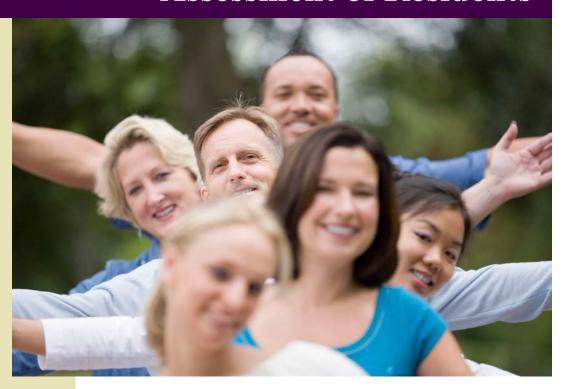
# 2015 Bemidji Community Health Needs Assessment of Residents



**May 2015** 

Results from a March 2015 generalizable survey of community residents in the Bemidji Metropolitan Area including Beltrami and Clearwater counties in Minnesota

# **PREFACE**

This report, entitled 2015 Greater Bemidji Community Health Needs Assessment of Residents, presents the results of a March 2015 generalizable survey of residents in Beltrami and Clearwater counties in Minnesota.

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

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## **INTRODUCTION**

The purpose of this generalizable survey of residents in the greater Bemidji area (i.e., Beltrami and Clearwater counties in Minnesota) was to learn about the perceptions of area residents regarding community health, their personal health, preventive health, and the prevalence of disease.

#### **Study Design and Methodology**

A generalizable survey was conducted of residents in Beltrami and Clearwater counties in Minnesota. The survey instrument was developed in partnership with members of the Greater Bemidji Community Health Needs Assessment collaborative and the Center for Social Research (CSR) at North Dakota State University.

Staff at the CSR, along with members of the collaborative, created the cover letter. Elements of informed consent were included in the letter ensuring that the NDSU Institutional Review Board requirements were met and the protection of human subjects maintained.

The survey instrument was designed as a scannable 8-page mail survey containing 54 questions. The questions focused on general community concerns, community health and wellness concerns, personal health, preventive health, and demographic characteristics.

The sample, obtained from a national vendor, was a stratified random sample to ensure that appropriate proportions from each of the two counties were included. A total of 1,500 records with names, addresses, and a few demographic indicators were included in the sample.

Residents listed in the sample were first mailed an introductory postcard briefly explaining the project and notifying them that a survey packet would be arriving in their mail. Surveys packets, which contained the cover letter, scannable paper survey, and a pre-paid return envelope were mailed three days after the introductory postcards; 5 percent of the packets were returned as undeliverable. A reminder postcard containing a link to an online version of the survey was mailed to non-responders approximately 10 days after the initial survey was mailed. A total of 405 paper surveys were returned for scanning and an additional five surveys were completed online for a total of 410; the response rate was 27 percent.

Upon further analysis, it was apparent that elderly and male respondents were overrepresented in the scanned results. Therefore, post-stratification weights were used to ensure proper representation of the population with respect to age and gender. Respondents who did not enter a gender and age response were eliminated from the analyses. A total of 391 surveys were analyzed providing a generalizable sample with a confidence level of 95 percent and an error rate of plus or minus 5 percentage points.

#### **Limitations of the Study**

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Beltrami and Clearwater counties. However, when comparing certain demographic characteristics (i.e., age, income, minority status) with the current population estimates from the U.S.

Census Bureau<sup>1</sup>, it was evident that older, white, more highly educated, and higher income earners were overrepresented. Overrepresentation of this nature is typical in health needs assessments.

Literature reviews indicate that there are nonresponse rate issues among younger respondents<sup>2</sup>. In particular, response rates to health care and community health needs assessment surveys have often been found to be higher for older respondents<sup>3</sup>. Studies have also shown lower response rates for socially disadvantaged groups<sup>4</sup> (i.e., socially, culturally, or financially).

In order to supplement the findings of this study, particularly for the subpopulations that are underrepresented, one might consider utilizing other data resources, such as local public health data, the Minnesota Center for Health Statistics<sup>5</sup>, and Minnesota Compass<sup>6</sup>.

Given the nature of this study, it may be necessary to reach out to community partnerships and implement a variety of recruitment techniques in order to gather information from underrepresented groups in future studies. However, one should be mindful of increased time commitments and financial resources that may be necessary when gathering data from hard-to-reach populations.

<sup>&</sup>lt;sup>1</sup> U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: April 1, 2010 to July 1, 2013. Released June 2014. Available from <a href="http://www.census.gov/popest/">http://www.census.gov/popest/</a>.

<sup>&</sup>lt;sup>2</sup> Michael J. Stern, Ipek Bilgen, and Don Al Dillman. Field Methods 2014, Vol. 26(3) 284-301. The State of Survey Methodology: Challenges, Dilemmas, and New Frontiers in the Era of the Tailored Design.

<sup>&</sup>lt;sup>3</sup> See the following examples: <a href="http://www.mathematica-mpr.com/~/media/publications/PDFs/internetmailsurvey.pdf">http://www.allied-services.org/wp-content/uploads/2013/06/CHNA-lackawanna-2013.pdf</a>;

http://www.hcno.org/pdf/counties/Cuyahoga%20County%20Health%20Assessment%20FINAL.pdf

<sup>&</sup>lt;sup>4</sup> See the following literature review: <a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3974746/#">http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3974746/#</a> ffn sectitle

<sup>&</sup>lt;sup>5</sup> See Minnesota Center for Health Statistics site: <a href="http://www.health.state.mn.us/divs/chs/">http://www.health.state.mn.us/divs/chs/</a>

<sup>&</sup>lt;sup>6</sup> See Minnesota Compass site: <a href="http://www.health.state.mn.us/divs/chs/">http://www.health.state.mn.us/divs/chs/</a> 2015 Greater Bemidji Community Health Needs Assessment of Residents

## **SURVEY RESULTS**

#### **General Health and Wellness Concerns about the 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 ECONOMICS, TRANSPORTATION, the ENVIRONMENT, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

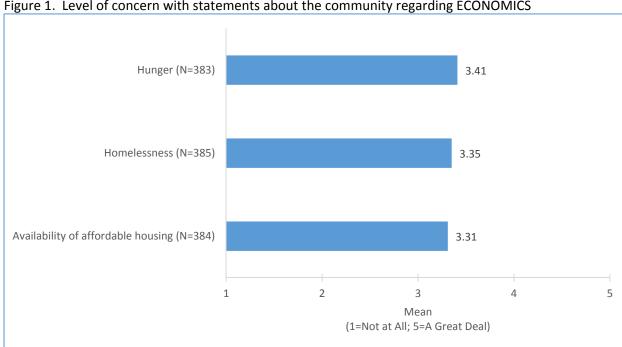


Figure 1. Level of concern with statements about the community regarding ECONOMICS



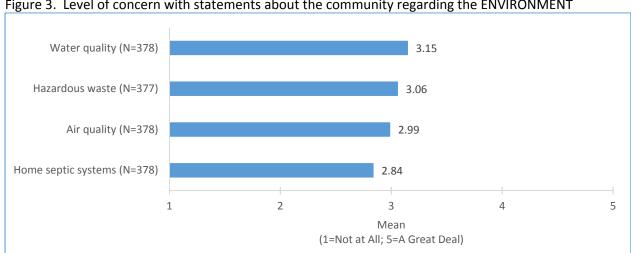
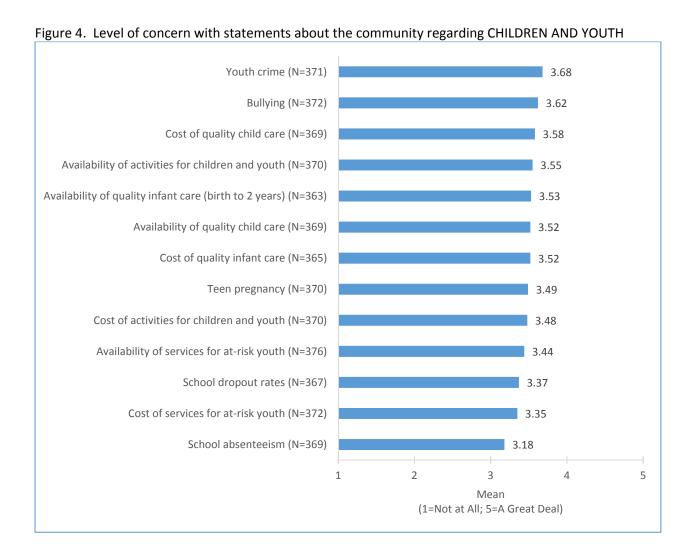
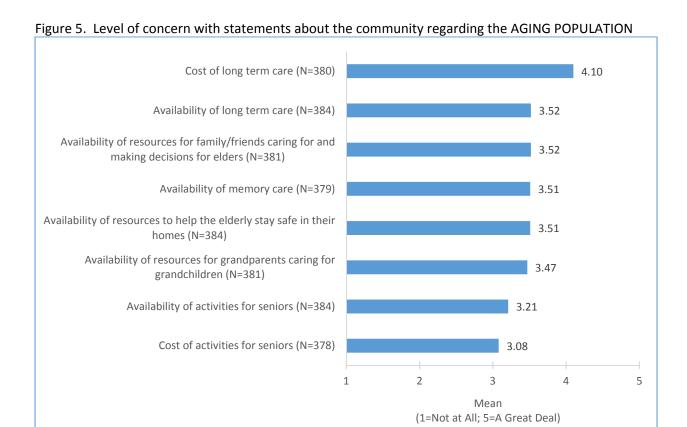
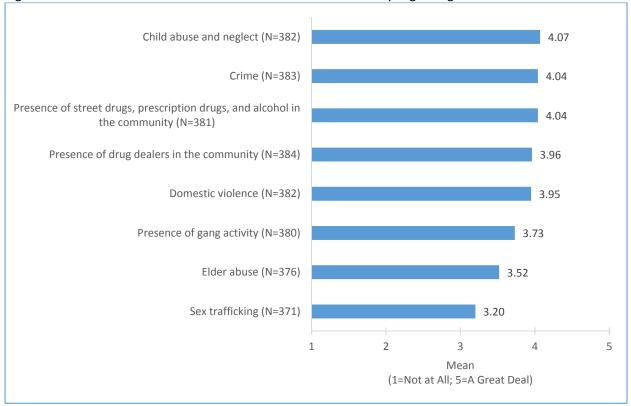


Figure 3. Level of concern with statements about the community regarding the ENVIRONMENT









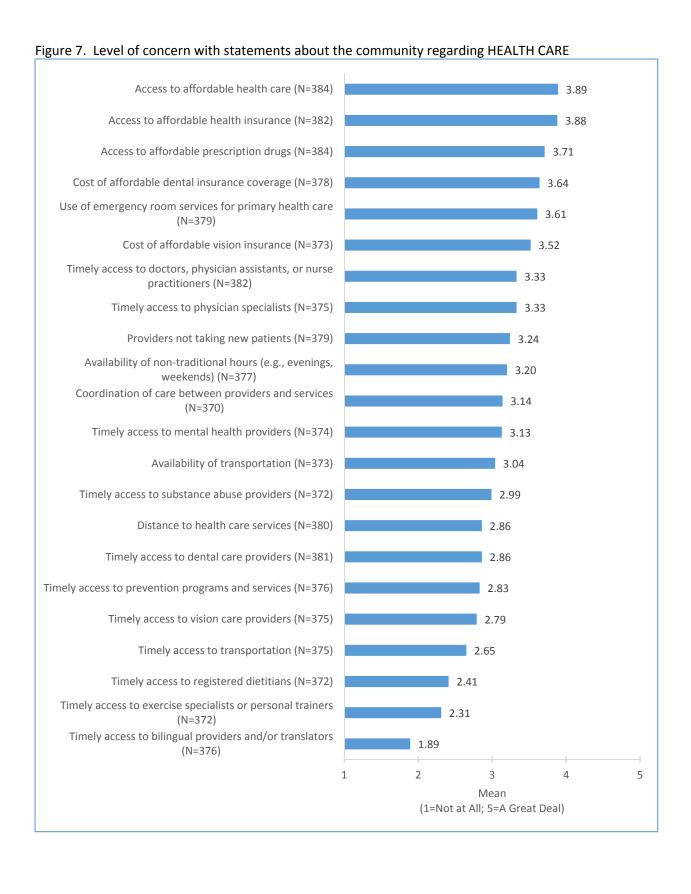


Figure 8. Level of concern with statements about the community regarding PHYSICAL AND MENTAL HEALTH

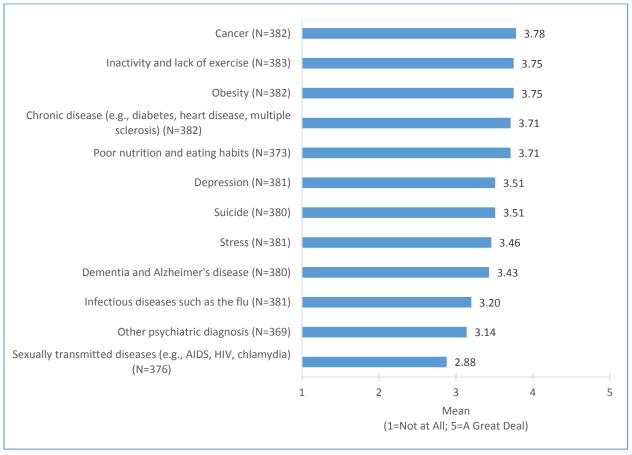
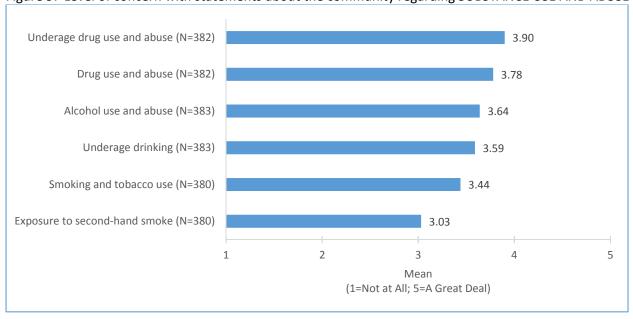
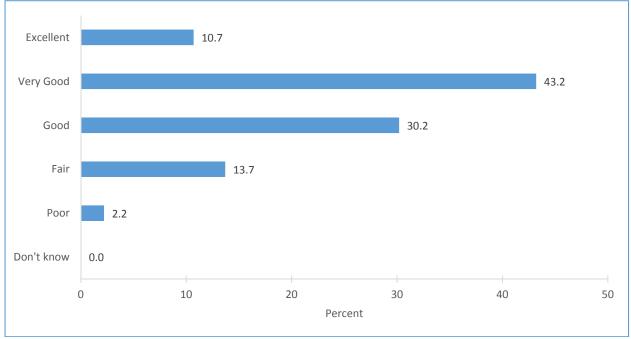


Figure 9. Level of concern with statements about the community regarding SUBSTANCE USE AND ABUSE



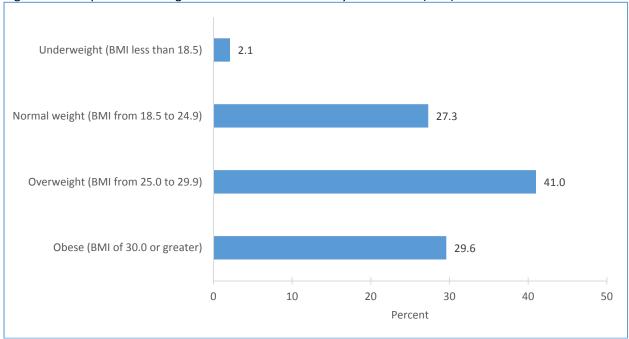
#### **General Health**

Figure 10. Respondents' rating of their health in general



N=379

Figure 11. Respondents' weight status based on the Body Mass Index (BMI)\* scale



<sup>\*</sup>For information about the BMI, visit the Centers for Disease Control and Prevention, *About BMI for Adults*, <a href="http://www.cdc.gov/healthyweight/assessing/bmi/adult\_bmi/">http://www.cdc.gov/healthyweight/assessing/bmi/adult\_bmi/</a>.

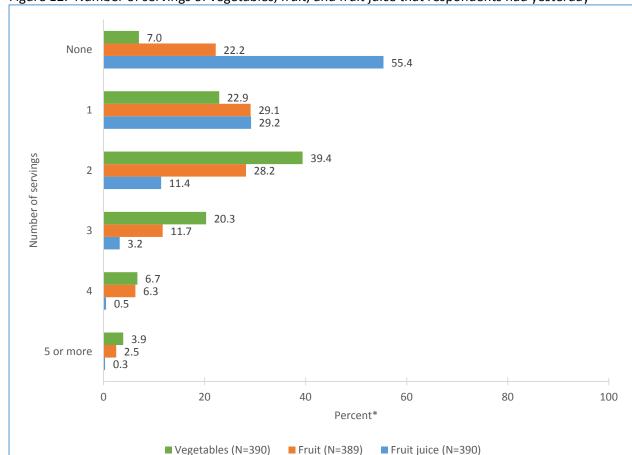


Figure 12. Number of servings of vegetables, fruit, and fruit juice that respondents had yesterday

<sup>\*</sup>Percentages may not total 100.0 due to rounding.

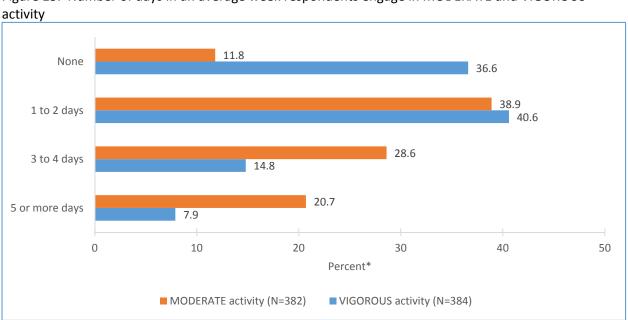
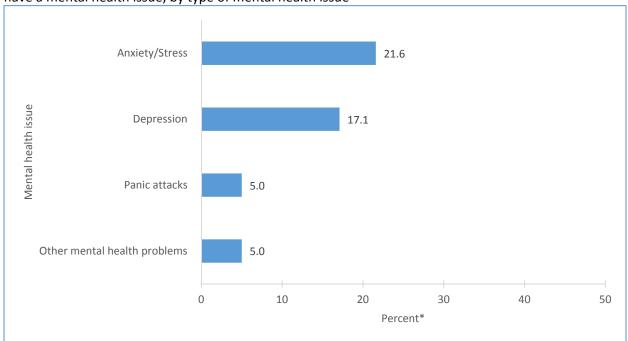


Figure 13. Number of days in an average week respondents engage in MODERATE and VIGOROUS

<sup>\*</sup>Percentages may not total 100.0 due to rounding.

#### **Mental Health**

Figure 14. Percentage of respondents who have been told by a doctor or health professional that they have a mental health issue, by type of mental health issue



N=391

<sup>\*</sup>Percentages do not total 100.0 due to multiple responses.

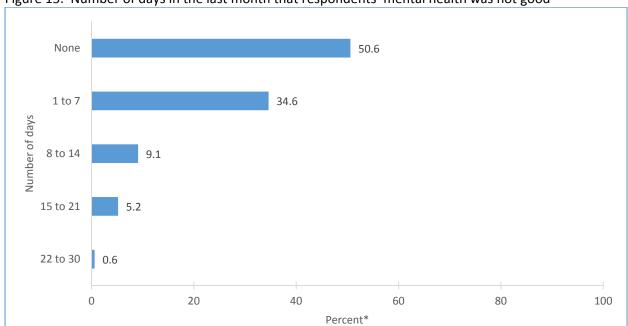
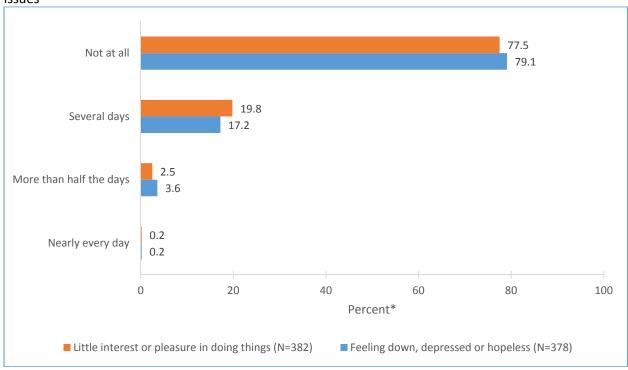


Figure 15. Number of days in the last month that respondents' mental health was not good

<sup>\*</sup>Percentages do not total 100.0 due to rounding

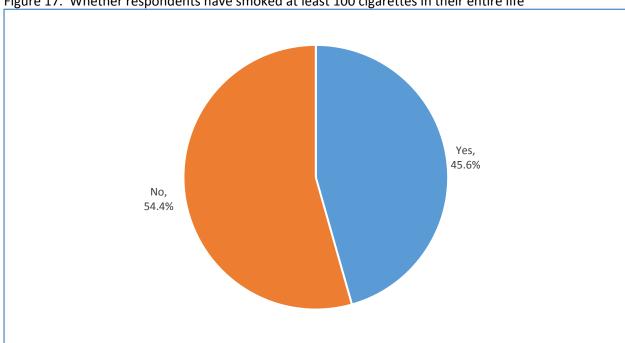
Figure 16. How often, over the past two weeks, respondents have been bothered by mental health issues

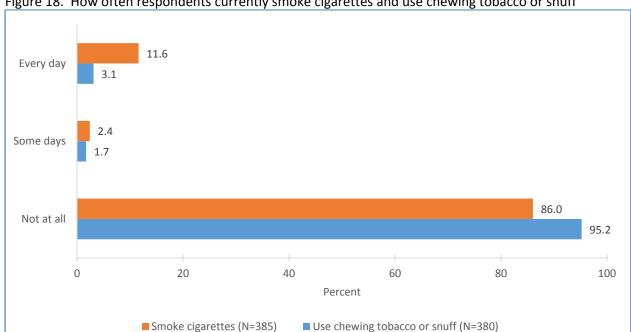


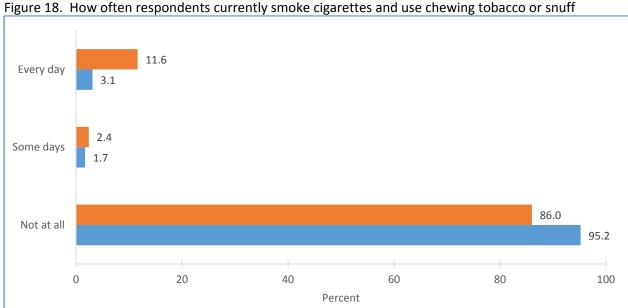
<sup>\*</sup>Percentages may not total 100.0 due to rounding.

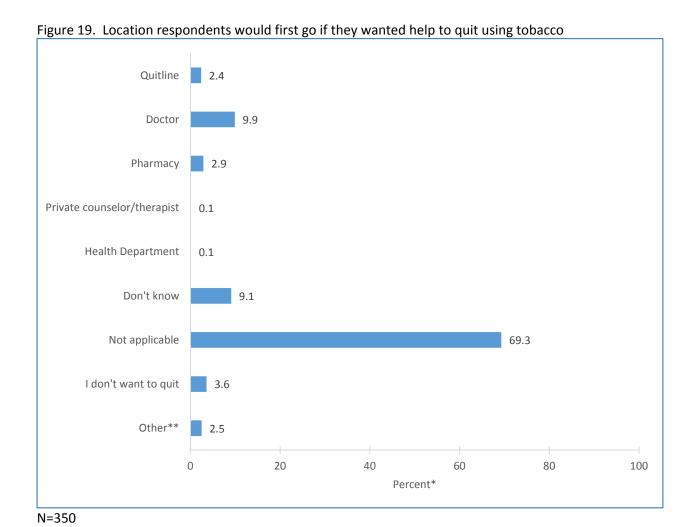
#### **Tobacco Use**











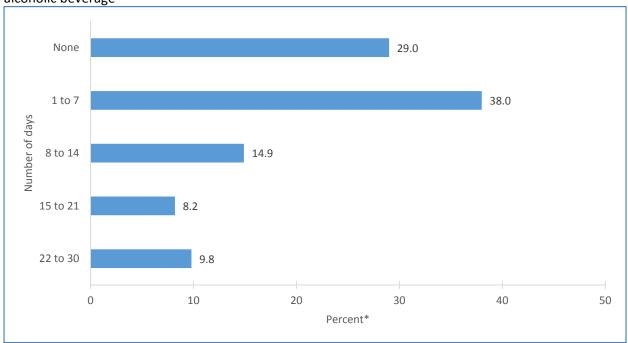
<sup>2015</sup> Greater Bemidji Community Health Needs Assessment of Residents

\*\*Other responses include "Quit cold turkey (5)" and "meditation and prayer".

\*Percentages do not total 100.0 due to rounding.

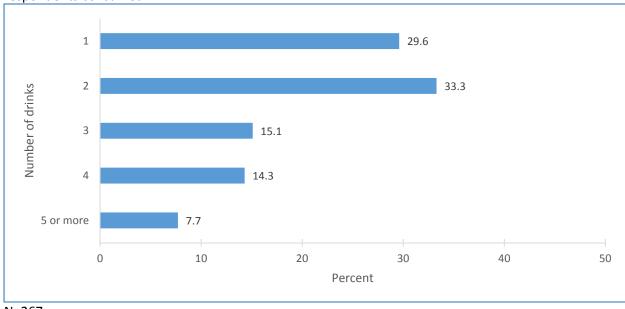
#### **Alcohol Use and Prescription Drug/Non-prescription Drug Abuse**

Figure 20. Number of days during the past month that respondents had at least one drink of any alcoholic beverage



N=383

Figure 21. During the past month on days that respondents drank, average number of drinks per day respondents consumed



<sup>\*</sup>Percentages do not total 100.0 due to rounding.

Figure 22. Number of times during the past month that respondents consumed at least 4 or 5 alcoholic drinks (4 for females, 5 for males) on the same occasion

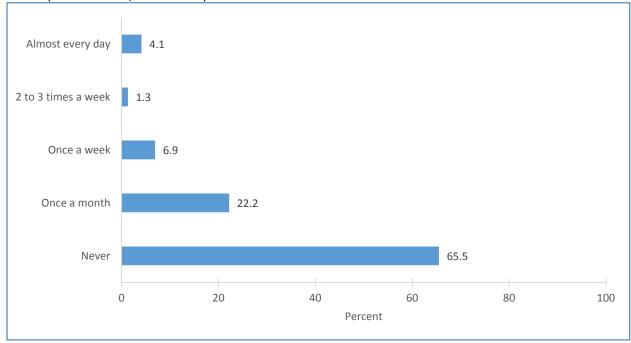


Figure 23. Whether respondents have ever had a problem with alcohol use or prescription or non-

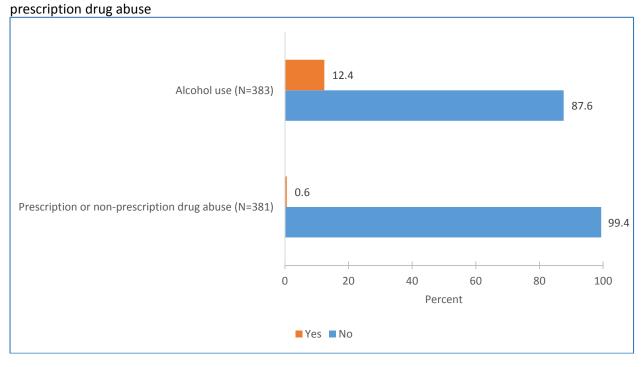


Figure 24. Of respondents who ever had a problem with alcohol use or prescription or non-prescription drug abuse, whether respondents got the help they needed

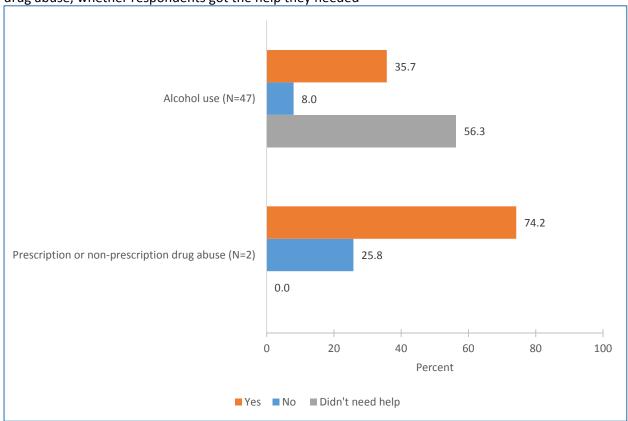
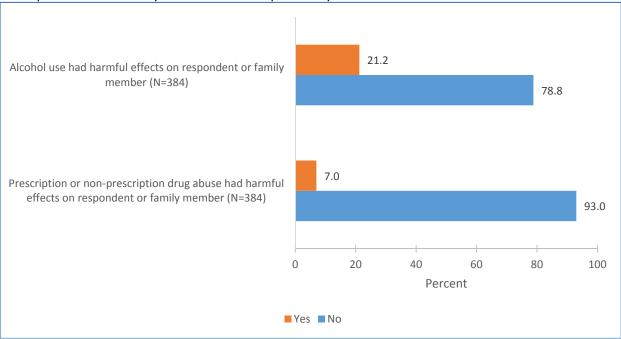


Figure 25. Whether alcohol use or prescription or non-prescription drug abuse has had harmful effects on respondents or a family member over the past two years



#### **Preventive Health**

Table 1. Whether or not respondents have had preventive screenings in the past year, by type of screening

	Percei	Percent of respondents		
Type of screening	Yes	No	Total	
GENERAL SCREENINGS				
Blood pressure screening (N=384)	83.0	17.0	100.0	
Blood sugar screening (N=381)	64.7	35.3	100.0	
Bone density test (N=374)	9.1	90.9	100.0	
Cardiovascular screening (N=373)	31.5	68.5	100.0	
Cholesterol screening (N=382)	66.3	33.7	100.0	
Dental screening and X-rays (N=382)	78.4	21.6	100.0	
Flu shot (N=383)	57.6	42.4	100.0	
Glaucoma test (N=376)	41.6	58.4	100.0	
Hearing screening (N=378)	22.0	78.0	100.0	
Immunizations (N=374)	17.9	82.1	100.0	
Pelvic exam (N= 191 Females)	62.3	37.7	100.0	
STD (N=375)	2.4	97.6	100.0	
Vascular screening (N=370)	9.2	90.8	100.0	
CANCER SCREENINGS				
Breast cancer screening (N=196 Females)	69.8	30.2	100.0	
Cervical cancer screening (N=191 Females)	55.3	44.7	100.0	
Colorectal cancer screening (N=374)	35.6	64.4	100.0	
Prostate cancer screening (N= 179 Males)	46.3	53.7	100.0	
Skin cancer screening (N=369)	19.2	80.8	100.0	

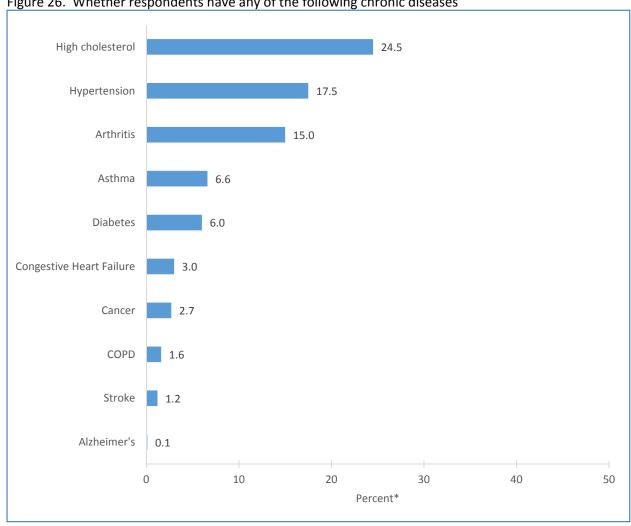
Table 2. Of respondents who have not had preventive screenings in the past year, reasons why they have not, by type of screening

	Ü	Percent of respondents*							
		Doctor				Unable			
	Not	hasn't		Fear of	Fear of	to access	Other		
Type of screening	necessary	suggested	Cost	procedure	results	care	reason		
GENERAL SCREENINGS									
Blood pressure									
screening (N=65)	47.1	6.6	16.0	0.0	0.0	0.0	15.1		
Blood sugar screening									
(N=134)	49.8	27.3	7.8	0.0	0.0	0.0	7.6		
Bone density test									
(N=340)	50.2	34.6	5.3	0.0	0.0	0.0	5.3		
Cardiovascular screening									
(N=255)	45.2	38.0	6.9	0.0	0.0	0.0	5.9		
Cholesterol screening									
(N=129)	48.2	22.8	8.4	0.0	0.0	0.0	12.3		
Dental screening and X-									
rays (N=83)	35.5	3.0	26.9	0.6	3.9	2.9	10.0		
Flu shot (N=162)	53.4	1.6	6.9	2.8	0.4	0.0	26.9		
Glaucoma test (N=220)	59.3	21.4	2.8	0.0	0.0	0.1	8.4		
Hearing screening									
(N=295)	55.3	19.9	5.9	0.0	0.4	1.8	7.7		
Immunizations (N=307)	73.5	13.4	3.5	0.0	0.0	0.0	4.6		
Pelvic exam									
(N=72 Females)	43.4	27.1	0.6	0.0	0.0	0.0	11.8		
STD (N=366)	81.0	7.6	1.5	0.0	0.0	0.0	2.3		

		Percent of respondents*							
		Doctor				Unable			
	Not	hasn't		Fear of	Fear of	to access	Other		
Type of screening	necessary	suggested	Cost	procedure	results	care	reason		
Vascular screening									
(N=336)	55.2	28.6	3.4	0.1	0.0	0.0	5.7		
CANCER SCREENINGS									
Breast cancer screening									
(N=59 Females)	41.4	21.8	2.7	0.0	1.3	0.7	17.0		
Cervical cancer									
screening									
(N=85 Females)	48.9	23.0	1.0	0.0	0.0	0.0	14.6		
Colorectal cancer									
screening (N=241)	59.2	17.2	7.5	0.7	0.0	2.2	6.5		
Prostate cancer									
screening (N=96 Males)	48.4	7.6	10.8	1.0	0.0	5.4	19.1		
Skin cancer screening			·						
(N=298)	46.2	32.5	3.9	0.0	0.0	1.7	7.1		

<sup>\*</sup>Percentages do not total 100.0 due to multiple responses.

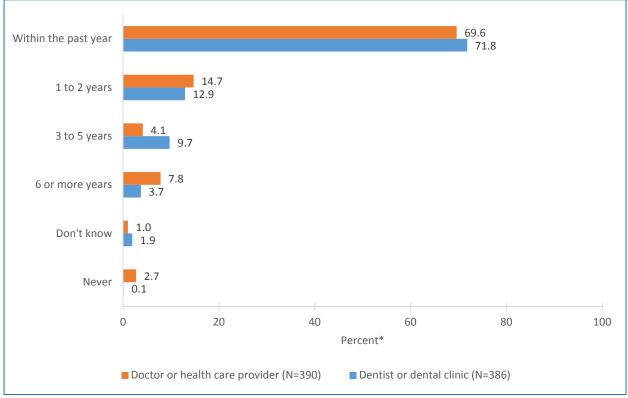
Figure 26. Whether respondents have any of the following chronic diseases



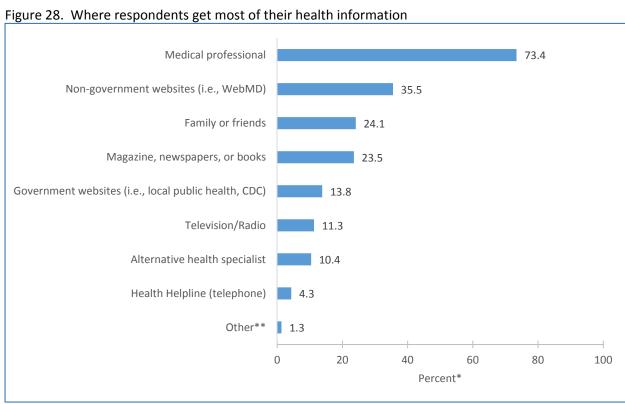
N=391

<sup>\*</sup>Percentages do not total 100.0 due to multiple responses.

Figure 27. Length of time since respondents last visited a doctor or health care provider for a routine physical exam and length of time since they last visited a dentist or dental clinic for any reason



<sup>\*</sup>Percentages do not total 100.0 due to rounding.



N=391

<sup>\*</sup>Percentages do not total 100.0 due to multiple responses.

<sup>\*\*</sup>Other response is "I don't."

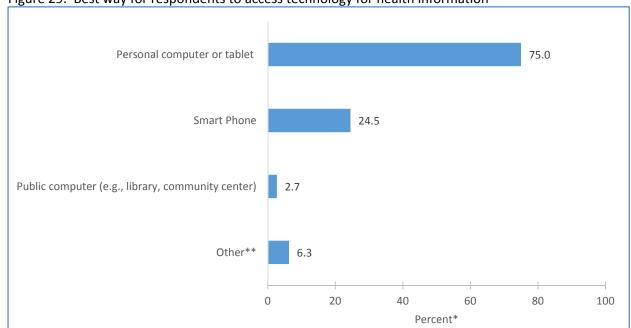
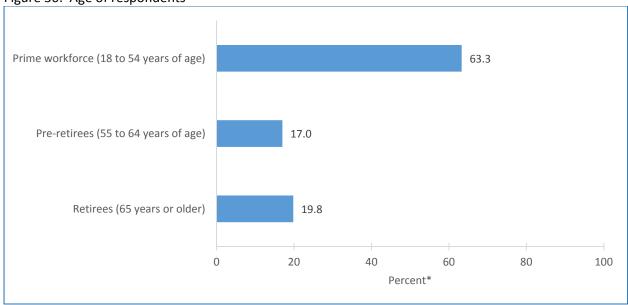


Figure 29. Best way for respondents to access technology for health information

#### **Demographic Information**

Figure 30. Age of respondents



<sup>\*</sup>Percentages do not total 100.0 due to multiple responses.

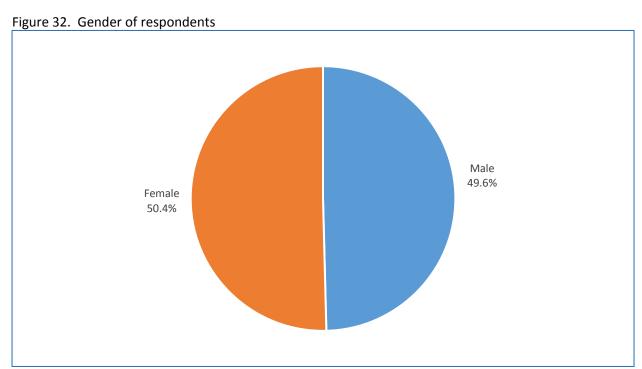
<sup>\*\*&</sup>quot;Other" responses do not pertain to the question. Respondents listed "books/magazines", "medical professionals", "friends", and "television".

<sup>\*</sup>Percentages do not total 100.0 due to rounding.

Some high school 1.2 High school diploma or GED 21.5 Some college, no degree Associate's degree Bachelor's degree 25.2 Graduate or professional degree 19.8 Prefer to not answer 0 10 20 30 40 50 Percent

Figure 31. Highest level of education of respondents

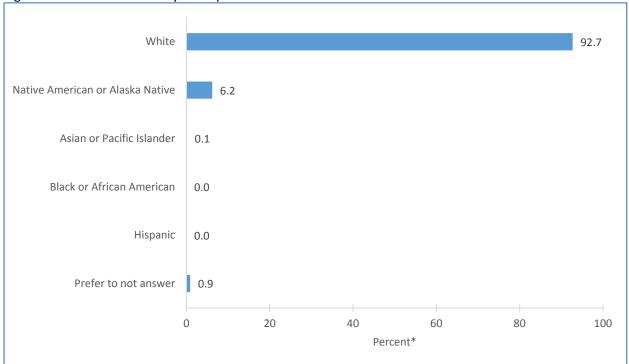
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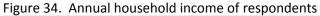
N=391

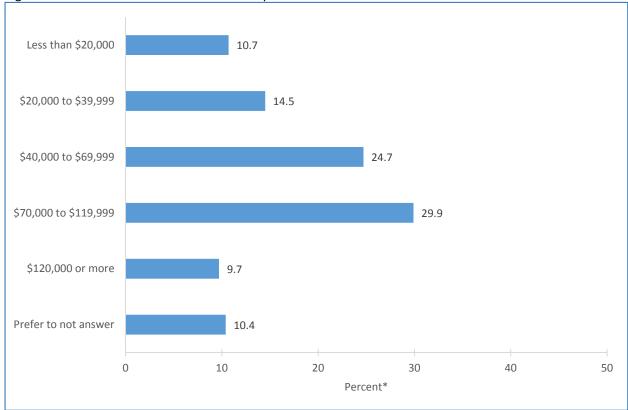
Note: Respondents who entered "prefer to not answer" were excluded from the analysis.

Figure 33. Race and ethnicity of respondents



<sup>\*</sup>Percentages do not total 100.0 due to rounding.





<sup>\*</sup>Percentages do not total 100.0 due to rounding.

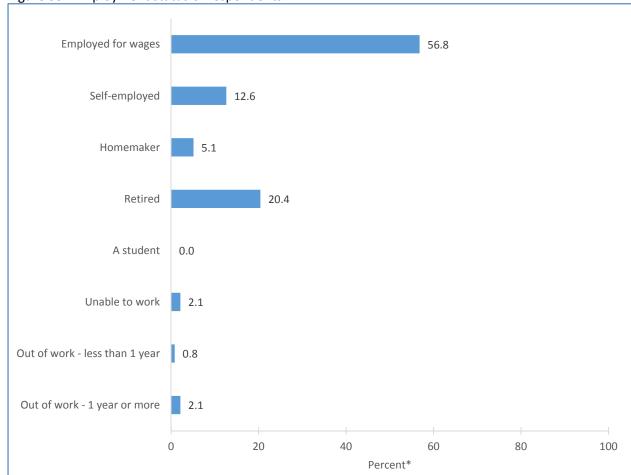
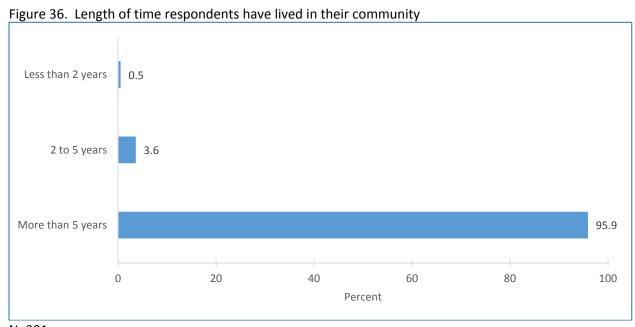


Figure 35. Employment status of respondents

 $<sup>{}^{*}\</sup>text{Percentages}$  do not total 100.0 due to rounding.



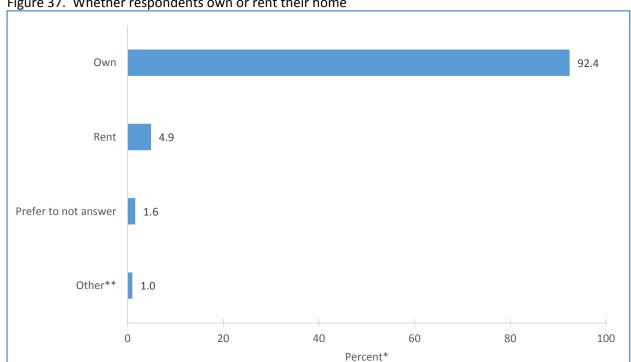
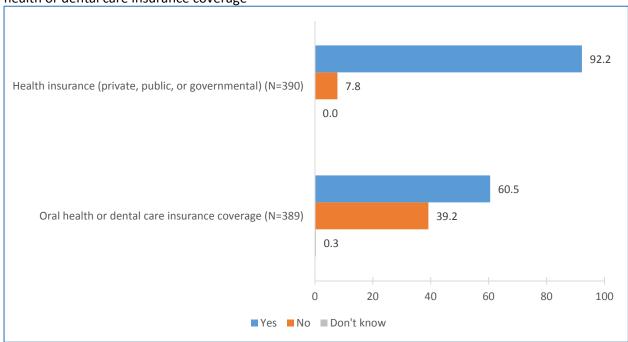


Figure 37. Whether respondents own or rent their home

Figure 38. Whether respondents have health insurance (private, public, or governmental) and oral health or dental care insurance coverage



<sup>\*</sup>Percentages do not total 100.0 due to rounding.

<sup>\*\*</sup>There were no written comments for "other".

Figure 39. Whether respondents have one person who they think of as their personal doctor or health care provider

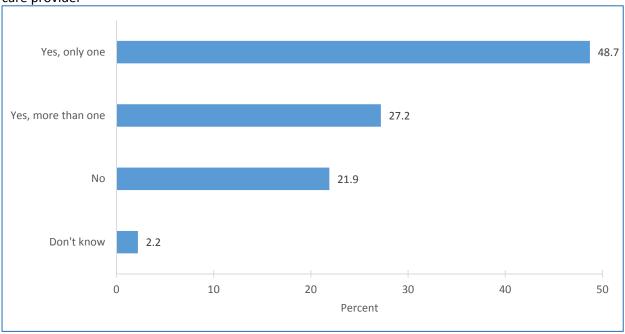
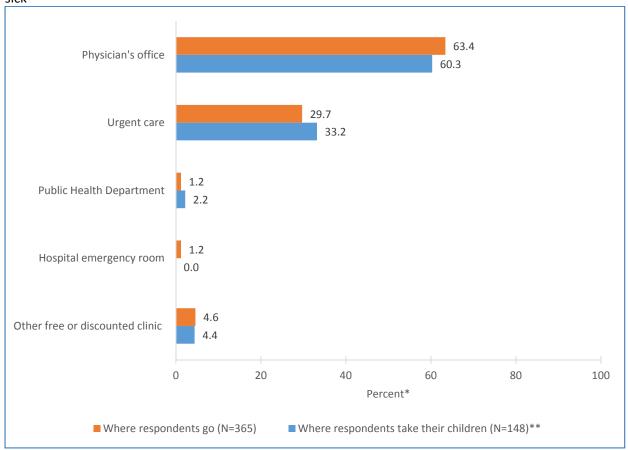


Figure 40. Facilities that respondents go to most often when sick and take their children when they are sick



<sup>\*</sup>Percentages do not total 100.0 due to rounding.

<sup>\*\*</sup>Of respondents who have children younger than age 18 living in their household.

Figure 41. Number of children younger than 18 and number of adults age 65 or older living in respondents' household

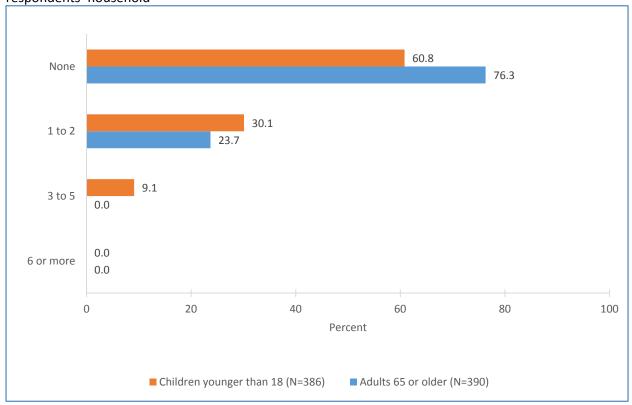
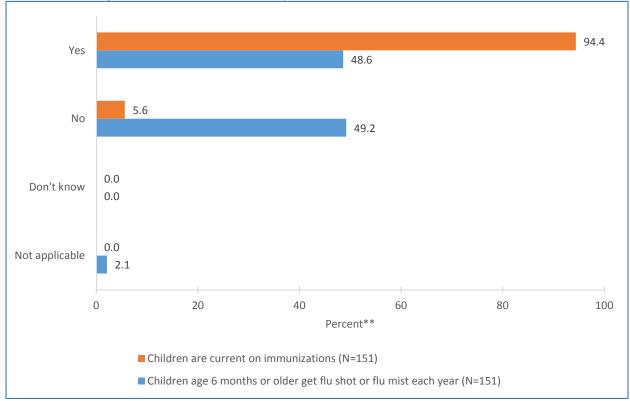


Figure 42. Whether all children in home are current on their immunizations and all children age 6 months or older get a flu shot or flu mist each year\*



<sup>\*</sup>Of respondents who have children younger than age 18 living in their household.

<sup>\*\*</sup>Percentages may not total 100.0 due to rounding.

Table 3. Location of respondents based on zip code

	Percent of respondents*
Beltrami County, MN	72.5
Bemidji	55.5
Rural	17.0
Clearwater County, MN	15.6
Bagley	7.7
Rural	7.9
Other counties, MN	6.8
Unknown or missing	5.0

<sup>\*</sup>Percentages do not total 100.0 due to rounding.

70 year old male; Medicare & Blue X Platinum. Primary care physician being forced by ACA (Obamacare) to limit my access. Death panels next? Let's get the government out of health care?

A recent visit to the walk-in clinic in Bemidji took 2 hours, 40 minutes to get in and to complete my visit. It was mentioned that there is one full-time and one part-time physician to care for patients needing same-day care. (Sad)

All the tree huggers in the world will not stop a person from drinking to drown their unhappiness. We cannot save all of us from ourselves. I have friends who complain that they cannot afford health insurance and then vote Republican. Man does not always make sense.

Cancer survivor of 18 years. Also a veteran. A veteran's home should be placed in Bemidji, MN.

Cannot afford co-pays, so do not look for health care unless medical emergency.

Cost of health insurance. Cost of health care procedures, office visits, lab work. I consider our health care very good. Cost is a hardship.

Drug and alcohol abuse are a tremendous concern in this community, especially in the Native American population. Homelessness is secondary to those problems. We should be ashamed at not controlling these problems better than we do!

Everyone should have single-payer health insurance. Insurance companies are the reason people don't have health insurance, and the cost is so high. Got to help health students pay for training. [Medical facility] is not a company this is non-profit. I suspect it is a tough place to work. We love our doctor and nurses. They are great.

Everyone that goes to [medical facility] in Bemidji is very dissatisfied with their service and care. Costs are too expensive for people in the community. Natives need to go to IHS instead of clogging up health care for insurance paying people.

Great need for senior living, both assisted and income based. Better quality rentals and rental agreements. More apartments for single and family, both upscale and income based. New park on other side of town, nothing fancy.

Hard to get an appointment when needed or wanted, most times.

Have not drank since 1976. Have not smoked since 1980. Have not chewed since 1991. Do all my doctoring with VA.

Health care is becoming unaffordable for families along with dental care. My husband is the insurance carrier and it costs our family of six over \$1,200 per month for both. Thanks Obama. We don't have a choice anymore!! And [medical facility] all about MONEY vs. Quality Care!

Hope this helps you. I'm 89 years old, don't spend a lot of time with medical personnel. Maybe I'll need it someday. I hope not.

I am 96 years old and live by myself, do all my own work. So, feel I am quite fortunate. I go to the Senior Center several times a week, play cards and have dinner. I haven't been sick for years and never have a flu shot. So hope it keeps up this way.

I am a cancer survivor of nearly 3 years. We have the best oncology department. Also, all of my doctors and the entire medical staff are excellent. No complaints.

I am a community health nurse in my community. I help people to have access to services and followup with their care. So, I do have concerns for the resources we do have and are lacking.

I am currently a cancer and heart condition patient under medical treatment and therapy.

I am not a big fan of [medical facility].

I am particularly concerned about the procedures and availability of mental health care for our youth K-12. This spans from moderate to severe mental health issues. The diagnosis and treatment seems to have been delegated to our schools, where lack of budget results in lack of counseling, lack of educational specialists, and lack of medical or psychological specialists. If our schools are going to be the mental health centers for our youth, then we must provide funding for the proper tools and staff. Students are now mainstreamed with little or no services. This is an injustice for them as well as disruptive for others.

I feel that [medical facility] does not treat elderly people who are on Medicare as well as they do the general population that is insured with private insurance companies, because of the Medicare reimbursement rates. I have experienced this first hand as it recently happened to me.

I feel when it comes to personal health, which directly relates to diet and exercise, people should be responsible for themselves.

I have two children with severe mental health issues who also need many specialists. Because of that, we have to travel for their medical care often.

I was paying for MN Care, which includes vision and dental. All was dropped when I turned 65. I get help with paying for Med B, but no help with Med D. I was \$5 over the limit. I have no insurance for medication or as a supplement to Med B.

I work at [medical facility] so I see more of the issues mentioned in the survey than most in the community. I also realize just how expensive and yet not sufficient the insurance policy is for [medical facility] employees. [Health insurance] is the WORST thing that happened to the Bemidji community.

I work in the community and am one of the lucky ones. Need more counselors in school. Need more mental health services in schools. Need more help for EBD teachers to deal with courts/social services/mental health problems in youth!

Lack of psychiatric medication providers.

Love [medical facility]. I have lived elsewhere and the medical care here is great.

Make everyone pay a co-pay to reduce the trivial ER visits.

Marijuana use among teens and young adults is more common than cigarette smoking in our community. Youth and young adult suicide rates are alarming and access to fast mental health care is an issue.

Much needs to be done for those with Alzheimer's to help them actually enjoy life and know that they are an individual.

My biggest problem is migraine headaches. Please find a cure!

My husband passed away 9 months ago from cancer leaving me to care for our 5 year old child. So, yes, I am depressed but work on it every day. Health care costs are extremely expensive and sometimes I'm unsure about Obamacare or if we need a system like Canada's.

My main concerns are for our doctors. They try to keep us well, but the insurance companies are so iffy. They pay for all generics and birth control pills, but won't pay for a lot of the surgeries and other medical help. Frustrated.

My wife and I are very discouraged with our local hospital/clinic. Coordination of care is poor at best. Communication among care givers sometimes seems nonexistent. I hear very little from staff that is affirming. Many complain bitterly. "No one really cares about staff" - mostly about financial, bottom line stuff. [Medical facility] seemed to terminate a lot of good people.

Need more available assisted living homes with more than a small room. When a person has a power chair, lift chair, bed, bed stand, special toilet with bars, television - you need more space. But not necessarily a Rest Home - not for a young person with special needs.

Need more hike-bike paths, bike parking, and more mental health providers.

NO ONE in our community or this United States should be homeless, hungry, [without clothing], or denied health care. Bullying should be stopped right now as it leads to depression, suicide, school dropouts, and that leads to gangs and violence. What is wrong with this world!!

Our community has given control of our local healthcare system to a corporate healthcare company with a nasty reputation for stripping communities of both values and benefits of having a locally controlled system with strong involvement of community and government. Since the introduction of [medical facility] in our community, quality of care has decreased, staff to patient rations have worsened, and all too many patients are being sent to out of area hospitals, which is money leaving our community. Mental health crisis intervention tells me that there may be increasing lack of mental healthcare and education. The minimal physical activity of our un/under employed local population,

combined with ease of access to the least healthy food possibly contributes to some of our area's biggest health concerns. Does anyone care?

Our [medical facility] is poorly run. Some doctors should not be there. I have had a so called physician the last two years and never even took one piece of clothing off - and was charged for a physical. Not Right. I would not recommend our [medical facility] to anyone.

People in this community readily receive SNAP, cash and other benefits. They need a hand up - not a hand out to make them more responsible for their households.

Putting an oil pipeline through this area will threaten people's health. Options for members of the community to stay active in winter are needed. Religious teachings that go against sensible exercise of reproductive rights by women is a negative influence on their health. "[Corporation]" coming to Bemidji is emblematic of this situation!

[Medical facility] in Bemidji is good except for excessive wait times at emergency room, often 2 to 8 hours. Total disregard for patient comfort, pain, fear, work time lost for patient and family, and other inconveniences occurred for those involved. Disgrace.

[Medical facility] is so lowly perceived in my community (Bemidji) that I and essentially all my friends will not go there unless absolutely necessary, and I am a former RN from ICV. The entire system and ideology stinks!

So many parents work. Establish an area within the hospital, with nurse in charge, that children who are ill can spend the day. Parents then would not have to stay home creating a hardship. This system worked in Orlando, FL.

The biggest barrier to health care is cost. This is especially true for seniors.

The oncology department of Bemidji has the "BEST" staff ever. [The] Mrs. filled this out for the husband as he has trouble with brain cancer.

Too much government in our lives. People need to be more responsible for themselves. All people should be able to take care of themselves. Government needs to take a step back.

Very concerned about the monopoly on health care services in much of our state (MN). It is resulting in less options, mediocre care, and very high costs. Insurers are leaving some areas and those staying are raising rates a lot.

Very concerned by the quality of health care around here. If you have something that needs immediate attention, you have to go to urgent care. Seems all they do is tell you to see your regular doctor, which can take a month.

We are rather pleased with health care provisions in our rural setting; especially with Bemidji's added services to [medical facility].

We could benefit from a gerontologist at the clinic level.

We do not have good access to chemical health (drugs and alcohol) treatment because the Beltrami County assessors delay or reclassify assessments, effectively denying clients the services they need.

When the government recognizes all 58 genders why do you only list two? I am SisGyneTransMale FYI. Also, my race is Lakota-German-Irish-Tasmanian-American. You also do not list Auto Immune Disorder.

Would have more health care if it wasn't for [insurance company]. They won't pay for follow-ups and have too high deductibles for someone who is retired. It takes over one month's social security to pay deductible for a year.

You can't get in to see your doctor if you are sick, so you have to drive 100 miles round trip to Urgent Care.

My wife is in her late 70's and I am in my early 80's and both are in decent health for our age.

In section 31a; all health screenings checked "no", and then in 31b checked "other". That is because I have not been to a doctor in over 10 years.

I think I'm doing OK for 85. Can shovel some snow, help groom ski trails, take naps. Have a plow on my 4-wheeler. Have a beer with the friends.

I live alone and have no children living with me. My answers are based on that concept.

I live 30 miles from the nearest town. Some questions don't apply. We have no youth programs and not much for elders. I used the nearest town for some answers.

I have one child in college.

I consider Bemidji my community, not the small town I live near.

#### Survey related comments:

"Concern" is ambiguous. Personally not concerned because a) I don't care or b) It's already been addressed. Survey is well put together - excellent job!

I think the questions on the first 2 pages are very unclear, i.e., do you want to know if they are personally a concern for my health or are you looking for my opinion about what I think needs of the community are? I answered based on what I think the community needs are.

Sorry, I thought some of your questions were like asking "is cup half full or half empty". I did not know how to answer some of them.

Survey is a waste of money.

When you ask "level of concern", a certain confusion steps in. If there is/are adequate programs in place, is the 'not concerned' answer correct, i.e., what are you looking for, or do you want the 'very concerned' answer. Hunger is a problem well addressed, hence adequate, so why should I be concerned?!

Why don't you have any VA options?

## **APPENDICES**

Dear Resident:

#### Here is an opportunity for you to help improve the health of your community!

The Bemidji Health Needs Assessment Partnership is conducting a health assessment of randomly selected households in Beltrami and Clearwater counties in Minnesota. Your household was selected! This process assists community leaders in understanding the health status of the area and identifying priority health issues affecting residents.

We are partnering with the North Dakota State University Center for Social Research (CSR) to conduct this assessment. In a few days you will receive a packet from the CSR that contains a letter of explanation, a survey, and a postage-paid return envelope. *Please complete the survey and return it to us as soon as possible.* 

We look forward to your feedback! Thank you for assisting us in this important community health assessment.

Sincerely,

Dan Olson
President
Sanford Health Northern Minnesota

Kay Mack
Beltrami County Administration





Dear Resident:

#### Here is an opportunity for you to help improve the health of your community!

The Bemidji Health Needs Assessment Partnership is conducting a health assessment of randomly selected households in Beltrami and Clearwater counties in Minnesota. Several days ago we sent your household a survey packet and asked you to complete the survey and return it to us as soon as possible.

There is still time for you to help improve the health of your community!

If you have not already done so, please complete the survey and return it to us so that we may include it in our assessment.

To complete the survey online, please use the following link: https://www.surveymonkey.com/s/Bemidji-HNA

We look forward to your feedback! Thank you for assisting us in this important community health assessment.

Sincerely,

Dan Olson President Sanford Health Northern Minnesota



Kay Mack Beltrami County Administration



February 18, 2015

Dear Resident:

Here is an opportunity for you to help improve the health of your community!

The Bemidji Health Needs Assessment Partnership is collaborating with the Center for Social Research at North Dakota State University to conduct a survey. The survey is about general health and wellness concerns of residents in Beltrami and Clearwater counties in Minnesota. The information gathered from this survey will help us identify unmet needs in the community. Survey results will also help to develop plans to address any gaps in services.

We invite you to participate in this survey! Your household was chosen at random from a list of all residential addresses in Beltrami and Clearwater counties. The survey is voluntary. You may skip any question you do not want to answer or quit the survey at any time. All answers are strictly confidential and no identifying information will ever be linked to any of the responses. The number on the survey is used only to record that the survey was returned so that we don't bother you with reminder letters.

The survey should take no more than 20 minutes to complete. Since a limited number of people will be receiving the survey, it is very important that someone in each household receiving the survey completes it and mails it back. Please take a few minutes to complete the enclosed survey and return it in the postage-paid envelope provided.

If you have any questions about the survey, contact Dr. Rick Axelson, Director of the Center for Social Research, at (701) 231-8621 or <a href="mailto:rick.axelson@ndsu.edu">rick.axelson@ndsu.edu</a>. If you have questions about your rights as a research participant, or to report a complaint about this survey, contact NDSU's Human Protection Program at 1-855-800-6717.

Thank you for your participation.

Sincerely,

Dan Olson

President

Sanford Health Northern Minnesota

Kay Mack

Beltrami County Administration





BEGIN SURVEY



-

# **Community Health Needs Assessment**

· Use a pencil or blue or black pen.

· Fill bubbles completely.

Do not mark answers with xs or √s.

**Correct Mark:** 









## **GENERAL 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.

Considering your community, what is your level of concern with	(1=n	Level ot at a			t deal)
O4 FCONONAICS	Not	4		/	A Great
Q1. ECONOMICS	at All				Deal
a. Availability of affordable housing	1	2	3	4	5
b. Homelessness	1	2	3	4	5
c. Hunger	1	2	3	4	(5)
Q2. TRANSPORTATION					
a. Availability of public transportation	1	2	3	4	5
b. Cost of public transportation	1	2	3	4	(5)
c. Driving habits (e.g., speeding, road rage)	1	2	3	4	5
d. Availability of good walking or biking options (as alternatives to driving)	①	2	3	4	(5)
Q3. ENVIRONMENTAL					
a. Water quality	1	2	3	4	(5)
b. Air quality	1	2	3	4	(5)
c. Home septic systems	1	2	3	4	(5)
d. Hazardous waste	1	2	3	4	(5)
Q4. CHILDREN AND YOUTH  a. Availability of services for at-risk youth	1	2	3	4	(5)
b. Cost of services for at-risk youth	1	2	3	4	5
c. Youth crime	1	2	3	4	5
d. School dropout rates	1	2	3	4	5
e. School absenteeism	1	2	3	4	5
f. Teen pregnancy	1	2	3	4	5
g. Bullying	1	2	3	4	5
h. Availability of activities for children and youth	1	2	3	4	(5)
i. Cost of activities for children and youth	1	2	3	4	5
j. Availability of quality child care	①	2	3	4	5
k. Cost of quality child care	①	2	3	4	5
I. Availability of quality infant care (birth to 2 years)	①	2	3	4	5
m. Cost of quality infant care	1	2	3	4	(5)
Q5. THE AGING POPULATION					
a. Availability of activities for seniors		(2)	(3)		(E)
b. Cost of activities for seniors	①	2	3	4	<ul><li>(5)</li><li>(5)</li></ul>
c. Availability of resources to help the elderly stay safe in their homes	1	2	3	4	(5)
d. Availability of resources for family/friends caring for and making decisions for elders	1	2	3	4	5
e. Availability of resources for grandparents caring for grandchildren	1	2	3	4	5
f. Availability of long term care	1	2	3	4	5
g. Cost of long term care	1	2	3	4	(5)
h. Availability of memory care	1	2	3	4	5
				1	

c. Domestic violence d. Presence of street drugs, prescription drugs, and alcohol in the community e. Presence of drug dealers in the community f. Presence of gang activity g. Crime h. Sex trafficking  Q7. HEALTH CARE a. Access to affordable health care	A Great Deal 4 5 4 5 4 5 4 5
b. Elder abuse c. Domestic violence d. Presence of street drugs, prescription drugs, and alcohol in the community e. Presence of drug dealers in the community f. Presence of gang activity g. Crime h. Sex trafficking  Q7. HEALTH CARE a. Access to affordable health care	<ul><li>4</li><li>5</li><li>4</li><li>5</li></ul>
c. Domestic violence d. Presence of street drugs, prescription drugs, and alcohol in the community e. Presence of drug dealers in the community f. Presence of gang activity g. Crime h. Sex trafficking  Q7. HEALTH CARE a. Access to affordable health care	4 5
d. Presence of street drugs, prescription drugs, and alcohol in the community e. Presence of drug dealers in the community f. Presence of gang activity g. Crime h. Sex trafficking  Q7. HEALTH CARE a. Access to affordable health care	
e. Presence of drug dealers in the community  f. Presence of gang activity  g. Crime  h. Sex trafficking  1 2 3  1 2 3  2 3  4 2 3  7 3 4  7 5 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	(4) (5)
f. Presence of gang activity g. Crime h. Sex trafficking  1 2 3 1 2 3 2 3 4 2 3 4 3 4 5 5 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	
g. Crime h. Sex trafficking  Q7. HEALTH CARE a. Access to affordable health care  1 2 3	4 5
h. Sex trafficking  1 2 3  Q7. HEALTH CARE  a. Access to affordable health care  1 2 3	4 5
Q7. HEALTH CARE  a. Access to affordable health care  ① ② ③	4 5
a. Access to affordable health care	4 5
b. Access to affordable prescription drugs  ① ② ③	4 5
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at timely access to montal nearly	4 5
v. Timely access to substance abuse providers  ① ② ③	4 5
Q8. PHYSICAL AND MENTAL HEALTH	
	4 5
	4 5
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11 00/10/11/11/11/11/11/11/11/11/11/11/11/1	4 5
0.	4 5
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	4 5
	4 5
111 0 0101010	4 5
I. Other psychiatric diagnosis ① ② ③	4 5
Q9. SUBSTANCE USE AND ABUSE	
a. Alcohol use and abuse ① ② ③ ①	4 5
	4 5
b. Drug use and abuse ① ② ③	4 5
b. Drug use and abuse c. Underage drinking  1 2 3 0	4 5
b. Drug use and abuse c. Underage drinking d. Underage drug use and abuse  1 2 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
b. Drug use and abuse c. Underage drinking d. Underage drug use and abuse e. Smoking and tobacco use  1 2 3 0	<ul><li>4</li><li>5</li><li>4</li><li>5</li></ul>

#### PERSONAL HEALTH Q10. In general, how would you rate your health? **1** Excellent Very Good Good Fair O Poor On't know Q12. About how tall are Q11. About how much do you weigh Inches Feet you without shoes? without shoes? **Pounds** 0 0 000 1 1 Write your weight in the boxes, 1111 2 2 then fill in the matching oval 222 3 (3) beneath each box. 333 4 4 444 (5) (5) EXAMPLE 1 2 3 555 6 6 000 666 7 7 8 777 2 2 888 9 33 999 110 11 Q13. A serving of vegetables is one cup of salad greens or a half cup of vegetables-not including French fries. How many servings of vegetables did you have yesterday? O None ① 1 **2** 2 5 or more Q14. A serving of fruit is a medium-sized piece of fruit or a half cup of chopped, cut or canned fruit. How many servings of fruit did you have yesterday? None 1 2 2 3 3 4 5 or more Q15. A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday? None ① 1 **2** 2 **3** 3 **4** 4 (5) 5 or more Q16. MODERATE activity causes only light sweating and a small increase in breathing or heart rate. During an average week, other than your regular job, how many days do you get at least 30 minutes of MODERATE activity? 1 None ② 1 to 2 days ③ 3 to 4 days 4 5 or more days Q17. VIGOROUS activity causes heavy sweating and a large increase in breathing or heart rate. During an average week, other than your regular job, how many days do you get at least 30 minutes of VIGOROUS activity? Mone 2 1 to 2 days ③ 3 to 4 days 4 5 or more days Q19. Thinking about your mental health, Q18. Have you <u>ever</u> been told by a doctor or health professional that you have any of which includes stress, depression, Days the following? (Choose all that apply) and problems with emotions, for 00 ① Depression how many days during the past 30 11 days was your mental health not 2 Anxiety/Stress 22 33 Panic attacks good? -Other mental health problems 4

(5)(6)(7)(8)

Q20. Over the past two weeks, how often have you been bothered by any of the following issues?  a. Little interest or pleasure in doing things b. Feeling down, depressed or hopeless  Q21. Have you smoked at least 100 cigarettes in your entire life? (1  ① Yes  ② No	all c	lays t ② ②	re than half the days 3 3	Nearly every day 4
Q22. How often do you currently smoke cigarettes?  ① Every day ② Some days ③ Not at all				
Q23. How often do you currently use chewing tobacco or snuff?  ① Every day ② Some days ③ Not at all				
② Doctor ⑤ Health Department ⑥ I c	obacco? t applicable on't want to q her:			
on how many days did you have at least one drink of any alcoholic beverage?  drink of any alcoholic  3 3	ring the <u>past</u> ank, about ho erage? A drin ne, or a drink	ow many dri k is one can with one sh	nks did you of beer, or not of liquo	u drink on ne glass of or.
Q27. During the <u>past 30 days</u> , how many times did you consume at 5 for males) on the same occasion (at the same time, or within				males,
① Almost every day ② 2 to 3 times a week ③ Once a we	ek 🐠 Or	nce a month	(5) N	lever
Q28. Have you ever had a problem with	Q29. If yes,	, did you get	t the help y	ou needed?
a. Alcohol use? ① Yes ② No	① Yes	② No	③ Didn't	need help
b. Prescription or non-prescription drug abuse? ① Yes ② No	① Yes	② No	③ Didn't	need help
Q30. Over the past two years				
a. Has alcohol use had harmful effects on you or a family member?			① Y	es ② No
b. Has prescription or non-prescription drug abuse had harmful effects	on you or a fa	mily membe	er? ① Y	es ② No

## **PREVENTIVE HEALTH**

Below is a list of preventive screenings and procedures that you may have had in the last year. Please tell us

- a) whether or not you had each of the procedures in the last year, and
- b) if you did not have the procedure, why not? (Choose all that apply)

	Doctor					1111			
<u>General Screenings</u>	Yes	No	Not necessary	Doctor hasn't suggested	Cost	Fear of procedure	Fear of results	Unable to access care	Other reasor
Blood pressure screening	Y	N	①	2	3	4	(5)	6	7
Blood sugar screening	Y	N	1	2	3	4	5	6	7
Bone density test	Y	N	1	2	3	4	(5)	6	7
Cardiovascular screening	Y	N	1	2	3	4	(5)	6	7
Cholesterol screening	Y	N	1	2	3	4	(5)	6	7
Dental screening and X-rays	Y	N	1	2	3	4	(5)	6	7
Flu shot	Y	N	1	2	3	4	(5)	6	7
Glaucoma test	Y	N	1	2	3	4	5	6	7
Hearing screening	<b>(Y)</b>	N	1	2	3	4	(5)	6	7
Immunizations (tetanus, hepatitis A or B)	Y	N	Œ	2	3	4	(5)	6	7
Pelvic exam (women's health)	<b>(Y)</b>	N	1	2	3	4	(5)	6	7
STD (sexually transmitted	Y	N	1	2	3	4	(5)	6	7
disease) screening									
Vascular screening	Y	N	1	2	3	4	(5)	6	7
<u>Cancer Screenings</u>									
Breast cancer screening (i.e., Mammogram, breast exam, women, age 40+)	<b>(A)</b>	N	1	2	3	4	(5)	6	7
Cervical cancer screening (i.e., Pap smear within 3 years of first sexual intercourse,	Y	N	1	2	3	4	(5)	6	7
or by age 21 every 1-3 years, depending on risk factors)			e la solida y el la se el se	Destroy us 6 (S. septe	(M. 2.22)				
Colorectal cancer screening (i.e., colonoscopy every 10 yrs beginning at age 50, fecal occult blood test every year, barium enema every 5 years)	<b>(Y)</b>	N	①	2	3	4	5	6	7
Prostate cancer screening	Y	(N)	1	2	3	4	5	6	7
(i.e., PSA blood test and/or digital exam)									
Skin cancer screening	(Y)	N	1	2	3	4	(5)	6	7

① Diabetes

2 Hypertension

**(5)** COPD

6 Arthritis

Alzheimer's

Asthma

Stroke

Cancer

Q32. Do you have any of the following chronic diseases? (Choose all that apply)

Congestive Heart Failure

3 High Cholesterol

#### PREVENTIVE HEALTH (continued) Q33. About how long has it been since you last visited a doctor or health care provider for a routine physical exam? ⑤ Don't know Within the past year 3 to 5 years 4 6 or more years 6 Never 2 1 to 2 years Q34. About how long has it been since you last visited a dentist or dental clinic for any reason? Within the past year 3 to 5 years (5) Don't know 4 6 or more years 2 1 to 2 years 6 Never Q35. Where do you get most of your health-related information? (Choose all that apply) ① Government websites (i.e., local public health, CDC) Medical professional ② Non-government websites (i.e., WebMD) 6 Alternative health specialist Family or friends Television Magazine, newspapers, or books (8) Health Helpline (telephone) Other: Q36. What is the best way for you to access technology for health information? (Choose all that apply) Personal computer or tablet 3 Smart phone 2 Public computer (e.g., library, community center) 4 Other: **DEMOGRAPHIC INFORMATION - Please tell us about yourself** Q37. What is your age? 55 to 64 years 75 or older ① 18 to 24 years ③ 35 to 44 years 25 to 34 years 45 to 54 years **6** 65 to 74 years Prefer to not answer Q38. What is your highest level of education? 3 Some college, no degree ⑤ Bachelor's degree Prefer to Some high school ② High school diploma or GED ④ Associate's degree Graduate or professional degree not answer Q39. What is your gender? 1 Male Pemale Prefer to not answer **Q40.** What best describes your race/ethnicity? (Choose all that apply) White Native American or Alaska Native 6 Hispanic Black or African American Asian or Pacific Islander Prefer to not answer Q41. What is your approximate annual household income before taxes? ③ \$40,000 to \$69,999 ① Less than \$20,000 (5) \$120,000 or more 4 \$70,000 to \$119,999 2 \$20,000 to \$39,999 Prefer to not answer Q42. How would you best describe your current employment status? ① Employed for wages (3) Homemaker (5) A student Out of work-less than 1 year Self-employed Retired 6 Unable to work Out of work-1 year or more Q43. How long have you lived in your community? 2 to 5 years ① Less than 2 years More than 5 years

#### **DEMOGRAPHIC INFORMATION - Please tell us about yourself** (continued) Q50. How many children younger than 18 years of age Q44. Do you own or rent your home? live in your household? 3 Prefer to not answer 1 Own Mone 3 to 5 2 Rent 4 Other: 2 1 to 2 4 6 or more Q45. Do you have health insurance (private, public, Q51. How many adults age 65 or older live in your household? or governmental)? 1 Yes 2 No 3 Don't know 1 None 3 3 to 5 2 1 to 2 4 6 or more Q46. Do you have oral health or dental care Q52. Are all children in your home current on their insurance coverage? immunizations? ① Yes 2 No 3 Don't know ① Yes 3 Don't know 2 No 4 Not applicable Q47. Do you have one person who you think of as your personal doctor or health care provider? Q53. Do all children in your home, age 6 months or 1 Yes, only one (3) No. older get a flu shot or flu mist each year? 2 Yes, more than one 4 Don't know ① Yes 3 Don't know 2 No 4 Not applicable Q48. Where do you go most often when you're sick? (Choose ONE) Q54. What is your ① Physician's office 4 Hospital emergency home zip code? ② Urgent care room Write your zip code in the 3 Public Health Dept. 5 Other free or discounted 00000 boxes, then fill in the matching 2222 clinic oval beneath each box. 33333 EXAMPLE 1 2 3 44444 Q49. Where do you most often take your child when 5555 they are sick? (Choose ONE) 6666 00000 ① Physician's office 4 Hospital emergency 2 2 8888 ② Urgent care room 330 9999 3 Public Health Dept. 5 Other free or discounted clinic ADDITIONAL COMMENTS

Thank you for assisting us with this important survey!

