

# Community Health Needs Assessment Report

## Trinity Kenmare Community Hospital Kenmare, North Dakota

Published June 28, 2019

### Introduction:

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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 5 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, Trinity Health purchased Kenmare Community Hospital from an out-of-state for-profit company. With a tertiary care hospital in Minot, more than 40 specialties, several rural health clinics, and a long-term care facility, Trinity Health provides a full complement of healthcare services to the region. Since 1922, Trinity Health has been committed to looking ahead and improving in ways that provide the best, most compassionate care possible for patients, families, and communities. 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, healthier lives.

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

- 4 Acute Care Beds
- 21 Swing Beds
- 24-Hour ER
- 24-Hour Nursing Care
- Chemotherapy / IV Therapy
- Dietician / Nutrition Services
- EKG / Holter Monitor Services
- Laboratory
- Radiology Services
  - Digital Radiology
  - CT
  - Mobile Mammography
  - Ultrasound
- Pharmacy
- Ancillary Services:
  - Dentistry
  - Female Incontinence Management
  - Optometry
  - Orthopedic Services
  - Health Information Management
  - Mental Health
  - Occupational Therapy
  - Physical Therapy
  - Speech Therapy
  - Wound Care

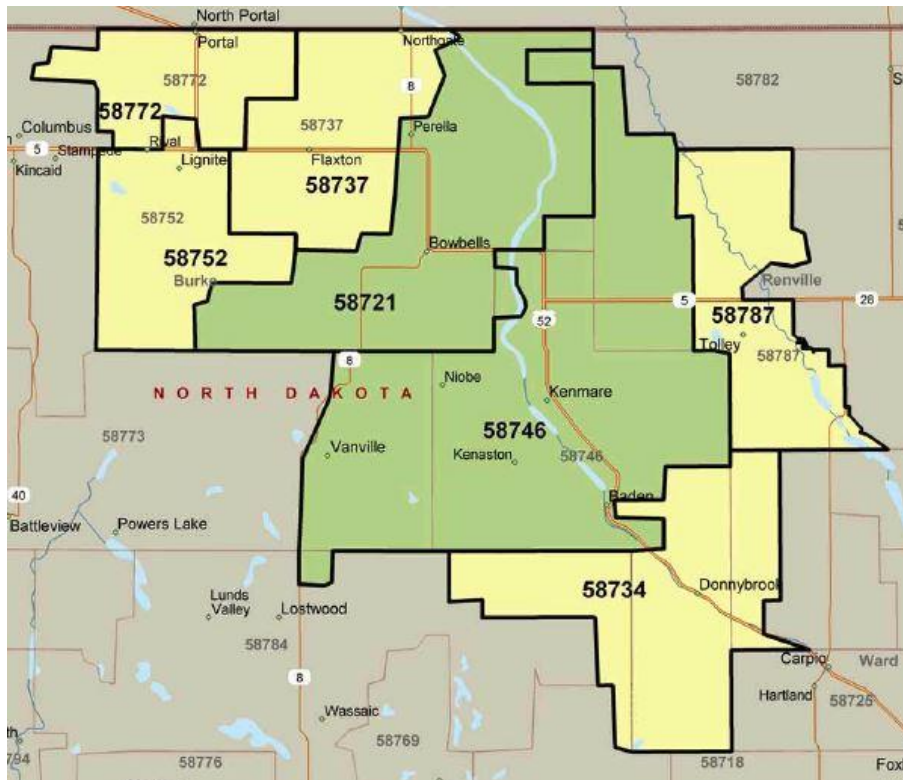
Trinity Kenmare Community Hospital is pleased to submit this Community Health Needs Assessment. We do so both as a matter of compliance with Section 501(r)(3) of the Internal Revenue Code, as mandated in the Patient Protection and Affordable Care Act, and as an obligation to those we serve. As an organization, 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

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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 and immediately around Kenmare—within zip code

58746. Approximately 25% of our patients come from other areas in our community. The remaining 10% are primarily individuals from around the state and country who happen to need health care while visiting our area.

The city of Kenmare is recognized as an isolated rural community. According to Rural Health Research Center (RUCA), each zip code in the country is classified on a scale from 1 to 10 into the following for categories: urban, large rural, small rural, and isolated rural areas. Kenmare (zip code 58746) is ranked as a 10, identifying it as an isolated rural community.

In 2017, Data USA estimated recent demographic data for all states, cities, and counties based on 2010 U.S. Census. The data presented below pertains to 2017 demographics for North Dakota, Ward County, and Kenmare.

	<b>North Dakota</b>	<b>Ward County</b>	<b>City of Kenmare</b>
Population	755,393	69,628	887
Median Age	35.4	31.0	52.5
Caucasian	84.4%	84.1%	86.6%
Hispanic or Latino	3.5%	5.6%	8.9%
American Indian	5.4%	2.3%	1.7%
African American	3.0%	3.7%	0.2%
Asian	1.7%	1.4%	NA
Other	0.3%	NA	NA
Median Household Income	\$61,843	\$64,159	\$60,052
Uninsured Residents	7.5%	7.7%	8.6%

As shown above, the population size of the city of Kenmare is approximately 0.1% of the state’s population and about 1.3% of Ward County’s population. From the last Community Health Needs Assessment Report in 2016, we noted a decrease in population from 1,089 residents in 2014 to 887 residents in 2017; this aligns with the community’s concern of residents moving away from Kenmare to larger metropolitan areas.

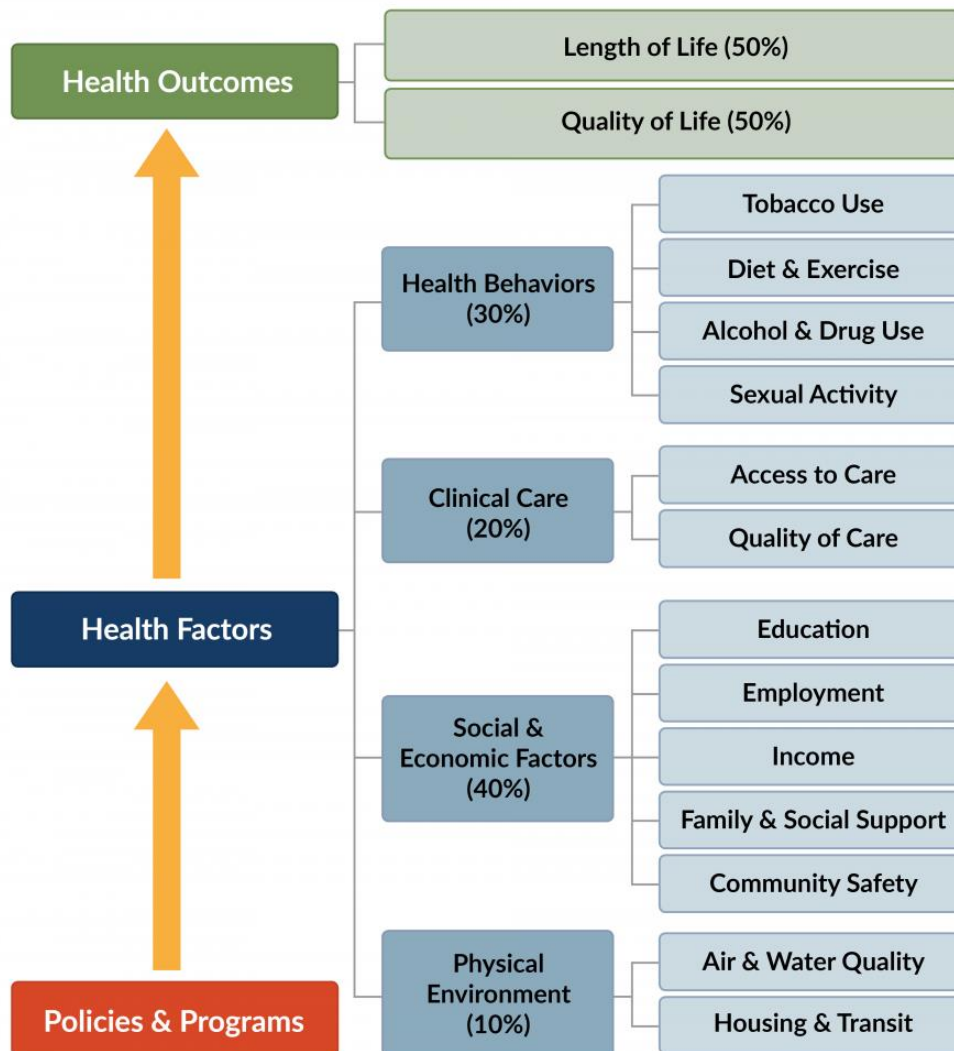
A significant age gap exists between Kenmare, Ward County, and the state. While the median age in North Dakota is 35.4, and the median age in Ward County is 31.0, the median age in Kenmare is 52.5 years old. In 2014, the median age was 51, which shows a population trend of an aging community. This could be the result of additional elderly people moving into the community but it is more likely caused by younger people moving away from Kenmare.

Hispanic, Native American, and African American individuals are the largest minority groups in Kenmare. Compared to the state (3.51%) and Ward County (5.64%), a higher number of Hispanic individuals reside in Kenmare (8.91%). Due to the geographic location of Kenmare, with no Native American reservations nearby, Kenmare has a lower percentage of Native American individuals (1.69%) than Ward County (2.26%) or North Dakota (5.39%). There is also a smaller percentage

of African American residents in Kenmare (0.2%), compared to the county (3.6%) or the state (3.0%).

Ward County enjoys greater financial success, as evidenced by the median household income, than North Dakota as a whole. However, those figures may be skewed by the presence of Minot in the county, approximately 50 miles southeast of Kenmare. Kenmare’s median household income is approximately \$1,800 lower than the state average and \$4,000 lower than Ward County’s average. At the same time, Kenmare has a higher percentage of uninsured individuals (8.6%) than Ward County (7.7%) or the state (7.5%), which is another indicator of the financial difficulty facing our community members.

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.



County Health Rankings model © 2014 UWPHI

<b>Ward County Health Rankings (Out of 49 Counties)</b>		
	<b>2019</b>	<b>2016</b>
Mortality (Length of life)	2	14
Morbidity (Quality of life)	23	30
<b>Overall Health Outcomes</b>	<b>7</b>	<b>15</b>
Health Behaviors	34	41
Clinical Care	2	10
Social & Economic Factors	27	12
Physical Environment	48	29
<b>Overall Health Factors</b>	<b>28</b>	<b>14</b>

In 2019, out of 49 ranked counties, Ward County ranked 28<sup>th</sup> in overall health factors and 7<sup>th</sup> in overall health outcomes. Compared to the last Community Health Assessment published in 2016, Ward County’s health outcomes (length of life and quality of life) both improved significantly compared to other counties in the state. In the same period, Ward County improved relative to other counties in the areas of health behaviors and clinical care and worsened relative to other counties in the areas of social/economic factors and physical environment. Because health outcomes are the long-term results of health factors, the current trends indicate that our community members are currently benefitting from relatively positive choices made in the past, but may face worsened future health outcomes as the impact of their current health choices are manifested.

As discussed below, interview participants consistently expressed great concern regarding the health behaviors—tobacco use, alcohol and drug use, and diet and exercise—of individuals in and around Kenmare. Although Ward County shows improvement in this area, two items are worth noting. First, although Ward County showed improvement, it is still ranked 31 out of 49 counties, which indicates plenty of room for additional improvement. Second, the county health rankings are for all of Ward County, which includes 12 cities and is dominated by the city of Minot. Thus, that figure may not be as representative of Kenmare specifically.

### **Review of Previous Community Health Needs Assessments**

In its 2013 and 2016 Community Health Needs Assessments, Trinity Kenmare Community Hospital identified access to care and substance abuse as significant community health needs. Since June 2016, Trinity Kenmare Community Hospital has taken the following steps to address these health needs.

#### *Access to care*

As it was with most providers across North Dakota, access to services was significantly impacted by workforce shortages. Trinity Health responded to shortages in its workforce by successfully recruiting several providers to its medical staff and adding allied health professionals to augment physician access. Trinity Health also engaged the services of several talent-search firms to augment internal efforts to fill key positions more quickly. This effort to improve access resulted in two new providers to Trinity Kenmare Community Hospital.

Trinity Kenmare Community Hospital utilized a system where patients in the emergency room would be monitored by emergency medicine physicians via telemedicine equipment (virtual ER) in an effort to augment local providers as needed.

Trinity Health focused on strategies to improve information available to consumers by enhancing its mobile devices application, improving its electronic patient portal that features secure messaging and appointment requests with providers, and enhancing its physician referral service.

To help patients find the services and providers they need, Trinity Health began development of a new user-friendly website by auditing the existing site, researching best practices, surveying users, and listening to feedback. The strategy focused on putting consumers first to meet their needs and simplify their actions from any device they use in connection with Trinity Health.

Trinity Health improved its appointment reminder software solution to help patients keep their medical appointments.

#### *Substance Abuse*

“Battling drug and alcohol abuse” was a community education activity that Trinity Health provided in the region and in area schools. Providers also visited area high school classes to present information about substance abuse and the tragic consequences that can occur based on their experiences in the local emergency room.

### **Community Health Needs Assessment Methodology**

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Trinity Health’s executives led the planning, conducting, and reporting of the community health needs assessment. We contracted with CliftonLarsonAllen LLP (CLA), 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 2019. The primary goal of these interviews was to gather a range of perspectives on the community’s health needs, including 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.

- First District Health Unit
- Ward County Social Services
- Trinity Kenmare Community Hospital
- Rural Health Consortium
- Kenmare Police Department
- Kenmare Volunteer Fire Department
- Kenmare News

We believe the individuals who participated on behalf of these organizations are qualified representatives 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 following data sources were utilized to supplement the qualitative community interview data in this Community Health Needs Assessment Report.

America’s Health Rankings, Obesity in North Dakota

- <https://www.americashealthrankings.org/explore/annual/measure/Obesity/state/ND>

Bismarck Tribune, “Drug Epidemic ‘killing people in our communities’”

- [https://bismarcktribune.com/news/state-and-regional/drug-epidemic-killing-people-in-our-communities/article\\_8a019822-5034-5a46-a780-f097ee0d6959.html](https://bismarcktribune.com/news/state-and-regional/drug-epidemic-killing-people-in-our-communities/article_8a019822-5034-5a46-a780-f097ee0d6959.html)

Center for Rural Health, “Availability of Direct Patient Care Physicians in North Dakota”

- <https://ruralhealth.und.edu/assets/616-1769/availability-of-nd-direct-patient-care-physicians.pdf>

Center for Rural Health, “North Dakota Behavioral Health System Study” Annual Report, 2018

- [https://www.hsri.org/files/uploads/publications/ND\\_FinalReport\\_042318.pdf](https://www.hsri.org/files/uploads/publications/ND_FinalReport_042318.pdf)

City of Kenmare, Transportation

- <http://www.kenmarend.com/kenmare/about-kenmare/transportation/>

Data USA, Kenmare, ND & North Dakota Data

- <https://datausa.io/profile/geo/kenmare-nd?compare=north-dakota>
- <https://datausa.io/profile/geo/kenmare-nd?compare=ward-county-nd>

KX Net, “North Dakota high school students are using vaping products at an increasing rate”

- <https://www.kxnet.com/news/bismarck-news/north-dakota-high-school-students-are-using-vaping-products-at-an-increasing-rate/1611075718>

North Dakota Office of the Attorney General, 2016 Comprehensive Status and Trends Report: A summary evaluation of the status of substance abuse and treatment in North Dakota, and analysis of substance abuse trends

- <https://attorneygeneral.nd.gov/sites/ag/files/documents/Comprehensive-Status-and-Trends-Report.pdf>

Population Health Institute, County Health Rankings

- [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

Rural Health Research Center, RUCA Data

- <http://depts.washington.edu/uwruca/ruca-download.php>

The New York Times, “FDA Targets Vaping, Alarmed by Teenage Use”

- <https://www.nytimes.com/2018/09/12/health/juul-fda-vaping-ecigarettes.html>

The State of Obesity, North Dakota

- <https://www.stateofobesity.org/states/nd/>

Trinity Health, Trinity Kenmare Community Hospital

- <https://www.trinityhealth.org/locations/kenmare-community-hospital/>

U.S. Department of Health & Human Services, North Dakota Adolescent Substance Abuse Facts

- <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescents-and-substance-abuse/north-dakota/index.html>

### Information Gaps

Although we are unable to identify any specific information gaps, we recognize members of the community representing different organizations and groups may have provided different opinions regarding community health needs, prioritization of those needs, and/or potential responses to the needs.

### Analytical Methods Applied

We applied various analytical methods to the available data. During interviews, we asked participants for their input regarding health needs, the prioritization of those health needs, and possible responses 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/CFO  
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

As with the determination of significance, the prioritization of identified significant health needs was determined 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.

### **Prioritized Community Health Needs**

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Based on the interviews conducted and research related to city, county, state, and national data, Trinity Kenmare Community Hospital determined that the current prioritization of significant community health needs is as follows:

- Access to health care services – primary health need
- Mental health – secondary health need
- Substance abuse – secondary health need
- Obesity – secondary health need

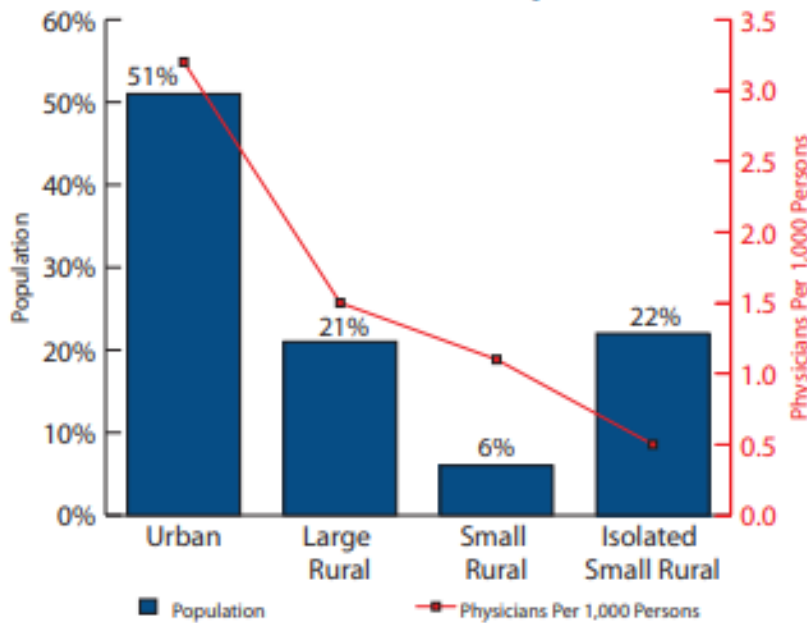
### Access to Care

From the last community health assessment issued, access to care continues to be an issue. The common issues addressed under access to care are difficulties with transportation, lack of providers, limited medical services, and limited home health access.

Due to Kenmare's rural location, transportation places a large constraint on residents to receive proper medical treatment. Patients who need medical attention beyond the services offered by Trinity Kenmare Community Hospital must travel about 50 miles to Minot, about an hour away. Long-distance personal transportation continues to increase in cost with the rising price of vehicles, gasoline, and repairs and maintenance. Individuals who lack a reliable vehicle, who cannot afford the costs of the drive to Minot, or who may not have family or friends they can rely on, are hit especially hard by this problem, including low-income individuals, elderly individuals, and youth. Public transportation is offered between Kenmare and Minot once per week, which has limited usefulness for individuals who need medical care in Minot on other days of the week.

Based on the interviews conducted, an issue that also continues to persist for Trinity Kenmare Community Hospital is the lack of providers and medical services offered. The University Of North Dakota School Of Medicine conducted a study on the availability of direct patient care physicians in the state of North Dakota. The graph below compares the number of physicians per one-thousand individuals by North Dakota's geographical density.

**Figure 1. Rate of Physicians Associated with Rural/Urban Status of North Dakota Population**



Kenmare is considered an isolated small rural area. Based on this graph, approximately 22% of North Dakotans reside in such areas, with one physician per 2,000 individuals. By comparison, the 51% of North Dakotans residing in urban areas enjoy the services of six physicians per 2,000 individuals. This distinction is relevant to Trinity Kenmare Community Hospital because the hospital has experienced high provider turnover, struggling to retain providers for more than a few years. Interview participants consistently identified lack of consistency among medical providers as a significant concern in developing a long-term relationship of trust between community members and the hospital. Additionally, Trinity Kenmare Community Hospital is a relatively small hospital that offers a limited range of services to the community. The limited range of services and inconsistency in medical providers have led some community members to seek healthcare outside of Trinity Kenmare Community Hospital. Despite these historical struggles, interview participants were very positive about the current team of medical professionals at Trinity Kenmare Community Hospital and expressed a desire for those individuals to spend more time “out and about” with the community to rebuild those long-term relationships of trust and support.

As mentioned previously, Kenmare has a disproportionately large population of elderly individuals. This aligns with interview participants’ concern regarding the availability of home health services. The elderly require more frequent medical attention and may struggle to get to a hospital or clinic to obtain such services. Home health services, in which a trained individual visits an elderly or disabled person in their home, are a valuable alternative for these individuals. Unfortunately, the home health services offered by Trinity Hospitals in Minot do not extend to the city of Kenmare and no other medical providers offer these services in our community. The majority of interview participants expressed a desire for home health services to be expanded to include our community.

### Mental Health

A common concern among community members interviewed was mental health among both adults and children. Depression and anxiety were frequently identified for children and young adults, while depression and loneliness were frequently identified for older adults. A related issue identified through interviews is the limited availability of mental health treatment services in our community. Although a single mental health counselor offers services one day per week through the Rural Health Consortium, the demand for mental health visits is significantly higher. Interview participants indicated that it would probably take two mental health counselors 2-3 days per week to meet the community's demand. Individuals with more severe issues or more immediate needs, like suicidal tendencies, are forced to look at more distant treatment options—in Minot or farther. As discussed previously, distant services are less available for individuals who struggle with such travel, such as low-income and elderly individuals.

According to North Dakota Behavioral Health System Study issued in April 2018, 12%-25% of students suffer from a mental health disorder. Mental health issues are most prominent in the 12-17 age group. Based on 2016 data estimates, 11.0% of children in North Dakota were diagnosed with depression, compared to the national average of 12.8%. Similarly, 17.0% of adults in North Dakota were diagnosed with mental illness, compared to the national average of 18.3%. Although state levels are slightly lower than the national averages, the rise in mental health needs without a commensurate increase in services has become a prominent issue in Kenmare.

### Substance Abuse

Interview participants indicated major concerns about substance abuse in the Kenmare area, although there was some disagreement about the prioritization of those substances. The commonly identified substances were opiates (including heroin), meth, alcohol, and vaping products. Interview participants indicated that opiates, including heroin and prescription drugs, and meth are commonly found among adults between ages 20-40 while e-cigarettes and vaping products are commonly used among teens and young adults. Interview participants indicated that alcohol abuse impacts all age groups, starting with children in middle school and becoming a more serious issue in high school.

According to the North Dakota Behavioral Health System Study issued in April 2018, 9.0% of North Dakotan adults self-identified as having a substance abuse disorder, compared to a national average of 7.8%. A survey of North Dakota adults with a substance abuse disorder shows that heroin use increased from 1% of those adults in 2011 to 6% in 2015 and that methamphetamine (“meth”) use increased from 17% of those adults in 2011 to 39% in 2015. In that same timeframe, the percentage of North Dakotan adults with a substance abuse disorder related to alcohol decreased from 80% to 65%, and the percentage with a substance abuse disorder related to marijuana stayed constant at 49%. Although the usage rates of heroin and meth increased significantly, they are both still below the abuse rates of alcohol and marijuana. This indicates that all four substances are a significant concern, although for slightly different reasons.

In an article issued by the Bismarck Tribune, “Drug Epidemic ‘killing people in our communities’” the increasing use of opioids has become relatively apparent in the state of North Dakota. The issue was discussed in the Minot region, in which Trinity Health noted more cases with patients

rushed to the emergency room due to drug abuse. The increase in drug-related medical care is due to drug overdoses and other drug-related injuries. Between 2014 and 2015, the rapid growth in heroin and meth use peaked at an increase of approximately 400% in the Minot region.

Alcohol abuse was identified by most of the interview participants as a major concern, although they acknowledged that average community members may not rank it as highly. North Dakota has the 2<sup>nd</sup> highest rate of binge drinking adults in the nation, at 34%, compared to the national average of 27% in 2016. Unfortunately, this problem isn't limited to adults. In 2017, 29% of North Dakotan high school students reported consuming at least one alcoholic drink in the last 30 days and 16% reported consuming 4-5 alcoholic drinks (depending on gender) at least once in the last 30 days. Interview participants indicated that the large alcohol consumption problem in Kenmare stems from many factors:

- A history of significant alcohol consumption has created a culture of normalcy among adults, many of whom don't even view it as a problem today.
- Bars are popular gathering locations for socializing during the long winter months.
- For those who aren't interested in going to a bar, drinking at home is also very common.
- Adults tend to view alcohol consumption by younger teens as acceptable. Adults indicate that the teens are being supervised, but the area experiences significant drinking and driving rates, especially in the months with nice weather.
- Alcohol is relatively affordable and easy to obtain.

“Vaping” (i.e., vape pipes, e-cigarettes, hookah pens) has become an epidemic issue at the national level. According to the New York Times, the federal government recognizes the increasing consumption rate of e-cigarettes among minors as a significant national health risk. Although such products are strictly prohibited for consumption by minors, they are too easily obtainable by youth and appear to be marketed to them. More than 2 million minors between ages 12-17 are known to be e-cigarette smokers. 21% of North Dakota's high school students reported using electronic vaping products in 2017, compared to a national rate of only 13%. This aligns with interview participants' concerns regarding the rise of e-cigarettes among Kenmare's high school students. The Juul has become an increasingly popular device with minors due to its product design similar to a thumb drive. In a recent article by KX Net, the Juul is commonly found among students in North Dakota. The youngest North Dakota student to be found in possession of a vaping product was a 5<sup>th</sup> grader. However, such a device is popular among high school students in North Dakota.

### Obesity

The final significant health issue raised by interview participants is obesity in adults and children. In 2017, North Dakota was ranked as the 13<sup>th</sup> most obese state in the U.S. for adults and the 2<sup>nd</sup> most obese state in the U.S. for children. Rural areas tend to have a higher obesity rate than urban and suburban areas. According to the United Health Foundation, the obesity rate in rural North Dakota areas was 36.2% in 2017, while the rate in North Dakota's suburban areas was 35.8% and the rate in urban areas was 33.0%. Each of these rates were slightly higher than the national averages. Due to Kenmare's small size, residents have limited accessibility to healthy food and exercise options. Because of the long, cold winters, interview participants indicated that community members can spend more than half of the year “holed up” in their homes and getting

minimal exercise. Finally, interview participants indicated that the rural community has a traditional “meat and potatoes” perspective of eating, consuming fewer fruits and vegetables and more starches and grains. Each of these factors contributes to the rising obesity rate in our community.

Based on the State of Obesity source, children between ages 2 and 4 who participate in the WIC program have an obesity rate of 14.4%. Families who participate in WIC tend to be low-income families in which malnutrition is more prominent. In Kenmare, healthier food options (fruits, vegetables, lean meats, etc.) are limited and are generally more expensive than less healthy foods. This can further limit the ability of low-income individuals to eat healthy and reduce the risk of obesity. According to the United Health Foundation, 41.2% of North Dakota residents with an income level less than \$25,000 were considered obese in 2017 and 37.4% of North Dakota residents with income levels between \$25,000 and \$49,999 were considered obese in 2017, indicating that obesity is a more serious concern for lower-income individuals.

**Conclusion:**

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Trinity Kenmare Community Hospital conducted this community health needs assessment to better understand our community’s current health needs. Based on this information, the hospital is responsible for responding appropriately. An Implementation Strategy, which defines plans responses to these significant community health needs, will be developed and approved by the board of directors no later than November 15, 2019. Upon approval, the Implementation Strategy will be used as a guiding tool in the coming years in attempting to improve the health of our community by effectively serving the needs of its individual residents.

## **Health Resources:**

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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.fdh.u.org](http://www.fdh.u.org)
- Ward County Social Services – 400 22nd Avenue NW, Minot | [www.co.ward.nd.us/socialservices/](http://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
- Kenmare Dental Office – 318 1st Avenue NE
- Optometry Clinic of Kenmare – 28 2nd Street NW

Many additional services, including several substance abuse treatment centers, are available in Minot.