, and Outcomes 14

Survey Results 22

Findings of Key Informant Interviews and Focus Group 42

Priority of Health Needs 44

Appendix A – Survey Instruments 45

Appendix B – County Health Rankings Model 64

Appendix C – Rolette County Community Health Profile 65

Appendix D – Prioritization of Community's Health Needs 77

Executive Summary

To help inform future decisions and strategic planning, Rolette County Public Health conducted a community health needs assessment in Rolette County. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the assessment, which included the solicitation of input from area community members as well as analysis of community health-related data. The administrator from Rolette County Public Health, helped to coordinate assessment activities.

To gather feedback from the community, residents of the county were given the chance to participate in a survey. Approximately 589 Rolette County residents took the survey. Additional information was collected through a Community Group comprised of community members and through key informant interviews with community leaders. Thirty-four residents participated as a Community Group member, key informant interviewee, or both. The input from all of these residents represented the broad interests of the communities of Rolette County. Together with secondary data gathered from a wide range of sources, the information gathered presents a snapshot of health needs and concerns in the community.

In terms of demographics, Rolette County tends to differ from most state averages. According to U.S. Census estimates, Rolette County has a population in 2015 of 14,582. More than three out of four county residents identifies as American Indian or Alaska Native. Rates of high school graduation are lower than the North Dakota average, with Rolette County at 65% as compared to the state average of 85%.

Data compiled by County Health Rankings show that with respect to health outcomes, Rolette County is faring worse as compared to North Dakota as a whole, with a higher incidence of premature death and more residents reporting poor or only fair physical and mental health. There is also room for improvement on individual factors that influence health, such as health behaviors, clinical care, social and economic factors, and the physical environment. Factors on which Rolette County was performing poorly relative to the rest of the state included:

- Low birth weight
- Adult smoking
- Adult obesity
- Unemployment
- Teen birth rate
- Children in poverty

- Injury deaths
- Excessive drinking
- Severe housing problems
- Sufficient numbers of primary care physicians and dentists

Of 86 potential community and health needs set forth in the survey, Rolette County residents taking the survey expressed, a distinct concern about alcohol use and abuse in their community. They chose the following five needs as the most important:

1. Alcohol use and abuse (including binge drinking)
2. Diabetes
3. Teen pregnancy
4. Youth sexual health (including sexually transmitted infections)
5. Youth alcohol use and abuse (including binge drinking)

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

- Family friendly
- Friendly and helpful people
- Simple, laidback lifestyle
- Recreational and sports activities
- Quality school systems and programs for youth

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

- Lack of collaboration within community
- Lack of employment/poverty
- Activities/services for youth
- Mental health (including substance abuse)

The Community Group held its second meeting on October 29, 2015. A representative from the Center for Rural Health presented a summary of this report's findings. Following the presentation of the assessment findings, the group was asked to identify what they perceived as the top six community health needs:

- Excessive drinking – adults and youth (16 votes)
- Activities and services for youth (14 votes)

- Illicit drug abuse (13 votes)
- Lack of collaboration with the community (11 votes)
- Number of healthcare providers (10 votes)
- Unemployment (10 votes)

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

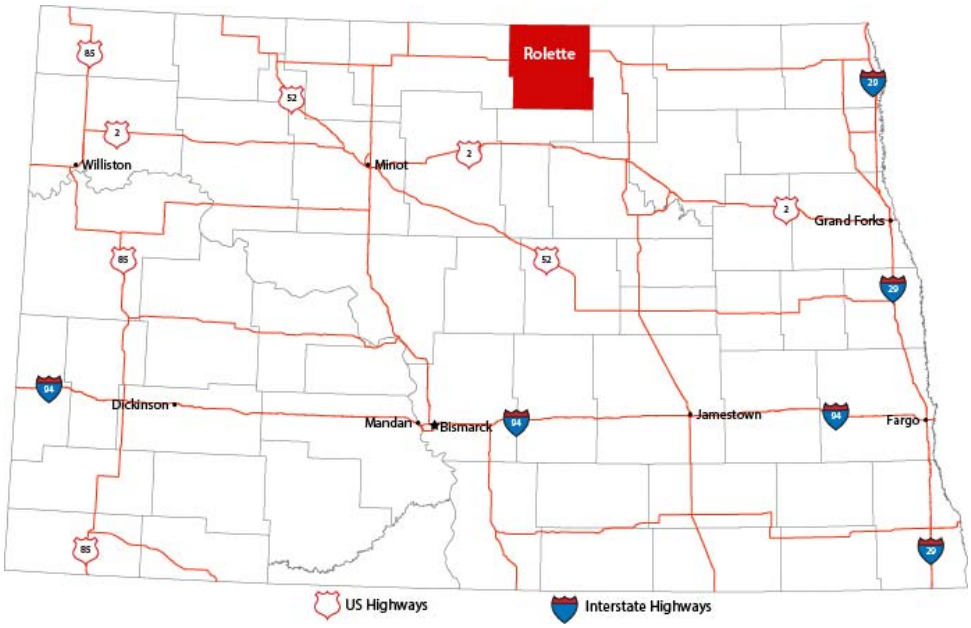
Overview and Community Resources

The purpose of conducting a community health assessment is to describe the health of local people, identify areas for health improvement, identify use of local health care services, determine factors that contribute to health issues, identify and prioritize community needs, and help health care leaders identify potential action to address the community's health needs. A health needs assessment benefits the community by: 1) collecting timely input from the local community, providers, and staff; 2) providing an analysis of secondary data related to health-related behaviors, conditions, risks, and outcomes; 3) compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan; and 4) engaging community members about the future of health care. Completion of a health assessment also is a requirement for public health departments seeking accreditation.

With assistance from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, Rolette County Public Health District completed a community health assessment of Rolette County, which is a single county health district. Many community members and stakeholders worked together on the assessment.

As illustrated in Figure 1, Rolette County is located in the North Central portion of North Dakota. The county seat is Rolla, which lies on the eastern edge of the county near the Turtle Mountain Indian Reservation. The 2014 estimated population of Rolette County was 14,616. Rural Rolette County has several incorporated cities, including Rolla (1,337), Dunseith (797), Rolette (594), St. John (360), and Mylo (21).

Figure 1: Rolette County, North Dakota



Rolette County Public Health District

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

Specific services provided by Rolette County Public Health are:

- School Health
- Chronic Disease Monitoring
- Car Seat Program
- STD Testing/Treatment, Hepatitis C/HIV Testing
- Well Child Check
- CPR and First Aid Training
- Fluoride Varnish
- Flu Shots
- Health Tracks (child health screening)
- Prenatal/Breastfeeding Education (pump rental)
- Pregnancy testing
- Preschool/Head Start Screening
- Immunizations (adult or child)
- Environmental Health Services (water, sewer, health hazard abatement)
- Worksite Wellness
- Tobacco Prevention and Control
- Tuberculosis Testing and Management
- WIC (Women, Infants & Children) Program
- Women's Way

Other Community Resources

Many of the necessary services for county residents are located in Rolla, Dunseith, Rolette and St. John, but several smaller communities throughout the rural area do have services for residents as well. The Turtle Mountain Indian Reservation is situated within Rolette County. Belcourt is the core city within the reservation. "The Turtle Mountain Tribe has existed as an autonomous government within the United States because early treaties recognized the Band's sovereignty. The United States government promised "health, education, and welfare" in exchange for aboriginal lands. This unique relationship gives rise to several institutions that manage these services including the Bureau of Indian Affairs and the Indian Health Service." *(Turtlemountaintribe.businesscatalyst.com)*

Dunseith has a number of community assets and resources that can be mobilized to address population health improvement. In terms of physical assets and features, the community is known for being the gateway to the International Peace Gardens and is located in the foothills

of the Turtle Mountains on the junction of Hwy 5 and U.S. 281. Dunseith includes a beautiful golf course, two medical clinics, shopping facilities and motel. Rolla is known for its small town living atmosphere, seven churches, an accredited school system, modern medical facilities including a 25 bed critical access hospital,

two medical clinics, a private dental practice and is home to several industries that include complete selection of stores, restaurants and services. The city of Rolette features various businesses, a beautiful 9 hole golf course, a K -12 school system, swimming pool and city parks. The Rolette medical community consists of a medical and dental clinic as well as a 48 bed long term care center.

Lastly, St. John is nestled on the edge of the Turtle Mountains. St. John is home of the Rolette County Historical Society, which houses a lot of the communities histories. Mainly a residential community, it boasts all the necessary services such as a grocery store, Hardware and Plumbing Supply, Gas Station, restaurant, lounge, churches, First Responders for medical needs, and a new public school.

Resources and programs in Rolette County include:

- Thrifty White Pharmacy - Rolette, N.D.
- Belcourt Drug- Belcourt
- Dunseith Drug-Dunseith
- Rolla Drug- Rolla
- Indian Health Services- Belcourt and Dunseith
- Tribal Health – Belcourt
- Lake Region Human Services- Rolla
- Hospitals located in Bottineau, Rolla, Belcourt ~~and Rugby~~
- Northland Community Health Center - Rolla
- Northland Community Health Center -Rolette
- Presentation Clinic- Rolla
- Multiple Churches
- Rolla and Rolette Public Libraries
- Dental Clinics in Rolla , Rolette and Indian Health Service
- Official Newspaper (Turtle Mountain Star)
- Tribal newspaper (Turtle Mountain Times)
- 8 schools located on state and tribal lands

Senior centers are located in Rolette, Rolla, Belcourt, St. John, and Dunseith.

Assessment Process

The Center for Rural Health provided substantial support to Rolette County Public Health in conducting this needs assessment. The Center for Rural Health is one of the nation's most experienced organizations committed to providing leadership in rural health. Its mission is to connect resources and knowledge to strengthen the health of people in rural communities. As the federally designated State Office of Rural Health (SORH) for the state and the home to the North Dakota Medicare Rural Hospital Flexibility (Flex) program, the Center connects the School of Medicine and Health Sciences and the university to rural communities and their health institutions to facilitate developing and maintaining rural health delivery systems. In this capacity the Center works both at a national level and at state and community levels.

The assessment process was collaborative. Professionals from Rolette County Public Health were heavily involved in planning and implementing the process. They met regularly by telephone conference and via email with representatives from the Center for Rural Health. Input on designing the assessment process was sought from public health professionals who work in the rural parts of the state, as well as those with years of experience serving the population of Rolette County. The Community Group (described in more detail below) provided in-depth information and informed the assessment in terms of community perceptions, community resources, community needs, and ideas for improving the health of the population and health care services. Representatives from Rolette County Public Health were involved considerably in planning the Community Group meetings. Members of the Community Group itself comprised many residents from outside the hospital and health department, including representatives from local government, education, and law enforcement.

A collaborative effort that took into account input from health organizations around the state led to the development of the survey instrument used in this assessment. The North Dakota Department of Health's public health liaison organized a series of meetings that garnered input from the state's health officer, local public health unit professionals from around North Dakota, representatives of the Center for Rural Health, and representatives from North Dakota State University. The collaborative process involved multiple revisions to the template survey instrument that in the end reflected input from all of the constituency groups. Those providing input had diverse opinions on the best way to identify and collect data.

As part of the assessment's overall collaborative process, the Center for Rural Health spearheaded efforts to collect data for the assessment in a variety of ways: (1) a survey solicited feedback from area residents; (2) community leaders representing the broad interests of the community took part in one-on-one key informant interviews; (3) the Community Group comprised of community leaders and area residents was convened to discuss area health needs and inform the assessment process; and (4) a wide range of secondary sources of data was examined, providing information on a multitude of measures including demographics; health conditions, indicators, and outcomes; rates of preventive measures; rates of disease; and at-risk behaviors.

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

Community Group

A Community Group consisting of 22 community members was convened and first met on June 16, 2015. During this first Community Group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about Rolette County, and served as a focus group. Focus group topics included community assets and challenges, the general health needs of the community, community concerns, and suggestions for improving the community's health.

The Community Group met again on October 29, 2015, to continue this process. At the second meeting the Community Group reviewed survey results, findings from key informant interviews and the focus group, and a wide range of secondary data relating to the general health of the population in Rolette County. The group then identified and prioritized the community's health needs as well as brainstormed strategies to help meet prioritized needs.

Members of the Community Group will represent the broad interests of the communities of Rolette County. Included will be representatives of the health community, education, law enforcement, and local government. Not all members of the group will be present at both meetings.

Interviews

One-on-one interviews with four (4) key informants were conducted in person in Rolla, North Dakota on June 16, 2015 and eight (8) by telephone on June 17 through June 19, 2015. Representatives from the Center for Rural Health conducted the interviews. Participating in interviews were key informants who could provide insights into the community's health needs.

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

Survey

A survey was distributed to gather feedback from the community. The survey was not intended to be a scientific or statistically valid sampling of the population. Rather, it was designed to be an additional tool for collecting qualitative data from the community at large – specifically; information related to community-perceived health needs.

The survey was distributed to various residents of Rolette County. The survey tool was designed to:

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

Specifically, the survey covered the following topics: residents' perceptions about community assets and challenges, levels of collaboration within the community, broad areas of community and health concerns, need for health services, awareness of certain available services, barriers to using local health care, preferences for using local health care versus traveling to other facilities, travel time to their clinic and hospital, use of preventive care, use of public health services, suggestions to improve community health, and basic demographic information.

Approximately 1,500 community member surveys were available for distribution in Rolette County. The surveys were distributed by Community Coalition members, at flu shot clinics, through Rolette County Public Health, and at other local public venues. To help ensure anonymity, included with each survey was a postage-paid return envelope to the Center for Rural Health. In addition, to help make the survey as widely available as possible, residents also could request a survey by calling Rolette County Public Health.

Area residents also were given the option of completing an online version of the survey, which was publicized in the local newspaper, radio, and by Rolette County Public Health. One hundred thirty-six (136) online surveys were completed. The survey period ran from May 1 to June 30, 2015. In total, counting both paper and online surveys, 589 community member surveys were submitted.

Secondary Data

Secondary data was collected and analyzed to provide descriptions of: (1) population demographics, (2) general health issues (including any population groups with particular health issues), and (3) contributing causes of community health issues. Data were collected from a variety of sources including the U.S. Census Bureau; the North Dakota Department of Health; the Robert Wood Johnson Foundation's County Health Rankings (which pulls data from 20 primary data sources); the National Survey of Children's Health Data Resource Center; the Centers for Disease Control and Prevention; the North Dakota Behavioral Risk Factor Surveillance System; and the National Center for Health Statistics.

Demographic Information

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

TABLE 1: ROLETTE COUNTY: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2012 American Community Survey; more recent estimates used where available)		
	Rolette County	**North Dakota**
Population, 2015 est.	**14,582**	**723,393**
American Indian and Alaskan Native	**76.6%**	**5.4%**
Non-Hispanic white	**20.0%**	**87.3%**
Asian	**0.1%**	**1.2%**
Hispanic	**1.5%**	**2.9%**
Persons under 18 years, 2015 est.	**33.3%**	**22.5%**
Persons 65 years or older, 2013 est.	**10.1%**	**14.2%**
Females	**50.6%**	**48.9%**
Rural	**100.0%**	**40.1%**
High School Graduation	**65%**	**85%**
Children in Poverty	**33%**	**12.0%**
Unemployment	**12.9%**	**2.9%**

The population of North Dakota has grown in recent years, Rolette County has seen a similar increase in population since 2010, as the U.S. Census Bureau estimates show that the county's population increased from 2010 (13,998) to 2013 (14,582). Demographic information and trends that have implications for the community's health and the delivery of health care include:

- A moderate rate of population increase, especially during a three-year period, can indicate that services may not have the capacity or capability to meet the needs of all residents.
- Increased need for access to medical care; the community is lacking access to specialty medicine.
- High rate of unemployment, in comparison to the state rate.
- Especially low high school graduation rates in comparison to state rates.

Health Conditions, Behaviors, and Outcomes

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

County Health Rankings

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

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

Health Outcomes
- Length of life
- Quality of life

Health Factors
- Health Behavior
  - Smoking
  - Diet and exercise
  - Alcohol and drug use
  - Sexual activity
- Clinical Care
  - Access to care
  - Quality of care

Health Factors (continued)
- Social and Economic Factors
  - Education
  - Employment
  - Income
  - Family and social support
  - Community safety
- Physical Environment
  - Air and water quality
  - Housing and transit

Table 2 summarizes the pertinent information gathered by County Health Rankings as it relates to Rolette County. It is important to note that these statistics describe the population of a county, regardless of where county residents choose to receive their medical care. In other words, all of the following statistics are based on the health behaviors and conditions of the

county's residents, not necessarily the patients and clients of Rolette County Public Health or of particular medical facilities.

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

Rolette County's rankings within the state are also included in the summary below. For example, Rolette County ranks 46 out of 47 ranked counties in North Dakota on health outcomes and 47th on health factors. The measures marked with a red checkmark (✓) are those where Rolette County is not measuring up to the state rate/percentage; a blue checkmark (✓) indicates that the county is not meeting the U.S. Top 10% rate on that measure. Measures that are not marked with a colored checkmark, but are marked with a smiling icon (☺) indicate that the county is doing better than the U.S. Top 10%.

TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS* – ROLETTE COUNTY

	Rolette County	U.S. Top 10%	North Dakota
Ranking: Outcomes	**46th**		**(of 47)**
Premature death	15,601✓✓	5,200	6,388
Poor or fair health	22%✓✓	10%	12%
Poor physical health days (in past 30 days)	3.6✓✓	2.5	2.7
Poor mental health days (in past 30 days)	3.4✓✓	2.3	2.4
Low birth weight	9.1%✓✓	5.9%	6.5%
% Diabetic	14%✓✓	-	8%
Ranking: Factors	**47th**		**(of 47)**
Health Behaviors			
Adult smoking	36%✓✓	14%	18%
Adult obesity	40%✓✓	25%	30%
Food environment index (10 is best)	7.3 ✓✓	8.4	8.5
Physical inactivity	33% ✓✓	20%	25%
Access to exercise opportunities	24%✓✓	92%	68%
Excessive drinking	28%✓✓	10%	22%
Alcohol-impaired driving deaths	54% ✓✓	14%	46%
Sexually transmitted infections	1,502✓✓	138	416
Teen birth rate	99 ✓✓	20	28
Clinical Care			
Uninsured	22%✓✓	11%	12%
Primary care physicians	2,397:1✓✓	1,045:1	1,279:1
Dentists	1,620:1✓	1,377:1	1,710:1
Mental health providers	1,326:1✓✓	386:1	638:1
Preventable hospital stays	124✓✓	41	56
Diabetic screening	38%✓✓	90%	86%
Mammography screening	44.7%✓✓	70.7%	68%
Social and Economic Factors			
Unemployment	12.9%✓✓	4.0%	2.9%
Children in poverty	33%✓✓	13%	12%
Income inequality	7.3✓✓	3.7	4.4
Children in single-parent households	54%✓✓	20%	26%
Violent crime	29 ☺	59	240
Injury deaths	116✓✓	50	64
Physical Environment			
Air pollution – particulate matter	9.6✓	9.5	10.0
Drinking water violations	0% ☺	0%	3%
Severe housing problems	22%✓✓	9%	11%

✓ = Not meeting North Dakota average

✓ = Not meeting U.S. Top 10% Performers

☺ **= Meeting or exceeding U.S. Top 10% Performers**

The data from County Health Rankings show that Rolette County is doing more poorly as compared to the rest of North Dakota on measures of health *outcomes*, landing at or below rates for North Dakota counties, and worse than the U.S. Top 10%. On health *factors*, however,

Rolette County is doing well in areas of drinking water quality, lack of violent crime, and food environment index, meeting and exceeding the U.S. Top Performers and the North Dakota averages.

Rolette County lags the state on the following reported measures:

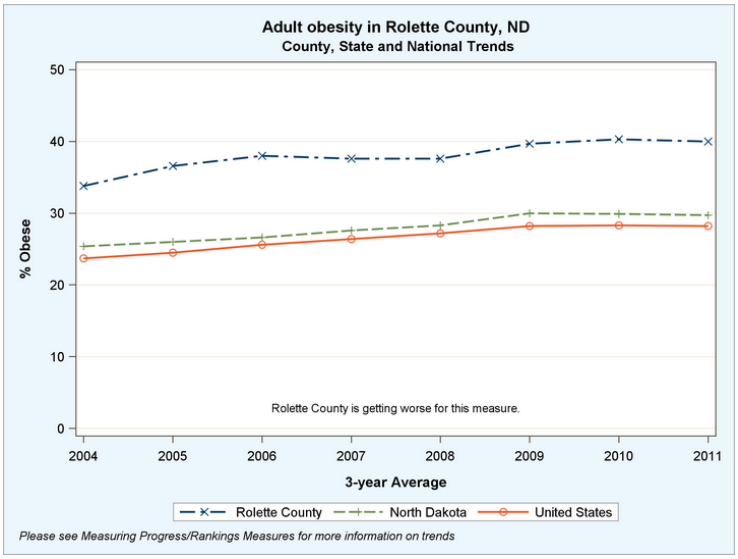
- Premature death
- Self-reported health (poor or fair health, poor physical health days, poor mental health days)
- Low birth weight
- Adult smoking
- Adult obesity
- Unemployment
- Teen birth rate
- Diabetic and mammography screening
- Children in poverty
- Children in single-parent households
- Injury deaths
- Excessive drinking
- Severe housing problems
- Sexually transmitted infections
- Sufficient numbers of primary care physicians and dentists

Rolette County's unemployment rate is drastically higher than North Dakota's and the U.S. Top 10% ratings. A few of the other measures are particularly concerning as well:

- Adult smoking and obesity are at least 10% higher than the North Dakota averages, as well as the U.S. Top 10% rankings.
- The rate of sexually transmitted infections is three times the North Dakota average, and more than ten times higher than the U.S. Top 10% rankings.
- Premature death rankings are approximately three times higher in Rolette County than the North Dakota and U.S. Top 10% rankings.

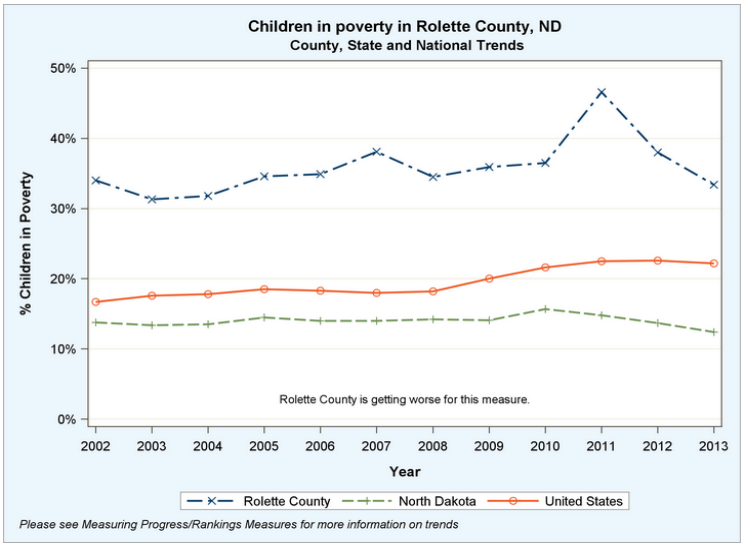
In addition to the reported rates and levels of some of these measures, also concerning are the trends indicating that several measures are getting worse. For example, as shown in Figure 2, the adult obesity rate has increased since 2004 and has a rate higher than the national and state average.

Figure 2 – Rising rate of adult obesity in Rolette County



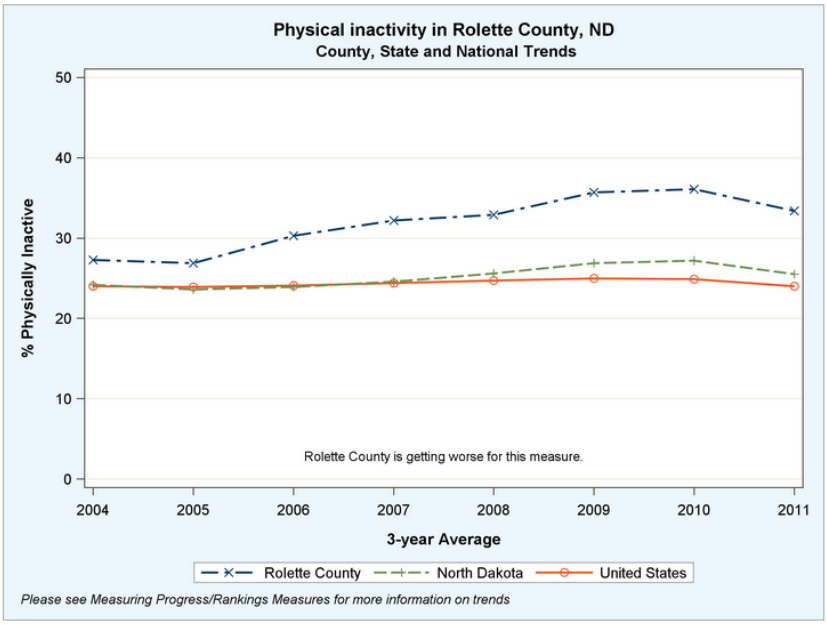
While number of children living in poverty has decreased from 2009 to 2013, the overall rate increased dramatically in 2011 and has now begun to decrease in 2012 to 2013, as illustrated in Figure 3.

Figure 3 –Rising rate of children in poverty in Rolette County



The rate of physical inactivity in Rolette County is higher than both the state and national average, and has seen a steady increase since 2005, as shown in Figure 4.

Figure 4 – Rate of physical inactivity in Rolette County



Public Health Community Health Profile

Appendix C is the North Dakota Department of Health's community health profile for the Rolette County Health District. Prepared by the North Dakota Department of Health, the profile includes county-level information about population and demographic characteristics, birth and death data, behavioral risk factors, crime, and child health indicators. In Rolette County, the most commonly reported causes of death were heart disease, cancer, stroke, Alzheimer's disease, and COPD. A graph illustrating leading causes of death in various age groups may be found in Appendix C.

Children's Health

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

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

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

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

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

Importantly, more than one in five of the state's children are not receiving an annual preventive medical visit or a preventive dental visit. Lack of preventive care now affects these children's future health status.

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

The data shows that Rolette County is performing worse than the North Dakota average on 6 of the 7 examined measures. The most marked difference was on both the Medicaid recipients' category, as well as those who are enrolled in the Supplemental Nutrition Assistance Program (SNAP).

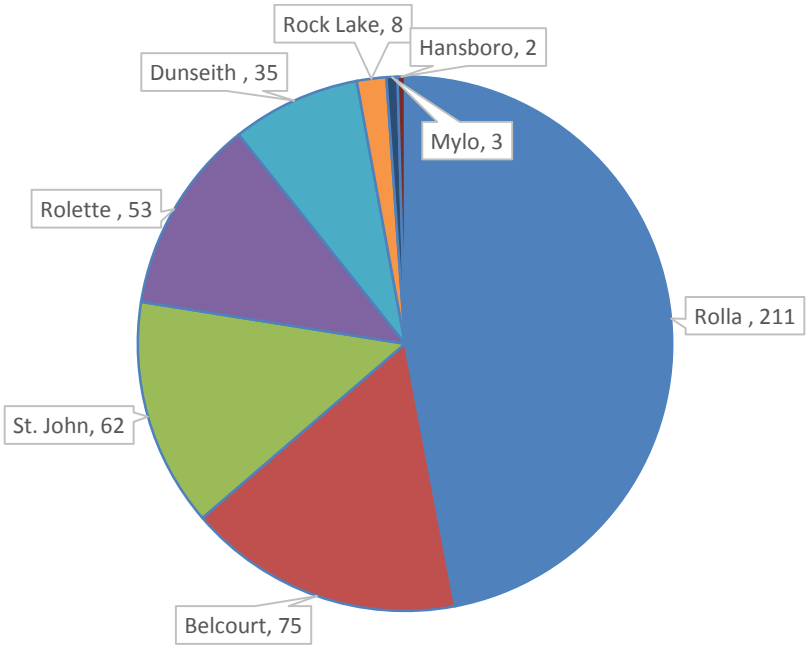
TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN'S HEALTH

	Rolette County	North Dakota
Uninsured children (% of population age 0-18), 2012	**14%**	7.3%
Uninsured children below 200% of poverty (% of population), 2012	**54.9%**	51.9%
Medicaid recipient (% of population age 0-20), 2013	**69.1%**	28.0%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	**2.2%**	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2013	**68.8%**	23.0%
Licensed child care capacity (% of population age 0-13), 2014	**31.3%**	40.0%
High school dropouts (% of grade 9-12 enrollment), 2013	**9.9%**	2.8%

Survey Results

As noted above, 589 community members took the written survey in communities throughout the county. The survey requested that respondents list their home zip code. While not all respondents provided a zip code, 461 did, revealing that while the large majority of respondents lived in Rolla, large percentages also lived in smaller communities in the county, such as Belcourt, Dunseith, Rolette and St. John. These results are shown below.

Figure 5: Survey Respondents' Home Zip Code



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

Survey Demographics

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

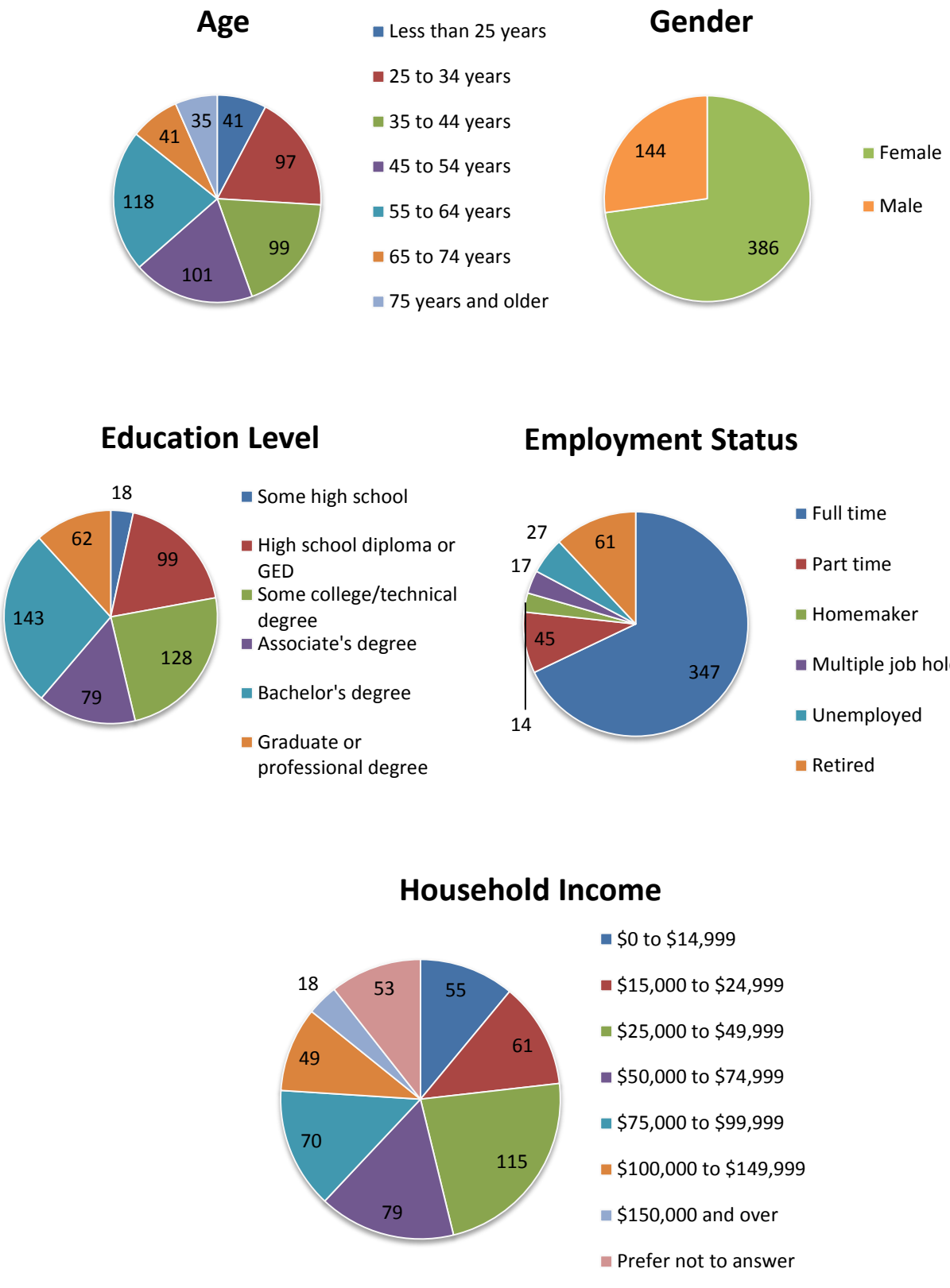
With respect to demographics of those who chose to take the survey:

- Over 55% (N=295) were aged 45 or older, although there was a fairly even distribution of ages.
- A large majority (N=389) were female.
- Slightly over half of respondents (N=284) had associate's degrees or higher, with a plurality of respondents (N=143) having bachelor's degrees.

- Most (N=347) worked full-time, or were (N=61) retired.
- A minority of respondents (N=241) had household incomes of less than $50,000, although there was a fairly even distribution of household income.

Figure 6 shows these demographic characteristics. It illustrates the wide range of community members' household income and indicates how this assessment took into account input from parties who represent the varied interests of the community served, including wide age ranges, those in diverse work situations, and lower-income community members. Of those who provided a household income, 116 community members reported a household income of less than $25,000, with 55 of those indicating a household income of less than $15,000.

Figure 6: Demographics of Survey Respondents



Health Care Access

Community members were asked how far they lived from the hospital and clinic they usually go to. A plurality (N=210) reported living less than 10 minutes from the hospital they usually go to, while 44 respondents indicated they live more than an hour from the hospital they usually go to. Driving distances, along with lack of transportation options, can have a major effect on access to health care services, especially in winter when weather conditions lead to hazardous driving conditions. With respect to distance to respondents' clinic of choice, a vast majority (N=259) said they lived within 10 minutes from the clinic. More than 30 respondents reported driving more than an hour to the clinic they usually go to. Figures 7 and 8 illustrate these results.

Figure 7: Respondent Travel Time to Hospital

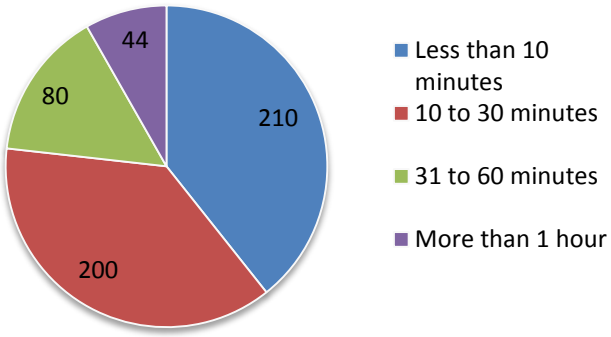
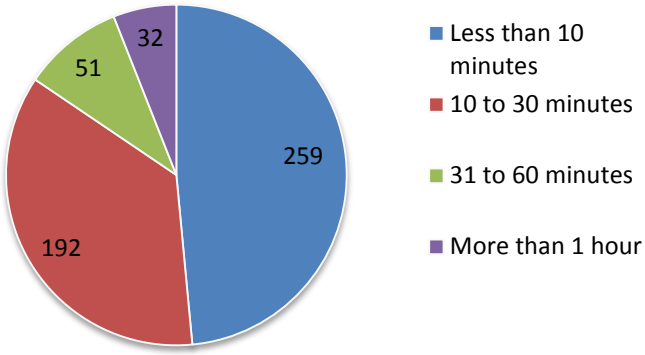
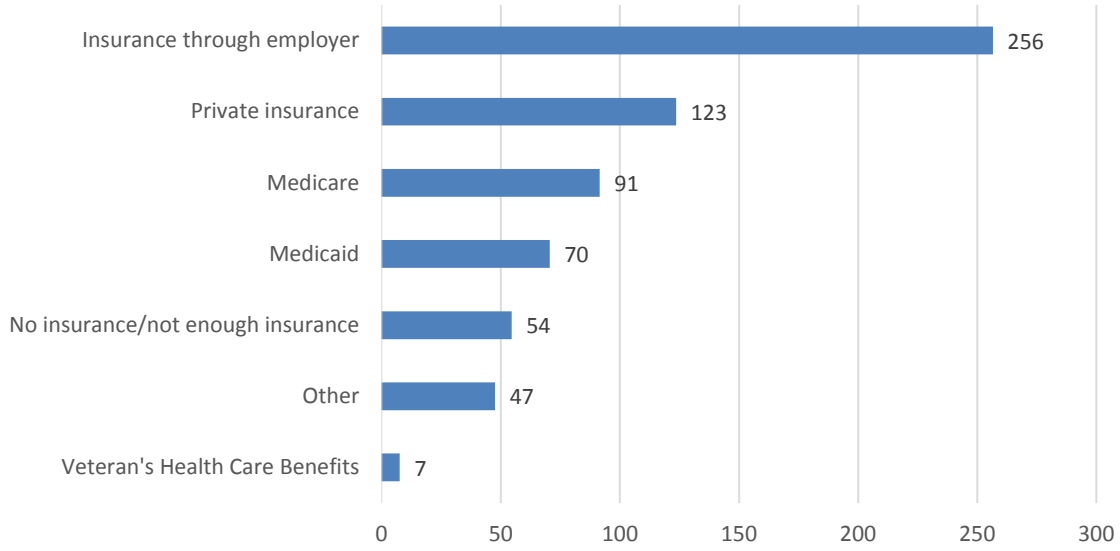


Figure 8: Respondent Travel Time to Clinic



Community members also were asked what, if any, health insurance they have. Health insurance status often is associated with whether people have access to health care. Over 50 of the respondents reported having no health insurance or being under-insured. The most common insurance types were insurance through one's employer (N=256), and private insurance (N=123), and Medicare (N=91).

Figure 9: Insurance Status



Community Assets, Challenges, and Collaboration

Survey-takers were asked what they perceived as the best things about their community in five categories: people, services and resources, quality of life, geographic setting, and activities. In each category, respondents were given a list of choices and asked to pick the top three. Respondents occasionally selected less than three or more than three choices within each category. If more than three choices were selected, their response was not counted. The results indicate there is consensus (with 300 or more respondents agreeing) that community assets include:

- Family friendly (N=415)
- Friendly and helpful people (N=387)
- Simple, laidback lifestyle (N=368)
- Recreational and sports activities (N=334)
- Quality school systems and programs for youth (N=307)

Figure 10: Best Things about the PEOPLE in Your Community

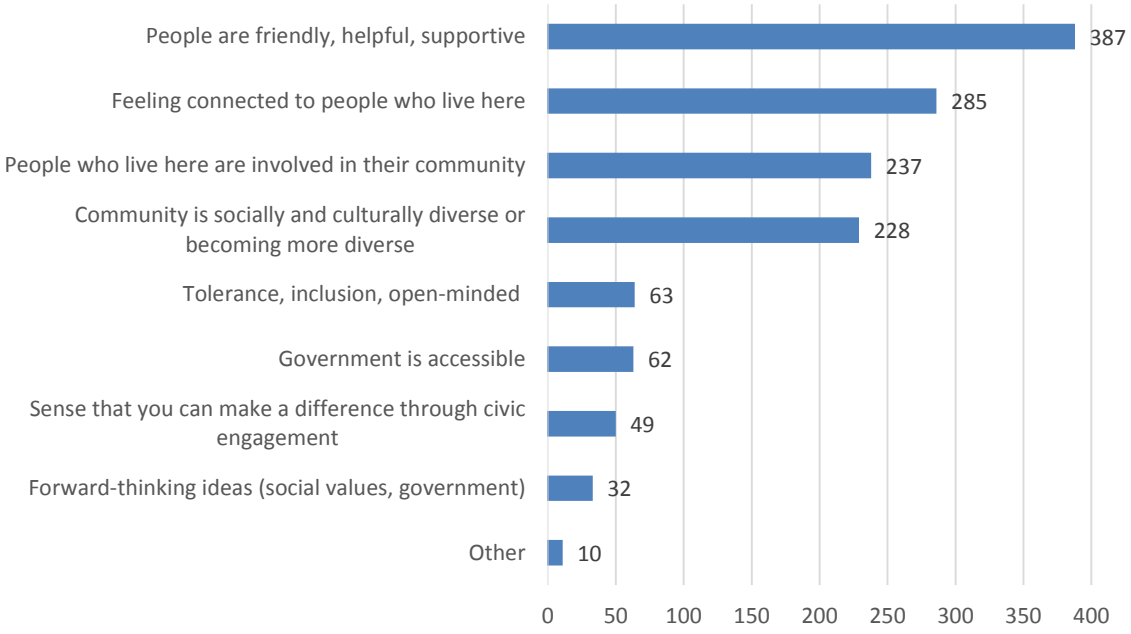


Figure 11: Best Things about the SERVICES AND RESOURCES in Your Community

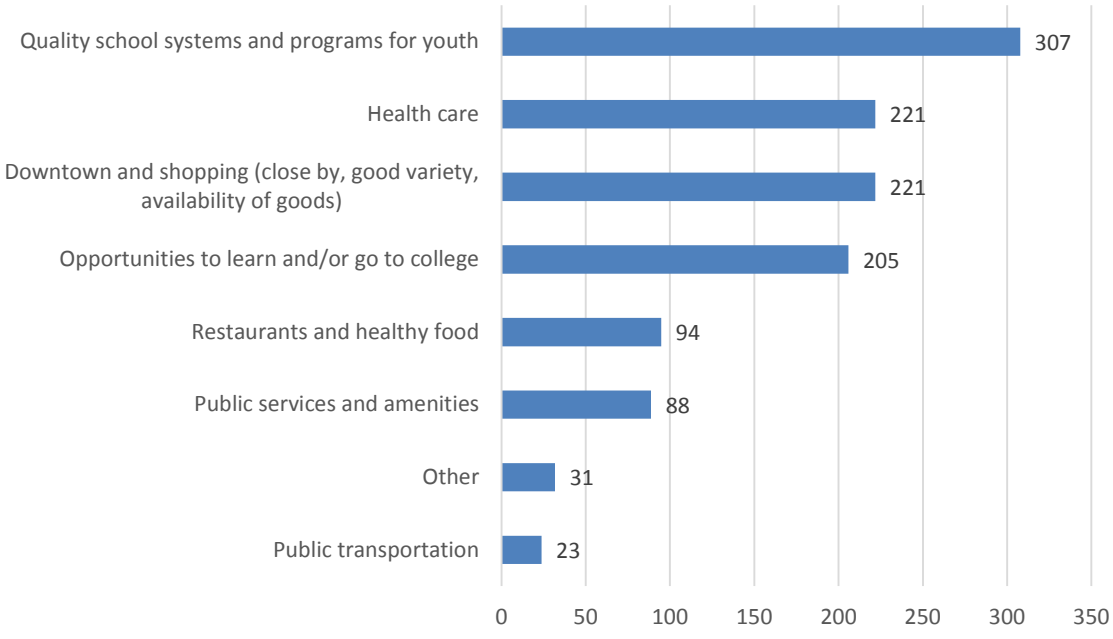


Figure 12: Best Things about the QUALITY OF LIFE in Your Community

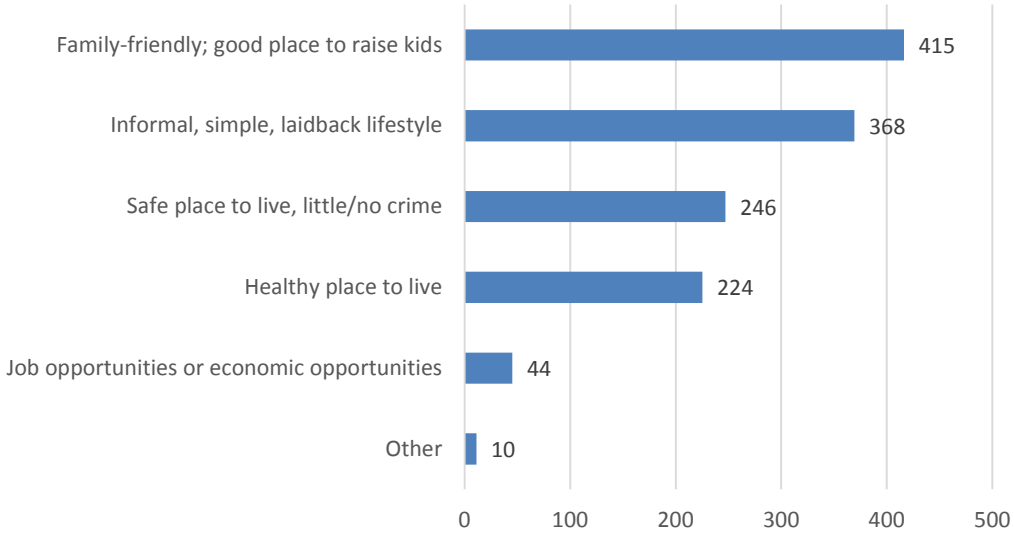


Figure 13: Best Things about the GEOGRAPHIC SETTING of Your Community

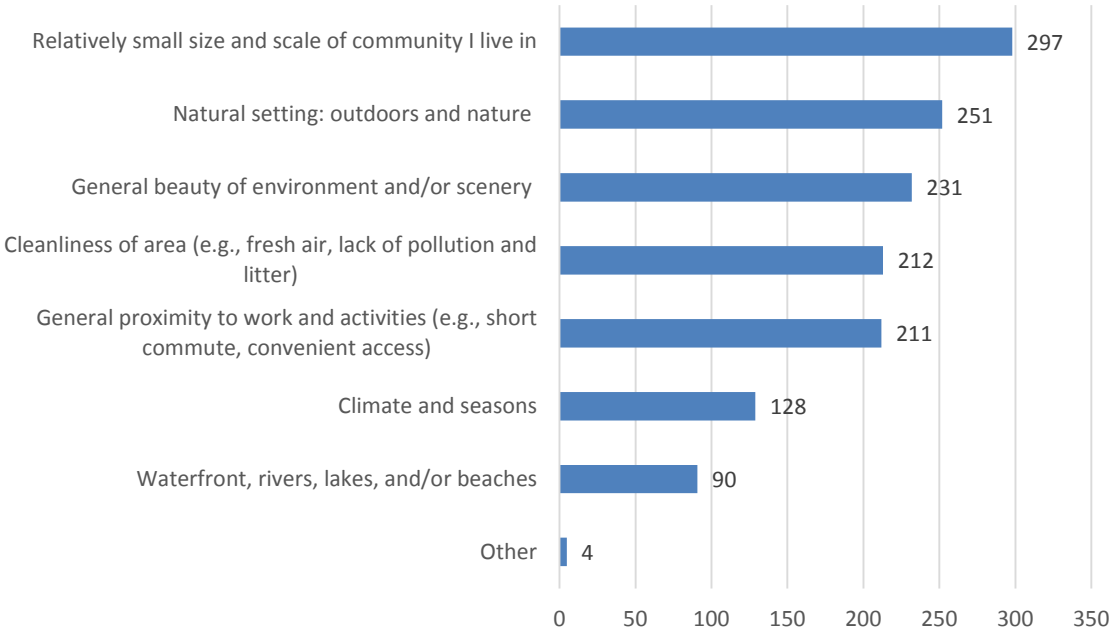
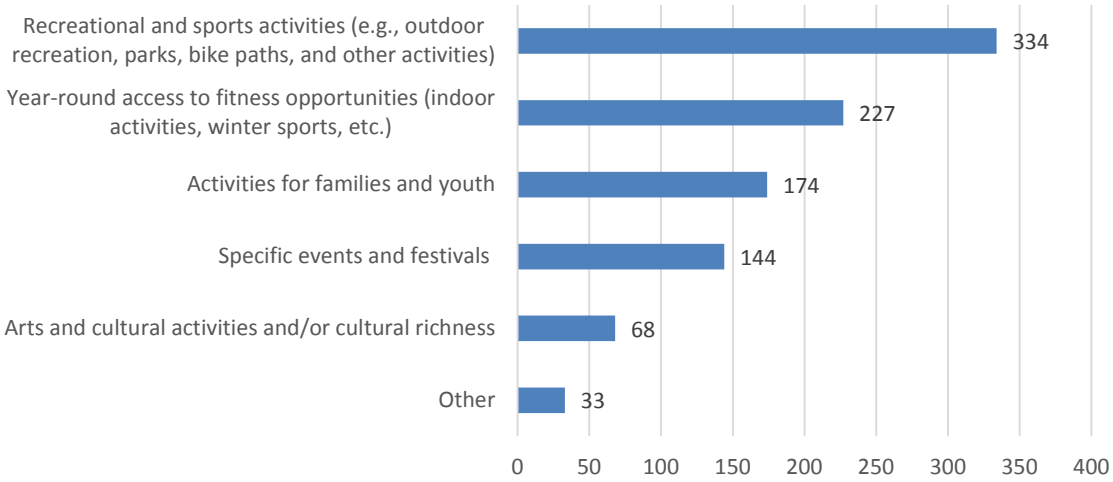


Figure 14: Best Thing about the ACTIVITIES in Your Community



The survey also included the question, "What are other 'best things' about your community that are not listed in the questions above?", with 129 responses received. The most common response (N=42) revolved around the friendliness of the community members and the sense of a caring and helpful place. Next most common (N=17) was a mention of the community being family-friendly, and (N=13) was the number and variety of active churches in the community. Also cited were: sense of small town life (N=13), and "everyone knowing everyone" (N=12). Specific responses included:

- Everyone's willing to lend a helping hand to better a part of the community.
- Most churches work together if needed; youth groups are active.
- Safe community where children can grow and thrive in a community that cares about one another.

In another open-ended question, residents were asked, "What are the major challenges facing your community?" with 368 responses received. The most common responses (N=80) related to a perceived lack employment opportunities. Other commonly cited challenges include:

- Drug use and abuse (N=64)
- Activities for youth, families, and adults (N=62)
- Healthcare access (providers) (N=43)
- Infrastructure (roads, water) (N=43)
- Crime and violence (N=42)
- Economic development (including businesses) (N=33)
- Alcohol use and abuse (N=31)

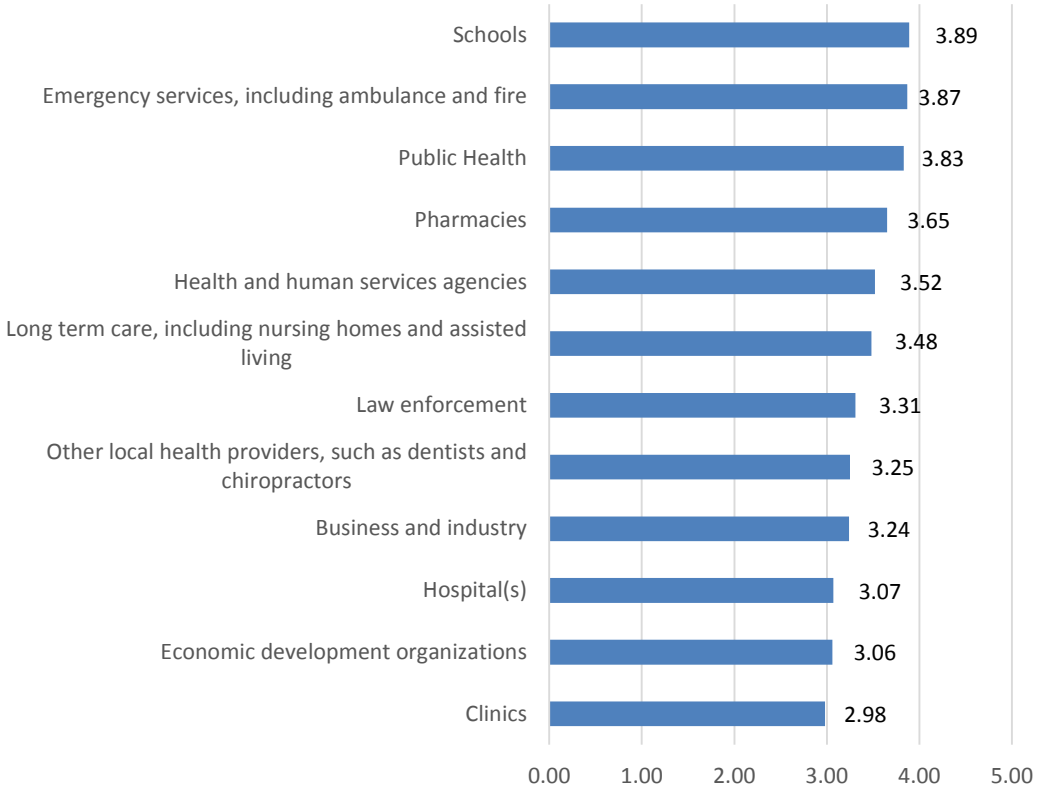
Specific comments provide some insights into the reasoning behind these issues being singled out as community challenges:

- Competitive pay for local jobs.
- No drug/alcohol enforcement.

- No community center for kids.
- No animal center/control.
- Crime rate is on a rise along with drug use.
- Difficulty bringing professional health care providers to rural areas.
- Lack of activities for young people and adults as well.

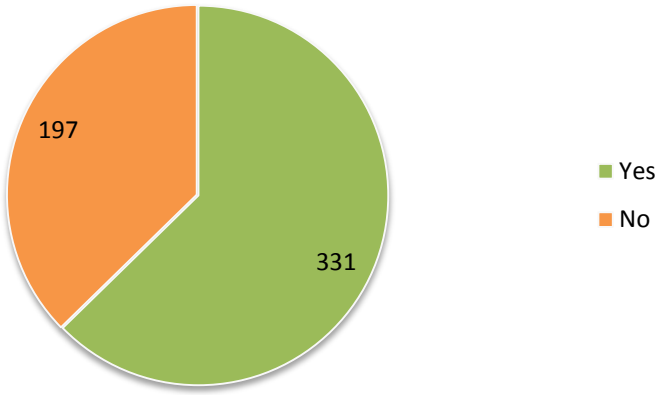
Those taking the survey generally agreed that when it comes to collaboration among various organizations and constituencies in the community, there was room for improvement. Respondents were asked to rate the level of collaboration, or "how well these groups work with others in the community," on a scale of 1 to 5. The results show that residents perceived schools, emergency services, and public health, as having the most effective collaboration with other community stakeholders. Groups that were perceived as needing improvement in collaborating included the hospital(s), economic development organizations, the clinics.

Figure 15: Community Collaboration



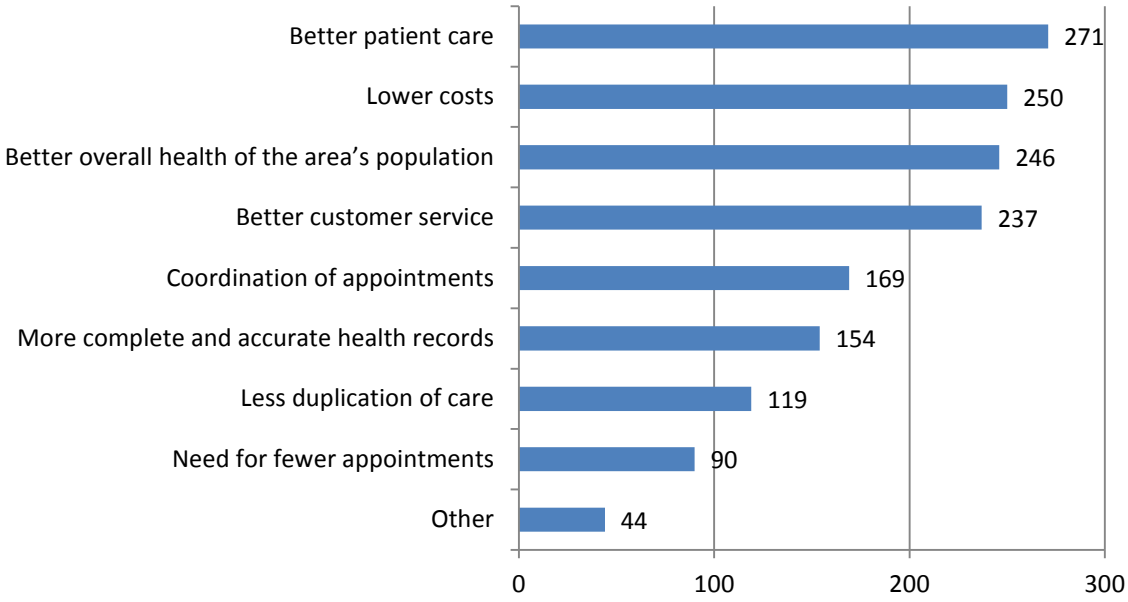
Survey-takers were asked whether they believe health-related organizations in the community are working together to improve the overall health of the area population. As shown in Figure 16, by a majority of residents answered this question in the affirmative.

Figure 16: Coordination to Improve Overall Population Health



To better understand residents' perceptions about better coordination and collaboration among health care organizations, they were asked what they thought would result from health entities working together. As shown in Figure 17, the highest response was better patient care (N=271), followed by lower costs (N=250), and better overall population health (N=246). Respondents were less inclined to believe that better care coordination would mean a need for fewer appointments (N=90).

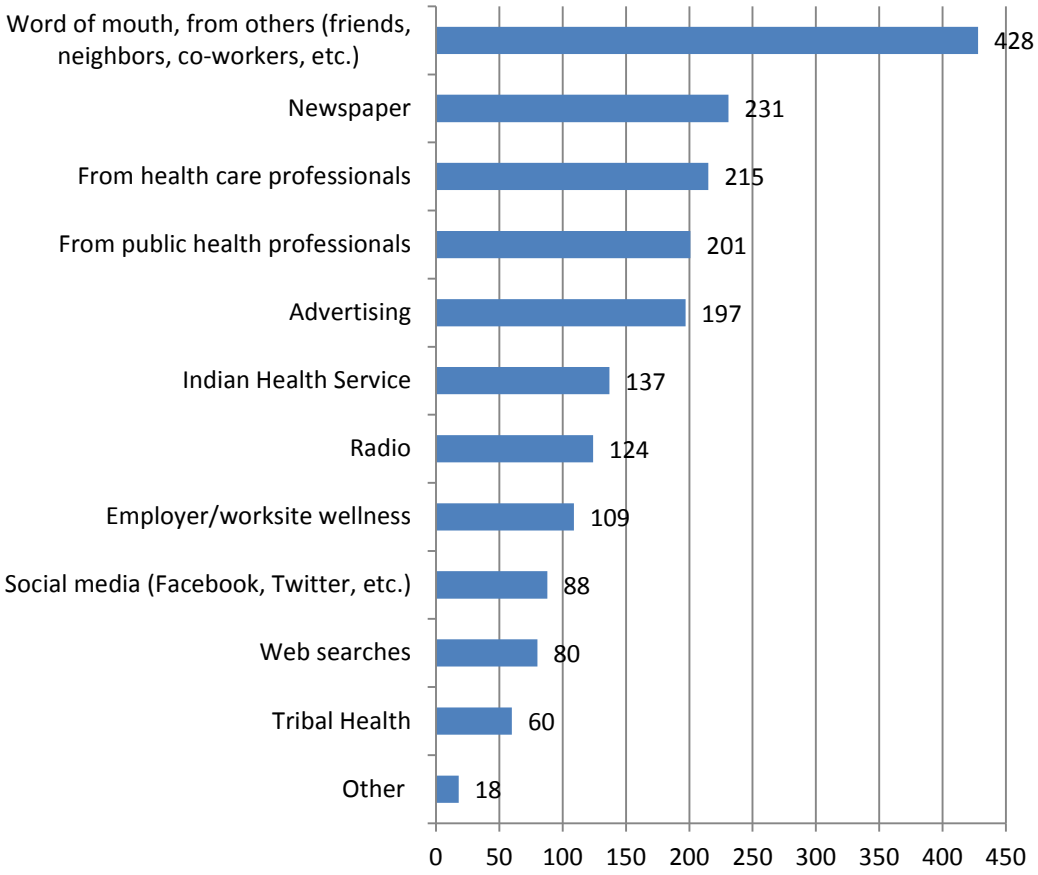
Figure 17: Potential Effects of Improved Collaboration among Health Entities



Residents also were asked if they had any suggestions for ways that health-related organizations could work together to provide better services and improve overall health in the area, with 228 responses received. The most common response (N=87) was a recommendation for better collaboration and working relationships between providers, and facilities (hospital and clinic). Other suggestions made by more than one respondent include: less duplication of services (N=24), and better communication and sharing of information between providers (N=18).

The survey revealed that, by a large margin, residents learned about available health services through word of mouth from, for example, friends, family, co-workers, and neighbors. Other common sources of information about health services included the newspaper, health care and public health professionals, and advertising.

Figure 18: Sources of Information about Health Care Services



Community Concerns

At the heart of this community health assessment was a section on the survey asking survey-takers to review a wide array of potential community and health concerns in five categories and rank them each on a scale of 1 to 5, with 5 being more of a concern and 1 being less of a concern. The five categories of potential concerns were:

- community/environmental concerns
- concerns about health services
- physical, mental health, and substance abuse concerns
- concerns specific to youth and children
- concerns about the aging population

Echoing the weight of respondents' comments in the survey question about community challenges, the two most highly ranked concerns were youth drug use and abuse (including

prescription drugs) (4.21 on a scale of 5.0) and adult drug use and abuse (including prescription drugs) (4.18). These issues stood out as the most important community/environmental concerns. The other issues that had a mean ranking on the 1-to-5 scale of at least 4.1 included:

- youth alcohol use and abuse (including binge drinking) (4.16)
- youth sexual health (including sexually transmitted infections) (4.13)
- adult alcohol use and abuse (including binge drinking) (4.12)
- diabetes (4.11)
- teen pregnancy (4.10)

Figures 19 through 23 illustrate these results.

Figure 19: Community/Environmental Concerns

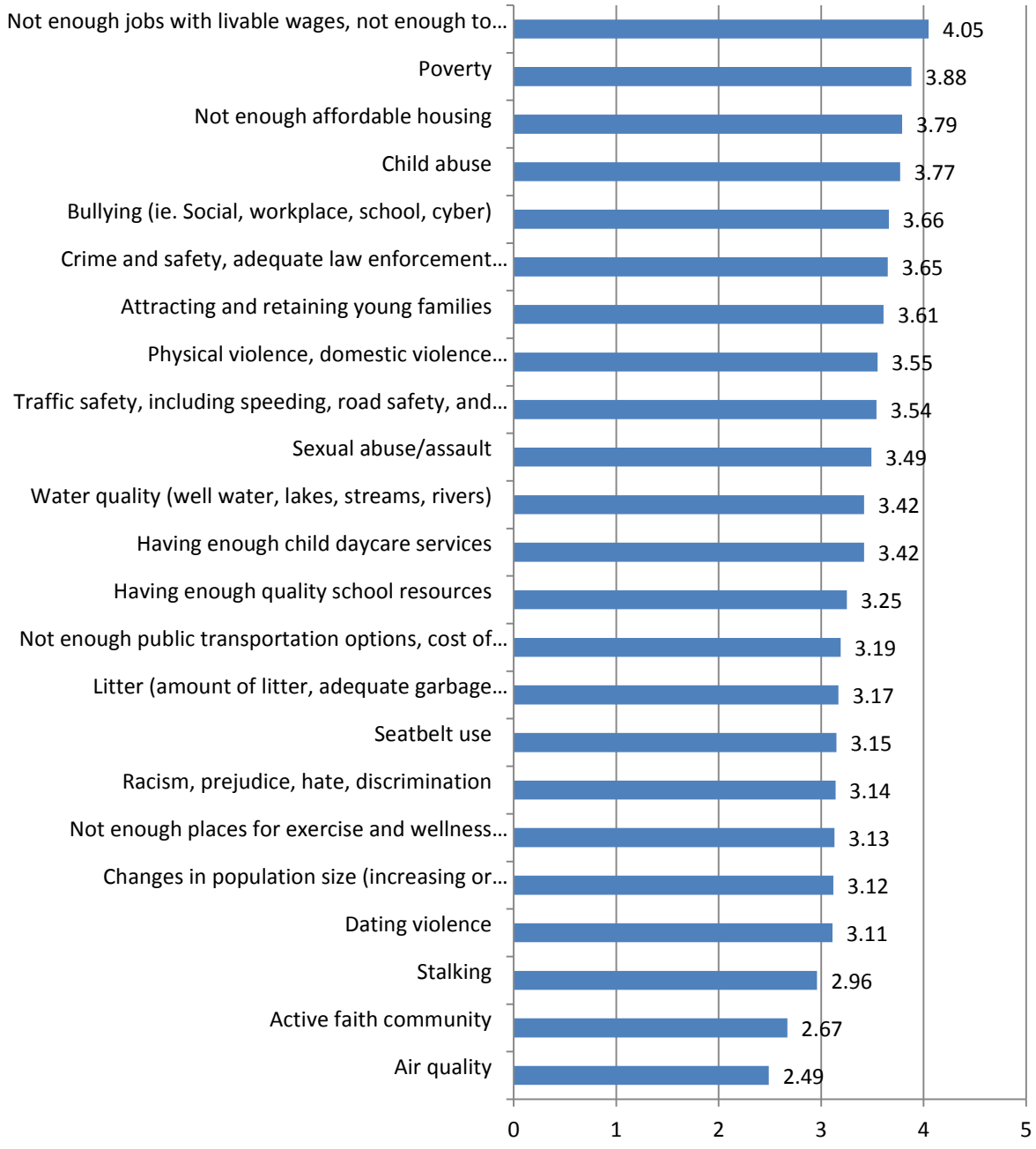


Figure 20: Concerns about Health Services

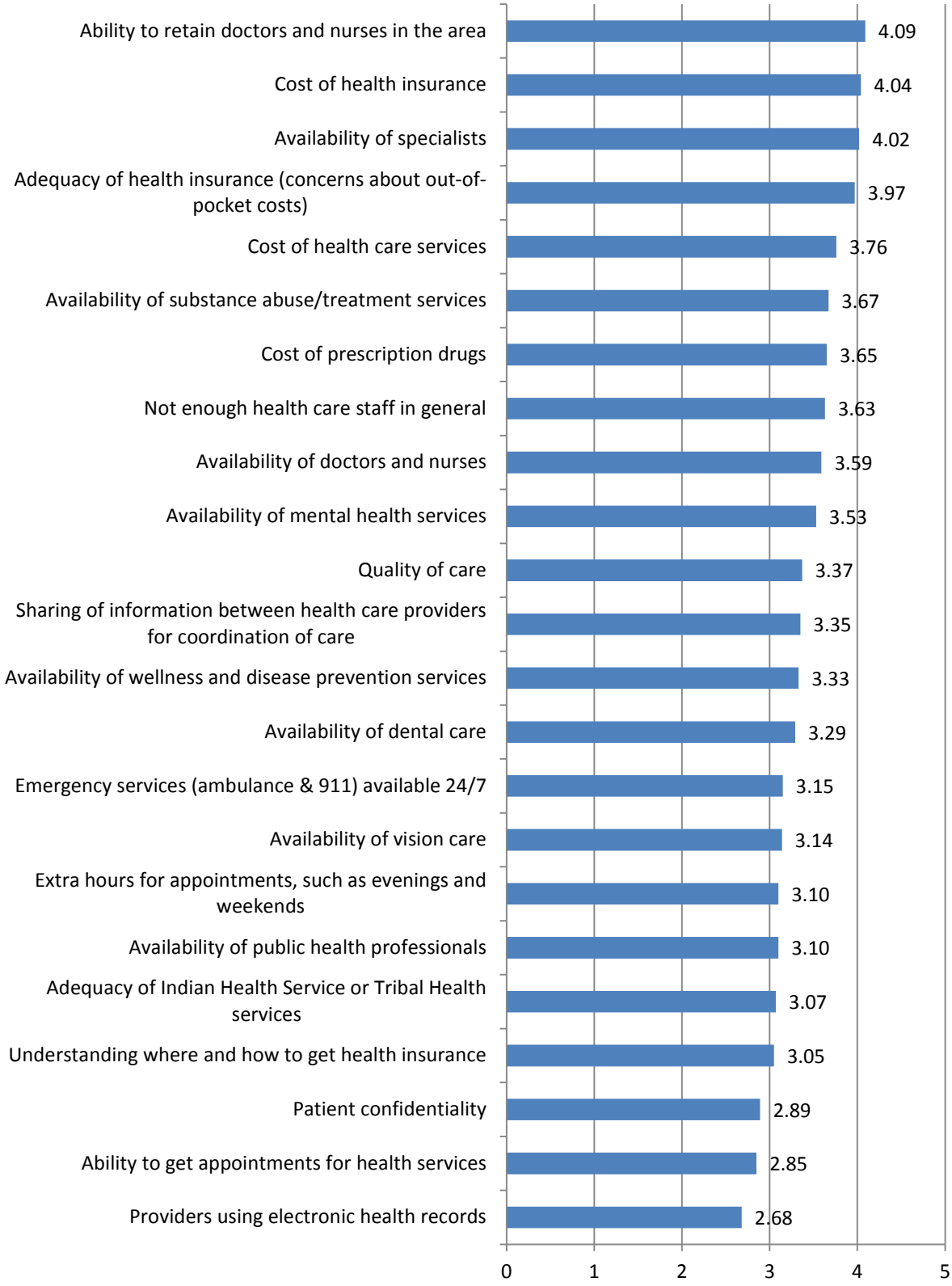


Figure 21: Physical, Mental Health, and Substance Abuse Concerns

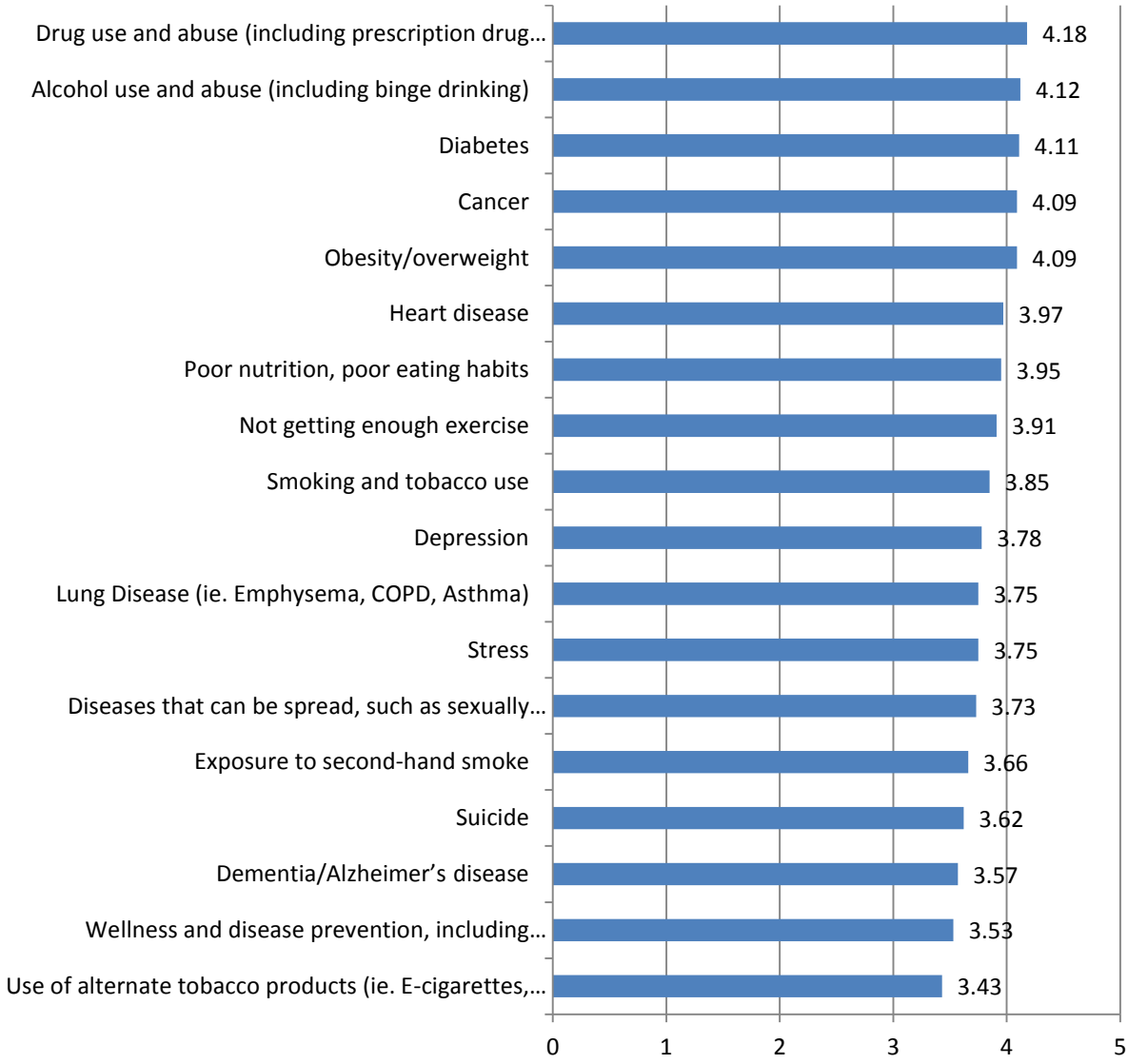


Figure 22: Concerns Specific to Youth and Children

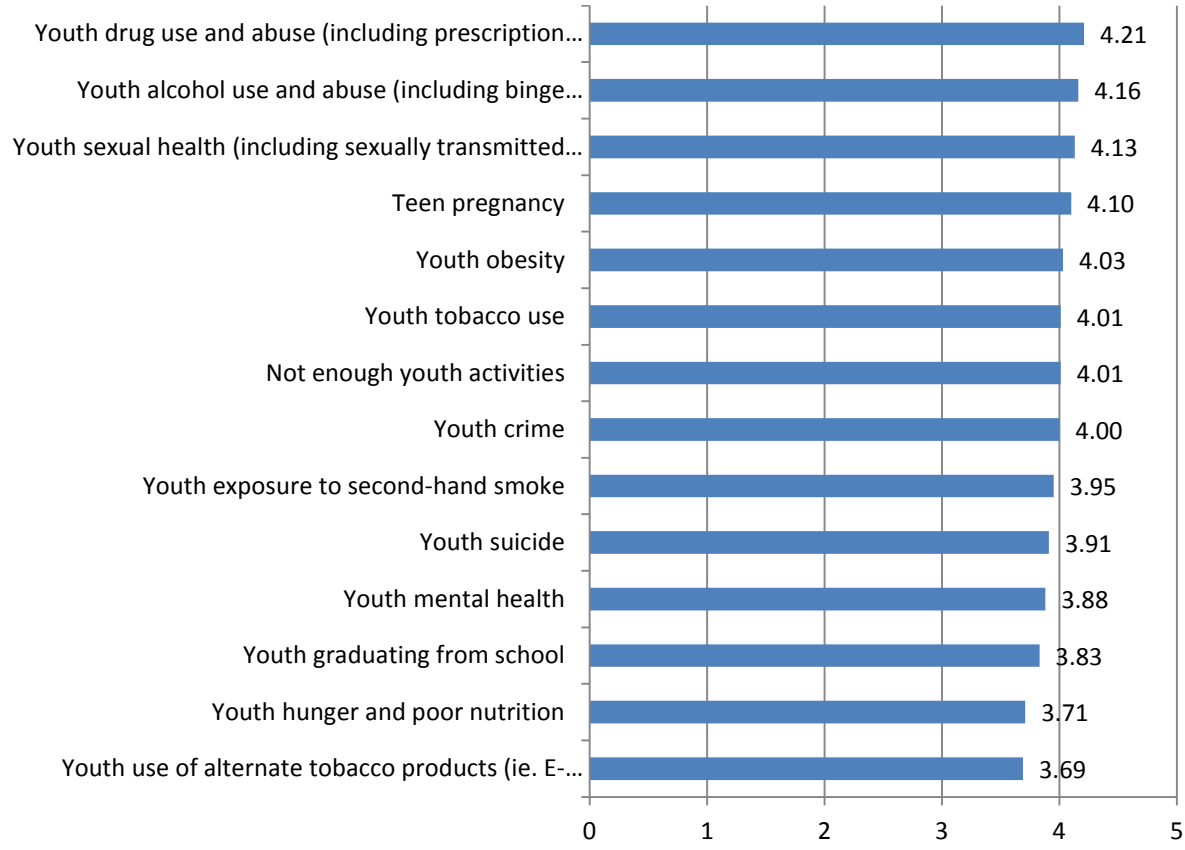
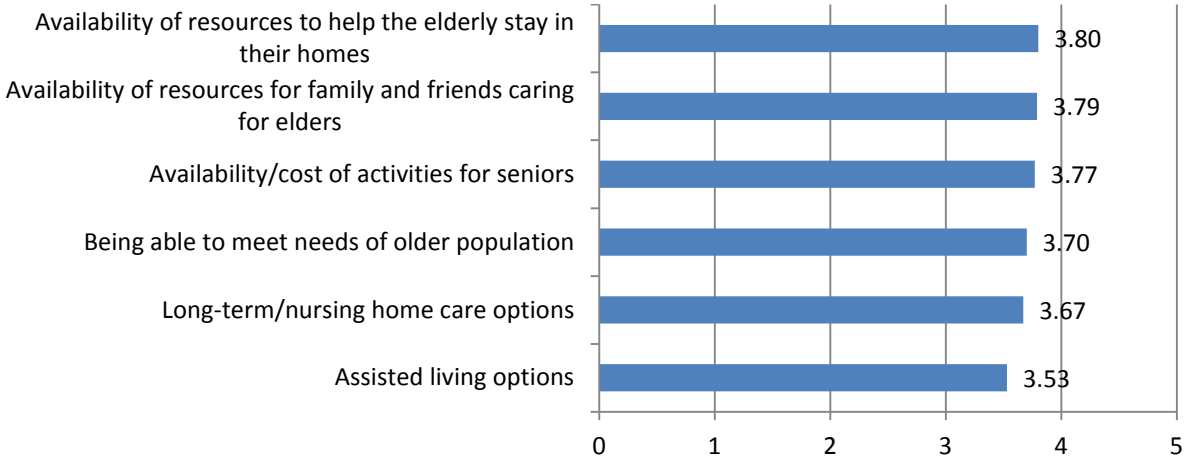


Figure 23: Concerns about the Aging Population



Delivery of Health Care

The survey asked community members why they seek health care services close to home and why they go out of the area for health care needs. Respondents were allowed to choose multiple reasons.

Nearby location (N=406) and convenience (N=374) topped the list of reasons that residents sought care locally, with familiarity with providers (N=227) also garnering a substantial number of responses.

With respect to the reasons community members seek health care services out of the area, the primary motivator was, by a considerable margin, to access a needed specialist (N=412). Other oft-cited reasons for seeking care elsewhere were referral (N=265) and for high quality of care (N=235). These results are illustrated in Figures 24 and 25.

Figure 24: Reasons Community Members Seek Health Care Services Close to Home

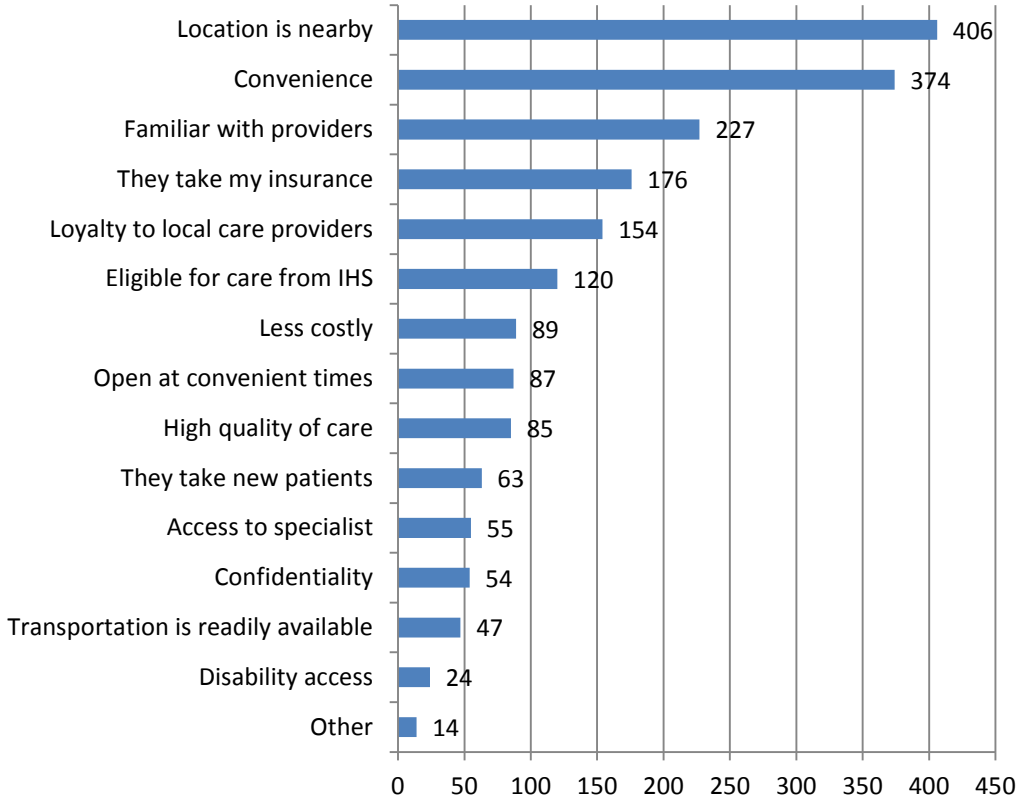
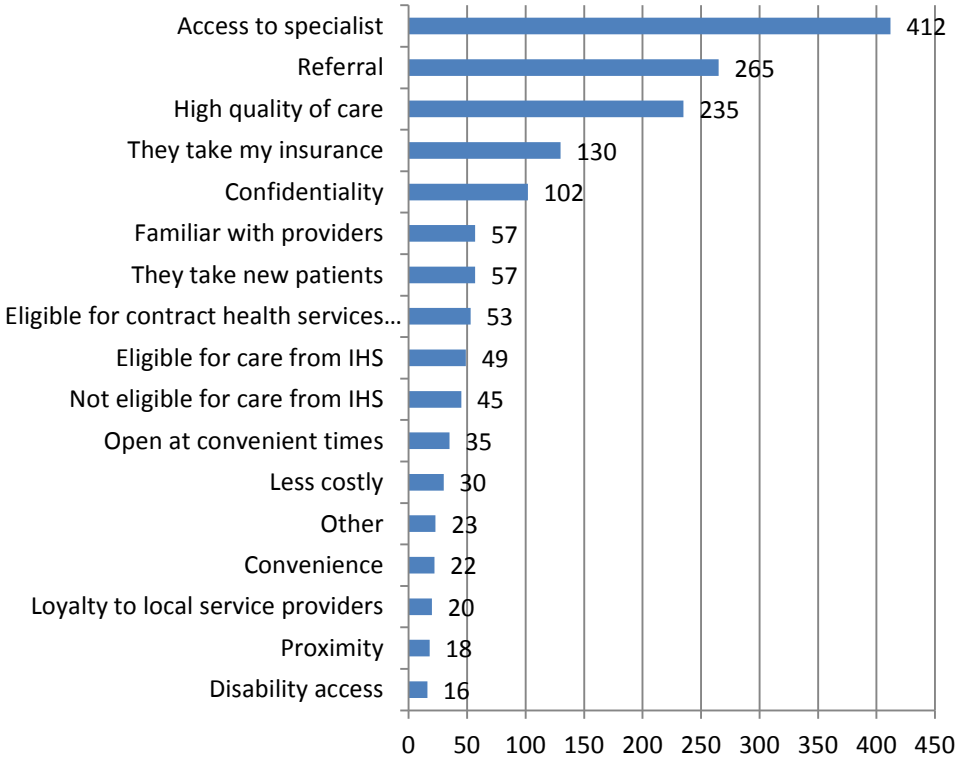
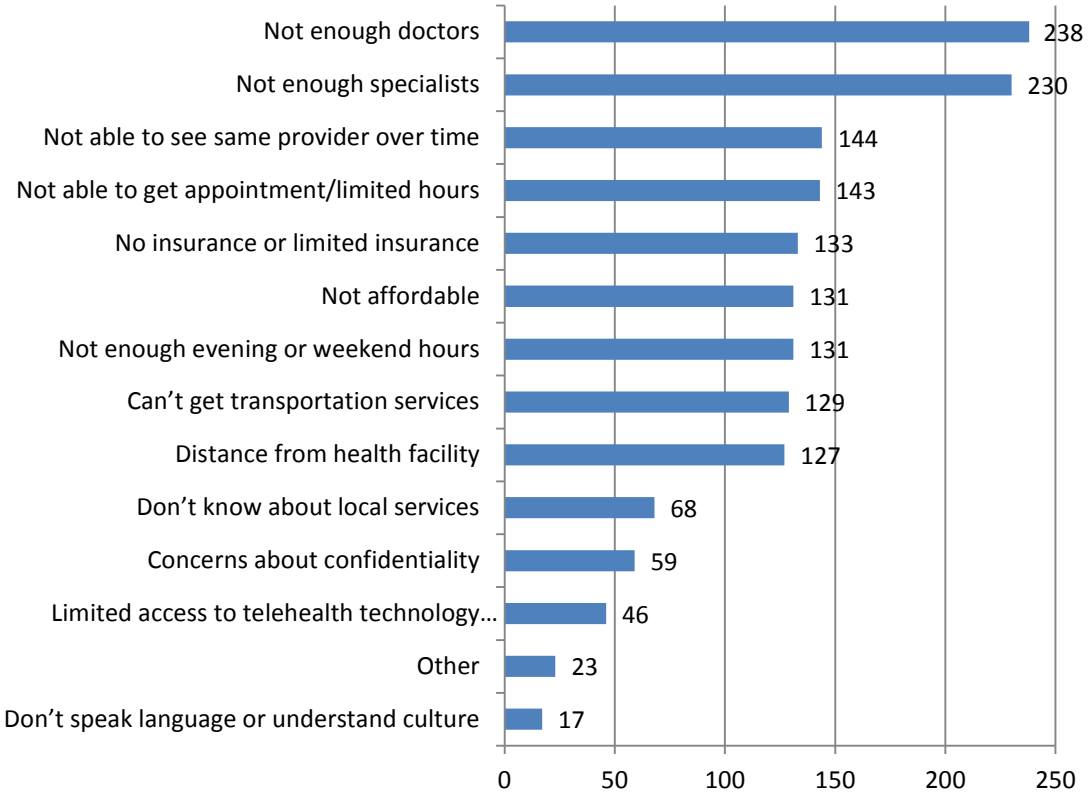


Figure 25: Reasons Community Members Seek Services Out of the Area



The survey asked residents what they see as barriers to that prevent them or others from receiving health care. The most prevalent barrier perceived by residents was not enough doctors (N=238), followed by not enough specialists (N=230). There was little variance in the frequency with which other potential barriers were selected, with half of them identified by 127 to 144 respondents. Figure 26 illustrates these results.

Figure 26: Perceptions about Barriers to Care



Preventive Care and Public Health Services

To gauge the impact and effectiveness of Rolette County's public health-oriented services in the community, the survey include questions specific to public health services. The results revealed that the majority of respondents or their family members had at least one interaction with Rolette County Public Health District within the previous year. They also showed that the most common services, by a wide margin, were influenza shots (N=301), followed by immunizations (N=221) and school health (N=160). When asked, in an open-ended question, about specific interactions with public health for them or their family, 226 responses were received. Results were similar, with the highest responses of shots/immunizations (N=93), and check-ups/wellness visits (N=24). These results are shown in Figures 27 and 28.

Figure 27: Interaction with Rolette County Public Health District in Last Year?

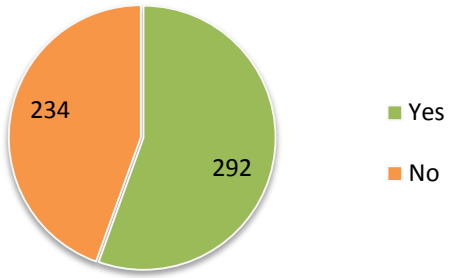
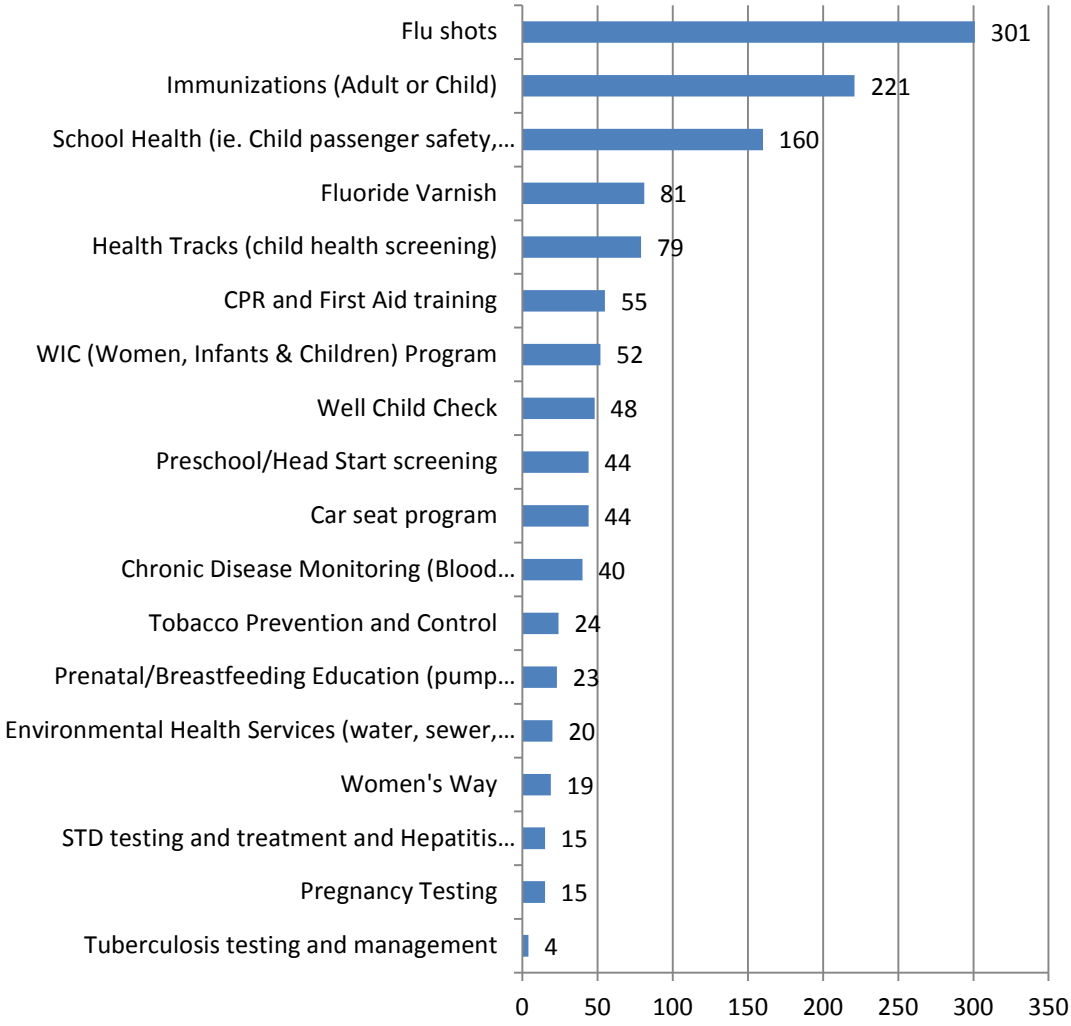
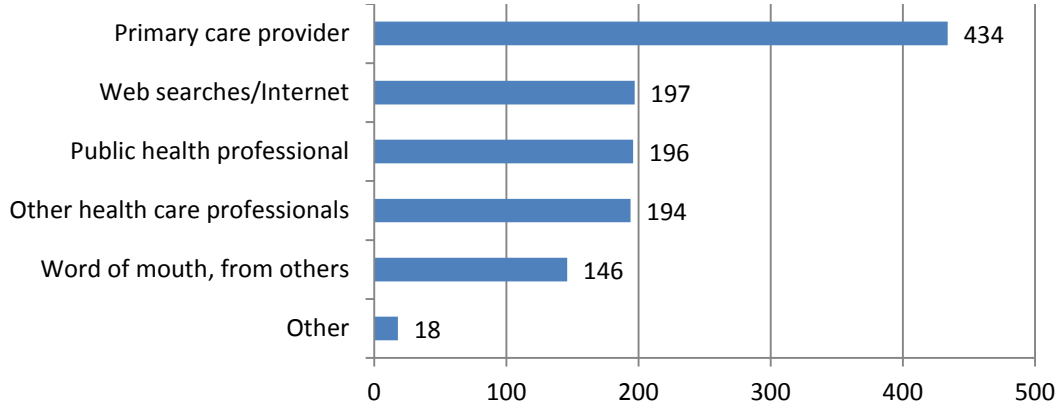


Figure 28: Use of Local Public Health Unit Services



Survey-takers also were asked where they turn for trusted health information. Overwhelmingly, residents identified their primary care provider (N=434) as the primary source of trusted health information. Respondents also relied on web searches/internet (N=197), public health professionals (N=196), and other health care professionals (N=194) for health-related information. These results are shown in Figure 29.

Figure 29: Where Turn for Trusted Health Information



Other Concerns and Suggestions to Improve Local Health

The survey concluded with an open-ended question that asked, "Overall, please share concerns and suggestions to improve the delivery of local health care." Fewer residents responded to this question than to other open-ended survey questions, with a total of 120 responses. Respondents shared a wide range of concerns and advice. The issues that were mentioned most frequently were: increase number of providers (general practitioners) (N=26), better working relationship/patient referrals between hospital and clinic (N=19), decrease in physician/provider/nurse turnover (N=12), increased access to specialists (N=10), and better customer service to patients (N=10). Specific comments included:

- Health providers are changing too often; patients do not get to know doctors, and doctors do not know patients.
- Clinics/hospital should work together to provide services, not compete with one another.

Findings from Interviews and Focus Group

Questions about the health and well-being of the community, similar to those posed in the survey, were explored during a focus group session with the Community Group and during key informant interviews with community leaders and public health professionals. The themes that emerged from these sources were wide-ranging, with some directly associated with health care and others more rooted in broader community matters. Generally, overarching thematic issues that developed during the interviews and focus group can be grouped into four categories (listed in alphabetical order):

- Activities/services for youth
- Lack of collaboration with community
- Lack of employment/poverty
- Mental health (including substance abuse)

To provide context for these expressed needs, below are some of the comments that interviewees and focus group participants made about these issues:

Activities/services for youth

- Concerns about youth – not enough activities. As a community, which struggles with finances, we can't provide buildings to activities and such.
- Bullying is one that they have an issue with in the schools.
- Get youth more involved.
- Teenagers don't know where to go to ask questions, like around preventative pregnancy, etc.
- Lack of activities for children and youth is an issue. If kids don't fit into a certain mold (athletic), then they don't have anything to do. There aren't places for kids to go and just "hang out".

Lack of collaboration with community

- There is a great deal of competition between service providers, which creates a hardship for those in rural communities.
- There is animosity between law enforcement agencies in both communities, where one agency won't go get a prisoner from the other agency. No collaboration.
- People travel elsewhere for healthcare because of the issues between the hospital and clinics.
- Communication between various health entities needs to be improved. They all try their best to serve their clients, and all have good intentions, but the collaboration has broken down, and fixing this starts with more efficient communication.

Lack of employment/poverty

- Poverty is a huge issue, people are broke. This leads to crime, they steal to eat, sell something that's not theirs to make money for food.

- Lots of inadequate wages being paid for jobs. Not all jobs, but many of the jobs in this community.
- Not enough jobs available. We need vocation and manufacturing jobs.

Mental health (including substance abuse)

- Drug use and abuse is an issue. Prescription drug specifically, meth is back in full force, and heroin is an issue.
- Lack of resources to support family issues like substance abuse and mental health. There isn't one entity that can plan and organize services around these issues for a family.
- Drinking and health concerns – influencing the youth from elders, peers and grandparents.

Priority of Health Needs

The Community Group held its second meeting on October 29, 2015. Twenty-two members of the group were in attendance at this meeting. A representative from the Center for Rural Health presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the survey results (including perceived community health and community concerns, community collaboration, and barriers to care), and findings from the focus group and key informant interviews.

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

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

- Excessive drinking – adults and youth (16 votes)
- Activities and services for youth (14 votes)
- Illicit drug abuse (13 votes)
- Lack of collaboration with the community (11 votes)
- Number of healthcare providers (10 votes)
- Unemployment (10 votes)

The group then began the second portion of the Community Group meeting: a strategic planning session to find ways to address the prioritized significant needs. Because of time constraints, the group did not cover all of planning necessary to create a comprehensive improvement plan. Instead, they spent their time discussing reasons behind – and working on potential ideas to address – each of the six identified top needs. A steering committee or other group will meet to continue the work that was started by the Community Group and culminate with a community health improvement plan that can be executed.

Appendix A1 – Paper Survey Instrument

Center for Rural Health
The University of North Dakota School of Medicine & Health Sciences

Rolette County Health Survey

Public Health
Rolette County Public Health District

Rolette County Public Health District is interested in hearing from you about community health concerns. The focus of this effort is to:

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

If you prefer, you may take the survey online at http://tinyurl.com/RoletteCounty. Surveys will be tabulated by the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. Your responses are anonymous, and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported only in total. If you have questions about the survey, you may contact Tiffany Knauf at 701.777.4048.

Surveys will be accepted through June 30, 2015. Your opinion matters – thank you in advance!

Community Assets and Collaboration

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

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

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

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

☐	Downtown and shopping (close by, good variety, availability of goods)	☐	Public services and amenities
☐	Health care	☐	Public transportation
☐	Opportunities to learn and/or go to college	☐	Restaurants and healthy food
☐	Quality school systems and programs for youth	☐	Other (please specify) _____

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

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

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

☐	Activities for families and youth	☐	Specific events and festivals
☐	Arts and cultural activities and/or cultural richness	☐	Year-round access to fitness opportunities (indoor activities, winter sports, etc.)
☐	Recreational and sports activities (e.g., outdoor recreation, parks, bike paths, and other activities)	☐	Other (please specify) _____

Q5. Considering the GEOGRAPHIC SETTING in your community, the best things are (choose up to THREE):

☐	Cleanliness of area (e.g., fresh air, lack of pollution and litter)	☐	Natural setting: outdoors and nature
☐	Climate and seasons	☐	Relatively small size and scale of community I live in
☐	General beauty of environment and/or scenery	☐	Waterfront, rivers, lakes, and/or beaches
☐	General proximity to work and activities (e.g., short commute, convenient access)	☐	Other (please specify) _____

Q6. What are other "best things" about your community that are not listed in the questions above?

_____

_____

Q7. What are the major challenges facing your community?

_____

_____

Q8. For each choice on the next page please rank the level of collaboration, or how well these groups work with others in the community, on a scale of 1 to 5, with 1 being no collaboration (not working well with others) and 5 being excellent collaboration (working well with others).

Collaboration	No collaboration				Excellent collaboration	Don't Know/Not Applicable
	1	2	3	4	5	
Business and industry						
Clinics						
Economic development organizations						
Emergency services, including ambulance and fire						
Health and human services agencies						
Hospital(s)						
Law enforcement						
Long term care, including nursing homes and assisted living						
Other local health providers, such as dentists and chiropractors						
Pharmacies						
Public Health						
Schools						

Q9. Do you believe that health-related organizations in the area are working together to improve the overall health of the area population?

- ☐ No
- ☐ Yes

Q10. Which, if any, of the following do you think would result from better collaboration among health care providers and health-related organizations? (Choose ALL that apply.)

- ☐ Better customer service
- ☐ Better patient care
- ☐ Better overall health of the area's population
- ☐ Coordination of appointments
- ☐ Other (Please specify)_____
- ☐ Less duplication of care
- ☐ Lower costs
- ☐ More complete and accurate health records
- ☐ Need for fewer appointments

Q11. What suggestions do you have for health-related organizations to work together to provide better services and improve the overall health of the area population?

_____

_____

Q12. Where do you find out what health services are available in your area? (Choose ALL that apply.)

- ☐ Advertising
- ☐ From public health professionals
- ☐ Indian Health Service
- ☐ Newspaper
- ☐ Radio
- ☐ Word of mouth, from others (friends, neighbors, co-workers, etc.)
- ☐ From health care professionals
- ☐ Social media (Facebook, Twitter, etc.)
- ☐ Tribal Health
- ☐ Web searches
- ☐ Employer/worksite wellness
- ☐ Other (Please specify)_____

Community Concerns

Q13. Regarding the conditions in your community, in the following series of categories please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

Community/environmental concerns	Less of a concern				More of a concern
	1	2	3	4	5
Active faith community					
Attracting and retaining young families					
Not enough jobs with livable wages, not enough to live on					
Not enough affordable housing					
Poverty					
Changes in population size (increasing or decreasing)					
Crime and safety, adequate law enforcement personnel					
Water quality (well water, lakes, streams, rivers)					
Air quality					
Litter (amount of litter, adequate garbage collection)					
Having enough child daycare services					
Having enough quality school resources					
Not enough places for exercise and wellness activities					
Not enough public transportation options, cost of public transportation					
Racism, prejudice, hate, discrimination					
Seatbelt use					
Traffic safety, incl. speeding, road safety, and drunk/distracted driving					
Physical violence, domestic violence (spouse/partner/family)					
Child abuse (violence against children)					
Bullying (ie. social, workplace, school, cyber)					
Dating violence					
Sexual abuse/assault					
Stalking					

Concerns about health services	Less of a concern				More of a concern
	1	2	3	4	5
Ability to get appointments for health services					
Extra hours for appointments, such as evenings and weekends					
Availability of doctors and nurses					
Availability of public health professionals					
Ability to retain doctors and nurses in the area					
Availability of specialists					
Not enough health care staff in general					
Availability of wellness and disease prevention services					
Availability of mental health services					
Availability of substance abuse/treatment services					
Availability of dental care					
Availability of vision care					
Sharing of information between healthcare providers for coordination of care					

Concerns about health services	Less of a concern			More of a concern	
	1	2	3	4	5
Providers using electronic health records					
Patient confidentiality					
Quality of care					
Emergency services (ambulance & 911) available 24/7					
Cost of health care services					
Cost of health insurance					
Adequacy of health insurance (concerns about out-of-pocket costs)					
Adequacy of Indian Health Service or Tribal Health services					
Understanding where and how to get health insurance					
Cost of prescription drugs					

Physical health, mental health, and substance abuse concerns (Adults)	Less of a concern			More of a concern	
	1	2	3	4	5
Cancer					
Diabetes					
Heart disease					
Lung Disease i.e. Emphysema, COPD, Asthma					
Dementia/Alzheimer's disease					
Depression					
Stress					
Suicide					
Alcohol use and abuse (including binge drinking)					
Drug use and abuse (including prescription drug abuse)					
Smoking and tobacco use					
Exposure to second-hand smoke					
Use of alternate tobacco products i.e. e-cigarettes, vaping, hookah					
Not getting enough exercise					
Obesity/overweight					
Poor nutrition, poor eating habits					
Diseases that can be spread, such as sexually transmitted diseases/AIDS					
Wellness and disease prevention, including vaccine-preventable diseases					

Concerns about the aging population	Less of a concern			More of a concern	
	1	2	3	4	5
Being able to meet needs of older population					
Long-term/nursing home care options					
Assisted living options					
Availability of resources to help the elderly stay in their homes					
Availability/cost of activities for seniors					
Availability of resources for family and friends caring for elders					

Concerns specific to youth and children	Less of a concern			More of a concern	
	1	2	3	4	5
Not enough youth activities					
Youth obesity					
Youth hunger and poor nutrition					
Youth alcohol use and abuse (including binge drinking)					
Youth drug use and abuse (including prescription drug abuse)					
Youth tobacco use					
Youth exposure to second-hand smoke					
Youth use of alternate tobacco products i.e. e-cigarettes, vaping, hookah					
Youth mental health					
Youth suicide					
Teen pregnancy					
Youth sexual health (including sexually transmitted infections)					
Youth crime					
Youth graduating from school					

Delivery of Health Care

Q14. How long does it take you to reach the clinic you usually go to?

☐ Less than 10 minutes ☐ 31 to 60 minutes
☐ 11 to 30 minutes ☐ Over 1 hour

Q15. How long does it take you to reach the hospital you usually go to?

☐ Less than 10 minutes ☐ 31 to 60 minutes
☐ 11 to 30 minutes ☐ Over 1 hour

Q16. Please tell us why you seek health care services **close to home**. (Choose ALL that apply.)

☐ Access to specialist
☐ Confidentiality
☐ Convenience
☐ Disability access
☐ Eligible for care from IHS
☐ Familiar with providers
☐ High quality of care
☐ Less costly
☐ Location is nearby
☐ Loyalty to local care providers
☐ Open at convenient times
☐ They take my insurance
☐ They take new patients
☐ Transportation is readily available
☐ Other (Please specify)_____

Q17. Please tell us why you go **out of the area** for health care needs. (Choose ALL that apply.)

☐ Access to specialist
☐ Confidentiality
☐ Convenience
☐ Disability access
☐ Familiar with providers
☐ High quality of care
☐ Less costly
☐ Eligible for contract health services under IHS
☐ Eligible for care from IHS
☐ Loyalty to local service providers
☐ Not eligible for care from IHS
☐ Open at convenient times
☐ Proximity
☐ Referral
☐ They take my insurance
☐ They take new patients
☐ Transportation is readily available
☐ Other (Please specify)_____

Q18. What specific health care services, if any, do you think should be added locally?

_____

_____

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

- ☐ Can't get transportation services
- ☐ Concerns about confidentiality
- ☐ Distance from health facility
- ☐ Don't know about local services
- ☐ Not able to get appointment/limited hours
- ☐ Not able to see same provider over time
- ☐ Limited access to telehealth technology (patients seen by providers at another facility through a monitor/TV screen)
- ☐ Not affordable
- ☐ No insurance or limited insurance
- ☐ Not enough doctors
- ☐ Not enough evening or weekend hours
- ☐ Not enough specialists
- ☐ Don't speak language or understand culture
- ☐ Other (Please specify)_____
  _____

Preventive care and public health services

Q20. In the past year, have you or a family member had any interaction with Rolette County Public Health District?

- ☐ No
- ☐ Yes

Q20b. If yes, what interactions have you or a family member had with Rolette County Public Health District?

_____

Q21. Which of the following Rolette County Public Health District services have you or a family member used in the past year? (Choose ALL that apply.)

- ☐ School Health (ie. child passenger safety, fluoride program, immunizations, school bus safety, STD education, puberty education, lice checks)
- ☐ Chronic Disease Monitoring (ie. Blood pressure/ cholesterol/diabetes screening)
- ☐ Health Tracks (child health screening)
- ☐ Car seat program
- ☐ STD Testing/Treatment, Hepatitis C/HIV testing
- ☐ CPR and First Aid training
- ☐ Well Child Check
- ☐ Flu shots
- ☐ Fluoride Varnish
- ☐ Prenatal/Breastfeeding Education (pump rental)
- ☐ Environmental Health Services (water, sewer, health hazard abatement)
- ☐ Immunizations (Adult or Child)
- ☐ Preschool/Head start Screening
- ☐ Tobacco Prevention and Control
- ☐ Pregnancy Testing
- ☐ Tuberculosis testing and management
- ☐ WIC (Women, Infants & Children) Program
- ☐ Women's Way
- ☐ Worksite Wellness

Q22. Where do you turn for trusted health information? (Choose ALL that apply.)

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

Demographic Information

Please tell us about yourself.

Q23. Health insurance status. (Choose ALL that apply.)

- ☐ Insurance through employer
- ☐ Medicaid
- ☐ Medicare
- ☐ Private insurance
- ☐ No insurance/not enough insurance
- ☐ Veteran's Health Care Benefits
- ☐ Other. Please specify:_____

Q24. Age:

- ☐ Less than 25 years
- ☐ 25 to 34 years
- ☐ 35 to 44 years
- ☐ 45 to 54 years
- ☐ 55 to 64 years
- ☐ 65 to 74 years
- ☐ 75 years and older

Q25. Highest level of education:

- ☐ Some high school
- ☐ High school diploma or GED
- ☐ Some college/technical degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree

Q26. Gender:

- ☐ Female
- ☐ Male
- ☐ Transgender

Q27. Marital status:

- ☐ Divorced/separated
- ☐ Married
- ☐ Single/never married
- ☐ Widowed

Q28. Your zip code: _____

Q29. Race (choose ALL that apply):

- ☐ African American
- ☐ Asian
- ☐ Hispanic
- ☐ Native American
- ☐ Pacific Islander
- ☐ White/Caucasian
- ☐ Other: _____
- ☐ Prefer not to answer

Q30. Employment status:

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

Q31. Annual household income before taxes:

- ☐ Less than $15,000
- ☐ $15,000 to $24,999
- ☐ $25,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 to $149,999
- ☐ $150,000 and over
- ☐ Prefer not to answer

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

_____

_____

Thank you for assisting us with this important survey!

Appendix A2 – Online Survey Instrument

Rolette County Public Health District is interested in hearing from you about area health issues and concerns. The focus of this effort is to:

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

Surveys will be tabulated by the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. Your responses are anonymous, and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported only in total. If you have questions about the survey, you may contact Tiffany Knauf at 701.777.4048.

Surveys will be accepted through June 30, 2015. Your opinion matters – thank you in advance!

Community Assets and Collaboration

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

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

- ☐ Community is socially and culturally diverse or becoming more diverse
- ☐ Feeling connected to people who live here
- ☐ Forward-thinking ideas (social values, government)
- ☐ Government is accessible
- ☐ People are friendly, helpful, supportive
- ☐ People who live here are involved in their community
- ☐ Sense that you can make a difference through civic engagement
- ☐ Tolerance, inclusion, open-minded
- ☐ Other (please specify)

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

- ☐ Downtown and shopping (close by, good variety, availability of goods)
- ☐ Health care
- ☐ Opportunities to learn and/or go to college
- ☐ Quality school systems and programs for youth
- ☐ Public services and amenities
- ☐ Public transportation
- ☐ Restaurants and healthy food
- ☐ Other (please specify)

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

- [ ] Family-friendly; good place to raise kids
- [ ] Healthy place to live
- [ ] Informal, simple, laidback lifestyle
- [ ] Job opportunities or economic opportunities
- [ ] Safe place to live, little/no crime
- [ ] Other (please specify)

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

- [ ] Activities for families and youth
- [ ] Arts and cultural activities and/or cultural richness
- [ ] Recreational and sports activities (e.g., outdoor recreation, parks, bike paths, and other activities)
- [ ] Specific events and festivals
- [ ] Year-round access to fitness opportunities (indoor activities, winter sports, etc.)
- [ ] Other (please specify)

Considering the GEOGRAPHIC SETTING in your community, the best things are (choose up to THREE):

- [ ] Cleanliness of area (e.g., fresh air, lack of pollution and litter)
- [ ] Climate and seasons
- [ ] General beauty of environment and/or scenery
- [ ] General proximity to work and activities (e.g., short commute, convenient access)
- [ ] Natural setting: outdoors and nature
- [ ] Relatively small size and scale of community I live in
- [ ] Waterfront, rivers, lakes, and/or beaches
- [ ] Other (please specify)

What are other “best things” about your community that are not listed in the questions above?

What are the major challenges facing your community?

Collaboration

For each choice below, please rank the level of collaboration, or how well these groups work with others in the community, on a scale of 1 to 5, with 1 being no collaboration (not working well with others) and 5 being excellent collaboration (working well with others).

	1 = No collaboration	2	3	4	5 = Excellent collaboration	Don't Know/Not Applicable
Business and industry	○	○	○	○	○	○
Clinics	○	○	○	○	○	○
Economic development organizations	○	○	○	○	○	○
Emergency services, including ambulance and fire	○	○	○	○	○	○
Health and human services agencies	○	○	○	○	○	○
Hospital(s)	○	○	○	○	○	○
Law enforcement	○	○	○	○	○	○
Long term care, including nursing homes and assisted living	○	○	○	○	○	○
Other local health providers, such as dentists and chiropractors	○	○	○	○	○	○
Pharmacies	○	○	○	○	○	○
Public Health	○	○	○	○	○	○
Schools	○	○	○	○	○	○

Do you believe that health-related organizations in the area are working together to improve the overall health of the area population?

- ○ No
- ○ Yes

Which, if any, of the following do you think would result from better collaboration among health care providers and health-related organizations? (Choose ALL that apply.)

- [ ] Better customer service
- [ ] Better patient care
- [ ] Better overall health of the area's population
- [ ] Coordination of appointments
- [ ] Less duplication of care
- [ ] Lower costs
- [ ] More complete and accurate health records
- [ ] Need for fewer appointments
- [ ] Other (please specify in the box below)

What suggestions do you have for health-related organizations to work together to provide better services and improve the overall health of the area population?

Where do you find out what health services are available in your area? (Choose ALL that apply.)

- [ ] Advertising
- [ ] From health care professionals
- [ ] From public health professionals
- [ ] Social media (Facebook, Twitter, etc.)
- [ ] Indian Health Service
- [ ] Tribal Health
- [ ] Newspaper
- [ ] Web searches
- [ ] Radio
- [ ] Employer/worksite wellness
- [ ] Word of mouth, from others (friends, neighbors, co-workers, etc.)
- [ ] Other (please specify in the box below)

Community concerns

Regarding the conditions in your community, please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

	1 = less of a concern	2	3	4	5 = more of a concern
Active faith community	○	○	○	○	○
Attracting and retaining young families	○	○	○	○	○
Not enough jobs with livable wages, not enough to live on	○	○	○	○	○
Not enough affordable housing	○	○	○	○	○
Poverty	○	○	○	○	○
Changes in population size (increasing or decreasing)	○	○	○	○	○
Crime and safety, adequate law enforcement personnel	○	○	○	○	○
Water quality (well water, lakes, streams, rivers)	○	○	○	○	○
Air quality	○	○	○	○	○
Litter (amount of litter, adequate garbage collection)	○	○	○	○	○
Having enough child daycare services	○	○	○	○	○
Having enough quality school resources	○	○	○	○	○
Not enough places for exercise and wellness activities	○	○	○	○	○
Not enough public transportation options, cost of public transportation	○	○	○	○	○
Racism, prejudice, hate, discrimination	○	○	○	○	○
Seatbelt use	○	○	○	○	○
Traffic safety, including speeding, road safety, and drunk/distracted driving	○	○	○	○	○
Physical violence, domestic violence (spouse/partner/ family)	○	○	○	○	○
Child abuse	○	○	○	○	○
Bullying (ie. social, workplace, school, cyber)	○	○	○	○	○
Dating violence	○	○	○	○	○
Sexual abuse/assault	○	○	○	○	○
Stalking	○	○	○	○	○

Concerns about health services

Regarding the conditions in your county, please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

	1 = less of a concern	2	3	4	5 = more of a concern
Ability to get appointments for health services	○	○	○	○	○
Extra hours for appointments, such as evenings and weekends	○	○	○	○	○
Availability of doctors and nurses	○	○	○	○	○
Availability of public health professionals	○	○	○	○	○
Ability to retain doctors and nurses in the area	○	○	○	○	○
Availability of specialists	○	○	○	○	○
Not enough health care staff in general	○	○	○	○	○
Availability of wellness and disease prevention services	○	○	○	○	○
Availability of mental health services	○	○	○	○	○
Availability of substance abuse/treatment services	○	○	○	○	○
Availability of dental care	○	○	○	○	○
Availability of vision care	○	○	○	○	○
Sharing of information between health care providers for coordination of care	○	○	○	○	○
Providers using electronic health records	○	○	○	○	○
Patient confidentiality	○	○	○	○	○
Quality of care	○	○	○	○	○
Emergency services (ambulance & 911) available 24/7	○	○	○	○	○
Cost of health care services	○	○	○	○	○
Cost of health insurance	○	○	○	○	○
Adequacy of health insurance (concerns about out-of-pocket costs)	○	○	○	○	○
Adequacy of Indian Health Service or Tribal Health services	○	○	○	○	○
Understanding where and how to get health insurance	○	○	○	○	○
Cost of prescription drugs	○	○	○	○	○

Concerns about the aging population

Regarding the conditions in your county, please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

	1 = less of a concern	2	3	4	5 = more of a concern
Being able to meet needs of older population	○	○	○	○	○
Long-term/nursing home care options	○	○	○	○	○
Assisted living options	○	○	○	○	○
Availability of resources to help the elderly stay in their homes	○	○	○	○	○
Availability/cost of activities for seniors	○	○	○	○	○
Availability of resources for family and friends caring for elders	○	○	○	○	○

Concerns specific to youth and children

Regarding the conditions in your county, please rank each of the potential concerns on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

	1 = less of a concern	2	3	4	5 = more of a concern
Not enough youth activities	○	○	○	○	○
Youth obesity	○	○	○	○	○
Youth hunger and poor nutrition	○	○	○	○	○
Youth alcohol use and abuse (including binge drinking)	○	○	○	○	○
Youth drug use and abuse (including prescription drug abuse)	○	○	○	○	○
Youth tobacco use	○	○	○	○	○
Youth exposure to second-hand smoke	○	○	○	○	○
Youth use of alternate tobacco products (ie. e-cigarettes, vaping, hookah)	○	○	○	○	○
Youth mental health	○	○	○	○	○
Youth suicide	○	○	○	○	○
Teen pregnancy	○	○	○	○	○
Youth sexual health (including sexually transmitted infections)	○	○	○	○	○
Youth crime	○	○	○	○	○
Youth graduating from school	○	○	○	○	○

Delivery of Health Care

How long does it take you to reach the **clinic** you usually go to?

- ◯ Less than 10 minutes
- ◯ 10 to 30 minutes
- ◯ 31 to 60 minutes
- ◯ More than 1 hour

How long does it take you to reach the **hospital** you usually go to?

- ◯ Less than 10 minutes
- ◯ 10 to 30 minutes
- ◯ 31 to 60 minutes
- ◯ More than 1 hour

Please tell us why you seek health care services **close to home**. (Choose ALL that apply.)

- ☐ Access to specialist
- ☐ Confidentiality
- ☐ Convenience
- ☐ Disability access
- ☐ Eligible for care from IHS
- ☐ Familiar with providers
- ☐ High quality of care
- ☐ Less costly
- ☐ Location is nearby
- ☐ Loyalty to local care providers
- ☐ Open at convenient times
- ☐ They take my insurance
- ☐ They take new patients
- ☐ Transportation is readily available
- ☐ Other (please specify in the box below)

Please tell us why you go **out of the area** for health care needs. (Choose ALL that apply.)

- ☐ Access to specialist
- ☐ Confidentiality
- ☐ Convenience
- ☐ Disability access
- ☐ Familiar with providers
- ☐ High quality of care
- ☐ Less costly
- ☐ Eligible for contract health services under IHS
- ☐ Eligible for care from IHS
- ☐ Loyalty to local service providers
- ☐ Not eligible for care from IHS
- ☐ Open at convenient times
- ☐ Proximity
- ☐ Referral
- ☐ They take my insurance
- ☐ They take new patients
- ☐ Transportation is readily available
- ☐ Other (please specify in the box below)

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

What barriers prevent you or other community residents from receiving health care? (Choose ALL that apply.)

- ☐ Can't get transportation services
- ☐ Concerns about confidentiality
- ☐ Distance from health facility
- ☐ Don't know about local services
- ☐ Not able to get appointment/limited hours
- ☐ Not able to see same provider over time
- ☐ Limited access to telehealth technology (patients seen by providers at another facility through a monitor/TV screen)
- ☐ Not affordable
- ☐ No insurance or limited insurance
- ☐ Not enough doctors
- ☐ Not enough evening or weekend hours
- ☐ Not enough specialists
- ☐ Don't speak language or understand culture
- ☐ Other (please specify)

Preventive care and public health services

In the past year, have you or a family member had any interaction with Rolette County Public Health District ?

- ○ No
- ○ Yes

Which of the following Rolette County Public Health District services have you or a family member used in the past year? (Choose ALL that apply.)

- ☐ School Health (ie. Child passenger safety, fluoride program, immunizations, school bus safety, STD education, puberty education, lice checks)
- ☐ Chronic Disease Monitoring (Blood pressure/Cholesterol/Diabetes screening)
- ☐ Health Tracks (child health screening)
- ☐ Car seat program
- ☐ STD testing and treatment and Hepatitis C/HIV testing
- ☐ CPR and First Aid training
- ☐ Well Child Check
- ☐ Flu shots
- ☐ Fluoride Varnish
- ☐ Prenatal/Breastfeeding Education (pump rental)
- ☐ Environmental Health Services (water, sewer, health hazard abatement)
- ☐ Immunizations (Adult or Child)
- ☐ Preschool/Head Start screening
- ☐ Tobacco Prevention and Control
- ☐ Pregnancy Testing
- ☐ Tuberculosis testing and management
- ☐ WIC (Women, Infants & Children) Program
- ☐ Women's Way
- ☐ Worksite Wellness

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

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

Demographic Information

Please tell us about yourself.

Health insurance status. (Choose all that apply.)

- ☐ Insurance through employer
- ☐ Medicaid
- ☐ Medicare
- ☐ Private insurance
- ☐ No insurance/not enough insurance
- ☐ Veteran's Health Care Benefits
- ☐ Other (please specify in the box below)

Age:

- ○ Less than 25 years
- ○ 25 to 34 years
- ○ 35 to 44 years
- ○ 45 to 54 years
- ○ 55 to 64 years
- ○ 65 to 74 years
- ○ 75 years and older

Highest level of education:

- ○ Some high school
- ○ High school diploma or GED
- ○ Some college/technical degree
- ○ Associate's degree
- ○ Bachelor's degree
- ○ Graduate or professional degree

Gender:

- ○ Female
- ○ Male
- ○ Transgender

Marital status:

- ○ Divorced/separated
- ○ Married
- ○ Single/never married
- ○ Widowed

Your zip code:

Race (choose ALL that apply):

- [ ] African American
- [ ] Asian
- [ ] Hispanic
- [ ] Native American
- [ ] Pacific Islander
- [ ] White/Caucasian
- [ ] Other:
- [ ] Prefer not to answer

Employment status:

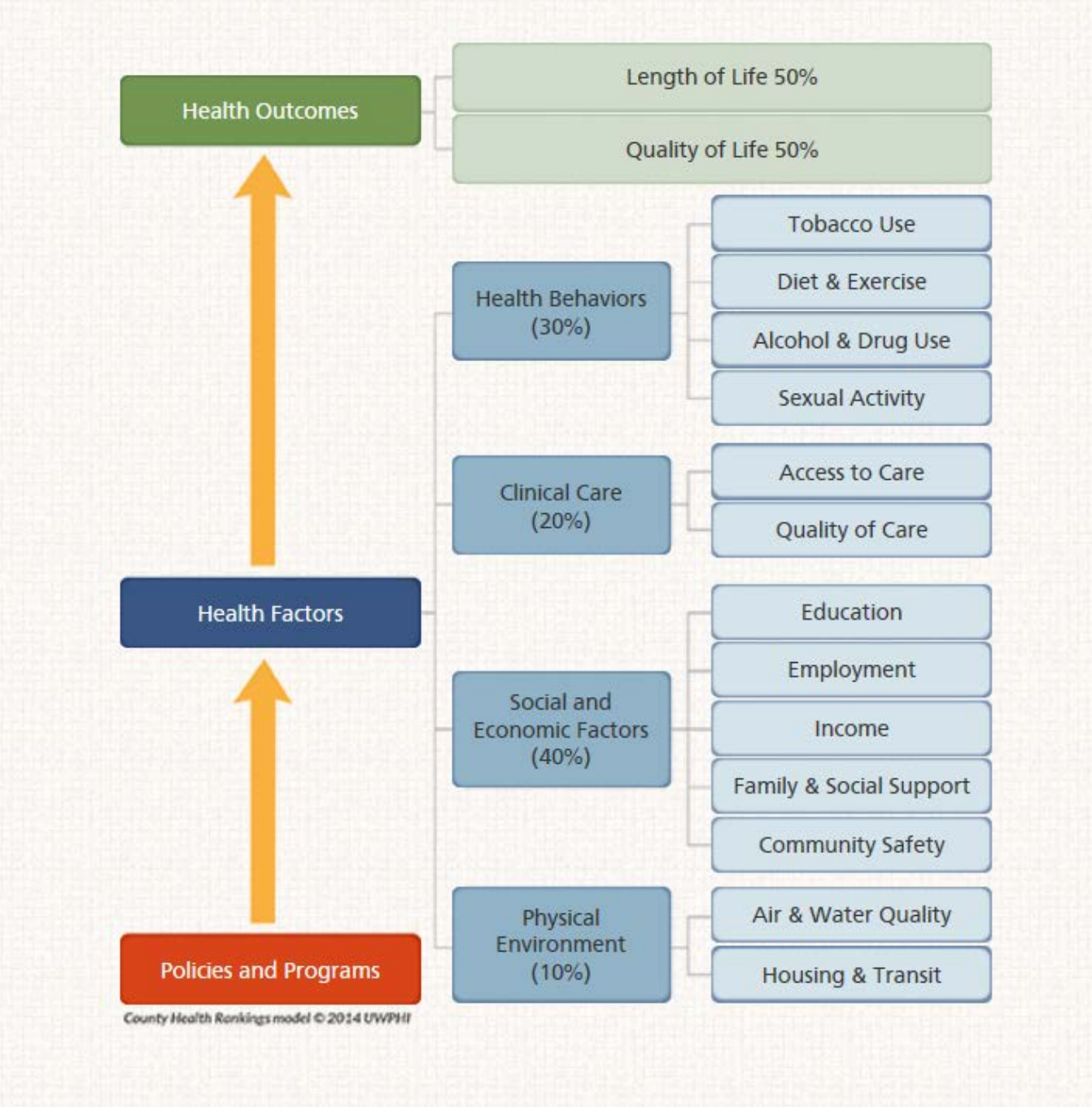
- ○ Full time
- ○ Part time
- ○ Homemaker
- ○ Multiple job holder
- ○ Unemployed
- ○ Retired

Annual household income before taxes:

- ○ Less than $15,000
- ○ $15,000 to $24,999
- ○ $25,000 to $49,999
- ○ $50,000 to $74,999
- ○ $75,000 to $99,999
- ○ $100,000 to $149,999
- ○ $150,000 and over
- ○ Prefer not to answer

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

Appendix B – County Health Rankings Model



Appendix C – Rolette County Community Health Profile

POPULATION DATA

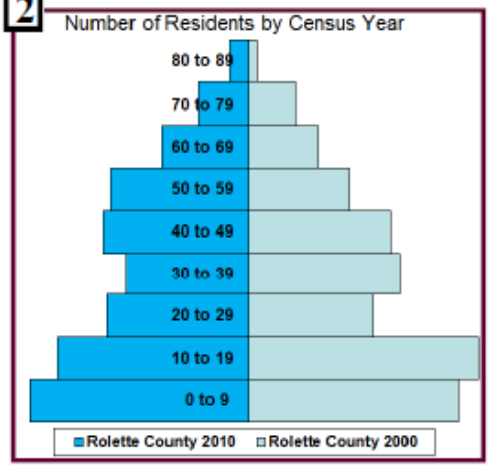
1

Population by Age Group, 2013 Census Estimates

Age Group	Rolette County Number	Rolette County Percent	North Dakota Number	North Dakota Percent
0-9	2,974	20.4%	95,311	12.6%
10-19	2,328	16.0%	90,573	13.0%
20-29	1,910	13.1%	123,461	16.1%
30-39	1,662	11.4%	90,600	11.6%
40-49	1,669	11.4%	80,527	12.6%
50-59	1,886	12.9%	99,086	14.3%
60-69	1,211	8.3%	71,173	9.2%
70-79	607	4.2%	39,897	5.8%
80+	335	2.3%	32,765	4.8%
Total	14,582	100.0%	723,393	100.0%
0-17	4,849	33.3%	162,688	22.5%
65+	1,607	11.0%	120,495	16.7%

The Demographic Section of this report comes from the US Census Bureau (www.census.gov). Most tables are derived either from the Census estimates for 2013 or from the Community Population Survey aggregated over a several year period. The table header describes the specific years from which the data is derived. The table showing percent population change uses census data from 2000 also. Tables present number of persons and percentages which in almost all circumstances represent the category specific percentage of all persons referenced by the table (e.g., percentage of persons age 15 and older who are married). Age specific poverty rates represent the percentage of each age group which is in poverty (e.g., percentage of children under five years in poverty).

2



3

Female Population and Percentage Female by Age, 2013 Census Estimates

Age Group	Rolette County Number	Rolette County Percent	North Dakota Number	North Dakota Percent
0-9	1,482	20.1%	46,501	13.2%
10-19	1,105	15.0%	43,702	12.4%
20-29	983	13.3%	56,171	15.9%
30-39	838	11.4%	42,364	12.0%
40-49	870	11.8%	38,982	11.0%
50-59	957	13.0%	48,814	13.8%
60-69	620	8.4%	34,861	9.9%
70-79	317	4.3%	21,385	6.1%
80+	202	2.7%	20,612	5.8%
Total	7,374	100.0%	353,392	100.0%
0-17	2,375	32.2%	79,421	22.5%
65+	874	11.9%	68,790	19.5%

4

Race, 2013 Census Estimates

Race	Rolette County Number	Rolette County Percentage	North Dakota Number	North Dakota Percentage
Total	14,176	100.0%	723,393	100%
White	2,868	20.2%	643,478	89.0%
Black	50	0.4%	10,827	1.5%
Am.Indian	10,971	77.4%	40,214	5.6%
Asian	0	0.0%	9,096	1.3%
Pac. Islander	13	0.1%	371	0.1%
Other	22	0.2%	4,620	0.6%
Multirace	252	1.8%	14,787	2.0%

POPULATION DATA

5

Decennial Population Change, 1990 to 2000, 2000 to 2010				
Census	Rolette County	10 Year Change (%)	North Dakota	10 Year Change (%)
1990	3,332		638,800	
2000	2,753	-17.4%	642,200	0.5%
2010	2,435	-11.6%	672,591	4.7%

6

Household Populations, 2011 ACS Five Year Estimates	Rolette County		North Dakota	
	Number	Percent	Number	Percent
Total	13,885	100.0%	659,858	100.0%
In Family Households	12,175	87.7%	504,148	76.4%
In Non-Family Households	1,514	10.9%	130,531	19.8%
Total In Households	13,689	98.6%	634,679	96.2%
Institutionalized*	108	0.8%	9,675	1.5%
Non-institutionalized*	88	0.6%	15,504	0.0%
Total in Group Quarters	196	1.4%	25,179	3.8%

* 2010 Census

7

Marital Status of Persons Age 15 and Older, 2013 ACS 5 Year Estimate	Rolette County		North Dakota	
Marital Status	Number	Percent	Number	Percent
Total Age 15+	10,113	100.0%	561,346	100.0%
Never Married	3,934	38.9%	168,790	31.1%
Now Married	4,409	43.6%	292,900	52.8%
Separated	101	1.0%	4,413	90.0%
Widowed	597	5.9%	34,751	6.1%
Divorced	1,082	10.7%	50,747	9.2%

8

Educational Attainment Among Persons 25+, 2013 ACS 5 Year Estimate	Rolette County		North Dakota	
Education	Number	Percent	Number	Percent
Total	8,058	100.0%	450,429	100.0%
Less than 9th Grade	451	5.6%	20,269	4.5%
Some High School	1,015	12.6%	20,720	4.6%
High school or GRE	1,797	22.3%	122,066	27.1%
Some College / Asso. Degree	3,199	39.7%	164,407	36.5%
Bachelor's degree	1,072	13.3%	88,284	19.6%
Post Graduate Degree	532	6.6%	34,233	7.6%

POPULATION DATA

9

Persons with Disability, 2012 ACS Five Year Estimate	Rolette County		North Dakota	
Group	Number	Percent	Number	Percent
Total	14,043	100.0%	674,657	100.0%
Any Disability	1,895	13.5%	72,152	10.7%
No Disability	12,148	86.5%	602,505	89.3%
Self Care Disability	415	3.3%	11,069	1.8%
0-17 with any disability	246	13.0%	4,596	6.4%
18-64 with any disabilty	1,062	56.0%	35,138	48.7%
65+ with any disability	587	31.0%	32,418	44.9%

10

Income and Poverty Status by Age Group, 2013 ACS Five Year Estimate	Rolette County		North Dakota	
Median Household Income	$31,336		$53,741	
Per Capita Income	$15,502		$29,732	
	Number	Percent	Number	Percent
Below Poverty Level	5,014	13.7%	79,433	11.9%
Under 5 years	816	16.3%	7,697	9.7%
5 to 11 years	697	13.9%	8,139	10.2%
12 to 17 years	652	13.0%	5,567	7.0%
18 to 64 years	2513	50.1%	47,918	60.3%
65 to 74 years	175	3.5%	3,692	4.6%
75 years and over	161	3.2%	6,420	8.1%
Total Known Children in Poverty	2165	44.65%	21,403	13.16%
Total Known Age 65+ in Poverty	336	20.91%	10,112	8.39%

11

Family Poverty and Childhood and Elderly Poverty, 2013 ACS Five Year Estimates	Rolette County		North Dakota	
	Number	Percent*	Number	Percent*
Total Families	3,450	100.00%	175,638	100.00%
Families in Poverty	1,107	32.10%	12,470	7.10%
Families with Own Children	2,254	65.33%	79,728	45.39%
Families with Own Children in Poverty	920	26.66%	9,727	5.54%
Families with Own Children and Female Parent Only	965	27.97%	22,324	28.00%
Families with Own Children and Female Parent Only in Poverty	644	18.66%	8,572	4.88%

* Percent family poverty is percent of total families

12

Age of Housing, 2012 ACS Five Year Estimates	Rolette County		North Dakota	
	Number	Percent	Number	Percent
Housing units: Total	5,418	100.0%	324,712	100.0%
1980 and Later	1,981	36.6%	120,829	37.2%
1970 to 1979	1,630	30.1%	68,066	21.0%
Prior to 1970	1,807	33.4%	135,817	41.8%

Vital Statistics Data

BIRTHS AND DEATHS DEFINITIONS

Vital Statistics Data comes from the birth and death records collected by the State of North Dakota aggregated over a five year period. All births and deaths represent the county of residence not the county of occurrence. The number of events is blocked if fewer than six. Formulas for calculating rates and ratios are as follows:

Birth Rate = Resident live births divided by the total resident population x 1000.

Pregnancies = Live births + Fetal deaths + Induced termination of pregnancy.

Pregnancy Rate = Total pregnancies divided b the total resident population x 1000.

Fertility Rate = Resident live births divided by female population (age 15-44) x 1000.

Teenage Birth Rate = Teenage births (age <20) divided by female teen population x 1000.

Teenage Pregnancy Rate =
Teenage pregnancies (age<20) divided by female teen population x 1000.

Out of Wedlock Live Birth Ratio =
Resident OOW live births divided by total resident live births x 1000.

Out of Wedlock Pregnancy Ratio =
Resident OOW pregnancies divided by total pregnancies x 1000.

Low Weight Ratio =
Low weight births (birth weight < 2500 grams) divided by total resident live births x 1000.

Infant Death Ratio = Number of infant deaths divided by the total resident live births x 1000.

Childhood & Adolescent Deaths = Deaths to individuals 1 - 19 years of age.

Childhood and Adolescent Death Rate =
Number of resident deaths (age 1 - 19) divided by population (age 1 - 19) x 100,000.

Crude Death Rate = Death events divided by population x 100,000.

Age-Adjusted Death Rate = Death events with age specific adjustments x 100,000 population.

Vital Statistics Data

BIRTHS AND DEATHS

13

Births, 2009-2013	Rolette County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Live Births and Rate	1,512	21.3	47,959	14
Pregnancies and Rate	1,598	22.5	52,505	15
Fertility Rate	111		72	
Teen Births and Rate	278	60.6	2,118	12
Teen Pregnancies and Rate	287	63	3,725	21
Out of Wedlock Births and Ratio	1161	768	15,686	327
Out of Wedlock Pregnancies and Ratio	1235	773	19436	370
Low Birth Weight Birth and Ratio	160	106	3,078	64

14

Child Deaths, 2009-2013	Rolette County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Infant Deaths and Ratio	26	17	286	6
Child and Adolescent Deaths and Rate	9	35	270	31
Total Deaths and Crude Rate	668	942	29,616	859

15

Deaths and Age Adjusted Death Rate by Cause, 2009-2013	Rolette County Number (Adj. Rate)	North Dakota Number (Adj. Rate)
All Causes	667 (1248)	29,581 (702)
Heart Disease	121 (240)	6,762 (154)
Cancer	134 (243)	6,315 (156)
Stroke	27 (55)	1,664 (37)
Alzheimers Disease	13 (32)	2,189 (45)
COPD	43 (85)	1,707 (41)
Unintentional Injury	55 (92)	1,625 (44)
Diabetes Mellitus	55 (104)	1,022 (24)
Pneumonia and Influenza	20 (40)	682 (15)
Cirrhosis	25 (38)	394 (11)
Suicide	14 (21)	551 (16)

Vital Statistics Data

BIRTHS AND DEATHS

16

Leading Causes of Death by Age Group for Rolette County, 2009-2013			
Age	1	2	3
0-4	Anomaly 7	Sudden Infant Death*	Prematurity*
5-14	Unintentional Injury		
15-24	Unintentional Injury 6	Suicide*	Diabetes*
25-34	Unintentional Injury 12	Suicide* Heart*	Cancer*
35-44	Unintentional Injury 9	Heart*	Cancer*
45-54	Cancer 15	Cirrhosis 11 Heart 11	Unintentional Injury 10
55-64	Cancer 33	Heart 25	Diabetes 14
65-74	Cancer 32	Heart 25	Diabetes 14
75-84	Cancer 27	Heart 22	COPD 14
85+	Heart 29	Cancer 21	Diabetes 11

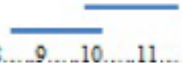
*Numbers five or less not listed.

17

Leading Causes of Death by Age Group for North Dakota, 2008-2012			
Age	1	2	3
0-4	Anomaly 46	Sudden Infant Death 39	Prematurity
5-14	Unintentional Injury 24	Cancer 9	Anomaly 5
15-24	Unintentional Injury 193	Suicide 104	Cancer 17
25-34	Unintentional Injury 180	Suicide 183	Heart 35
35-44	Unintentional Injury 175	Heart 99	Cancer 87
45-54	Cancer 432	Heart 313	Unintentional Injury 203
55-64	Cancer 996	Heart 613	Unintentional Injury 147
65-74	Cancer 1530	Heart 826	COPD 323
75-84	Cancer 1948	Heart 1661	COPD 653
85+	Heart 3270	Alzheimer's Dz 1554	Cancer 1384

ADULT BEHAVIORAL RISK FACTORS DEFINITION

The following three pages represent data received from the Adult Behavioral Risk Factor Surveillance Survey. The Adult Behavioral Risk Factor data are derived from aggregated data (the number of years specified is in the table) continuously collected by telephone survey from persons 18 years and older. All data is self-reported data. Numbers given are point estimate percentages followed by 95% confidence intervals. Statistical significance can be determined by comparing confidence intervals between two geographic areas. To be statistically significant, confidence may not overlap. For example the confidence intervals 9.3 (8.3-10.2) and 10.8 (10.0 -11.6) overlap (see picture below) so the difference between the two numbers is not statistically significant. That means that substantial uncertainty remains whether the apparent difference is due to chance alone (due to sampling variation) rather than representing a true difference in the prevalence of the condition in the two populations. The less they overlap, the more likely it is that the point estimates represent truly different prevalences in the two populations.



ADULT BEHAVIORAL RISK FACTORS, 2011-2013

18

	ALCOHOL	Rolette 2011-2013	North Dakota 2011-2013
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.	24.5 (18.3-30.7)	24.2 (23.2-25.1)
Heavy Drinking	Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) during the past 30 days	8.9 (4.6-13.2)	6.8 (6.2-7.4)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days	NA	1.9 (1.5-2.4)
	ARTHRITIS		
Doctor Diagnosed Arthritis	Respondents who reported ever have been told by a doctor or other health professional that they had some form or arthritis.	30.6 (24.7-36.4)	25.1 (24.3-25.9)
Activity Limitation Due to Arthritis	Respondents who reported being limited in any usual activities because of arthritis or joint symptoms.	13.4 (8.7-18.1)	8.3 (7.8-8.8)
	ASTHMA		
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	8.5 (4.4-12.5)	11.5 (10.7-12.2)
Current Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma and who still have asthma.	6.4 (2.6-10.2)	8.1 (7.5-8.7)
	BODY WEIGHT		
Overweight But Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30 (overweight)	36.9 (30.5-43.2)	36.7 (35.7-37.7)
Obese	Respondents with a body mass index greater than or equal to 30 (obese)	31.5 (25.3-37.7)	29.4 (28.5-30.4)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25 (overweight or obese)	68.4 (61.8-74.9)	66.1 (65.1-67.2)
	CANCER		
Ever Cancer	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had cancer (excluding skin cancer).	7.7 (4.8-10.6)	6.4 (6.0-6.8)
	CARDIOVASCULAR		
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.	NA	4.3 (3.9-4.6)
Angina	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.	NA	4.1 (3.7-4.4)
Stroke	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke.	NA	2.3 (2.0-2.5)
Cardiovascular Disease	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had any of the following: heart attack, angina or stroke.	5.8 (3.5- 8.2)	7.6 (7.1-8.0)

ADULT BEHAVIORAL RISK FACTORS, 2011-2013

19

	CHOLESTEROL	Rolette 2011-2013	North Dakota 2011-2013
Never Cholesterol Test	Respondents who reported never having a cholesterol test	17.8 (10.6-25.0)	22.3 (21.1-23.4)
No Cholesterol Test in Past 5 Years	Respondents who reported never having a cholesterol test in the past five years	23.3 (15.7-30.9)	26.7 (25.5-27.9)
High Cholesterol	Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol.	33.1 (25.5-40.6)	36.6 (35.4-37.8)
	CHRONIC LUNG DISEASE		
COPD	Respondents who have ever been told by a doctor, nurse or other health professional ever told you that they have COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis?	NA	4.6 (4.2-5.0)
	COLORECTAL CANCER		
Fecal Occult Blood	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	81.6 (72.6-90.6)	86.2 (84.8-87.6)
Never Sigmoidoscopy	Respondents age 50 and older who reported never having had a sigmoidoscopy or colonoscopy	33.4 (21.0-45.8)	38.0 (35.9-40.2)
Up to date for Colorectal Screening	Respondents age 50 and older who are up to date according to recommended screening guidelines for colorectal screening	64.3 (51.7-76.8)	59.1 (56.9-61.3)
	DIABETES		
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	9.7 (6.4-12.9)	8.5 (8.0-9.0)
	FRUITS AND VEGETABLES		
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day	84.4 (79.3-89.6)	85.9 (85.0-86.7)
	GENERAL HEALTH		
Fair or Poor Health	Respondents who reported that their general health was fair or poor	15.0 (10.2-19.8)	14.0 (13.3-14.7)
Poor physical Health	Respondents who reported they had 8 or more days in the last 30 when their physical health was not good	12.0 (8.1-15.8)	11.6 (11.0-12.3)
Poor Mental Health	Respondents who reported they had 8 or more days in the last 30 when their mental health was not good	15.1 (9.6-20.6)	10.8 (10.2-11.5)
Activity Limitation Due to Poor Health	Respondents who reported they had 8 or more days in the last 30 when poor physical or mental health kept them from doing their usual activities.	8.6 (4.6-12.6)	7.1 (6.6-7.6)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	19.8 (14.2-25.3)	17.9 (17.2-18.7)
	HEALTH CARE ACCESS		
Health Insurance	Respondents who reported not having any form or health care coverage	9.4 (4.4-14.3)	12.4 (11.6-13.1)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	9.5 (4.9-14.1)	8.1 (7.4-8.7)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	17.3 (11.9-22.7)	26.0 (25.0-26.9)

ADULT BEHAVIORAL RISK FACTORS, 2011-2013

20

	HYPERTENSION	Rolette 2011-2013	North Dakota 2011-2013
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	25.6 (19.0-32.3)	29.5 (28.6-30.6)
	IMMUNIZATION		
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year	39.9 (29.6-50.2)	40.3 38.6-42.0)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	28.3 (18.5-38.1)	29.4 (27.8-31.0)
	INJURY		
Fall	Respondents 45 years and older who reported that they had fallen in the past 12 months	22.2 (14.0-30.5)	27.8 (25.9-29.6)
Seat Belt	Respondents who reported not always wearing their seatbelt	35.1 (28.8-41.5)	32.6 (31.6-33.6)
	ORAL HEALTH		
Dental Visit	Respondents who reported that they have not had a dental visit in the past year	38.8 (27.1-50.4)	32.8 (31.0-34.7)
Tooth Loss	Respondents who reported they ever had a permanent tooth extracted.	41.3 (30.2-52.5)	43.2 (41.4-45.0)
	PHYSICAL ACTIVITY		
Recommend Physical Activity	Respondents who reported that they did not get the recommended amount of physical activity	51.0 (42.4-59.6)	53.8 (52.6-55.1)
Inactive	Respondents reporting little or no physical activity	28.6 (20.9-36.3)	30.4 (29.3-31.6)
	TOBACCO		
Current Smoking	Respondents who reported that they smoked every day or some days	22.7 (16.6-28.8)	21.6 (20.6-22.5)
	WOMEN'S HEALTH		
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years	NA	23.7 (20.9-26.5)
Mammogram Age 40+	Women 40 and older who reported that they have not had a mammogram in the past two years	NA	26.4 (24.0-28.9)

21

Rolette County							
	2009	2010	2011	2012	2013	5 year	5-Year Rate
Murder	0	0	0	0	0	0	0.0
Rape	0	1	0	0	2	3	24.2
Robbery	0	1	0	0	3	4	32.3
Assualt	3	4	4	2	15	28	226.2
Violent crime	3	6	4	2	20	35	282.7
Burglary	16	18	23	14	6	77	622.0
Larceny	30	24	26	17	16	113	912.8
Motor vehicle theft	0	5	5	8	5	23	185.8
Property crime	46	47	54	39	27	213	1720.5
Total	7	4	10	23	16	60	484.7

22

North Dakota							
	2009	2010	2011	2012	2013	5 year	5-Year Rate
Murder	15	11	15	20	14	75	2.2
Rape	206	222	207	243	237	1,115	32.6
Robbery	102	85	91	117	151	546	16.0
Assualt	795	847	1,040	1,071	1,156	4,909	143.6
Violent crime	1,118	1,165	1,353	1,451	1,558	6,645	194.3
Burglary	2,180	1,826	2,227	2,200	2,656	11,089	324.3
Larceny	8,699	8,673	9,344	10,184	10,243	47,143	1378.6
Motor vehicle theft	854	825	763	854	1,228	4,524	132.3
Property crime	11,733	11,324	12,334	13,238	14,127	62,756	1835.2
Total	12,851	12,489	13,687	14,689	15,685	69,401	2029.5

CHILD HEALTH INDICATORS

23

Child Indicators: Education 2014	Rolette County	North Dakota
Enrolled in Special Education Ages 3-21 (Number and percent of total school enrollment)	204 (6.9%)	13,675 (12.9%)
High School Dropouts (Dropouts per 1000 persons Grades 9-12)	91 (10.1%)	888 (2.8%)
Average Expenditure per Student in Public School	$10,769	$10,964

24

Child Indicators: Economic Health 2014	Rolette County	North Dakota
TANF Recipients Ages 0-19 (Percentage of persons ages 0-19)	1,260 (23.8%)	5,358 (2.9%)
Food Stamp Recipients Ages 0-18 (Percentage of all children ages 0-19)	3,416 (67.41%)	36,967 (21.4%)
Children Receiving Free or Reduced Price Lunch (Percentage of total school enrollment)	3,101 (88.0%)	34,731 (30.8%)
Medicaid Recipients Ages 0-20 (Percentage of all persons ages 0-20)	3,721 (67.4%)	53,814 (27.0%)
Median Income for Families with Children Ages 0-17 (Percentage of all women with children ages 0-17)*	$30,360	$70,530
Children Ages 0-17 Living in Extreme Poverty (Percentage of children 0-17 for whom poverty is determined)*	1,349 (29.1%)	10,114 (6.7%)

*2013

25

Child Indicators: Families and Child Care 2013	Rolette County	North Dakota
Mothers in Labor Force with a Child Ages 0-17 (Percentage of all mothers with a child ages 0-17)	1,223 (65.2%)	57,908 (80.9%)
Children Ages 0-17 Living in a Single Parent Family (Percentage of all children ages 0-17)	2,025 (42.8%)	34,591 (22.5%)
Children in Foster Care (Percentage of children ages 0-18)	80 (1.6%)	2,019 (1.2%)
Children Ages 0-17 with Suspected Child Abuse or Neglect (Percentage of children 0-17)	45 (0.9%)	6,170 (4.0%)
Children Ages 0-17 Impact by Domestic Violence (Percentage of all children ages 0-17)*	32 (.7%)	4,739 (2.9%)
Births to Mothers with Inadequate Prenatal Care (Percentage of Total Births)	75 (24.0%)	508 (4.8%)

*2010

26

Child Indicators: Juvenile Justice 2013	Rolette County	North Dakota
Children Ages 10-17 Referred to Juvenile Court (Percentage of all children ages 0-17)	33 (1.7%)	3,789 (5.8%)
Offense Against Person Juvenile Court Referral (Percentage of total juvenile court referral)	8 (18.2%)	689 (6.8%)
Alcohol-Related Juvenile Court Referral (Percentage of all juvenile court referrals)	8 (18.2%)	909 (13%)

Appendix D – Prioritization of Community's Health Needs

Center for Rural Health
The University of North Dakota
School of Medicine & Health Sciences

POTENTIAL COMMUNITY HEALTH NEEDS
(Listed in alphabetical order)

	IDENTIFIED NEED	VOTES
1.	➢ Activities/services for youth	14
2.	☐ ➢ Drug use and abuse (including prescription drugs) – Youth and Adult	13
3.	• Elevated level of children in poverty ✓ ❖	8
4.	• Elevated level of preventable hospital stays ✓ ❖	0
5.	• Elevated level of sexually transmitted infections ✓ ❖ ☐ Youth sexual health (including sexually transmitted infections)	2
6.	• Elevated rate of adult obesity ✓ ❖	5
7.	• Elevated rate of adult smoking ✓ ❖	1
8.	• Elevated rate of alcohol-impaired driving deaths ✓ ❖	0
9.	• Elevated rate of diabetics and low screening rates ✓ ❖ ☐ Concerns about diabetes issues/rates	6
10.	• Elevated rate of excessive drinking ✓ ❖ ☐ Adult and Youth alcohol use and abuse (including binge drinking) ➢ Mental health access (including substance abuse)	16
11.	• Elevated rate of physical inactivity ✓ ❖	3
12.	• Elevated rate of poor mental health days ✓ ❖	1
13.	• Elevated rate of poor physical health days ✓ ❖	0
14.	• Elevated rate of premature death ✓ ❖	1
15.	• Elevated rate of uninsured adults and youth ✓ ❖	1
16.	• ☐ Elevated teen birth rate ✓ ❖	2
17.	• ☐ ➢ High rate of unemployment ✓ ❖	10
18.	➢ Lack of collaboration with community	11
19.	• Limited number of health care providers (primary care, dentists, mental health) ✓ ❖ ➢ ☐ Not enough health care staff in general ➢ Mental health access (including substance abuse)	10
20.	• Low rate of mammography screening ✓ ❖	1
21.	• Severe housing problems ✓ ❖	8

Legend:

✓ = Not meeting state average
❖ = Not meeting national benchmark
➢ = Focus group and Key Informant interview
• = Secondary data
☐ = Survey