

Community Health Needs Assessment Report

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

Published 06/30/22

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.

In 2023, Trinity Health will open a new regional healthcare campus and medical district in southwest Minot. This campus will provide more patient-centered and holistic care in its design. It will be centered around a wide range of services and units intended to deliver high-quality care, but patient and family preferences, as well as staff needs, will be paramount. And these elements won't be left to chance.

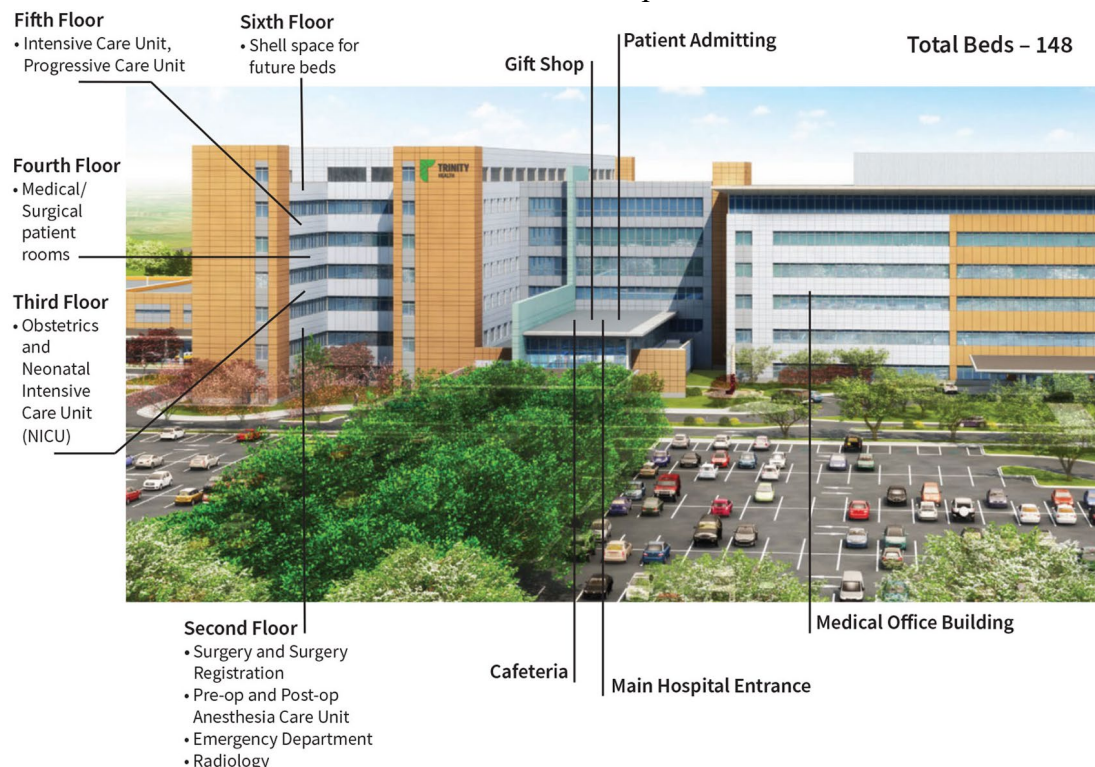


Dave Kohlman, facilities vice president, says the elements of patient safety, comfort, and privacy have been built into the overall design, a process that has been developed and fine-tuned over several years in consultation with experts and key clinical staff. “Patients arriving at the new facility will notice a welcoming environment,” Kohlman said. “They’ll be dropped off at a canopy-covered entrance, protected from rain and snow. When patients leave the hospital, it will be a much more dignified exit - they’ll conveniently depart from a discharge lounge with drive-up access, so they don’t have to navigate through the main hospital.”

Another major design element will be what Kohlman describes as a “front of house” and “back of house” feature. The division will keep service functions separate from patients and their families and shield the sick and injured from public view. In addition to having this feature, patient privacy and noise reduction will be greatly enhanced by the hospital utilizing private rooms. Studies have shown that healthcare facilities designed around patients, families, and staff improve healthcare outcomes, resulting in:

- Reduced patient stress and anxiety
- More efficient workflow patterns and processes
- Greater patient satisfaction
- Increased patient safety
- Greater privacy and noise reduction

The campus features open and spacious lobbies and intuitive interior design that facilitates wayfinding and fills the spaces with natural light. Add to that warm, natural materials that evoke a sense of comfort. It will be more than a year before Trinity Health’s new healthcare campus and medical district opens its doors.



Trinity Hospitals is the largest hospital provider in Northwest North Dakota, with an acute care facility that is 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. As the region's tertiary care provider, 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 and kidney dialysis.

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 Health 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
- ☐ Utilizing resources effectively.

Committed to the continuous improvement of quality, the employees, medical staff and board of directors uphold the following values:

- ☐ **Integrity:** A personal belief that as individuals we uphold our principles and conduct ourselves with honor.
- ☐ **Accountability:** In recognizing our responsibilities we are accountable for all that we do.
- ☐ **Passion:** Personal commitment to make a difference in providing care for others.
- ☐ **Respect:** A regard for the uniqueness of the human spirit and the dignity of others.
- ☐ **Teamwork:** Recognizing the value in and contribution from each part of the whole.

Trinity Hospital provides the following services to our community:

- | | |
|--|--|
| <input type="checkbox"/> Ambulance (ground, fixed-wing and helicopter) | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Neurodiagnostics |
| <input type="checkbox"/> Cardiac center & heart failure clinic | <input type="checkbox"/> Nutrition services |
| <input type="checkbox"/> CancerCare Cottage | <input type="checkbox"/> Occupational therapy |
| <input type="checkbox"/> Critical care/Emergency/Level 2 trauma center | <input type="checkbox"/> Palliative Medicine |
| <input type="checkbox"/> Emergency Trauma Center | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Family Birth Center | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Progressive care unit |
| <input type="checkbox"/> Hospitalists | <input type="checkbox"/> Respiratory therapy |
| <input type="checkbox"/> Infection prevention & control | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Intensive care unit, including NICU | <input type="checkbox"/> Surgical services |
| <input type="checkbox"/> Joint replacement center | <input type="checkbox"/> Trauma services |
| | <input type="checkbox"/> Radiology |
| | <input type="checkbox"/> 3D mammography |

- Cardiac Cath lab
- CTA/CT/MRI
- Nuclear medicine
- Ultrasound
- Women's health center
- Wound care

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

- Adult and adolescent addiction services, including detox treatment
- Adult and adolescent mental health services, including inpatient psychiatric services
- Kidney dialysis
- Inpatient rehabilitation
- Occupational therapy
- Physical therapy
- Same day surgery
- Sleep center

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, a long-term care facility
- Seventeen clinics
- Two retail vision centers
- Two exercise physiology and physical therapy locations
- Two retail 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 proud to be a member of the Mayo Clinic Care Network. Trinity Health and Mayo Clinic share the commitment that healthcare should be provided close to home whenever possible. We also share a common philosophy to improve the delivery of healthcare through high-quality, data-driven, evidence-based care and treatment. We are working with Mayo Clinic so patients can benefit from leading medical expertise and physician collaboration, while staying near family, friends, and home. This collaborative relationship offers patients peace of mind, and access to the finest medical knowledge available.

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 view this survey as an opportunity to improve our community service and continuously focus on meeting the changing health care needs of our community.

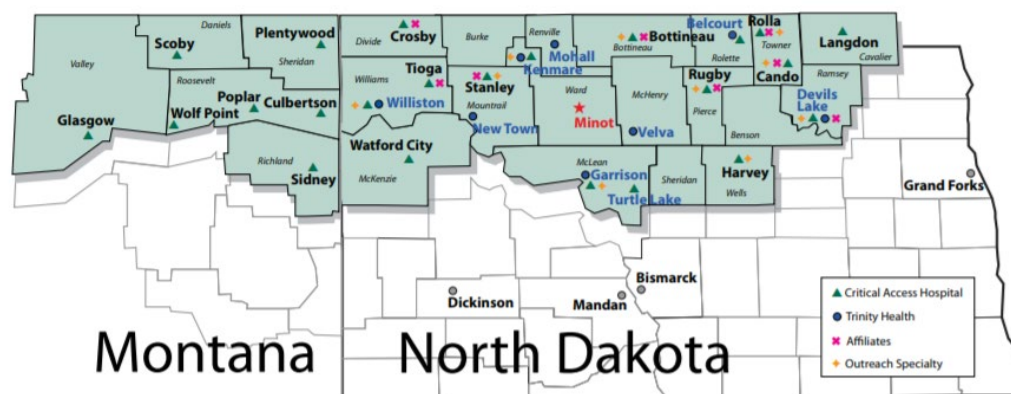
Consistent with the requirements of Section 501(r)(3), the Community Health Needs Assessment Report is organized as follows:

- ☐ 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 broader 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. 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, so we have defined both Trinity Health and Trinity Health – St. Joseph’s as serving the same community throughout this report.



Best known as the “Magic City,” Minot was founded in 1887 when the Great Northern Railway set up camp for the winter. As if by magic, the tent town grew rapidly into a bustling population of 5,000 in five months. The city continued to grow with the construction of Minot State University (formerly known as the State Normal School) in 1913 and the Minot Air Force Base in the 1950s. Each July, the largest event in the state, the North Dakota State Fair, draws visitors from around the region. This vibrant city is full of attractions, including Roosevelt Park Zoo, Dakota Territory Air Museum and the Scandinavian Heritage Park, which honors the five Scandinavian countries. It includes a full-size replica of the Gol Stave Church. Minot has a 65-piece symphony orchestra making it one of the smallest cities with a symphonic ensemble in the country. Norsk Høstfest, which translates to “Norwegian fall festival,” occurs annually and is the largest Scandinavian festival in North America. It features traditional cuisine and top-notch entertainment that draws travelers from around the world.

In 2020, 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 2020 census, with some figures estimated based on that census and others being actual data from subsequent years. Population Health Institute data are as of July 2021.

	North Dakota 2021	North Dakota 2018	North Dakota Change		Ward County 2021	Ward County 2018	Ward County Change
Population	774,948	760,077	2.0%		69,071	67,744	2.0%
Age < 18	23.6%	23.3%	1.3%		23.8%	23.4%	1.7%
Age 65+	15.7%	15.0%	4.7%		13.2%	12.4%	6.5%
Caucasian	83.3%	84.6%	-1.5%		81.6%	82.8%	-1.5%
African American	3.3%	3.1%	6.8%		4.7%	4.7%	0.0%
American Indian	5.6%	5.5%	1.8%		2.6%	2.4%	6.7%
Asian	1.7%	1.6%	6.9%		1.9%	1.7%	8.8%
Hispanic	4.4%	3.7%	17.6%		6.7%	6.3%	6.5%
Rural	40.1%	39.4%	1.8%		21.9%	22.0%	-0.5%
Median Household Income	\$65,315	\$61,285	6.6%		\$68,098	\$64,159	6.1%
Uninsured Adults	8.1%	8.8%	-8.0%		7.5%	8.1%	-7.4%
Free Lunch-Eligible Children	31.5%	31.0%	1.7%		27.5%	29.0%	-5.1%
Homeownership	62.5%	63.4%	-1.1%		59.2%	59.6%	-0.8%
Housing Burden	10.0%	9.9%	0.9%		12.4%	11.4%	8.1%

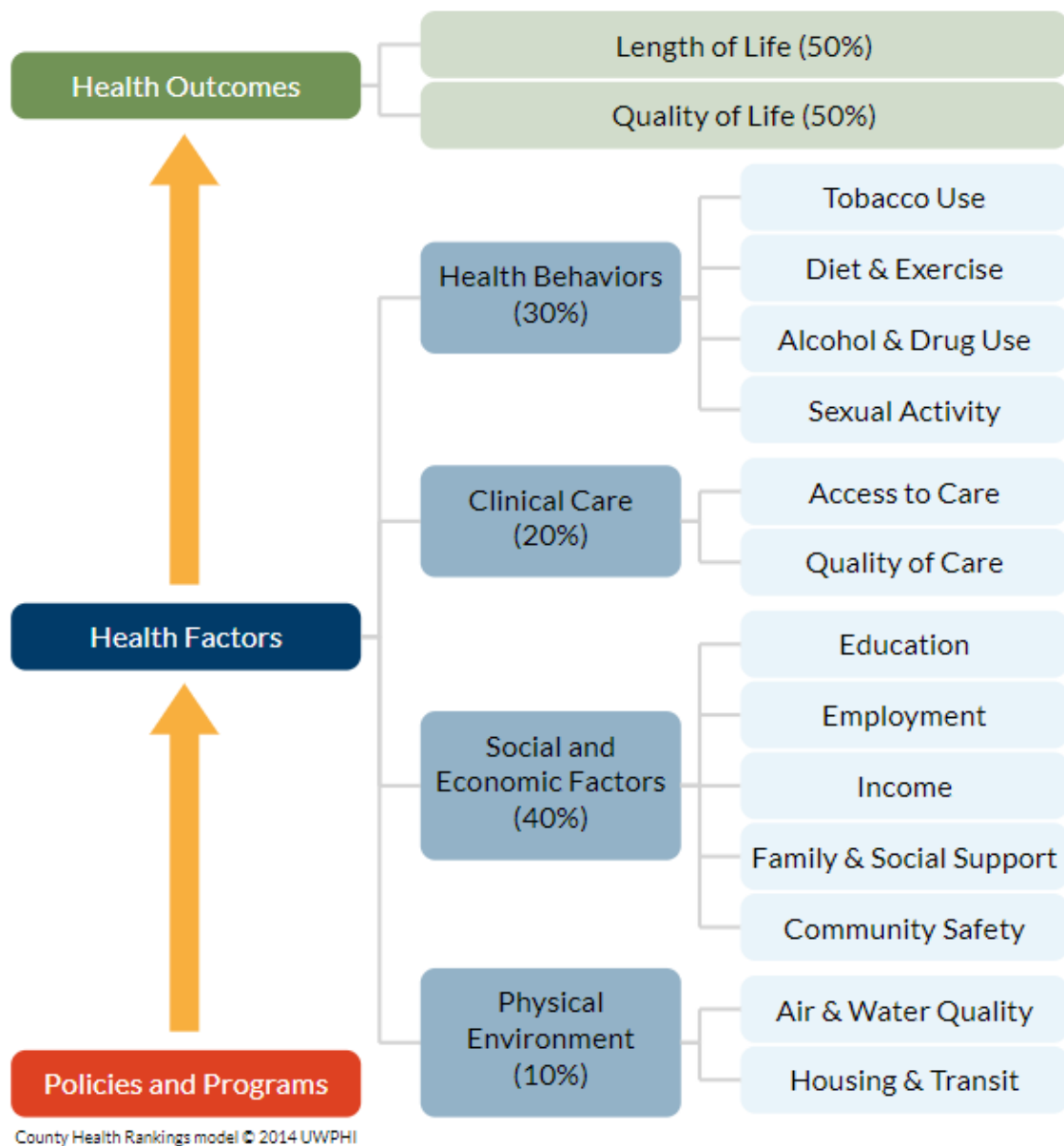
In 2021, 60.7% of North Dakota residents were working-age adults (age 18 to 65) while 63.0% of Ward County residents were working-age adults. Between 2018 and 2021, Ward County grew at the same rate (2.0%) as did North Dakota. However, in that same window, the proportions of

Ward County that are age 18 and younger and age 65 and older both grew more than they did in North Dakota. That indicates that the proportion of the community made up of working adults is decreasing faster in Ward County than in North Dakota overall, bringing the proportion of working adults in the two areas closer to alignment.

Between 2018 and 2021, the racial demographics in both Ward County and North Dakota shifted in similar ways. The proportion of Caucasian individuals decreased by about 1.5% while the proportions of all minority populations increased. 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 2018 and 2021, Ward County experienced slightly slower growth in median household income than did North Dakota as a whole. Since Ward County has a slightly larger median household income, its slower growth implies that the state's median household income is approaching that of Ward County. Perhaps most positive, between 2018 and 2021, the percentage of Ward County's adults who are uninsured and the percentage of Ward County's youth who are eligible for free/reduced lunch both decreased. This implies that the economic well-being of the County's low-income residents has improved in recent years. Offsetting that improvement, the housing situation in Ward County has worsened between 2018 and 2021, although the changes were similar to the changes in North Dakota overall. In that time period, the percentage of Ward County residents who own their home decreased by 0.8% and the percentage of Ward County residents who spend more than 50% of their monthly income on housing increased by 8.1%.

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 2022, out of 48 ranked counties, Ward County's health outcomes ranking improved slightly (from 7th to 6th) while its overall health factors ranking improved more significantly (from 28th to 19th). The slight improvement in health outcomes is the result of a significant increase in Ward County's morbidity (quality of life) ranking but an offsetting decrease in its mortality (length of life) ranking. In the same period, Ward County experienced drastic improvements relative to other North Dakota counties in the areas of health behaviors (from 34th to 16th) and physical environment (from 48th to 33rd), as well as a smaller improvement in social & economic factors (from 27th to 24th). However, Ward County worsened relative to other counties in the area of clinical care (from 2nd to 8th). Despite improvements, Ward County still falls in the bottom half of the state's counties

in social & economic factors and physical environment, indicating that there is still a lot of room for improvement in those areas.

Ward County Health Rankings (Out of 48 ND Counties)			
	2022	2019	2016
Mortality (Length of life)	8	2	14
Morbidity (Quality of life)	13	23	30
Overall Health Outcomes	6	7	15
Health Behaviors	16	34	41
Clinical Care	8	2	10
Social & Economic Factors	24	27	12
Physical Environment	33	48	29
Overall Health Factors	19	28	14

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. However, as the county's health factor rankings improve, the likely impact on future health outcomes should continue to improve as well.

Review of Previous Community Health Needs Assessments

Trinity Hospital and Trinity Hospital – St. Joseph's have conducted three prior joint community health needs assessments, most recently for the fiscal year ended June 30, 2019. Between those joint Community Health Needs Assessment Reports, both hospitals have identified access to care, substance abuse and mental health as significant community health needs while Trinity Hospital has also identified obesity as a significant health need.

A copy of the 2019 joint Community Health Needs Assessment is available on Trinity Health's website at <https://www.trinityhealth.org/news-events/communications-links-resources/>.

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

Extensive work has been done to explore access to all services to identify inefficiencies and/or resource limitations that might impact service availability. In some areas, such as a walk-in clinic or diagnostic radiology, this has led to expanding operating hours and/or recruitment of more caregivers to broaden the appointment availability. The organization is pursuing a centralized-scheduling strategy for clinic appointments, which already has allowed for better efficiency and increased patient flow. Finally, telehealth was dramatically expanded across most of the organization's outpatient clinics to allow patients to remain home and take care of their health while limiting their exposure the potential harm from the COVID-19 virus.

Over the last two years the global coronavirus pandemic has severely impacted the ability to successfully recruit and expand access to services as planned. The national shortage of nurses and other healthcare professionals has impacted Trinity Health in many service areas.

Mental Health

During the height of the COVID-19 pandemic, Trinity Health brought in a team of Critical Incident Stress Management (CISM) counselors to help caregivers cope with the burden of caring for patients while trying to manage the pandemic's impact on critical supplies and community compliance to mitigation strategies. Following those sessions, Trinity Health sponsored several staff to be trained in CISM so counseling could continue throughout the pandemic and post-pandemic periods.

Although Trinity Health had more extensive plans for each hospital to address its significant community health needs identified in prior assessments, most of those plans had to be set aside in response to the COVID-19 pandemic. North Dakota's first case of COVID-19 occurred when a Ward County resident tested positive on March 11, 2020, approximately nine months after the previous community health needs assessment was concluded. As an example of the severity of the COVID-19 pandemic in our community, as of March 2021, North Dakota had the highest coronavirus infection rate per capita in *the world*. Trinity Health has been, and still is, actively providing vaccinations and treatments for COVID-19 in its service area, although the positivity rates have slowed considerably since the height of the pandemic.

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 2022. 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.

- ☐ Community Action Partnership – Minot Region
- ☐ First District Health Unit
- ☐ Minot Commission on Aging
- ☐ Minot Public School District No. 1

- ☐ North Central Human Service Center
- ☐ The Lord's Cupboard Food Pantry
- ☐ Trinity Hospital
- ☐ Trinity Hospital – St. Joseph's
- ☐ US Air Force – Minot AF Base
- ☐ Ward County Human Service Zone
- ☐ Ward County Sheriff's Department

Quantitative Data

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

Centers for Disease Control and Prevention

- ☐ <https://www.cdc.gov/stopoverdose/fentanyl/index.html#:~:text=Fentanyl%20is%20a%20synthetic%20opioid,nonfatal%20overdoses%20in%20the%20U.S.&text=There%20are%20two%20types%20of,Both%20are%20considered%20synthetic%20opioids>
- ☐ <https://www.cdc.gov/childrensmentalhealth/data.html>

Center for Rural Health

- ☐ <https://ruralhealth.und.edu/assets/4736-21127/nd-mental-hpsa-scores.pdf>

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

The Mayo Clinic, Obesity

- ☐ <https://www.mayoclinic.org/diseases-conditions/obesity/symptoms-causes/syc-20375742>

National Association on Mental Illness

- ☐ <https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/NorthDakotaStateFactSheet.pdf>

National Institutes of Health

- ☐ <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics>
- ☐ <https://www.nih.gov/news-events/nih-research-matters/trends-us-methamphetamine-use-associated-deaths>
- ☐ <https://nida.nih.gov/publications/research-reports/methamphetamine/what-are-long-term-effects-methamphetamine-misuse>
- ☐ <https://nida.nih.gov/research-topics/commonly-used-drugs-charts#prescription-opioids>

North Dakota Tourism

- ☐ <https://www.ndtourism.com/cities/minot>

The Population Health Institute and Robert Wood Johnson Foundation, County Health Rankings

- ☐ <https://www.countyhealthrankings.org/app/north-dakota/2022/overview>

Treatment Magazine, “The Workforce Shortage in Addiction Care Reaches a Crisis Stage”

- ☐ <https://treatmentmagazine.com/the-workforce-shortage-in-addiction-care-reaches-a-crisis-stage/>

The Trust for America's Health, "The State of Obesity: 2021"

- https://www.tfah.org/wp-content/uploads/2021/09/2021ObesityReport_Fnl.pdf

U.S. Census Bureau Ward County and North Dakota QuickFacts

- <https://www.census.gov/quickfacts/fact/table/wardcountynorthdakota,ND/PST045221>

U.S. Department of Health & Human Services

- <https://opa.hhs.gov/adolescent-health/mental-health-adolescents>
- <https://opa.hhs.gov/adolescent-health/mental-health-adolescents/access-adolescent-mental-healthcare>

West Dakota Fox News, "Law enforcement, social service leaders discuss opioid crisis in Minot"

- https://pdx.dbd2600efb4a.isolation.zscaler.com/profile/78d0f631-9701-405a-9e43-52a22c17ec76/zia-session/?controls_id=3df65d05-b86d-44dc-9838-a08ba17b1387&original_url=https%3A%2F%2Fwww.kfyrtv.com%2F2022%2F06%2F10%2Flaw-enforcement-social-service-leaders-discuss-opioid-crisis-minot%2F

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/CEO

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

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

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
Mental Health	Primary	Primary
Substance Abuse	Primary	Primary
Access to Care	Primary	Primary
Obesity	Secondary	N/A

Mental Health

A common concern among community members 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. Although each of these issues have been a concern in our community for a long time, community participants agreed that each issue worsened during the COVID pandemic.

- ☐ Economic/financial struggles among adults and the resulting impact on their children
- ☐ Educational stress among children, parents and teachers related to children’s struggles with distance learning during the COVID pandemic
- ☐ General isolation and loneliness across all demographics during the COVID pandemic
- ☐ Increased time on social media and playing video games, primarily among children but also among adults, with more exposure to bullying and similar negative influences through those apps and games
- ☐ Lack of emotional development by adolescents during the COVID pandemic leading to disproportionately strong responses to seemingly minor issues, lack of social skills, panic attacks and similar issues

According to Centers for Disease Control and Prevention, in 2017, one in six U.S. children were diagnosed with a mental, behavioral or developmental disorder. According to the U.S. Department

of Health & Human Services, the prevalence is even higher among low-income youth (21%), youth in the child welfare system (50%) and youth in the juvenile justice system (70%). Additionally, an estimated 49.5% of adolescents have had a mental health disorder at some point in their lives. Among children ages 3-17, 9.8% were diagnosed with ADHD, 9.4% were diagnosed with anxiety, 4.4% were diagnosed with depression, 2.9% were diagnosed with eating disorders, and 8.9% were diagnosed with various behavior problems. North Dakota faces similar statistics. According to the National Alliance on Mental Illness, 108,000 North Dakota adults – twice the population of Minot – have a mental health condition.

The general consensus among community participants is that adolescent mental health problems became much more common and more severe during the COVID pandemic. This appears to be supported by statistics from the National Alliance on Mental Illness, which reports that in 2021:

- ☐ More than half of Americans report that COVID-19 had a negative impact on their mental health.
- ☐ 28.8% of North Dakota adults reported symptoms of anxiety or depression.
- ☐ 19.4% reported that they were unable to receive needed counseling or therapy.
- ☐ Of those who did not receive mental health care, 34% reported that the cause was cost.
- ☐ 54.6% of North Dakotans age 12-17 who have depression did not receive any care in 2020.
- ☐ North Dakotans are 5 times more likely to be forced “out of network” for mental health care than they are for primary health care, making it more difficult to find care and less affordable due to higher out-of-pocket costs.
- ☐ In North Dakota, 147 lives were lost to suicide in 2020.

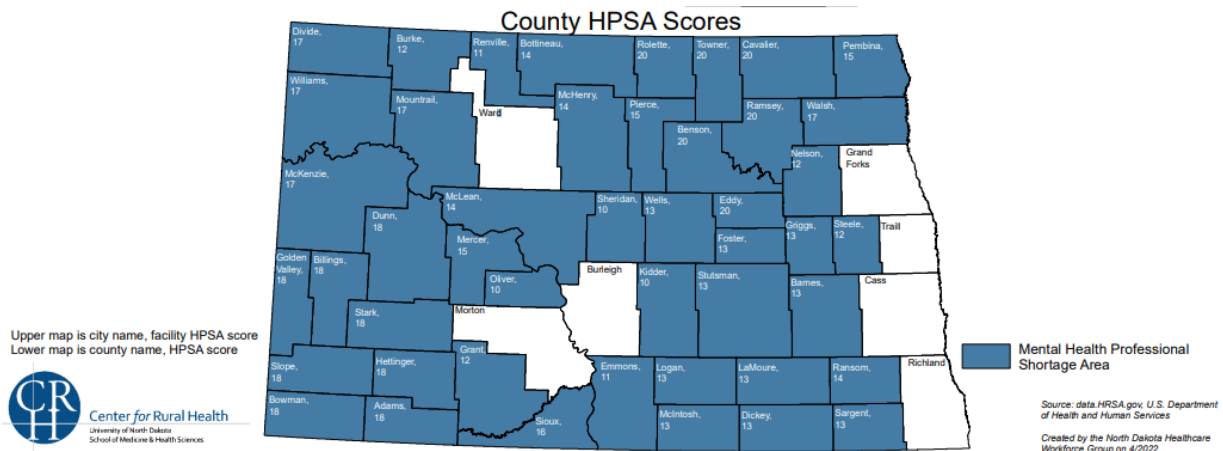
Finally, our community includes the Minot Air Force Base (“Minot AFB”), which includes a large population of Air Force personnel. Minot AFB’s population is relatively healthy due to an average age in the mid-twenties and the physical aspect of their profession. While they are physically healthy compared 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.

Many of our community’s mental health concerns relate closely to access issues. Trinity Hospital – St. Joseph’s, which provides mental health and substance abuse services, has experienced incredible demand in recent years and only expects demand to increase. 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. The two specialties that received the most emphasis are adolescent psychiatric care and talk/therapeutic counseling. Unfortunately, attracting providers is difficult given our rural North Dakota environment.

The map provided below from the Rural Health Information Hub shows that most of the state of North Dakota is facing a mental health professional shortage.



It's worth noting that the counties that are *not* mental health professional shortage areas are the counties immediately around Bismarck, Fargo, Grand Forks and Minot, the four largest cities in the state. Since these four cities supply the vast majority of mental health providers in the state, even those counties face more significant shortages than the map implies. Additionally, although the map above indicates that Ward County isn't a shortage area, it fails to depict what is trending at Trinity Hospital – St. Joseph's and across the state. Current capacity for inpatient mental health is only 26 beds, 18 for adults and 8 for youth, and 33 beds available for chemical dependency and medical detox. Of the 33 chemical dependency beds, nearly half are occupied at any given time by adults with meth-induced psychosis or are filled with court-ordered patients. Because of this trend, there isn't much capacity left for other patients seeking help.

To dedicate more resources to mental health services, it would require recruiting more staff with the appropriate credentials. Many community members indicated that there is a perceived 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 seem to be aging out of the profession or are burning out and leaving the field and these factors are outpacing the number of incoming mental health professionals. Combining declining providers with increasing consumer demand, the consensus is that this service is likely to remain a major health problem within our community and the nation. Interestingly, reimbursement levels from private and government sources is quickly declining for mental health services, not increasing, requiring providers to scale back on these badly needed services rather than increase capacity to meet the need.

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.

Unfortunately, the Merritt Hawkins report was published shortly before the COVID pandemic began. As discussed above, the demand for mental health services increased dramatically during the pandemic as individuals struggled with various aspects of life, such as isolation, fear, job loss and financial insecurity, or sudden changes to interpersonal relationships.

In its most recently completed community health needs assessment, First District Health Unit also identified mental health and access to mental health services as a significant community health need.

Substance Abuse

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, methamphetamine (“meth”) and opiates/heroin abuse are currently considered the most significant by interview participants. Between 2018 and 2020, Ward County experienced 20.6 drug overdose deaths per 100,000 people, which is close to double the North Dakota average of 11.6 drug overdose deaths per 100,000 people.

According to the National Institutes of Health, alcohol is the most commonly abused substance in the United States. In a 2019 survey, 85.6% of adults reported drinking alcohol at some point in their lifetime and 54.9% reported that they drank alcohol in the last month. In the same survey, 39.7% of youth ages 12-20 reported drinking alcohol at some point in their lifetime and 18.5% reported drinking alcohol in the last month. 25.8% of adults reported that they engaged in binge drinking within the last month. The same study found that 1.7% of youth between the ages of 12 and 17 had alcohol use disorder, a chronic brain disorder marked by compulsive drinking, loss of control over alcohol use, and negative emotions when not drinking. AUD in this age-group was more common among girls than boys. Unfortunately, only 7% of people who had AUD reported receiving any kind of treatment within the last year.

According to the Population Health Institute, 24.1% of adults in North Dakota and 22.9% of adults in Ward County indicate that they drink excessively. Additionally, 29% of Ward County driving deaths involve alcohol impairment, although that rate is well below the rate of 41% in North Dakota. As a positive note, the rates of alcohol-involved driving deaths decreased in both North Dakota and Ward County between 2018 and 2021. Ward County's relatively positive statistics can also be misleading since North Dakota ranks as having the second-highest per capita alcohol consumption in the United States. Further, 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.

Alcohol abuse is a significant concern because of its commonality and the major impacts it has on our community.

- ❑ In the United States, the rate of alcohol-related emergency department visits increased 47% between 2006 and 2014, which translates into approximately 210,000 additional visits per year.
- ❑ In 2017, approximately 10.5% of U.S. children lived with a parent who has AUD.
- ❑ Overall, alcohol contributes to about 18.5% of all emergency department visits.
- ❑ An estimated 95,000 people die from alcohol-related causes annually, making it the third-leading cause of preventable death in the United States.
- ❑ In 2019, alcohol-impaired driving accounted for 28% of all driving deaths.
- ❑ In 2010, alcohol misuse cost the United States approximately \$249 billion, with three-quarters of that being attributable to binge drinking.
- ❑ Research indicates that alcohol use during the teenage years can interfere with normal adolescent brain development and increase the risk of developing AUD.

According to the National Institutes of Health, meth use in the United States increased by 43% between 2015 and 2019, but the rates of overdose deaths attributable to meth close to tripled in the same time period, implying a much greater risk of overdosing if you use meth. The data further suggested that people who use methamphetamine have become more diverse. Historically, methamphetamine use has been prevalent among middle-aged white people. But the researchers found a tenfold increase in methamphetamine-use disorder ("MUD") without injection among Black people. This was much larger than among other racial and ethnic groups. MUD without

injection also quadrupled among people aged 18-23 years, much larger than the growth among older age groups. At the national level, several socioeconomic factors are also associated with methamphetamine use and MUD. These include low educational attainment, low household income, lack of insurance, housing instability, and involvement with the criminal justice system, generally indicating that it has a great impact on lower-income individuals. There were also stronger relationships between meth use and other illnesses, such as hepatitis, HIV/AIDS, sexually transmitted diseases, or depression.

Community participants expressed concerns about meth primarily because of the major consequences of its use. According to the National Institutes of Health, people who use meth long-term may exhibit symptoms that can include significant anxiety, confusion, insomnia, mood disturbances, and violent behavior. They may also display a number of psychotic features including paranoia, visual and auditory hallucinations, and delusions. Psychotic symptoms may last for months or years after a person quits using meth, and stress has been shown to precipitate spontaneous recurrence of meth psychosis. These and other problems reflect significant changes to the brain caused by meth use. Neuroimaging studies have demonstrated alterations in the activity of the dopamine system that are associated with motor speed and impaired verbal learning, as well as severe structural and functional changes in areas of the brain associated with emotion and memory. In addition to the neurological and behavioral consequences of meth abuse, long-term users also suffer physical effects such as weight loss, severe tooth decay and tooth loss, and skin sores.

Heroin abuse made a resurgence in the late 1990s and early 2000s when a nationwide effort was made to crack down on meth production in the United States by limiting access to the necessary ingredients for its production. While those efforts were effective in reducing the manufacture of meth in the U.S., the long-term results were (a) that meth production moved to other countries who could then import it to the U.S. and (b) the decline of meth was accompanied by an increase in heroin abuse.

Heroin abuse sometimes arises from the initial use and abuse of other opiates, also known as prescription pain killers. Commonly abused opiates include codeine, morphine, oxycodone, methadone, hydromorphone, hydrocodone and fentanyl. Community participants most frequently mentioned fentanyl-laced substances as their primary concern, due to an increase in fentanyl-related overdose deaths in Ward County in recent years. Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. It was originally developed as a pain-killer for extreme post-surgery pain and late-stage cancer patients. Powdered fentanyl looks just like many other drugs. It's commonly mixed with drugs like heroin, cocaine and meth and made into pills that are made to resemble other prescription opioids. In its liquid form, fentanyl can be found in nasal sprays, eye drops, or coated on paper or small candies. Aside from its extreme potency, fentanyl is dangerous because of its difficulty to detect. Drugs may contain deadly levels of fentanyl that you wouldn't be able to see, taste or smell. It's nearly impossible to tell whether something has been laced with fentanyl except by directly testing for fentanyl. As recently as June 2022, in the month this report was published, Ward County law enforcement and social service leaders held a special meeting to discuss the large increase in overdose deaths in

Ward County in recent years related to opioids and fentanyl. According to law enforcement agencies, the majority of fentanyl-laced substances are being shipped into our community from out-of-state metropolitan areas like Detroit. From a West Dakota Fox story, “‘The market in North Dakota is pretty good. They can get good money selling pills, they can get them somewhere else cheaper and they make a lot of money selling them here, that’s the reason they are bringing them in,’ said Sheriff Bob Roed with Ward County Sheriff’s Office.”

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 states, “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. As discussed above in the “Mental Health” section of this report, 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.

According to a November 2021 article from Treatment Magazine,

“Skilled behavioral healthcare workers have historically been hard to find, not to mention retain. The work isn’t easy and is accompanied by high burnout rates, especially in the addiction treatment field. Layer on a once-in-a-century pandemic, and suddenly the addiction treatment field in the U.S. is faced with an unprecedented workforce shortage.

“Back in 2015, Pew Charitable Trusts spotlighted the problem in a first-of-its-kind ‘provider availability index’ that showed how many behavioral health professionals—psychiatrists, counselors and social workers—were available in each state to treat the estimated 20 million people across the country with a

substance use disorder (SUD). The numbers ranged from a high of 70 providers for every 1,000 adults with addiction in Vermont to a low of 11 per 1,000 in Nevada. Nationally, according to Pew, the average at the time was 32 behavioral health specialists for every 1,000 people with SUD. The report did not determine an ideal ratio but noted widespread consensus that the workforce was inadequate. One addiction expert in the report called the crisis “severe.”

The article further discusses the impact of the COVID pandemic on treatment services:

“In many places, it’s only gotten worse since then....

In a special September 2021 Psychiatry Online report, researchers contended that a ‘rapid and substantial’ scaling up of access to effective treatment is needed to address the opioid crisis, which approached 100,000 overdose deaths in the latest 12-month period measured by the Centers for Disease Control and Prevention (CDC). ‘Strategies to increase access are hindered by a lack of treatment providers,’ the paper’s authors say...”

Finally, the article discusses the special challenges faced by rural providers, such as Trinity Hospital – St. Joseph’s.

“Many residential treatment centers are located on isolated rural campuses far from urban areas. Recruiting staff to work at these facilities is more difficult—the locale may not be desirable for potential workers who might be weighing the availability of resources such as schools, transportation, shopping, and cultural and recreational opportunities. Additionally, Ventrell notes, the treatment field has slowly evolved from a social model (like the 12 steps) to a medical model in which it is essential to provide medical care. Concentrations such as psychiatry are often not the first choice in medical schools, he says. Add to that the notion that addiction is one of the least understood areas of behavioral health, and the hiring pool becomes even more limited.”

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, 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. 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 have insufficient long-term support that 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 is able to assist many individuals through short-term acute (severe) mental health and substance abuse problems, but frequently lack 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.

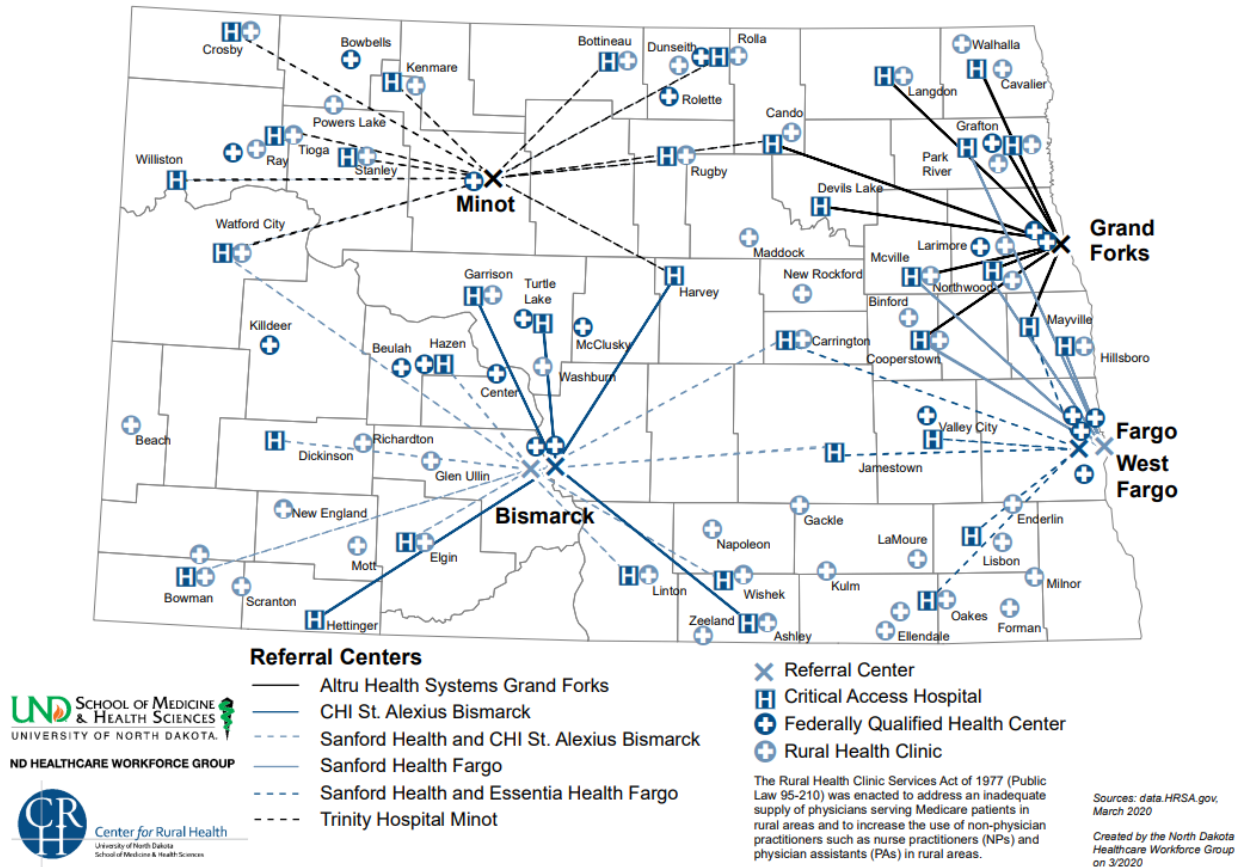
In its most recently completed community health needs assessment, First District Health Unit also identified substance abuse and access to substance abuse services as a significant community health need.

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: insufficient substance abuse and mental health services, inappropriate use of the Emergency Room (“E.R.”) and long E.R. wait times, needs of the low-income community, and other access health needs. Concerns related to access to mental health and substance abuse services have already been discussed in those sections.

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 map of available critical access hospitals, rural health clinics, and federally qualified health centers in the North Dakota area as of March 2020.

Critical Access Hospitals, Rural Health Clinics, and Federally Qualified Health Centers North Dakota, 2020



In the last five years, the number of patients served by Trinity Health has significantly increased; we expect that the number served will continue in the future, as evidenced by our construction of the new medical campus and healthcare district in Southwest Minot. The increased utilization necessitates an increase in physicians, nurses, and support staff.

Community members expressed concern over the community's use of the E.R., although they indicated various aspects of such use. First, community participants believe that individuals are delaying or avoiding preventive care to the point that an easily treated condition develops into a more severe issue that requires a trip to the E.R. The causes for such avoidance could include cost, time, lack of personal accountability, ignorance regarding the issue, a distrust of the medical providers, and fear of catching or spreading COVID-19. Whatever the cause, such avoidance results in more intensive care that takes more time and is more costly, when it develops into an emergency situation. Although the E.R. is the appropriate place for such emergencies, they could be avoided altogether with more preventive measures initiated by community members. Second, and related to the prior issue, community participants indicated that low-income and elderly individuals may use the E.R. more frequently than they could. Participants indicated that this could be cause the individual avoids medical care until it becomes an emergency, or because they intentionally use the E.R. with no intent of ever paying for such care. Third, community participants believe that individuals facing acute mental health and substance abuse crises

frequently end up in the E.R. to address their condition. When community health providers were asked about this situation, they indicated that approximately 50 community members make up a large percentage of mental health and substance abuse visits to Trinity Hospital's E.R. due to recurring episodes. As discussed above in the "Mental Health" and "Substance Abuse" sections of this report, the difficulty in finding an in-patient bed for these individuals means that they may stay in the E.R. for the entire length of their acute episode – up to three days – reducing the number of beds and medical providers available to help other community members with their emergencies. Fourth, community participants expressed concern that Trinity Hospital's E.R. is the only way to obtain direct admittance to Trinity Hospital – St. Joseph's inpatient psychiatric unit, thus necessitating some use of the E.R. for this purpose. Fourth, community participants indicated they personally knew of individuals using the E.R. as their primary care clinic. Fifth, Trinity Hospital is a regional reference center for heart and neurosurgery service lines, which naturally results in those very serious health conditions presenting in our E.R. Finally, community participants indicated that the community have generally outgrown the old E.R. which is already being addressed with the construction of a larger E.R. in Trinity Health's new medical campus.

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 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 for several other aspects of accessing effective healthcare. First, those in rural areas may 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. Second, 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. Third, there are two dialysis units in the region, in Minot and Williston, neither of which is portable. Because dialysis may be needed daily or every other day, the distance to either of these two units can be problematic for individuals who do not live in either of those communities. Community participants expressed a desire for additional dialysis units in other communities or, even better, for mobile dialysis units that could travel throughout the area. Finally, community participants indicated a need for additional medical support staff, such as lab technicians care coordinators, who could facilitate the efforts of primary care providers and individuals in effectively managing the entire care process, including scheduling appointments and follow-up.

Obesity

Like the rest of the country, our community members frequently identified obesity as a health concern and that it became much worse during the COVID pandemic. According to the Trust for America's Health,

“The COVID-19 pandemic added new obstacles and exacerbated existing barriers to healthy eating and physical activity in 2020 and 2021, and deepened longstanding racial and economic inequities in the United States. Emerging data suggests eating habits shifted, physical activity declined, stress and anxiety increased, food insecurity worsened, and many Americans gained weight throughout the pandemic, a sharp reminder of the effects that underlying social, economic, and environmental conditions have on the health and well-being of Americans. Many of direct and indirect effects of the pandemic fell disproportionately on certain populations, including low-income communities and communities of color.”

In 2018, North Dakota had the eighth highest adult obesity rate in the United States, at 35.1%. That improved between 2018 and 2020, decreasing to 33.1%, which ranked it 28th in the country. However, in 2020, 70.7% of North Dakotan adults were either overweight or obese, which ranked fifth worst in the nation. Between 2018 and 2021, the percentage of Ward County adults who are obese increased from 32% to 38% and the percentage of Ward County adults who report being physically inactive increased from 24% to 28%.

Obesity has numerous causes including genetics, unhealthy diet, liquid calories, inactivity, some diseases and medications, social and economic issues (i.e. access to healthy foods, access to safe exercise facilities, knowing healthy ways to cook), sleep patterns, stress, and pregnancy. Because of these various factors, community residents had many thoughts about the causes for our local community's obesity problems. Among those concerns are:

- ☐ Inactivity during the COVID-related quarantines and self-isolation
- ☐ Increased time on social media and video games during the COVID pandemic
- ☐ Limited access to healthy foods, especially during worldwide supply-chain disruptions
- ☐ Even more limited access to healthy foods for youth, especially on weekends
- ☐ The rising cost of healthy foods, including fruits, vegetables and proteins
- ☐ Working parents with less time to prepare healthy meals for themselves and their children
- ☐ Lack of knowledge about how to turn healthy foods into tasty meals
- ☐ Limited affordable opportunities for exercise and sports

Obesity is a major concern across the United States because of the related health issues that it can cause. According to the Mayo Clinic, people with obesity are more likely to develop a number of potentially serious health problems, including:

- ☐ Heart disease and strokes: obesity makes you more likely to have high blood pressure and abnormal cholesterol levels, which are risk factors for heart disease and strokes.
- ☐ Type 2 diabetes: obesity can affect the way the body uses insulin to control blood sugar levels, which raises the risk of insulin resistance and diabetes.

- ❑ Certain cancers: obesity may increase the risk of cancer of the uterus, cervix, endometrium, ovary, breast, colon, rectum, esophagus, liver, gallbladder, pancreas, kidney and prostate.
- ❑ Digestive problems: obesity increases the likelihood of developing heartburn, gallbladder disease and liver problems.
- ❑ Sleep apnea: people with obesity are more likely to have sleep apnea, a potentially serious disorder in which breathing repeatedly stops and starts during sleep.
- ❑ Osteoarthritis: obesity increases the stress placed on weight-bearing joints, in addition to promoting inflammation within the body, which may lead to complications such as osteoarthritis.
- ❑ Severe COVID-19 symptoms: obesity increases the risk of developing severe symptoms if you become infected with the virus that causes coronavirus disease 2019 (COVID-19), which may require treatment in intensive care units or even mechanical assistance to breathe.

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, 2022, 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

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 9 of this report.

First District Health Unit and the Ward County Human Service Zone (previously Ward County Social Services) provide support to our community members in numerous ways. The services and programs offered by First District Health Unit include COVID-19, alcohol & addiction, tobacco, employment, environmental health, family planning & sexual health, immunizations, children's health, WIC & nutrition, women's health, HIV/AIDS/STDs & TB, emergency response, and resources for healthy living. The programs and services offered by the Ward County Human Service Zone include child protection & family preservation, and economic assistance. For a complete list of their activities, we recommend visiting their offices and/or websites:

- ☐ First District Health Unit – 11 West Division, Suite 102, Kenmare
www.fdh.u.org
- ☐ Ward County Human Service Zone – 225 3rd Street SE, Minot
<https://www.co.ward.nd.us/215/Human-Service-Zone>

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 – 1 W Burdick Expressway
- ☐ Trinity Hospital – St. Joseph's – 407 3rd Street SE

Clinics and Specialty Practices

- ☐ Trinity Health East – 20 Burdick Expressway W
- ☐ Trinity Health East Ridge – 1250 21st Avenue SE
- ☐ Trinity Health FirstCare Walk-In Clinic – 400 Burdick Expressway E
- ☐ Trinity Health Medical Arts – 400 Burdick Expressway E
- ☐ Trinity Health Plaza 16 – 2815 16th Street SW
- ☐ Trinity Health Regional Eyecare Minot – 2815 16th Street SW, Suite 102
- ☐ Trinity Health Riverside – 1900 8th Avenue SE
- ☐ Trinity Health South Ridge – 1500 24th Avenue SW
- ☐ Trinity Health Third Street – 420 3rd Street SE
- ☐ Trinity Health Town & Country – 831 South Broadway
- ☐ Trinity Health West – 101 3rd Avenue SW
- ☐ 360 Physical Therapy – 400 S Broadway
- ☐ Aesthetic Center of Plastic Surgery – 305 37th Avenue SW, Suite B
- ☐ Alevation Urgent Care – 1009 29th Avenue SE
- ☐ Beyond Healthcare – 3108 S Broadway, Suite H
- ☐ Bright Path Pediatric Therapy – 720 20th Avenue SW
- ☐ Burckhard Orthodontics – 700 Western Avenue SW, #100
- ☐ Center for Family Medicine – 1201 11th Avenue SW
- ☐ Century Eyewear – 207 Main Street S

- ☐ CHI-St. Alexius Health Minot Medical Plaza – 2111 Landmark Circle
- ☐ Dakota Square Dental – 1000 31st Avenue SW
- ☐ Dakota Hope Clinic – 315 Main Street, Suite 205
- ☐ Eye Clinic of North Dakota – 601 18th Avenue SE, #201
- ☐ Fifth Medical Group – 194 Missile Avenue, Minot Air Force Base
- ☐ FirstLight Home Care of Central North Dakota – 1425 24th Avenue SW
- ☐ JCPenney Optical – 2400 10th Street SW
- ☐ Johnson Eyecare & Eyewear – 1525 31st Avenue SW, Suite E
- ☐ Lakeview Health Clinic – 2050 36th Avenue SW, Suite 201
- ☐ Legacy Health Clinic – 1324 20th Avenue SW
- ☐ Midwest Vision Centers – 2400 10th Street SW, #340
- ☐ Minot Dental Partners – 1600 2nd Avenue SW, Suite 21
- ☐ Minot Health Clinic – 1021 20th Avenue SW
- ☐ Minot V.A. Clinic – 3400 S Broadway
- ☐ Ness Family Dentistry – 1015 S Broadway
- ☐ North Central Human Services Center – 400 22nd Avenue NW
- ☐ Northland Community Health Center – 15 2nd Avenue SW, #110
- ☐ Northland Health Center – 1600 2nd Avenue SW, Suite 19
- ☐ Optical Outlook – 1100 31st Avenue SW, #2nd
- ☐ Orthopedic Associates – 101 3rd Avenue SW, #101
- ☐ Pain Free Clinic – 1715 S Broadway
- ☐ Preble Medical Services – 900 N Broadway, #100
- ☐ Premier Physical Therapy of North Dakota – 1715 S Broadway
- ☐ Quality Health Associates of North Dakota – 41 36th Avenue NW
- ☐ Radiant Health – 3721 E Burdick Expressway, Suite A
- ☐ Rapid Dental Services – 225 22nd Avenue NW
- ☐ Sanford Health Northwest Clinic – 1500 21st Avenue NW
- ☐ Sanford Health Walk-In Clinic – 801 21st Avenue SE
- ☐ Serenity Health Solutions – 2010 4th Avenue NW
- ☐ Souris Valley Dental Group – 1300 37th Avenue SW
- ☐ Sterling Optical – Minot – 3220 S Broadway
- ☐ Total Behavior Support – 1015 S Broadway, #16
- ☐ Triple C Clinic – 1418 S Broadway
- ☐ The Village Family Service Center – 20 1st Street SW, #250
- ☐ Walmart Vision Center – 3900 S Broadway

Pharmacies and Medical Equipment

- ☐ B&B Northwest Pharmacy – 20 Burdick Expressway, #107
- ☐ KeyCare Pharmacy – 400 Burdick Expressway E
- ☐ KeyCare Medical – 530 20th Avenue SW
- ☐ Vision Galleria – 2815 16th Street SW, Plaza 16, Suite 102
- ☐ Center for Family Medicine Pharmacy – 1201 11th Avenue SW
- ☐ CVS Pharmacy – 1520 20th Avenue SW

- ☐ Dakota Drug – 28 Main Street N
- ☐ J H Medical Supply – 1316 8th Street SW
- ☐ Market Pharmacy – 1930 S Broadway
- ☐ Medicine Shoppe – 1118 S Broadway Street
- ☐ North Hill Pharmacy – 2111 Landmark Circle
- ☐ Sanford Health Equipment Minot – 116 1st Street SW
- ☐ Thrifty White Pharmacy – 1015 S Broadway, Suite 3
- ☐ White Drug Pharmacy – 2211 16th Street NW, Suite B

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

- ☐ Trinity Homes – 305 8th Avenue NE
- ☐ Trinity Home Health & Hospice – 1015 S Broadway, #306
- ☐ CareEdge Home Health and Hospice – 800 16th Avenue SE
- ☐ Edgewood Minot – 800 16th Avenue SE
- ☐ Edgewood Minot Memory Care – 520 28th Avenue
- ☐ Elison Assisted Living of Minot – 3515 10th Steet SW
- ☐ Home Helpers of Minot – 315 Main Street S
- ☐ Independence Inc. – 2000 E Burdick Expressway
- ☐ Independence Inc. – 315 3rd Avenue SW
- ☐ Maple View Memory Care – 2805 Elk Drive
- ☐ Minot Commission on Aging – 21 First Avenue SE
- ☐ Minot Health and Rehab – 600 S Main Street
- ☐ Minot Housing Authority – 108 E Burdick Expressway, #1
- ☐ ProHealth Home Care – 702 33rd Avenue SW
- ☐ Semmen Assisted Living – 700 33rd Avenue SW
- ☐ Somerset Court – 1900 28th Street SW
- ☐ Spectrum Care – 1919 2nd Street SE
- ☐ The Wellington Independent Living & Assisted Living – 601 24th Avenue SW
- ☐ The View on Elk Drive – 2905 Elk Drive
- ☐ Visiting Angels – 7 3rd Street SE, #101

Mental Health and Chemical Dependency Services

- ☐ Trinity Health Mental Health – 420 3rd Street SW
- ☐ Trinity Health Center – Riverside – 1900 8th Avenue SE
- ☐ ADAPT, Inc. – 1809 S Broadway
- ☐ ADAPT, inc. – 600 22nd Avenue NW, Suite U2
- ☐ Al-Anon – 515 5th Avenue NW
- ☐ Baldwin Therapy Services – 2201 15th Street SW, Suite LL5
- ☐ Bohannon Professional Counseling – 315 Main Street S, Suite 307
- ☐ Brooklyn Flats – 420 3rd Street SW
- ☐ Burckhard Clinic – 315 Main Street S, Suite 315
- ☐ Calm Therapy Place – 2201 15th Street SW, Suite LL5
- ☐ Center - Mind & Body Wellness – 1015 S Broadway Street, Suite 37
- ☐ Charlene P. Bruley, Ph.D. – 308 2nd Avenue SW

- ☐ Cheryl Vaudt, LCSW – 24 Main Street N, Suite H
- ☐ Community Medical Services – Minot – 300 30th Avenue NW, Suite D
- ☐ Cornerstone Addiction Services – 1705 4th Avenue NW
- ☐ Dakota Family Services – 6301 19th Avenue NW
- ☐ Discovery Therapeutic Services – 315 Main Street S, Suite 311
- ☐ Eaton & Associates – 1705 4th Avenue NW
- ☐ Entwine Counseling Services – 600 22nd Avenue NW
- ☐ Faa Addiction Services – 900 N Broadway
- ☐ Family Mental Health Clinic – 900 N Broadway
- ☐ Family Mental Health Clinic – 1809 S Broadway
- ☐ Gamblers Choice – 1905 2nd Street SE, #1B
- ☐ Goodman Addiction Services – 1809 S Broadway Street
- ☐ Hope's House – 515 19th Avenue SE
- ☐ Ideal Option – 3520 N Broadway
- ☐ Karen Tudahl, PMHNP-BC – 24 N Main Street, Suite E
- ☐ Kate Turnbow – 20 1st Street SW, Suite 250
- ☐ Kristi Harrison Counseling – 315 Main Street S, #312
- ☐ Martinsen Behavioral Health – 2116 4th Avenue NW, #100
- ☐ Nicole Wilson, APRN, PMHNP-BC, PLLC – 24 Main Street S, Suite J
- ☐ North Central Human Service Center – 1015 S Broadway, Suite 18
- ☐ North Central Human Service Center – 400 22nd Avenue NW
- ☐ Northern Plains Children's Advocacy – 20 1st Street SW, Suite 202
- ☐ Northland Health Center – 1600 2nd Avenue SW, Suite 19
- ☐ Pathways to You Mental Health Counseling and Consulting, LLC – 509 5th Avenue NW
- ☐ Pospishil & Associates – 1425 21st Avenue NW
- ☐ Psychiatric Services, PC – 1600 2nd Avenue SW
- ☐ Psychological Service, PC – 600 22nd Avenue NW, #10
- ☐ Rehab's Recovery House – 911 3rd Street NE
- ☐ Robertson Counseling – 2400 Burdick Expressway E, Suite 101
- ☐ Stein Specialized Counseling – 1809 S Broadway, #A
- ☐ Sunrise Counseling Services – 900 N Broadway
- ☐ V.A. Medical Center Mental Health – 1500 24th Avenue SW
- ☐ Village Family Services Center – 20 1st Street SW, #250
- ☐ W(evolve – 21 Main Street S

Weight Loss Services

- ☐ Chellaberry Massages & Wellness Minot – 3108 S Broadway, Suite D
- ☐ Complete Nutrition – 3808 S Broadway
- ☐ Slimmer You – 1809 S Broadway, Suite DD
- ☐ Total Nutrition Minot & Weight Loss – 3302 16th Street SW
- ☐ WW (Weight Watchers) – 1015 S Broadway

Fitness Centers

- ☐ Anytime Fitness – 305 20th Avenue SW

- ☐ Anytime Fitness – 1100 N Broadway
- ☐ ASK Fitness – 3516 N Broadway
- ☐ Blast Furnace Minot – 314 4th Avenue NE
- ☐ Calavera Martial Arts & Boxing – 500 E Central Avenue
- ☐ CrossFit Minot – 4542 N Broadway
- ☐ Forever Fitness – 515 20th Avenue SE, Suite 9
- ☐ Gymagic Gymnastics – 5645 18th Avenue SE
- ☐ McAdoo Fitness Center – 58705 220 Tanker Trail, Minot Air Force Base
- ☐ Minot ATA Martial Arts – 515 20th Avenue SE, #6
- ☐ Minot Family YMCA – 3515 16th Street SW
- ☐ Minot State University Wellness Center – 11th Avenue NW
- ☐ Planet Fitness – 10 28th Avenue SW
- ☐ Premier Movement – 2915 10th Street SW, Suite F
- ☐ PRIMAL Mixed Martial Arts – 315 Main Street S, Suite 100
- ☐ Rebel Athletics of Minot – 2101 31st Street SE, Unit 2
- ☐ SOS Image – 2217 16th Street NW
- ☐ Spectrum Fitness – 1915 N Broadway
- ☐ Stars and Bars Weightlifting Club – 1732 6th Street SE
- ☐ Vault Fitness – 315 Central Avenue E