

Community Health Needs Assessment Report

Trinity Kenmare Community Hospital Kenmare, North Dakota

Published June 29, 2016

Introduction

Trinity Kenmare Community Hospital is a 25-bed, non-profit hospital in Ward County, North Dakota, in the northwest area of the state, approximately 25 miles from the Canadian border. Our hospital is a Critical Access, Level V Trauma Care Center with a 24-hour emergency room.

Trinity Kenmare Community Hospital is committed to preserving and improving the quality of health in the people we serve. Our mission is to excel at meeting the needs of the whole person through the provision of quality healthcare and health related services.

Kenmare Hospital was established in 1906. On May 3, 2001, Kenmare Community Hospital was purchased by Trinity Health. With three hospitals, two nursing homes, an extensive network of community clinics and a regional eye care network, today Trinity Health provides comprehensive, leading-edge care to the communities we serve. Throughout its family of services, Trinity Health seeks to identify and fulfill community needs by meeting and exceeding national standards, and helping people live longer, health lives. Today, the name Trinity symbolizes our mission: to help each of our customers grow as whole persons in mind, body and spirit.

Trinity Kenmare Community Hospital provides the following services to our community:

- Acute and swing beds
- Rural health clinic
- 24-hour emergency room
- 24-hour nursing care
- Laboratory services
- Radiology services
- Physical therapy services
- Female incontinence management
- IV drug administration
- Blood administration
- Chemotherapy
- Wound care
- Pharmacy
- Occupational and speech therapy
- Nutrition services
- Orthopedic services
- Mental health
- Optometry
- Dentistry
- Podiatry
- Dietician
- EKG/Holter Monitor Services
- Mammography
- Ultrasound
- CT Scans
- Medical records

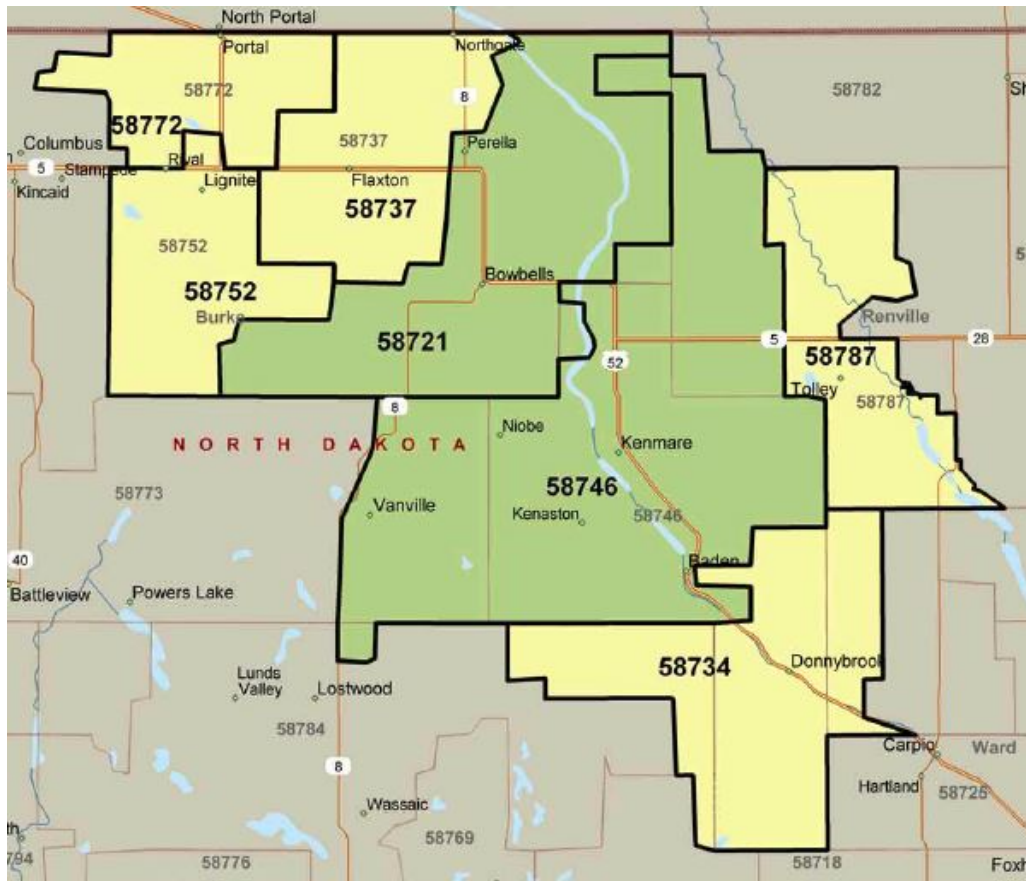
Trinity Kenmare Community Hospital is pleased to submit this Community Health Needs Assessment. We do so both as a matter of compliance with Section 501(r)(3) of the Internal

Revenue Code, as mandated in the Patient Protection and Affordable Care Act, and as an obligation to those we serve. As an organization, we have taken this change in law as an opportunity to improve our community service and continuously focus on meeting the changing health care needs of our community.

Consistent with the requirements of Section 501(r)(3) the Community Health Needs Assessment Report is organized as follows:

- Our Community
- Review of Previous Community Health Needs Assessments
- Community Health Needs Assessment Methodology
- Prioritized Community Health Needs
- Health Resources

Our Community



Although our hospital is located in Kenmare, North Dakota, we have historically defined our “community” as a broader area extending approximately 30 miles in all directions and including approximately 5,000 people. Throughout this document, any reference to “community” is meant to indicate this broad service area. Within this broader community, approximately two-thirds of

our inpatients and outpatients reside within in and immediately around Kenmare—within zip code 58746. Approximately 10% of our inpatients and outpatients reside to the northeast, in and around Bowbells in zip code 58721. In additional 15% of our inpatients and outpatients reside in the broader community, for a total of approximately 90% of our patients. The remaining 10% are primarily individuals from around the state and country who happen to need health care while visiting our area.

In 2010, the U.S. Census Bureau conducted the nation’s most recent census and published that data by state, county and city. Similarly the Population Health Institute collects and reports health data and demographic data by county on an annual basis. Finally, the website www.city-data.com provides data by city on an annual basis. Although these data sources do not exactly align with our community, the data does provide a reasonable approximation of our community. All data is from 2014, although some of the 2014 data from the census is estimated based on the 2010 figures.

	North Dakota	Ward County	City of Kenmare
Population	756,927	71,725	1,089
Age < 18	22.8%	23.2%	26.7%
Age 65+	14.2%	11.5%	18.7%
Female	48.7%	47.3%	50.2%
Caucasian	89.1%	89.4%	94.8%
African American	2.1%	4.0%	0.2%
American Indian	5.4%	2.5%	0.6%
Asian	1.3%	1.2%	0.7%
Hispanic	3.2%	5.1%	2.6%
Median Household Income	\$55,579	\$59,301	\$52,702
Rural	40.1%	21.9%	100%
Per Capita Health Care Cost	\$8,074	\$7,642	Not Available
Uninsured Adults	8.2%	8.5%	Not Available
Free Lunch-Eligible Children	24.0%	21.0%	Not Available

While North Dakota and Ward County have small minority populations, our community has even fewer rates of minority populations. However, all minority populations have increased in our community in recent years, moving towards the larger area’s rates. Our community has a relatively large population of children and elderly individuals. In line with the higher rate of elderly individuals, our small community sees much higher healthcare use by the elderly population than by children and other adults. In several demographic areas—median household income, per capita health care costs, and free lunch-eligible children—Ward County enjoys greater success when compared to North Dakota as a whole. However, as indicated by the median household income, those figures may be skewed by the presence of Minot in the county, approximately 50 miles southeast of Kenmare.

Further understanding our community requires an understanding of North Dakota’s oil boom. During our last community health needs assessment, published in 2013, North Dakota’s economy was booming. Since then, the price of oil dropped significantly, resulting in what is known locally as the oil bust. On December 23, 2015, *International Business Times* published a

short article explaining the situation in Williston, a town 110 southwest of Kenmare. That article includes the following which, although it describes a situation more severe than in Kenmare, is mirrored in Kenmare.

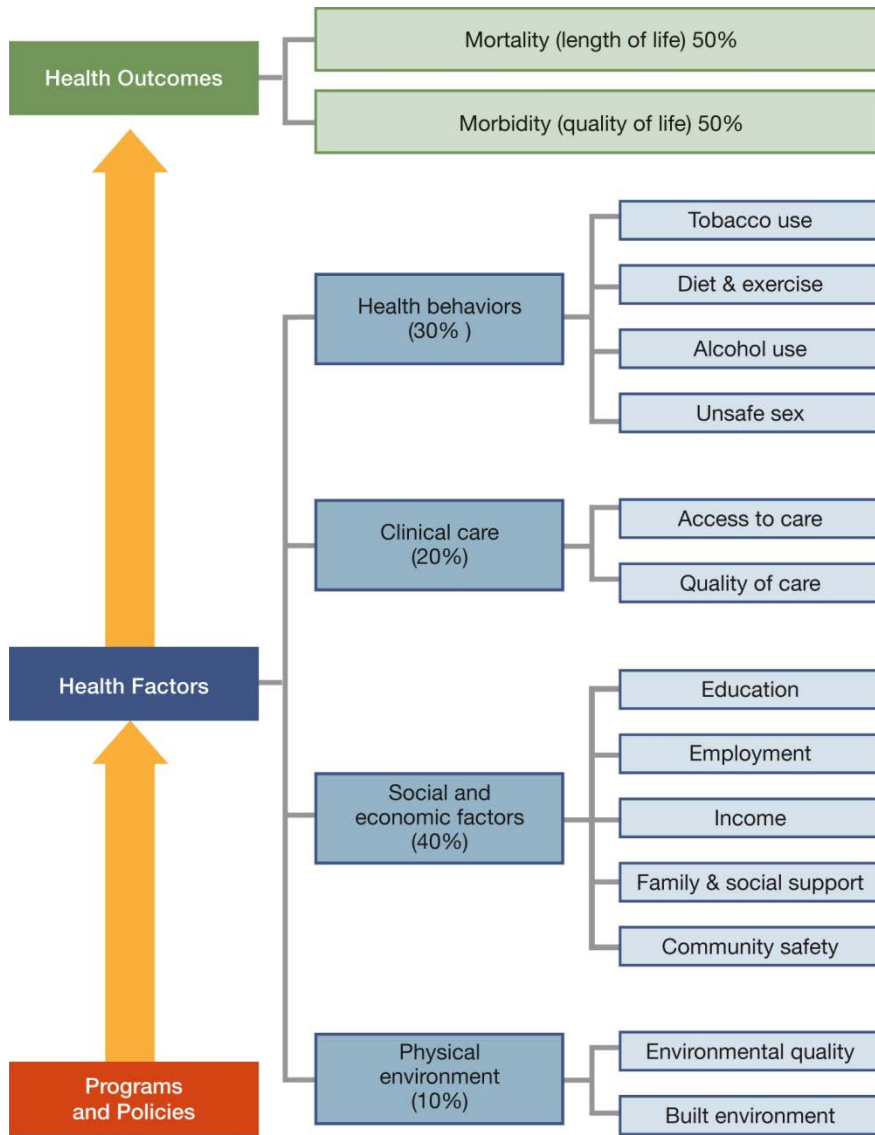
“It’s arguable that no city in the United States has seen more change in the past half-decade than Williston. With billions of barrels of oils suddenly recoverable from the rock formation beneath it, Williston went from an afterthought, another dot in an oft-forgotten state, to the epicenter of an exploding industry. The process shape-shifted the city into America’s boomtown, ushering in an unprecedented era of soaring wages, property values and hopes. But as crude prices have plummeted over the past 18 months amid a global surplus, new struggles engulfed the city, with thousands of jobs disappearing overnight and large swaths of workers up and leaving Williston — and North Dakota in general. Faced with an uncertain future, the small city built around America’s oil rush was left reeling.”

Although much of the oil field activity occurs to the west of Kenmare, our community falls within the outer rings of the Three Forks formation. The influx of people has had a significant impact on our community. Demand for almost every good, from housing to clothing to food, has increased. While the increase in jobs and the inflow of money has been beneficial, our community also struggles with increasing cost-of-living and a housing shortage. Related to healthcare, the oil field workers tend to be single, younger adult males. While this group tends to have fewer health problems than the population as a whole, their occupation is a dangerous one, which has resulted in increased treatments for work-related injuries.

Where once the demand for almost every good, including housing, clothing and food, was at an all-time high and there was an abundance of jobs, there is now an overinflated economy with more supply than demand. The many people who lost their jobs either left the area or remain but are unemployed or underemployed. As we look at how the oil bust effected healthcare, the oil field workers that still reside in the community without housing and jobs can’t afford health insurance and are forced to live an unhealthy lifestyle leading to unknown health-related issues in the future.

The Population Health Institute (“PHI”) publishes annual health data for every county in the United States. The data is aggregated into *health outcomes* and *health factors*. The PHI separates health outcomes into mortality (length of life) and morbidity (quality of life). Health factors are separated into four factors that largely influence the health outcomes: physical environment, society and economics, clinical care, and health behaviors.

In 2013, Ward County’s overall health factors ranked 20 out of 49 counties while its overall health outcomes ranked 14 out of 49 counties. In 2016, Ward County’s rankings improved in overall health factors and dropped by one spot in overall health outcomes. Ward County is now ranked 14 out of 49 counties in overall health factors and 15 out of 49 counties in overall health outcomes. Because health factors lead to health outcomes, the similarity in Ward County’s rankings indicates that its residents are currently benefiting from relatively positive health factors in the past and this trend is likely to continue in the future.



Ward County Health Rankings (Out of 49 Counties)		
	2016	2013
Mortality (length of life)	14	7
Morbidity (quality of life)	30	22
Overall Health Outcomes	15	20
Health Behaviors	41	29
Clinical Care	10	6
Social & Economic Factors	12	28
Physical Environment	29	22
Overall Health Factors	14	15

Community Health Needs Assessment Methodology

Trinity Health's executives led the planning, conduct, and reporting of the community health needs assessment. We contracted with CliftonLarsonAllen LLP, a professional services firm, to conduct community interviews and to assist in preparing this Community Health Needs Assessment Report and the hospital's Implementation Strategy.

Interviews

We gathered qualitative information and perspectives on community health needs through one-on-one interviews with key community stakeholders. These interviews were conducted in the spring of 2016. The primary goal of these interviews was to ascertain a range of perspectives on the community's health needs. We gathered information from the following specified groups within our community:

- People with special knowledge or expertise in public health
- Government health departments and other government agencies
- Leaders, representatives or members of low-income populations
- Leaders, representatives or members of minority populations
- Leaders, representatives or members of other medically underserved populations, such as young, elderly, and rural individuals

The following agencies and organizations participated in the community health needs assessment process by contributing their perspectives, opinions and observations. We thank them for their past and continued assistance.

- City of Kenmare, North Dakota
- First District Health Unit
- Minot Commission on Aging
- Trinity Kenmare Hospital
- Ward County Social Services

We believe each individual listed above is a qualified representative of the identified groups because the nature of their work brings them into contact with those groups on a regular basis. For many of the individuals listed, the nature of their occupation *requires* them to consider the special needs of the groups identified.

Quantitative Data

The community health needs assessment included consideration and analysis of the following publicly available data.

- Center for Rural Health, Demographics of Direct Patient Care Physicians in North Dakota Fact Sheet
 - <https://ruralhealth.und.edu/pdf/demographics-of-direct-patient-care-physicians-in-north-dakota.pdf>

- Center for Rural Health, Availability of Direct Patient Care Physicians in North Dakota Fact Sheet
 - <https://ruralhealth.und.edu/pdf/availability-of-direct-patient-care-physicians-in-north-dakota.pdf>
- First District Health Unit, Community Health Assessment, September 2015
 - This document is not publicly available as of the publication of Trinity Kenmare Community Hospital's Community Health Needs Assessment Report
- International Business Times, "Hard Times in 'Boomtown, USA'"
 - <http://www.ibtimes.com/hard-times-boomtown-usa-rise-fall-oil-williston-north-dakota-2224834>
- Kenmare, North Dakota City Data
 - <http://www.city-data.com/city/Kenmare-North-Dakota.html>
- Kenmare, North Dakota Population by Age
 - <http://www.geostat.org/data/kenmare-nd/age>
- KX News, "Narcotics Investigator Discusses Heroin Use in Bismarck"
 - <http://www.kxnet.com/story/30960219/narcotics-investigator-discusses-heroin-use-in-bismarck>
- National Institute on Drug Abuse, What are the long-term effects of methamphetamine abuse?
 - <https://www.drugabuse.gov/publications/research-reports/methamphetamine/what-are-long-term-effects-methamphetamine-abuse>
- Population Health Institute, County Health Rankings
 - www.countyhealthrankings.org
- U.S. Census Bureau, 2010 Census
 - <http://www.census.gov/quickfacts/table/PST045215/3853380,38101,38,00>

Information Gaps

Although we are unable to identify any specific information gaps, we recognize members of the community representing different organizations, groups, etc., have differing opinions concerning community health needs and priorities and may have provided different input.

Analytical Methods Applied

We applied various analytical methods to the available data. During interviews, we asked participants for their input regarding both health needs and possible solutions to identified health needs. We analyzed the historic prevalence of various health issues in our community and compared those with county, state and national averages. Finally, we reviewed previously identified health priorities as identified by national, state and county health organizations.

Request for Feedback

Trinity Kenmare Community Hospital was willing to consider written comments related to its last Community Health Needs Assessment Report and Implementation Strategy, but received no such input. If any reader would like to provide input on this community health needs assessment, they can submit their comment(s), in writing, to the following address:

Attention: Administration/CEO
RE: Kenmare Community Health Needs Assessment
1 Burdick Expressway W
Minot, ND 58702

Determination of Significance

While many needs were identified during the community health needs assessment process, this report focuses on those needs that were deemed *significant* by Trinity Kenmare Community Hospital. A health need's significance was evaluated based on many factors. The factor given the most weight was the relative importance placed on the health need by the community participants. Other factors included the number of people in our community impacted by the health need, the impact of that health need on quality of life and length of life, and the impact on low-income, minority, and other medically underserved populations. The decision was made by a diverse team of individuals from Trinity Health who were involved throughout the community health needs assessment process.

Process and Criteria for Prioritizing Identified Health Needs

Throughout the interview process, two health needs were consistently identified. Community participants were asked which of the health needs they thought should be the top priority. Participants almost unanimously identified access to health care as their top concern with substance abuse right behind it.

Prioritized Community Health Needs

Based on interviews and questionnaires, as well as reviews of hospital, county, state and national health data, we identified access to health care as the community's most significant health need, with substance abuse as the other significant health need.

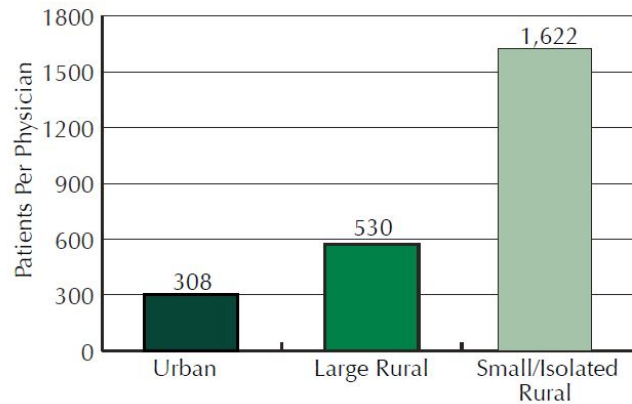
Access to Care

In almost all interviews, access to care was identified as the most significant health need in our community. Every interview participant identified some form of access as a significant concern. This same concern was also evident in Ward County community interviews conducted by First District Health Unit in their most recent community health needs assessment. The issues related to access to care can generally be classified into three areas: consistent provider access, specialty services, and care for the elderly.

Being located in rural North Dakota, attracting and retaining qualified physicians and nurses is a consistent challenge. This problem is not limited to Trinity Kenmare Community Hospital. First District Health Services and Ward County Social Services both indicated that they struggle to recruit and retain licensed providers in our community. According to research from the Center for Rural Health, there were 1,548 direct patient care physicians practicing in North Dakota in 2013, approximately 75% of whom were practicing in urban areas. Overall, this translates into 2.21 physicians per 1,000 persons in North Dakota, which is 18% lower than the national average of 2.71. If you further analyze this data by location within the state of North Dakota [urban (population > 50,000) vs. large rural (10,000-49,999) vs. small/isolated rural (population

< 9,999)], there are almost twice as many patients per physician in large rural areas than urban areas, and more than five times as many patients per physician in small/isolated rural areas.

Figure 1. Number of Patients Per Physician in North Dakota by Rural/Urban Status



One way our hospital has responded to this challenge is through the U.S. government’s work/study program for foreign individuals who desire a U.S. medical education. In order to study medicine in the U.S., a foreign individual agrees to work approximately 3 – 4 years in a U.S. critical access hospital. Although this process gives us access to well-qualified physicians, it has its challenges. Because each doctor tends to leave at the end of their required service, we see a regular turnover in the primary care provider to the community. This lack of continuity is seen as a problem by community members. Similarly, it may take the community some time to grow accustomed to a foreign doctor, only for the doctor to move away when their short service-period ends. Finally, our hospital is staffed by a single physician and a few nurse-practitioners and mid-level providers. The physician rotates their service with another critical access hospital on a weekly basis, which means that patients also may not be able to consistently see the same provider in the short-term.

Related to the limited number of providers, community participants expressed concern over the times during which they are able to see a medical provider outside of the emergency room. The clinic’s operating hours are similar to the hours worked by an average working adult (e.g.: 8:00am to 5:00pm, Monday through Friday), which can limit the ability of working adults and children in school to access those healthcare providers. A healthcare appointment may mean taking time off of work and/or missing part of a school day, which can be difficult or impossible for some community members. This situation is the outcome of two major factors. The medical providers who work in Kenmare desire to work approximately “normal” hours and there aren’t enough providers for the group to have a comfortable rotation of early morning, evening and weekend availability.

Low-income community members may have additional struggles in receiving effective and thorough health care. Those who are uninsured or underinsured and low-income may not be able to receive regular preventive care, meaning small health problems may develop into major health problems. Low-income community members face all of the same health risks—obesity, substance abuse, heart disease, diabetes, etc.—as other community members, but low-income

individuals have fewer alternatives to receive treatment for those needs. Finally, the farther an individual lives from Kenmare, the greater the challenges in obtaining regular health care services. These challenges are related primarily to the time, effort and costs of arranging appropriate transportation to access care.

Because of our small community, provision of specialty services is also a challenge. While demand exists, it may not be large enough demand to justify full-time provision of specialty services. Trinity Health and Trinity Kenmare Community Hospital have addressed this issue by providing specialty services on a part-time basis (e.g.: one day per week or per month). While this method allows the hospital to provide several specialty services to the community, members expressed a need for additional specialty services. Pediatrics, OBGYN and dermatology were specifically mentioned as areas of need. As discussed below, the Kenmare community also has extremely limited immediate access to substance abuse and mental health care.

Although the elderly do not make up an especially large portion of our community, they do tend to require greater healthcare assistance. For example, the majority of our in-patient beds are occupied by elderly individuals who require 24-hour assistance. This indicates that additional local nursing home services may be needed. Unfortunately, Kenmare recently experienced the closure of Maple View Nursing Home, a 44-bed facility and important provider to the community.

Home health and hospice services are also difficult to obtain in and around Kenmare. Although both types of care are offered by Trinity Health in Minot, that service area does not extend to all of Kenmare's community. While both services have been provided in our community in the past, the providers were unable to continue based on cost and the level of demand. As a result, the individuals in need of these services are currently unable to obtain them. The lack of professionals means that family members often need to provide assistance. Unfortunately, many of the younger adults (ages 18 – 65) have chosen to move away, meaning that some elderly individuals have no avenue for assistance, except to move to an area that offers it.

Substance Abuse

Aside from access to health care services, substance abuse was identified as the most significant health need in our community. Alcohol, methamphetamines (“meth”) and heroin were each identified as areas of major concern.

Community participants echoed the nation-wide concern over the increased distribution and use of heroin. In an interview conducted by KXNews with Jennifer Skjod, Public Information Officer for the North Dakota Department of Health, she stated “According to the Centers for Disease Control and Prevention, heroin use among the United States has increased among men and women of all age groups and income levels. It has more than doubled among young adults between the 18 and 25 age bracket in the past decade.” This is no different for Ward County, according to our community participants.

In the late 1990s and early 2000s, the federal and state governments fought the rise of meth by limiting access to the necessary ingredients for its production. Those efforts were effective because our community's use of meth declined. However, in recent years, meth use has

rebounded and is again increasing in our community. While meth and heroin abuse aren't nearly as common as alcohol abuse, the natural implications of their use is devastating. Heroin can cause damage to various organs, including the heart, lungs, liver and kidneys. It can also cause breathing problems, collapsed veins, and poses special problems related to the transmission of HIV, Hepatitis C, and other diseases that can occur with sharing needles. The recent resurgence of opiate-related problems in the United States has increased emergency room visits, crime, homicides, high school drop-outs, and loss of employment across the nation. Meth use can result in paranoia, hallucinations, aggressive or violent behavior, and mood disturbances, as well as brain damage, nervous system damages and severe dental problems.

Finally, community participants expressed concern for the level of alcohol consumption by teenagers in the Kenmare area. The common explanation from community participants is that younger teens are willing to steal alcohol from their home or a friend's home, but that adults are willing to share their alcohol with older teenagers (around age 16+) as long as the adults can monitor the teens during and after the use. While this practice may prevent immediate accidents, it can also develop a life-long habit of alcohol abuse that can lead to major problems in the future.

Conclusion

Trinity Kenmare Community Hospital conducted this community health needs assessment to better understand our community and the individuals we serve. The hospital will develop a strategy to respond to the significant community health needs and will create an Implementation Strategy to formalize those responses. That Implementation Strategy will be approved by the board of directors no later than November 15, 2016, and will be used by the organization as a guide for thoughtful, impactful decisions and actions in the coming years.

Health Resources

The following resources are currently available in our community to address the significant community health needs discussed in this report. Despite our efforts, we recognize that this list may not be all-inclusive and welcome any information to add available resources and increase its usefulness. Such information can be sent to the address provided on page 8 of this report.

First District Health Unit and Ward County Social Services provide support to our community members in numerous ways, including nutrition, physical activity, mental health, substance abuse, violence prevention, and financial support. For a complete list of their activities, we recommend visiting their offices or websites:

- First District Health Unit – 11 West Division, Suite 102, Kenmare
 - www.fdmu.org
- Ward County Social Services – 400 22nd Avenue NW, Minot
 - www.co.ward.nd.us/socialservices/

In addition to governmental support, the following health care facilities and related organizations are currently available within our community:

- Trinity Kenmare Community Hospital – 317 1st Avenue NW
- Trinity Medical Group – 307 1st Avenue NW
- Kenmare Drug – 109 1st Avenue NW, pharmacy
- Kenmare Dental Office – 318 1st Avenue NE, dental services
- Optometry Clinic of Kenmare – 28 2nd Street NW, optometry
- Rural Mental Health Consortium-317 1st Ave NW, mental health
- Wellness Center-317 1st Ave NW, physical therapy

Many additional services, including several substance abuse treatment centers, are available approximately 50 miles southeast in Minot.