



Community Health Needs Assessment Report

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

Published 4/22/2025

Introduction

Both Trinity Health Hospital and Trinity Health St. Joseph's Hospital are subsidiary organizations within Trinity Health.

More than 100 years ago, 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, two additional hospitals (one in Minot and one in Kenmare), more than 40 specialties, several rural health clinics and a long-term care facility, Trinity Health provides a full complement of healthcare services to the region. Since 1922, we've been committed to looking ahead and improving ourselves in ways that provide the best, most compassionate care possible for our patients, families and communities.

Trinity Health is committed to preserving and improving the health of 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 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.
- Efficient utilization of resources.

Committed to the continuous improvement of quality, the employees, medical staff, board of directors and volunteers of Trinity Health hold the following values:

- **Integrity:** A personal belief that as individuals we uphold our principles and conduct ourselves with honor.
- **Passion:** Personal commitment to make a difference in providing care for others.
- **Accountability:** In recognizing our responsibilities, we will be accountable for all that we do.
- **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 Health's primary hospital campus, Trinity Health Hospital, is accredited by the Joint Commission and is the region's tertiary referral hospital. Trinity Health Hospital is a Level II Trauma Center with cardiac, neurosurgery, orthopedic, and other specialty and surgical services offered around the clock. First Response emergency transportation services include advanced life support ground ambulances, as well as a Minot-based helicopter that can accept missions within a 150-mile radius and a fixed wing aircraft that can transport patients to or from facilities anywhere across the country.

Trinity Health St. Joseph's Hospital is a non-acute hospital campus, this 165-bed facility houses inpatient rehabilitation, inpatient behavioral health, addiction services and other support services.



April 30, 2023, was a historic day as Trinity Health completed the transition from Trinity Health Hospital's 100-year-old legacy campus in downtown Minot to its new campus on the southwest edge of the city. The opening of the new campus concluded over a decade of planning and over four years of construction. An article from the *Minot Daily News* includes an excellent description of the new campus:

Trinity Health said "the new campus has created an environment in which advanced levels of care and continued excellence in healthcare will be sustained for generations to come."

Key areas include:

"An enhanced emergency services department – The new Emergency Trauma Center has treatment areas for adults, children and behavioral health patients. Trinity Health says it is designed for maximum efficiency, allowing less acute patients to be treated quickly and allowing sicker patients to receive care in spacious, private surroundings while accommodating family members.



“Integrated procedural platform – An advanced interventional platform combines imaging, surgical and interventional services. Interventions for strokes, arrhythmias and heart attacks are delivered in minutes, allowing Trinity Health to exceed national benchmarks for critical door-to-balloon and stroke treatment times.

“Women’s and children’s services – The third floor of the new hospital is devoted to the Family Birth Center, Neonatal Intensive Care Unit and Pediatrics, all situated in close range. The Birth Center has large rooms furnished with comfortable seating and pull-out beds for overnight guests. The new, advanced NICU has 22 bassinets and special rooms for twins and triplets. It also includes a room where families can ‘overnight’ with their newborns before being discharged from the NICU.

Patient privacy – Trinity Health said, “The hospital’s patient-centered care includes elements needed to maximize patient safety, comfort and privacy. A ‘front-of-house/back-of-house’ innovative design is built into the hospital structure to shield patient care activity from public view. In addition, patient privacy is enhanced by the hospital having all private rooms.”

Future plans also call for completing a 2050 Master Site Facility Plan to include an advanced imaging center, cancer care center and outpatient healthcare retail and services.

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.

Trinity Health offers a full continuum of services – from primary care to specialties – for patients of all ages. We provide state-of-the-art care, including minimally invasive diagnostic and surgical procedures. In addition, our fully integrated electronic medical record connects all of our services to ensure your care is seamless and thorough.

Trinity Health Hospital provides the following services to our community:

- Allergy and immunology
- Audiology
- Behavioral health
- Cancer care
- Children’s health
- Dermatology
- Digestive care
- Ear, nose and throat
- Emergency and trauma
- Eye and vision care
- Foot and ankle care
- Hand and wrist care
- Health and wellness
- Heart and vascular disease
- Home health and hospice
- Infectious disease
- Durable medical equipment
- Kidney and urinary care
- Laboratory and radiology
- Lung care
- Mammograms
- Neurology and neurosurgery
- Occupational medicine
- Orthopedics



- Outpatient nutrition
- Pain management
- Palliative medicine
- Patient navigation
- Pharmacy
- Primary care
- Rehabilitation and therapy
- Rheumatology
- Sports medicine
- Surgery
- Therapy services
 - Hand therapy
 - Occupational therapy
 - Physical therapy
 - Speech/language therapy
- Walk-in care
- Women's health

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

- Addiction services
- Behavioral health
- First Call dispatch
- Health information management
- RehabCare Center
- Sleep center
- Therapy services
 - Occupational therapy
 - Physical therapy
 - Speech/language therapy

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

- Trinity Kenmare Community Hospital, a critical access hospital
- Trinity Homes, a long-term care facility
- Sixteen clinics
- Two retail vision centers
- Two exercise physiology and physical therapy locations
- Two retail pharmacies
- Two durable medical equipment locations

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 their family, friends and home. Trinity Health's membership in the Mayo Clinic Care Network means:

- Our experts have experts. Your doctor can reach out to Mayo Clinic specialists as they consider your care needs, ensuring you only travel for medical care when necessary.
- Your doctor can use the latest research and recommendations from Mayo Clinic to develop the best treatment plan for you, at no additional cost to you.
- If you or a loved one has a complex condition, your doctor can consult directly with a Mayo Clinic expert who specializes in treating that specific condition.



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

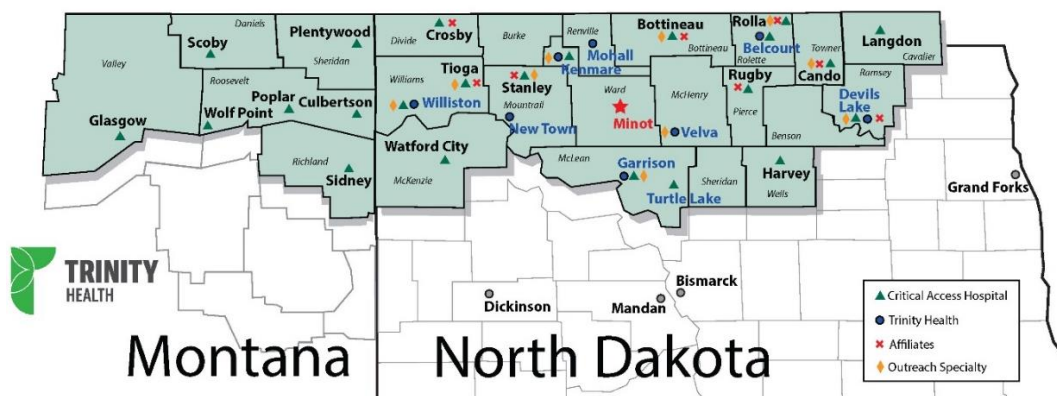
Consistent with the requirements of Section 501(r)(3), the Community Health Needs Assessment Report is organized as follows:

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

Our Community

Although Trinity Health Hospital and Trinity Health St. Joseph's Hospital 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 7,600 residents per county. Second, Trinity Health Hospital and Trinity Health St. Joseph's Hospital 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 60 percent 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 Hospital and Trinity Health St. Joseph's Hospital 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 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. 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 from the 2020 census, with some figures being estimated for 2024 based on that census and others being actual data from subsequent years. Population Health Institute data are as of December 2024.

	North Dakota 2024	North Dakota 2021	North Dakota Change		Ward County 2024	Ward County 2021	Ward County Change
Population	783,926	774,948	1.2%		67,876	69,071	-1.7%
Age < 18	23.6%	23.6%	0.0%		24.0%	23.8%	0.8%
Age 65+	17.0%	15.7%	8.3%		14.9%	13.2%	10.4%
Caucasian	86.4%	83.3%	3.7%		86.9%	81.6%	6.5%
African American	3.8%	3.3%	15.2%		4.8%	4.7%	2.1%
American Indian	5.3%	5.6%	-5.4%		2.8%	2.6%	7.7%
Asian	1.7%	1.7%	0.0%		1.7%	1.9%	-10.5%
Hispanic	4.9%	4.4%	11.4%		7.4%	6.7%	10.4%
Unemployment	3.7%	5.1%	-27.5%		4.3%	6.0%	-28.3%
Children in Poverty	11.5%	10.9%	5.5%		10.1%	8.8%	14.8%
Median Household Income	\$75,949	\$65,315	16.3%		\$79,273	\$68,098	16.4%
Uninsured Residents	7.2%	7.8%	-7.7%		6.1%	6.9%	-11.6%
Housing Burden	10.0%	10.0%	0.0%		11.2%	12.4%	-9.7%

Between 2021 and 2024, North Dakota grew by 1.2% although Ward County shrank by 1.7%. Offsetting the county’s population decrease, the population of the City of Minot increased during this timeframe, exceeding 50,000 people for the first time in 2024. The County’s population



decline may be related to decreased demand for workers in the oil fields in Western North Dakota, or a general move to more populous parts of the country. The population shifts in Ward County and Minot appear to reflect a small migration of individuals from the rural parts of Ward County to the city of Minot.

In 2021, 59.4% of North Dakota residents were working-age adults (age 18 to 65) while 61.1% of Ward County residents were working-age adults. Between 2021 and 2024, those percentages decreased in both geographic areas, primarily because of the increase in the elderly populations. Because the proportions of Ward County residents that are age 18 and younger and age 65 and older both grew more than they did in North Dakota, the proportion of the community made up of working adults decreased more in Ward County than in North Dakota overall.

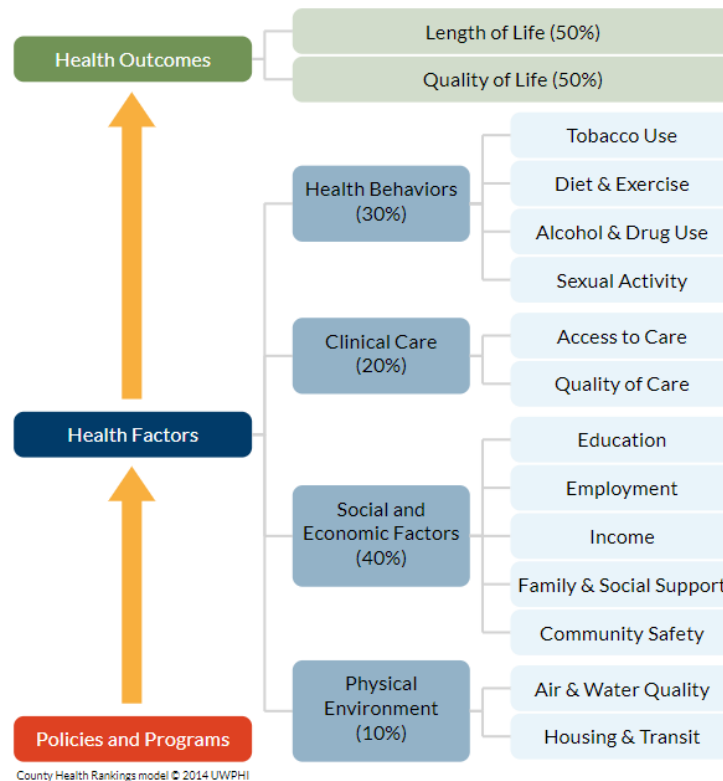
Between 2021 and 2024, the racial demographics in both Ward County and North Dakota shifted similarly, with an increase in the proportion of Caucasian and Hispanic individuals. Those increases were offset by a decrease in the American Indian population across North Dakota and a decrease in the Asian population in Ward County.

Between 2021 and 2024, Ward County and North Dakota each experienced a significant increase in median household income, which mirrored the massive inflation across the United States as a whole. Ward County continues to enjoy a higher median household income than North Dakota, thanks in part to the salaries and wages paid by Trinity Health to its medical staff. Similarly, between 2021 and 2024, Ward County and North Dakota each experienced a significant decrease in unemployment rates. The low unemployment rates were brought up by numerous interview participants as an indicator of an overall concern about a shortage of workers in our area, unable to meet demand by employers. Participants indicated a belief that the low population and difficulty in recruiting individuals to relocate to Ward County are attributable to the long, cold winters and a general national opinion that North Dakota isn't a desirable place to live. The final indicators of positive economic performance are that the percentage of households that spend more than 50% of their income on housing decreased by approximately 10% between 2021 and 2024 and that the percentage of uninsured individuals decreased significantly in that same timeframe. Unfortunately, although unemployment decreased and median income increased, the percentage of children living in poverty increased between 2021 and 2024. This result may indicate that the positive changes in median household income are being enjoyed more by households that already had relatively strong household income, with the lower income families receiving less of the benefit.

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.

Ward County Health Rankings (Out of 48 ND Counties)			
	2025	2022	2019
Mortality (Length of life)	8	8	2
Morbidity (Quality of life)	12	13	23
Overall Health Outcomes	5	6	7
Health Behaviors	9	16	34
Clinical Care	9	8	2
Social & Economic Factors	22	24	27
Physical Environment	30	33	48
Overall Health Factors	12	19	28

Between 2019 and 2024, out of 48 ranked counties, Ward County's health outcomes ranking improved slightly (from 7th to 5th) while its overall health factors ranking improved more significantly (from 28th to 12th). 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 9th) and physical environment (from 48th to 30th), as well as a smaller improvement in social & economic factors (from 27th to 22nd). However, Ward County worsened relative to other counties in the area of clinical care (from 2nd to 9th).



Source: University of Wisconsin Population Health Institute



Despite improvements and being one of the healthiest counties in the state, Ward County still falls in the bottom half of the state's counties in physical environment, indicating that there is still a lot of room for improvement in this area. The Population Health Institute bases the physical environment rankings on average daily air pollution, drinking water violations per year, percentage of households with at least one of four severe housing problems (overcrowding, high housing costs, lack of kitchen facilities and lack of plumbing facilities), the percentage of the population that drives alone to work, and the percentage of workers who commute more than 30 minutes to work. Ward County falls behind the rest of the county in the severe housing problems, in particular.

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 Health Hospital and Trinity Health St. Joseph's Hospital have conducted four prior joint community health needs assessments, most recently for the fiscal year ended June 30, 2022. 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 Health Hospital has also identified obesity as a significant health need.

A copy of the 2022 joint Community Health Needs Assessment is available on Trinity Health's website at <https://www.trinityhealth.org/patients-visitors/>.

Since the most recently conducted community health needs assessment, the efforts of Trinity Health Hospital and Trinity Health St. Joseph's Hospital have been focused on the opening and operation of the new medical campus as well as the recruitment and retention of the highest quality medical professionals and support staff.

Although Trinity Health had 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. 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 each 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~~ December 2024. 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 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 adolescents, the elderly and rural individuals

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

- 5th Medical Group, Minot Air Force Base
- First District Health Unit
- First Lutheran Church, Minot
- Minot Commission on Aging
- Minot Police Department
- Minot Public School District
- North Central Human Service Center
- The City of Minot
- The Lord's Cupboard Food Pantry
- The Salvation Army, Minot
- Trinity Health Hospital
- Trinity Health St. Joseph's Hospital
- Ward County Board of Commissioners
- 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.

American Health Rankings

- <https://www.americashealthrankings.org/explore/measures/ExcessDrink/ND>

Brookings Institute, “The Mental Health Landscape of Older Adults in the US”

- <https://www.brookings.edu/articles/the-mental-health-landscape-of-older-adults-in-the-us/>

Centers for Disease Control and Prevention

- <https://www.cdc.gov/children-mental-health/data-research/index.html>

McKinsey & Company, “The Physician Shortage Isn’t Going Anywhere”

- <https://www.mckinsey.com/industries/healthcare/our-insights/the-physician-shortage-isnt-going-anywhere>

Minot Daily News, “Trinity Opens New Hospital in 2023”

- <https://www.minotdailynews.com/news/local-news/2024/01/trinity-opens-new-hospital-in-2023/>

National Alliance on Mental Illness

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

National Institute on Alcohol Abuse and Alcoholism

- <https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/alcohol-facts-and-statistics>
- <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-adverse-impact-health>

National Institutes of Health

- <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>

North Dakota Department of Health & Human Services

- <https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Primary%20Care%20Office/Mental-Health-facilities-and-counties-2023.pdf>

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

- <https://www.countyhealthrankings.org/health-data/north-dakota?year=2024>

Substance Abuse and Mental Health Services Administration

- https://www.stopalcoholabuse.gov/media/ReportToCongress/2022/state_reports/north_dakota_profile.pdf

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/>

Trinity Health



- <https://www.trinityhealth.org/>

University of North Dakota, School of Medicine & Health Sciences, Center for Rural Health

- <https://ruralhealth.und.edu/assets/1008-12250/north-dakota-critical-access-hospitals-referral-centers.pdf>

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

- <https://www.census.gov/quickfacts/fact/table/ND,wardcountynorthdakota/PST045224>

U.S. Chamber of Commerce, “Data Deep Dive: A National Nursing Crisis”

- <https://www.uschamber.com/workforce/nursing-workforce-data-center-a-national-nursing-crisis>

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>
- <https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-summary.pdf>

U.S. Drug Enforcement Agency

- <https://www.dea.gov/alert/dea-reports-widespread-threat-fentanyl-mixed-xylazine>

U.S. Health Resources Services Administration

- <https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>



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 root causes of those 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 Health Hospital and Trinity Health St. Joseph's Hospital 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 Health Hospital & St. Joseph's Joint Community Health Needs Assessment
P.O. Box 5020
Minot, ND 58702-5020

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 Health Hospital and/or Trinity Health St. Joseph's Hospital. A health need's significance was evaluated based on many factors. The factor given the most weight was the relative importance placed on the health need by 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.

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 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 leaders from Trinity Health.

Prioritized Community Health Needs

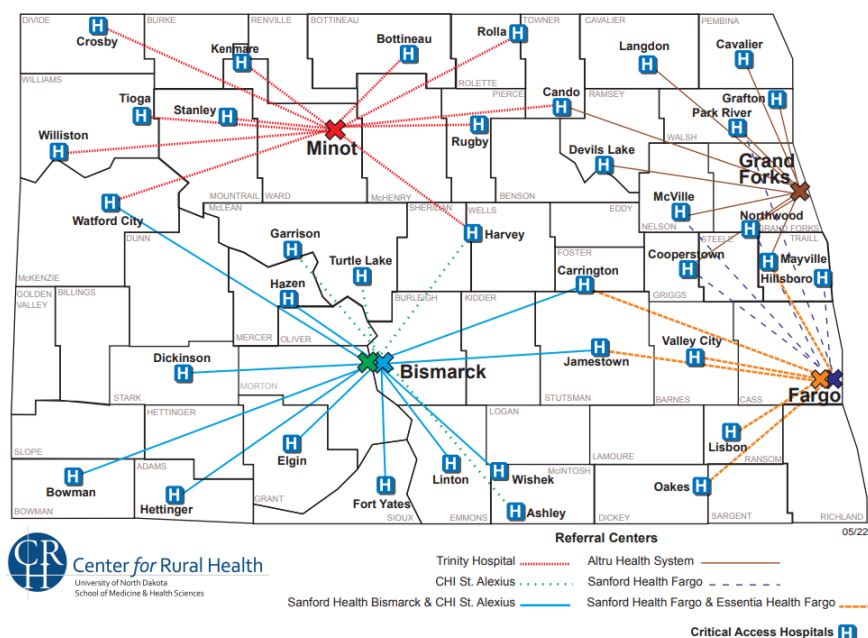
Based on interviews and reviews of hospital, county, state and national health data, both Trinity Health Hospital and Trinity Health St. Joseph's Hospital identified (a) access to health care services, (b) mental health and (c) substance abuse as significant community health needs. Each need is designated a primary health need. As discussed below, the significant interactions between these health needs requires that all three be given equal weight and priority in order to effectively address them.

Access to Care

Throughout the interview process, access to care was frequently identified as one of the most significant health needs in our community. The issues related to access to care can generally be classified into the following areas: inappropriate use of the Emergency Room ("E.R.") and long E.R. wait times, insufficient specialty services – especially substance abuse and mental health services, a general shortage in medical providers, needs of the low-income community and other access health needs. Concerns related to access to mental health and substance abuse services will be discussed briefly here, then more specifically in those sections below.

In general, healthcare options in northern North Dakota are, and always have been, limited. Our community features many health clinics and several critical access hospitals, but Trinity Health 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 May 2022. Three of the state's five largest hospitals are located along its Eastern border, two others are in Bismarck, which serves the south-central and southwestern parts of the state, while Trinity Health services the north-central and northwestern parts of the state.

North Dakota Critical Access Hospitals & Referral Centers





Concerns about access to health care frequently boiled down to a shortage of medical providers in the community. This employee shortage is not a local phenomenon. According to a September 2024 report by McKinsey & Company, the United States had a shortage of approximately 64,000 physicians in late 2024 and that it could grow approximately 86,000 by 2036. Similarly, a January 2024 report by the U.S. Chamber of Commerce indicated a shortage of nurses that was projected to worsen annually unless a major change is made. From that report, “By the year 2030, it is expected that 42 out of the 50 states in the United States will likely experience shortages in nursing staff. Notably, North Dakota, Colorado, Texas, Florida and Nevada are among the states anticipating the most pronounced nursing shortages, with North Dakota projected to meet only 84% of its nursing demand.” Trinity Health strives continuously to locate, recruit and retain the highest quality employees and partners. Despite our efforts, Trinity Health’s website currently lists 365 job openings (as of 2/5/2025), with approximately 258 of those being for various levels of medical professionals and the other 107 being for support positions. The shortage in medical providers in our community impacts all aspects of healthcare, including long wait times in the E.R., to see a general family practice provider and to see specialists. The general shortage of medical providers means that competition for these medical providers is fierce and that frequent job changes are becoming more common. Community interview participants also expressed concern over this frequent provider turnover and the difficulty it brings to creating a long-term trusted relationship between the individual and their medical providers.

While community members frequently expressed praise regarding the Emergency Room facilities at the new hospital campus in Minot, they expressed concern over the community’s use of the E.R. First, community participants noted that the E.R. has the physical space to help numerous individuals at any one time but that many of those emergency stations are left empty. This relates to the shortage of medical providers discussed above, so Trinity Health hopes to address this in the future with further recruiting and retention. Second, 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, or a distrust of the medical providers. 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. Finally, 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 Health Hospital’s emergency room due to recurring episodes. As discussed later in the “Mental Health” and “Substance Abuse” sections of this report, the difficulty in finding in-patient beds for the long-term needs of these individuals means that they may stay in the E.R. for the entire length of their acute episode, reducing the number of beds and medical providers available to help other community members with their emergencies.

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 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, 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.

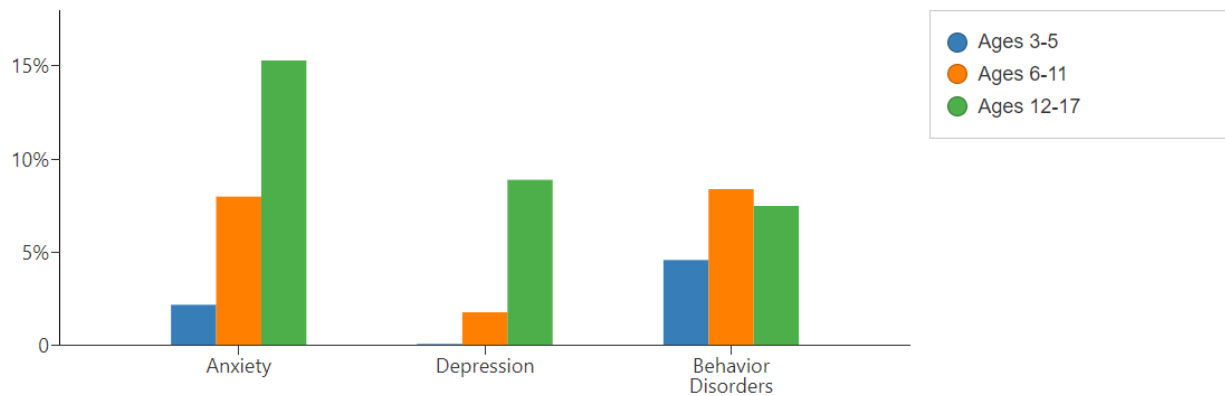
Finally, our community includes Minot Air Force Base (“Minot AFB”), which includes a large population of Air Force personnel and their family members. Because their average age is in the mid-twenties, their access needs tend to relate to access for young adults and small children, especially related to specialty services.

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 adults and the elderly. 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. Community participants primarily expressed concerns related to the prevalence of mental health issues in the area, a continuing stigma about admitting an individual may have a mental health concern and the availability of health care services when a mental health issue arises.

According to Centers for Disease Control and Prevention, one in seven U.S. children had a current diagnosed mental or behavioral health condition in 2018-2019. With limited exceptions, the prevalence of anxiety, depression and behavior disorders increase as a child approaches adulthood.

Mental and Behavioral Health Conditions by Age



The same CDC report provides the following about U.S. high school students in 2023:

- 40% reported persistent feelings of sadness or hopelessness in the past year.
- 20% reported seriously considering suicide in the past year.
- 9% reported attempting suicide in the past year.

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.

The general consensus among community participants is that adolescent mental health problems became much more common and more severe during the COVID pandemic and that these problems are exacerbated by social media. 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.

Social media is a significant enough concern that in early 2024 the U.S. Attorney General recommended added a warning label to all social media platforms. From their report,

“Social media can provide benefits for some children,... However, increasingly, evidence is indicating there is reason to be concerned about the risk of harm social media use poses to children and adolescents. Children and adolescents on social media are commonly exposed to extreme, inappropriate, and harmful content, and those who spend more than 3 hours a day on social media face double the risk of poor mental health including experiencing symptoms of depression and anxiety. This is deeply concerning as a recent survey of teenagers showed that, on average, they spend 3.5 hours a day on social media.”

The Attorney General based that conclusion on the following statistics:

- Approximately 40% of children aged 8-12 and 95% of teenagers used social media in 2022.
- When asked about the impact of social media on their body image, 46% of adolescents aged 13-17 said social media makes them feel worse, 40% said it makes them feel neither better nor worse, and only 14% said it makes them feel better.
- Roughly two-thirds of adolescents are “sometimes” or “often” exposed to hate-based content.
- Research indicates that social media may perpetuate body dissatisfaction, disordered eating behaviors, social comparison and low self-esteem, especially among adolescent girls.

Mental health among our elderly population was also raised as a frequent concern by community interview participants. These concerns are reinforced by the national findings of a July 2024 report by the Brookings Institute,

“Aging into older adulthood introduces many mental health stressors, such as physical decline, losses of loved ones, and reduced mental acuity. These stressors may lead to a diagnosable mental illness or result in frequent bouts of psychological distress that do not meet the criteria of a diagnosable illness. Regardless of clinical diagnosis, psychological distress can impair functioning for adults ages 65 and older....

“Rates of mental illness vary by demographic group. Non-Hispanic Black and lower income older adults are most likely to experience mental illness and substance use disorder (SUD). Women are more likely to experience mental illness, but men are more likely to experience SUD. The prevalence of mental illness remained relatively consistent between 2010 and 2019. Those ages 85 and older are most likely to experience symptoms of depression, while adults between ages 65 and 74 are most likely to experience alcohol use disorder (AUD). Across all age groups, men have significantly higher suicide rates than women. The most striking difference is between men and women ages 85 and older: women in this age group have the lowest suicide rate among all older adults, while men have the highest by a significant margin. Non-Hispanic older white adults also tend to have the highest suicide rate within our sample. There has been an uptick in suicides since the mid-to-late 2000s, particularly pronounced for men 85 and older since 2018. The

difference in prevalence between mental illness and suicide reinforces the complex causes of suicide, where mental illness is one among several risk factors. Additionally, although we highlight rates of any mental illness (AMI), serious mental illness (SMI), symptoms of depression, SUD, and AUD, we emphasize the heavy burden that sub-clinical levels of psychological distress, meaning the experience of symptoms of a mental health condition that do not rise to the level of a diagnosis, also place on older adults.”

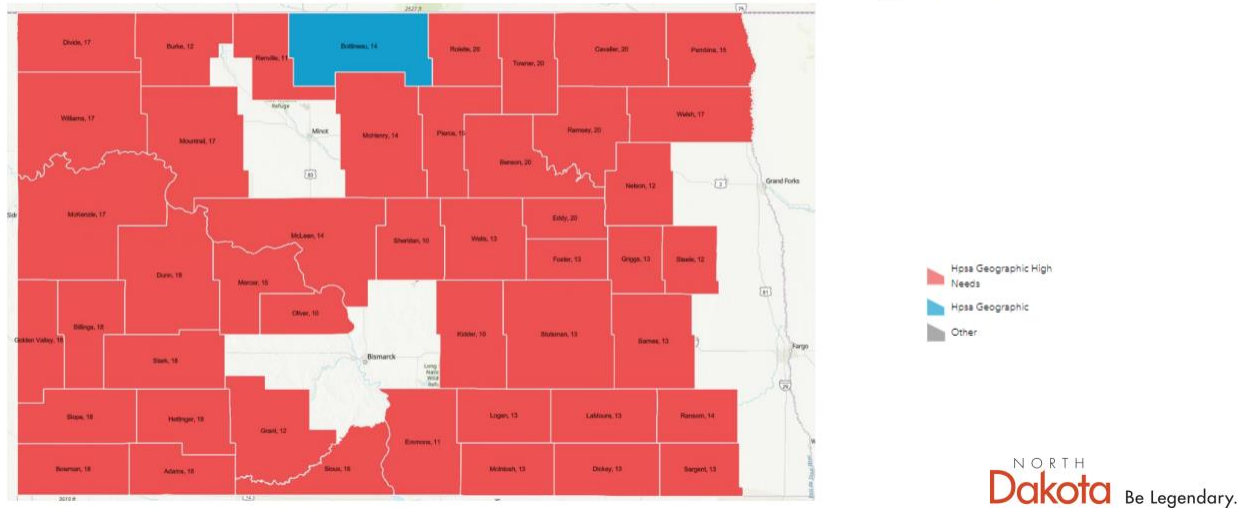
The military personnel at Minot Air Force Base are relatively healthy due to an average age in the mid-twenties and the physical aspect of their profession. While they are physically healthy compared to other members of the community, the military personnel were identified as having an increased need 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.

Many of our community’s mental health concerns relate closely to access issues. Trinity Health St. Joseph’s Hospital, 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.

Community participants raised concerns about a stigma in the community related to mental health issues. Individuals seem more willing to admit to and discuss physical ailments than mental illnesses, whether it be their own issue or a family member or friend’s. This appears to be less of a concern among adolescents and young adults but continues to be a barrier for most adults. However, community participants expressed hope that the situation is naturally improving as more and more of the population accepts mental health as a common, reasonable area needing care.

Finally, access to mental health care services was raised as a concern by nearly all community interview participants. 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.

Mental Health - Health Professional Shortage Areas



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 Health St. Joseph's Hospital and across the state. Current medical staffing means that the hospital is unable to utilize all of its licensed beds to serve the community.

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 Health 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.

In December 2023, the National Center for Health Workforce Analysis issued a report on the shortage of behavioral health care providers in the United States. From that report,

“The United States is experiencing a mental health crisis with increased levels of unmet behavioral health needs among people of all ages. The capacity of the behavioral health workforce to meet the demand is limited by supply and distribution challenges. However, the challenges facing the behavioral workforce extend beyond the supply and demand issues and include:

- Patient-level barriers, such as stigma and ability to pay that both hinder access to care

- Provider-level barriers, such as limited scopes of practice, reimbursement challenges, and clinician burnout all of which limit the ability to provide high-quality care.”

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, opiates/heroin, methamphetamines (“meth”), marijuana and underage vaping are currently considered the most significant by interview participants.

Community participants expressed significant concerns about alcohol use in our area. First, they indicated that North Dakota has a very accepting attitude toward alcohol consumption, both by adults and by adolescents. The general feedback was that community adults are willing to let adolescents drink alcohol as long as it’s in an environment that the adult finds acceptable. These statements seem to be supported by publicly available health data.

According to the National Institute on Alcohol Abuse and Alcoholism, alcohol is the most commonly abused substance in the United States. In a 2023 survey, 84.9% of adults reported drinking alcohol at some point in their lifetime and 51.6% reported that they drank alcohol in the last month. In the same survey, 21.6% of youth ages 12-17 reported drinking alcohol at some point in their lifetime and 6.9% reported drinking alcohol in the last month. 23.5% of adults reported that they engaged in binge drinking within the last month and 3.9% of youth ages 12-17 reported that they engaged in binge drinking within the last month. The same study found that 2.9% 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. The majority of these statistics are slightly improved compared to the 2020 survey, except for teenage binge drinking, which worsened from 1.7% to 3.9%.

According to the Population Health Institute, 23.5% of adults in North Dakota and 21.0% of adults in Ward County indicated that they drank excessively in 2023. On a positive note, each of those is slightly improved compared to 2020 rates. Additionally, 29% of Ward County driving deaths involve alcohol impairment, although that rate is well below the rate of 41% in North Dakota. Ward County’s relatively positive statistics can be a bit misleading since North Dakota ranks as having the fourth-highest per capita alcohol consumption in the United States but the highest rate of adult binge drinking in the United States. Further, this problem isn’t limited to adults. In a 2022 survey of North Dakota residents conducted by the Substance Abuse and Mental Health Services Administration, alcohol consumption increased from 3.1% in Middle School to 16.1% in high school, then 51.1% in young adults and 61.1% in adults over age 21.

North Dakota

State Population: 765,309

Population Ages 12–20: 91,000

Past-Month Alcohol Use	
Ages 12–20	
Past-Month Alcohol Use – Number (Percentage)	24,000 (25.9%)
Past-Month Binge Alcohol Use – Number (Percentage)	16,000 (17.3%)
Ages 12–14	
Past-Month Alcohol Use – Number (Percentage)	1,000 (3.1%)
Past-Month Binge Alcohol Use – Number (Percentage)	1,000 (2.1%)
Ages 15–17	
Past-Month Alcohol Use – Number (Percentage)	4,000 (16.1%)
Past-Month Binge Alcohol Use – Number (Percentage)	2,000 (8.5%)
Ages 18–20	
Past-Month Alcohol Use – Number (Percentage)	19,000 (51.1%)
Past-Month Binge Alcohol Use – Number (Percentage)	13,000 (35.7%)
Adults Ages 21+	
Past-Month Alcohol Use – (Percentage)	323,000 (61.1%)
Past-Month Binge Alcohol Use – (Percentage)	172,000 (32.5%)

Alcohol abuse is a significant concern because of its commonality and the major impacts it has on our community. According to the National Institute on Alcohol Abuse and Alcoholism:

- An estimated 178,000 deaths are attributable to excessive alcohol use, making it one of the leading preventable causes of death in the United States, behind tobacco, poor diet, physical inactivity, and illegal drugs.
- Alcohol misuse costs the United States approximately \$249 billion per year.

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. Methamphetamine-use disorder (“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.

Community participants indicated that they are concerned about use of opioids such as fentanyl, heroin, prescriptions and xylazine. Additionally, while marijuana use is increasingly viewed as acceptable in the United States, community participants expressed concern about the major impact of marijuana and similar THC-based products that are laced with fentanyl or xylazine. Between 2021 and 2023, 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.

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.

Xylazine ("tranq") is similar to, but stronger than, fentanyl. It was originally created as a sedative for large animals. According to the U.S. Drug Enforcement Administration,

“ ‘Xylazine is making the deadliest drug threat our country has ever faced, fentanyl, even deadlier,’ said Administrator Milgram. ‘DEA has seized xylazine and fentanyl mixtures in 48 of 50 States. The DEA Laboratory System is reporting that in 2022 approximately 23% of fentanyl powder and 7% of fentanyl pills seized by the DEA contained xylazine.’ ”

“Xylazine and fentanyl drug mixtures place users at a higher risk of suffering a fatal drug poisoning. Because xylazine is not an opioid, naloxone (Narcan) does not reverse its effects.... People who inject drug mixtures containing xylazine also can develop severe wounds, including necrosis—the rotting of human tissue—that may lead to amputation.

“According to the CDC, 107,735 Americans died between August 2021 and August 2022 from drug poisonings, with 66 percent of those deaths involving synthetic opioids like fentanyl.”

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.

Finally, community participants expressed concern over the significant rise of vaping at our community schools. Participants indicated that vaping is increasingly common among adolescents but that parents are not aware of just how common it has become. The state’s last Youth Risk Behavior Survey was conducted in 2019, so the data is approximately six years old, but approximately 33% of youth in the state were vaping at that time. Community participants indicated that it may be as much as 50% of our community’s high schoolers may be vaping today.

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 Health St. Joseph’s Hospital has struggled to meet local demand. 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 Health St. Joseph’s Hospital.

“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 Health St. Joseph’s Hospital 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.

Conclusion

Trinity Health Hospital and Trinity Health St. Joseph’s Hospital conducted this community health needs assessment to better understand our community and the individuals we serve. Each hospital is currently developing a strategy to respond to its significant community health needs and will create an Implementation Strategy to formalize those responses. These Implementation Strategies will be approved by the board of directors of Trinity Health Hospital and Trinity Health St. Joseph’s Hospital no later than November 15, 2025, and will be used by the organization as a guide for thoughtful, impactful decisions and actions in the coming years.

Health Resources

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.

First District Health Unit and the Ward County Human Service Zone provide support to our community members in numerous ways. The services and programs offered by First District Health Unit include:

- Assistance and resources for parents of babies, kids and teens
- COVID-19 testing and vaccination information
- Emergency response and how you can be more prepared
- Environmental health, including food, water, air, lodging, septic systems, inspections, tattoo-piercing, etc.
- Pregnancy planning and testing, as well as testing for sexually transmitted infections
- Flu vaccinations for all ages
- Harm reduction, including Narcan, syringe service, responsible beverage server training and needle disposal
- Testing and treatment for HIV/AIDS, sexually transmitted infections and tuberculosis
- Information, resources and appointments for adult and childhood immunizations
- Monthly newsletters, education, resources and tips for healthy living
- Help to quit and stay smoke-free, including tobacco and vaping
- WIC and nutrition, including food benefits for children five and younger, and pregnant and breastfeeding women
- Programs and resources for women's health

The programs and services offered by the Ward County Human Service Zone include child protection & family preservation, foster parent recruitment, and economic assistance. For a complete list of their activities, we recommend visiting their offices and/or websites:

- First District Health Unit
801 11th Avenue SW, Minot
www.fdhhu.org
(701) 852-1376
- Ward County Human Service Zone
225 3rd Street SE, Minot
<https://www.co.ward.nd.us/215/Human-Service-Zone>
(701) 852-3552

In addition to governmental support, the following facilities are currently available in and around Minot, North Dakota.



Hospitals

- Trinity Health Hospital – 2305 37th Avenue SW
- Trinity Health St. Joseph's Hospital – 407 3rd Street SE

Medical Clinics and Specialty Practices

- Trinity Health East Ridge – 1250 21st Avenue SE
- Trinity Health Medical Arts – 400 Burdick Expressway E
- Trinity Health Walk-in Clinic Medical Arts – 400 Burdick Expressway E
- Trinity Health Plaza 16 – 2815 16th Street SW
- Trinity Health Riverside – 1900 8th Avenue SE
- Trinity Health South Ridge – 1500 24th Avenue SW
- Trinity Health Town & Country – 831 S 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
- Beyond Healthcare – 3108 S Broadway, Suite H
- Bright Path Pediatric Therapy – 720 20th Avenue SW
- Center for Family Medicine – 1201 11th Avenue SW
- CHI-St. Alexius Health Minot Medical Plaza – 2111 Landmark Circle
- Dakota Medical – 1002 18th Avenue SE
- Dakota Hope Clinic – 315 Main Street, Suite 205
- First Choice Physical Therapy – 2900 10th Street SW, Suite A
- FirstLight Home Care of Central North Dakota – 3000 E Burdick Expressway
- Legacy Health Clinic – 1324 20th Avenue SW, suite #1
- Minot Air Force Base, 5th Medical Group – 10 Missile Avenue
- Minot Health Clinic – 1021 20th Avenue SW
- Minot Therapy – 315 S Main Street
- Minot V.A. Clinic – 3400 S Broadway
- North Central Human Services Center – 1015 S Broadway, #18
- Northland Health Centers – 15 2nd Avenue SW, #110
- Northland Health Center – 1600 2nd Avenue SW, Suite 19
- OptiMeno Medical Center – 1015 S Broadway
- Prairie Grit Therapy – inside the YMCA at 3515 16th Street SW
- Preble Medical Services – 900 N Broadway, #100
- Radiant Health – 3721 E Burdick Expressway, Suite A
- Sanford Northwest Clinic – 1500 21st Avenue NW
- Sanford Minot Walk-In Clinic – 801 21st Avenue SE
- Serenity Health Solutions – 2010 4th Avenue NW
- Total Behavior Support – 1015 S Broadway, #15
- Triple C Clinic – 315 Main Street S, Suite #108



- True North Integrative Clinic – 1000 20th Avenue SW, Suite A
- The Village Family Service Center – 20 1st Street SW, #250

(duplicate)*Dental Clinics*

- Aspen Dental – 3451 S Broadway, Suite B
- Broadway Family Dentistry – 1839 S Broadway
- Burckhard Orthodontics – 700 Western Avenue SW, #100
- Custom Endodontics – 601 18th Avenue SE
- Dakota Dental Health Center – 515 20th Avenue SE, Suite 8
- Dakota Kids Dentistry – 2615 Elk Drive, #1
- Dakota Square Dental – 1000 31st Avenue SW
- Dental Care Associates – 3112 16th Street SW, Suite A
- Kenmet Dental Design – 1015 S Broadway
- Minot Dental Laboratory – 800 20th Avenue SW
- Minot Dental Partners – 1600 2nd Avenue SW, Suite 21
- Minot's Dental Center – 481 31st Avenue SW
- Modern Dental – 1600 2nd Avenue SW
- Monson Dental Center – 3725 Crossing Street SW
- Ness Family Dentistry – 1015 S Broadway
- North Dakota Oral Surgery & Dental Implant Center – 2615 Elk Drive, #3
- Northland Health Centers – 15 2nd Avenue SW, #110
- Northland Health Centers – 1600 2nd Avenue SW, Suite 19
- Olson Family Dental – 3725 Crossing Street SW
- Prestwich Orthodontics – 1015 S Broadway, Suite 17
- Rapid Dental Services – 225 22nd Avenue NW
- Souris Valley Dental Group – 1300 37th Avenue SW
- West Hills Dental – 2615 Elk Drive, #2

Vision/Eye Clinics

- KeyCare Optical – 400 E Burdick Expressway
- Vision Galleria – 2815 16th Street SW
- Century Eyewear – 10 1st Street SW
- Eye Clinic of North Dakota – 601 18th Avenue SE, #201
- Eyemart Express – 1511 24th Avenue SW
- Eyes on Burdick – 1821 W Burdick Expressway
- JCPenney Optical – 2400 10th Street SW
- Johnson Eyecare & Eyewear – 1525 31st Avenue SW, Suite E
- Optical Outlook – 1100 31st Avenue SW, #2
- Shopko Optical – 2400 10th Street SW
- Sterling Optical – 3220 S Broadway
- Vision Source Minot – 1100 N Broadway, #110



- Walmart Vision Center – 3900 S Broadway

Pharmacies and Medical Equipment

- Trinity Health Outpatient Pharmacy – 2305 37th Avenue SW
- KeyCare Pharmacy – 400 E Burdick Expressway
- KeyCare Medical – 530 20th Avenue SW
- KeyCare Medical – 2305 37th Avenue SW
- Broadway Pharmacy – 1118 S Broadway
- Center for Family Medicine Pharmacy – 1201 11th Avenue SW
- CVS Pharmacy – 1520 20th Avenue SW
- Market Pharmacy – 1930 S Broadway
- Sanford Health Equipment Minot – 116 1st Street SW
- Schauer Hearing Aid Center – 1809 S Broadway, Suite I
- Thrifty White Pharmacy – 1015 S Broadway, #3
- White Drug Pharmacy – 2211 16th Street NW, Suite B

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

- Trinity Homes – 305 8th Avenue NE
- Trinity Home Health & Hospice – 1015 S Broadway, #306
- CaringEdge 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 Street SW
- Enney Adult Foster Care – 5500 County Road 15 W
- Home Helpers of Minot – 2408 E Burdick Expressway
- Home Instead – 1015 S Broadway, #16
- Independence Inc. – 315 3rd Avenue SW
- Maple View Memory Care – 2805 Elk Drive
- Minot Commission on Aging – 21 First Avenue SE, Suite B
- Minot Health and Rehab – 600 S Main Street
- Minot Housing Authority – 108 E Burdick Expressway, #1
- Minot Lodge Senior Living – 601 24th Avenue SW
- Northland Pace Senior Care Services – 2700 8th Street NW
- Prairie Rose Home Services – 21 1st Avenue SE, Suite A
- 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 View on Elk Drive – 2905 Elk Drive
- Visiting Angels – 7 3rd Street SE, #101



Mental Health and Chemical Dependency Services

- Trinity Addiction Services – 407 3rd Street SE
- Trinity Health Center—Riverside – 1900 8th Avenue SE
- Addiction Rehabilitation Center – 809 US Highway 83
- Al-Anon – 515 5th Avenue NW
- Ascend Wellness MBS – 108 Main Street S
- Behavioral Health & Wellness – 1705 4th Avenue NW
- Brooklyn Flats – 420 3rd Street SW
- Burckhard Clinic – 315 Main Street S
- Calm Therapy Place – 1821 W Burdick Expressway
- Center-Mind & Body Wellness – 1015 S Broadway, #37
- Community Medical Services – 300 30th Avenue NW, Suite D
- Cornerstone Addiction Services – 1705 4th Avenue NW
- Dakota Boys & Girls Ranch – 6301 19th Avenue NW
- Dakota Family Services – 6301 19th Avenue NW
- Discovery Therapeutic Services – 925 31st Avenue SW
- Domestic Violence Crisis Center – 3900 11th Avenue SE
- Eaton & Associates – 1705 4th Avenue NW
- The Empty Chair – 1821 W Burdick Expressway, Suite D
- 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
- Fast Positivity Life Coaching – 315 Main Street S, #209
- Fountain Behavioral Services – 100 Main Street S
- Gamblers Choice – 1905 2nd Street SE, #1B
- Goodman Addiction Services – 600 22nd Avenue NW
- Harmony Center – 720 Western Avenue SW, Suite 201
- Hope's House – 515 19th Avenue SE
- Ideal Option – 1625 S Broadway, Suite 160
- Just Breath Counseling Services – 600 22nd Avenue NW, #1
- Kristi Harrison Counseling – 315 Main Street S, #312
- Martinsen Behavioral Health – 2116 4th Avenue NW, #100
- Minot Center for Health and Wellness – 925 31st Avenue SW
- Minot Vet Center – 3300 S Broadway
- Nexus-PATH Family Healing – 1425 21st Avenue NW
- North Central Human Service Center – 1015 S Broadway, Suite 18
- Northern Plains Children's Advocacy Center – 20 1st Street SW, Suite 202
- Northland Health Centers – 1600 2nd Avenue SW, Suite 19
- Pospishil & Associates – 1425 21st Avenue NW



- Psychiatric Services, PC – 1600 2nd Avenue SW
- Psychological Service, PC – 600 22nd Avenue NW, #10
- Rehab Services – 420 3rd Street SW
- Robertson Counseling – 2400 Burdick Expressway E, Suite 101
- Rural Psychiatry Associates – 1408 20th Avenue SW, #5
- Serenity Health Solutions – 2010 4th Avenue NW
- Stein Specialized Counseling – 1809 S Broadway, #A
- Sunrise Counseling Services – 900 N Broadway
- Therapeutic Interventions – 24 Main Street N, Suite A
- Thrivin' Health – 1418 S Broadway, Suite B
- Total Behavior Support – 1015 S Broadway, #15
- V.A. Medical Center Mental Health – 1500 24th Avenue SW
- The Village Family Service Center – 20 1st Street SW, #250
- (W)evolve – 1715 S Broadway
- Zero Gravity Counseling – 504 E Central Avenue, #301