2012 Greater Fargo-Moorhead Community Health Needs Assessment of Community Leaders

Results of a May 2012 survey of community leaders in Cass County, North Dakota and Clay County, Minnesota

July 2012

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PREFACE

This report, entitled *2012 Greater Fargo-Moorhead Community Health Needs Assessment of Community Leaders*, presents the results of a May 2012 survey of community leaders in Cass County, North Dakota and Clay County, Minnesota.

The study was conducted by the Center for Social Research at North Dakota State University on behalf of the Fargo-Moorhead Community Health Needs Assessment Collaborative. Funding for the study was provided by Collaborative member organizations.

Fargo-Moorhead Community Health Needs Assessment Collaborative Members
Sanford Health
Essentia Health
United Way of Cass-Clay
Dakota Medical Foundation
North Dakota State University
Fargo Cass Public Health
Clay County Public Health
Family HealthCare Center
Urban Indian Health and Wellness Center of Fargo-Moorhead
Center for Rural Health at the University of North Dakota
Southeast Human Services Center

The *2012 Greater Fargo-Moorhead Community Health Needs Assessment of Community Leaders* is a companion report to the *2012 Greater Fargo-Moorhead Community Health Needs Assessment of Residents.*

The Fargo-Moorhead Community Health Needs Assessment Collaborative wishes to thank the community leaders for their participation in this study. The Collaborative extends special thanks to the two mayors and five City Council/Commission members for their attendance and participation. Thanks are also extended to area physicians and nurses, school superintendents and board members, as well as representatives for the mentally and physically disabled, social services, non-profit organizations, financial services, legal services, and faith-based organizations for their participation.

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EXECUTIVE SUMMARY

Introduction

The purpose of the community leader survey was to explore the views of key leaders in the greater Fargo-Moorhead area (e.g., health professionals, social workers, educators, elected leadership, and nonprofit leaders) regarding the resident population's health and the prevalence of disease and health issues within the community.

Study Design and Methodology

The Fargo-Moorhead Community Health Needs Assessment Collaboration (FMCHNAC) convened a breakfast meeting of community leaders in early May 2012. The breakfast meeting served as an opportunity for discussion as well as having stakeholders in attendance complete the community health needs assessment survey. Center for Social Research (CSR) staff attended the breakfast meeting and documented discussion notes during the meeting. A representative of the Collaborative entered the completed survey data into an Internet-based survey tool (i.e., Survey Monkey) designed by the CSR staff.

The survey instrument was the same instrument developed in collaboration with the FMCHNAC and used in the generalizable survey of residents of the Fargo-Moorhead metro area of Cass and Clay counties (detailed in a separate report), with 30 questions focusing on community assets, general concerns about communities, community health and wellness concerns, and demographic information. The community leaders' version of the survey also included a set of questions at the end relating to the respondents' name, title, affiliation, area of expertise, city/town, and state. These questions were included to fulfill the current interpretation of IRS requirements for non-profit hospitals conducting community health needs assessments as part of the new compliance requirements imposed by the Patient Protection and Affordable Care Act signed into law on March 23, 2010.

The list of community leaders invited to the breakfast meeting was generated by members of the Collaborative. In addition, Collaborative members emailed additional community leaders that were not able to attend the breakfast meeting with instructions for them to fill out the survey via the Internet-based survey tool. The data collection effort was organized by Collaborative members. Data were collected through mid-June. A total of 58 surveys were completed, including 44 at the breakfast meeting and 14 via the Internet survey link.

The findings from the community leaders' survey are not generalizable to the community. The findings offer important insight and should be interpreted as anecdotal narrative.

Key Findings

Respondents had very high levels of agreement that their community has educational opportunities and programs, the community is a good place to raise kids, and there is quality health care. However, respondents agreed the least that there is tolerance, inclusion, and open-mindedness in their community.

Respondents were most concerned about domestic violence and issues regarding the aging population (i.e., availability and cost of long-term care; availability of resources to help elderly stay in their homes; and availability of resources for family and friends caring for elders). Respondents were also concerned with issues regarding children and youth (i.e., availability and cost of quality child care, bullying,

availability and cost of services for at-risk youth, and child abuse and neglect). Environmental issues regarding garbage and litter, water quality, air quality, and noise levels were not a large concern.

Among health and wellness concerns, respondents were most concerned about the costs associated with health insurance, health care, and prescription drugs. Respondents were also concerned about physical health issues, particularly obesity, poor nutrition and eating habits, and inactivity or lack of exercise. The adequacy of health insurance (i.e., amount of co-pays and deductibles) and access to health insurance coverage (i.e., preexisting conditions), as well as chronic disease (e.g., diabetes, health disease, multiple sclerosis) and depression were also among the top health and wellness concerns among respondents. Respondents were least concerned about patient confidentiality and distance to health care services.

Summary of Survey Results

Community Assets/Best Things About Their Community

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," respondents were asked to rate their level of agreement with various statements about their community regarding people, services and resources, and quality of life.

Respondents indicated the top five community assets or best things about the community were: there are quality higher education opportunities and institutions, the community is a good place to raise kids, there are quality school systems and programs for youth, there is quality health care, and people are friendly, helpful, and supportive.

Services and resources
Respondents had high levels of agreement that there are quality higher education opportunities and institutions as well as quality school systems and programs for youth in their community (mean=4.74 and mean=4.43, respectively). Although still a moderate level of agreement, respondents agreed the least that there is effective transportation in their community (mean=3.39).

Quality of life
Respondents had a very high level of agreement that their community is a good place to raise kids (mean=4.62). Respondents had high levels of agreement with the remaining components of quality of life issues in their community. Means ranged from 4.19 to 4.07 with respect to the community being a healthy place to live; the presence of quality arts, cultural activities, events, and festivals; the community being a safe place to live with little or no crime; the community having a peaceful, calm, and quiet environment; and the community having many recreational, exercise, and sports activities/opportunities.

People
Respondents had fairly high levels of agreement that people in their community are friendly, helpful, and supportive and that there is a sense of community or feeling connected to people who live here (mean=4.22 and mean=4.21, respectively). Among issues regarding people in the community, respondents agreed the least that there is tolerance, inclusion, and open-mindedness in their community (mean=3.45).

General Concerns About Their Community

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," respondents were asked to rate their level of concern with various statements about their community regarding economic issues, transportation, environment, children and youth, the aging population, and safety.

Respondents indicated the top five general concerns about the community were: domestic violence, the availability and cost of long-term care, the availability and cost of quality child care, the availability of resources to help the elderly stay in their homes, the availability of resources for family and friends caring for elders.

Safety
Regarding safety issues in their community, respondents were most concerned with domestic violence (mean=3.97) and child abuse and neglect (mean= 3.76). Respondents were least concerned with violent crimes (mean=3.09).

The aging population
With respect to the aging population in their community, respondents had moderately high concerns with the availability and cost of long-term care (mean=3.91), the availability of resources to help the elderly stay in their homes (mean=3.89), and the availability of resources for family and friends caring for elders (mean=3.86). Respondents were least concerned about the availability or cost of activities for seniors (mean=3.38).

Children and youth
Regarding children and youth, respondents were most concerned with the availability and cost of quality child care in their community (mean=3.91), bullying (mean=3.82), and the availability and cost of services for at-risk youth (mean=3.81). Respondents were least concerned with youth crime (mean=3.09).

Economic issues
Respondents had moderate levels of concern with respect to the availability of employment opportunities (mean=3.69), economic disparities between higher and lower classes (mean=3.64), homelessness (mean=3.64), and poverty (mean=3.62). Respondents were least concerned with the cost of living (mean=3.16).

Transportation
Respondents were most concerned with availability of good walking or biking options (mean=3.79). Respondents were least concerned with traffic congestion (mean=2.55).

Environment
Respondents were not very concerned with environmental issues in their community. Garbage and litter concerns (mean=2.55) were more of a concern than water (mean=2.34), noise (mean=2.28), and air quality (mean=2.17).

Health and Wellness Concerns About Their Community

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," respondents were asked to rate their level of concern with various health and wellness issues with respect to access to health care, physical and mental health, and substance use and abuse.

The top six health and wellness concerns among community leaders were: the cost of health insurance, the cost of health care, obesity, the cost of prescription drugs, poor nutrition and eating habits, and inactivity or lack of exercise.

<u>Access to health care</u>
Respondents had high levels of concern with respect to costs associated with health and wellness in their community. Cost of health insurance, cost of health care, and cost of prescription drugs were the top three concerns (mean=4.57, mean=4.48, and mean=4.34, respectively).

Respondents also had concerns with respect to access and the availability of health and wellness service providers in their community. Access to health insurance coverage, availability of prevention programs, availability and cost of dental and vision care, availability of and cost of dental and vision insurance coverage, coordination of care, and availability of mental health services and providers were all well above average in level of concern (means ranged from 4.16 to 3.98).

Respondents had below average levels of concern with distance to health care services (mean=2.60) and patient confidentiality (mean=2.52).

<u>Physical and mental health</u>
Regarding physical and mental health issues, respondents had the highest levels of concern with respect to obesity (mean=4.36), poor nutrition and eating habits (mean=4.28), inactivity and lack of exercise (mean=4.28), and chronic disease (mean=4.24). Respondents were least concerned with communicable disease (mean=3.31).

<u>Substance use and abuse</u>
The levels of concern among respondents regarding substance use and abuse issues in their community were fairly high. Respondents were most concerned about alcohol use and abuse (mean=4.12). Although still moderately high, respondents were least concerned about exposure to second-hand smoke (mean=3.72).

Personal Health Care Information

The top three reasons respondents gave for their choice of primary health care provider were quality of services, being influenced by their health insurance, and location (39.7 percent, 29.3 percent, and 27.6 percent, respectively).

Less than one in five respondents said they had not had a cancer screening or cancer care in the past year (17.2 percent). The most common reason for not having done so was because it was not necessary (60.0 percent). Fear, unfamiliarity with recommendations, and not knowing who to see were also reasons respondents gave (10.0 percent each).

The vast majority of respondents said they paid for health care costs by health insurance through an employer (91.4 percent); 43.1 percent of respondents paid using personal income.

Demographic Information

Most respondents are 45 to 64 years old (67.2 percent); one-fourth are 30 to 44 years old (25.9 percent).

Most respondents have a Bachelor's degree or higher (89.6 percent), including 58.6 percent who have a Graduate or Professional degree.

Two-thirds of respondents are female (65.5 percent).

Two in five respondents said their annual household income is $70,000 to $119,999 (38.6 percent); one in three respondents said their income is $120,000 or more (35.1 percent).

The vast majority of respondents are white (96.6 percent).

One-third of respondents are the parent or primary caregiver of a child or children 18 years of age or younger (34.5 percent).

Most respondents are employed in health care (37.9 percent), followed by government (29.3 percent), and educational services (25.9 percent).

Among respondents who are employed in health care, 40.9 percent are an administrator and 27.3 percent work in public health.

Companion Report Comparisons

The *2012 Fargo-Moorhead Community Health Needs Assessment of Community Leaders* is a companion report to the *2012 Fargo-Moorhead Community Health Needs Assessment of Residents.* Caution should be used when interpreting the comparisons as findings from the community leaders' survey are not generalizable to the community.

Overall, community leaders had higher levels of agreement and higher levels of concern than did the residents.

Among community assets, both community leaders and residents agreed the most that there are quality higher education opportunities, institutions, school systems, and programs for youth, there is quality health care, and that it is a good place to raise kids. Compared to community leaders, residents agreed less that there is an engaged government and a sense that you can make a difference. Residents agreed the least that there is tolerance, inclusion, and open-mindedness, whereas community leaders agreed the least that there is effective transportation.

Among general concerns, both community leaders' and residents' top concerns were directed at the aging population (i.e., availability and cost of long-term care, availability of resources to help the elderly stay in their homes, availability of resources for family and friends caring for elders). However, community leaders were most concerned about domestic violence. Availability of quality child care and bullying were also among the top concerns among community leaders, whereas availability of employment opportunities and the presence and influence of drug dealers in the community were top concerns among residents. Both community leaders and residents were least concerned about environmental issues (i.e., garbage and litter, water quality, air quality, and noise levels).

Among health and wellness concerns, both community leaders' and residents' top concerns were access-related issues (i.e., the cost of health insurance, the cost of health care, and the cost of prescription drugs). With respect to physical and mental health, community leaders were most concerned about obesity, poor nutrition and eating habits, and inactivity or lack of exercise. Residents, on the other hand, were more concerned about cancer, chronic disease, and obesity. Both community leaders and residents were least concerned about communicable disease and suicide.

With respect to demographic characteristics, community leaders tended to be more highly educated and have higher incomes than residents overall. While the gender distribution among residents was evenly split, a larger proportion of community leaders who completed the survey were female.

Community Assets/Best Things About Their Community

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," respondents were asked to rate their level of agreement with various statements regarding PEOPLE, SERVICES AND RESOURCES, and QUALITY OF LIFE in their community.

Overall, respondents had moderately high levels of agreement regarding positive statements that reflect the people in their community *(Figure 1, Appendix Table 1)*.

- On average, respondents agreed the most that people in their community are friendly, helpful, and supportive (mean=4.22); 31.0 percent agreed a great deal.
- Respondents also had a fairly high level of agreement that there is a sense of community or feeling connected to people who live here (mean=4.21); 32.8 percent agreed a great deal.
- Although still a moderate level of agreement, respondents agreed the least that there is tolerance, inclusion, and open-mindedness in their community (mean=3.45); only 3.4 percent of respondents agreed a great deal.
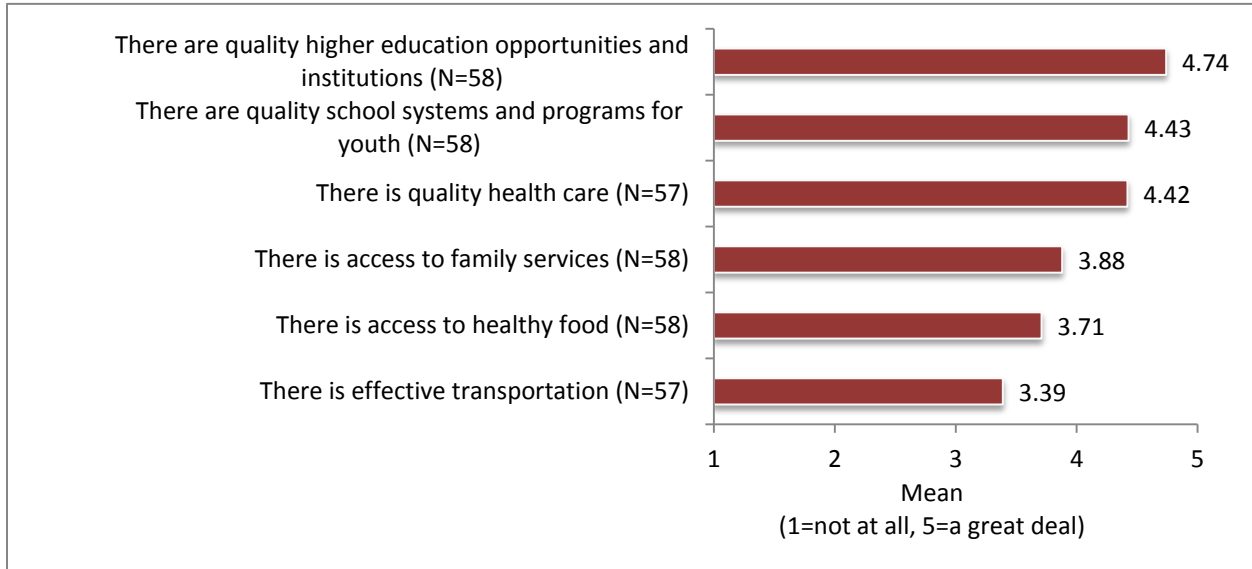
Figure 1. Respondents' level of agreement with statements about their community regarding PEOPLE
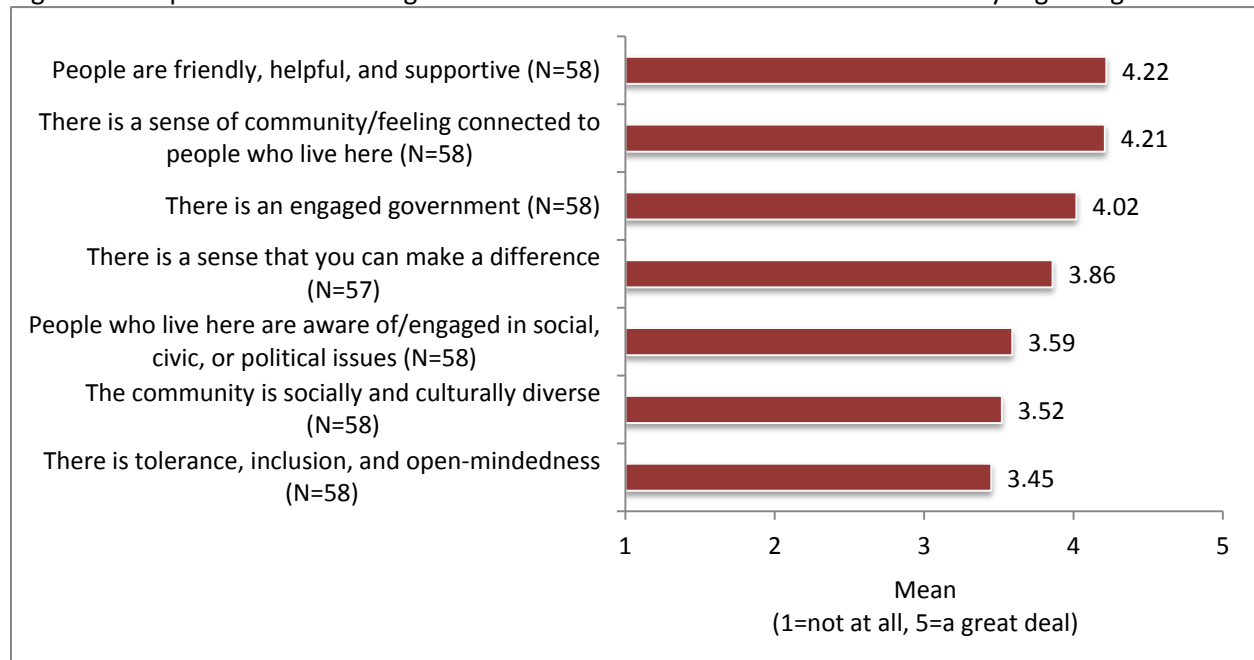
Overall, respondents had a high level of agreement with positive statements regarding services and resources issues in their community *(Figure 2, Appendix Table 2)*.

- On average, respondents agreed the most that there are quality higher education opportunities and institutions in their community (mean=4.74); 77.6 percent agreed a great deal. Respondents also had a high level of agreement that there are quality school systems and programs for youth (mean=4.43) and that there is quality health care (mean=4.42).
- Although still moderate in their level of agreement, respondents agreed the least that there is effective transportation in their community (mean=3.39).
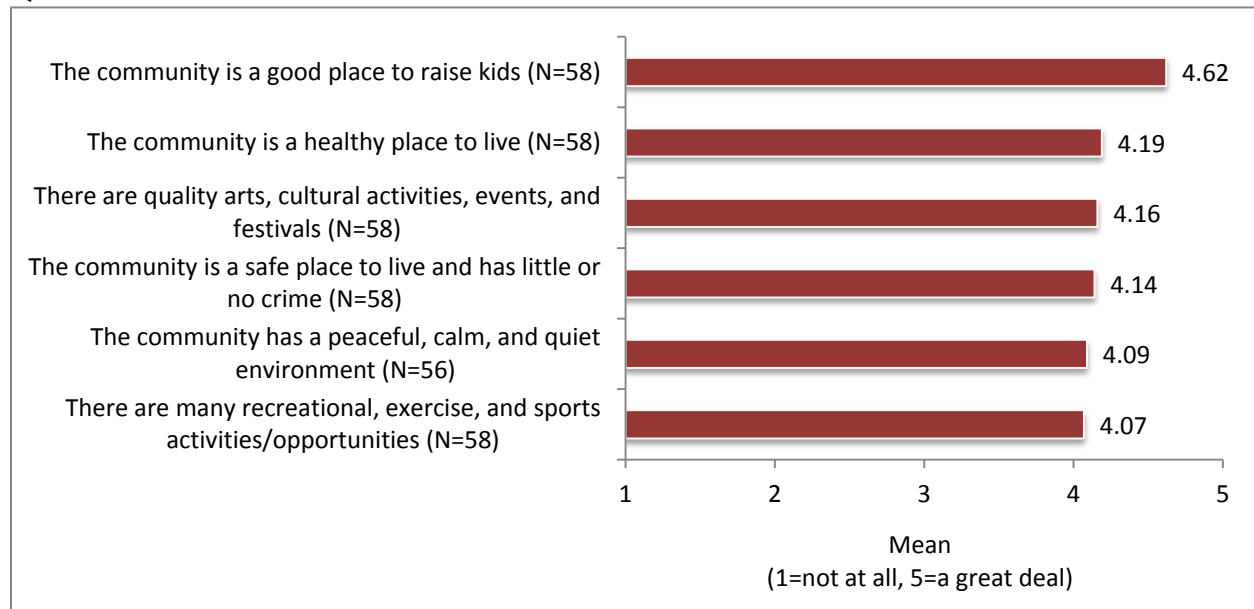
Figure 2. Respondents' level of agreement with statements about their community regarding SERVICES AND RESOURCES

Overall, respondents had a high level of agreement with positive statements regarding quality of life in their community *(Figure 3, Appendix Table 3).*

- On average, respondents agreed the most that their community is a good place to raise kids and that it is a healthy place to live (mean=4.62 and mean=4.19, respectively).

Figure 3. Respondents' level of agreement with statements about their community regarding QUALITY OF LIFE

Statement	Mean
The community is a good place to raise kids (N=58)	4.62
The community is a healthy place to live (N=58)	4.19
There are quality arts, cultural activities, events, and festivals (N=58)	4.16
The community is a safe place to live and has little or no crime (N=58)	4.14
The community has a peaceful, calm, and quiet environment (N=56)	4.09
There are many recreational, exercise, and sports activities/opportunities (N=58)	4.07

Mean
(1=not at all, 5=a great deal)

Respondents were asked to describe other best things about their community (see *Appendix Table 4 for a list of themes*).

- Respondents mentioned the strong partnerships and collaborations that are working to create healthier communities. Faith and religious organizations that are addressing social concerns and supporting the community were also mentioned. Respondents also said that affordable housing was another asset within the community.
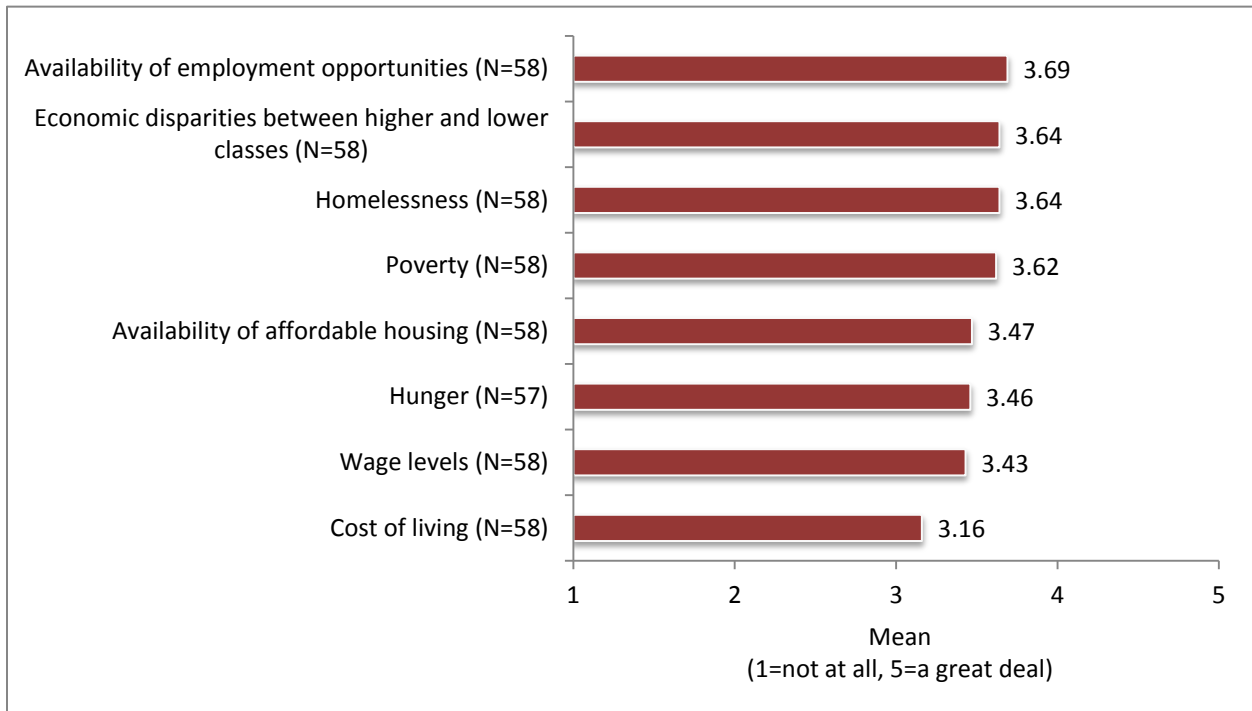
General Concerns About Their Community

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," respondents were asked to rate their level of concern with various statements regarding ECONOMIC ISSUES, TRANSPORTATION, ENVIRONMENT, CHILDREN AND YOUTH, THE AGING POPULATION, and SAFETY in their community.

Overall, respondents had a moderate level of concern with economic issues in their community (*Figure 4, Appendix Table 5*).

- On average, respondents were most concerned with the availability of employment opportunities (mean=3.69), economic disparities between higher and lower classes (mean=3.64), homelessness (mean=3.64), and poverty (mean=3.62).
- Although still moderately concerned, on average, respondents were least concerned with the cost of living in their community (mean=3.16).
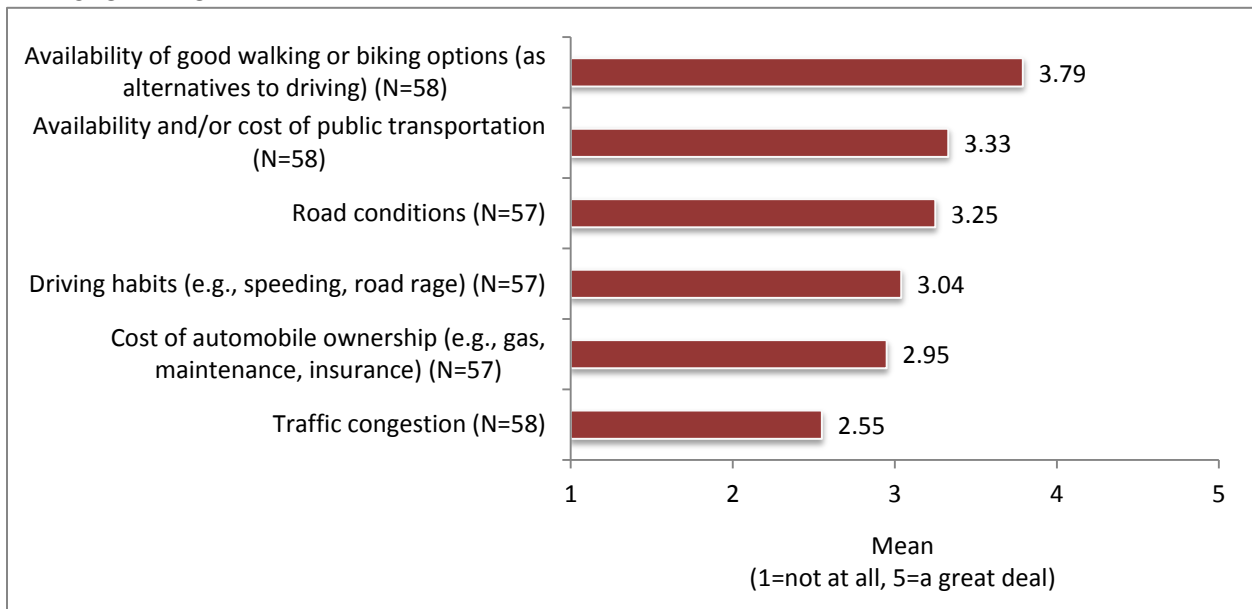
Figure 4. Respondents' level of concern with statements about their community regarding ECONOMIC ISSUES

	Mean
Availability of employment opportunities (N=58)	3.69
Economic disparities between higher and lower classes (N=58)	3.64
Homelessness (N=58)	3.64
Poverty (N=58)	3.62
Availability of affordable housing (N=58)	3.47
Hunger (N=57)	3.46
Wage levels (N=58)	3.43
Cost of living (N=58)	3.16

Mean
(1=not at all, 5=a great deal)

Overall, respondents had a moderate level of concern with transportation issues in their community (*Figure 5, Appendix Table 6*).

- On average, respondents were most concerned with the availability of good walking or biking options (mean=3.79), the availability and cost of public transportation (mean=3.33), and road conditions (mean=3.25).
- On average, respondents were least concerned with traffic congestion (mean=2.55).
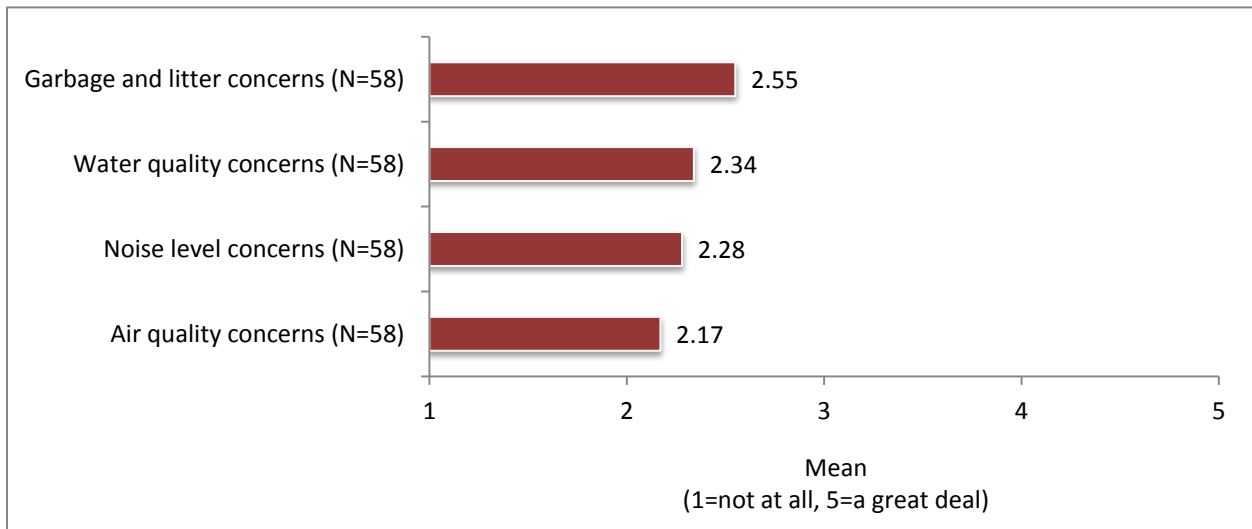
Figure 5. Respondents' level of concern with statements about their community regarding TRANSPORTATION

	Mean
Availability of good walking or biking options (as alternatives to driving) (N=58)	3.79
Availability and/or cost of public transportation (N=58)	3.33
Road conditions (N=57)	3.25
Driving habits (e.g., speeding, road rage) (N=57)	3.04
Cost of automobile ownership (e.g., gas, maintenance, insurance) (N=57)	2.95
Traffic congestion (N=58)	2.55

Mean
(1=not at all, 5=a great deal)

Overall, respondents were not that concerned with environmental issues in their community (*Figure 6, Appendix Table 7*).

- On average, respondents had a higher level of concern with garbage and litter (mean=2.55).
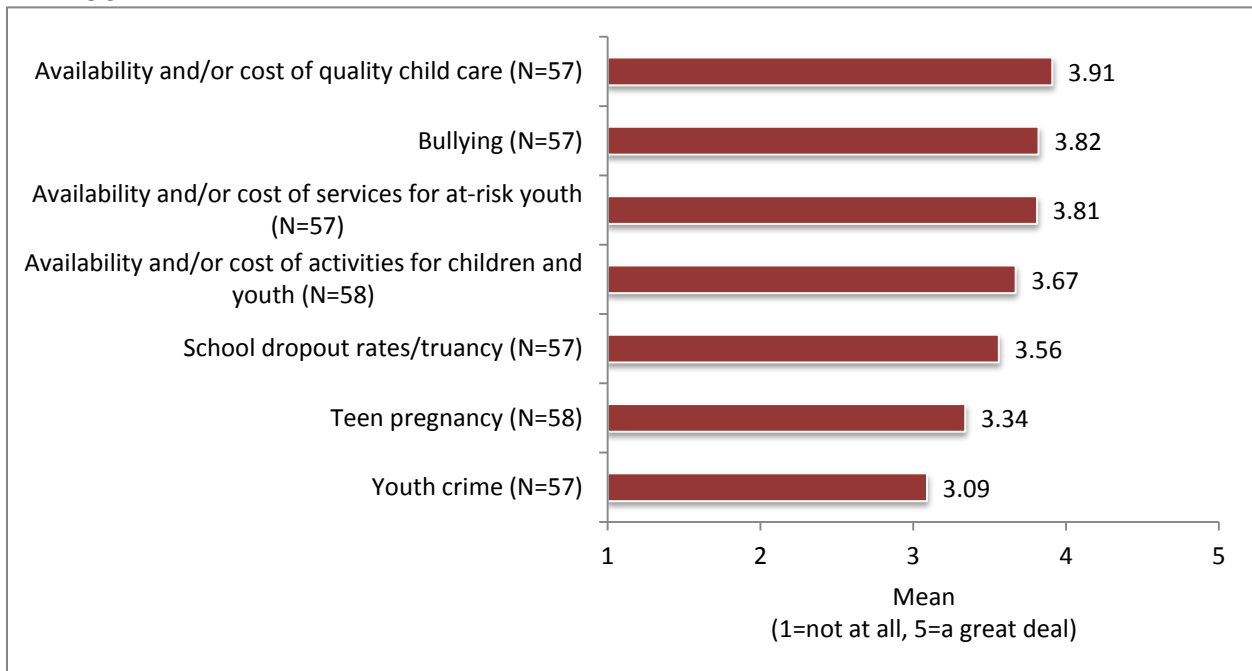
Figure 6. Respondents' level of concern with statements about their community regarding ENVIRONMENT

Overall, respondents had a moderate level of concern with issues relating to children and youth in their community (*Figure 7, Appendix Table 8*).

- On average, respondents were most concerned about the availability or cost of quality child care (mean=3.91), bullying (mean=3.82), and the availability and cost of services for at-risk youth (mean=3.81).
- Although still moderately concerned, on average, respondents were least concerned with youth crime (mean=3.09).
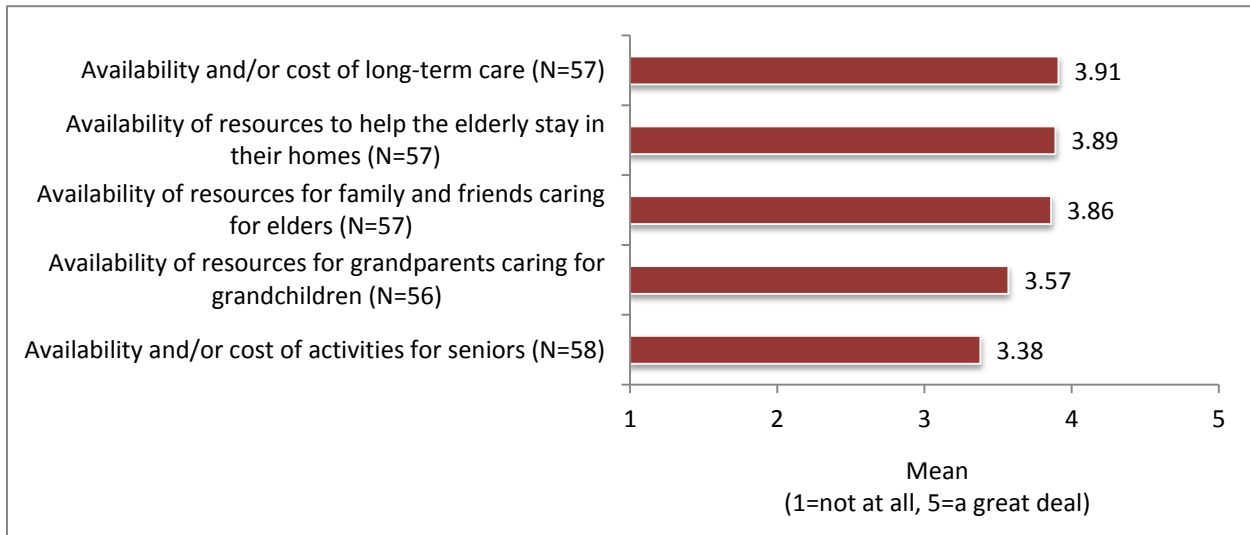
Figure 7. Respondents' level of concern with statements about their community regarding CHILDREN AND YOUTH

Overall, respondents had moderately high levels of concern with issues relating to the aging population in their community (*Figure 8, Appendix Table 9*).

- On average, respondents were most concerned about the availability and cost of long-term care (mean=3.91), the availability of resources to help the elderly stay in their homes (mean=3.89), and the availability of resources for family and friends caring for elders (mean=3.86).
- Although still moderately concerned, on average, respondents were least concerned about the availability and cost of activities for seniors (mean=3.38).

Figure 8. Respondents' level of concern with statements about their community regarding THE AGING POPULATION

Overall, respondents had a moderately high level of concern with safety issues in their community (*Figure 9, Appendix Table 10*).

- On average, respondents were most concerned with domestic violence (mean=3.97), child abuse and neglect (mean=3.76), and the presence and influence of drug dealers in the community (mean=3.52).
- Although still moderately concerned, on average, respondents were least concerned about violent crimes (mean=3.09).

Figure 9. Respondents' level of concern with statements about their community regarding SAFETY
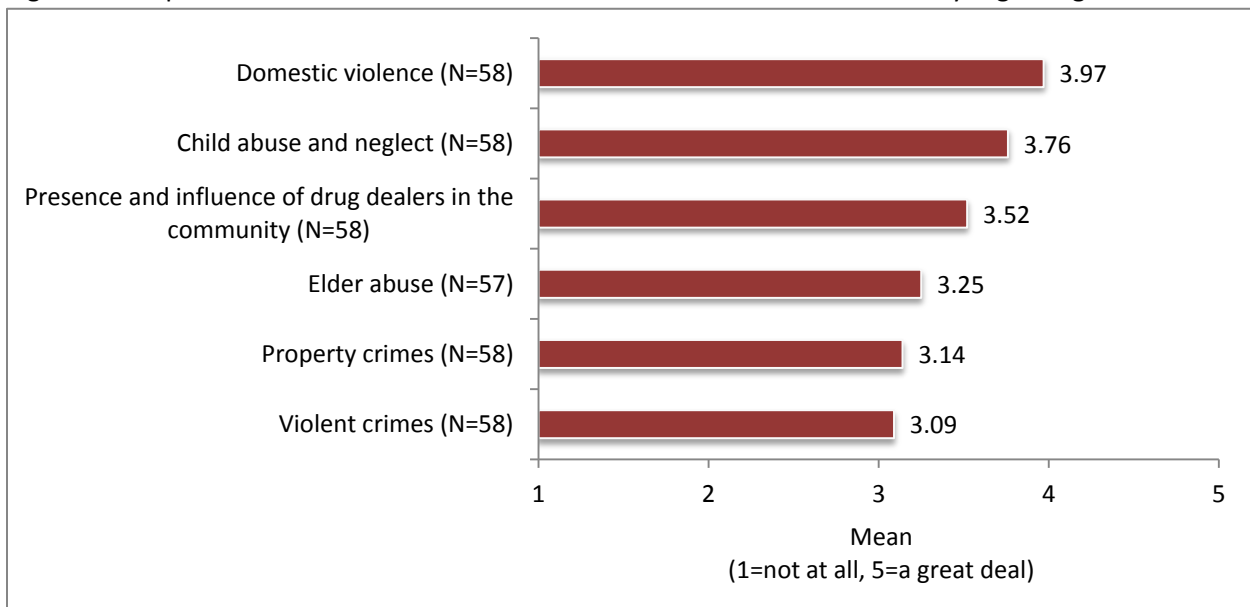
Respondents were asked to describe other community concerns (see *Appendix Table 11 for a list of themes*).

- Some respondents said the community should support policies that promote health, such as land use policies, Safe Routes to School, and the inclusion of parks, trails, and gardening in new developments. More recycling was also mentioned.
- Access to quality education and funding for K-12, and sufficient support programs for teen and single parents and for physically or mentally disabled persons were also concerns.
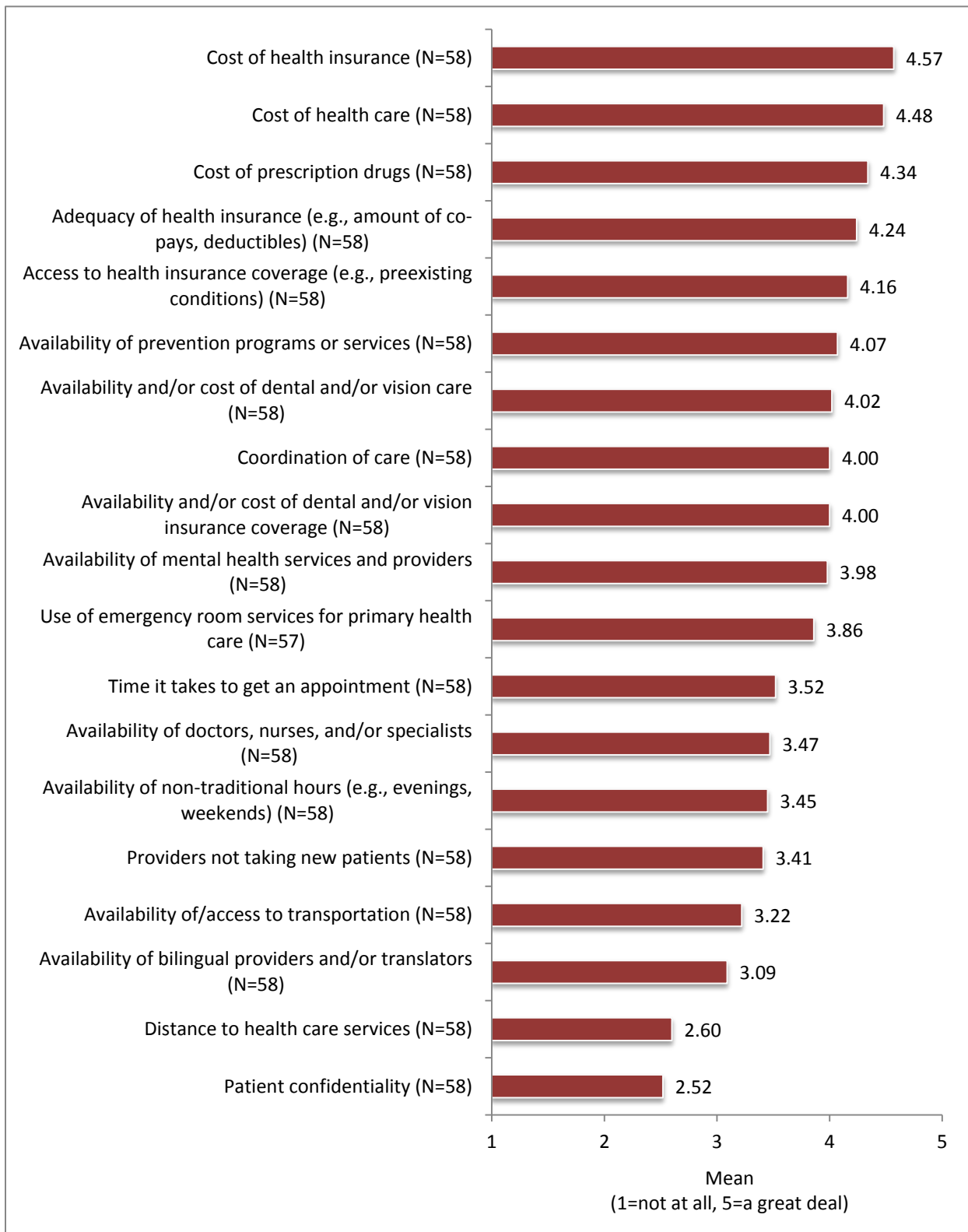
Health and Wellness Concerns About Their Community

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," respondents were asked to rate their level of concern about health and wellness issues in their community regarding ACCESS TO HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

Overall, respondents had high levels of concern regarding several issues associated with access to health care in their community (*Figure 10, Appendix Table 12*).

- Respondents were most concerned about cost issues:
  - Cost of health insurance (mean=4.57); 63.8 percent were concerned a great deal.
  - Cost of health care (mean=4.48); 53.4 percent were concerned a great deal.
  - Cost of prescription drugs (mean=4.34); 51.7 percent were concerned a great deal.
  - Adequacy of health insurance (e.g., amount of copays, deductibles) (mean=4.24); 46.6 percent were concerned a great deal.
- Respondents also had moderately high levels of concern regarding access and availability of health and wellness coverage, providers, and services:
  - Access to health insurance coverage (e.g., preexisting conditions) (mean=4.16); 44.8 percent were concerned a great deal.
  - Availability of prevention programs or services (mean=4.07); 43.1 percent were concerned a great deal.
  - Availability and/or cost of dental and/or vision care (mean=4.02); 34.5 percent were concerned a great deal.
  - Coordination of care (mean=4.00); 41.4 percent were concerned a great deal.
  - Availability and/or cost of dental and/or vision insurance coverage (mean=4.00); 36.2 percent were concerned a great deal.
  - Availability of mental health services and providers (mean=3.98); 39.7 percent were concerned a great deal.
- Among health care access issues, respondents had the least concern for distance to health care services and patient confidentiality:
  - Distance to health care services (mean=2.60).
 - Patient confidentiality (mean=2.52).

Figure 10. Respondents' level of concern with statements about their community regarding ACCESS TO HEALTH CARE

Statement	Mean
Cost of health insurance (N=58)	4.57
Cost of health care (N=58)	4.48
Cost of prescription drugs (N=58)	4.34
Adequacy of health insurance (e.g., amount of co-pays, deductibles) (N=58)	4.24
Access to health insurance coverage (e.g., preexisting conditions) (N=58)	4.16
Availability of prevention programs or services (N=58)	4.07
Availability and/or cost of dental and/or vision care (N=58)	4.02
Coordination of care (N=58)	4.00
Availability and/or cost of dental and/or vision insurance coverage (N=58)	4.00
Availability of mental health services and providers (N=58)	3.98
Use of emergency room services for primary health care (N=57)	3.86
Time it takes to get an appointment (N=58)	3.52
Availability of doctors, nurses, and/or specialists (N=58)	3.47
Availability of non-traditional hours (e.g., evenings, weekends) (N=58)	3.45
Providers not taking new patients (N=58)	3.41
Availability of/access to transportation (N=58)	3.22
Availability of bilingual providers and/or translators (N=58)	3.09
Distance to health care services (N=58)	2.60
Patient confidentiality (N=58)	2.52

Mean
(1=not at all, 5=a great deal)

Overall, respondents had high levels of concern regarding physical and mental health issues in their community (*Figure 11, Appendix Table 13*).

- On average, respondents indicated the physical and mental health issues they were most concerned about in their community were obesity, poor nutrition and eating habits, inactivity and/or lack of exercise, and chronic disease (mean=4.36, mean=4.28, mean=4.28, and mean=4.24, respectively).
- Although still a moderate level of concern, on average, respondents were least concerned about communicable disease (mean=3.31).

Figure 11. Respondents' level of concern with statements about their community regarding PHYSICAL AND MENTAL HEALTH
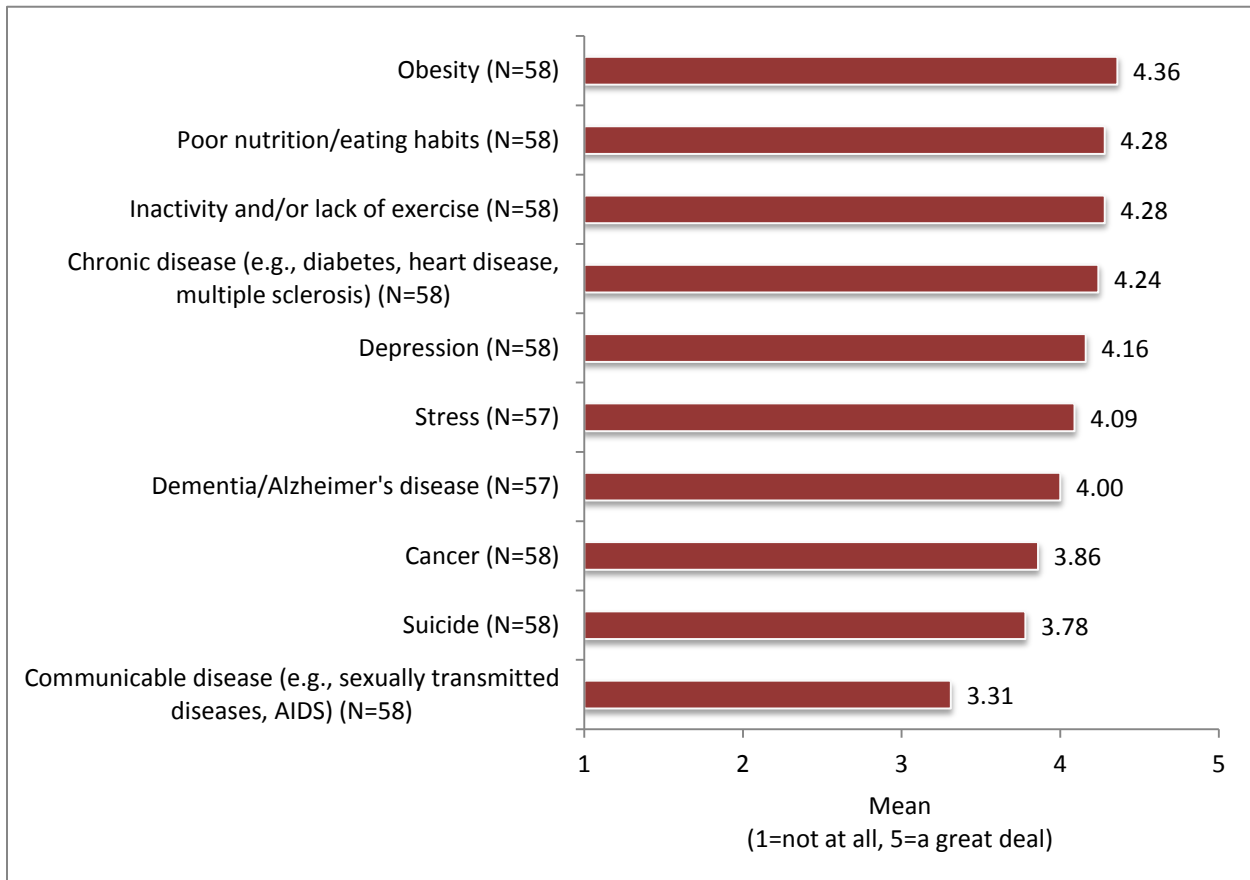
Overall, respondents' levels of concern regarding substance use and abuse in their community were very similar and fairly high (*Figure 12, Appendix Table 14*).
- On average, respondents were most concerned about alcohol use and abuse and drug use and abuse (mean=4.12 and mean=4.03, respectively).
- Although still a moderately high level of concern, on average, respondents were least concerned with exposure to second-hand smoke (mean=3.72).

Figure 12. Respondents' level of concern with statements about their community regarding SUBSTANCE USE AND ABUSE
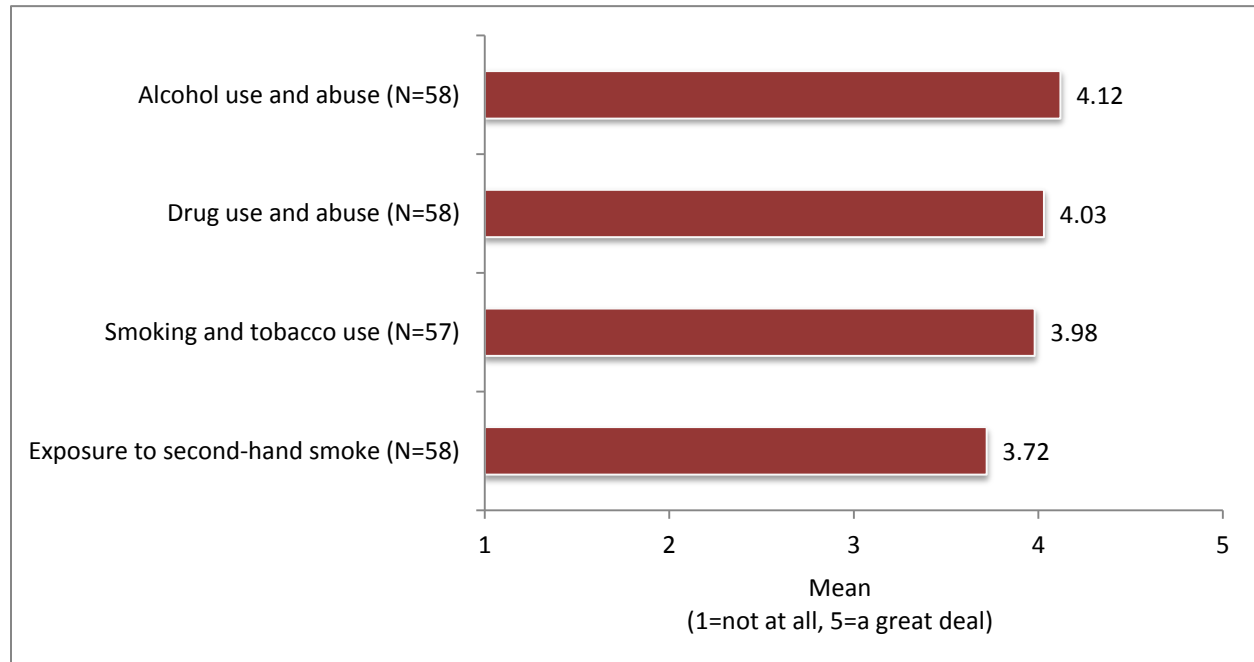
Respondents were asked to describe other health and wellness concerns in their community (see *Appendix Table 15* for a list of themes).
- Access to services, such as health care, dental care, urgent and preventive, and primary care for children was a concern listed by respondents.
- Some respondents would like to see better quality foods made available to schools, and local, wholesale, unprocessed foods made more readily available in order to make healthier choices.

Personal Health Care Information (Appendix Tables 16-20)

- Three in five respondents said they use Sanford Health as their primary health care provider (62.1 percent); one in four said they use Essentia Health (27.6 percent).
- The top three reasons respondents gave for their choice of primary health care provider were quality of services, being influenced by their health insurance, and location (39.7 percent, 29.3 percent, and 27.6 percent, respectively).
- Less than one in five respondents said they had not had a cancer screening or cancer care in the past year (17.2 percent).
- Among those who had not had a screening or cancer care in the past year, 60.0 percent said the reason they had not done so was because it was not necessary. Fear, unfamiliarity with recommendations, and not knowing who to see were also reasons respondents gave (10.0 percent each).
- The vast majority of respondents said they paid for health care costs for themselves or family members over the past 12 months by health insurance through an employer (91.4 percent); 43.1 percent of respondents paid using personal income.

Demographic Information (Appendix Tables 21-30)

- Two-thirds of respondents are 45 to 64 years old (67.2 percent); one-fourth are 30 to 44 years old (25.9 percent).
- Nine in 10 respondents have a Bachelor's degree or higher (89.6 percent), including 58.6 percent who have a graduate or professional degree.
- Two-thirds of respondents are female (65.5 percent).
- Nearly all respondents work or volunteer outside the home (98.3 percent).
- Two in five respondents said their annual household income is $70,000 to $119,999 (38.6 percent); one in three respondents said their income is $120,000 or more (35.1 percent).
- The vast majority of respondents own their home (94.8 percent).
- The vast majority of respondents are white (96.6 percent).
- One-third of respondents are the parent or primary caregiver of a child or children 18 years of age or younger (34.5 percent).
- Most respondents are employed in health care (37.9 percent), followed by government (29.3 percent), and educational services (25.9 percent).
- Among respondents who are employed in health care, 40.9 percent are an administrator; 27.3 percent work in public health.

APPENDICES

Community Assets/Best Things About Their Community

Appendix Table 1. Respondents' level of agreement with statements about their community regarding PEOPLE

Statements regarding people	Mean	Percent of respondents					
		Level of agreement (1=not at all, 5=a great deal)					
		1	2	3	4	5	Total
People are friendly, helpful, and supportive (N=58)	4.22	0.0	0.0	8.6	60.3	31.0	99.9
There is a sense of community/feeling connected to people who live here (N=58)	4.21	0.0	0.0	12.1	55.2	32.8	100.1
People who live here are aware of/engaged in social, civic, or political issues (N=58)	3.59	0.0	5.2	44.8	36.2	13.8	100.0
The community is socially and culturally diverse (N=58)	3.52	1.7	10.3	34.5	41.4	12.1	100.0
There is an engaged government (N=58)	4.02	0.0	5.2	13.8	55.2	25.9	100.1
There is tolerance, inclusion, and open-mindedness (N=58)	3.45	0.0	8.6	41.4	46.6	3.4	100.0
There is a sense that you can make a difference (N=57)	3.86	0.0	3.5	24.6	54.4	17.5	100.0

Appendix Table 2. Respondents' level of agreement with statements about their community regarding SERVICES AND RESOURCES

Statements regarding services and resources	Mean	Percent of respondents					
		Level of agreement (1=not at all, 5=a great deal)					
		1	2	3	4	5	Total
There are quality school systems and programs for youth (N=58)	4.43	0.0	1.7	6.9	37.9	53.4	99.9
There are quality higher education opportunities and institutions (N=58)	4.74	0.0	0.0	3.4	19.0	77.6	100.0
There is quality health care (N=57)	4.42	0.0	1.8	3.5	45.6	49.1	100.0
There is effective transportation (N=57)	3.39	3.5	17.5	24.6	45.6	8.8	100.0
There is access to healthy food (N=58)	3.71	0.0	8.6	25.9	51.7	13.8	100.0
There is access to family services (N=58)	3.88	0.0	6.9	19.0	53.4	20.7	100.0

Appendix Table 3. Respondents' level of agreement with statements about their community regarding QUALITY OF LIFE

| Statements regarding quality of life | Mean | Percent of respondents | | | | | | Total |
| | | Level of agreement (1=not at all, 5=a great deal) | | | | | | |
		1	2	3	4	5		
The community is a safe place to live and has little or no crime (N=58)	4.14	0.0	1.7	10.3	60.3	27.6		99.9
The community is a good place to raise kids (N=58)	4.62	0.0	0.0	1.7	34.5	63.8		100.0
The community has a peaceful, calm, and quiet environment (N=56)	4.09	1.8	0.0	12.5	58.9	26.8		100.0
The community is a healthy place to live (N=58)	4.19	0.0	0.0	13.8	53.4	32.8		100.0
There are quality arts, cultural activities, events, and festivals (N=58)	4.16	0.0	3.4	13.8	46.6	36.2		100.0
There are many recreational, exercise, and sports activities/opportunities (N=58)	4.07	0.0	3.4	15.5	51.7	29.3		99.9

Appendix Table 4. Responses to other best things about their community

Best things about their community	Responses
Strong partnerships and collaborations working to create healthier communities/community sense of optimism/pride of ownership/nice place to live	5
Faith/religious organizations address social concerns, support community	3
Affordable housing	3
Many opportunities are expensive – out of reach for low income	1
Close to family	1
Forward looking government	1
Low unemployment rate	1
Environmentally friendly: clean air, green spaces, low pollution	1

N=12

General Concerns About Their Community

Appendix Table 5. Respondents' level of concern with statements about their community regarding ECONOMIC ISSUES

Statements regarding economic issues	Mean	Percent of respondents					
		Level of concern (1=not at all, 5=a great deal)					Total
		1	2	3	4	5	
Availability of affordable housing (N=58)	3.47	1.7	12.1	34.5	41.4	10.3	100.0
Availability of employment opportunities (N=58)	3.69	0.0	19.0	13.8	46.6	20.7	100.1
Wage levels (N=58)	3.43	0.0	19.0	32.8	34.5	13.8	100.1
Poverty (N=58)	3.62	0.0	10.3	34.5	37.9	17.2	99.9
Homelessness (N=58)	3.64	1.7	6.9	36.2	36.2	19.0	100.0
Cost of living (N=58)	3.16	1.7	17.2	48.3	29.3	3.4	99.9
Economic disparities between higher and lower classes (N=58)	3.64	0.0	10.3	31.0	43.1	15.5	99.9
Hunger (N=57)	3.46	0.0	14.0	35.1	42.1	8.8	100.0

Appendix Table 6. Respondents' level of concern with statements about their community regarding TRANSPORTATION

Statements regarding transportation	Mean	Percent of respondents					
		Level of concern (1=not at all, 5=a great deal)					Total
		1	2	3	4	5	
Traffic congestion (N=58)	2.55	6.9	50.0	29.3	8.6	5.2	100.0
Availability and/or cost of public transportation (N=58)	3.33	3.4	19.0	27.6	41.4	8.6	100.0
Road conditions (N=57)	3.25	1.8	21.1	33.3	38.6	5.3	100.1
Driving habits (e.g., speeding, road rage) (N=57)	3.04	3.5	24.6	43.9	21.1	7.0	100.1
Availability of good walking or biking options (as alternatives to driving) (N=58)	3.79	0.0	6.9	31.0	37.9	24.1	99.9
Cost of automobile ownership (e.g., gas, maintenance, insurance) (N=57)	2.95	1.8	26.3	49.1	21.1	1.8	100.1

Appendix Table 7. Respondents' level of concern with statements about their community regarding ENVIRONMENT

Statements regarding environment	Mean	Percent of respondents					
		Level of concern (1=not at all, 5=a great deal)					Total
		1	2	3	4	5	
Water quality concerns (N=58)	2.34	25.9	34.5	24.1	10.3	5.2	100.0
Noise level concerns (N=58)	2.28	22.4	43.1	22.4	8.6	3.4	99.9
Air quality concerns (N=58)	2.17	25.9	44.8	15.5	13.8	0.0	100.0
Garbage and litter concerns (N=58)	2.55	13.8	37.9	32.8	10.3	5.2	100.0

Appendix Table 8. Respondents' level of concern with statements about their community regarding CHILDREN AND YOUTH

Statements regarding children and youth	Mean	Percent of respondents					
		Level of concern (1=not at all, 5=a great deal)					Total
		1	2	3	4	5	
Availability and/or cost of services for at-risk youth (N=57)	3.81	0.0	8.8	21.1	50.9	19.3	100.1
Youth crime (N=57)	3.09	3.5	24.6	38.6	26.3	7.0	100.0
School dropout rates/truancy (N=57)	3.56	0.0	17.5	26.3	38.6	17.5	99.9
Teen pregnancy (N=58)	3.34	0.0	19.0	37.9	32.8	10.3	100.0
Bullying (N=57)	3.82	0.0	14.0	17.5	40.4	28.1	100.0
Availability and/or cost of activities for children and youth (N=58)	3.67	1.7	10.3	22.4	50.0	15.5	99.9
Availability and/or cost of quality child care (N=57)	3.91	3.5	7.0	17.5	38.6	33.3	99.9

Appendix Table 9. Respondents' level of concern with statements about their community regarding THE AGING POPULATION

Statements regarding the aging population	Mean	Percent of respondents					
		Level of concern (1=not at all, 5=a great deal)					Total
		1	2	3	4	5	
Availability and/or cost of activities for seniors (N=58)	3.38	3.4	13.8	34.5	37.9	10.3	99.9
Availability and/or cost of long-term care (N=57)	3.91	1.8	5.3	21.1	43.9	28.1	100.2
Availability of resources to help the elderly stay in their homes (N=57)	3.89	0.0	15.8	15.8	31.6	36.8	100.0
Availability of resources for family and friends caring for elders (N=57)	3.86	1.8	14.0	14.0	36.8	33.3	99.9
Availability of resources for grandparents caring for grandchildren (N=56)	3.57	1.8	17.9	26.8	28.6	25.0	100.1

Appendix Table 10. Respondents' level of concern with statements about their community regarding SAFETY

Statements regarding safety	Mean	Percent of respondents					
		Level of concern (1=not at all, 5=a great deal)					Total
		1	2	3	4	5	
Child abuse and neglect (N=58)	3.76	1.7	12.1	19.0	43.1	24.1	100.0
Elder abuse (N=57)	3.25	0.0	28.1	26.3	38.6	7.0	100.0
Domestic violence (N=58)	3.97	0.0	5.2	24.1	39.7	31.0	100.0
Presence and influence of drug dealers in the community (N=58)	3.52	1.7	12.1	37.9	29.3	19.0	100.0
Property crimes (N=58)	3.14	1.7	22.4	44.8	22.4	8.6	99.9
Violent crimes (N=58)	3.09	3.4	24.1	41.4	22.4	8.6	99.9

Appendix Table 11. Responses to other community concerns

Other community concerns	Responses
Support policies that promote health: land use policies/Safe Routes to School/include parks, trails, gardening in new developments	3
More recycling	2
Education: access to quality education Pre K-12/funding	2
Access to local healthy foods/food co-op	2
Sufficient support programs for: teen parents/single parents/physically or mentally disabled	2
Concern for elderly, especially in rural areas	1

N=13

Health and Wellness Concerns About Their Community

Appendix Table 12. Respondents' level of concern with statements about their community regarding ACCESS TO HEALTH CARE

Statements regarding access to health care	Mean	Percent of respondents					
		Level of concern (1=not at all, 5=a great deal)					Total
		1	2	3	4	5	
Cost of health care (N=58)	4.48	0.0	1.7	1.7	43.1	53.4	99.9
Cost of prescription drugs (N=58)	4.34	0.0	3.4	10.3	34.5	51.7	99.9
Cost of health insurance (N=58)	4.57	0.0	0.0	6.9	29.3	63.8	100.0
Adequacy of health insurance (e.g., amount of co-pays, deductibles) (N=58)	4.24	0.0	5.2	12.1	36.2	46.6	100.1
Access to health insurance coverage (e.g., preexisting conditions) (N=58)	4.16	0.0	5.2	19.0	31.0	44.8	100.0
Availability and/or cost of dental and/or vision insurance coverage (N=58)	4.00	1.7	6.9	17.2	37.9	36.2	99.9
Availability and/or cost of dental and/or vision care (N=58)	4.02	1.7	6.9	13.8	43.1	34.5	100.0
Availability of prevention programs or services (N=58)	4.07	0.0	6.9	22.4	27.6	43.1	100.0
Availability of doctors, nurses, and/or specialists (N=58)	3.47	3.4	19.0	29.3	24.1	24.1	99.9
Availability of bilingual providers and/or translators (N=58)	3.09	10.3	13.8	39.7	29.3	6.9	100.0
Distance to health care services (N=58)	2.60	25.9	31.0	12.1	19.0	12.1	100.1
Availability of/access to transportation (N=58)	3.22	8.6	24.1	24.1	22.4	20.7	99.9
Providers not taking new patients (N=58)	3.41	6.9	17.2	22.4	34.5	19.0	100.0
Time it takes to get an appointment (N=58)	3.52	5.2	13.8	25.9	34.5	20.7	100.1
Availability of non-traditional hours (e.g., evenings, weekends) (N=58)	3.45	5.2	10.3	34.5	34.5	15.5	100.0
Patient confidentiality (N=58)	2.52	29.3	22.4	27.6	8.6	12.1	100.0
Use of emergency room services for primary health care (N=57)	3.86	3.5	8.8	17.5	38.6	31.6	100.0
Availability of mental health services and providers (N=58)	3.98	3.4	6.9	17.2	32.8	39.7	100.0
Coordination of care (N=58)	4.00	1.7	6.9	22.4	27.6	41.4	100.0

Health and Wellness Concerns About Their Community

Appendix Table 13. Respondents' level of concern with statements about their community regarding PHYSICAL AND MENTAL HEALTH

Statements regarding physical and mental health	Mean	Percent of respondents					Total
		Level of concern (1=not at all, 5=a great deal)					
		1	2	3	4	5	
Obesity (N=58)	4.36	0.0	1.7	12.1	34.5	51.7	100.0
Poor nutrition/eating habits (N=58)	4.28	0.0	0.0	20.7	31.0	48.3	100.0
Inactivity and/or lack of exercise (N=58)	4.28	0.0	5.2	10.3	36.2	48.3	100.0
Cancer (N=58)	3.86	0.0	5.2	27.6	43.1	24.1	100.0
Chronic disease (e.g., diabetes, heart disease, multiple sclerosis) (N=58)	4.24	0.0	1.7	15.5	39.7	43.1	100.0
Communicable disease (e.g., sexually transmitted diseases, AIDS) (N=58)	3.31	0.0	15.5	46.6	29.3	8.6	100.0
Dementia/Alzheimer's disease (N=57)	4.00	0.0	1.8	26.3	42.1	29.8	100.0
Depression (N=58)	4.16	0.0	1.7	20.7	37.9	39.7	100.0
Stress (N=57)	4.09	0.0	3.5	19.3	42.1	35.1	100.0
Suicide (N=58)	3.78	0.0	10.3	34.5	22.4	32.8	100.0

Appendix Table 14. Respondents' level of concern with statements about their community regarding SUBSTANCE USE AND ABUSE

Statements regarding substance use and abuse	Mean	Percent of respondents					Total
		Level of concern (1=not at all, 5=a great deal)					
		1	2	3	4	5	
Alcohol use and abuse (N=58)	4.12	0.0	5.2	13.8	44.8	36.2	100.0
Drug use and abuse (N=58)	4.03	0.0	10.3	8.6	48.3	32.8	100.0
Smoking and tobacco use (N=57)	3.98	0.0	14.0	14.0	31.6	40.4	100.0
Exposure to second-hand smoke (N=58)	3.72	8.6	10.3	15.5	31.0	34.5	99.9

Appendix Table 15. Responses to other health and wellness concerns

Other health and wellness concerns	Responses
Access: for low income/health care, dental care/urgent and preventive/primary care for children	5
Smoke-free: state-wide/communities where it's policy isn't enforced	2
Better quality of foods: for schools - local, wholesale, unprocessed/conditions that make it easier to make healthy choices	2
Protection of employee privacy in health care setting	1
Chronic disease	1

N=11

Personal Health Care Information

Appendix Table 16. Respondents' primary health care provider

Primary health care provider	Percent of respondents*
Essentia Health	27.6
Family HealthCare Center	3.4
Independent Family Doctors	15.5
Sanford Health	62.1
Use emergency room/urgent care for primary care services	0.0
Did not access health care in last 12 months	1.7
Other:	3.4
St. Alexius Medical Center in Bismarck (2)	
Trinity Medical Center in Minot (1)	

N=58
*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 17. Respondents' reasons for choosing their primary health care provider

Reasons for choice of primary health care provider	Percent of respondents*
Location	27.6
Cost	5.2
Quality of services	39.7
Availability of services	25.9
Sense of being valued as a patient	25.9
Influenced by health insurance	29.3
Other:	15.5
Followed physician (2)	
Referral/recommendation (2)	
Keep medical records in one place (2)	
Provider relationships (2)	
Have been there many years (1)	
Employed there (1)	

N=58
*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 18. Whether respondents have had a cancer screening or cancer care in the past year

Cancer screening/cancer care	Percent of respondents (N=58)
Yes	82.8
No	17.2
Total	100.0

Appendix Table 19. Among respondents who have not had a cancer screening or cancer care in the past year, reasons for not having done so

Reason for not having a cancer screening/care	Percent of respondents*
Not necessary	60.0
Fear	10.0
Cost	0.0
Unfamiliar with recommendations	10.0
Doctor hasn't suggested	0.0
Unable to access care	0.0
I don't know who to see	10.0
Other:	30.0
Time constraints: need after work hours (2)	
Personal reasons (1)	

N=10

*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 20. Methods used by respondents to pay for health care costs for themselves or family members over the past 12 months

Paying for health care costs	Percent of respondents*
Health insurance through an employer	91.4
Medicare	1.7
Private health insurance	5.2
Personal income (e.g., cash, check, credit)	43.1
Medicaid	1.7
Did not access health care in last 12 months	0.0
Other	0.0

N=58

*Percentages do not equal 100.0 due to multiple responses.

Demographic Information

Appendix Table 21. Respondents' age

Age	Percent of respondents (N=58)
18 to 29 years	1.7
30 to 44 years	25.9
45 to 64 years	67.2
65 to 74 years	5.2
75 years or older	0.0
Prefer not to answer	0.0
Total	100.0

Appendix Table 22. Respondents' highest level of education

Highest level of education	Percent of respondents (N=58)
Some high school	0.0
High school diploma or GED	3.4
Some college/no degree	3.4
Associate's degree	3.4
Bachelor's degree	31.0
Graduate or professional degree	58.6
Prefer not to answer	0.0
Total	99.8

Appendix Table 23. Respondents' gender

Gender	Percent of respondents (N=58)
Male	34.5
Female	65.5
Prefer not to answer	0.0
Total	100.0

Appendix Table 24. Whether respondents work/volunteer outside the home

Work/volunteer	Percent of respondents (N=58)
Yes	98.3
No	1.7
Prefer not to answer	0.0
Total	100.0

Appendix Table 25. Respondents' annual household income before taxes

Annual household income before taxes	Percent of respondents (N=57)
Less than $20,000	0.0
$20,000 to $39,999	1.8
$40,000 to $69,999	19.3
$70,000 to $119,999	38.6
$120,000 or more	35.1
Do not know/prefer not to answer	5.3
Total	100.1

Appendix Table 26. Whether respondents own or rent their home

Tenure	Percent of respondents (N=58)
Own	94.8
Rent	3.4
Prefer not to answer	1.7
Other	0.0
Total	99.9

Appendix Table 27. Respondents' race or ethnicity

Race/ethnicity	Percent of respondents*
White	96.6
Black/African American	0.0
Native American/Alaska Native	0.0
Asian/Pacific Islander	0.0
Hispanic	3.4
Other	0.0

N=58
*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 28. Whether respondents are the parent or primary caregiver of a child or children 18 years of age or younger

Parent or primary caregiver	Percent of respondents (N=58)
Yes	34.5
No	65.5
Prefer not to answer	0.0
Total	100.0

Appendix Table 29. Respondents' area of employment

Area of employment	Percent of respondents*
Health care	37.9
Retail trade	1.7
Educational services	25.9
Arts/entertainment	0.0
Agriculture	0.0
Construction	0.0
Government	29.3
Manufacturing	0.0
Not applicable	0.0
Other:	24.1
Social services (4)	
Non-profit (4)	
Financial services (2)	
Law (1)	
Retired (1)	
Higher education (1)	
Faith-based community (1)	

N=58
*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 30. If respondents' area of employment is health care, respondents' health care position

Health care position	Percent of respondents*
Clerical	4.5
Administrator	40.9
Nurse	4.5
Physician's Assistant/Nurse Practitioner	0.0
CNA/Other assistant	0.0
I work in Public Health	27.3
Other:	22.7
Medical doctor (2)	
Finance (1)	
Public education (1)	
Development and health promotion (1)	

N=22

*Percentages do not equal 100.0 due to multiple responses.

Appendix Table 31. Additional concerns and suggestions

Comments
Provide a noise and litter ordinance.
[There is a] lack of available resources for the mentally ill.
Sharing listserv or contact list of this group.
We need to be a visibly "breast feeding friendly" community. Signs: BF welcome here. Make it easy for women to BF.
Thank you for including me in this discussion.
Great meeting.
Look for increased cooperation between major clinics and health oriented non-profits (arthritis Foundation, Heart Assoc., etc.,) to avoid duplication of services, increase patient education.

April 16, 2012

To: **Community Leaders**

From: **The Fargo Moorhead Community Health Needs Assessment Collaborative**

RE: **2012-2013 Community Health Needs Assessment Key Stakeholders Meeting**

You are receiving this invitation because you have been identified as a key community leader and stake holder. **Please join us on May 3, 2012 at 7:00 a.m. at the Holiday Inn** (3803 13th Avenue South, Fargo) for a discussion and survey of the community health needs. Breakfast will be served.

Part of the IRS 990 requirement for a not-for-profit health system is to address issues that have been assessed as an unmet need in the community. Conducting a Community Health Needs Assessment is a requirement of the 2010 Health Care Reform Act. Both Essentia Health and Sanford Health are required to complete this assessment and to secure input from the groups of key community leaders.

In May 2011, the Greater Fargo Moorhead Community Health Needs Assessment Collaborative was established, and has been busy developing standardized data reporting. This data will then be used by each organization to complete their individual assessments and IRS requirements. By developing a collaborative approach, we are better utilizing the financial and personnel resources available to create plans for improving the health of our communities.

The Fargo Moorhead Community Health Needs Assessment Collaborative includes:
• Center for Rural Health
• Clay County Public Health
• Dakota Medical Foundation
• Essentia Health
• Family HealthCare Center
• Fargo Cass Public Health
• NDSU
• Sanford Health
• Southeast Human Service Center
• United Way of Cass-Clay

Please RSVP by April 30 to Mary Lake at Sanford Health at Mary.Lake@sanfordhealth.org or 701.234.6951 Thank you.

United Way of Cass-Clay
219 7th Street South | P.O. Box 1609 | Fargo, ND 58107-1609 | 701.237.5050 | www.unitedwaycassclay.org
United Way of Cass-Clay brings people together to create lasting change that will improve lives.

The FM Community Health Needs Assessment Collaborative invites you to participate in the 2012 Community Health Needs Assessment. The information that we gather from you will be important for the future development of an action plan to address the identified unmet needs in the community. Your participation in this work is important to the community health improvement for all of our communities.

Please take a moment to complete the survey. You may skip any questions that you do not wish to answer. Your answers will be combined with other responses and reported in aggregate form. If you have any questions about the survey, you may contact Kay Schwarzwalter at 701-231-1058 or by email at kay.schwarzwalter@ndsu.edu.

COMMUNITY ASSETS/BEST THINGS ABOUT YOUR COMMUNITY

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," please tell us your level of agreement with each of the following statements about your community regarding PEOPLE, SERVICES AND RESOURCES, and QUALITY OF LIFE.

Considering your community, what is your level of agreement with...

1. PEOPLE

	1=Not at all	2	3	4	5=A great deal
a. People are friendly, helpful, supportive.	○	○	○	○	○
b. There is a sense of community/feeling connected to people who live here.	○	○	○	○	○
c. People who live here are aware of/engaged in social, civic, or political issues.	○	○	○	○	○
d. The community is socially and culturally diverse.	○	○	○	○	○
e. There is an engaged government.	○	○	○	○	○
f. There is tolerance, inclusion, and open-mindedness.	○	○	○	○	○
g. There is a sense that you can make a difference.	○	○	○	○	○

2. SERVICES AND RESOURCES

	1=Not at all	2	3	4	5=A great deal
a. There are quality school systems and programs for youth.	○	○	○	○	○
b. There are quality higher education opportunities and institutions.	○	○	○	○	○
c. There is quality health care.	○	○	○	○	○
d. There is effective transportation.	○	○	○	○	○
e. There is access to healthy food.	○	○	○	○	○
f. There is access to family services.	○	○	○	○	○

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," please tell us your level of agreement with each of the following statements about your community.

3. QUALITY OF LIFE

	1=Not at all	2	3	4	5=A great deal
a. The community is a safe place to live and has little or no crime.	○	○	○	○	○
b. The community is a good place to raise kids.	○	○	○	○	○
c. The community has a peaceful, calm, and quiet environment.	○	○	○	○	○
d. The community is a healthy place to live.	○	○	○	○	○
e. There are quality arts, cultural activities, events, and festivals.	○	○	○	○	○
f. There are many recreational, exercise, and sports activities/opportunities.	○	○	○	○	○

4. What are other "best things" about your community that are not reflected in the questions above?

GENERAL CONCERNS ABOUT YOUR COMMUNITY

Using a 1 to 5 scale, with one being "not at all" and 5 being "a great deal," please tell us the level of concern you have about your community in each of the following areas: ECONOMIC ISSUES, TRANSPORTATION, ENVIRONMENT, CHILDREN AND YOUTH, THE AGING POPULATION, and SAFETY.

Considering your community, what is your level of concern with...

5. ECONOMIC ISSUES

	1=Not at all	2	3	4	5=A great deal
a. Availability of affordable housing	○	○	○	○	○
b. Availability of employment opportunities	○	○	○	○	○
c. Wage levels	○	○	○	○	○
d. Poverty	○	○	○	○	○
e. Homelessness	○	○	○	○	○
f. Cost of living	○	○	○	○	○
g. Economic disparities between higher and lower classes	○	○	○	○	○
h. Hunger	○	○	○	○	○

Using a 1 to 5 scale, with one being "not at all" and 5 being "a great deal," please tell us the level of concern you have about your community in each of the following areas.

6. TRANSPORTATION

	1=Not at all	2	3	4	5=A great deal
a. Traffic congestion	○	○	○	○	○
b. Availability and/or cost of public transportation	○	○	○	○	○
c. Road conditions	○	○	○	○	○
d. Driving habits (e.g., speeding, road rage)	○	○	○	○	○
e. Availability of good walking or biking options (as alternatives to driving)	○	○	○	○	○
f. Cost of automobile ownership (e.g., gas, maintenance, insurance)	○	○	○	○	○

7. ENVIRONMENT

	1=Not at all	2	3	4	5=A great deal
a. Water quality concerns	○	○	○	○	○
b. Noise level concerns	○	○	○	○	○
c. Air quality concerns	○	○	○	○	○
d. Garbage and litter concerns	○	○	○	○	○

8. CHILDREN AND YOUTH

	1=Not at all	2	3	4	5=A great deal
a. Availability and/or cost of services for at-risk youth	○	○	○	○	○
b. Youth crime	○	○	○	○	○
c. School dropout rates/truancy	○	○	○	○	○
d. Teen pregnancy	○	○	○	○	○
e. Bullying	○	○	○	○	○
f. Availability and/or cost of activities for children and youth	○	○	○	○	○
h. Availability and/or cost of quality child care	○	○	○	○	○

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Using a 1 to 5 scale, with one being "not at all" and 5 being "a great deal," please tell us the level of concern you have about your community in each of the following areas.

9. THE AGING POPULATION

	1=Not at all	2	3	4	5=A great deal
a. Availability and/or cost of activities for seniors	○	○	○	○	○
b. Availability and/or cost of long-term care	○	○	○	○	○
c. Availability of resources to help the elderly stay in their homes	○	○	○	○	○
d. Availability of resources for family and friends caring for elders	○	○	○	○	○
e. Availability of resources for grandparents caring for grandchildren	○	○	○	○	○

10. SAFETY

	1=Not at all	2	3	4	5=A great deal
a. Child abuse and neglect	○	○	○	○	○
b. Elder abuse	○	○	○	○	○
c. Domestic violence	○	○	○	○	○
d. Presence and influence of drug dealers in the community	○	○	○	○	○
e. Property crimes	○	○	○	○	○
f. Violent crimes	○	○	○	○	○

11. What other COMMUNITY CONCERNS do you have that are not reflected in the previous questions?

HEALTH AND WELLNESS CONCERNS ABOUT YOUR COMMUNITY

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," please tell us your level of concern about health and wellness issues in your community within each of the following categories: ACCESS TO HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

Considering your community, how concerned are you about...

12. ACCESS TO HEALTHCARE

	1=Not at all	2	3	4	5=A great deal
a. Cost of health care	○	○	○	○	○
b. Cost of prescription drugs	○	○	○	○	○
c. Cost of health insurance	○	○	○	○	○
d. Adequacy of health insurance (e.g., amount of co-pays, deductibles)	○	○	○	○	○
e. Access to health insurance coverage (e.g., preexisting conditions)	○	○	○	○	○
f. Availability and/or cost of dental and/or vision insurance coverage	○	○	○	○	○
g. Availability and/or cost of dental and/or vision care	○	○	○	○	○
h. Availability of prevention programs or services	○	○	○	○	○
i. Availability of doctors, nurses, and/or specialists	○	○	○	○	○
j. Availability of bilingual providers and/or translators	○	○	○	○	○
k. Distance to health care services	○	○	○	○	○
l. Availability of/access to transportation	○	○	○	○	○
m. Providers not taking new patients	○	○	○	○	○
n. Time it takes to get an appointment	○	○	○	○	○
o. Availability of non-traditional hours (e.g., evenings, weekends)	○	○	○	○	○
p. Patient confidentiality	○	○	○	○	○
q. Use of emergency room services for primary health care	○	○	○	○	○
r. Availability of mental health services and providers	○	○	○	○	○
s. Coordination of care	○	○	○	○	○

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," please tell us your level of concern about health and wellness issues in your community within each of the following categories.

13. PHYSICAL AND MENTAL HEALTH

	1=Not at all	2	3	4	5=A great deal
a. Obesity	○	○	○	○	○
b. Poor nutrition/eating habits	○	○	○	○	○
c. Inactivity and/or lack of exercise	○	○	○	○	○
d. Cancer	○	○	○	○	○
e. Chronic disease (e.g., diabetes, heart disease, multiple sclerosis)	○	○	○	○	○
f. Communicable disease (e.g., sexually transmitted diseases, AIDS)	○	○	○	○	○
g. Dementia/Alzheimer's disease	○	○	○	○	○
h. Depression	○	○	○	○	○
i. Stress	○	○	○	○	○
j. Suicide	○	○	○	○	○

14. SUBSTANCE USE AND ABUSE

	1=Not at all	2	3	4	5=A great deal
a. Alcohol use and abuse	○	○	○	○	○
b. Drug use and abuse	○	○	○	○	○
c. Smoking and tobacco use	○	○	○	○	○
d. Exposure to second-hand smoke	○	○	○	○	○

15. What other HEALTH AND WELLNESS CONCERNS do you have about your community that are not reflected in the previous questions?

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DEMOGRAPHIC INFORMATION

Please tell us about yourself.

16. What is your age?

○ 18 to 29 years

○ 30 to 44 years

○ 45 to 64 years

○ 65 to 74 years

○ 75 years or older

○ Prefer not to answer

17. What is your highest level of education?

○ Some high school

○ High school diploma or GED

○ Some college/no degree

○ Associate's degree

○ Bachelor's degree

○ Graduate or Professional degree

○ Prefer not to answer

18. What is your gender?

○ Male

○ Female

○ Prefer not to answer

19. What is your approximate annual household income before taxes?

○ Less than $20,000

○ $20,000 to $39,999

○ $40,000 to $69,999

○ $70,000 to $119,999

○ $120,000 or more

○ Do not know/prefer not to answer

20. Do you own or rent your home?

○ Own

○ Rent

○ Prefer not to answer

○ Other (please specify)

[text box]

21. What best describes your race/ethnicity? (choose all that apply)

☐ White

☐ Black/African American

☐ Native American/Alaska Native

☐ Asian/Pacific Islander

☐ Hispanic

☐ Other (please specify)

[text box]

22. Are you the parent or primary caregiver of a child/children 18 years of age or younger?

○ Yes

○ No

○ Prefer not to answer

23. What provider do you use for your primary health care? (choose all that apply)

☐ Essentia Health

☐ Family HealthCare Center

☐ Independent Family Doctors

☐ Sanford Health

☐ Use emergency room/urgent care for primary care services

☐ Did not access health care in last 12 months (skip to Q25)

☐ Other (please specify)

[text box]

24. Why did you choose this provider? (choose all that apply)

☐ Location

☐ Cost

☐ Quality of services

☐ Availability of services

☐ Sense of being valued as a patient

☐ Influenced by health insurance

☐ Other (please specify)

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25. Have you personally had a cancer screening (mammogram, Pap smear, breast exam, testicular exam, rectal exam, prostate blood test, colonoscopy, etc.) or cancer care in the past year?

○ Yes (skip to Q27)

○ No

26. If you haven't had a cancer screening in the past year, why not? (choose all that apply)

☐ Not necessary

☐ Fear

☐ Cost

☐ Doctor hasn't suggested

☐ Unable to access care

☐ I don't know who to see

☐ Unfamiliar with recommendations

☐ Other (please specify)

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27. Over the past 12 months, how have you paid for health care costs (for you or family members)? (choose all that apply)

☐ Health insurance through an employer

☐ Private health insurance

☐ Personal income (e.g., cash, check, credit)

☐ Medicaid

☐ Medicare

☐ Did not access health care in last 12 months

☐ Other (please specify)

28. Do you work/volunteer outside the home?

○ Yes

○ No

○ Prefer not to answer

29. What is/was your area of employment? (choose all that apply)

☐ Health care

☐ Retail trade

☐ Educational services

☐ Arts/entertainment

☐ Agriculture

☐ Construction

☐ Government

☐ Manufacturing

☐ Not applicable

☐ Other (please specify)

30. For those with employment in HEALTH CARE, what is/was your position? (choose all that apply)

- ☐ Clerical

- ☐ Administrator

- ☐ Nurse

- ☐ Physician's Assistant/Nurse Practitioner

- ☐ CNA/Other assistant

- ☐ I work in Public Health

- ☐ Other (please specify)

31. PLEASE PROVIDE THE FOLLOWING INFORMATION. We are compiling the name, area of expertise, affiliation, and location of respondents in order to acknowledge them for contributing to our project.

This information will appear separately in a special acknowledgements section. No personal information will be attributed to your responses, which will be reported in aggregate form only. We greatly appreciate your assistance in this matter.

Please provide us with the following information: name, title, affiliation, area of expertise, city, state

Example:
John Smith
Pastor
Calvary Lutheran Church
Health ministry, part of hospital advisory group
Fargo
North Dakota

Name:

Title:

Affiliation:

Area of expertise:

City/Town:

State:

32. Please share any additional concerns and suggestions you may have.