

Community Health Needs Assessment Report

Trinity Hospital and Trinity Hospital - St. Joseph's Minot, North Dakota

Published June 29, 2016

Introduction

Both Trinity Hospital and Trinity Hospital – St. Joseph's are nonprofit hospitals located in Minot, North Dakota. Trinity Hospital is a 251-bed, acute care, full-service hospital and Trinity Hospital – St. Joseph's is a 165-bed hospital housing mental health and dependency services, inpatient rehabilitation and kidney dialysis services. Both Trinity Hospital and Trinity Hospital – St. Joseph's are part of Trinity Health.

Founded in 1922, Trinity Health was organized as an expression of faith by the immigrants who settled Northwest North Dakota. It quickly grew to become the region's premier healthcare provider. Today, Trinity Health keeps faith with that tradition of caring and compassion. As a nonprofit, fully-integrated healthcare system, our network of doctors, hospitals, long term care, clinics and other facilities has been recognized for its dedication to quality care and science-based medicine. Trinity Health is a proud member of the Mayo Clinic Care Network (MCCN). The MCCN is a collaborative partnership between Mayo Clinic and member health systems across the country. The agreement effectively places Mayo Clinic's expertise at Trinity's - and our patients' - fingertips.

As the region's preferred provider of medical services, Trinity serves as a referral center for heart surgery, neurosurgery, general and robotic surgery, cancer care and cardiac care, ophthalmology and retinal surgery, kidney dialysis, advanced diagnostics, newborn intensive care, orthopedics, sports medicine, trauma, inpatient rehabilitation, behavioral health and more. Trinity is currently verified by the American College of Surgeons as a Level 2 Trauma Center, the highest level of care available in North Dakota. Trinity's Level 2 status is just one way we demonstrate our commitment to improve the quality of life and health in our communities.

Trinity 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.

Trinity Hospital provides the following services to our community:

- Ambulance (Air and Ground)
- Anesthesia
- Cardiopulmonary
- Emergency/Level II trauma
- Family Birth Center including NICU
- Geriatric fracture center
- Guest house / CancerCare Cottage
- Heart failure clinic
- Intensive care unit
- Joint replacement center

- Pharmacy
- Robotic surgery
- Same day surgery
- Home Health/Hospice
- Laboratory and radiology
 - Breast imaging, including 3D mammography
 - Cardiac cath lab / CTA
 - MRI
 - PET
- Ultrasound
- Nuclear medicine
- Nutrition education and services
- Pediatrics
- Physical/occupational therapy
- Social services
- Surgery
- Volunteer services
- Women’s health center

Trinity Hospital – St. Joseph’s provides the following services to our community:

- Adult and adolescent addiction services
- Adult and adolescent mental health services
- Community education
- Kidney dialysis
- Physical / occupational therapy
- RehabCare Center (Cardiac / Ortho)
- Same day surgery
- Sleep center
- Speech pathology

In addition to Trinity Hospital and Trinity Hospital – St. Joseph’s, Trinity Health also includes:

- Trinity Kenmare Community Hospital, a critical access hospital
- Trinity Homes, one of the state’s largest long-term care facilities
- Nine Minot-area clinics/health centers
- Ten rural community clinics
- Fourteen outreach clinics

Trinity Hospital continues to lead the way in technology and procedural advancement with professional and support staff committed to the well-being of each individual. The variety and depth of Trinity’s services provides customers a smooth continuum of care from a hospital stay to outpatient services; home care to long-term care. Trinity is proud of its achievements, but our pursuit of quality means we will never be satisfied. We will always be searching for a better quality of life for the communities we serve.

Trinity Health is pleased to submit this Community Health Needs Assessment for both Trinity Hospital and Trinity Hospital – St. Joseph’s. 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.

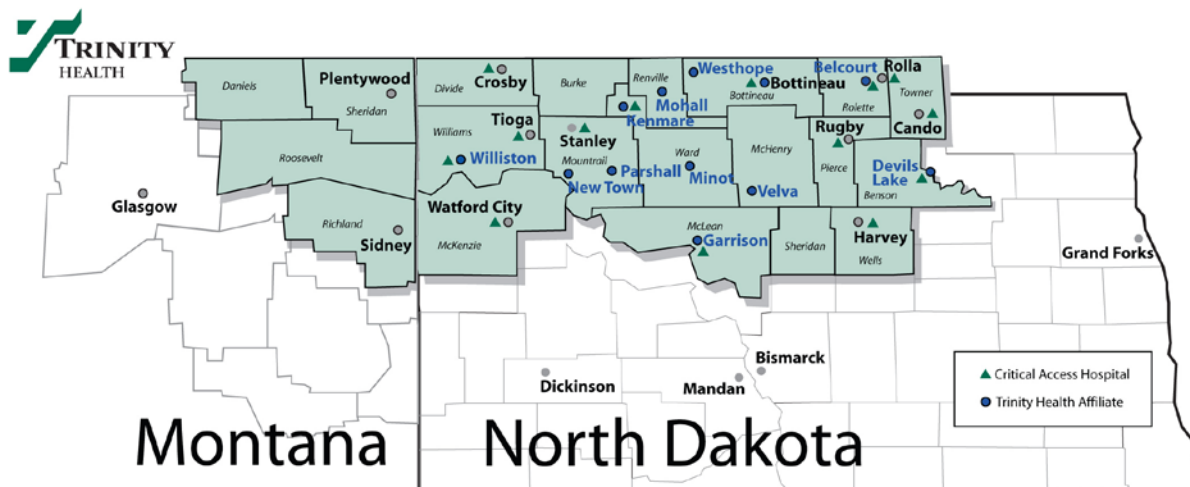
Consistent with the requirements of Section 501(r)(3), the Community Health Needs Assessment Report is organized as follows:

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

Our Community

Although Trinity Hospital and Trinity Hospital – St. Joseph’s are headquartered in Minot, North Dakota, we have historically defined our “community” as a broader area that includes North central and Northwestern North Dakota as well as a portion of Northeastern Montana. Throughout this document, any reference to “community” is meant to indicate this broad service area, which is the same for both hospitals. We serve this exceptionally large area for two reasons. First, this region tends to be low-population areas, averaging approximately 6,000 – 7,000 residents per county. It’s our pleasure to be able to serve so many community members on an annual basis. Second, Trinity Hospital and Trinity Hospital – St. Joseph’s are the largest hospitals in this region. Although several critical access hospitals operate in our service area, we provide many of the specialty medical services that aren’t available at the critical access hospitals.

Within this broader community, approximately two-thirds of our inpatients and outpatients reside within in and immediately around the city of Minot and Ward County. Because of the large proportion of our community that resides within this limited area and because we believe this area is representative of our larger community, we limited our data collection to the city of Minot and Ward County. This is accurate for both hospitals; therefore, we have defined the same communities for both Trinity Health and Trinity Health – St. Joseph’s throughout this report.



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.

In 2010, the U.S. Census Bureau conducted the nation’s most recent census and published that data by county. Similarly, the Population Health Institute collects and reports health data and demographic data by county on an annual basis. U.S. census data is primarily from the 2010 census, with some figures being estimated based on that census and others being actual data from subsequent years. Population Health Institute data is as of April 2016.

	North Dakota 2014	North Dakota 2010	North Dakota Change		Ward County 2014	Ward County 2010	Ward County Change
Population	756,927	672,591	12.5%		71,725	61,675	16.3%
Age < 18	22.80%	22.30%	2.2%		23.20%	23.50%	-1.3%
Age 65+	14.20%	14.50%	-2.1%		11.50%	13.00%	-11.5%
Female	48.70%	50.50%	-3.6%		47.30%	49.30%	-4.1%
Caucasian	89.10%	90.00%	-1.0%		89.40%	90.30%	-1.0%
African American	2.10%	1.20%	75.0%		4.00%	2.50%	60.0%
American Indian	5.40%	5.40%	0.0%		2.50%	2.60%	-3.8%
Asian	1.30%	1.00%	30.0%		1.20%	1.00%	20.0%
Hispanic	3.20%	2.00%	60.0%		5.10%	3.00%	70.0%
Median Household Income	\$55,579	\$49,415	12.5%		\$59,301	\$51,081	16.1%
Rural	40.10%	44.10%	-9.1%		21.90%	23.20%	-5.6%
Per Capita Health Care Cost	\$8,074	\$7,791	3.6%		\$7,642	\$7,996	-4.4%
Uninsured Adults	8.21%	8.20%	0.1%		8.47%	7.30%	16.0%
Free Lunch-Eligible Children	24.00%	31.20%	-23.1%		21.00%	20.80%	1.0%
Illiteracy Rate	N/A	6.30%	N/A		N/A	6.20%	N/A

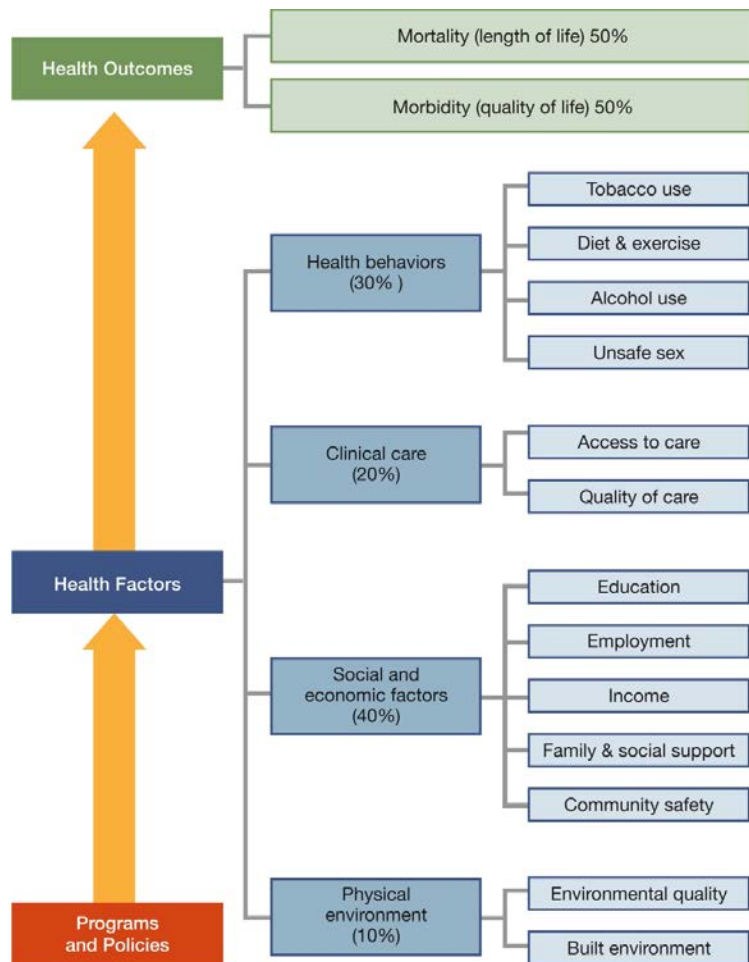
Understanding our community requires an understanding of how the North Dakota’s oil production has changed. While conducting our last community health needs assessment, North Dakota’s economy was booming. Since then, however, the price of oil dropped significantly, resulting in a sharp economic downturn, or what is known as the oil bust. On December 23, 2015, *International Business Times* published a short article explaining the situation, including the following:

“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.”

Where once the demand for almost every good, from housing to clothing to food, was at an all-time high and there was an abundance of jobs, there is now an overinflated economy with many voids. The many people who lost their jobs either left the area or remain but are unemployed or underemployed. This further created a ripple effect resulting in failing businesses and a housing surplus. 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.

Given this unique environment, an analysis of the changes in Ward County and North Dakota between 2013 and 2016 reveals some important developments. First, Ward County’s population increased by 16.3% compared to North Dakota’s increase of 12.5%, reflecting the influx of individuals to serve the oil industry. Second, Ward County saw a small decrease in youth and a large decrease in elderly individuals while North Dakota had a small increase in youth and a small decrease in elderly individuals. Some of the change in percentages is attributable to the large increase in working adults, although the elderly population has also decreased because the influx of new individuals and the spike in prices drove some elderly individuals to live elsewhere. Third, both Ward County and North Dakota experienced significant growth in median household income, although Ward County’s growth was greater. At the same time, while North Dakota’s per capital healthcare cost rose by 3.6%, similar to the rest of the nation, Ward County’s per capita healthcare cost decreased by 4.4%. For most of the nation, healthcare costs are rising faster than income, meaning that healthcare takes a larger portion of household income. However, in Ward County, income has risen while healthcare costs have decreased; indicating that healthcare is relatively more affordable in Ward County in 2016 than it was in 2013. Finally, the percentage of uninsured adults in Ward County rose dramatically while the percentage in North Dakota remained almost unchanged, reflecting the recent economic bust and the increase in unemployed and underemployed adults in the area.

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.



Source: University of Wisconsin Population Health Institute

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

Review of Previous Community Health Needs Assessments

Trinity Hospital and Trinity Hospital – St. Joseph’s conducted a joint community health needs assessment in 2013 and published the related report in June 2013. In that assessment, the following needs were identified for each hospital:

Community Health Need	Trinity Hospital Prioritization	Trinity Hospital – St. Joseph’s Prioritization
Access to Care	Primary	Primary
Substance Abuse	Secondary	Primary
Mental Health	Secondary	Primary
Obesity	Secondary	Secondary
Illness and Disease	Secondary	Tertiary
Physical Injuries	Tertiary	Tertiary
Health Care for the Elderly	Tertiary	Tertiary
Mentality of Denial	Tertiary	Tertiary

A copy of the 2013 Community Health Needs Assessment is available on Trinity Health’s website at http://trinityhealth.org/assets/pdf/community/Minot_Report.pdf.

Since the most recently conducted community health needs assessment, Trinity Hospital and Trinity Hospital – St. Joseph’s performed the following actions to address those needs.

Access

As it was with most providers across ND, access to services was significantly impacted by workforce shortages. Trinity responded to shortages in its workforce by successfully recruiting several providers to its medical staff, adding allied health providers to augment physician access. Trinity also deployed strategies to improve information available to consumers by developing a robust mobile devices application, launching an electronic patient portal featuring secure messaging and appointment requests with providers, and enhancing its physician referral service.

Trinity Health deployed an appointment reminder software solution, to help patients keep their medical appointments.

Finally, Trinity Health continued to aggressively recruit medical providers in both primary and specialty care. This effort to improve access resulted in more than 20 new providers to our physician network.

Substance Abuse

"Battling Drug and Alcohol Abuse" was a community education activity Trinity provided in the region, and this presentation was given in area schools. Providers also visited area high school classes to present information about substance abuse and the tragic consequences that commonly occur, based on their experiences in the local emergency room.

Mental Health

Many people who are affected by substance abuse suffer from underlying mental health issues, as well. Trinity Health has expanded its outreach for mental health services and improved access by adding providers; for example, we added a psychologist in Williston to help address a growing need for access in oil country, and two psychiatrists in the Minot region.

Substance abuse and mental health care cannot be addressed by any one organization alone, and Trinity is partnering with other agencies in the region in an effort to coordinate efforts, work through barriers, and better serve its community.

Parenting Education was a topic presented to the public last year, helping parents navigate some of the more difficult situations they face in raising children today. At-Risk households, typically referred by area schools and courts, were among its targeted audiences.

Trinity participated in an outreach effort in partnership with area agencies, including court and law enforcement officials, to improve communication and awareness of mental health issues related to access, procedures and more.

Finally, Trinity Health created a remodeled space in the hospital to accommodate a regional SANE (Sexual Assault Nurse Examiners) program, where specially trained nurses interview and advocate for sexual assault victims. These victims would now be treated and interviewed in a more comfortable and private environment.

Obesity

Our most recent focus is on children, and how to help kids develop health habits regarding nutrition and exercise. For example, Trinity sponsored a program at the Wee Links golf course to encourage and incentivize kids to exercise through activity, in this case golf. During that summer program, Trinity used nutritionists and other healthcare professionals to visit with the kids and their parents about avoiding obesity through healthy lifestyle choices.

Trinity Health also sponsored activities at the Minot YMCA to combat obesity, providing pediatricians and nutritionists in a group setting with kids struggling with weight management. Our Dieticians led an ongoing "grocery store tour" for anyone in the community to join and learn how to shop for better health, as well as Cooking Classes, for people to learn how to cook in healthier ways.

Last year, Trinity launched its own CrossFit franchise, providing the community with a mechanism to improve their overall health and fitness. Led by one of our physicians, the theme of "Exercise is Medicine" was promoted to the community, capped off with a public invitation to walk at a local park through the warm season and launched by a "Doc Walk," where healthcare professionals would lead the community walk effort.

Illness and Disease

Trinity started a new program last year, Healthy Hearts, to provide a mechanism for community education and activities to support heart health services and cardiac patients.

In an effort to enhance awareness of the signs and symptoms of Stroke, Trinity Health initiated a Stroke Campaign, which included social media, signs and banners, paid advertising and media releases about stroke stories and treatment. The goal of the campaign was to make the public aware of the acronym, FAST, to encourage intervention when someone recognizes a potential stroke.

Lead by Trinity's orthopedic surgeons, it started a Bone Health Clinic - targeted age groups were encouraged to obtain a bone screening to identify osteoporosis or other bone diseases as early as possible.

Trinity launched a Trauma Education campaign, where posters and other means were used to share messages in area public schools about how to avoid trauma through safe practices.

Other Health Needs

Because of limited resources, we cannot respond effectively to every identified health need. We have chosen our responses based on analysis of our resources, our mission, our existing specialties, community priorities, and existing community resources.

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, organizations and businesses participated in Trinity Hospital and Trinity Hospital – St. Joseph's community health needs assessment process by contributing their perspectives, opinions and observations. We thank them for their past and continued assistance.

- City of Minot
- Community Ambulance Service of Minot
- First District Health Unit
- Minot Air Force Base
- Minot Commission on Aging
- Minot Public School District
- Trinity Hospital
- Trinity Hospital – St. Joseph’s
- Ward County Jail
- Ward County Sheriff’s Department
- Ward County Social Services

Quantitative Data

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

- Center for Disease Control
 - <https://www.cdc.gov/obesity/data/adult.html>
- Center for Rural Health
 - <https://ruralhealth.und.edu/publications/health-workforce-factsheets>
 - <https://ruralhealth.und.edu/pdf/demographics-of-primary-care-physicians-in-north-dakota-0815-fs-22.pdf>
 - <https://ruralhealth.und.edu/pdf/availability-primary-care-physicians-nd-0815-fs21.pdf>
 - <https://ruralhealth.und.edu/pdf/demographics-of-direct-patient-care-physicians-in-north-dakota.pdf>
 - <https://ruralhealth.und.edu/pdf/availability-of-direct-patient-care-physicians-in-north-dakota.pdf>
- International Business Times
 - <http://www.ibtimes.com/hard-times-boomtown-usa-rise-fall-oil-williston-north-dakota-2224834>
- KX News’ “Narcotics Investigator Discusses Heroin Use in Bismarck”
 - <http://www.kxnet.com/story/30960219/narcotics-investigator-discusses-heroin-use-in-bismarck>
- Merritt Hawkins, an AMN Healthcare Company
 - <http://www.merrithawkins.com/uploadedFiles/MerrittHawkins/Pdf/mha2015incentiverelease.pdf>
- Modern Healthcare
 - <http://www.modernhealthcare.com/article/20150715/NEWS/150719943>
- North Dakota Department of Health
 - https://www.ndhealth.gov/phsp/documents/Health_Status_Assessment_Report_for_North_Dakota.pdf
- Population Health Institute’s county health rankings
 - www.countyhealthrankings.org
- Rural Health Information Hub
 - <https://www.ruralhealthinfo.org/states/north-dakota/maps>
- The Oklahoman, NewsOK
 - <http://newsok.com/article/feed/921408>
- U.S. Census Bureau’s 2010 census
 - <http://www.census.gov/quickfacts/table/PST045215/3853380,38101,38,00>

- Ward County North Dakota
 - <http://www.co.ward.nd.us/210/Manuals-Reports-Resources>
- Ward County Sheriff's Department 2015 Annual Report
 - <http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwixlq-htbzNAhXDzIMKHeEgAwwsQFggI MAE&url=http%3A%2F%2Fwww.co.ward.nd.us%2FDocumentCenter%2FHome%2FView%2F424&usg=AFQjCNHNRIUIPqWdhAXdbXeZ225vNGnEPA>
- World Health Organization, 2014 Mental Health Atlas:
 - http://apps.who.int/iris/bitstream/10665/178879/1/9789241565011_eng.pdf?ua=1&ua=1

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 Hospital and Trinity Hospital – St. Joseph's were 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: 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 Hospital and Trinity Hospital – St. Joseph's. 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 Hospital and Trinity Hospital – St. Joseph's who were involved throughout the community health needs assessment process.

Process and Criteria for Prioritizing Identified Health Needs

Throughout the interview process, a single health need was consistently identified, making it clear where Trinity Hospital's top priority should be. This health need has also been identified through national, state and county studies. Based on the significance of this need, Trinity Hospital and Trinity Hospital – St. Joseph's each consider access to healthcare to be its top priority with all other health needs classified as secondary or tertiary. We have done this so we can focus on providing improved access to critical healthcare services for community members.

Prioritized Community Health Needs

Based on interviews and reviews of hospital, county, state and national health data, we identified the following significant community health needs, listed by priority.

Community Health Need	Trinity Hospital Prioritization	Trinity Hospital – St. Joseph's Prioritization
Access to Care	Primary	Primary
Substance Abuse	Secondary	Secondary
Mental Health	Secondary	Secondary
Obesity	Secondary	Secondary

Access to Care

Community participants offered great praise of the services and professionals that Trinity Hospital and Trinity Hospital – St. Joseph's bring to our community. However, throughout the interview process, access to care was frequently 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. In general, community participants indicated pleasure with the services currently available in our community but indicated an overwhelming need for more services to meet surging demand.

The issues related to access to care can generally be classified into four areas: increase in demand, excessive use of Emergency Rooms, needs of the low-income community, and other access health needs.

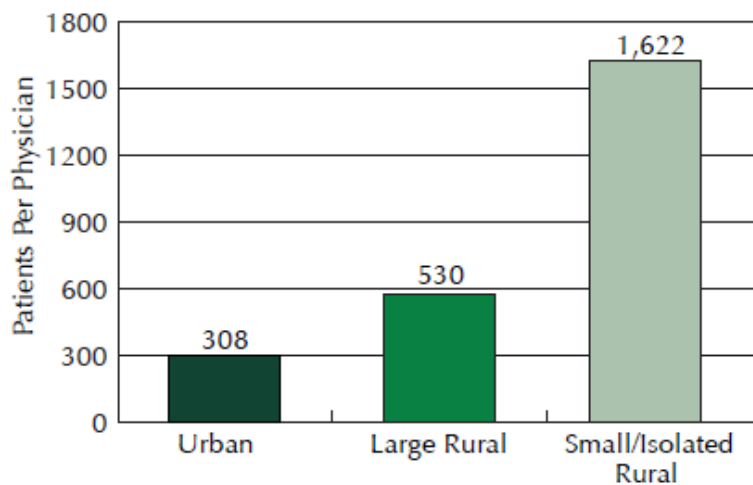
In general, healthcare options in northwestern North Dakota are, and always have been, limited. Our community features many health clinics and several critical access hospitals (the closest to Minot is approximately 40 miles to the West), but Trinity Hospital is the largest healthcare center within 100 miles in any direction. Minot Air Force Base once had a hospital, but its services were reduced to the point that it is now a medical clinic.

In the last five years, the number of patients served by Trinity Health has significantly increased; we expect that the number served will increase still during in the next five years, but at a decreasing rate due to the maturity of oil development. Increases in health services utilization and changes in healthcare delivery, from an inpatient model of care to one of outpatient services,

is stretching the capacity of present-day facilities, both at Trinity Hospital and Trinity Hospital – St. Joseph’s. The increased utilization also necessitates an increase in physicians, nurses and support staff. Considering the infrastructure of both facilities is nearing the end of its useful life, the organization is planning to build a replacement hospital and medical park district to accommodate current and future services demands of a growing region-at-large.

According to research from the Center for Rural Health, currently there are 1,548 direct patient care physicians practicing in North Dakota, of which, three-fourths practice in urban areas. Overall, this translates into 2.21 physicians per 1,000 persons in North Dakota; this is 18% lower than the national average of 2.71 physicians per 1,000 persons. 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 in small/isolated rural areas. This is shown in the graph below.

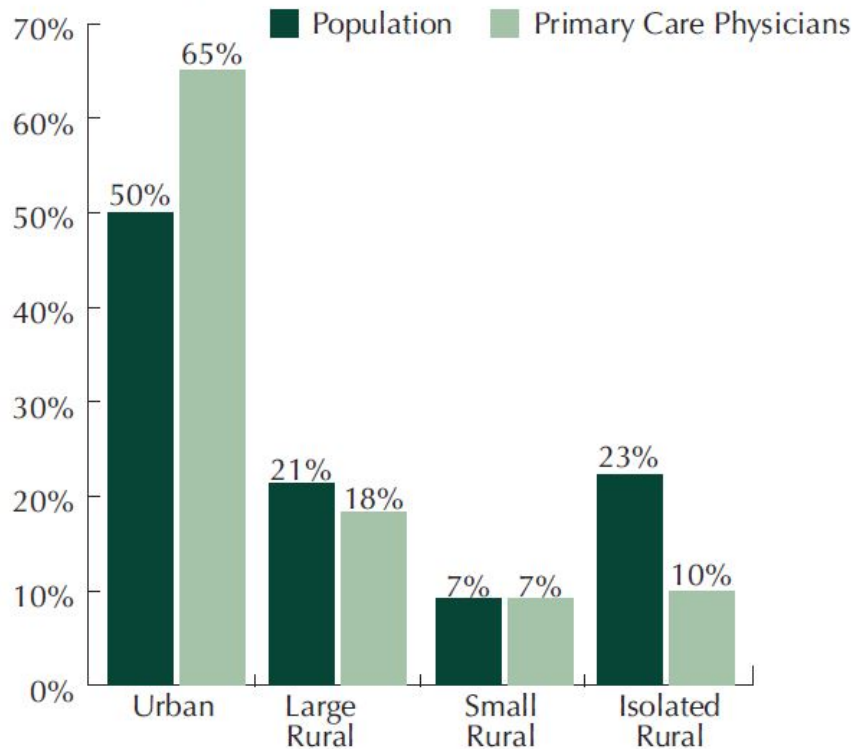
Figure 1. Number of Patients Per Physician in North Dakota by Rural/Urban Status



Source: Center for Rural Health

Further analysis by the Center for Rural Health indicated that of the 1,548 direct patient care physicians in North Dakota, 582 are primary care physicians practicing in the areas of family/general practice, general internal medicine, and general pediatrics. Of those, 381 practiced in urban areas, 104 in large rural areas, 41 in small rural areas, and 56 in isolated rural areas. With 65% of the primary care physicians practicing in urban areas, it creates disparities between the availability of physicians compared to the population in other areas of the state as shown below. Compared to their same research conducted three years ago, there is an overall decrease in practice in large and small/isolated rural areas, while there is an increase in urban areas for primary care physicians. We think that this downward trend is going to continue going forward, thus, furthering the lack of access to health care professionals in non-urban areas.

Figure 1. Comparison of Percentage of Primary Care Physicians Associated by Rural/Urban Status of North Dakota Population



Source: Center for Rural Health

Community members, including physicians and government representatives, suggested conducting a comprehensive physician needs analysis to validate their perception of a need for additional medical professionals across all disciplines. However, they specifically identified needs in the areas of primary care, obstetrics and child psychology. They believed excessive demand and a relative shortage of physicians has impacted healthcare in various ways. For example, Family Medicine physicians seem to have so many current patients that they may not be willing to accept new patients. This is evident by the research performed by the Center for Rural Health above.

Community members expressed a general concern over wait times for doctor appointments, especially for certain specialists. Community members reported that wait times for some specialties are 2-3 months, or beyond consumer expectations. Community members also reported a decrease in the quality of their doctor-patient relationship as doctors seem to see more patients in a day and might spend less time with each patient. They surmised shortened visits with patients could also impact the quality of care the patient receives.

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. Although our community has an independent free clinic, it was reported to be more overwhelmed by demand than the other hospitals and clinics.

Community members expressed concern over the length of Emergency Room wait times during peak periods – a phenomenon they recognized is common across the country. Participants indicated several possible reasons might exacerbate wait times: First, the inflow of individuals in the community would naturally result in greater usage and longer waits, especially in a triage system where the sickest get in first. Second, the public’s misunderstanding of their own health issues and how to properly address them may lead those people to visit the E.R. instead of visiting their primary physician in a clinic setting. Third, individuals may choose to ignore minor health issues until those health issues become emergencies. Fourth, individuals who cannot otherwise afford healthcare may choose the E.R. because hospitals are required to provide emergency medical care regardless of the individual’s ability to pay.

In addition to the access issues described above, community participants voiced concerns over several other access issues. First, participants discussed geographical limitations in home health services. Trinity Health provides the only home health service in the region and its service is limited to a 45-mile service area due to declining reimbursement for those services and the high costs of serving a rural region. Participants believed having one or two other provider networks move into the region recently might give patients alternatives and encourage competition among the providers. Participants indicated that in rural areas, ambulance services are stretched thin by increasing populations and an aging volunteer workforce. Furthermore, while volunteers have traditionally helped with emergency fire and health services, the increasing level of education required to provide emergency medical service seems to be deterring some individuals from volunteering. Finally, participants expressed a desire to explore mobile screening units that could do basic wellness checks and screenings as an outreach program for residents residing in the most rural parts of Ward County.

Substance Abuse and Mental Health

Substance abuse covers a broad range of health issues, including tobacco, alcohol, prescription drugs and illicit drugs. Each of these is a health need in our state and community, although heroin and methamphetamine abuse are considered the most significant lately.

Abuse of illicit drugs, especially heroin, is a major concern in our community. In the late 1990s and early 2000s, the federal and state governments fought the rise of methamphetamine (“meth”) by limiting access to the necessary ingredients for its production. Those efforts appear to have been effective because our community’s use of meth seems to be in decline. Unfortunately, the decline of meth was accompanied by an increase in heroin abuse.

Another cause of the increase in heroin abuse and addiction in our community stems from the initial use and abuse of other opiates, also known as prescription pain killers. According to a narcotics investigator with the Bismarck Police Department, “But soon that pill addiction dries up and they can’t get it from their illicit sources anymore or the doctors won’t prescribe it

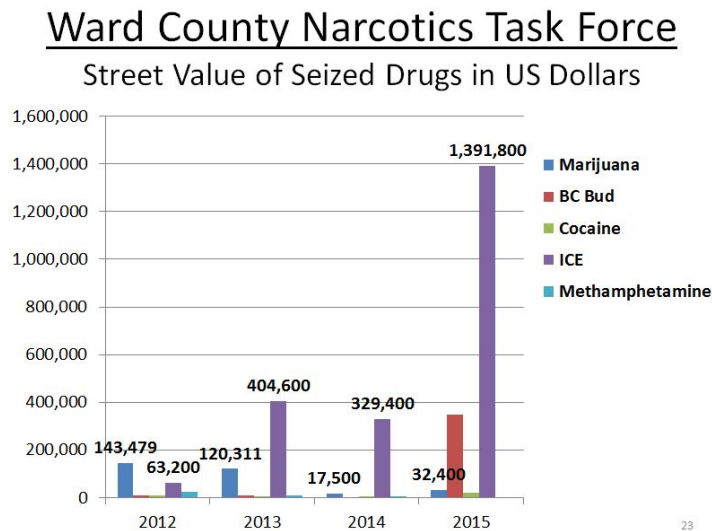
anymore. So the next step is heroin which is found illicitly on the streets.” Pain killers are hard to get and can be expensive, so heroin can be an easier alternative for addicts.

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.

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 the Minot community according to Minot area law enforcement.

In a 2015 article published by The Oklahoman on NewsOK, law enforcement officials in the Minot area indicated that they are dealing with a dramatic increase in heroin traffic. The Ward County Sheriff reported that the amount of illegal drug seized between 2014 and 2015 increased nearly 400%. He further indicated that heroin has become the “drug of choice” in our community. In addition to heroin, other drugs are also on the rise in the area. In this same article, it was reported that prescription drug seizures by the Ward County Narcotics Task Force were up 246% and methamphetamine use was up 438% between 2014 and 2015.

Most believe that this epidemic started when the oil boom occurred in the Western part of the state drawing people from outside the area, including their bad habits. One participant summarized the situation well when they said, “Dealers can move in and make a lot better profit in North Dakota than in a big city where there already is a heroin trade.” Below is a graph showing the street-value of illegal drugs seized by the Ward County Narcotics Task Force in selected cases since 2012.

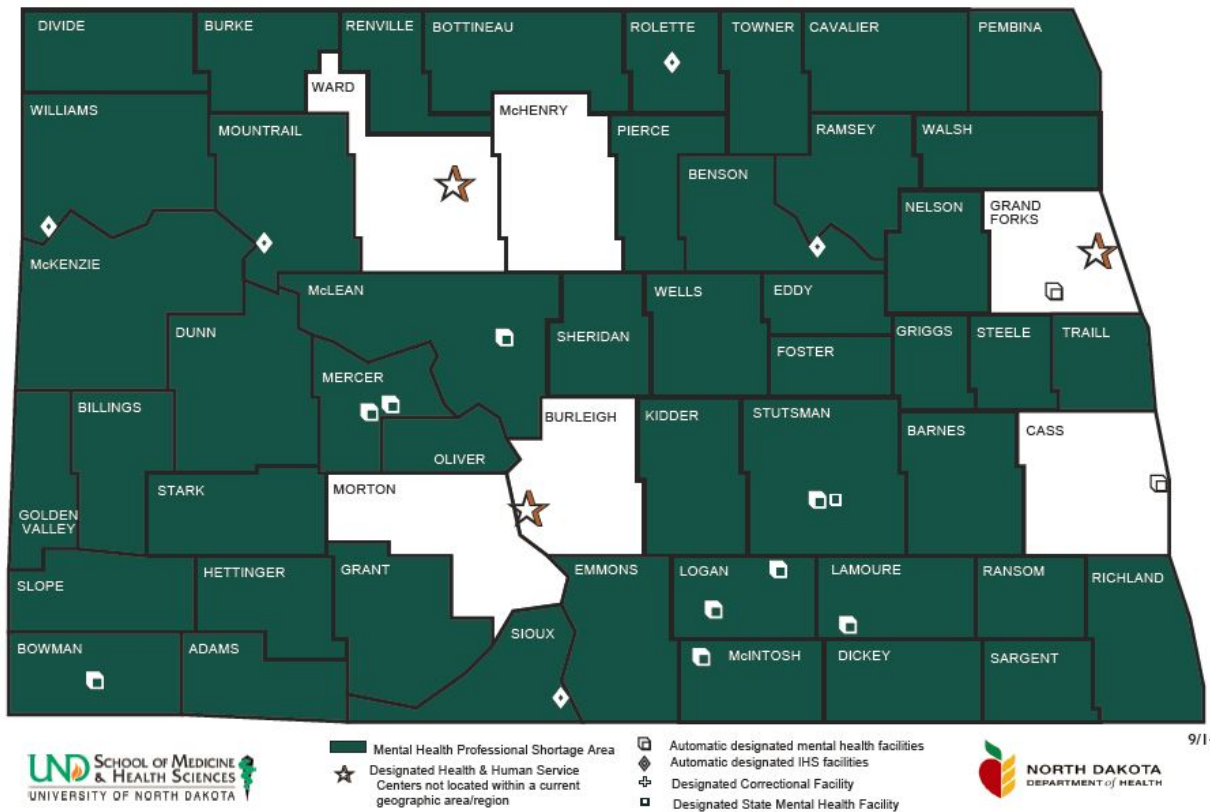


Source: Ward County Sheriff’s Department 2015 Annual Report

With the rise in certain types of substance abuse, treatment facilities in our area have seen a matching rise in demand, outpacing their ability to care for needy individuals. The two greatest needs expressed by community participants were for additional inpatient and transitional care facilities, although the availability of care depends on a person’s financial position and the availability of providers. Insurance companies have various positions on whether substance abuse treatment is eligible for coverage and, if so, which facilities may be used. In addition, some insurance providers will not cover services provided by specific types of doctors, nurses and specialists even though those providers may be best able to treat an individual’s needs. Clearly, this is one area of medicine in desperate need of reform on a state and national level.

Many of our community’s mental health concerns relate closely to access issues. Similar to Trinity Hospital, Trinity Hospital – St. Joseph’s has experienced incredible increases in usage in recent years and expects this growth to continue for at least the next five years. Participants perceived a need for additional doctors, nurses, counselors and others to keep up with population growth, both within St. Joseph’s and in other community organizations capable of treating mental health issues. Unfortunately, attracting providers is difficult given our rural North Dakota environment. The map provided below from the Rural Health Information Hub, formerly known as Rural Assistance Center, shows that most of the state of North Dakota is facing a mental health professional shortage.

North Dakota Mental Health Professional Shortage Areas



Although the map above indicates that Ward County isn't identified as a shortage area, it fails to depict what is evident at Trinity Hospital – St. Joseph's. The hospital may be licensed for 165-beds; however, there are only 26 beds, 18 for adults and 8 for youth, available to serve behavioral health issues and 33 beds available for chemical dependency and medical detox. Of the 33 chemical dependency beds, approximately 40% are occupied at any given time by adults with meth-induced psychosis or are filled with court-ordered patients. Because of this trend at Trinity Hospital – St. Joseph's, there isn't much capacity left for other patients seeking help.

To use more of the licensed beds at Trinity Hospital – St. Joseph's, we would need to maintain the correct staffing levels with the appropriate credentials. Many community members indicated that there is a lack of mental health providers not only at Trinity Hospital, but also across the state and nation. Participants stated that the current workforce of mental health providers are aging out of the profession or are burning out and leaving the field and this is outpacing the number of incoming mental health professionals. Combining this decrease in providers with the increase in demand indicates that this likely to remain a major problem across the nation and in our community in the future.

In an article published by Modern Healthcare (Andis Robeznieks, July 2015), the following was reported based on the *2015 Review of Physician and Advanced Practitioner Recruiting* report released by the Irving, Texas-based Merritt Hawkins physician-recruitment firm. The company cited data from the *American Medical Association 2015 Physician Master File*, which found that 59% of the nation's 30,088 psychiatrists are at least 55 years old. About 48% are 60 or older and expected to retire within five years, Merritt Hawkins reported. 'Psychiatrists are aging out of practice at a time when demand for their services is spiking,' Travis Singleton, senior vice president of Merritt Hawkins, said in a news release. 'Mental health is a topic that the health system and patients themselves often avoid. For that reason, psychiatry can be considered the 'silent shortage,' even though shortages in psychiatry may be even more acute than they are in primary care.' To make matters even more difficult, Merritt Hawkins goes on to report that psychiatrists prefer to work at outpatient settings and its becoming increasingly difficult to recruit them for hospital positions."

Participants expressed concern over the connection between substance abuse and mental health, discussed below, emphasizing the impact each can have on the other as well as the importance of treating both problems simultaneously for effective recovery. Although Trinity Hospital – St. Joseph's can treat both substance abuse and mental health problems, participants indicated a desire for additional transitional housing in allowing recovering individuals to work toward independent living. Participants also indicated a desire for additional job coaching and vocational training for these individuals. Medical professionals expressed a need for additional outreach from the mental health and substance abuse professionals to other medical professionals to encourage cooperative planning and treatment for individuals with multiple health problems ("co-morbidities"). Similarly, medical professionals indicated a need for better "dual diagnosis" treatment programs within the community to treat both mental health and substance abuse problems. Because of the close connection between mental health and substance abuse, any treatment of one is more likely to fail if the other is not also treated effectively. Concerning Trinity Hospital – St. Joseph's, participants perceived that the mental health and substance abuse treatment areas could better coordinate their efforts in treating individuals. Trinity Health does

have a system for monitoring all prescriptions for an individual, but participants expressed concern that this system needs to allow for close coordination and monitoring of medications to be highly effective.

Mental health problems, including stress and anxiety among all age groups, occur at least as often in our community as in other communities, especially due to the rise and fall of the oil industry in Western North Dakota. Stress from the economic depression resulting from the recent oil bust, leading to increasing rates of unemployment and underemployment with higher costs of living, has added to the normal mental health problems, especially in our low-income community members.

Finally, our community includes the Minot Air Force Base (“Minot AFB”) which includes a large population of Air Force personnel. Minot AFB’s population is relatively healthy due to an average age of 24 and the physical aspect of their profession. While they are physically healthy compared to other members of the community, the military personnel were identified as having an increased need for mental health related to depression and post-traumatic stress syndrome (“PTSD”) due to various stressors of their role in the military: active combat, working with missiles and nuclear weapons, and separation from their families for extended period of times.

Other health needs from the military personnel extend to their families. Because their average age is 24 years, many of the personnel have young children. Air Force personnel indicated that they are seeing an increase in the prevalence of Autism Spectrum Disorder (“ASD”). According to the Center for Disease Control and Prevention, 1 in 68 children are diagnosed with ASD. While the prevalence of ASD in the military families wasn’t reported to be higher than the national average, the needs for treatment have spiked due to the increase in diagnosis. While the types of mental health needs identified were different from Trinity’s general community, the overall need for access to care and continuity of care is the same.

Obesity

Similar to the rest of the country, our community members frequently identified obesity as a health concern. However, our community appears to be similar to North Dakota and better than the U.S. average in this regard. Based on rankings by the Population Health Institute, 29.7% of Ward County’s population is obese, compared to 30.2% of North Dakota’s population and 34.9% of the United States’ population. Similarly, 26.5% of Ward County’s population reported that they spend no leisure time on physical activities, compared to 25.2% of North Dakota’s population.

Community participants provided several possible causes of obesity in our community:

- Healthy foods, including fruits, vegetables and lean meats, are viewed as more expensive.
- Highly processed and fast foods tend to be more affordable.
- All food costs have increased due to population growth.
- North Dakota has a long winter and winter sports tend to be more expensive.
- Community members view our area’s fitness centers as expensive.
- An increasingly sedentary lifestyle, including the proliferation of electronics, among all age groups and demographics.

Obesity is also an issue for children in our community. Families are increasingly seeing both parents work, possibly due to the need for additional income, especially those families who were once employed in the oil fields. These families were collecting large paychecks and now a majority of the oil workers have been laid off and are trying to make ends meet with lower income and higher cost of living. In this environment, parents may value meals that can be prepared quickly or purchased at a low cost over meals that are healthy for children. Similarly, parents may ask children to prepare their own meals, which tend to be highly processed instant meals.

Conclusion

Trinity Hospital and Trinity Hospital – St. Joseph’s 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 a joint Implementation Strategy to formalize those responses. That Implementation Strategy will be approved by both Trinity Hospital’s and Trinity Hospital – St. Joseph’s 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.

The following pages include a list of resources 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 11 of this report.

Health Resources

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 – 801 11th Avenue SW, Minot
 - www.fdhu.org
- Ward County Social Services – 400 22nd Avenue NW, Minot
 - www.co.ward.nd.us/socialservices/

In addition to governmental support, the following facilities are currently available within our community. Unless otherwise stated, all locations are in Minot, North Dakota.

Hospitals

- Trinity Hospital – One Burdick Expressway West
- Trinity Hospital - St. Joseph’s – 407 3rd Street SE

Clinics and Specialty Practices

- Trinity Health Center – East – 20 Burdick Expressway West
- Trinity Health Center – West – 101 3rd Avenue SW
- Trinity Health Center – Town & Country – 831 South Broadway
- Trinity Health Center – 3rd Street – 420 3rd Street SE
- Trinity Health Center – 5th Avenue – 307 5th Avenue SE
- Trinity Health Center – Medical Arts – 400 Burdick Expressway East
- Trinity Health Center – Riverside – 1900 8th Avenue SE
- Trinity Regional Eyecare – Minot Center – 2815 16th Street SW, Suite 102
- Trinity Health – South Ridge – 1500 24th Avenue SW
- Trinity Health – Plaza 16 – 2815 16th Street SW
- Convenient Care Clinic – 400 Burdick Expressway East
- Fifth Medical Group – 194 Missile Avenue, Minot Air Force Base
- Minot V.A. Outpatient Clinic – 10 Missile Avenue, Minot Air Force Base
- CHI-St. Alexius Medical Clinic – 2700 8th Street NW
- Sanford Health Minot Clinic – 801 21st Avenue SE
- UND Center for Family Medicine – 1201 11th Avenue SW
- City & Country Health Clinic – 120 5th Avenue NW
- Creative Radiology Solutions – 1724 13th Street NW
- Minot Infusion Services – 601 18th Avenue SE, Suite 103
- First Choice Physical Therapy – 2700 8th Street NW
- Northland Community Health Center- 1600 2nd Ave SW, Suite 19
- Minot Health Clinic – 1418 S Broadway Street
- Dakota Hope Clinic – 315 Main Street, Suite 205
- Walmart Vision Center – 3900 South Broadway

Pharmacies and Medical Equipment

- B&B Northwest Pharmacy – 20 Burdick Expressway
- KeyCare Pharmacy – 400 Burdick Expressway SE, Suite 201
- Thrifty White Drug – 1015 South Broadway, Suite 3
- Thrifty White Drug – 2211 16th Street NW
- CVS Pharmacy – 1520 20th Avenue SW
- Medicine Shoppe – 1118 South Broadway Street
- Medicine Shoppe – 209 11th Avenue SW
- Center for Family Medicine Pharmacy – 1201 11th Avenue SW
- Dakota Drug – 28 Main Street North
- Market Pharmacy – 1930 South Broadway
- Walmart – 3900 South Broadway
- KeyCare Medical – 530 20th Avenue SW
- Sanford Healthcare Accessories – 116 1st Street SW
- United Blood Services – 1919 North Broadway

Skilled Nursing, Assisted Living, Nursing Care, Retirement Homes and Elderly Services

- Trinity Homes (Long Term Care) – 305 8th Avenue NE
- Trinity CancerCare Cottage – 1720 8th Avenue SE, Minot
- Emeritus at Brentmoor – 3515 10th Street SW
- Emerald Court – 520 28th Avenue SE
- Edgewood Vista – 800 16th Ave SE
- Minot Health and Rehab – 600 South Main Street
- Henry Towers – 1000 2nd Street SE
- Minot Housing Authority – 108 East Burdick Expressway #1
- Wellington Assisted Living – 601 24th Avenue SW
- Somerset Court – 1900 28th Street SW
- Dakota Transitional Home – 1508 17 ½ Avenue SE
- Semmen Assisted Living – 700 33rd Avenue SW
- Minot Commission on Aging – 21 First Avenue SE
- Maple View – 2805 Elk Drive

Mental Health and Chemical Dependency Services

- Trinity Mental Health Services – 407 3rd Street SE
- Trinity Addiction Services – 407 3rd Street SE
- Trinity Health Center – Riverside – 1900 8th Avenue SE
- The Marriage Clinic – 2116 4th Avenue NW
- Center for Family Medicine – 1201 11th Avenue SW
- Village Family Services Center – 20 1st Street SW, #250
- Burckhard Clinic – 315 Main Street S, #315
- Goodman Addiction Services – 1809 South Broadway Street
- Center for Mind & Body Wellness – 1015 South Broadway Street, Suite 37
- Dakota Boys & Girls Ranch – 6301 19th Avenue NW
- Charlene P. Bruley, Ph.D. – 308 2nd Avenue SW
- North Central Human Service Center – 1015 S Broadway, Suite 18
- ADAPT, Inc. – 21 Main Street S, Suite 207
- Bob Hayes Addiction Services – 1809 S Broadway, Suite G
- Cornerstone Addiction Services – 1705 4th Ave NW
- The Kid's Therapy Center – 600 South 2nd Street, Suite 201
- Rehab Services – 420 3rd Street SW
- Rehab's Recovery House – 911 3rd Street NE

Fitness Centers

- Minot Family YMCA – 3515 16th Street SW
- McAdoo Fitness Center – 58705 220 Tanker Trail, Minot Air Force Base
- Snap Fitness – 401 49th Ave SW #129
- Anytime Fitness – 305 20th Ave SW
- ASK Fitness – 3516 North Broadway
- Curves – 2110 10th Street SW
- Minot State University Wellness Center – 11th Ave NW

- Anytime Fitness – 1100 N Broadway
- Curves Minot – 1401 11th Ave SW, Suite 1
- Gymagic Gymnastics Fairgrounds – 600 21st Street SE
- Parshall Fitness Center – 107 3rd Street SE, Parshall
- Calavera Martial Arts & Boxing – 21 Main Street S
- SOS Image – 217 16th St. NW