CHI Lisbon Health™
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Community Health Needs Assessment

CHI Lisbon Health – Lisbon, ND

Approved May 2025

NDSU Center for Social Research Report #127
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Acknowledgements

Table of Contents

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Executive Summary

Purpose

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by CHI Lisbon Health in Lisbon, North Dakota. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's commitment to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

CHNA Collaborators

CHI Lisbon Health contracted with the North Dakota State University Center for Social Research to conduct the CHNA. The Center for Social Research developed community profiles and developed and conducted a community feedback survey that provided the foundation for this needs assessment. Ransom County and Sargent County Public Health Departments collaborated with CHI Lisbon Health on the CHNA.

Community Definition

CHI Lisbon Health is located in Lisbon, North Dakota. The hospital primarily serves Ransom County where Lisbon is located, and is the only hospital in Ransom County. CHI Lisbon Health also serves neighboring Sargent County where there are no hospitals. Ransom and Sargent counties are both designated as a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA) by the United States Health Resources and Services Administration. Ransom County is a rural county located in southeastern North Dakota and has a population of 5,663. Sargent County is also rural and has a population of 3,828.

Assessment Process and Methods

Community health needs were assessed using secondary data from national and state sources and primary data gathered from community members during a two-month survey period. CHI Lisbon Health solicited feedback on the assessment from community organizations representing health, education, law enforcement, victim advocacy, social services, and the medically underserved to review and validate community health needs at a community input meeting held January 30, 2025.

Multiple data sources with various indicators that inform social considerations were compiled and analyzed. Data sources included but are not limited to County Health Rankings, the American Community Survey (ACS), the Bureau of Economic Analysis (BEA), and the Centers for Disease Control and Surveillance (CDC). All community level data were compared to state and national data for context. Community member input was solicited via an online survey and a community input meeting.

The survey was administered using a QR code for public distribution using various online and print media and a survey link that was distributed by hospital personnel. Ransom County and Sargent

County Public Health Departments participated in distribution of the community survey. Upon conclusion of the survey fielding period, data were compiled and analyzed using widely accepted standard descriptive statistics, such as measures of mean, median, and frequencies. Priority needs were identified as those issues with the greatest level of consensus among survey respondents.

Prioritized Significant Health Needs

Based on an analysis of survey data, the following were identified as issues with the greatest degree of consensus among survey respondents. Secondary data are provided in support of these findings.

- **Substance misuse.** Nearly all respondents had some level of concern with substance misuse in their community, including alcohol, prescription drugs, tobacco, vaping, illicit or street drugs; 57 percent were very concerned and 28 percent were somewhat concerned about this issue. The availability of substance use disorder services was identified as a priority health need in the previous CHNA conducted in 2022. When asked about change over time, 57 percent of respondents said that this issue has not changed since 2022; 34 percent said that it has worsened and 9 percent said the availability of substance use disorder services has improved. In light of this concern, it is worth noting that the adult smoking rate in Ransom County is slightly higher (17 percent) than in North Dakota (16 percent) and the nation (15 percent). The adult excessive drinking rate is lower in Ransom County (19 percent) than in North Dakota (23 percent), but it is slightly higher than the national average (18 percent). The prevalence of adult smoking in Sargent County is slightly lower (16 percent) than in Ransom County; however, the prevalence of adult excessive drinking in Sargent County is 23 percent and half of all driving deaths in Sargent County are due to alcohol impairment.

- **Mental health (anxiety, stress, and depression).** Nearly all respondents had some level of concern with mental health in their community; 50 percent of respondents were very concerned about mental health and 32 percent were somewhat concerned. Further, 65 percent of respondents disagreed when asked if the community has adequate mental health services. Depression or anxiety along with the availability of mental health services were identified as priority health needs in the previous CHNA in 2022. Depression or anxiety as a community issue was perceived to have worsened by 38 percent of respondents (49 percent said it has not changed). However, there was some indication by respondents that the availability of mental health services has improved. While 19 percent of respondents indicated the availability of mental health services has worsened, 28 percent said these services have improved. Ransom County adults experience an average of 4.1 poor mental health days per month, which is slightly higher than the statewide average (4.0 days) and lower than the national average (4.8 days). Sargent County adults reported an average of 3.7 poor mental health days per month. The ratio of residents to mental health care providers in Ransom County is substantially higher (worse) (2,800:1) than in North Dakota (420:1) and the nation (300:1).

- **Barriers to health care.** More than half of respondents (60 percent) cited the price of health care services, even with health insurance, as at least somewhat of a barrier to accessing health care (19 percent said it was an extreme barrier). Fifty percent of respondents indicated the availability of local services to meet health care needs was at least somewhat of a barrier to accessing care. Nearly half of respondents indicated the price of prescription drugs, even with insurance (47 percent) and the length of time to see a provider (45 percent) were at least somewhat of a barrier to accessing care in their community. Ransom County residents were more likely to be uninsured than residents in North Dakota (11 percent compared to 9 percent,

respectively) and were more likely to be covered by Medicaid (13 percent compared to 12 percent, respectively); Sargent County residents were less likely to be uninsured (7 percent uninsured and 10 percent receive Medicaid). The poverty rate in Ransom County (9.9 percent) and Sargent County (6.2 percent) is lower than the poverty rate in North Dakota (10.8 percent) and the nation (12.5 percent). The median household income in Ransom County ($71,462) is slightly lower than the median in North Dakota ($73,959) and the nation ($75,149); the median household income in Sargent County is $75,648.

- **Availability of community services.** A majority of respondents disagreed when asked if their community has adequate child care services (65 percent) or enough affordable housing (58 percent). The availability of child care services was an identified priority health need in the previous CHNA in 2022. Fifty-one percent of respondents indicated that the availability of adequate child care services has worsened since 2022 and 33 percent said the availability has remained the same. Nearly all respondents were concerned about child abuse or neglect and cyber bullying. The percentage of households with children is slightly less in Ransom County (26.7 percent) than in North Dakota (27.8 percent) and the nation (30.2 percent); the percentage in Sargent County (21.2 percent) is even lower. A substantially higher percentage of children in Ransom County live below the poverty line (16.1 percent) than in North Dakota (11.3 percent); the percentage of children below poverty in Sargent County is much lower at 5.8 percent.

Resources Potentially Available

Programs, resources, and organizations in the community that are potentially available to address the significant health needs were identified by key informants giving input to this process. While not exhaustive, this list draws on the experiences and knowledge base of those directly serving the community. A list of community resources can be found in a separate resource section later in the report.

Report Adoption, Availability, and Comments

This CHNA report was adopted by the CHI Lisbon Health Board of Directors in May 2025. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at the Administration Office of CHI Lisbon Health. Written comments on this report can be submitted via mail to CHI Health - The McAuley Fogelstrom Center (12809 W Dodge Rd, Omaha, NE 68154 attn. Healthy Communities); electronically at: https://forms.gle/KGRq62swNdQyAehX8; or by calling Ashley Carroll, Market Director, Community and Population Health, at: (402) 343-4548.

Community Definition

CHI Lisbon Health is a 25-bed Critical Access Hospital located in Lisbon, North Dakota at 905 Main Street. The hospital primarily serves Ransom County, where Lisbon is located, and is the only hospital in Ransom County. CHI Lisbon Health also serves neighboring Sargent County where there are no hospitals. Ransom and Sargent counties are both designated as a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA) by the United States Health Resources and Services Administration.

Figure A: CHI Lisbon Health Community Needs Assessment Service Area
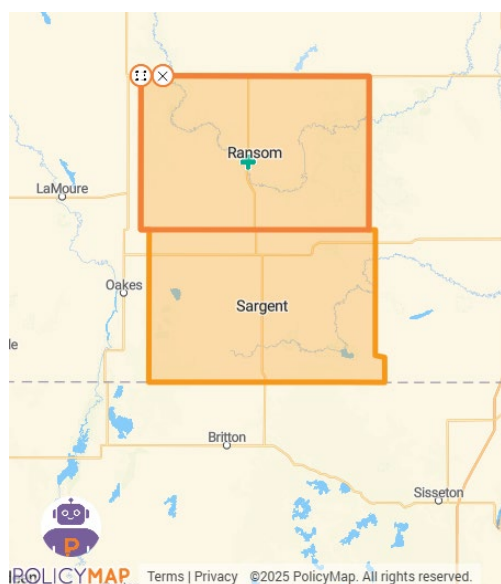
The following zip code corresponds to 80 percent of admissions to CHI Lisbon Health: 58054.

Core demographics for Ransom and Sargent counties are summarized in Table 1.

Table 1: Core Demographic Summary, Ransom County and Sargent County, North Dakota		
Measure	**Ransom County, ND**	**Sargent County, ND**
Community Description	Rural	Rural
Population	5,663	3,478
Racial and Ethnic Distribution		
White, non-Hispanic alone	89.9%	90.9%
American Indian and Alaska Native alone	0.2%	0.9%
Black or African American alone	2.2%	2.6%
Asian and Pacific Islander alone	1.1%	0.3%
Some other race alone	1.1%	1.3%
Two or more races	4.9%	2.7%
Hispanic Origin (of any race)	2.1%	3.3%
Median Household Income	$71,462	$75,648
Percent of Persons below Poverty Rate	9.9%	6.2%
Unemployment Rate	1.7%	1.7%
Percent Population with less than High School Diploma	9.1%	5.8%
Percent of People 5 and Older who are Non-English Speaking	3.5%	1.6%
Percent of People without Health Insurance	11.0%	7.0%
Percent of People with Medicaid	13.2%	10.1%
Health Professional Shortage Area	Yes	Yes
Medically Underserved Area	Yes	Yes
Number of Hospitals in the County	1 (CHI Lisbon Health)	0

Hospital Description

CHI Lisbon Health has a rich history spanning over 70 years. Originally known as Community Memorial Hospital, it opened its doors in 1952, a collaborative effort between the Lutheran Hospitals & Homes Society of Fargo and the local Community Memorial Hospital Association. Over the years, the hospital has undergone several expansions and renovations to meet the growing needs of the community. In 1967, a 20-bed nursing home wing was added, followed by a new hospital wing in 1976. The facility underwent a major remodeling project in 1996, which included the addition of a clinic and a name change to Lisbon Medical Center. In 2001, CHI Lisbon Health transitioned to Critical Access Hospital status, further solidifying its commitment to providing comprehensive health care services to the community. The facility was acquired by Catholic Health Initiatives in 2002.

CHI Lisbon Health has expanded its services over the years, offering a wide range of specialized care, including 24-hour emergency care, medical and surgical services, swing bed programs, home health, nuclear medicine, MRI, CT scans, ultrasound, mammography, and more.

Assessment Process and Methods

Community health needs were assessed using a two-pronged analysis approach: secondary data from national and state sources; and primary data gathered from community members during a two-month survey period. CHI St. Lisbon Health solicited input from various community organizations to review and validate community health needs at a community input meeting held January 30, 2025.

Secondary data: community profiles

Community profiles are an integral part of assessing community health needs. To get a complete sense of the community, multiple data sources with various indicators that inform social considerations were compiled and analyzed. Data sources include but are not limited to County Health Rankings; American Communities Survey (ACS); Bureau of Economic Analysis (BEA); and Centers for Disease Control and Surveillance (CDC). All community level data were compared to state and national data for context.

Primary data: health needs survey and community discussion

To help supplement secondary data sources, community member input was solicited via an online survey and a community input meeting. The online survey was administered using the Qualtrics online survey platform from August 12 to October 16, 2024. The survey was administered using a QR code for public distribution using various online and print media and a survey link that was distributed by hospital personnel. At least one public health organization was invited to participate in the distribution of the community survey. The survey tool can be found in Appendix B.

The survey solicited feedback on respondents' perceptions of various issues and topics in six broad categories: people in my community, services in my community, concerns in my community, concerns about violence, medical services, and barriers to care. Survey data were analyzed using widely accepted standard descriptive statistics, such as measures of mean, median, and frequencies. Priority needs were identified as those issues with the greatest level of consensus among survey respondents. Survey findings are detailed later in this assessment. The questionnaire can be found in Appendix B and detailed results in Appendix C.

Community Input

CHI Lisbon Health solicited feedback on survey findings at a community input meeting on January 30, 2025. A presentation that summarized the community profile and highlighted key survey findings was used to report and validate priority needs identified in survey results, as well as guide discussion of needs and priorities for community health improvement planning. During the community input meeting, attendees discussed survey findings, whether the survey findings aligned with their perceptions of their communities' needs, and the demographics of survey respondents.

There were 21 attendees, including representatives from:

- CHI Lisbon Health
- Sargent County Public Health
- Valley Senior Services
- Aging in Community
- CHI Health at Home

- Ransom County Public Health
- City of Lisbon
- North Dakota Veterans' Home
- Trinity Lutheran Church
- First Medic Ringdahl

CHI Lisbon Health collaborated with Ransom County and Sargent County Public Health Departments. CHI Lisbon Health contracted with the North Dakota State University Center for Social Research to conduct the CHNA. The Center for Social Research developed community profiles and developed and conducted a community feedback survey that provided the foundation for this needs assessment.

The hospital invited written comments on the most recent CHNA report in both the documents and on the website where they are widely available to the public. No written comments have been received.

Assessment Data and Findings

Community Profile

Ransom County is located in southeastern North Dakota. The county seat and largest city is Lisbon. With 5,663 residents, Ransom County is North Dakota's 22nd most populous county. Sargent County, which neighbors Ransom to the south has a population of 3,828 and is North Dakota's 30th most populous county. The county seat for Sargent County is Forman and its largest city is Gwinner. Both counties are home to proportionally more adults aged 65 and older and individuals living alone than North Dakota and the United States on average. Like most of North Dakota, the racial composition for Ransom and Sargent counties is largely white. The median home value in both counties is lower than median values statewide and nationally. In addition, the costs associated with home ownership and rent in both counties are lower than statewide and national averages. The median household income in Ransom County is lower than the median in North Dakota and the United States overall; the median household income in Sargent County is higher. The poverty rate in both Ransom and Sargent counties is lower than the poverty rate in North Dakota and the United States overall.

Both Ransom County and Sargent counties have a higher rate of adult obesity than North Dakota and the nation. Adult smoking is slightly more prevalent in Ransom County than in North Dakota and the nation overall; the prevalence of adult smoking in Sargent County is similar to the statewide average and slightly higher than the national average.

The rate of excessive drinking among adults in Ransom County is lower than the statewide average, but slightly higher than the national average. The rate of excessive drinking in Sargent County is similar to the statewide average; however, half of all driving deaths are due to alcohol impairment. Ransom County's leading causes of death in 2021 were diseases of the heart and malignant neoplasms. In Sargent County, malignant neoplasms were the leading cause of death. The annual flu shot rate in Ransom County is similar to the rate in North Dakota but slightly higher than the national average; the rate in Sargent County is higher than both the statewide and national average. Ransom County has substantially more people per primary care physician and mental health care provider than North Dakota and the United States, but similar numbers of people per dentist. Data for the ratio

of residents to primary care physicians and mental health care providers in Sargent County are unavailable; however, there are substantially more residents per dentist in Sargent County than in North Dakota and the nation overall.

Both counties face relatively moderate to relatively high risk of economic loss due to strong wind, ice storm, cold, and winter weather. Sargent County also faces relatively moderate risk of loss due to hail. However, both counties' overall risk due to natural hazards is very low. Social vulnerability is rated as very low for both counties. Ransom County's community resilience is rated as very high whereas Sargent County's is rated as relatively high. These factors combined give both counties a very low National Risk Index Score, which is slightly lower than the average for North Dakota counties but substantially lower than most counties nationally.

Community Demographics

The American Community Survey's (ACS) most recent five-year estimate of Ransom County's population is 5,663, making it the state's 22nd most populous county. With 3,828 residents, Sargent County is the state's 30th most populous state. One in five residents in both counties is under the age of 18 and similarly, about 1 in 5 is aged 65 and older (Table 2). Racial composition is largely non-Hispanic white in both counties (89.9 percent in Ransom County and 90.9 percent in Sargent County). Less than 5 percent of people in Ransom and Sargent counties speak English less than very well (Table 1). Ransom County's gender split is slightly skewed male (51.4 percent male and 48.6 percent female). Sargent County's gender split is more heavily skewed male (54.7 percent male and 45.3 percent female).

Table 2: Population Estimates, Ransom County, Sargent County, North Dakota, and the United States, by Age, Race/Ethnicity, and Sex (2022)				
Age Group	**Ransom County Population**	**Ransom County Percentages**	**North Dakota Percentages**	**United States Percentages**
0-4	276	4.9%	6.7%	5.7%
5-17	971	17.1%	16.9%	16.4%
18-24	489	8.6%	11.3%	9.4%
25-44	1,228	21.7%	27.1%	26.6%
45-64	1,500	26.5%	22.2%	25.3%
65 and older	1,199	21.2%	15.9%	16.5%
Total	*5,663*	*100.0%*	*100.0%*	*100.0%*
Race and Ethnicity*				
White, non-Hispanic alone	5,091	89.9%	83.0%	58.9%
American Indian and Alaska Native alone	14	0.2%	4.7%	0.8%
Asian and Pacific Islander alone	65	1.1%	1.8%	6.0%
Black or African American alone	125	2.2%	3.2%	12.5%
Some other race alone	62	1.1%	1.4%	6.0%
Two or more races	280	4.9%	4.4%	8.8%
Hispanic Origin (of any race)	117	2.1%	4.3%	18.7%
Sex				
Female	2,751	48.6%	48.6%	50.4%
Male	2,912	51.4%	51.4%	49.6%

Age Group	Sargent County Population	Sargent County Percentages	North Dakota Percentages	United States Percentages
0-4	216	5.6%	6.7%	5.7%
5-17	575	15.0%	16.9%	16.4%
18-24	282	7.4%	11.3%	9.4%
25-44	881	23.0%	27.1%	26.6%
45-64	1,008	26.3%	22.2%	25.3%
65 and older	866	22.6%	15.9%	16.5%
Total	*3,828*	*100.0%*	*100.0%*	*100.0%*
Race and Ethnicity*				
White, non-Hispanic alone	3,478	90.9%	83.0%	58.9%
American Indian and Alaska Native alone	36	0.9%	4.7%	0.8%
Asian and Pacific Islander alone	12	0.3%	1.8%	6.0%
Black or African American alone	100	2.6%	3.2%	12.5%
Some other race alone	51	1.3%	1.4%	6.0%
Two or more races	105	2.7%	4.4%	8.8%
Hispanic Origin (of any race)	125	3.3%	4.3%	18.7%
Sex				
Female	1,735	45.3%	48.6%	50.4%
Male	2,093	54.7%	51.4%	49.6%
Total	*3,828*	*100.0%*	*100.0%*	*100.0%*
Overlapping racial/ethnic categories mean that the percentages will not total to 100% of the population. Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.				

Estimates from the ACS indicate that there are 2,347 households in Ransom County with an average of 2.3 persons per household and 1,732 households in Sargent County with an average of 2.2 persons per household. Median household income in Ransom County is $71,462, which is lower than the median household income in North Dakota and the United States ($73,959 and $75,149 respectively); the median household income in Sargent County is higher ($75,648) (Table 3). Roughly 3 in 4 households in both counties are owner-occupied and median owner costs are $1,335 per month including the mortgage in Ransom County and $1,264 in Sargent County. Median rent is $840 per month in Ransom County and $837 in Sargent County. The median owner costs and median rent are lower in both counties than in North Dakota and the United States. The percentages of householders living alone, households with residents aged 65 and older, and householders aged 65 and older living alone are all higher in Ransom and Sargent counties than in North Dakota and the nation overall (Table 4).

Table 3: Household Demographics, Ransom County, Sargent County, North Dakota, and the United States (2022)

Item	Ransom County	North Dakota	United States
Total households	2,347	320,038	125,736,353
Owner-occupied housing rate	74.4%	63.2%	64.8%
Average household size (persons per household)	2.3	2.3	2.6
Median value of owned-occupied housing	$145,900	$232,500	$281,900
Median monthly owner costs (with mortgage)	$1,335	$1,653	$1,828
Median monthly owner costs (without mortgage)	$568	$551	$584
Median gross rent	$840	$912	$1,268
Median household income	$71,462	$73,959	$75,149
Item	Sargent County	North Dakota	United States
Total households	1,732	320,038	125,736,353
Owner-occupied housing rate	73.5%	63.2%	64.8%
Average household size (persons per household)	2.2	2.3	2.6
Median value of owned-occupied housing	$134,900	$232,500	$281,900
Median monthly owner costs (with mortgage)	$1,264	$1,653	$1,828
Median monthly owner costs (without mortgage)	$514	$551	$584
Median gross rent	$837	$912	$1,268
Median household income	$75,648	$73,959	$75,149

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Table 4: Household Characteristics, Ransom County, Sargent County, North Dakota, and the United States (2022)

Household Characteristics	Ransom Households	Percent of Ransom Households*	Percent of ND Households*	Percent of U.S. Households*
Households with children 0-17	626	26.7%	27.8%	30.2%
Households with adults aged 65+	831	35.4%	26.7%	30.8%
Householders living alone	819	34.9%	33.2%	28.3%
Householders 65+ living alone	439	18.7%	11.8%	11.5%
Household Characteristics	Sargent Households	Percent of Sargent Households*	Percent of ND Households*	Percent of U.S. Households*
Households with children 0-17	368	21.2%	27.8%	30.2%
Households with adults aged 65+	552	31.9%	26.7%	30.8%
Householders living alone	602	34.8%	33.2%	28.3%
Householders 65+ living alone	215	12.4%	11.8%	11.5%

*Overlapping household characteristics mean that the percentages of households will not total to 100% of the total number of households. Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Estimates from the ACS indicate that there are 2,679 adults in the workforce in Ransom County and 2,081 in Sargent County. The largest industries in both counties by percentage of the workforce employed are manufacturing; educational services, health care, and social assistance; and agriculture, forestry, fishing, hunting, and mining, which account for 26.3 percent, 22.1 percent, and 14.7 percent, respectively in Ransom County and 32.2 percent, 20.0 percent, and 13.9 percent, respectively in Sargent County (Table 5). In 2023, Ransom County's three largest employers were Sanford Health, Walmart, and Doonsan Bobcat. Sargent County's three largest employers were Doonsan Bobcat, Ray-Mac, and Milnor Public School District. CHI Lisbon Health was the eighth largest employer in Ransom County (NDLMI 2024).

Table 5: Employment by Industry, Ransom and Sargent Counties, ND (2022)		
	Ransom County	
Sector	**Estimated Workers**	**Percent of Workforce**
Manufacturing	704	26.3%
Educational services, health care and social assistance	591	22.1%
Agriculture, forestry, fishing, hunting and mining	395	14.7%
Retail	262	9.8%
Arts, entertainment, recreation, accommodation and food service	136	5.1%
Other	591	22.1%
Total workforce	*2,679*	*100.0%*
	Sargent County	
Sector	**Estimated Workers**	**Percent of Workforce**
Manufacturing	670	32.2%
Educational services, health care and social assistance	416	20.0%
Agriculture, forestry, fishing, hunting and mining	290	13.9%
Construction	113	5.4%
Retail	111	5.3%
Other	481	23.1%
Total workforce	*2,081*	*100.0%*
Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.		

The poverty rate is 9.9 percent in Ransom County and 6.2 percent in Sargent County; both rates are lower than the poverty rate in North Dakota overall (10.8 percent) and the United States (12.5 percent) (Table 6). Sixteen percent of children in Ransom County and 5.8 percent of children in Sargent County live below the poverty line, compared to 11.3 percent statewide and 16.7 percent nationally. About 1 in 5 school-aged children in Ransom County (21.3 percent) and Sargent County (18.2 percent) are eligible for free or reduced-price school lunch, which is lower than North Dakota overall (23.2 percent) and the national average (50.8 percent).

Table 6: Poverty Characteristics, Ransom County, Sargent County, North Dakota, and the United States (2022)

Poverty Characteristics	Ransom County Estimate	Ransom County Percent*	North Dakota Percent*	United States Percent*
All persons below poverty level (% of total population)	542	9.9%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	1,210	22.1%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	199	16.1%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	64	6.0%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	208	21.3%	23.2%	50.8%
Poverty Characteristics	**Sargent County Estimate**	**Sargent County Percent***	**North Dakota Percent***	**United States Percent***
All persons below poverty level (% of total population)	234	6.2%	10.8%	12.5%
All persons below 200% poverty level (% of total population)	551	14.6%	24.7%	28.8%
Children aged 0-17 below poverty level (% of children 0-17)	45	5.8%	11.3%	16.7%
Adults aged 65 and older below poverty level (% of adults 65 and older)	68	8.3%	9.1%	10.0%
Eligible recipients of free or reduced-price school lunch	100	18.2%	23.2%	50.8%

*Differing populations and overlapping categories mean that percentages will not total to 100%.
Sources: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates; 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute.

Most residents aged 25 and older in Ransom and Sargent counties have at least some college experience (55.2 percent in Ransom and 59.2 percent in Sargent); 21.1 percent have attained a bachelor's degree or higher in Ransom County compared to 18.5 percent in Sargent County. This is lower than in North Dakota and nationally, where 31.4 percent and 34.3 percent, respectively, of the population aged 25 and older have at least a bachelor's degree. Nearly 1 in 10 residents in Ransom County aged 25 and older did not complete high school (9.1 percent), which is higher than in North Dakota (6.5 percent) but lower than the national average (10.9 percent) (Table 7). In Sargent County, 5.8 percent of residents aged 25 and older did not complete high school.

Table 7: Educational Attainment for Persons Aged 25 and Older, Ransom County, Sargent County, North Dakota, and the United States (2022)

Level of Education Attained	Ransom County Estimate	Ransom County Percent of Population 25 and Older	North Dakota Percent of Population 25 and Older	United States Percent of Population 25 and Older
Less than high school	358	9.1%	6.5%	10.9%
High school diploma or GED	1,396	35.5%	26.1%	26.4%
Some college or Associate's degree	1,341	34.1%	36.0%	28.5%
Bachelor's degree	622	15.8%	22.3%	20.9%
Graduate or professional degree	210	5.3%	9.1%	13.4%
Total population aged 25 and older	*3,927*	*100.0%*	*100.0%*	*100.0%*
Level of Education Attained	Sargent County Estimate	Sargent County Percent of Population 25 and Older	North Dakota Percent of Population 25 and Older	United States Percent of Population 25 and Older
Less than high school	159	5.8%	6.5%	10.9%
High school diploma or GED	966	35.1%	26.1%	26.4%
Some college or Associate's degree	1,122	40.7%	36.0%	28.5%
Bachelor's degree	388	14.1%	22.3%	20.9%
Graduate or professional degree	120	4.4%	9.1%	13.4%
Total population aged 25 and older	*2,755*	*100.0%*	*100.0%*	*100.0%*

Source: U.S. Census Bureau, 2018-2022 American Community Survey (ACS) 5-year estimates.

Community Health Factors and Outcomes

Ransom County has a slightly higher prevalence (17 percent) of adult cigarette smokers than North Dakota (16 percent) and the nation overall (15 percent); Sargent County has an adult smoking rate of 16 percent. The adult obesity rate in Ransom County and Sargent County (38 percent each) is slightly higher than in North Dakota (36 percent) and the nation (34 percent). Adults in Ransom County were slightly more likely to report a lack of physical activity outside of work (26 percent) than in North Dakota (25 percent) and the nation (23 percent); 22 percent of adults in Sargent County reported a lack of physical activity outside of work. Although the percentage of adults who reportedly engage in excessive drinking is lower in Ransom County (19 percent) than it is in North Dakota (23 percent), it is slightly higher than the national average (18 percent). The adult excessive drinking rate in Sargent County is 23 percent and half of all driving deaths are due to alcohol impairment. The prevalence of residents reporting poor mental health days in the past month in Ramsey County is roughly the same as in North Dakota (4.1 days and 4.0 days, respectively) and lower than the national average (4.8 days); in Sargent County, the prevalence is 3.7 days per month (Table 8).

Table 8: Health Behaviors, Ransom County, Sargent County, North Dakota, and the United States (2021)			
Health Behavior	**Ransom County**	**North Dakota**	**United States**
Adult Smoking	17%	16%	15%
Adult Obesity	38%	36%	34%
Adult Excessive Drinking	19%	23%	18%
Alcohol-Impaired Driving Deaths	33%	39%	26%
Physical Inactivity[1]	26%	25%	23%
Access to Exercise Opportunities[2]	64%	76%	84%
Poor Mental Health Days[3]	4.1	4.0	4.8
Health Behavior	**Sargent County**	**North Dakota**	**United States**
Adult Smoking	16%	16%	15%
Adult Obesity	38%	36%	34%
Adult Excessive Drinking	23%	23%	18%
Alcohol-Impaired Driving Deaths	50%	39%	26%
Physical Inactivity[1]	22%	25%	23%
Access to Exercise Opportunities[2]	65%	76%	84%
Poor Mental Health Days[3]	3.7	4.0	4.8
Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. [1]Physical Inactivity refers to the percent of adults who report participating in no physical activity outside of work. [2]Access to Exercise Opportunities refers to the percent of adults who report living close to a park or recreation facility. [3]The average number of self-reported mentally unhealthy days in the past 30 days.			

Leading causes of death for residents under age 75 in Ransom County were diseases of the heart and malignant neoplasms; malignant neoplasms were the leading cause in Sargent County (Table 9). Life expectancy in Ransom County is 76.9 years; which is lower than life expectancy in North Dakota (78.1 years) and the nation (77.6 years) (County Health Rankings & Roadmaps 2024). Life expectancy in Sargent County is 79.0 years, which is higher than both statewide and national life expectancy (County Health Rankings & Roadmaps, 2024).

Table 9: Leading Causes of Death in Ransom and Sargent Counties, ND Residents Under Age 75 (2019-2021)		
	Ransom County	
Cause of Death	**Deaths**	**Rate Per 100,000 Population Under 75**
Diseases of the heart	18	Unreliable
Malignant Neoplasms	13	Unreliable
	Sargent County	
Cause of Death	**Deaths**	**Rate Per 100,000 Population Under 75**
Malignant Neoplasms	17	Unreliable
Source: 2024 County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. Crude rates per 100,000 population under 75 are unreliable due to the small number of deaths.		

The rate of people under age 65 without health insurance in Ransom County (11 percent) is slightly higher than in North Dakota (9 percent) and the United States (10 percent); in Sargent County the uninsured rate is 7 percent. The flu vaccination rate in Ransom County (48 percent) is similar to the

rate in North Dakota overall (49 percent) and the United States (46 percent); the annual flu shot rate in Sargent County is 52 percent. The Food Environment Index is a measure of food security and access to healthy foods with a ranking system ranging from 0 (worst) to 10 (best). The Food Environment Index score was 9.5 in Ransom County and 10.0 in Sargent County; both scores are higher than North Dakota's score of 9.1 and the national score of 7.7 (Table 10).

Table 10: Other Health Factors, Ransom County, Sargent County, North Dakota, and the United States			
Description of Factor	**Ransom County**	**North Dakota**	**United States**
Uninsured Rate, 2021	11%	9%	10%
Medicaid Coverage, 2022	13.2%	11.9%	20.4%
Unemployment Rate, 2022	1.7%	2.1%	3.7%
Low Birthweight Rate, 2016-2022	5%	7%	8%
Annual Mammogram Rate, 2021[1]	56%	53%	43%
Annual Flu Shot Rate, 2021[2]	48%	49%	46%
Food Environment Index, 2019-2021[3]	9.5	9.1	7.7
Description of Factor	**Sargent County**	**North Dakota**	**United States**
Uninsured Rate, 2021	7%	9%	10%
Medicaid Coverage, 2022	10.1%	11.9%	20.4%
Unemployment Rate, 2022	1.7%	2.1%	3.7%
Low Birthweight Rate, 2016-2022	6%	7%	8%
Annual Mammogram Rate, 2021[1]	59%	53%	43%
Annual Flu Shot Rate, 2021[2]	52%	49%	46%
Food Environment Index, 2019-2021[3]	10.0	9.1	7.7

Sources: US Census Bureau's Small Area Health Insurance Estimates (SAHIE) program, 2021; US Census Bureau's American Community Survey (ACS) 5-year estimates, 2022; The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics, 2022; Map the Meal Gap, Feeding America, 2021; The Centers for Medicare & Medicaid Services office of Minority Health's Mapping Medicare Disparities (MMD) Tool, 2021
[1]Percentage of female Medicare enrollees who received an annual mammogram.
[2]Percent of Medicare enrollees who received an annual flu shot.
[3]The Food Environment Index is a measure of food environment that combines food insecurity rates with rates of access to healthy foods. It is scored on a scale from 0 (worst) to 10 (best).

The ratio of Ransom County residents to health care providers is substantially higher (worse) than the ratio of residents to providers statewide and nationally. The ratio of Ransom County residents to primary care physicians is 2,840:1, compared to a ratio of 1,290:1 in North Dakota and 1,330:1 nationally. The ratio of residents to mental health care providers is also higher in Ransom County (2,800:1) than it is statewide (420:1) and nationally (300:1). The ratio of residents per dentist in Ransom County is similar to the ratio in North Dakota and slightly higher than the ratio nationally (Table 11). Data were unavailable to estimate the ratio of residents to primary care physicians and mental health care providers in Sargent County; however, the ratio of residents to dentists in Sargent County was 3,800:1, which is substantially higher than the ratio in North Dakota (1,420:1) and the United States (1,360:1).

Table 11: Number of Residents Per Health Care Provider in Ransom County, Sargent County, North Dakota, and the United States			
Type of Provider	**Ransom County**	**North Dakota**	**United States**
Primary Care Physicians, 2021	2,840:1	1,290:1	1,330:1
Mental Health Care Providers, 2024	2,800:1	420:1	300:1
Dentists, 2022	1,410:1	1,420:1	1,360:1
Type of Provider	**Sargent County**	**North Dakota**	**United States**
Primary Care Physicians, 2021	-	1,290:1	1,330:1
Mental Health Care Providers, 2024	-	420:1	300:1
Dentists, 2022	3,800:1	1,420:1	1,360:1
Sources: Health Resources & Services Administration, 2021-2024 Area Health Resource Files; CMS, National Provider Identification Registry. "-" Data were unavailable for primary care physician and mental health care provider estimates in Sargent County.			

National Risk Index

The Federal Emergency Management Agency (FEMA) administers the National Risk Index, a dataset and tool that estimates the risk level for natural disasters at the county level. A county's Risk Index is calculated using three metrics: Expected Annual Economic Loss, Social Vulnerability, and Community Resilience. A community's exposure to and ability to cope with hazardous conditions can have a substantial impact on factors that inform community health outcomes, such as the strain on the community's health care system and its ability to make sure that residents have access to essential goods and services in times of crisis.

Overall, both counties' National Risk Index rating is Very Low. This indicates a strong general preparedness for and ability to recover from natural and manmade hazards. Although 45.3 percent of North Dakota counties have a lower National Risk Index score than Ransom County and 39.6 percent have a lower National Risk Index score than Sargent County, 20.6 percent of counties nationally have a lower score than Ransom County and 19.5 percent have a lower score than Sargent County (Table 12).

Table 12: National Risk Index Percentiles for Ransom and Sargent Counties, ND when compared to North Dakota Counties and U.S. Counties (2024)		
Ransom County		
Index	**Percentile within North Dakota**	**U.S. Percentile**
Expected Annual Loss	49.1	29.6
Social Vulnerability	26.4	5.3
Community Resilience	98.1	97.6
National Risk Index	*45.3*	*20.6*
Sargent County		
Index	**Percentile within North Dakota**	**U.S. Percentile**
Expected Annual Loss	47.2	28.2
Social Vulnerability	11.3	2.6
Community Resilience	47.2	62.2
National Risk Index	*39.6*	*19.5*
Note: The Risk Index can be read as "45.3% of counties in North Dakota have a lower Risk Index than Ransom County; 19.5% of U.S. counties have a lower Risk Index than Sargent County." Sources: FEMA, National Risk Index; CDC/ATSDR Social Vulnerability Index 2022; University of South Carolina's Hazards and Vulnerability Research Institute (HVRI)'s Baseline Resilience Indicators for Communities (HVRI BRIC).		

Expected Annual Loss

Expected Annual Economic Loss scores are calculated by combining a community's exposure to natural hazards, annualized frequency of hazards, and the historic loss ratio for various natural hazards. Both counties' overall Expected Annual Loss is rated as Very Low overall on a five-point scale: Very Low, Relatively Low, Relatively Moderate, Relatively High, and Very High (NRI 2024). However, the expected annual loss caused by ice storm, strong wind, cold wave, and winter weather is rated either relatively moderate or relatively high in both counties. Additionally, the expected annual loss caused by hail is rated relatively moderate in Sargent County. Ransom County's expected annual loss is higher than 49.1 percent of North Dakota counties and 29.6 percent of counties nationally. Sargent County's expected annual loss is higher than 47.2 percent of North Dakota counties and 28.2 percent of counties nationally.

Social Vulnerability Index

Social vulnerability is a concept related to a community's ability to prepare for and respond to hazardous events. A community's social vulnerability is gauged using the Social Vulnerability Index (SVI) (ATSDR) (CDC, 2024): an aggregated index of 16 socioeconomic factors categorized into four themes: socioeconomic status, household characteristics, racial and ethnic minority status, and housing type/transportation. SVI is a nationally recognized measure of a location's social vulnerability, and therefore its ability to prepare for and respond to disasters. While the SVI technically is a measure of ability to respond to natural disasters and aid emergency planning, the index is an accepted tool to gauge overall community socioeconomic well-being. A higher SVI indicates a higher vulnerability to hazard.

Social Vulnerability is rated Very Low for both counties. Ransom County has higher social vulnerability than 26.4 percent of North Dakota counties and 5.3 percent of counties nationally, whereas Sargent County has a higher social vulnerability than 11.3 percent of North Dakota counties and 2.6 percent of counties nationally. For a more thorough breakdown of Social Vulnerability see Appendix A.

Community Resilience

A community's Community Resilience score is defined as its ability to prepare for, withstand, and recover from hazardous events (Cutter et al. 2014). Categories considered in the compilation of scores include Human Well-Being, Economy, Infrastructure, Governance, Community Capacity, and Environment. Ransom County's Community Resilience ranking is Very High. Ransom County has higher community resilience than 98.1 percent of North Dakota counties and 97.6 percent of counties nationally, suggesting the county is well-prepared to respond to hazardous events. Sargent County's Community Resilience ranking is Relatively High. Sargent County has higher community resilience than 47.2 percent of North Dakota counties and 62.2 percent of counties nationally, suggesting the county is relatively well prepared to respond to hazardous events.

Community Health Survey Analysis

The survey solicited feedback on respondents' perceptions of various issues and topics in six broad categories: people in my community, services in my community, concerns in my community, concerns about violence, medical services, and barriers to care. Survey data were analyzed using widely accepted standard descriptive statistics, such as measures of mean, median, and frequencies. Priority needs were identified as those issues with the greatest level of consensus among survey respondents. Detailed survey findings can be found in Appendix C.

Demographics

Two hundred and forty-one people completed the Lisbon Community Health Needs Assessment survey. The mean age of respondents was 46 years and 82 percent of respondents were female. Ninety-six percent of respondents identified as white and just over half (59 percent) reported an annual household income of $75,000 or more. Thirty percent of respondents had an associate's degree and 29 percent had a bachelor's degree. Sixty-nine percent of respondents were employed full-time and 20 percent were retired.

Findings

Respondents felt positively about the people in their community; two-thirds of respondents agreed there is a sense of civic responsibility and engagement in the community (67 percent) and that people feel welcome and accepted in their community (68 percent). Fifty-nine percent of respondents agreed the people in their community have a shared vision and community goals. However, one-third of respondents (34 percent) disagreed that their community is culturally diverse; 19 percent neither agreed nor disagreed with this statement and 47 percent agreed (Figure 1).

Figure 1: People in My Community, Community Health Needs Assessment
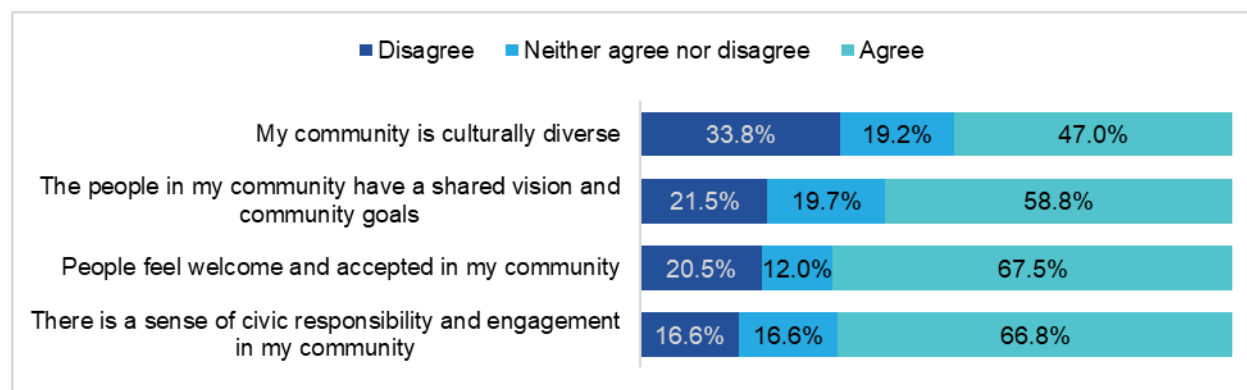
Respondent n: 233-235.

When asked about community services, more than half of respondents disagreed that their community has adequate child care services (65 percent) or enough affordable housing for everyone who needs it (58 percent). In contrast, 81 percent of respondents agreed that their community has a quality education system, 79 percent agreed their community provides adequate public services (such as snow removal), 76 percent agreed their community has adequate law enforcement, and 71 percent agreed their community has adequate senior services (Figure 2).

Figure 2. Services in My Community, Community Health Needs Assessment, 2024
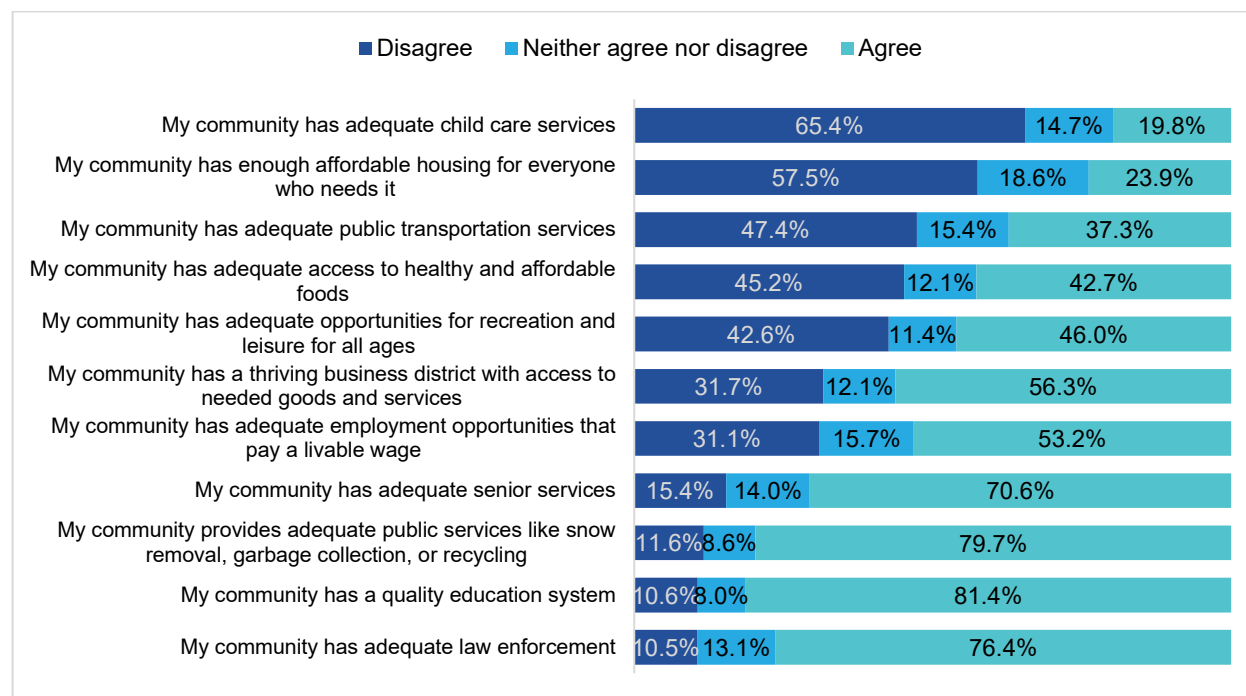
Respondent n: 217-240.

Substance misuse and mental health were the two most concerning community issues for respondents. Fifty-seven percent of respondents were very concerned about substance misuse in their community and 28 percent were somewhat concerned. Likewise, 50 percent of respondents were very concerned about mental health (anxiety, stress, and depression) and 32 percent were somewhat concerned. However, 37 percent of respondents were not at all concerned about sexually transmitted diseases or infections and 32 percent were not at all concerned about the availability of long-term care or assisted living facilities (Figure 3).

Figure 3: Concerns in My Community, Community Health Needs Assessment

Legend: ■ Not concerned at all ■ Slightly concerned ■ Somewhat concerned ■ Very concerned

Category	Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned
Substance misuse (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs)	5.6%	9.5%	27.6%	57.3%
Mental health (anxiety, stress, depression)	3.4%	14.2%	31.9%	50.4%
Suicide	6.5%	27.6%	36.4%	29.4%
Obesity or overweightness	9.6%	22.4%	41.2%	26.8%
Availability of elder care services to support independent living, or aging in place	20.6%	28.4%	26.1%	24.8%
Access to healthy foods	15.0%	28.6%	33.8%	22.6%
Crime in my community	10.1%	31.3%	40.5%	18.1%
Poverty in my community	11.8%	34.1%	40.8%	13.3%
Food insecurity or hunger	18.3%	32.9%	37.4%	11.4%
Availability of long-term care or assisted living facilities	31.9%	23.5%	26.1%	18.6%
Sexually transmitted diseases or infections	36.7%	28.8%	25.4%	9.0%

Respondent n: 177-234.

Respondents were asked about specific violence concerns in their community. Nearly all (92 percent) respondents were at least slightly concerned about child abuse (27 percent were very concerned) and 90 percent of respondents were at least slightly concerned about emotional abuse (25 percent were very concerned). Similarly, 88 percent of respondents were at least slightly concerned about cyber bullying; 41 percent were very concerned. Respondents were much less concerned about stalking and gun violence; 33 percent of respondents were not at all concerned about stalking and 43 percent were not at all concerned about gun violence (Figure 4).

Figure 4: Violence Concerns in My Community, Community Health Needs Assessment, 2024

Legend: ■ Not concerned at all ■ Slightly concerned ■ Somewhat concerned ■ Very concerned

Category	Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned
Cyber bullying	11.9%	19.2%	27.9%	41.1%
Child abuse or neglect	8.2%	25.5%	39.1%	27.3%
Emotional abuse (including intimidation or isolation)	10.3%	26.2%	38.8%	24.8%
Verbal threats or harrassment	19.0%	30.1%	29.6%	21.3%
Sexual abuse or assault	12.7%	34.3%	32.8%	20.1%
Intimate partner violence	16.0%	32.0%	32.0%	20.0%
Stalking	32.7%	33.7%	21.5%	12.2%
Gun violence	42.8%	30.7%	15.8%	10.7%

Respondent n: 200-220.

Overall, respondents were positive about the medical services in their community with one notable exception; when asked if their community has adequate mental health services, 65 percent of respondents disagreed with this statement (Figure 5).
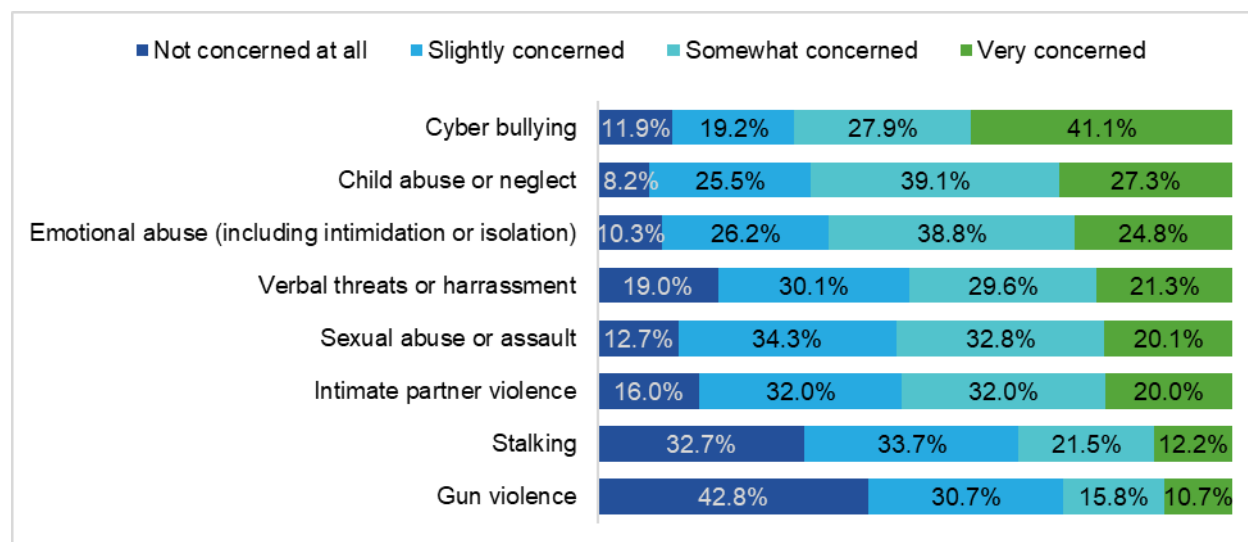
Figure 5: Medical Services in My Community, Community Health Needs Assessment, 2024
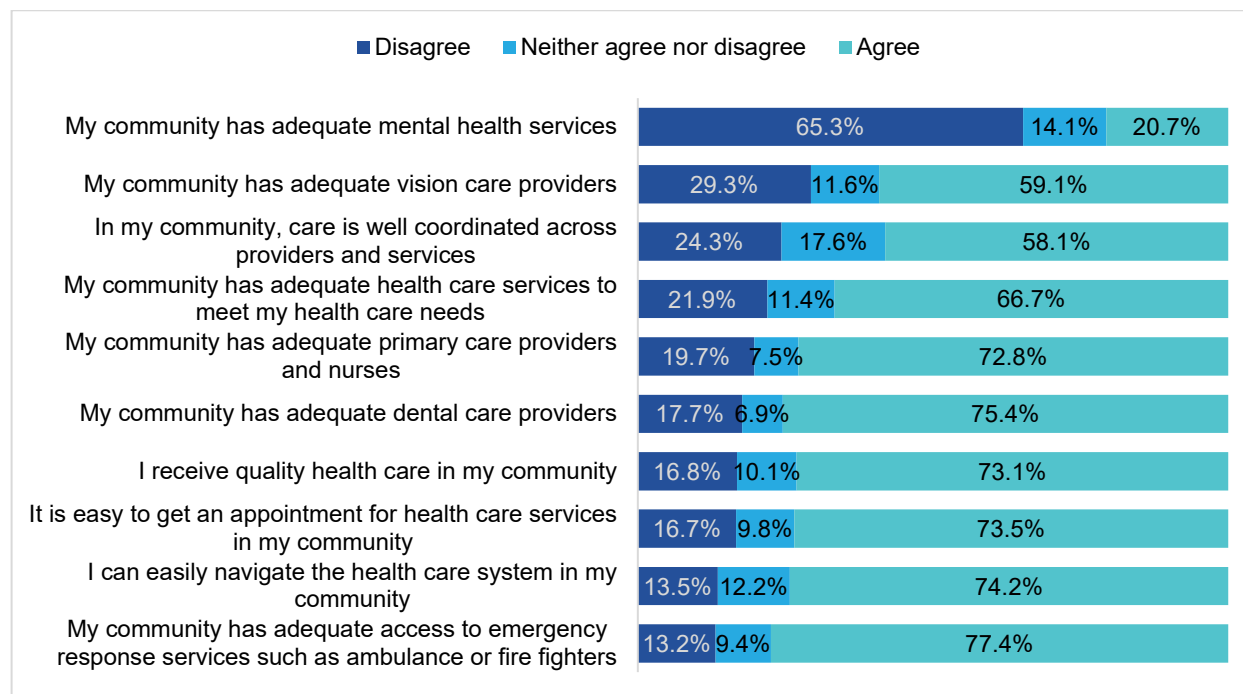
Respondent n: 213-238.

When asked about barriers to seeking care in their community, 60 percent of respondents indicated that the price of health care services, even with insurance, was at least somewhat of a barrier; 19 percent said it was an extreme barrier. Similarly, nearly half (47 percent) of respondents said the price of prescription drugs was a barrier to seeking care; 13 percent said it was an extreme barrier (Figure 6).

Figure 6: Barriers to Seeking Health Care Services, Community Health Needs Assessment, 2024

|	Not at all a barrier	Somewhat of a barrier	Extreme barrier
The price of health care services (such as co-payments or deductibles), even with insurance	39.5%	41.7%	18.9%
Availability of local services to meet my health care needs	50.0%	42.5%	7.5%
The price of prescription drugs, even with insurance	52.9%	33.9%	13.2%
The length of time to see a provider, from making an appointment to attending the appointment	53.7%	38.9%	7.4%
Distance to access care	62.3%	31.1%	6.6%
Scheduling health care services within clinic hours	62.8%	30.8%	6.4%
Concerns about confidentiality	64.2%	27.9%	7.9%
Transportation to health care service locations	75.8%	18.3%	5.9%
Disability accommodations	76.6%	19.3%	4.1%
Communication or language barriers	82.6%	15.2%	2.2%

Respondent n: 197-234.

Respondents were asked about their perceptions of the prioritized issues identified in the previous CHNA conducted in 2022 and whether those issues have improved, stayed the same, or worsened since then. Fifty-seven percent of respondents indicated that the availability of substance use disorder treatment services has stayed the same (34 percent thought this issue has worsened). About half (53 percent) of respondents said that the availability of mental health services has stayed the same since 2022 (28 percent thought it has improved). However, depression or anxiety as a community issue was perceived to have worsened by 38 percent of respondents (49 percent said it is the same). Fifty-one percent of respondents thought having enough child daycare services has worsened since 2022, while 33 percent thought it is the same (Figure 7).

Figure 7: Issues in the Previous CHNA, Community Health Needs Assessment, 2024

	Worse	The same	Better
Having enough child daycare services	50.6%	33.3%	16.1%
Depression or anxiety	37.8%	49.4%	12.8%
Availability of substance use disorder treatment services	33.6%	57.0%	9.4%
Availability of mental health services	19.2%	52.9%	27.9%
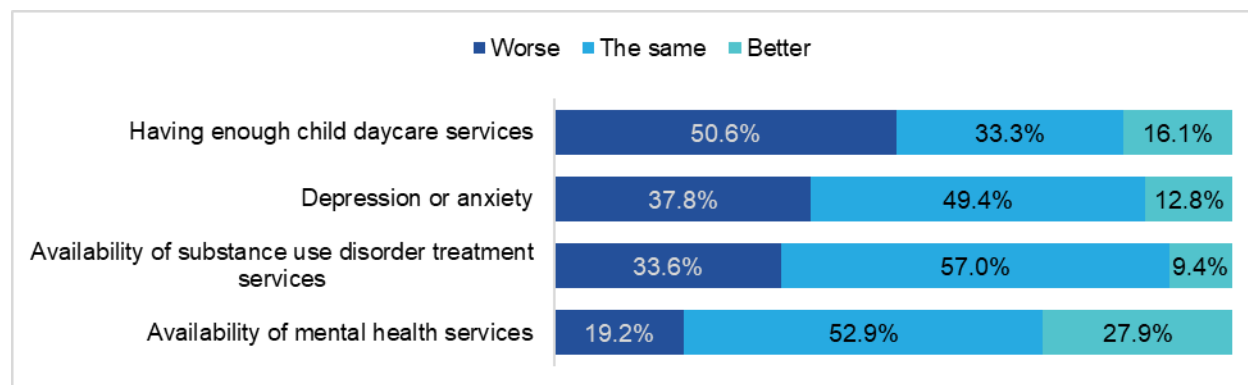
Respondent n: 149-180.

Respondents engaged in a number of preventative health care services in the past year. Eighty percent of respondents said they had received a dental exam, 77 percent had received vaccinations, 77 percent had received an annual physical exam, and 69 percent had a vision exam in the past year (Figure 8).
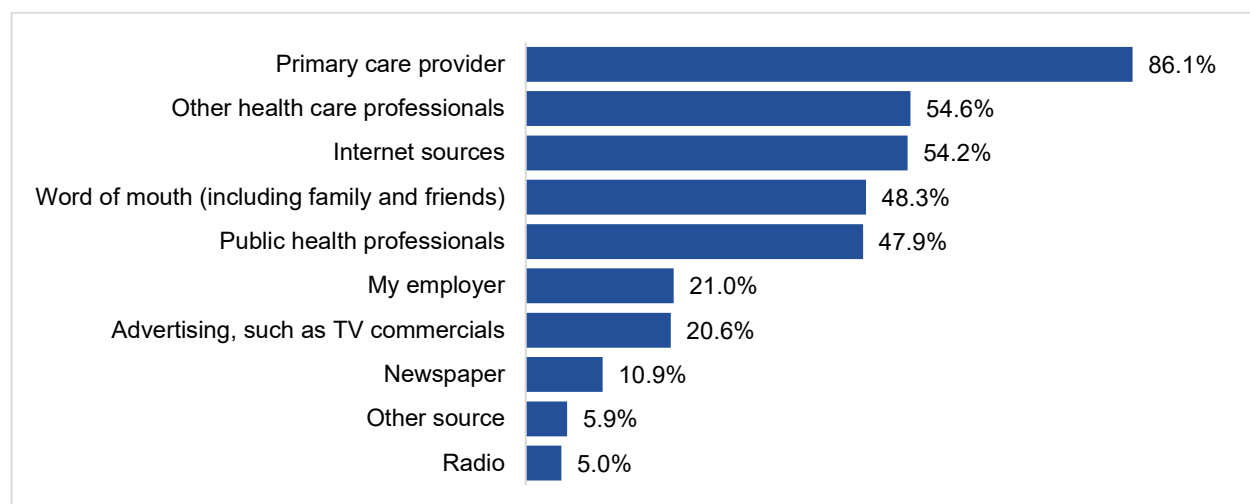
Figure 8. Preventative Health Care Services in the Past 12 Months, Community Health Needs Assessment, 2024

Service	Percent
Dental exam or annual checkup	80.4%
Vaccinations	77.0%
Annual physical exam	76.6%
Vision exam or annual checkup	68.5%
Blood pressure or cholesterol screening	62.1%
Mammogram	41.7%
Depression screening	34.5%
Colonoscopy	17.4%
Counseling for tobacco use, alcohol dependency,…	10.2%
STD/STI Screening	3.0%
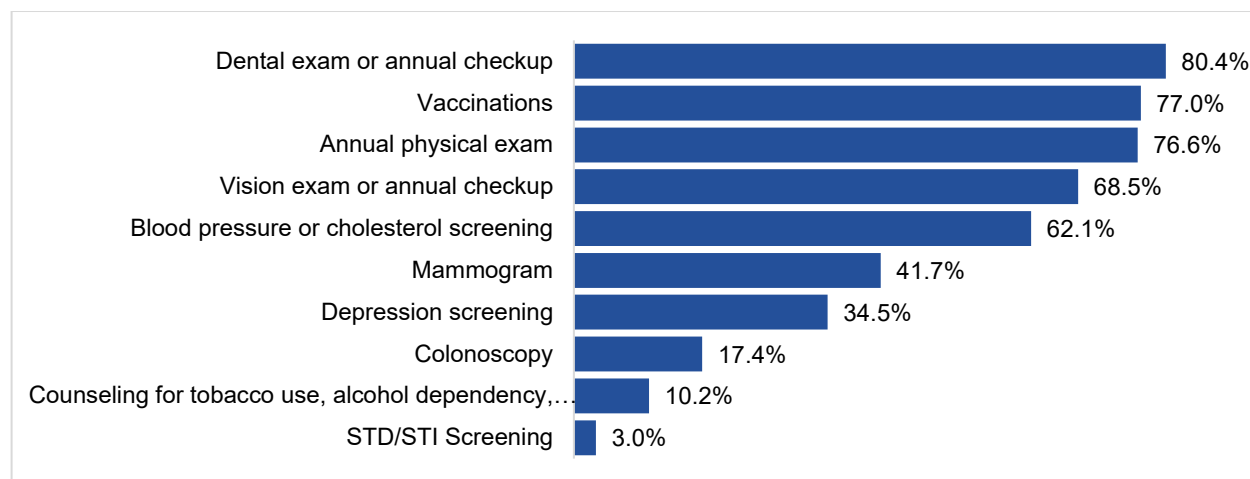
Respondent n: 235.

Most respondents (86 percent) said they found out about health care information from their primary care provider, 55 percent said they found out from other health care professionals, and a similar percentage (54 percent) used internet sources (Figure 9).

Figure 9. Sources of Health Information, Community Health Needs Assessment, 2024

| Source	Percent
Primary care provider	86.1%
Other health care professionals	54.6%
Internet sources	54.2%
Word of mouth (including family and friends)	48.3%
Public health professionals	47.9%
My employer	21.0%
Advertising, such as TV commercials	20.6%
Newspaper	10.9%
Other source	5.9%
Radio	5.0%

Respondent n: 238.

Just under three-quarters (72 percent) of respondents had health insurance through an employer and 20 percent had insurance through a government program such as Medicare or Medicaid (Appendix C).

Though more than half of respondents (59 percent) reported an annual household income of $75,000 or more, 54 percent of respondents found at least some difficulty in paying for heating, housing, or medical care. Thirty-one percent said they found it slightly difficult, 14 percent found it somewhat difficult, and 9 percent said it was very difficult for them to pay for heating, housing, or medical care (Figure 10).

Figure 10. Degree of Difficulty Paying for Necessities, Community Health Needs Assessment, 2024
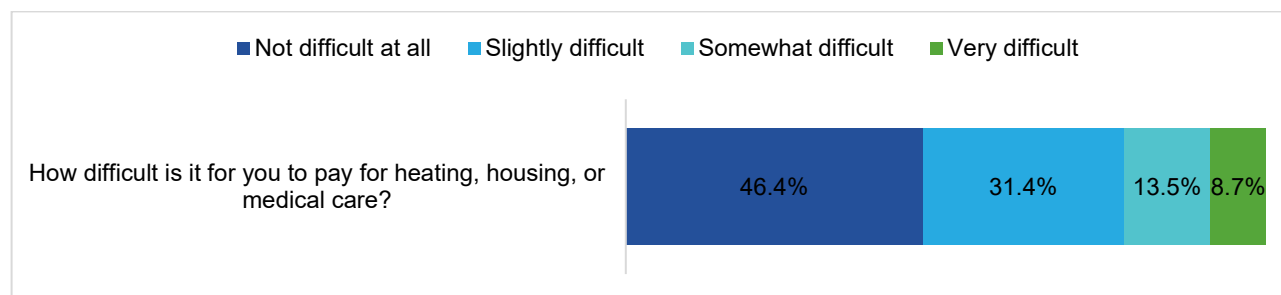
Respondent n: 207.

Significant Community Health Needs

Based on an analysis of survey data, the following were identified as issues with the greatest degree of consensus among survey respondents. Secondary data are provided in support of these findings.

- **Substance misuse.** Nearly all respondents had some level of concern with substance misuse in their community, including alcohol, prescription drugs, tobacco, vaping, illicit or street drugs; 57 percent were very concerned and 28 percent were somewhat concerned about this issue. The availability of substance use disorder services was identified as a priority health need in the previous CHNA conducted in 2022. When asked about change over time, 57 percent of respondents said that this issue has not changed since 2022; 34 percent said that it has worsened and 9 percent said the availability of substance use disorder services has improved. In light of this concern, it is worth noting that the adult smoking rate in Ransom County is slightly higher (17 percent) than in North Dakota (16 percent) and the nation (15 percent). The adult excessive drinking rate is lower in Ransom County (19 percent) than in North Dakota (23 percent), but it is slightly higher than the national average (18 percent). The prevalence of adult smoking in Sargent County is slightly lower (16 percent) than in Ransom County; however, the prevalence of adult excessive drinking in Sargent County is 23 percent and half of all driving deaths in Sargent County are due to alcohol impairment.

- **Mental health (anxiety, stress, and depression).** Nearly all respondents had some level of concern with mental health in their community; 50 percent of respondents were very concerned about mental health and 32 percent were somewhat concerned. Further, 65 percent of respondents disagreed when asked if the community has adequate mental health services. Depression or anxiety along with the availability of mental health services were identified as priority health needs in the previous CHNA in 2022. Depression or anxiety as a community issue was perceived to have worsened by 38 percent of respondents (49 percent said it has not changed). However, there was some indication by respondents that the availability of mental health services has improved. While 19 percent of respondents indicated the availability of mental health services has worsened, 28 percent said these services have

improved. Ransom County adults experience an average of 4.1 poor mental health days per month, which is slightly higher than the statewide average (4.0 days) and lower than the national average (4.8 days). Sargent County adults reported an average of 3.7 poor mental health days per month. The ratio of residents to mental health care providers in Ransom County is substantially higher (worse) (2,800:1) than in North Dakota (420:1) and the nation (300:1).

- **Barriers to health care.** More than half of respondents (60 percent) cited the price of health care services, even with health insurance, as at least somewhat of a barrier to accessing health care (19 percent said it was an extreme barrier). Fifty percent of respondents indicated the availability of local services to meet health care needs was at least somewhat of a barrier to accessing care. Nearly half of respondents indicated the price of prescription drugs, even with insurance (47 percent) and the length of time to see a provider (45 percent) were at least somewhat of a barrier to accessing care in their community. Ransom County residents were more likely to be uninsured than residents in North Dakota (11 percent compared to 9 percent, respectively) and were more likely to be covered by Medicaid (13 percent compared to 12 percent, respectively); Sargent County residents were less likely to be uninsured (7 percent uninsured and 10 percent receive Medicaid). The poverty rate in Ransom County (9.9 percent) and Sargent County (6.2 percent) is lower than the poverty rate in North Dakota (10.8 percent) and the nation (12.5 percent). The median household income in Ransom County ($71,462) is slightly lower than the median in North Dakota ($73,959) and the nation ($75,149); the median household income in Sargent County is $75,648.

- **Availability of community services.** A majority of respondents disagreed when asked if their community has adequate child care services (65 percent) or enough affordable housing (58 percent). The availability of child care services was an identified priority health need in the previous CHNA in 2022. Fifty-one percent of respondents indicated that the availability of adequate child care services has worsened since 2022 and 33 percent said the availability has remained the same. Nearly all respondents were concerned about child abuse or neglect and cyber bullying. The percentage of households with children is slightly less in Ransom County (26.7 percent) than in North Dakota (27.8 percent) and the nation (30.2 percent); the percentage in Sargent County (21.2 percent) is even lower. A substantially higher percentage of children in Ransom County live below the poverty line (16.1 percent) than in North Dakota (11.3 percent); the percentage of children below poverty in Sargent County is much lower at 5.8 percent.

During the January 30, 2025 community input meeting, attendees discussed survey findings, whether the survey findings aligned with their perceptions of their community's needs, and the demographics of survey respondents. Main discussion topics included child care services, opportunities for exercise, and behavioral health. The stakeholders prioritized addressing behavioral health needs and adequate coverage for health care services.

Resources Potentially Available to Address Needs

Programs, resources, and organizations in the community that are potentially available to address the significant health needs were identified by key informants giving input to this process. While not exhaustive, this list draws on the experiences and knowledge base of those directly serving the community. The following potential partners may be useful resources as CHI Lisbon Health strives to meet community needs:

- Aging in the Community
- Aging Services
- Alcoholics/Narcotics Anonymous
- Anchorage Center
- Beverly Anne
- Centre Inc.
- CHI Home Health and Hospice
- Clay County Detox
- Community Options
- Enderlin Area Food Pantry
- Enderlin Senior Center
- First Step Recovery
- Four Seasons
- Freedom Resources
- Gladys Raye Homeless Shelter and Detox Center
- Good Clover, LLC
- Helping Enderlin Area Residents Thrive (HEART) Services
- Joe Reinke, Veteran Services
- Lincare
- Lisbon Ministerium
- Lisbon Senior Center

- Lost and Found Ministry
- MaryHill Manor
- Meals on Wheels
- Meridian Behavioral Health Douglas Place
- Parkside Lutheran Home
- Ransom County Food Pantry
- Ransom County Social Services
- Road to Recovery
- Robbie's Hope
- Saint Sophie's
- Sanford Homecare
- Sargent County Food Pantry
- Sargent County Public Health
- Senior Life Solutions
- Share House
- Sober Nation
- Soul Solutions Recovery Center
- Southeast Human Services
- The Lotus Center
- The Ridge Treatment and Reentry Center
- Together Counseling

Impact of Actions Taken Since Preceding CHNA

2023-2025 Community Health Implementation Strategy

Health Need: Mental Health

	Health Need: Mental Health
Anticipated Impact (Goal)	The hospital's initiative to address availability of mental health services is to create virtual health access, increase appropriate screening processes, and increase awareness and education.
Strategy or Program	**Summary Description**

1.1	Promoting and advertising current services available in our area
	
	○ **FY23 Action and Impact**: Participated in Mental Health Awareness month to provide education to community members, raised awareness of 988 at community events, utilized grant funding for "Make It OK" program to raise awareness of mental health resources at community events
	○ **Measures:**
	   ■ Two community events held through "Make It OK" grant
	   ■ 130 community members reached through two events
	
	○ **FY24 Action and Impact:** Participated in Mental Health Awareness month to provide education to community members, raised awareness of 988 at community events. Funding from the "Make it OK" grant expired at the beginning of FY24, and fewer resources were available because of this.
	○ **Measures:** No measures to report at this time.
	
	○ **FY25:** Pending Update

1.2	Establishing new services and providers in the area ○ **FY23 Action and Impact**: Senior Life Solutions established in Lisbon to provide mental health services to elderly community members ○ **Measures:** Service established at end of FY23, more measures will become available in FY24 as service gets established ○ **FY24 Action and Impact:** Senior Life Solutions, a mental health provider for senior citizens, established as a partner at CHI Lisbon Area Health Services. Staff from Senior Life Solutions present at numerous events in the community to raise awareness of services provided. Events held in the community to provide education on Mental Health Awareness Month.

	○ **Measures:** ■ In FY24 Q3 and Q4, 7 patients were reached through Senior Life Solutions for a total of 287 treatment days. Patients and treatment days continuing in FY25. ○ **FY25:** Pending Update
1.3	Implementing mental health awareness programs within our communities and schools – bringing in the Senior Life Solutions Mental Health Providers ○ Strategy discontinued ○ Strategy merged into 1.1
Planned Resources	The hospital will provide registered nurses, community health educators, outreach communications, and program management support for these initiatives.
Planned Collaborators	Ransom County and Sargent County Public Health, Lisbon Public Schools, Senior Life Solutions

Health Need: Drug and Alcohol Use and Abuse

Health Need: Drug and Alcohol Use and Abuse	
Strategy or Program	**Summary Description**
2.1	Advertising current drug counseling services in our area ○ **FY23 Action and Impact**: Strategy on hold due to staffing changes, plan to continue in FY24 ○ **FY24 Action and Impact:** ■ Initiated community coalition that is currently reviewing available resources in the hospital's service area. More work expected on this in FY25 ○ **FY25:** Pending Update
Planned Resources	The hospital will provide human resource contacts, outreach communications, and program management support for these initiatives.
Planned Collaborators	Abuse Resource Network, Ransom and Sargent County Public Health, Lisbon Public Schools, Area religious institutions, Violence Prevention Network

Health Need: Depression/anxiety

Health Need: Depression/anxiety	
Strategy or Program	**Summary Description**
3.1	Host staff and professional in service on stress in the workplace ○ **FY23 Action and Impact**: Training provided to nursing staff. ○ **Measures**: 20 nurses received training ○ Strategy on hold for FY24, will re-evaluate for FY25 ○ **FY25:** Pending Update
Planned Resources	The hospital will provide registered nurses, community health educators, philanthropic cash grants, outreach communications, and program management support for these initiatives.
Planned Collaborators	Ransom and Sargent County Health, the Abuse Resource Network, Violence Prevention, Lisbon Public Schools, Lisbon Civic and Commerce

Health Need: Violence Prevention

Health Need: Violence Prevention	
Strategy or Program	**Summary Description**

4.1	Community Outreach Workshops (training for professionals)
	
	○ **FY 23 Action and Impact**: Trainings offered through Abused Resource Network and funded by ND State Violence Prevention Coalition
	○ **Measures:**
	  ■ 1 community outreach presentation provided
	  ■ 9 individuals reached through presentations
	
	○ **FY24 Action and Impact:** Trainings offered through Abused Resource Network and funded by ND State Violence Prevention Coalition
	○ **Measures:**
	  ■ 1 community outreach presentation provided
	  ■ 12 individuals reached through presentations
	
	○ **FY25:** Pending Update

4.2	Healthy Relationship trainings offered (including Within My Reach) ○ **FY 23 Action and Impact**: Trainings offered through Abused Resource Network and funded by ND State Violence Prevention Coalition

- Measures:
  - 7 healthy relationship workshops provided (22 units taught)

  - **FY24 Action and Impact:** Trainings offered through Abused Resource Network and funded by ND State Violence Prevention Coalition
- **Measures:**
  - 6 healthy relationship workshops provided (15 units taught)
  - 70 individuals reached through workshops68 individuals reached through workshops

  - **FY25:** Pending Update

References

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Cutter, S. L., Ash, K. D., & Emrich, C. T. (2014). The geographies of community disaster resilience. *Global Environmental Change*, *29*, 65–77. https://doi.org/10.1016/j.gloenvcha.2014.08.005

National Risk Index. (2024). *Ransom County, North Dakota*. Federal Emergency Management Agency. https://hazards.fema.gov/nri/

North Dakota Labor Market Information (2024). *North Dakota Largest Employers.* North Dakota Job Service. https://www.ndlmi.com/vosnet/gsipub/documentView.aspx?docid=682

Appendices

Appendix A: CDC/ATSDR Social Vulnerability Index 2022 for Ransom and Sargent Counties, ND

CDC/ATSDR Social Vulnerability Index 2022
RANSOM COUNTY, NORTH DAKOTA
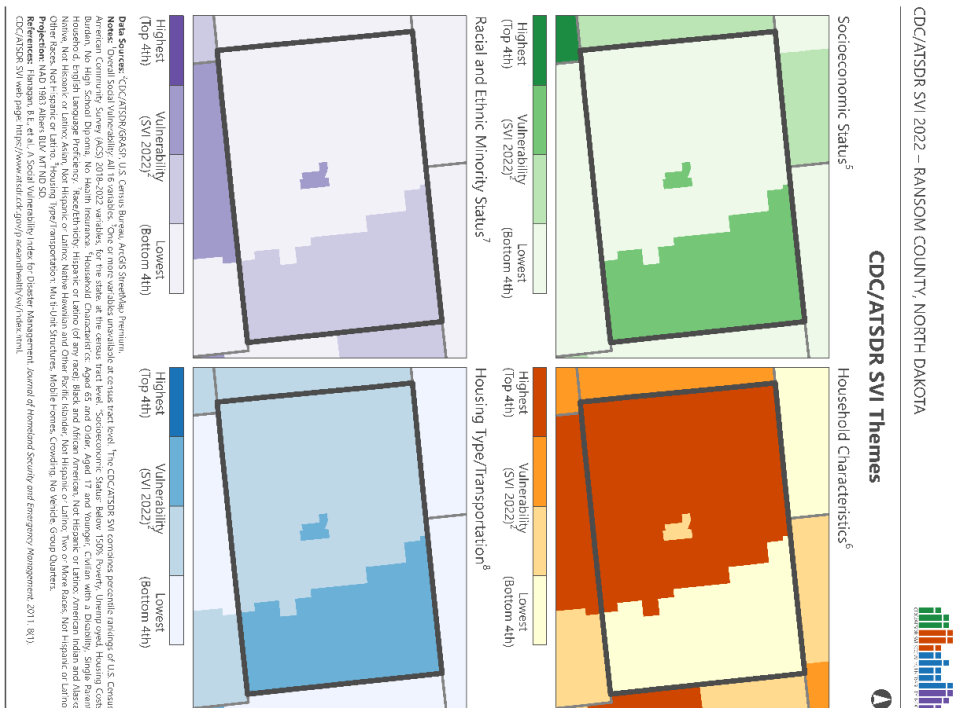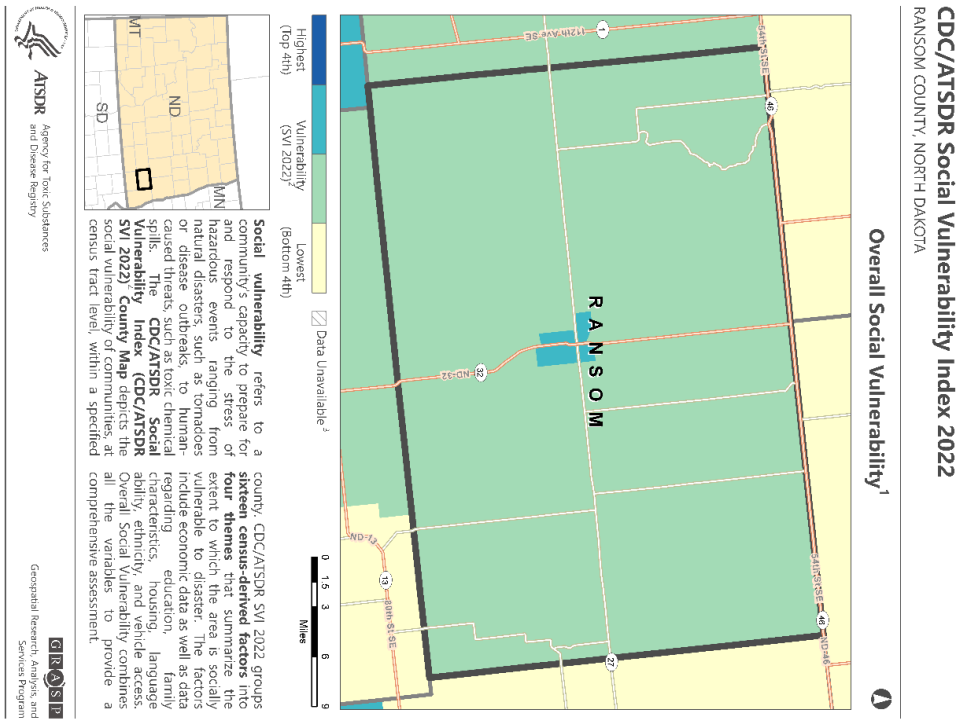
Overall Social Vulnerability[1]

Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2022) County Map** depicts the social vulnerability of communities, at all the variables, to provide a comprehensive assessment.

To help public health officials and local planners better prepare for and respond to emergency events like severe weather, floods, disease outbreaks, or chemical exposures, the CDC/ATSDR SVI 2022 groups **sixteen census-derived factors** into **four themes** that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding education, family characteristics, housing, language ability, ethnicity, and vehicle access. The Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

Agency for Toxic Substances and Disease Registry

Geospatial Research, Analysis, and Services Program

CDC/ATSDR SVI 2022 – RANSOM COUNTY, NORTH DAKOTA

CDC/ATSDR SVI Themes

Socioeconomic Status[5]

Household Characteristics[6]

Racial and Ethnic Minority Status[7]

Housing Type/Transportation[8]

CDC/ATSDR Social Vulnerability Index 2022
SARGENT COUNTY, NORTH DAKOTA

Overall Social Vulnerability 2022

Overall Social Vulnerability[1]

Vulnerability (SVI 2022)[2]
- Highest (Top 4th)
- Lowest (Bottom 4th)

☒ Data Unavailable[3]

0 1.5 3 6 9 Miles
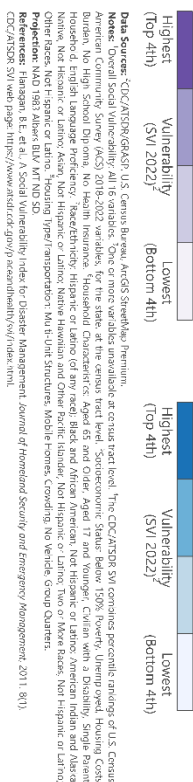
Social vulnerability refers to a community's capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters, such as tornadoes or disease outbreaks, to human-caused threats, such as toxic chemical spills. The **CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI 2022)[4] County Map** depicts the Overall Social Vulnerability at all the variables to provide a comprehensive assessment.

community, CDC/ATSDR SVI 2022 groups **sixteen census-derived factors** into **four themes** that summarize the extent to which the area is socially vulnerable to disaster. The factors include economic data as well as data regarding housing, education, family characteristics, housing, language ability, ethnicity, and vehicle access. Overall Social Vulnerability combines all the variables to provide a comprehensive assessment.

ATSDR
Agency for Toxic Substances and Disease Registry

Geospatial Research, Analysis, and Services Program
GRASP

CDC/ATSDR SVI 2022 – SARGENT COUNTY, NORTH DAKOTA

CDC/ATSDR SVI Themes

Socioeconomic Status[5]

Vulnerability (SVI 2022)[2]
- Highest (Top 4th)
- Lowest (Bottom 4th)

Household Characteristics[6]

Vulnerability (SVI 2022)[2]
- Highest (Top 4th)
- Lowest (Bottom 4th)

Racial and Ethnic Minority Status[7]

Vulnerability (SVI 2022)[2]
- Highest (Top 4th)
- Lowest (Bottom 4th)

Housing Type/Transportation[8]

Vulnerability (SVI 2022)[2]
- Highest (Top 4th)
- Lowest (Bottom 4th)

Appendix B: Survey Instrument

Please note: the instrument below has been formatted to allow for mail completion and may look slightly different than presented online. The questions are the same.

COMMUNITY HEALTH NEEDS ASSESSMENT 2024

Every three years, we conduct a Community Health Needs Assessment (CHNA) to better understand health and well-being at individual and community levels. This survey will ask you a few questions about the challenges in your community, and how you think they should be approached. It will also ask a few questions about you, so we can understand more about your individual experiences as they relate to your health and well-being. There are no wrong answers to these questions, and your answers are anonymous. Your name will not be on any reports, and your answers will be grouped with those from other people who respond.

This survey will take about 10 minutes to complete. Your participation is voluntary. If you do not want to participate at all, or if you do not want to answer a particular question, that's okay. If you choose to do the survey, your answers will be kept anonymous and confidential and will be used only to answer questions related to the purpose of this study. What we learn from the survey will be used to plan communication strategies to help people in your community.

You have the option to include your email address in a gift card prize draw! Simply complete the survey, include your email address at the end, and return the survey to us for your chance to win!

Your contact information will not be used for any other purpose than the prize draw. It will not be used in analysis or reporting.

If you have any trouble with any question, please refer to the following resources:

Center for Social Research		
Nancy Hodur	nancy.hodur@ndsu.edu	(701) 231-8621
Kaeleigh Schroeder	kaeleigh.schroeder@ndsu.edu	
Avi Slone	avram.slone@ndsu.edu	
CommonSpirit Healthy Communities liaison		
Ashley Carroll	ashley.carroll@commonspirit.org	

Completing the survey means that you give your consent to participate in this Community Health Needs Assessment.

What is your zip code?

_____

What is the state where you live?

_____

What is the county where you live?

_____

Please indicate your level of agreement for each of the following statements about the people in your community.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	I don't know
My community is culturally diverse	☐	☐	☐	☐	☐	☐
People feel welcome and accepted in my community	☐	☐	☐	☐	☐	☐
There is a sense of civic responsibility and engagement in my community	☐	☐	☐	☐	☐	☐
The people in my community have a shared vision and community goals	☐	☐	☐	☐	☐	☐

Is there anything you would like to add about the people in your community?

_____

_____

_____

Please indicate your level of agreement for each of the following statements about services in your community.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	I don't know
My community has adequate opportunities for recreation and leisure for all ages	☐	☐	☐	☐	☐	☐
My community has a thriving business district with access to needed goods and services	☐	☐	☐	☐	☐	☐
My community provides adequate public services like snow removal, garbage collection, or recycling	☐	☐	☐	☐	☐	☐
My community has adequate child care services	☐	☐	☐	☐	☐	☐
My community has adequate senior services	☐	☐	☐	☐	☐	☐
My community has a quality education system	☐	☐	☐	☐	☐	☐
My community has adequate public transportation services	☐	☐	☐	☐	☐	☐
My community has adequate employment opportunities that pay a livable wage	☐	☐	☐	☐	☐	☐
My community has adequate law enforcement.	☐	☐	☐	☐	☐	☐
My community has enough affordable housing for everyone who needs it	☐	☐	☐	☐	☐	☐
My community has adequate access to healthy and affordable foods	☐	☐	☐	☐	☐	☐

Is there anything you would like to add about services in your community?

_____

_____

_____

How concerned are you about each of the following in your community?

	Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	I don't know	Not applicable to my community
Substance misuse (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs)	☐	☐	☐	☐	☐	☐
Mental health (anxiety, stress, depression)	☐	☐	☐	☐	☐	☐
Suicide	☐	☐	☐	☐	☐	☐
Access to healthy foods	☐	☐	☐	☐	☐	☐
Food insecurity, hunger	☐	☐	☐	☐	☐	☐
Poverty in my community	☐	☐	☐	☐	☐	☐
Sexually transmitted diseases	☐	☐	☐	☐	☐	☐
Crime in my community	☐	☐	☐	☐	☐	☐
Availability of long-term care or assisted living facilities	☐	☐	☐	☐	☐	☐
Availability of elder care services to support independent living, or aging in place	☐	☐	☐	☐	☐	☐
Obesity or overweightness	☐	☐	☐	☐	☐	☐
Negative effects of social media	☐	☐	☐	☐	☐	☐

Are there other issues in your community that you are concerned about?

_____

_____

_____

How concerned are you about the following types of violence in your community?

	Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	I don't know	Not applicable to my community
Cyber bullying	☐	☐	☐	☐	☐	☐
Child abuse or neglect	☐	☐	☐	☐	☐	☐
Intimate partner violence	☐	☐	☐	☐	☐	☐
Emotional abuse (including: intimidation, isolation, verbal threats, economic abuse/withholding funds)	☐	☐	☐	☐	☐	☐
Sexual abuse or assault	☐	☐	☐	☐	☐	☐
Stalking	☐	☐	☐	☐	☐	☐
Verbal threats or harassment	☐	☐	☐	☐	☐	☐
Gun violence	☐	☐	☐	☐	☐	☐

Are there other types of violence in your community that you are concerned about?

_____

_____

_____

Please indicate your level of agreement with the following issues related to medical services in your community.

	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree	I don't know
It is easy to get an appointment for health care services in my community	☐	☐	☐	☐	☐	☐
My community has adequate primary care providers and nurses	☐	☐	☐	☐	☐	☐
My community has adequate health care services to meet my health care needs	☐	☐	☐	☐	☐	☐
My community has adequate dental care providers	☐	☐	☐	☐	☐	☐
My community has adequate vision care providers	☐	☐	☐	☐	☐	☐
My community has adequate mental health services	☐	☐	☐	☐	☐	☐
My community has adequate access to emergency response services such as ambulance or fire fighters	☐	☐	☐	☐	☐	☐
I can easily navigate the health care system in my community	☐	☐	☐	☐	☐	☐
I receive quality health care in my community	☐	☐	☐	☐	☐	☐
In my community, care is well-coordinated across providers and services	☐	☐	☐	☐	☐	☐

Do you have any other concerns about access to health care services in your community?

_____

_____

_____

Which preventative health care measures have you received in the last year? Select all that apply.

- ☐ Vaccinations
- ☐ Annual physical exam
- ☐ Mammogram
- ☐ Colonoscopy
- ☐ Blood pressure or cholesterol screening

- ☐ Counseling for tobacco use, alcohol use, weight loss, or behavioral health
- ☐ Depression screening
- ☐ STD/STI screening
- ☐ Vision exam
- ☐ Dental exam/annual checkup

To what degree are each of the following a barrier to your ability to access health care services?

	Not at all a barrier	Somewhat of a barrier	Extreme barrier	I don't know
Transportation to health services locations	☐	☐	☐	☐
Availability of local services to meet my health care needs	☐	☐	☐	☐
Ability to see the same provider over time	☐	☐	☐	☐
Scheduling health care services within clinic hours	☐	☐	☐	☐
The price of prescription drugs, even with insurance	☐	☐	☐	☐
The price of health care services (such as co-payments or deductibles), even with health insurance	☐	☐	☐	☐
Communication or language barriers	☐	☐	☐	☐
Difficulty using or accessing technology to communicate with provider or system	☐	☐	☐	☐
Concerns about confidentiality	☐	☐	☐	☐
Disability accommodations	☐	☐	☐	☐
Health insurance coverage	☐	☐	☐	☐
The length of time to see a provider, from making an appointment to attending the appointment	☐	☐	☐	☐
Distance to access care	☐	☐	☐	☐

Are there other barriers to your ability to access health care in your community?

_____

_____

_____

Do you currently have a primary care doctor?

- ☐ Yes
- ☐ No
- ☐ Prefer not to respond

Where do you find out about health information? Select all that apply.

- ☐ Primary care provider
- ☐ Other health care providers
- ☐ Public health professionals
- ☐ Internet sources
- ☐ Word of mouth
- ☐ Advertising, such as TV commercials
- ☐ My employer
- ☐ Newspaper
- ☐ Radio
- ☐ Other (please specify _____ _____)

What type of health insurance coverage do you currently have? Select all that apply.

- ☐ Commercial private health insurance (coverage purchased by you or your employer)
- ☐ Medicare
- ☐ Medicaid etc.)
- ☐ Indian Health Service (IHS)
- ☐ Military (Tricare, Champus, VA)
- ☐ Other (please specify) _____
- ☐ No health insurance (**GO TO Q3.7)**
- ☐ Prefer not to say

Why do you NOT have health insurance? Select all that apply.
   DO NOT RESPOND IF YOU DO HAVE HEALTH INSURANCE

- ☐ Too expensive
- ☐ Too difficult or complex to obtain health insurance
- ☐ I have a pre-existing condition that is not covered
- ☐ I am healthy and do not need insurance
- ☐ I do not qualify for Medicaid
- ☐ I was disenrolled from Medicaid
- ☐ Another reason (please specify) _____
- ☐ Prefer not to say

What specific health care services, if any, do you think should be added locally?

_____

_____

_____

Did you move to your community in the past year?

☐ Yes
☐ No (**GO TO Q4.3)**
☐ Prefer not to respond (**GO TO Q4.3**)

How difficult was it to do the following?

	Not difficult at all	Slightly difficult	Somewhat difficult	Very difficult	I don't know/I'm not sure	Not applicable to me
Enroll children in school	☐	☐	☐	☐	☐	☐
Find housing	☐	☐	☐	☐	☐	☐
Find healthcare	☐	☐	☐	☐	☐	☐
Find a job	☐	☐	☐	☐	☐	☐
Find childcare	☐	☐	☐	☐	☐	☐

Have you experienced discrimination in the past 12 months?

☐ Yes
☐ No (**GO TO Q4.6**)
☐ Prefer not to respond (**GO TO Q4.6**)

In what area(s) have you experienced discrimination? Select all that apply.

☐ Race
☐ Ethnicity
☐ Sex
☐ Gender identity
☐ Sexual orientation
☐ Age
☐ Weight
☐ Disability
☐ Religion
☐ Another area (specify:

_____

_____)
☐ Prefer not to say

In which of the following situations did you experience discrimination? Select all that apply.

- ☐ Applying for a job
- ☐ At a job, work or my place of employment
- ☐ Receiving medical care
- ☐ Looking for housing
- ☐ Applying for a credit card, bank loan, or mortgage
- ☐ Shopping at a store or eating at a restaurant
- ☐ Applying for social services or public assistance
- ☐ Interacting with the police
- ☐ Appearing in court
- ☐ Another area (specify)
- ☐ Prefer not to say

How difficult is it for you to pay for heating, housing, or medical care?

- ☐ Not difficult at all
- ☐ Slightly difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ I don't know/I'm not sure

In the last month, have you had to sleep outside, in a shelter, in your car, at a family member or friend's house, or in a place not meant for sleeping?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

What is your age?

_____

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Non-binary/third gender
- ☐ Other (please describe: _____)
- ☐ Prefer not to say

Which one of these groups best represents your race? Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Two or more races
- ☐ White
- ☐ Other (please describe:_____)

Do you identify as Hispanic, Latine, or of Spanish origin?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

What is your estimated household income?

- ☐ Less than $15,000
- ☐ $15,000 - $24,999
- ☐ $25,000 - $49,999
- ☐ $50,000 - $74,999
- ☐ $75,000 - $99,999
- ☐ $100,000 - $149,999
- ☐ $150,000 and over
- ☐ Prefer not to say

What is the highest level of education you have completed?

- ☐ Less than 9th Grade
- ☐ 9th to 12th Grade, no diploma
- ☐ High school graduate or equivalent
- ☐ Some college, no degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Prefer not to say

Which of these categories best describes your employment status?

- ☐ Employed full time
- ☐ Employed part time
- ☐ Unemployed
- ☐ Retired
- ☐ Student
- ☐ Disabled
- ☐ Prefer not to say

What is your marital status?

- ☐ Single
- ☐ Married or in a domestic partnership
- ☐ Divorced or separated
- ☐ Widowed
- ☐ Prefer not to say

How many people live in your household? Use numbers only. If you live alone, put "1".

_____

Do you have access to reliable internet in your home?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

How did you access this survey?

- ☐ Hospital or public health website
- ☐ Hospital or public health social media page (e.g., Facebook)
- ☐ Hospital or public health employee directly
- ☐ Economic development website or social media
- ☐ Church bulletin
- ☐ Other website or social media page (please specify) _____
- ☐ Newsletter (please specify from where) _____
- ☐ Newspaper advertisement
- ☐ Word of mouth
- ☐ Direct email (please specify from where) _____
- ☐ Another way (please specify) _____

Please provide any additional comments you think we could use to improve the delivery of health care in your community. If you need more space, please attach additional paper.

_____

_____

_____

_____

_____

_____

_____

_____

If you would like to enter our prize drawing, please write your email address below!

_____

Thanks for completing our survey!
We appreciate your time, and your responses will help inform health care decisions in your community.

If you entered your name to be included in our draw, we'll contact the winners BY EMAIL once the survey has closed. Good luck!

Appendix C: Survey Frequencies

Completing the survey means that you give your consent to participate in this Community Health Needs Assessment.					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I consent	241	100.0%	100.0%	100.0%

What is your zip code?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		30	12.4%	12.4%	12.4%
	58017	2	0.8%	0.8%	13.3%
	58027	14	5.8%	5.8%	19.1%
	58031	1	0.4%	0.4%	19.5%
	58032	11	4.6%	4.6%	24.1%
	58033	14	5.8%	5.8%	29.9%
	58040	6	2.5%	2.5%	32.4%
	58043	1	0.4%	0.4%	32.8%
	58051	1	0.4%	0.4%	33.2%
	58054	140	58.1%	58.1%	91.3%
	58057	1	0.4%	0.4%	91.7%
	58060	9	3.7%	3.7%	95.4%
	58068	5	2.1%	2.1%	97.5%
	58069	1	0.4%	0.4%	97.9%
	58461	1	0.4%	0.4%	98.3%
	58474	1	0.4%	0.4%	98.8%
	58490	3	1.2%	1.2%	100.0%
	Total	241	100.0%	100.0%	

What is the state in which you live?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	North Dakota	241	100.0%	100.0%	100.0%

What is the county where you live in North Dakota?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Barnes	1	0.4%	0.4%	0.4%
	Cass	3	1.2%	1.2%	1.7%
	Dickey	1	0.4%	0.4%	2.1%
	LaMoure	4	1.7%	1.7%	3.7%
	Ransom	192	79.7%	79.7%	83.4%
	Richland	1	0.4%	0.4%	83.85
	Sargent	39	16.2%	16.2%	100.0%
	Total	241	100.0%	100.0%	

People in Your Community

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement for each of the following statements about the people in your community. - My community is culturally diverse	Count	17	62	45	86	24	234
	Row N %	7.3%	26.5%	19.2%	36.8%	10.3%	100.0%
Please indicate your level of agreement for each of the following statements about the people in your community. - People feel welcome and accepted in my community	Count	8	40	28	104	54	234
	Row N %	3.4%	17.1%	12.0%	44.4%	23.1%	100.0%
Please indicate your level of agreement for each of the following statements about the people in your community. - There is a sense of civic responsibility and engagement in my community	Count	11	28	39	100	57	235
	Row N %	4.7%	11.9%	16.6%	42.6%	24.3%	100.0%
Please indicate your level of agreement for each of the following statements about the people in your community. - The people in my community have a shared vision and community goals	Count	17	33	46	102	35	233
	Row N %	7.3%	14.2%	19.7%	43.8%	15.0%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: People in your community - My community is culturally diverse	Count	79	45	110	234
	Row N %	33.8%	19.2%	47.0%	100.0%
RECODE: People in your community - People feel welcome and accepted in my community	Count	48	28	158	234
	Row N %	20.5%	12.0%	67.5%	100.0%
RECODE: People in your community - There is a sense of civic responsibility and engagement in my community	Count	39	39	157	235
	Row N %	16.6%	16.6%	66.8%	100.0%
RECODE: People in your community - The people in my community have a shared vision and community goals	Count	50	46	137	233
	Row N %	21.5%	19.7%	58.8%	100.0%

Services in Your Community

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate opportunities for recreation and leisure for all ages	Count	28	73	27	73	36	237
	Row N %	11.8%	30.8%	11.4%	30.8%	15.2%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has a thriving business district with access to needed goods and services	Count	27	49	29	102	33	240
	Row N %	11.3%	20.4%	12.1%	42.5%	13.8%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community provides adequate public services like snow removal, garbage collection, or recycling	Count	6	21	20	91	94	232
	Row N %	2.6%	9.1%	8.6%	39.2%	40.5%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate child care services	Count	63	79	32	30	13	217
	Row N %	29.0%	36.4%	14.7%	13.8%	6.0%	100.0%
Please indicate your level of agreement for each of the following statements about	Count	12	22	31	83	73	221
	Row N %	5.4%	10.0%	14.0%	37.6%	33.0%	100.0%

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
services in your community. - My community has adequate senior services							
Please indicate your level of agreement for each of the following statements about services in your community. - My community has a quality education system	Count	8	16	18	78	106	226
	Row N %	3.5%	7.1%	8.0%	34.5%	46.9%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate public transportation services	Count	60	48	35	55	30	228
	Row N %	26.3%	21.1%	15.4%	24.1%	13.2%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate employment opportunities that pay a livable wage	Count	25	48	37	85	40	235
	Row N %	10.6%	20.4%	15.7%	36.2%	17.0%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate law enforcement	Count	8	17	31	73	108	237
	Row N %	3.4%	7.2%	13.1%	30.8%	45.6%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has enough affordable housing for everyone who needs it	Count	51	79	42	43	11	226
	Row N %	22.6%	35.0%	18.6%	19.0%	4.9%	100.0%
Please indicate your level of agreement for each of the following statements about services in your community. - My community has adequate access to healthy and affordable foods	Count	46	62	29	74	28	239
	Row N %	19.2%	25.9%	12.1%	31.0%	11.7%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Services in your community - My community has adequate opportunities for recreation and leisure for all ages	Count	101	27	109	237
	Row N %	42.6%	11.4%	46.0%	100.0%
RECODE: Services in your community - My community has a thriving business district with access to needed goods and services	Count	76	29	135	240
	Row N %	31.7%	12.1%	56.3%	100.0%
RECODE: Services in your community - My community provides adequate public services like snow removal, garbage collection, or recycling	Count	27	20	185	232
	Row N %	11.6%	8.6%	79.7%	100.0%
RECODE: Services in your community - My community has adequate child care services	Count	142	32	43	217
	Row N %	65.4%	14.7%	19.8%	100.0%
RECODE: Services in your community - My community has adequate senior services	Count	34	31	156	221
	Row N %	15.4%	14.0%	70.6%	100.0%
RECODE: Services in your community. - My community has a quality education system	Count	24	18	184	226
	Row N %	10.6%	8.0%	81.4%	100.0%
RECODE: Services in your community. - My community has adequate public transportation services	Count	108	35	85	228
	Row N %	47.4%	15.4%	37.3%	100.0%
RECODE: Services in your community. - My community has adequate employment opportunities that pay a livable wage	Count	73	37	125	235
	Row N %	31.1%	15.7%	53.2%	100.0%
RECODE: Services in your community. - My community has adequate law enforcement	Count	25	31	181	237
	Row N %	10.5%	13.1%	76.4%	100.0%
RECODE: Services in your community. - My community has enough affordable housing for everyone who needs it	Count	130	42	54	226
	Row N %	57.5%	18.6%	23.9%	100.0%
RECODE: Services in your community. - My community has adequate access to healthy and affordable foods	Count	108	29	102	239
	Row N %	45.2%	12.1%	42.7%	100.0%

Community Concerns

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about each of the following in your community? - Substance misuse (alcohol, prescription drugs, tobacco or vaping, illicit or street drugs)	Count	13	22	64	133	232
	Row N %	5.6%	9.5%	27.6%	57.3%	100.0%
How concerned are you about each of the following in your community? - Mental health (anxiety, stress, depression)	Count	8	33	74	117	232
	Row N %	3.4%	14.2%	31.9%	50.4%	100.0%
How concerned are you about each of the following in your community? - Suicide	Count	14	59	78	63	214
	Row N %	6.5%	27.6%	36.4%	29.4%	100.0%
How concerned are you about each of the following in your community? - Access to healthy foods	Count	35	67	79	53	234
	Row N %	15.0%	28.6%	33.8%	22.6%	100.0%
How concerned are you about each of the following in your community? - Food insecurity or hunger	Count	40	72	82	25	219
	Row N %	18.3%	32.9%	37.4%	11.4%	100.0%
How concerned are you about each of the following in your community? - Poverty in my community	Count	25	72	86	28	211
	Row N %	11.8%	34.1%	40.8%	13.3%	100.0%
How concerned are you about each of the following in your community? - Sexually transmitted diseases or infections	Count	65	51	45	16	177
	Row N %	36.7%	28.8%	25.4%	9.0%	100.0%
How concerned are you about each of the following in your community? - Crime in my community	Count	23	71	92	41	227
	Row N %	10.1%	31.3%	40.5%	18.1%	100.0%
How concerned are you about each of the following in your community? - Availability of long-term care or assisted living facilities	Count	72	53	59	42	226
	Row N %	31.9%	23.5%	26.1%	18.6%	100.0%
How concerned are you about each of the following in your community? - Availability of elder care services to support independent living, or aging in place	Count	45	62	57	54	218
	Row N %	20.6%	28.4%	26.1%	24.8%	100.0%
How concerned are you about each of the following in your community? - Obesity or overweightness	Count	22	51	94	61	228
	Row N %	9.6%	22.4%	41.2%	26.8%	100.0%

Violence Concerns in Community

		Not concerned at all	Slightly concerned	Somewhat concerned	Very concerned	Total
How concerned are you about the following types of violence in your community? - Cyber bullying	Count	26	42	61	90	219
	Row N %	11.9%	19.2%	27.9%	41.1%	100.0%
How concerned are you about the following types of violence in your community? - Child abuse or neglect	Count	18	56	86	60	220
	Row N %	8.2%	25.5%	39.1%	27.3%	100.0%
How concerned are you about the following types of violence in your community? - Intimate partner violence	Count	32	64	64	40	200
	Row N %	16.0%	32.0%	32.0%	20.0%	100.0%
How concerned are you about the following types of violence in your community? - Emotional abuse (including intimidation or isolation)	Count	22	56	83	53	214
	Row N %	10.3%	26.2%	38.8%	24.8%	100.0%
How concerned are you about the following types of violence in your community? - Sexual abuse or assault	Count	26	70	67	41	204
	Row N %	12.7%	34.3%	32.8%	20.1%	100.0%
How concerned are you about the following types of violence in your community? - Stalking	Count	67	69	44	25	205
	Row N %	32.7%	33.7%	21.5%	12.2%	100.0%
How concerned are you about the following types of violence in your community? - Verbal threats or harassment	Count	41	65	64	46	216
	Row N %	19.0%	30.1%	29.6%	21.3%	100.0%
How concerned are you about the following types of violence in your community? - Gun violence	Count	92	66	34	23	215
	Row N %	42.8%	30.7%	15.8%	10.7%	100.0%

Medical Services in Your Community

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
Please indicate your level of agreement with the following issues related to medical services in your community. - It is easy to get an appointment for health care services in my community	Count	13	26	23	79	93	234
	Row N %	5.6%	11.1%	9.8%	33.8%	39.7%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate primary care providers and nurses	Count	17	28	17	91	75	228
	Row N %	7.5%	12.3%	7.5%	39.9%	32.9%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate health care services to meet my health care needs	Count	14	38	27	83	75	237
	Row N %	5.9%	16.0%	11.4%	35.0%	31.6%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate dental care providers	Count	25	16	16	44	131	232
	Row N %	10.8%	6.9%	6.9%	19.0%	56.5%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate vision care providers	Count	42	24	26	67	66	225
	Row N %	18.7%	10.7%	11.6%	29.8%	29.3%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate mental health services	Count	78	61	30	35	9	213
	Row N %	36.6%	28.6%	14.1%	16.4%	4.2%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - My community has adequate access to emergency response services such as ambulance or fire fighters	Count	12	19	22	77	105	235
	Row N %	5.1%	8.1%	9.4%	32.8%	44.7%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your community. - I can easily navigate the health care system in my community	Count	8	23	28	67	103	229
	Row N %	3.5%	10.0%	12.2%	29.3%	45.0%	100.0%
Please indicate your level of agreement with the following issues related to medical services in your	Count	15	25	24	65	109	238
	Row N %	6.3%	10.5%	10.1%	27.3%	45.8%	100.0%

		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Total
community. - I receive quality health care in my community							
Please indicate your level of agreement with the following issues related to medical services in your community. - In my community, care is well coordinated across providers and services	Count	12	42	39	68	61	222
	Row N %	5.4%	18.9%	17.6%	30.6%	27.5%	100.0%

		Disagree	Neither agree nor disagree	Agree	Total
RECODE: Medical services in your community. - It is easy to get an appointment for health care services in my community	Count	39	23	172	234
	Row N %	16.7%	9.8%	73.5%	100.0%
RECODE: Medical services in your community. - My community has adequate primary care providers and nurses	Count	45	17	166	228
	Row N %	19.7%	7.5%	72.8%	100.0%
RECODE: Medical services in your community. - My community has adequate health care services to meet my health care needs	Count	52	27	158	237
	Row N %	21.9%	11.4%	66.7%	100.0%
RECODE: Medical services in your community. - My community has adequate dental care providers	Count	41	16	175	232
	Row N %	17.7%	6.9%	75.4%	100.0%
RECODE: Medical services in your community. - My community has adequate vision care providers	Count	66	26	133	225
	Row N %	29.3%	11.6%	59.1%	100.0%
RECODE: Medical services in your community. - My community has adequate mental health services	Count	139	30	44	213
	Row N %	65.3%	14.1%	20.7%	100.0%
RECODE: Medical services in your community. - My community has adequate access to emergency response services such as ambulance or fire fighters	Count	31	22	182	235
	Row N %	13.2%	9.4%	77.4%	100.0%
RECODE: Medical services in your community. - I can easily navigate the health care system in my community	Count	31	28	170	229
	Row N %	13.5%	12.2%	74.2%	100.0%
RECODE: Medical services in your community. - I receive quality health care in my community	Count	40	24	174	238
	Row N %	16.8%	10.1%	73.1%	100.0%
RECODE: Medical services in your community. - In my community, care is well coordinated across providers and services	Count	54	39	129	222
	Row N %	24.3%	17.6%	58.1%	100.0%

Last CHNA Needs

		Much worse	Somewhat worse	About the same	Somewhat better	Much better	Total
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? - Availability of mental health services	Count	15	18	91	45	3	172
	Row N %	8.7%	10.5%	52.9%	26.2%	1.7%	100.0%
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? - Having enough child daycare services	Count	34	57	60	23	6	180
	Row N %	18.9%	31.7%	33.3%	12.8%	3.3%	100.0%
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? - Availability of substance use disorder treatment services	Count	15	35	85	13	1	149
	Row N %	10.1%	23.5%	57.0%	8.7%	0.7%	100.0%
Three years ago, the last Community Health Needs Assessment identified the following issues as community health needs. To what degree do you believe these issues have changed? - Depression or anxiety	Count	23	39	81	21	0	164
	Row N %	14.0%	23.8%	49.4%	12.8%	0.0%	100.0%

		Worse	The same	Better	Total
RECODE: Previous issues - Availability of mental health services	Count	33	91	48	172
	Row N %	19.2%	52.9%	27.9%	100.0%
RECODE: Previous issues - Having enough child daycare services	Count	91	60	29	180
	Row N %	50.6%	33.3%	16.1%	100.0%
RECODE: Previous issues - Availability of substance use disorder treatment services	Count	50	85	14	149
	Row N %	33.6%	57.0%	9.4%	100.0%
RECODE: Previous issues - Depression or anxiety	Count	62	81	21	164
	Row N %	37.8%	49.4%	12.8%	100.0%

Preventative Health Care Measures

Multiple Response						
	Valid		**Missing**		**Total**	
	N	**Percent**	**N**	**Percent**	**N**	**Percent**
MRQ5.1ᵃ	235	97.5%	6	2.5%	241	100.0%

MRQ5.1 Frequencies				
		Responses		**Percent of Cases**
		N	**Percent**	
MRQ5.1ᵃ	Which of the following preventative health care measures have you received in the last year? Vaccinations	181	16.3%	77.0%
	Which of the following preventative health care measures have you received in the last year? Annual physical exam	180	16.2%	76.6%
	Which of the following preventative health care measures have you received in the last year? Mammogram	98	8.8%	41.7%
	Which of the following preventative health care measures have you received in the last year? Colonoscopy	41	3.7%	17.4%
	Which of the following preventative health care measures have you received in the last year? Blood pressure or cholesterol screening	146	13.2%	62.1%
	Which of the following preventative health care measures have you received in the last year? Counseling for tobacco use, alcohol dependency, weight loss, behavioral health	24	2.2%	10.2%
	Which of the following preventative health care measures have you received in the last year? Depression screening	81	7.3%	34.5%
	Which of the following preventative health care measures have you received in the last year? STD/STI Screening	7	0.6%	3.0%
	Which of the following preventative health care measures have you received in the last year? Vision exam or annual checkup	161	14.5%	68.5%
	Which of the following preventative health care measures have you received in the last year? Dental exam or annual checkup	189	17.1%	80.4%
Total		1108	100.0%	471.5%
a. Dichotomy group tabulated at value 1.				

		Not at all a barrier	Somewhat of a barrier	Extreme barrier	Total
To what degree are each of the following issues a barrier to your ability to access health care services? - Transportation to health care service locations	Count	166	40	13	219
	Row N %	75.8%	18.3%	5.9%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Distance to access care	Count	142	71	15	228
	Row N %	62.3%	31.1%	6.6%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Concerns about confidentiality	Count	147	64	18	229
	Row N %	64.2%	27.9%	7.9%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Availability of local services to meet my health care needs	Count	113	96	17	226
	Row N %	50.0%	42.5%	7.5%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Communication or language barriers	Count	185	34	5	224
	Row N %	82.6%	15.2%	2.2%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Disability accommodations	Count	151	38	8	197
	Row N %	76.6%	19.3%	4.1%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - Scheduling health care services within clinic hours	Count	147	72	15	234
	Row N %	62.8%	30.8%	6.4%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - The length of time to see a provider, from making an appointment to attending the appointment	Count	123	89	17	229
	Row N %	53.7%	38.9%	7.4%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - The price of prescription drugs, even with insurance	Count	120	77	30	227
	Row N %	52.9%	33.9%	13.2%	100.0%
To what degree are each of the following issues a barrier to your ability to access health care services? - The price of health care services (such as co-payments or deductibles), even with insurance	Count	90	95	43	228
	Row N %	39.5%	41.7%	18.9%	100.0%

Do you currently have a primary care doctor?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	222	92.1%	95.7%	95.7%
	No	10	4.1%	4.3%	100.0%
	Total	232	96.3%	100.0%	
Missing	Prefer not to respond	4	1.7%		
	System	5	2.1%		
	Total	9	3.7%		
Total		241	100.0%		

Multiple Response							
	Cases						
	Valid		Missing		Total		
	N	Percent	N	Percent	N	Percent	
MRQ5.5[a]	238	98.8%	3	1.2%	241	100.0%	
a. Dichotomy group tabulated at value 1.							

MRQ5.5 Frequencies		Responses		Percent of Cases
		N	Percent	
MRQ5.5[a]	Where do you find out about health information? Other health care professionals	130	15.4%	54.6%
	Where do you find out about health information? Primary care provider	205	24.3%	86.1%
	Where do you find out about health information? Public health professionals	114	13.5%	47.9%
	Where do you find out about health information? Internet sources	129	15.3%	54.2%
	Where do you find out about health information? Word of mouth (including family and friends)	115	13.6%	48.3%
	Where do you find out about health information? Advertising, such as TV commercials	49	5.8%	20.6%
	Where do you find out about health information? My employer	50	5.9%	21.0%
	Where do you find out about health information? Newspaper	26	3.1%	10.9%
	Where do you find out about health information? Radio	12	1.4%	5.0%
	Where do you find out about health information? Other source	14	1.7%	5.9%
Total		844	100.0%	354.6%
a. Dichotomy group tabulated at value 1.				

Multiple Response						
Case Summary						
	Cases					
	Valid		**Missing**		**Total**	
	N	**Percent**	**N**	**Percent**	**N**	**Percent**
MRQ5.6[a]	239	99.2%	2	0.8%	241	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ5.6 Frequencies				
		Responses		**Percent of Cases**
		N	**Percent**	
MRQ5.6[a]	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Insurance through employer (either your own or a family member's)	171	61.1%	71.5%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Private health insurance (coverage purchased by you)	35	12.5%	14.6%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Government program (Medicare, Medicaid, etc.)	47	16.8%	19.7%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Military (Tricare, Champus, VA)	14	5.0%	5.9%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Other (please specify)	7	2.5%	2.9%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice No health insurance	2	0.7%	0.8%
	What type of health insurance coverage do you have? (Select all that apply) - Selected Choice Prefer not to say	4	1.4%	1.7%
Total		280	100.0%	117.2%
a. Dichotomy group tabulated at value 1.				

SOCIAL HARDSHIP AND DISCRIMINATION

Did you move to your community in the past year?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	1.7%	1.7%	1.7%
	No	231	95.9%	98.3%	100.0%
	Total	235	97.5%	100.0%	
Missing	Prefer not to respond	1	0.4%		
	System	5	2.1%		
	Total	6	2.5%		
Total		241	100.0%		

		Not difficult at all	Slightly difficult	Somewhat difficult	Very difficult	Total
How difficult was it to do the following things? - Enroll children in school	Count	1	0	0	0	1
	Row N %	100.0%	0.0%	0.0%	0.0%	100.0%
How difficult was it to do the following things? - Find housing	Count	1	1	0	1	3
	Row N %	33.3%	33.3%	0.0%	33.3%	100.0%
How difficult was it to do the following things? - Find health care	Count	1	1	0	0	2
	Row N %	50.0%	50.0%	0.0%	0.0%	100.0%
How difficult was it to do the following things? - Find a job	Count	1	0	0	0	1
	Row N %	100.0%	0.0%	0.0%	0.0%	100.0%
How difficult was it to do the following things? - Find child care	Count	0	0	0	1	1
	Row N %	0.0%	0.0%	0.0%	100.0%	100.0%

Have you experienced discrimination in the past 12 months?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	3.7%	4.5%	4.5%
	No	192	79.7%	95.5%	100.0%
	Total	201	83.4%	100.0%	
Missing	Prefer not to respond	8	3.3%		
	System	32	13.3%		
	Total	40	16.6%		
Total		241	100.0%		

Multiple Response						
Case Summary						
	Cases					
	Valid		**Missing**		**Total**	
	N	**Percent**	**N**	**Percent**	**N**	**Percent**
MRQ6.4[a]	9	3.7%	232	96.3%	241	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ6.4 Frequencies				
		Responses		**Percent of Cases**
		N	**Percent**	
MRQ6.4[a]	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Sex	1	6.7%	11.1%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Gender identity	1	6.7%	11.1%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Sexual orientation	1	6.7%	11.1%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Age	2	13.3%	22.2%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Weight	3	20.0%	33.3%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Disability	2	13.3%	22.2%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Another area (please specify)	4	26.7%	44.4%
	In what areas have you experienced discrimination? Select all that apply. - Selected Choice Prefer not to respond	1	6.7%	11.1%
Total		15	100.0%	166.7%
a. Dichotomy group tabulated at value 1.				

Multiple Response						

Case Summary						
	Cases					
	Valid		**Missing**		**Total**	
	N	**Percent**	**N**	**Percent**	**N**	**Percent**
MRQ6.5[a]	9	3.7%	232	96.3%	241	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ6.5 Frequencies				
		Responses		**Percent of Cases**
		N	**Percent**	
MRQ6.5[a]	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice At a job, work or my place of employment	4	28.6%	44.4%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Receiving medical care	3	21.4%	33.3%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Looking for housing	1	7.1%	11.1%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Shopping at a store or eating at a restaurant	1	7.1%	11.1%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Applying for social services or public assistance	1	7.1%	11.1%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Interacting with the police	1	7.1%	11.1%
	In which of the following situations did you experience discrimination? Select all that apply. - Selected Choice Another area (please specify)	3	21.4%	33.3%
Total		14	100.0%	155.6%
a. Dichotomy group tabulated at value 1.				

How difficult is it for you to pay for heating, housing, or medical care?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not difficult at all	96	39.8%	46.4%	46.4%
	Slightly difficult	65	27.0%	31.4%	77.8%
	Somewhat difficult	28	11.6%	13.5%	91.3%
	Very difficult	18	7.5%	8.7%	100.0%
	Total	207	85.9%	100.0%	
Missing	I don't know	3	1.2%		
	System	4	1.7%		
	Total	27	11.2%		
Total		241	100.0%		

In the last month, have you had to sleep outside, in a shelter, in your car, at a family member or friend's house, or in a place not meant for sleeping?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	0.4%	0.5%	0.5%
	No	208	86.3%	99.5%	100.0%
	Total	209	86.7%	100.0%	
Missing	Prefer not to respond	2	0.8%		
	System	30	12.4%		
	Total	32	13.3%		
Total		241	100.0%		

Statistics		
What is your age? - Select your age on the slider		
N	Valid	201
	Missing	40
Mean		45.5871
Median		45.0000

RECODE: Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 18 years	11	4.6%	5.5%	5.5%
	18 to 34 years	36	14.9%	17.9%	23.4%
	35 to 44 years	50	20.7%	24.9%	48.3%
	45 to 64 years	74	30.7%	36.8%	85.1%
	65 to 84 years	24	10.0%	11.9%	97.0%
	85 years and older	6	2.5%	3.0%	100.0%
	Total	201	83.4%	100.0%	
Missing	System	40	16.6%		
Total		241	100.0%		

What is your gender? - Selected Choice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	38	15.8%	17.8%	17.8%
	Female	175	72.6%	81.8%	99.5%
	Non-binary/third gender	1	0.4%	0.5%	100.0%
	Total	214	88.8%	100.0%	
Missing	Prefer not to say	3	1.2%		
	System	24	10.0%		
	Total	27	11.2%		
Total		241	100.0%		

Multiple Response

Case Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
MRQ7.3[a]	234	97.1%	7	2.9%	241	100.0%
a. Dichotomy group tabulated at value 1.						

MRQ7.3 Frequencies

		Responses N	Responses Percent	Percent of Cases
MRQ7.3[a]	Which of these groups best represents your race? Select all that apply. - Selected Choice White	225	94.9%	96.2%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Black or African American	3	1.3%	1.3%
	Which of these groups best represents your race? Select all that apply. - Selected Choice American Indian or Alaska Native	2	0.8%	0.9%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Asian	3	1.3%	1.3%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Other (please describe)	4	1.7%	1.7%
	Which of these groups best represents your race? Select all that apply. - Selected Choice Prefer not to say	225	94.9%	96.2%
Total		237	100.0%	101.3%
a. Dichotomy group tabulated at value 1.				

Do you identify as Hispanic, Latine, or of Spanish origin?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	226	93.8%	100.0%	100.0%
Missing	Prefer not to say	5	2.1%		
	System	10	4.1%		
	Total	15	6.2%		
Total		241	100.0%		

What is your estimated annual household income?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than $15,000	6	2.5%	3.0%	3.0%
	$15,000 - $24,999	6	2.5%	3.0%	6.1%
	$25,000 - $49,999	36	14.9%	18.3%	24.4%
	$50,000 - $74,999	32	13.3%	16.2%	40.6%
	$75,000 - $99,999	39	16.2%	19.8%	60.4%
	$100,000 - $149,999	47	19.5%	23.9%	84.3%
	$150,000 and over	31	12.9%	15.7%	100.0%
	Total	197	81.7%	100.0%	
Missing	Prefer not to say	28	11.6%		
	System	16	6.6%		
	Total	44	18.3%		
Total		241	100.0%		

What is the highest level of education you have completed?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	9th to 12th Grade, no diploma	2	0.8%	0.9%	0.9%
	High school graduate or equivalency	30	12.4%	13.7%	14.6%
	Some college, no degree	38	15.8%	17.4%	32.0%
	Associate's degree	66	27.4%	30.1%	62.1%
	Bachelor's degree	63	26.1%	28.8%	90.9%
	Graduate or professional degree	20	8.3%	9.1%	100.0%
	Total	219	90.9%	100.0%	
Missing	Prefer not to say	7	2.9%		
	System	15	6.2%		
		22	9.1%		
Total		241	100.0%		

Which of these categories best describes your employment status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Employed full time	148	61.4%	69.2%	69.2%
	Employed part time	17	7.1%	7.9%	77.1%
	Unemployed	4	1.7%	1.9%	79.0%
	Retired	43	17.8%	20.1%	99.1%
	Student	1	0.4%	0.5%	99.5%
	Disabled	1	0.4%	0.5%	100.0%
	Total	214	88.8%	100.0%	
Missing	Prefer not to say	2	0.8%		
	System	25	10.4%		
	Total	27	11.2%		
Total		241	100.0%		

What is your marital status?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	32	13.3%	14.1%	14.1%
	Married or in a domestic partnership	156	64.7%	68.7%	82.8%
	Divorced or separated	19	7.9%	8.4%	91.2%
	Widowed	20	8.3%	8.8%	100.0%
	Total	227	94.2%	100.0%	
Missing	Prefer not to say	7	2.9%		
	System	7	2.9%		
	Total	14	5.8%		
Total		241	100.0%		

Statistics

How many people live in your household? Use numbers only. If you live alone, put "1".

N	Valid	225
	Missing	16
Mean		2.8800
Median		2.0000

RECODE: How many people live in your household?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 person	42	17.4%	18.7%	18.7%
	2 to 4 people	146	60.6%	64.9%	83.6%
	5 or more people	37	15.4%	16.4%	100.0%
	Total	225	93.4%	100.0%	
Missing	System	16	6.6%		
Total		241	100.0%		

Do you have access to reliable internet in your home?		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	226	93.8%	97.0%	97.0%
	No	7	2.9%	3.0%	100.0%
	Total	233	96.7%	100.0%	
Missing	Prefer not to respond	1	0.4%		
	System	7	2.9%		
	Total	8	3.3%		
Total		241	100.0%		

How did you get access to this survey, or survey link? - Selected Choice		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hospital or public health website	21	8.7%	9.3%	9.3%
	Hospital or public health social media page (e.g. Facebook)	33	13.7%	14.6%	23.9%
	Hospital or public health employee directly	68	28.2%	30.1%	54.0%
	Economic development website or social media page	1	0.4%	0.4%	54.4%
	Other website or social media page (please specify)	39	16.2%	17.3%	71.7%
	Newsletter (please specify from where)	1	0.4%	0.4%	72.1%
	Newspaper advertisement	1	0.4%	0.4%	72.6%
	Word of mouth	12	5.0%	5.3%	77.9%
	Direct email (please specify from where)	17	7.1%	7.5%	85.4%
	Another way (please specify)	33	13.7%	14.6%	100.0%
	Total	226	93.8%	100.0%	
Missing	System	15	6.2%		
Total		241	100.0%		

Distribution Channel

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	anonymous	201	83.4%	83.4%	83.4%
	qr	40	16.6%	16.65	100.05
	Total	241	100.0%	100.0%	