

Community Health Needs Assessment Report

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

Published June 28, 2019

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 hospitals are part of Trinity Health.

Trinity Health was founded in 1922, when citizens from across northwest North Dakota gathered to form an alliance that would result in a new regional hospital dedicated to bringing modern-day healthcare services to a mostly rural region. Trinity Health is a nonprofit, integrated healthcare system serving northwest/central North Dakota and Eastern Montana. With a tertiary care hospital in Minot, more than 40 specialties, several rural health clinics, and a long-term care facility, Trinity provides a full complement of healthcare services to the region. For nearly 100 years we've been committed to looking ahead and improving in ways that provide the best, most compassionate care possible for patients, families, and communities.

Trinity Health is a proud member of the Mayo Clinic Care Network (MCCN). The MCCN is a collaboration between Mayo Clinic and member health systems across the country. Our collaborative relationship means access to the finest medical knowledge available. Patients benefit from leading medical expertise and collaboration, while staying near family, friends, and home.

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

Trinity Health 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. Our vision is to be recognized as the preferred regional healthcare provider. Trinity Hospital will achieve and sustain this excellence by:

- Being futuristic and proactive in continuous performance improvements;
- Exceeding professional quality standards and customer expectations;
- Providing sensitivity in service delivery and excellence in skills; and
- Efficient utilization of resources.

Trinity Hospital provides the following services to our community:

- Ambulance (ground, fixed-wing, and helicopter)
- Anesthesia
- Cardiac center & heart failure clinic
 - Stroke/STEMI program
- Cardiopulmonary services
- CancerCare Cottage
- Critical care/emergency/Level 2 trauma center
- Endoscopy
- Family birth center
- Hospice
- Hospitalists
- Infection prevention & control
- Inpatient therapy
- Intensive care unit, including NICU
- Joint replacement center/geriatric fracture center
- Laboratory
- Pharmacy
- Robotic surgery
- Same day surgery
- Neurodiagnostics
- Neurology services
- Neurosurgery
- Nutrition services
- Occupational therapy
- Palliative medicine
- Pathology
- Pediatrics
- Physical therapy
- Progressive care unit
- Radiology
 - Digital radiology
 - 3d mammography
 - Cardiac cath lab
 - CTA
 - CT
 - MRI
 - Nuclear medicine
 - Ultrasound
- Social services
- Surgical services
- Trauma services
- Women's health center
- Wound care

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

- Adult and adolescent addiction services
- Adult and adolescent mental health services, including inpatient psychiatric services
- Inpatient rehabilitation (RehabCare Center)
- Kidney dialysis
- Occupational therapy
- Physical therapy
- 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
- Eighteen clinics (one walk-in clinic)
- Two retail vision centers
- Two pharmacies
- Two durable medical equipment locations

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 Health's services provide patients a smooth continuum of care from a hospital stay to outpatient services, from 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 search for a better quality of life for the communities we serve. Together, the providers and staff at Trinity Health are dedicated to making more possible in any way we can – so patients can enjoy all the promise of a life lived well.

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 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, so we have defined both Trinity Health and Trinity Health – St. Joseph's as serving the same community 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. U.S. census data are primarily from the 2010 census, with some figures estimated based on that census and others being actual data from subsequent years. Population Health Institute data are as of April 2019.

	North Dakota 2018	North Dakota 2010	North Dakota Change		Ward County 2018	Ward County 2010	Ward County Change
Population	760,077	672,591	13.0%		67,744	61,675	9.8%
Age < 18	23.30%	22.30%	4.5%		23.40%	23.50%	-0.4%
Age 65+	15.00%	14.50%	3.5%		12.40%	13.00%	-4.6%
Caucasian	84.60%	90.00%	-6.0%		82.80%	90.30%	-8.3%
African American	3.10%	1.20%	158.3%		4.70%	2.50%	88.0%
American Indian	5.50%	5.40%	1.9%		2.40%	2.60%	-7.7%
Asian	1.60%	1.00%	60.0%		1.70%	1.00%	70.0%
Hispanic	3.70%	2.00%	85.0%		6.30%	3.00%	110.0%
Rural	39.40%	44.10%	-11.9%		22.00%	23.20%	-5.5%
Median Household Income	\$61,285	\$49,415	24.0%		\$64,159	\$51,081	25.6%
Per Capita Health Care Cost	\$9,851	\$7,791	3.6%		Not Available	\$7,996	N/A
Uninsured Adults	8.80%	8.20%	7.3%		8.10%	7.30%	11.0%
Free Lunch-Eligible Children	31.00%	31.20%	-0.0%		29.00%	20.80%	39.4%

Understanding our community requires an understanding of how North Dakota’s oil production has changed. While conducting our last community health needs assessment, North Dakota’s

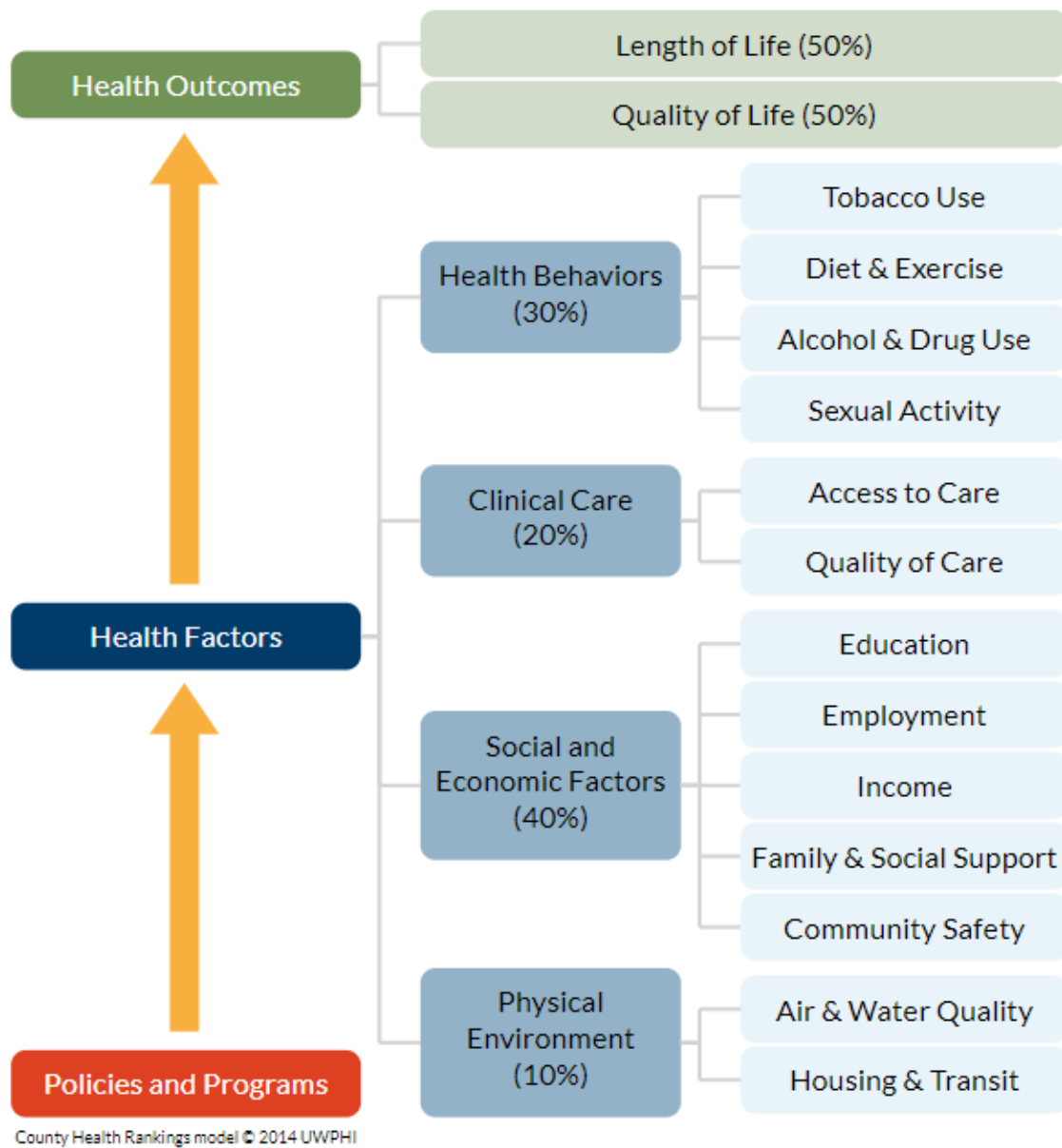
economy was in a sharp downturn due to significant decreases in prices and demand for local oil. Since then, however, the price of oil has increased and oil production has rebounded.

Ward County's overall population increased by 9.8% compared to North Dakota's increase of 13.0%, indicating that Ward County's population is growing, but at a slower rate than the rest of the state. Between 2010 and 2018, the proportion of youth and elderly individuals in North Dakota each increased slightly while the proportions in Ward County decreased slightly. These indicate that Ward County now has a higher proportion of working-age adults (age 19 to 64) than it had in 2010, while North Dakota has a lower proportion of working-age adults. This could be attributable to an influx of working adults, partially attributable to the oil field activities.

Between 2010 and 2018, the racial demographics in both Ward County and North Dakota shifted in similarly significant ways. The proportion of African American and Hispanic individuals increased significantly while the proportion of Asian individuals increased slightly. The proportion of Native American individuals remained approximately constant. The combined result of these changes is that Ward County and North Dakota each have increased racial diversity, although Caucasians are still by far the majority in both areas.

Between 2010 and 2018, both Ward County and North Dakota experienced significant growth in median household income, although Ward County's growth was slightly greater. This may be attributable to the fact that Ward County is on the edge of the Bakken oil fields and therefore receives a greater-than-average boost from the economic gains from the oil fields. For most of the nation, healthcare costs are rising faster than income, meaning that healthcare takes a larger portion of household income. However, in the state of North Dakota, income has risen faster than the cost of healthcare, indicating that healthcare is relatively more affordable in North Dakota now than it was in 2010.

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 2016, Ward County’s overall health factors ranked 14th out of 49 counties while its overall health outcomes ranked 15th. Between 2016 and 2019, Ward County’s rankings declined in overall health factors by 14 spots and improved by 8 spots in overall health outcomes. Ward County is now ranked 28th out of 49 counties in overall health factors and 7th out of 49 counties in overall health outcomes.

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

Typically health factors lead to health outcomes, so the present rankings indicate that Ward County’s residents are currently enjoying the effects of positive historic health behaviors, while future health outcomes may worsen as a result of present health choices. As the primary healthcare provider in Ward County, Trinity Health is particularly proud of Ward County being ranked second in the state in terms of clinical care, which includes access to health care services and the quality of such care.

Review of Previous Community Health Needs Assessments

Trinity Hospital and Trinity Hospital – St. Joseph’s conducted joint community health needs assessments in the fiscal years ended June 30 for 2013 and 2016. In those joint reports, the following needs were identified for each hospital:

Community Health Need	Trinity Hospital		Trinity Hospital – St. Joseph’s	
	6/30/13	6/30/16	6/30/13	6/30/16
Access to Care	Primary	Primary	Primary	Primary
Substance Abuse	Secondary	Secondary	Secondary	Secondary
Mental Health	Secondary	Secondary	Secondary	Secondary
Obesity	Secondary	Secondary	Secondary	Secondary
Illness and Disease	Secondary	N/A	N/A	N/A

A copy of the 2016 Community Health Needs Assessment is available on Trinity Health’s website at https://www.trinityhealth.org/wp-content/uploads/2018/09/Minot_Report063016.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 North Dakota, access to services was significantly impacted by workforce shortages. Trinity Health responded to shortages in its workforce by successfully recruiting several providers and adding allied health providers to augment physician access. Trinity Health 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 continued to aggressively recruit medical providers in both primary and specialty care. This effort to improve access resulted in new providers to our physician network, including mental health providers in Williston and Minot. In 2018, Trinity Health launched FirstCare Walk-In Clinic in downtown Minot. This walk-in clinic offers expanded hours, including evening, holiday, and weekend hours, and its providers see all patient ages. To manage consumers' expectations about wait times at the walk-in clinic, Trinity Health includes an estimated wait-time on its internet website and mobile device application.

To help patients find the services and providers they need, Trinity Health began development on a new user-friendly website by auditing the existing website, 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 to connect with Trinity Health.

Substance Abuse, Chemical Dependency, and Mental Health

“Battling Drug and Alcohol Abuse” was a community education activity Trinity Health 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 resources in Minot and Williston to help address a growing need for access.

Substance abuse and mental health care cannot be addressed by any one organization alone, and Trinity Health is partnering with other agencies in the region to coordinate efforts, work through barriers, and better serve our community. Members of Trinity Health's team supported efforts in the community to better understand the scope of opioid abuse and helped to design approaches aimed at reducing the risks leading to abuse and improving treatment awareness in the community.

Parenting education was a topic presented to the public, 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 Health 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.

Trinity Health provides newly remodeled space in the hospital to accommodate a regional SANE (sexual assault nurse examiners) program, in which specially trained nurses interview and advocate for sexual assault victims. These victims are now treated and interviewed in a more comfortable and private environment.

Obesity

Our focus continues to be on children, and how to help kids develop healthy habits regarding nutrition and exercise. For example, Trinity Health sponsored a program at the Wee Links Golf Course to encourage and incentivize kids to exercise through activity (in this case, golf). Trinity Health uses nutritionists and other healthcare professionals to visit with kids and their parents about avoiding obesity through healthy lifestyle choices.

Trinity Health also sponsored activities to combat obesity. For example, our dieticians lead 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. This effort was enhanced this year through the purchase of a “portable kitchen” to help demonstrate the techniques being taught.

Trinity Health promotes wellness through a nationally-known program, franchising its own cross-fit program. Led by one of our physicians, the theme of “Exercise is Medicine” was promoted to the community, complete with a public invitation to walk at a local park through the warm season in a “Doc Walk,” in which healthcare professionals led the community walk effort.

Illness and Disease

Trinity Health added a number of activities aimed at improving heart health awareness through its Healthy Hearts program, providing a mechanism for community education and activities to support heart health.

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

Trinity Health maintains an annual schedule of national observances to build awareness of important health topics such as cholesterol, nutrition, blood pressure, vision, and hearing, among many others. In addition, a range of screenings are offered at low cost or through free clinics to promote early detection of certain cancers. Trinity Health also launched a new screening service aimed to identify patients at risk for heart attack or stroke through some simple tests. These imaging exams, available on demand with no referral needed, help patients and their primary care providers assess their risks and better understand any benefit for further interventions. Through this program, MyChoice Health Checks, patients are educated about how they might improve their risks of heart attack and stroke through better diets, exercise, and other lifestyle modifications.

Community Health Needs Assessment Methodology

Trinity Health’s executives led the planning, conducting, 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 and small group interviews with key community stakeholders. These interviews were conducted in the spring of 2019. The primary goal of these interviews was to obtain 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
- First District Health Unit
- Minot Air Force Base
- Minot Commission on Aging
- Minot Daily News
- Minot Public School District No. 1
- North Central Human Service Center
- St. Joseph's Community Health Foundation
- Trinity Hospital
- Trinity Hospital – St. Joseph's
- Ward County Commissioners
- Ward County Detention Center
- 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.

- Becker's Hospital Review, "A state-by-state breakdown of per capita healthcare spending"
 - <https://www.beckershospitalreview.com/finance/a-state-by-state-breakdown-of-per-capita-healthcare-spending.html>
- 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?sm_byp=iVVPD5TW7Sk3tMH5
- Center for Disease Control
 - <https://www.cdc.gov/obesity/data/adult.html>
 - <https://www.cdc.gov/ncbddd/autism/data.html>
- Center for Rural Health
 - <https://ruralhealth.und.edu/publications/health-workforce-factsheets>

- <https://ruralhealth.und.edu/assets/622-2136/availability-of-nd-primary-care-physicians.pdf>
- <https://ruralhealth.und.edu/assets/623-1802/demographics-of-nd-primary-care-physicians.pdf>
- <https://ruralhealth.und.edu/assets/617-1775/demographics-of-nd-direct-patient-care-physicians.pdf>
- <https://ruralhealth.und.edu/assets/616-1769/availability-of-nd-direct-patient-care-physicians.pdf>
- <https://ruralhealth.und.edu/projects/primary-care-office/hpsa-maps>
- <https://ruralhealth.und.edu/projects/flex/hospitals>
- <https://ruralhealth.und.edu/assets/2732-10453/2019-nd-cahs-rhcs-fqhcs.pdf>
- City-Data.com
 - http://www.city-data.com/county/Ward_County-ND.html
- KX News’ “Opioid Epidemic Alive and Well in North Dakota”
 - <https://www.kxnet.com/news/bismarck-news/opioid-epidemic-alive-and-well-in-north-dakota/1508787537>
- Merritt Hawkins, an AMN Healthcare Company
 - https://www.merrithawkins.com/uploadedFiles/Merritt_Hawkins_2018_incentive_review.pdf
 - https://www.merrithawkins.com/uploadedFiles/MerrittHawkins/Content/News_and_Insights/Thought_Leadership/mhwhitepaperpsychiatry2018.pdf
- Minot Daily News “10: Drugs were a growing problem in North Dakota in 2017”
 - <https://www.minotdailynews.com/special-sections/year-in-review/2018/01/10-drugs-were-a-growing-problem-in-north-dakota-in-2017/>
- National Institute on Drug Abuse
 - <https://www.drugabuse.gov/opioid-summaries-by-state/north-dakota-opioid-summary>
- North Dakota Department of Health
 - https://www.ndhealth.gov/phsp/documents/Health_Status_Assessment_Report_for_North_Dakota.pdf
- North Dakota Commerce
 - <https://www.commerce.nd.gov/uploads/26/CensusNewsletterDec2017.pdf>
- Population Health Institute’s county health rankings
 - <http://www.countyhealthrankings.org>
 - <http://www.countyhealthrankings.org/app/north-dakota/2019/rankings/ward/county/outcomes/overall/snapshot>
 - <http://www.countyhealthrankings.org/app/north-dakota/2019/measure/factors/65/data>
- Rural Health Information Hub
 - <https://www.ruralhealthinfo.org/states/north-dakota/maps>
- U.S. Census Bureau’s 2010 census
 - <https://www.census.gov/quickfacts/fact/table/nd,US/PST045218>
- U.S. Department of Health & Human Services

- <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-mental-health-fact-sheets/north-dakota/index.html>
- <https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-physical-health-and-nutrition/north-dakota/index.html>
- Ward County North Dakota
 - <http://www.co.ward.nd.us/210/Manuals-Reports-Resources>
- World Health Organization, 2017 Mental Health Atlas:
 - <https://apps.who.int/iris/bitstream/handle/10665/272735/9789241514019-eng.pdf?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 if given the opportunity.

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 needs, and potential responses to address them. We analyzed the historic prevalence of various health issues in our community and compared those with county, state, and national data. 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/CFO
 RE: Trinity Hospital and Trinity Hospital – St. Joseph’s 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.

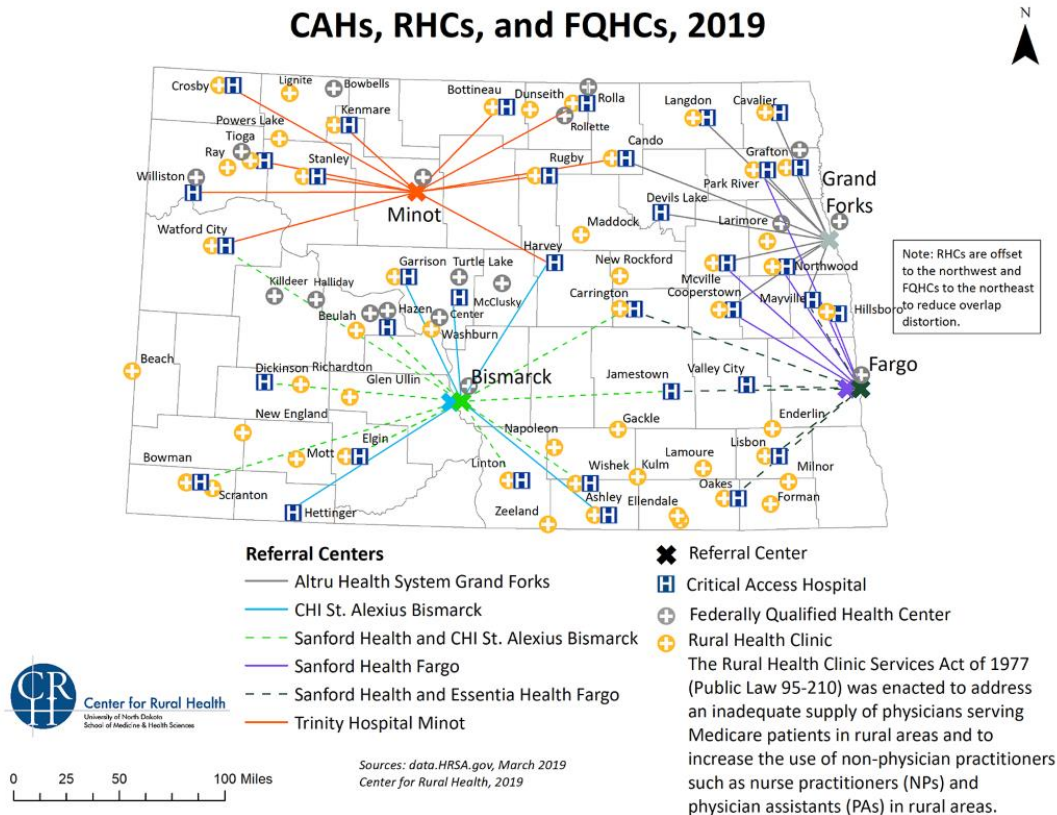
Community Health Need	Trinity Hospital Prioritization	Trinity Hospital – St. Joseph’s Prioritization
Access to Care	Primary	Primary
Substance Abuse	Secondary	Secondary
Mental Health	Secondary	Secondary
Obesity	Secondary	N/A

Access to Care

Throughout the interview process, access to care was frequently identified as one of the most significant health needs in our community. Every interview participant identified some form of access as a significant concern. The issues related to access to care can generally be classified into the following areas: increases in demand and a shortage of care providers, lack of substance abuse and mental health services, 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, 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. Below is a current map of available critical access hospitals, rural health clinics, and federally qualified health centers in the North Dakota area.

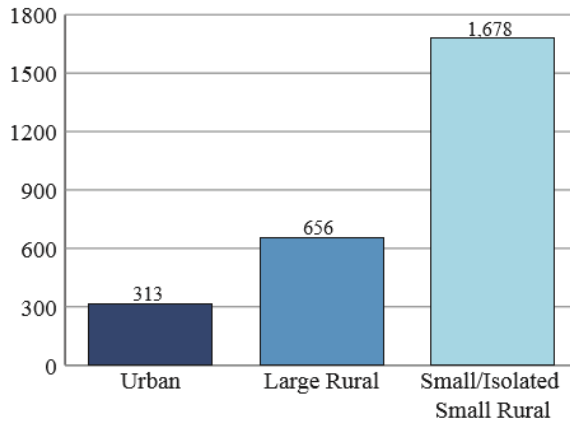
CAHs, RHCs, and FQHCs, 2019



In the last five years, the number of patients served by Trinity Health has significantly increased; we expect that the number served will continue to increase during 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 to outpatient services, are stretching the capacity of present-day facilities at both 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 in the process of building a replacement healthcare campus and medical district to accommodate current and future service demands of the growing region-at-large.

According to research from the Center for Rural Health, currently there are 1,614 direct patient care physicians practicing in North Dakota, 77% of which practice in urban areas. Overall, this translates into 2.11 physicians per 1,000 persons in North Dakota; this is 23% lower than the national average of 2.73 physicians per 1,000 persons. Further analyzing these 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.

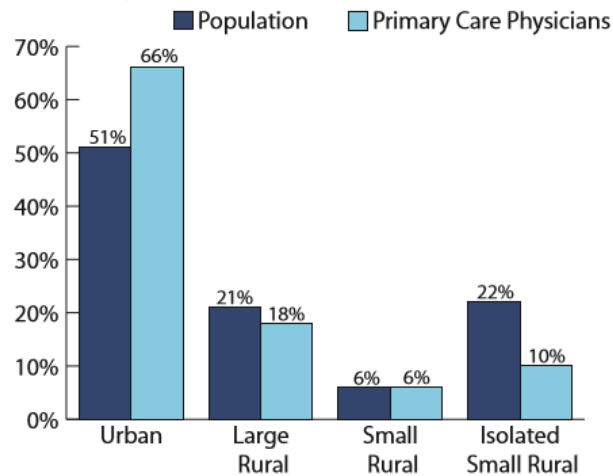
Figure 1. Number of Patients Per Physician in North Dakota by Rural/Urban Status



Source: Center for Rural Health

Further analysis by the Center for Rural Health indicated that of the 1,614 direct patient care physicians in North Dakota, 609 are primary care physicians practicing in the areas of family/general practice, general internal medicine, and general pediatrics. Of those, 403 practiced in urban areas, 111 in large rural areas, 35 in small rural areas, and 60 in isolated rural areas. With 66% 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 the same research conducted three years ago, while many percentages remained constant, there is a slight decrease in practice in small/isolated rural areas, while there is a minor increase in urban areas for primary care physicians. We think that this trend will continue going forward, furthering the lack of access to health care professionals in small/isolated rural 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 expressed a general concern over the shortage of care providers and long wait times for medical appointments, especially for certain specialists such as mental health professionals and dermatologists. Community members also reported a decrease in the quality of doctor-patient relationships, mentioning inconsistency of care due to turnover as an underlying cause. Many members of the community living in rural areas also do not regularly visit the doctor because regular and consistent care is such a challenge, and they are unable to form a lasting relationship with one physician.

Community members expressed concern over a general lack of substance abuse and mental health services in both urban and rural areas, with rural access to care being much worse. They also sighted that treatment programs for substance abuse and mental health were deficient, as our service area only provides short term treatment programs (30 days or less) for both in-patient and out-patient care, and access to follow-up care is not ideal. There are a very limited number of beds in the area available for in-patient treatment and the waiting lists are long, made worse by the high volume of court-ordered treatment taking service precedence.

Low-income community members may have additional struggles in receiving effective and thorough health care, and as costs have continued to rise, this challenge has expanded into the middle income class who do not qualify for government benefits and typically have high deductible health plans. 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, mental health issues, substance abuse, heart disease, diabetes, etc.—as other community members, but low-income individuals have fewer alternatives to receive treatment to meet those needs.

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 and telehealth services. While these services are available, they are expensive and are pretty much non-existent to those outside of Trinity's service area. Second, participants indicated that services for children and adolescents were a challenge due to the increasing population of young adults and young families from the air force base. Third, those in rural areas struggle even more with access to care because of the obvious geographic distances, access to transportation, and cost of travel. Anything which requires frequent visits, like dialysis and cancer treatment are a real challenge for this group of individuals. Fourth, dental care access is a real challenge for low-income and Medicaid individuals. Many employers in the area do not offer dental insurance, and a large volume of providers are unwilling to accept Medicaid for coverage of services. Finally, the cost of care presents a great challenge for many in the community with high deductibles and the ever-increasing cost of medications contributing to the issue.

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 alcohol, opiates/heroin, and methamphetamine abuse are considered the most significant lately by interview participants. According to the Population Health Institute, 26% of adults in North Dakota and Ward County indicate that they drink excessively. Approximately 47% of Ward County

driving deaths involve alcohol impairment, similar to the rate of 46% in North Dakota. Also, according to an article published by the Minot Daily News in early 2018, “Meth violations quintupled from 2010 to 2015 and people arrested for heroin violations increased by 4,300 percent. The Center for Disease Control reported a 21 percent increase in overdose deaths in the state from May 2016 to May 2017.”

Abuse of illicit drugs, especially heroin, is a significant 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. In a news report issued by KX News in 2018, Dr. Solberg, who works in the ER at CHI St. Alexius, stated, “The U.S. uses 80 percent of the world’s opiates and we only have five percent of the population, so this has become a huge problem in the last 10 years. Street drug use is starting as prescription drugs and progressing into illicit drugs as time goes on.” Pain killers are hard to get and can be expensive, so heroin can be an easier alternative for addicts.

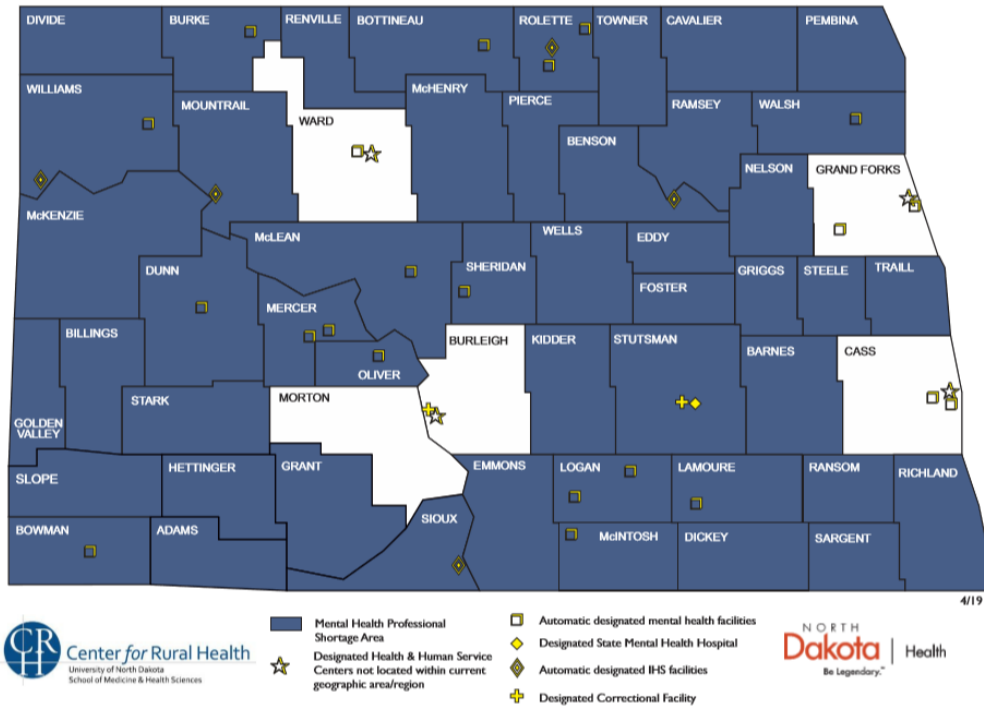
Heroin can cause damage to various organs, including the heart, lungs, liver, and kidneys. It can also cause breathing problems, collapsed veins, and poses special problems related to the transmission of HIV, Hepatitis C, and other diseases that can occur with sharing needles. The resurgence of opiate-related 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 article published by the Bismarck Tribune, Dr. Jeffrey Sather at Trinity Health stated, “We see gunshots and stabbings almost on a weekly basis now here in Minot, and usually, they’re drug deals gone bad or... drug-related in some way.”

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 largely on a person’s financial situation and ability to travel great distances for care. 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. 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 to serve this need, 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 is likely to remain a major problem across the nation and in our community in the future.

Merritt Hawkins, a physician-recruitment firm based in Texas, released their *2018 Review of Physician and Advanced Practitioner Recruiting Incentives* and a white paper, *The Silent Shortage*, which provides insight into the growing issue of mental health care. Below is an excerpt listing drivers of the shortage:

“The shortage of psychiatrists in the United States is driven in part by a growing need for psychiatric services. Consider:

- One in every five adults in America experiences some form of a mental illness.
- Nearly one in 20 adults in America (13.6 million) live with a serious mental illness.
- 60% of adults with a mental illness received no mental health services in the prior year.
- Suicide is the 3rd leading cause of death in youths age 10-24, and the 10th leading cause of death for adults in the U.S.
- The average delay between onset of mental health symptoms and intervention is 8-10 years.
- Over \$193 billion dollars in lost earnings a year result from serious mental illness.
- 24% of state prisoners have “a recent history of a mental health condition.”

According to these reports, the average per capita number of psychiatrists in the U.S. is 9.35 per 100,000 people, while North Dakota came in at 7.55 per 100,000 people. Psychiatry also holds the second spot as the most requested physician placement search for the third consecutive year. Nearly 60% of the nation’s 30,451 psychiatrists are at least 55 years old, and many will retire in the near future. In reviewing data related to resident census in psychiatry, we will continue to see demand increase while supply dwindles as new members of the profession are not currently growing at the same rate as attrition due to retirement. To further complicate the issue, Merritt Hawkins reported that psychiatrists prefer to work in outpatient settings and it’s becoming increasingly difficult to recruit them for hospital positions.

Participants expressed concern over the connection between substance abuse and mental health, estimating that 90% of those with substance abuse as their primary issue also have mental health problems. This is 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 allowing recovering individuals to work toward independent living. There is an absence of stepdown programs in our service area, and the community doesn’t have a long-term recovery system available. We also lack a long-term care community which would typically assist with job coaching, vocational training, housing, food, transportation, and social interaction for those in recovery. This is a particularly strong concern because our community has some capability in assisting individuals through short-term acute (severe) mental health and substance abuse problems, but frequently lacks sufficient resources to help those individuals through the months-long or years-long process of fighting those same problems to achieve a healthy life.

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.

Participants reported mental health problems, with the most significant being depression and suicide, as well as loneliness-related depression in the elderly due to loss of a spouse, children moving away, loss of friends, and similar isolation-related issues. We have also seen an increase in mental health needs in children and adolescents in North Dakota, which mirrors growing U.S. trends. According to the U.S. Department of Health and Human Services, depression symptoms among high school students in North Dakota were reported at 29% vs. the U.S. at 31%. Depressive episodes were reported at 11% vs. 13% respectively, and suicidal thoughts, attempts, and related injuries among high school students came in at 17% for both North Dakota and the U.S. Participants noted they are seeing many children in our community with behavioral problems, and some think this may be a generational issue where kids are growing up in households of others with mental issues. Other causes are thought to be kids growing up in environments with working parents and experiencing additional pressures from school and social interactions.

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 in the mid-twenties 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 services 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 in the mid-twenties, 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 59 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 diagnoses. While the types of mental health needs identified were different from Trinity Health’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 on par with North Dakota and better than the U.S. average in this regard. Based on rankings by the Population Health Institute, 32% of Ward County’s and North Dakota’s adult population is obese, compared to 39.8% of the United States’ population. Similarly, 24% of Ward County’s population reported that they spend no leisure time on physical activities, compared to 22% of North Dakota’s population. Based on ranking from the Department of Health and Human Services, adolescent obesity is in line between North Dakota and the U.S., with both populations reporting a 14% rate of obesity.

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, is among all age groups and demographics.

Obesity is also an issue for children in our community. Families in our community are increasingly seeing both parents work, either because of a need for additional income or because of the high pay that's available to those who are willing. In this environment, parents may value meals that can be prepared or purchased quickly 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, 2019, 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 12 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.fdh.u.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 W
- Trinity Hospital – St. Joseph’s – 407 3rd Street SE

Clinics and Specialty Practices

- Trinity Health Center – East – 20 Burdick Expressway W
- 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 – Medical Arts – 400 Burdick Expressway E
- Trinity Health Center – Riverside – 1900 8th Avenue SE
- Trinity Health Center – Plaza 16 – 2815 16th Street SW
- Trinity Regional Eyecare – Minot Center – 2815 16th Street SW, Suite 102
- Trinity Health – East Ridge – 1250 21st Avenue SE
- Trinity Health – South Ridge – 1500 24th Avenue SW
- FirstCare Walk-In Clinic – 400 Burdick Expressway E
- 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 Avenue SW, Suite 19
- Minot Health Clinic – 1418 S Broadway Street
- Dakota Hope Clinic – 315 Main Street, Suite 205
- Walmart Vision Center – 3900 S Broadway

Pharmacies and Medical Equipment

- B&B Northwest Pharmacy – 20 Burdick Expressway
- KeyCare Pharmacy – 400 Burdick Expressway E
- KeyCare Medical – 530 20th Avenue SW
- Vision Galleria – 2815 16th Street SW, Plaza 16, Suite 102
- Thrifty White Pharmacy – 1015 S Broadway, Suite 3
- White Drug Pharmacy – 2211 16th Street NW
- CVS Pharmacy – 1520 20th Avenue SW
- Medicine Shoppe – 1118 S Broadway Street
- Center for Family Medicine Pharmacy – 1201 11th Avenue SW
- Dakota Drug – 28 Main Street N
- Market Pharmacy – 1930 S Broadway
- Sanford Healthcare Accessories – 116 1st Street SW
- United Blood Services – 1919 N Broadway
- North Hill Pharmacy – 2111 Landmark Circle

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
- Emeritus at Brentmoor – 3515 10th Street SW
- Emerald Court – 520 28th Avenue SE
- Edgewood Vista – 800 16th Avenue SE
- Minot Health and Rehab – 600 S Main Street
- Henry Towers – 1000 2nd Street SE
- Minot Housing Authority – 108 E 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
- Elmcroft of Minot – 3515 10th Street SW
- Spectrum Care – 1919 2nd Street SE

Mental Health and Chemical Dependency Services

- Trinity Mental Health 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 S Broadway Street

- Center for Mind & Body Wellness – 1015 S 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. – 1809 S Broadway
- Bob Hayes Addiction Services – 1809 S Broadway, Suite G
- Cornerstone Addiction Services – 1705 4th Avenue NW
- Rehab Services – 420 3rd Street SW
- Rehab’s Recovery House – 911 3rd Street NE
- North Central Human Service Center – 400 22nd Avenue NW
- RSI Rehab Services Inc. – 112 2nd Avenue SW
- Minot Center for Pediatric Therapy – 2201 36th Avenue SW

Fitness Centers

- Minot Family YMCA – 3515 16th Street SW
- McAdoo Fitness Center – 58705 220 Tanker Trail, Minot Air Force Base
- Snap Fitness – 401 49th Avenue SW, #129
- Anytime Fitness – 305 20th Avenue SW
- Curves – 2110 10th Street SW
- Minot State University Wellness Center – 11th Avenue NW
- Anytime Fitness – 1100 N Broadway
- Curves Minot – 1401 11th Avenue SW, Suite 1
- Gymagic Gymnastics Fairgrounds – 600 21st Street SE
- Calavera Martial Arts & Boxing – 21 Main Street S
- SOS Image – 217 16th Street NW
- Forever Fitness – 515 20th Avenue SE
- Spectrum Fitness – 1915 N Broadway
- Vault Fitness – 315 Central Ave E
- Cross Fit Minot – 3516 N Broadway
- Premier Movement – 300 3rd Avenue SW, Suite E
- YogifyU – 2 Main Street S, #115