# Acknowledgements

# Table of Contents

# Introduction

With the goal of becoming a healthier state, the North Dakota Department of Health and Human Services (NDHHS) conducted a survey of key informants across the state to better inform the development of the North Dakota State Health Improvement Plan (SHIP). SHIP provides a framework for action for NDHHS and its partners by identifying strategies to address health priorities and outline specific objectives - with the overall goal of improving the health and well-being of North Dakota residents.

Surveys were distributed to a wide range of individuals, including local government officials, school board members, economic development professionals, non-profits, industry representatives, tribal health, healthcare, and public health professionals. Their perspectives are critical to the development of SHIP, which will guide development of community-driven solutions and identify resources to address and improve the health and well-being of individuals and families in North Dakota.

A total of 150 individuals participated in the survey, from organizations serving every county in the state. Their responses were aggregated, and the results are provided in the sections that follow. The report begins with a summary of perspectives on various health issues impacting North Dakota, followed by feedback on a referral network system from those respondents providing direct client care services.

# Key Findings

**Most Important Healthcare Prevention Issues.** There was wide agreement among key informants participating in the survey that all 11 prevention issues presented to them were very or extremely important in North Dakota's effort to become a healthier state. Healthcare workforce recruitment and retention was identified as the most important issue followed closely by behavioral health prevention efforts and access to primary healthcare. Rounding out the top five most important issues were prevention efforts around adverse childhood experiences and chronic disease management.

**Current Involvement in Healthcare Prevention Efforts.** The top three issues identified as most important were also the same areas where respondents were most often involved in prevention work. At least 41% of respondents were involved in healthcare workforce recruitment and retention, behavioral health prevention efforts, or primary healthcare access and utilization work.

**Interest in Collaborating with NDHHS on Healthcare Prevention Work**. There was strong interest in collaborating with NDHHS. At least half or nearly half of respondents indicated interest in behavioral health prevention work, a social determinants of health (SDOH) referral network, healthcare workforce recruitment and retention, primary healthcare access and utilization, and life-course quality of life investments especially for older populations.

For most of the 11 issues identified in the survey, a majority of respondents interested in collaborating with NDHHS were already involved in prevention work. The exceptions were issues around a social determinants of health referral network and quality of life investments for older and tribal populations. For these three areas, half of respondents who were interested in collaborating with NDHHS were not currently involved in prevention efforts around these topics. This suggests an opportunity for new relationships with those interested in becoming involved in the work.

**Healthcare Referral Network**. Half of respondents indicated they would be interested in a ***statewide*** social determinants of health referral network (51%). Fewer than 10% of respondents said they were not interested; however, 41% were unsure. This suggests that many respondents may be unfamiliar with the concept of a statewide health referral system – and presents an opportunity to educate and create more interest in the future.

For the nearly half of respondents working directly with clients and already making referrals, the majority of them use the phone, verbal interactions, or paper to make the necessary connections. One-third use an electronic platform.

The three biggest challenges identified by respondents making referrals were:
   o   Limited number of community-based health and social services available
   o   Ineffective data sharing capabilities across the health and social service ecosystem in the state
   o   Non-universal community resources (i.e., not available to all people within vulnerable populations)

The five functions and capabilities that respondents providing direct care envision to be most helpful in a statewide referral network included:
   o   Resource directory
   o   Care coordination workflow and/or case management services
   o   Closed-loop referral system
   o   Client access to personal referral record and ability to self-refer
   o   Care plan that is shared between independent organizations

## ND SHIP Priorities & Focus Areas

The results and key findings from this study were shared and analyzed internally by staff with the North Dakota Department of Health and Human Services with the goal of developing and implementing strategies for action with a focus on system changes and collaboration with partners and communities in North Dakota. These efforts led to the development of the following four priorities and focus areas.

| Strengthening Workforce | Implement effective recruitment, retention, and training strategies for a strong and stable workforce ready to meet the needs of North Dakotans |
| --- | --- |
| Cultivating Wellness | Invest in developing strategies to strengthen childhood opportunities and reduce adverse childhood experiences, decrease occupational injuries, curb tobacco and e-cigarette usage, and enhance the length and quality of life of tribal populations and older adults, with a collective commitment to improving the health outcomes of all our communities |
| Expanding Access and Connection | Enhance well-being by expanding access to essential healthcare services, such as primary care, cardiac care, oral care, cancer screening, and chronic disease management and prevention. Additionally, support strategies to actively connect individuals to referrals for services and programs that support their holistic well-being, ensuring that everyone has the opportunity to receive the care and support they need |
| Building Community Resilience | Build capacity and enhance readiness for infectious disease response, emergency preparedness and response, and strengthen overall community resilience while being responsive to the challenges of rural communities |

# Healthcare Prevention Efforts

People's health and well-being are essential building blocks to personal fulfillment and thriving communities. After a review of findings from 22 community health needs assessments[i] conducted throughout the state of North Dakota, the North Dakota State Health Assessment[ii], the Blue Cross Blue Shield of North Dakota Caring Foundation's Social Determinants of Health study[iii], the 2023 Biennial Report "Health Issues for the State of North Dakota"[iv], and America's Health Rankings[v], a list of 11 issues were identified by NDHHS as important barriers to North Dakota becoming the healthiest state in the nation.

Key informants from around the state were asked to share their perspectives on these identified issues to help guide development of community-driven solutions and identify resources to address and improve health and well-being in North Dakota – through workforce, wellness, access, and connections.

The 11 areas of focus included the following categories, grouped into four themes:

**Workforce**
- Healthcare workforce recruitment and retention (Primary, Oral, and Behavioral health)

**Wellness**
- Adverse childhood experiences prevention efforts
- Occupational fatalities prevention
- Behavioral health prevention efforts (substance misuse, addiction, depression)
- Screening and cessation support for smoking and e-cigarette use
- Length and quality of life investments for tribal populations

**Access**
- Primary healthcare access and utilization
- Cancer screening
- Chronic disease management

**Connections**
- Life-course quality of life investments, especially for older populations (social connectedness, recreation, and community engagement)
- A Social Determinants of Health referral network such as a Community Information Exchange

For each of the issues identified above, respondents were asked how they would classify the importance of each in North Dakota, whether or not they were involved in current efforts to address them, and if they were interested in collaborating with the North Dakota Department of Health and Human Services (NDDHSS) to address them. Overall results are presented below, followed by a more detailed analysis for each of the 11 issues individually.

## Overall Results

**Level of Importance**. In general, respondents considered each of the 11 prevention efforts to be important in North Dakota's effort to become a healthier state. At least half of all respondents indicated that each issue was very or extremely important.

On a scale from one to five, with one being 'not important' and five being 'extremely important', the issues considered most important were healthcare workforce recruitment and retention efforts (mean=4.59) followed closely by behavioral health prevention efforts (mean=4.57) (Figure 1). Least important among the 11 identified issues was occupational fatalities prevention (mean=3.48). While still considered important overall, 14% of respondents indicated such efforts were slightly or not important at all. These results may be a reflection of individuals responding to the survey, as only 11% of respondents were involved directly in occupational fatality prevention work.

**Figure 1. Level of Importance for Healthcare Prevention Efforts in North Dakota**
Mean score with 1=Not important and 5=Extremely important

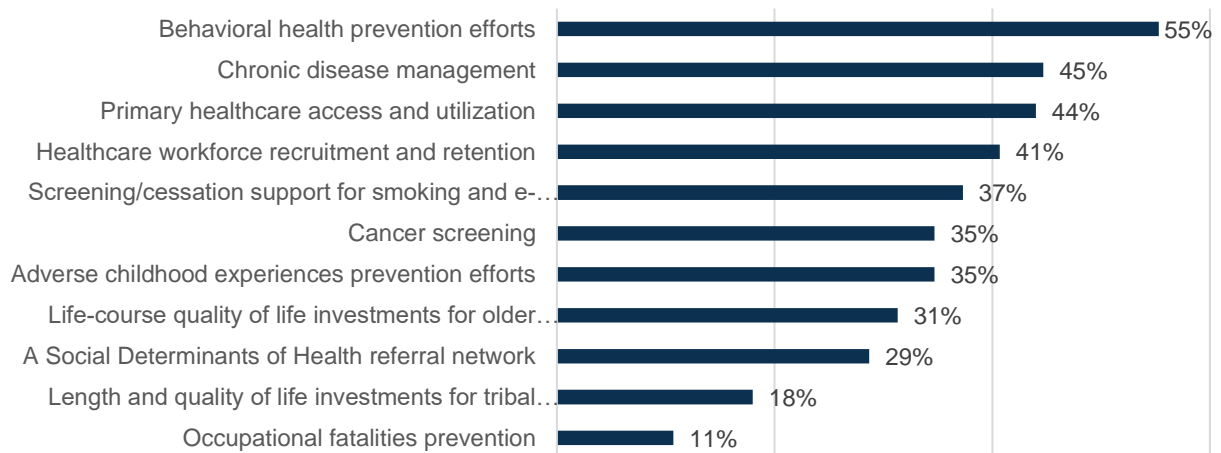| Category | Mean score |
|---|---|
| Healthcare workforce recruitment and retention | 4.59 |
| Behavioral health prevention efforts | 4.57 |
| Primary healthcare access and utilization | 4.39 |
| Adverse childhood experiences prevention efforts | 4.28 |
| Chronic disease management | 4.18 |
| Length and quality of life investments for tribal… | 4.05 |
| Life-course quality of life investments, esp. for older pops | 4.03 |
| Cancer screening | 4.01 |
| A Social Determinants of Health referral network | 3.86 |
| Screening/cessation support for smoking and e-… | 3.64 |
| Occupational fatalities prevention | 3.48 |

Note: In addition to the 11 topics presented in the survey, respondents identified the following prevention efforts as extremely important: cost barriers (n=1), disabilities (n=1), and homelessness (n=1).

**Current Involvement**. There were some similarities between the areas considered to be most important and areas in which respondents were currently involved in prevention work. Behavioral health prevention efforts, primary healthcare access and utilization, and healthcare workforce recruitment and retention work, three areas considered to be most important, were also areas in which respondents were mostly likely to be currently involved. At least 41% of respondents indicated involvement in these three efforts.

**Figure 2. Current Involvement in Healthcare Prevention Efforts in North Dakota**
Percent of respondents involved in efforts, in some capacity

| Category | Percent |
|---|---|
| Behavioral health prevention efforts | 55% |
| Chronic disease management | 45% |
| Primary healthcare access and utilization | 44% |
| Healthcare workforce recruitment and retention | 41% |
| Screening/cessation support for smoking and e-… | 37% |
| Cancer screening | 35% |
| Adverse childhood experiences prevention efforts | 35% |
| Life-course quality of life investments for older… | 31% |
| A Social Determinants of Health referral network | 29% |
| Length and quality of life investments for tribal… | 18% |
| Occupational fatalities prevention | 11% |

Notes: N=150. In addition to the 11 topics presented in the survey, respondents identified being involved in the following prevention efforts: housing (n=1), community recreation availability (n=1), and rural development (n=1).

**Interest in Collaboration with NDHHS**. Interest in collaboration with NDHHS was strongest around behavioral health prevention efforts, with 58% of respondents indicating they currently collaborate or have an interest in doing so. Half or nearly half of respondents reported an interest in collaborating around a social determinants of health referral network (50%), healthcare workforce recruitment and retention efforts (49%), primary healthcare access and utilization (46%), and life-course quality of life investments, especially for older populations (45%).

**Figure 3. Interest in Collaborating with NDDHHS on Healthcare Prevention Efforts in North Dakota**
Percent of respondents who are collaborating or would like to collaborate with NDDHHS on efforts

| Category | Percent |
|---|---|
| Behavioral health prevention efforts | 58% |
| A Social Determinants of Health referral network | 50% |
| Healthcare workforce recruitment and retention | 49% |
| Primary healthcare access and utilization | 46% |
| Life-course quality of life investments for older… | 45% |
| Adverse childhood experiences prevention efforts | 40% |
| Chronic disease management | 37% |
| Screening/cessation support for smoking and e-… | 33% |
| Length and quality of life investments for tribal… | 31% |
| Cancer screening | 31% |
| Occupational fatalities prevention | 15% |

_____
Notes: N=150. In addition to the 11 topics presented in the survey, respondents identified an interest in collaborating with NDDHHS on addressing poverty (n=1) and involvement in tribal health public health meetings throughout the state (n=1).
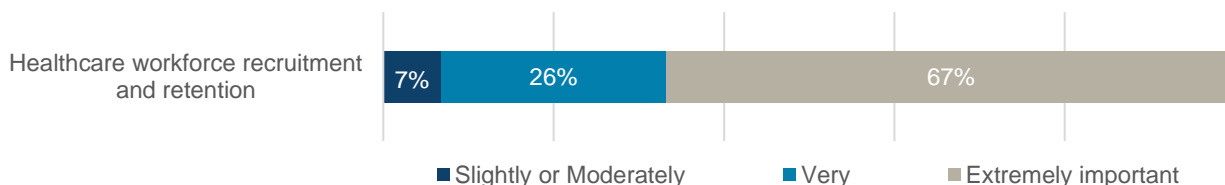
# WORKFORCE

## Healthcare Workforce Recruitment and Retention

The vast majority of respondents indicated that the issue of healthcare workforce recruitment and retention is very or extremely important in North Dakota's effort to become the healthiest state in the nation (93%). None of the respondents said that workforce issues are not important.

**Figure 4. Healthcare Workforce Recruitment and Retention – Level of Importance in ND's effort to become healthiest state**
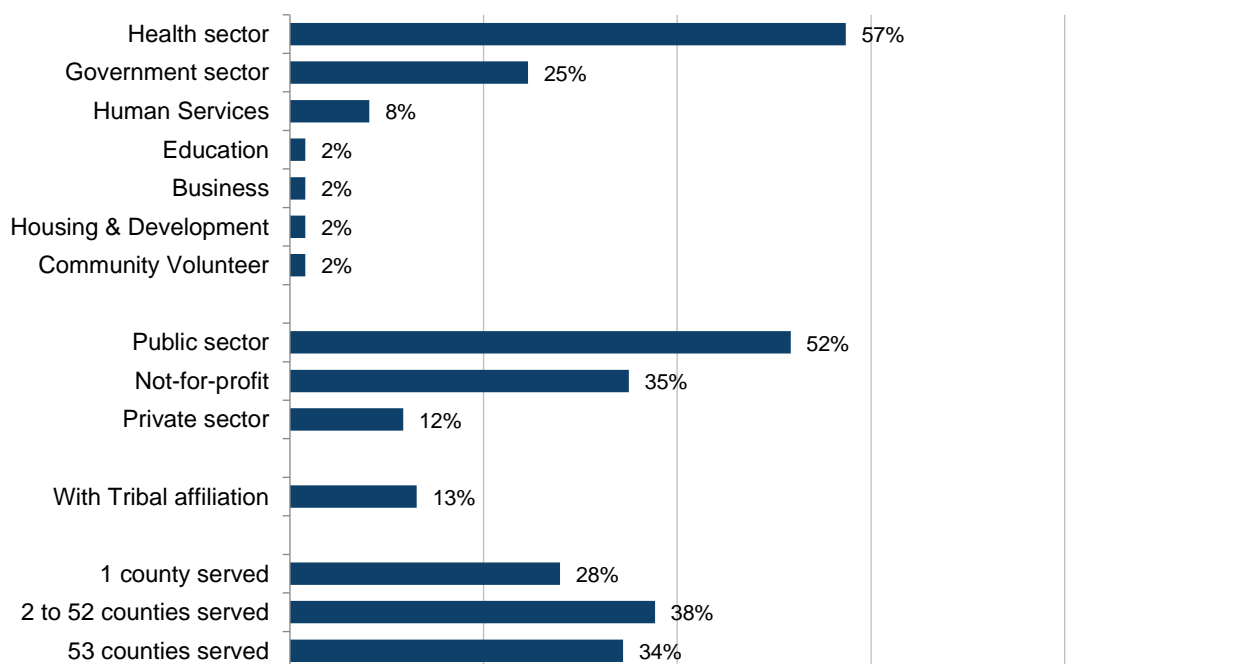


**Current Involvement.** Four in 10 respondents indicated involvement in healthcare workforce recruitment and retention (41%). For those respondents involved in healthcare workforce recruitment and retention efforts (n=61), similar percentages were affiliated with organizations serving all 53 counties in the state (34%) and a combination of counties (38%). One-fourth served only one county (28%).

Most respondents involved in healthcare workforce efforts were affiliated with the health sector (57%). One-fourth of respondents were in government (25%), 8% were in human services, and 2% each were in education, business, housing and development, and community volunteer work. One in 10 respondents indicated a tribal affiliation (13%).

**Figure 5. Respondents Involved in Healthcare Workforce Recruitment and Retention Efforts – by Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents involved in healthcare workforce and retention efforts



N=61

**Interest in Collaboration with NDHHS.** Half of respondents expressed an interest in collaborating with NDHHS on healthcare workforce recruitment and retention (49%). For those respondents with an interest in collaborating (n=74), two-thirds were already involved in these efforts (69%).

One-third of respondents with an interest in collaborating were affiliated with organizations serving all 53 counties in the state (32%). Similar percentages served only one county (34%) and a combination of counties (34%).

Most respondents interested in collaborating with NDHHS on healthcare workforce efforts indicated an affiliation with the health sector (54%) — 18% were in government, 8% were in education, 7% were with human services, and 3% were in housing and development. One percent each were in the culture sector, community volunteer work, the youth sector, and business. One in five respondents indicated a tribal affiliation (19%).

**Figure 6. Respondents Interested in Collaborating with NDDHHS on Healthcare Workforce Recruitment and Retention Efforts – by Whether they were Currently Involved in the Effort, Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents interested in collaborating with NDDHHS on healthcare workforce recruitment and retention efforts
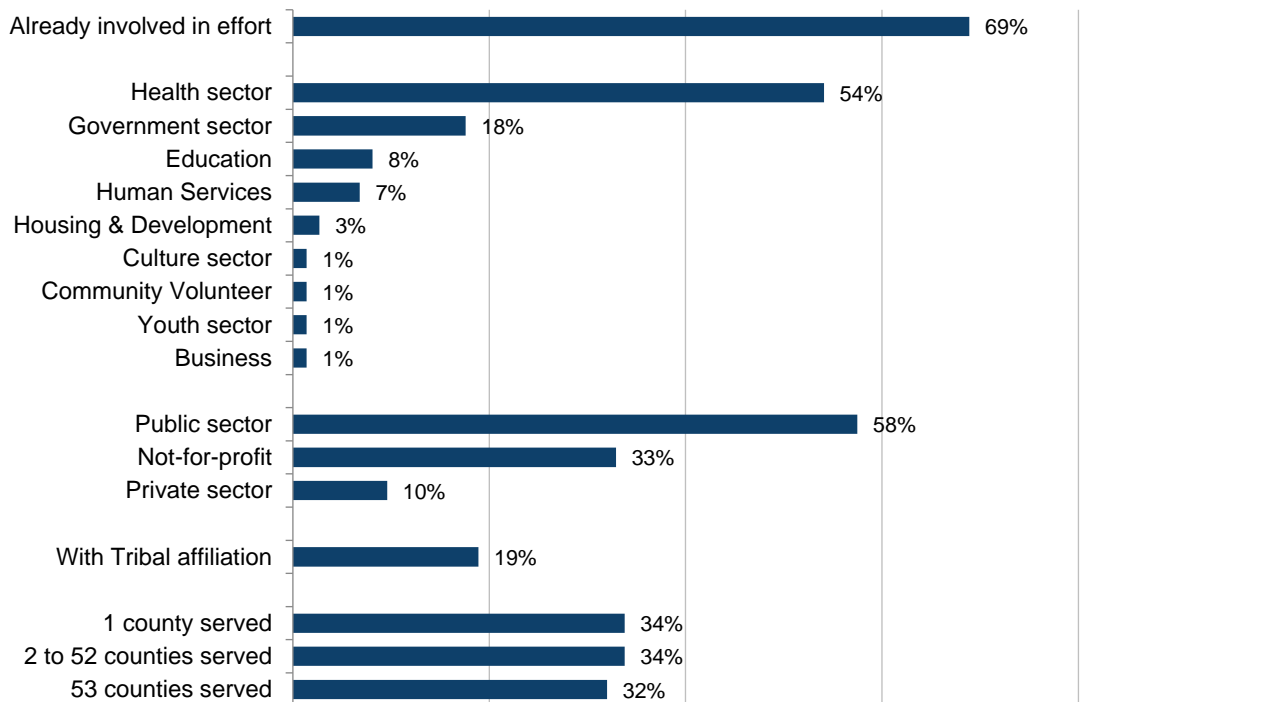


N=74

## WELLNESS

### Adverse Childhood Experiences Prevention Efforts

The vast majority of respondents indicated that the issue of preventing adverse childhood experiences is very or extremely important in North Dakota's effort to become the healthiest state in the nation (84%). One respondent said that adverse childhood experiences are not important.

**Figure 7. Adverse Childhood Experiences – Level of Importance in ND's effort to become healthiest state**

| Adverse childhood experiences prevention efforts | 15% | 39% | 45% |
|---|---|---|---|

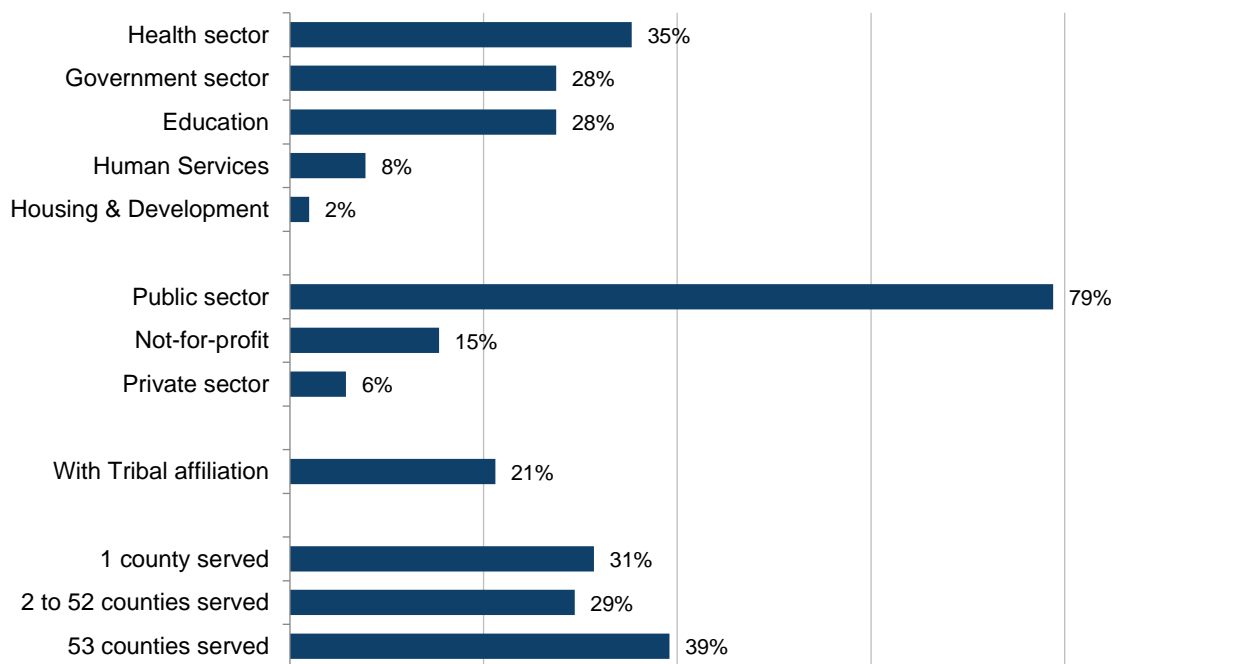■ Slightly or Moderately ■ Very ■ Extremely important
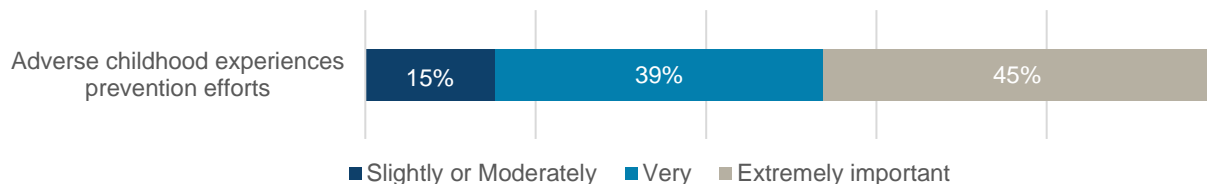
**Current Involvement.** One-third of respondents reported involvement in prevention efforts around adverse childhood experiences (35%). For those respondents involved in adverse childhood experiences prevention efforts (n=52), most were affiliated with organizations serving all 53 counties in the state (39%). Nearly one-third of respondents served only one county (31%) and 29% served a combination of counties.

Most respondents involved in prevention work around adverse childhood experiences were affiliated with the health sector (35%). One-fourth of respondents were with government and education (28% each),

**Figure 8. Respondents Involved in Adverse Childhood Experiences Prevention Efforts – by Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents involved in adverse childhood experiences prevention efforts

| | |
|---|---|
| Health sector | 35% |
| Government sector | 28% |
| Education | 28% |
| Human Services | 8% |
| Housing & Development | 2% |
| Public sector | 79% |
| Not-for-profit | 15% |
| Private sector | 6% |
| With Tribal affiliation | 21% |
| 1 county served | 31% |
| 2 to 52 counties served | 29% |
| 53 counties served | 39% |

N=52

8% were in human services, and 2% were with housing and development. One in five respondents indicated a tribal affiliation (21%).

**Interest in Collaboration with NDHHS.** Four in 10 respondents expressed an interest in collaborating with NDHHS on prevention efforts around adverse childhood experiences (40%). For those respondents with an interest in collaborating (n=60), two-thirds were already involved in these prevention efforts (67%).

Four in 10 respondents with an interest in collaborating were affiliated with organizations serving only one county in the state (40%). Similar percentages served a combination of counties (30%) and all 53 counties in the state (30%).

Most respondents interested in collaborating with NDHHS on prevention efforts around adverse childhood experiences were affiliated with the health sector (40%), 28% were with education, 18% were with government, 8% were in human services, and 2% each were with housing and development and the cultural sector. One in five respondents indicated a tribal affiliation (20%).

**Figure 9. Respondents Interested in Collaborating with NDDHHS on Adverse Childhood Experiences Prevention Efforts – by Whether they were Currently Involved in the Effort, Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents interested in collaborating with NDDHHS on adverse childhood experiences prevention efforts
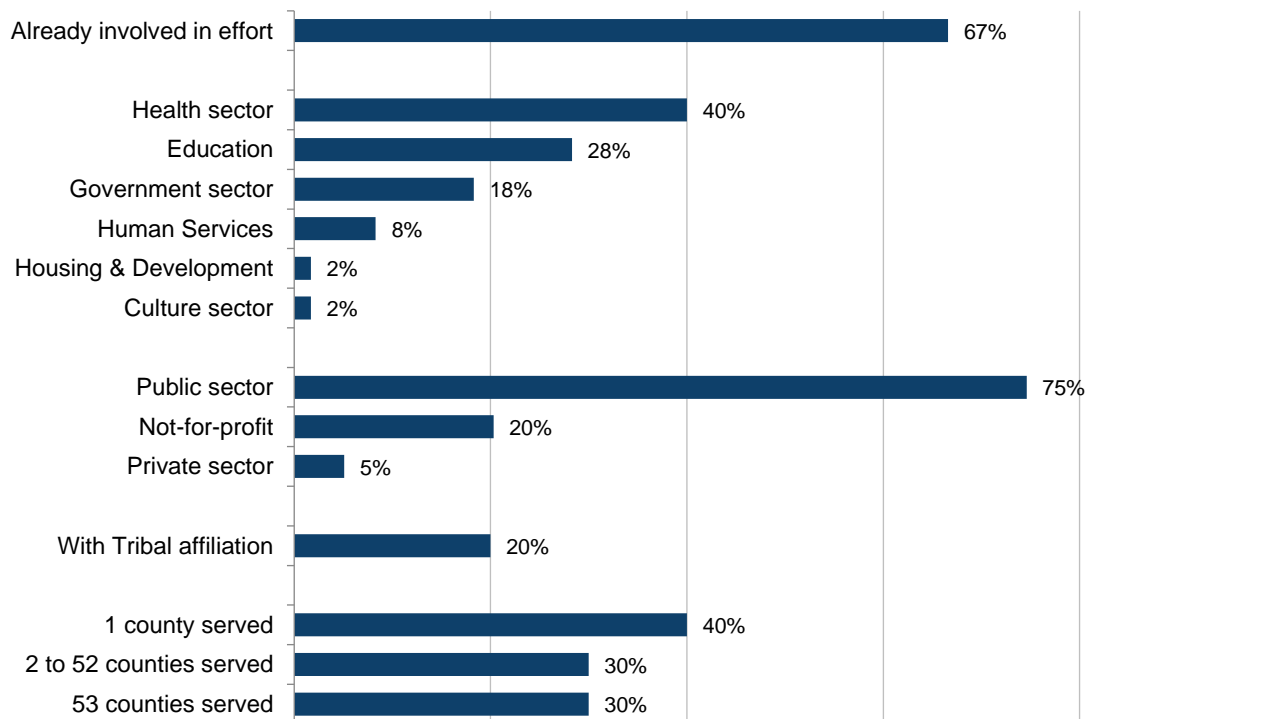


N=60

## Occupational Fatality Prevention

Half of respondents indicated that occupational fatality prevention is very or extremely important in North Dakota's effort to become the healthiest state in the nation (48%). One respondent said that occupational fatality prevention efforts are not important.

**Figure 25. Occupational Fatality Prevention – Level of Importance in ND's effort to become healthiest state**



| Occupational fatality prevention | 52% | 32% | 16% |

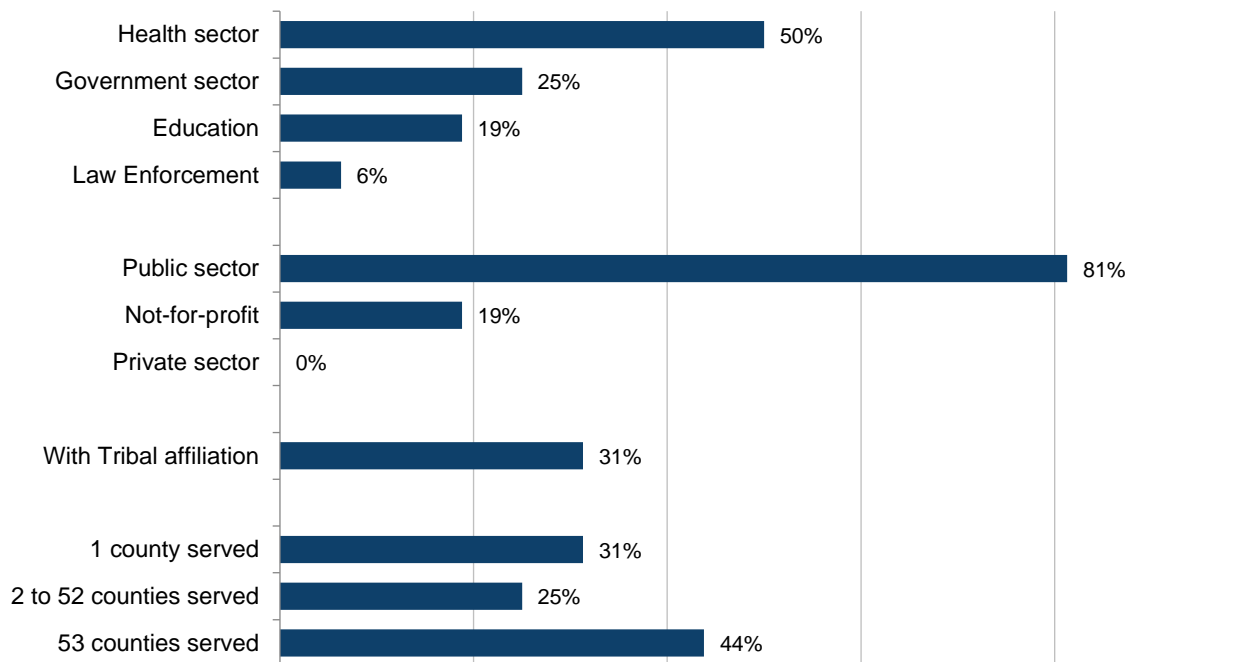■ Slightly or Moderately  ■ Very  ■ Extremely Important
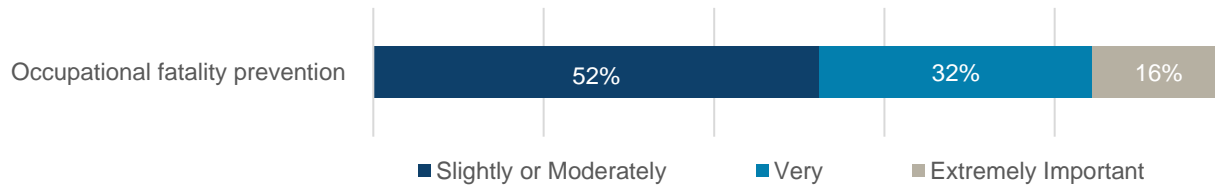
**Current Involvement.** One in 10 respondents reported involvement in occupational fatality prevention efforts (11%). For those respondents involved in occupational fatality prevention efforts (n=16), most were affiliated with organizations serving all 53 counties in the state (44%). Nearly one-third of respondents served only one county (31%) and one-fourth served a combination of counties (25%)

Most respondents involved in occupational fatality prevention efforts were affiliated with the health sector (50%), 25% were with government, 19% were with education, 6% were with law enforcement and corrections. Nearly one-third of respondents indicated a tribal affiliation (31%).

**Figure 26. Respondents Involved in Occupational Fatality Prevention Efforts – by Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents involved in occupational fatality prevention efforts



| | |
|---|---|
| Health sector | 50% |
| Government sector | 25% |
| Education | 19% |
| Law Enforcement | 6% |
| Public sector | 81% |
| Not-for-profit | 19% |
| Private sector | 0% |
| With Tribal affiliation | 31% |
| 1 county served | 31% |
| 2 to 52 counties served | 25% |
| 53 counties served | 44% |

____
N=16

**Interest in Collaboration with NDHHS.** One in seven respondents expressed an interest in collaborating with NDHHS on occupational fatality prevention efforts (15%). For those respondents with an interest in collaborating (n=22), one-third were already involved in these prevention efforts (36%).

Nearly half of respondents interested in collaborating were affiliated with organizations serving only one county in the state (46%) – 32% served all 53 counties and 23% served a combination of counties.

Most respondents interested in collaborating with NDHHS on occupational fatality prevention efforts were affiliated with the health sector (50%), 27% were with government, 18% were with education, and 5% were within the culture sector. One-third of respondents indicated a tribal affiliation (32%).

**Figure 27. Respondents Interested in Collaborating with NDDHHS on Occupational Fatality Prevention Efforts – by Whether they were Currently Involved in the Effort, Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents interested in collaborating with NDDHHS on occupational fatality prevention efforts
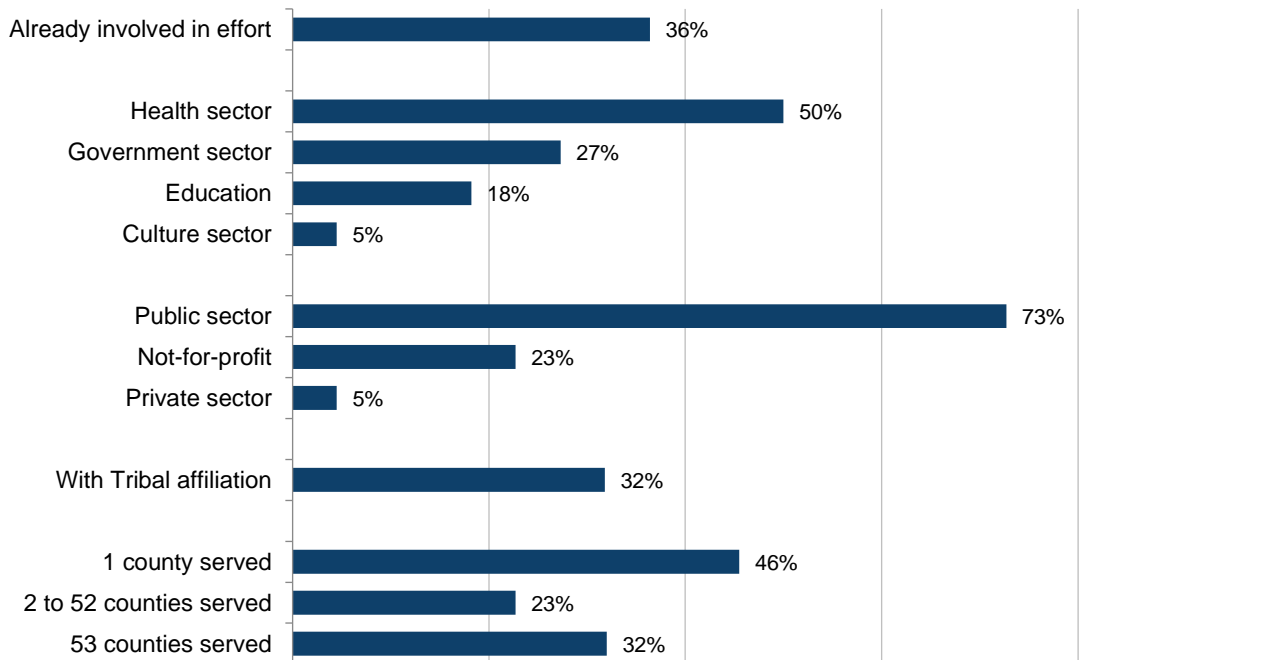


N=22

## Behavioral Health Prevention Efforts

Nearly all respondents indicated that behavioral health prevention efforts are very or extremely important in North Dakota's effort to become the healthiest state in the nation (96%). None of the respondents said that behavioral health prevention efforts are not important.

**Figure 16. Behavioral Health Prevention Efforts – Level of Importance in ND's effort to become healthiest state**
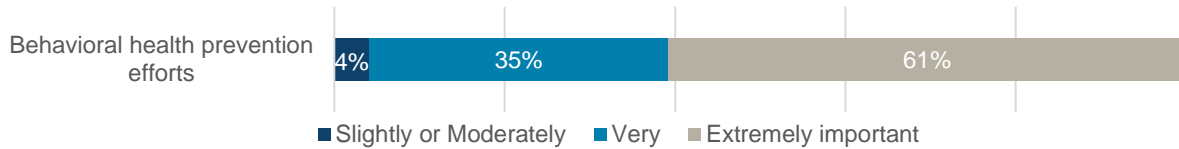


**Current Involvement.** Half of respondents reported involvement in behavioral health prevention efforts (55%). For those respondents involved in behavioral health prevention efforts (n=83), most were affiliated with organizations serving only one county (39%) – 28% served a combination of counties and one-third served all 53 counties in the state (33%).

Respondents involved in behavioral health prevention efforts showed the most diversity in terms of the community sector they affiliate with. Most respondents involved in behavioral health prevention efforts were affiliated with the health sector (44%), 24% were with government, 16% were with education, 7% with human services, and 2% were community volunteers. One percent each were associated with

**Figure 17. Respondents Involved in Behavioral Health Prevention Efforts – by Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents involved in behavioral health prevention efforts
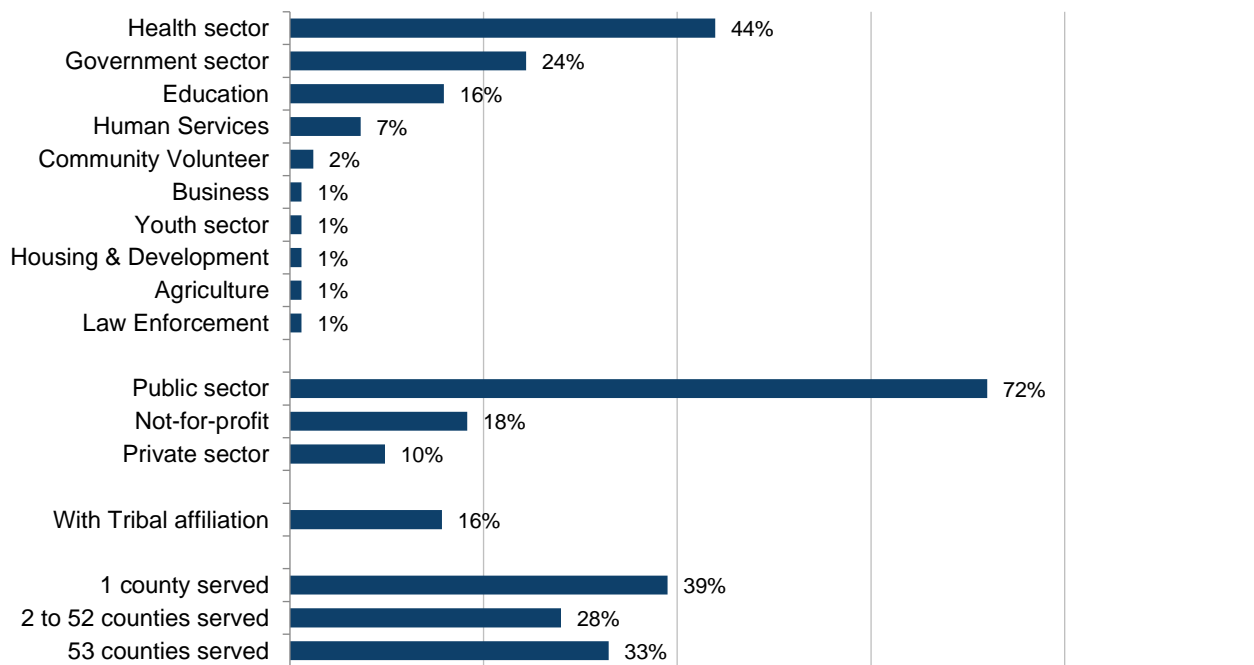


N=83

business, youth, housing and development, agriculture, and law enforcement. One in six respondents indicated a tribal affiliation (16%).

**Interest in Collaboration with NDHHS.** Just over half of respondents expressed an interest in collaborating with NDHHS on behavioral health prevention efforts (58%). For those respondents with an interest in collaborating (n=87), three-fourths were already involved in these prevention efforts (76%).

Four out of 10 respondents with an interest in collaborating were affiliated with organizations serving only one county in the state (41%), 28% served all 53 counties, and 31% served a combination of counties.

Most respondents interested in collaborating with NDHHS on behavioral health prevention efforts were affiliated with the health sector (45%), 21% were with government, 16% were with education, and 6% were with human services. Two percent each were affiliated with housing and development and volunteer work. One percent each were in agriculture, the cultural sector, and youth work. One-fifth of respondents indicated a tribal affiliation (23%).

**Figure 18. Respondents Interested in Collaborating with NDDHHS on Behavioral Health Prevention Efforts – by Whether they were Currently Involved in the Effort, Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents interested in collaborating with NDDHHS on behavioral health prevention efforts
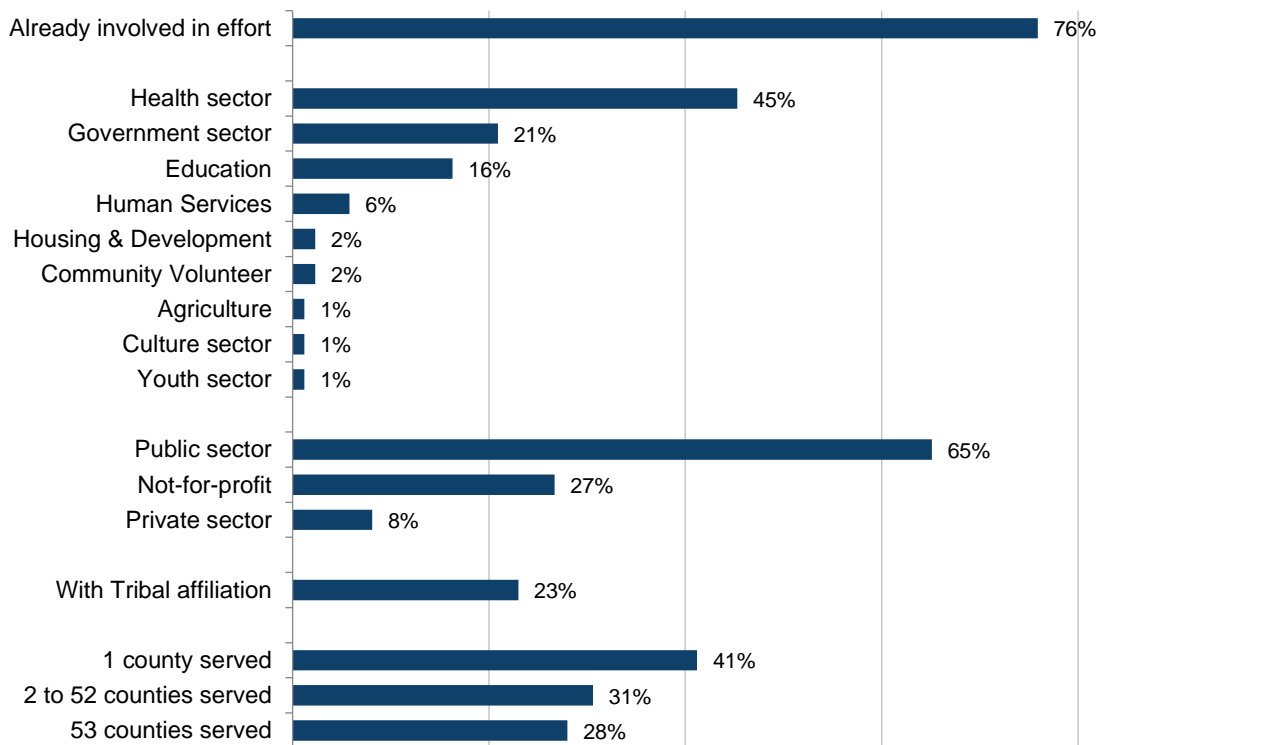


N=87

## Screening and Cessation Support for Smoking and E-Cigarette Use

Half of respondents indicated that screening and cessation support for smoking and e-cigarette use is very or extremely important in North Dakota's effort to become the healthiest state in the nation (53%). Two respondents said that screening and cessation support for smoking and e-cigarette use is not

**Figure 28. Screening and Cessation Support for Smoking and E-Cigarette Use – Level of Importance in ND's effort to become healthiest state**

| Screening and cessation support for smoking and e-cigarette use | 45% | 32% | 21% |
|---|---|---|---|

■ Slightly or Moderately   ■ Very   ■ Extremely Important
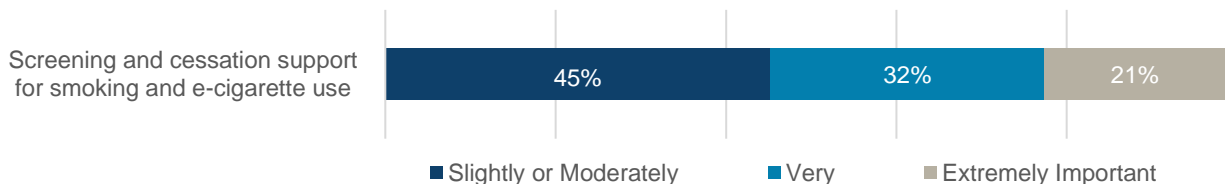
important.

**Current Involvement.** Just over one-third of respondents reported involvement in screening and cessation support for smoking and e-cigarette use (37%). For those respondents involved in screening and cessation support for smoking and e-cigarette use (n=56), most were affiliated with organizations serving only one county in the state (36%). Similar percentages of respondents served a combination of counties (31%) and all 53 counties in the state (33%).

Most respondents involved in screening and cessation support for smoking and e-cigarette use were affiliated with the health sector (64%), 27% were with government, 6% were with human services, and

**Figure 29. Respondents Involved in Screening and Cessation Support for Smoking and E-Cigarette Use – by Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents involved in screening and cessation support for smoking and e-cigarette use

| | |
|---|---|
| Health sector | 64% |
| Government sector | 27% |
| Human Services | 6% |
| Education | 2% |
| Youth sector | 2% |
| Public sector | 69% |
| Not-for-profit | 24% |
| Private sector | 7% |
| With Tribal affiliation | 14% |
| 1 county served | 36% |
| 2 to 52 counties served | 31% |
| 53 counties served | 33% |
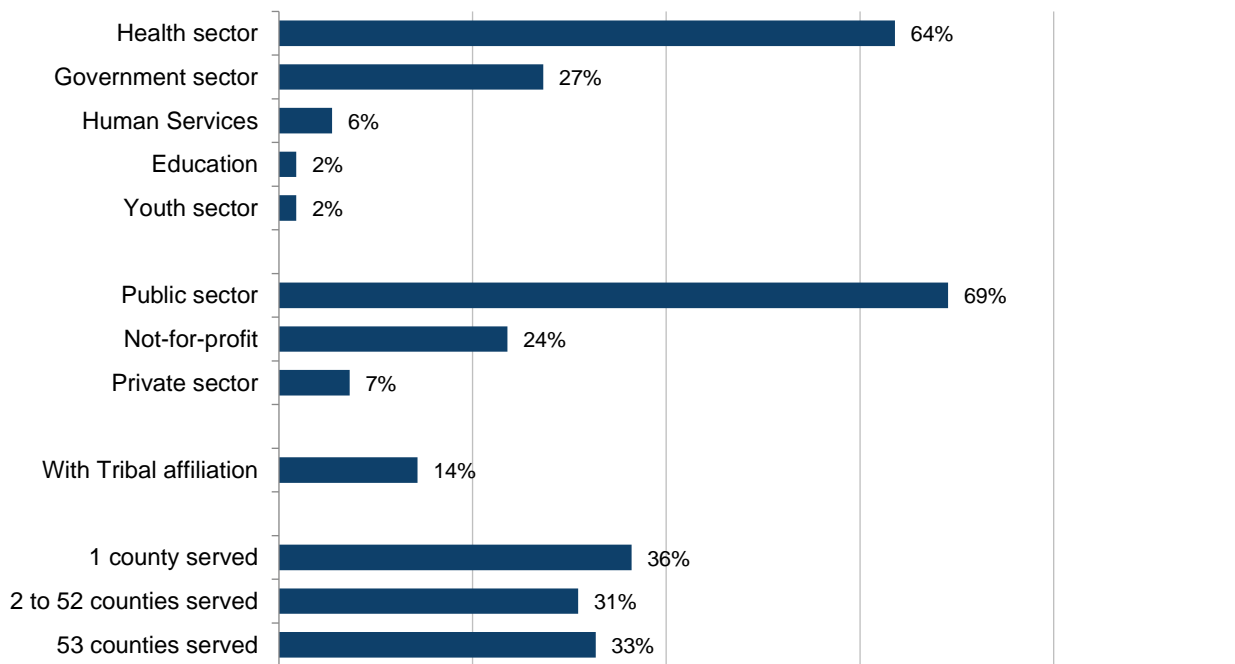
N=56

2% each were with education and youth work. One in seven respondents indicated a tribal affiliation (14%).

**Interest in Collaboration with NDHHS.** One-third of respondents expressed an interest in collaborating with NDHHS on screening and cessation support for smoking and e-cigarette use (33%). For those respondents with an interest in collaborating (n=50), three-fourths were already involved in these prevention efforts (76%).

Half of respondents interested in collaborating were affiliated with organizations serving only one county in the state (49%) – 22% served all 53 counties and 29% served a combination of counties.

Most respondents interested in collaborating with NDHHS on screening and cessation support for smoking and e-cigarette use were affiliated with the health sector (59%), 16% were with government, 16% were with education, and 4% were in human services. Two percent each were with the youth and culture sectors. One-fifth of respondents indicated a tribal affiliation (20%).

**Figure 30. Respondents Interested in Collaborating with NDDHHS on Screening and Cessation Support for Smoking and E-Cigarette Use – by Whether they were Currently Involved in the Effort, Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents interested in collaborating with NDDHHS on screening and cessation support for smoking and e-cigarette use
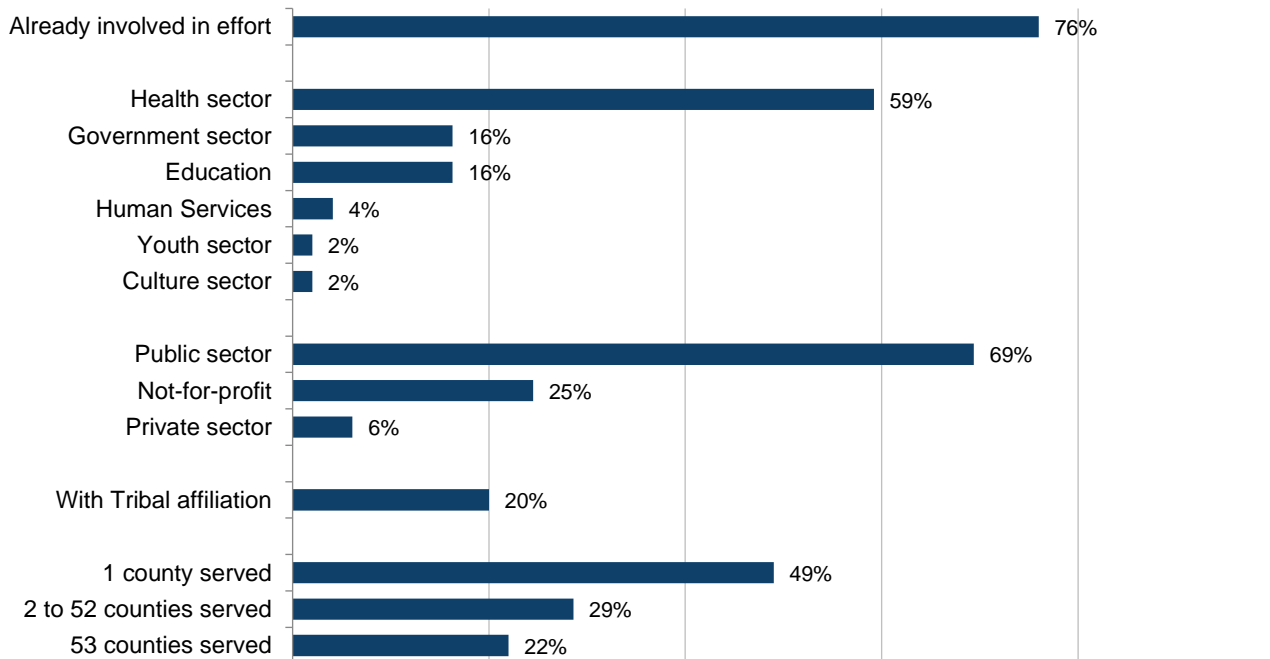


N=50

## Length and Quality of Life Investments for Tribal Populations

Three-fourths of respondents indicated that length and quality of life investments for tribal populations are very or extremely important in North Dakota's effort to become the healthiest state in the nation (77%). None of the respondents said that length and quality of life investments for tribal populations are not important.

**Figure 31. Length and Quality of Life Investments for Tribal Populations – Level of Importance in ND's effort to become healthiest state**

| Length and quality of life investments for tribal populations | Slightly or Moderately | Very | Extremely important |
|---|---|---|---|
| | 23% | 44% | 34% |

■ Slightly or Moderately  ■ Very  ■ Extremely important

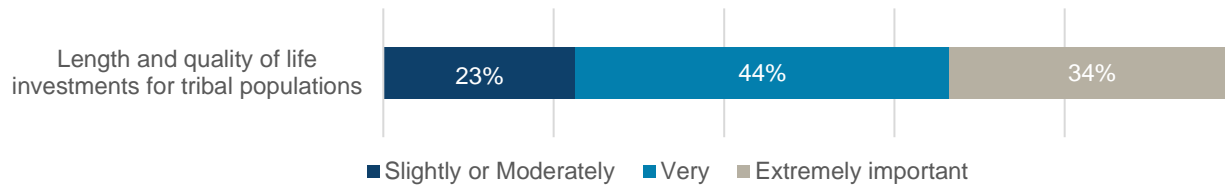**Current Involvement.** Nearly one-fifth of respondents reported involvement in length and quality of life investments for tribal populations (18%). For those respondents involved in length and quality of life investments for tribal populations (n=27), most were affiliated with organizations serving all 53 counties in the state (69%) – 19% of respondents served only one county and 12% served a combination of counties.

Most respondents involved in length and quality of life investments for tribal populations were affiliated with the health sector (46%), 42% were with government, 8% were with education, and 4% were with human services. One-fourth of respondents indicated a tribal affiliation (26%).

**Figure 32. Respondents Involved in Length and Quality of Life Investments for Tribal Populations – by Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents involved in length and quality of life investments for tribal populations

| Category | Percentage |
|---|---|
| Health sector | 46% |
| Government sector | 42% |
| Education | 8% |
| Human Services | 4% |
| Public sector | 82% |
| Not-for-profit | 19% |
| Private sector | 0% |
| With Tribal affiliation | 26% |
| 1 county served | 19% |
| 2 to 52 counties served | 12% |
| 53 counties served | 69% |

N=27

**Interest in Collaboration with NDHHS.** Nearly one-third of respondents expressed an interest in collaborating with NDHHS on length and quality of life investments for tribal populations (31%). For those respondents with an interest in collaborating (n=46), nearly half were already involved in these prevention efforts (46%). This means that half of respondents interested in collaborating were not involved and suggests an opportunity for new connections and opportunities for broader involvement in the work.

Half of respondents interested in collaborating were affiliated with organizations serving all 53 counties in the state (51%) – 27% served only one county and 22% served a combination of counties.
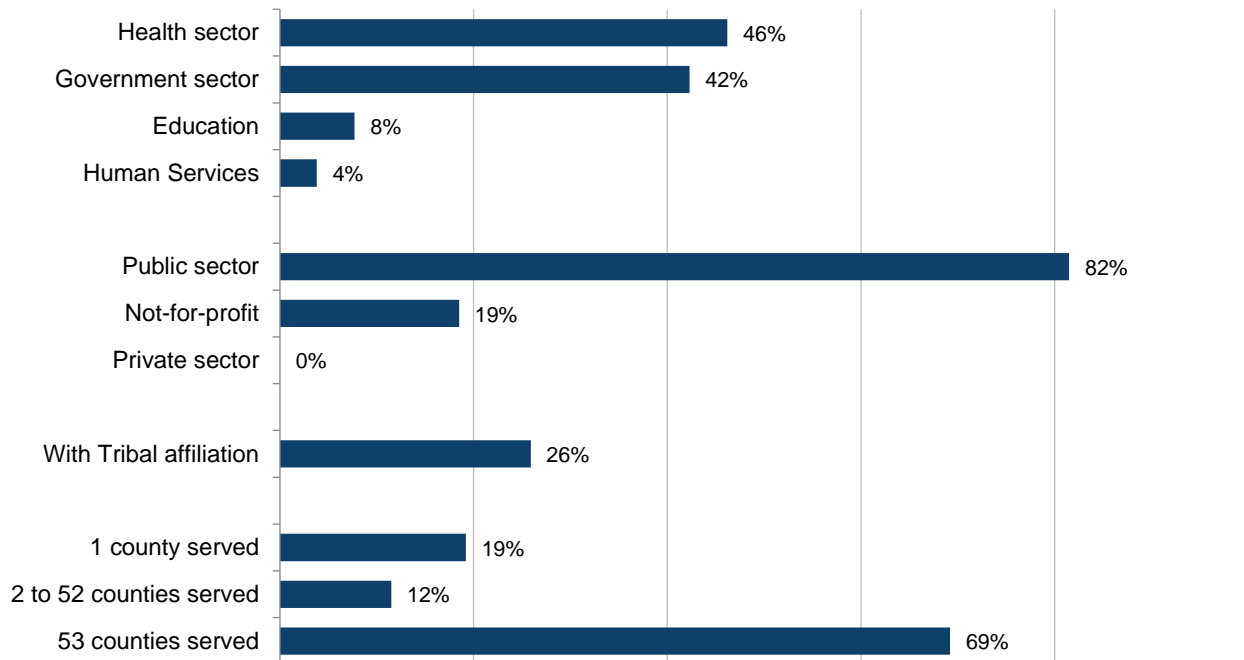
Most respondents interested in collaborating with NDHHS on length and quality of life investments for tribal populations were affiliated with the health sector (47%), 33% were with government, 11% were with education, 7% were with human services, and 2% were within the culture sector. One-third of respondents indicated a tribal affiliation (33%).

**Figure 33. Respondents Interested in Collaborating with NDDHHS on Length and Quality of Life Investments for Tribal Populations – by Whether they were Currently Involved in the Effort, Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents interested in collaborating with NDDHHS on length and quality of life investments for tribal populations
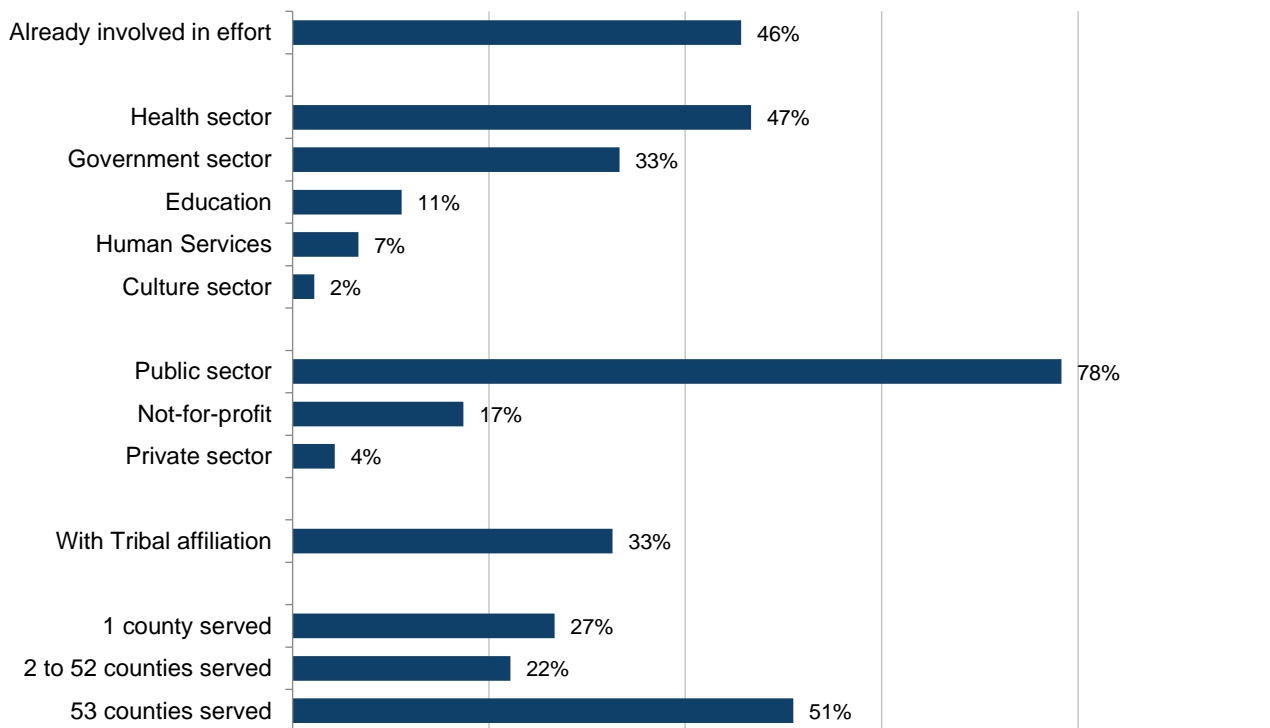
## ACCESS

### Primary Healthcare Access and Utilization

The vast majority of respondents indicated that primary healthcare access and utilization efforts are very or extremely important in North Dakota's effort to become the healthiest state in the nation (86%). None of the respondents said that primary care access and utilization efforts are not important.

**Figure 10. Primary Healthcare Access and Utilization – Level of Importance in ND's effort to become healthiest state**

| Primary healthcare access and utilization | 14% | 32% | 54% |
|---|---|---|---|

■ Slightly or Moderately  ■ Very  ■ Extremely important
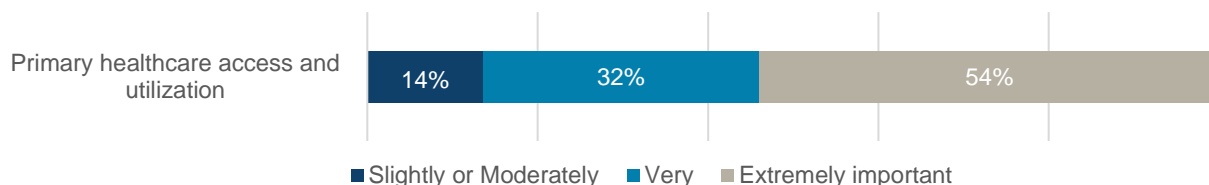
**Current Involvement.** Nearly half of respondents indicated involvement in primary healthcare access and utilization efforts (44%). For those respondents involved in primary healthcare access and utilization efforts (n=66), most were affiliated with an organization serving all 53 counties in the state (45%) – 31% served a combination of counties and 25% served only one county.

Most respondents involved in primary healthcare access and utilization efforts were affiliated with the health sector (63%) and 28% were with government. One in seven respondents indicated a tribal affiliation (15%).

**Figure 11. Respondents Involved in Primary Healthcare Access and Utilization Efforts – by Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents involved in primary healthcare access and utilization efforts

| | |
|---|---|
| Health sector | 63% |
| Government sector | 28% |
| Human Services | 5% |
| Education | 3% |
| Business | 2% |
| Public sector | 60% |
| Not-for-profit | 32% |
| Private sector | 8% |
| With Tribal affiliation | 15% |
| 1 county served | 25% |
| 2 to 52 counties served | 31% |
| 53 counties served | 45% |
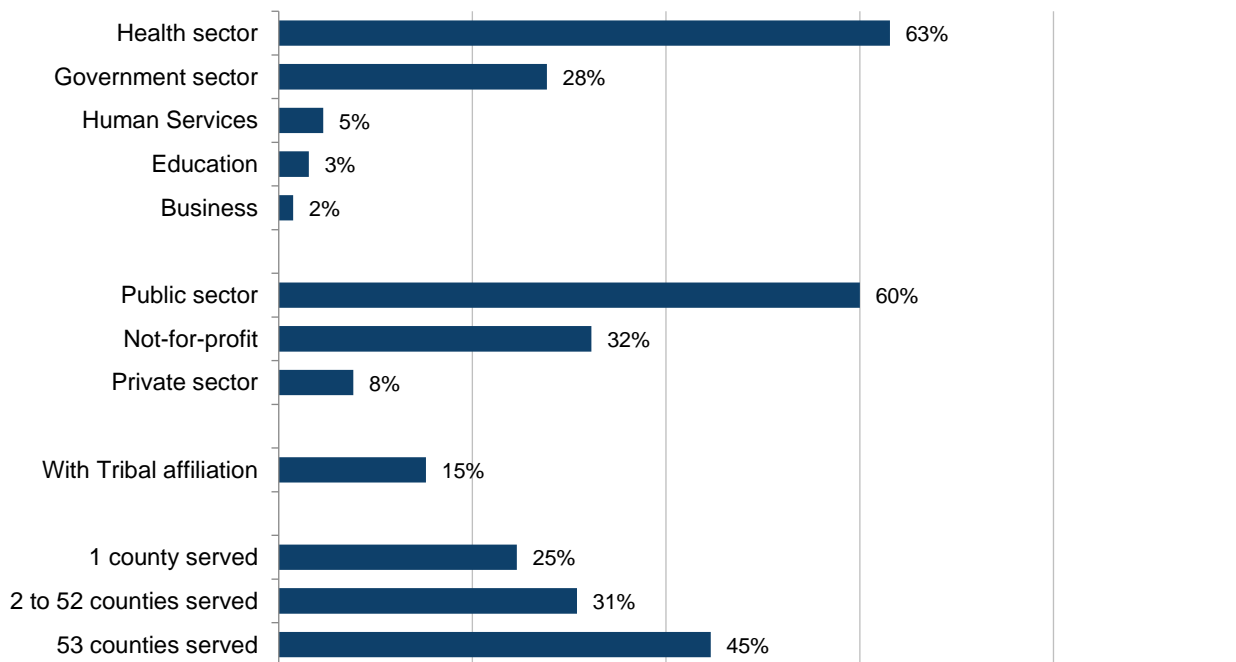
N=66

**Interest in Collaboration with NDHHS.** Nearly half of respondents expressed an interest in collaborating with NDHHS on primary healthcare access and utilization efforts (46%). For those respondents with an interest in collaborating (n=69), three-fourths were already involved in these prevention efforts (75%).

Slightly more than one-third of respondents with an interest in collaborating were affiliated with organizations serving all 53 counties in the state (38%) – 28% served a combination of counties and 34% served only one county.

Most respondents interested in collaborating with NDHHS on primary healthcare access and utilization efforts were affiliated with the health sector (52%), 24% were with government, 10% were with education, 7% were with human services, and 2% each were with housing and development, culture, and business. One in seven respondents indicated a tribal affiliation (15%).

**Figure 12. Respondents Interested in Collaborating with NDDHHS on Primary Healthcare Access and Utilization Efforts – by Whether they were Currently Involved in the Effort, Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents interested in collaborating with NDDHHS on primary healthcare access and utilization efforts
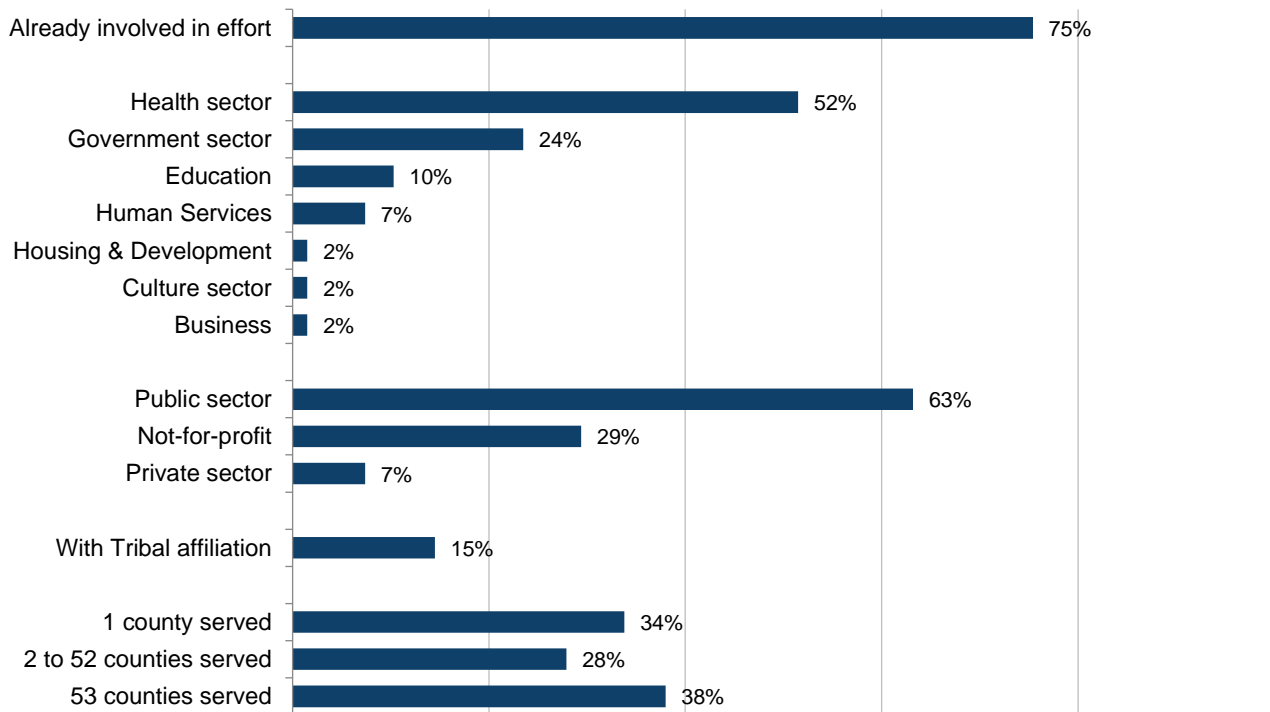


N=69

## Cancer Screening

Three-fourths of respondents indicated that cancer screening efforts are very or extremely important in North Dakota's effort to become the healthiest state in the nation (76%). None of the respondents said that cancer screenings are not important.

**Figure 13. Cancer Screening – Level of Importance in ND's effort to become healthiest state**

| Cancer screening | 24% | 48% | 28% |
|---|---|---|---|

■ Slightly or Moderately  ■ Very  ▨ Extremely important
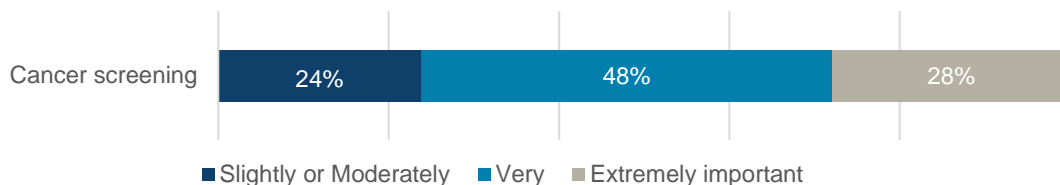
**Current Involvement.** One-third of respondents reported involvement in cancer screening efforts (35%). For those respondents involved in cancer screening efforts (n=52), most were affiliated with organizations serving all 53 counties in the state (41%) – 29% each served a combination of counties and one county only.

Most respondents involved in cancer screening efforts were affiliated with the health sector (63%), 31% were with government, and 6% were with education. One in five respondents indicated a tribal affiliation (23%).

**Figure 14. Respondents Involved in Cancer Screening Efforts – by Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents involved in cancer screening efforts

| | |
|---|---|
| Health sector | 63% |
| Government sector | 31% |
| Education | 6% |
| Public sector | 69% |
| Not-for-profit | 22% |
| Private sector | 10% |
| With Tribal affiliation | 23% |
| 1 county served | 29% |
| 2 to 52 counties served | 29% |
| 53 counties served | 41% |
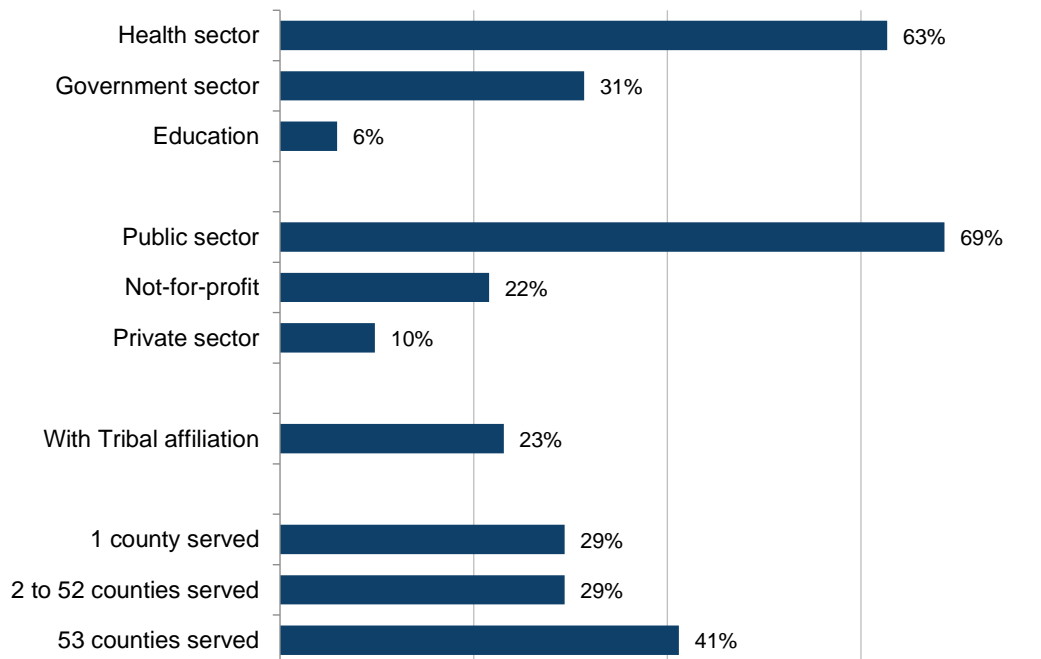
N=52

**Interest in Collaboration with NDHHS.** Nearly one-third of respondents expressed an interest in collaborating with NDHHS on cancer screening efforts (31%). For those respondents with an interest in collaborating (n=46), nearly three-fourths were already involved in these prevention efforts (72%).

Four in 10 respondents with an interest in collaborating were affiliated with organizations serving only one county in the state (42%), 31% served all 53 counties, and 27% served a combination of counties.

Most respondents interested in collaborating with NDHHS on cancer screening efforts were affiliated with the health sector (62%), 18% were with government, 11% were with education, and 2% each were with human services, housing and development, and the cultural sector. One-fourth of respondents indicated a tribal affiliation (24%).

**Figure 15. Respondents Interested in Collaborating with NDDHHS on Cancer Screening Efforts – by Whether they were Currently Involved in the Effort, Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents interested in collaborating with NDDHHS on cancer screening efforts

| Category | Percent |
|---|---|
| Already involved in effort | 72% |
| Health sector | 62% |
| Government sector | 18% |
| Education | 11% |
| Human Services | 2% |
| Housing & Development | 2% |
| Culture sector | 2% |
| Public sector | 67% |
| Not-for-profit | 20% |
| Private sector | 13% |
| With Tribal affiliation | 24% |
| 1 county served | 42% |
| 2 to 52 counties served | 27% |
| 53 counties served | 31% |

_____
N=46

## Chronic Disease Management

The vast majority of respondents indicated that chronic disease management is very or extremely important in North Dakota's effort to become the healthiest state in the nation (85%). None of the respondents said that chronic disease management efforts are not important.

**Figure 19. Chronic Disease Management – Level of Importance in ND's effort to become healthiest state**

| Chronic disease management | 15% | 52% | 33% |
|---|---|---|---|

■ Slightly or Moderately   ■ Very   ■ Extremely important

**Current Involvement.** Nearly half of respondents reported involvement in chronic disease management efforts (45%). For those respondents involved in chronic disease management efforts (n=67), most were affiliated with organizations serving all 53 counties in the state (36%) – one-third of respondents served a combination of counties (32%) and one-third served only one county (32%).

Most respondents involved in chronic disease management efforts were affiliated with the health sector (61%), 26% were with government, 6% were with education, 6% were with human services, and 2% were associated with youth work. Nearly one-fifth of respondents indicated a tribal affiliation (18%).

**Figure 20. Respondents Involved in Chronic Disease Management Efforts – by Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
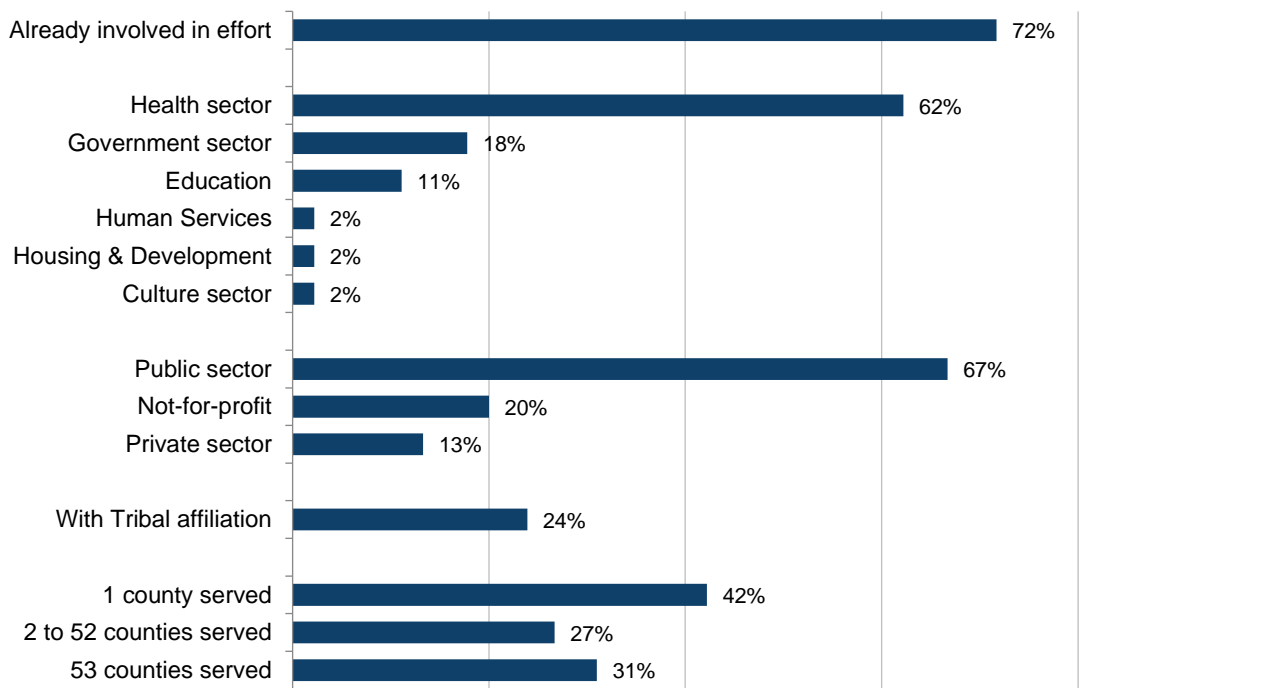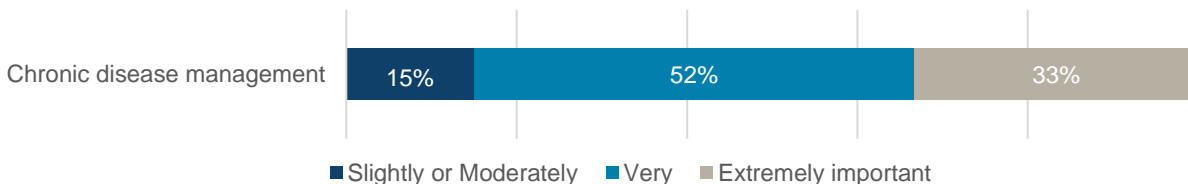Universe: Respondents involved in chronic disease management efforts

| | |
|---|---|
| Health sector | 61% |
| Government sector | 26% |
| Education | 6% |
| Human Services | 6% |
| Youth sector | 2% |
| Public sector | 64% |
| Not-for-profit | 28% |
| Private sector | 8% |
| With Tribal affiliation | 18% |
| 1 county served | 32% |
| 2 to 52 counties served | 32% |
| 53 counties served | 36% |
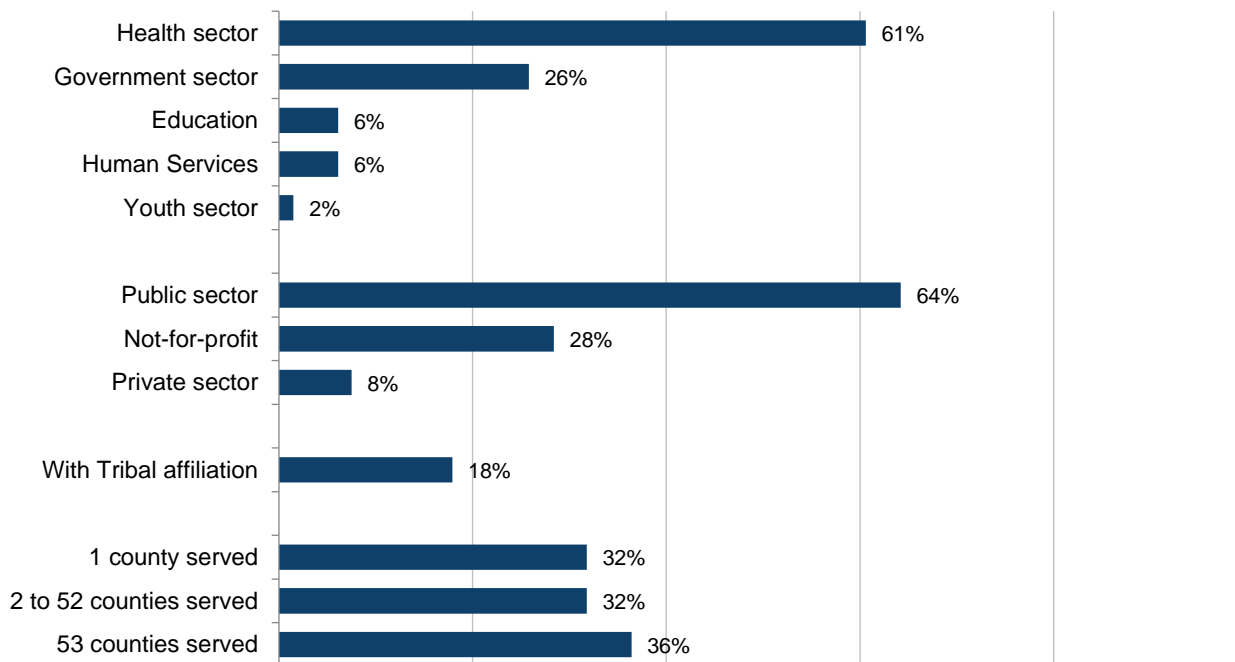
N=67

**Interest in Collaboration with NDHHS.** Slightly more than one-third of respondents expressed an interest in collaborating with NDHHS on chronic disease management efforts (37%). For those respondents with an interest in collaborating (n=55), the vast majority were already involved in these prevention efforts (84%).

Four in 10 respondents with an interest in collaborating were affiliated with organizations serving only one county in the state (41%), 33% served all 53 counties, and 26% served a combination of counties.

Most respondents interested in collaborating with NDHHS on chronic disease management efforts were affiliated with the health sector (65%), 20% were with government, 7% were with education, and 4% were with human services. Two percent each were affiliated with culture and youth work. One-fourth of respondents indicated a tribal affiliation (26%).

**Figure 21. Respondents Interested in Collaborating with NDDHHS on Chronic Disease Management Efforts – by Whether they were Currently Involved in the Effort, Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents interested in collaborating with NDDHHS on chronic disease management efforts
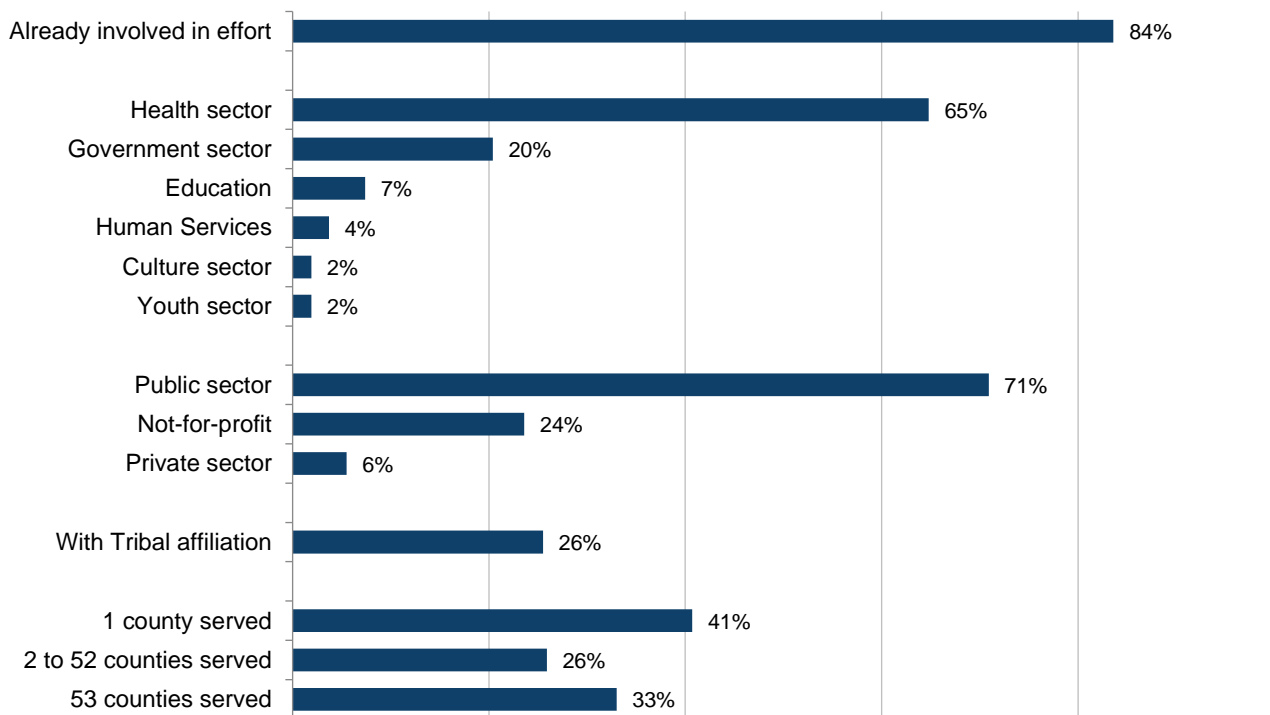


N=55

## CONNECTIONS

### Life-Course Quality of Life Investments, Especially for Older Populations

Three-fourths of respondents indicated that life-course quality of life investments, especially for older populations, is very or extremely important in North Dakota's effort to become the healthiest state in the nation (76%). None of the respondents said that life-course quality of life investments are not important.

**Figure 22. Life-Course Quality of Life Investments, Especially for Older Populations – Level of Importance in ND's effort to become healthiest state**

| Life-course quality of life investments, especially for older populations | 24% | 46% | 30% |
|---|---|---|---|

■ Slightly or Moderately ■ Very ■ Extremely important
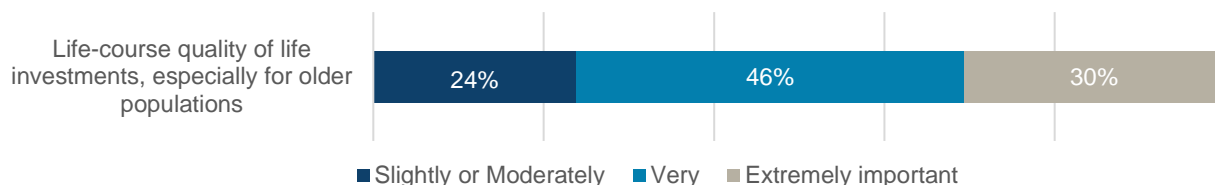
**Current Involvement.** Nearly one-third of respondents reported involvement in life-course quality of life investments, especially for older populations (31%). For those respondents involved in life-course investment efforts (n=47), most were affiliated with organizations serving only one county (43%) – 38% of respondents served all 53 counties in the state and 19% served a combination of counties.

Most respondents involved in life-course quality of life investment efforts were affiliated with the health sector (40%), 28% were with government, 19% were with education, and 4% were with human services.

**Figure 23. Respondents Involved in Life-Course Quality of Life Investments, Especially for Older Populations Efforts – by Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents involved in life-course quality of life investments, especially for older populations

| | |
|---|---|
| Health sector | 40% |
| Government sector | 28% |
| Education | 19% |
| Human Services | 4% |
| Agricutlure | 2% |
| Housing & Development | 2% |
| Community Volunteer | 2% |
| Law Enforcement | 2% |
| Public sector | 72% |
| Not-for-profit | 19% |
| Private sector | 6% |
| With Tribal affiliation | 13% |
| 1 county served | 43% |
| 2 to 52 counties served | 19% |
| 53 counties served | 38% |
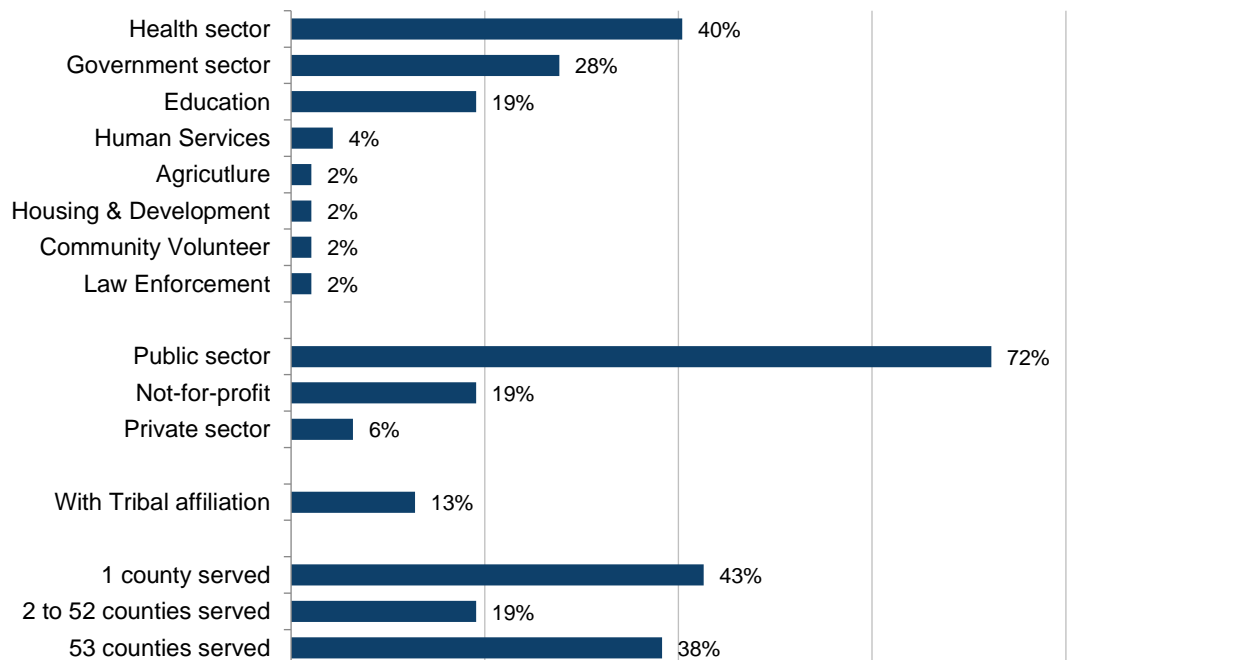
N=47

Two percent each were associated with agriculture, housing and development, law enforcement, and community volunteering. One in eight respondents indicated a tribal affiliation (13%).

**Interest in Collaboration with NDHHS.** Nearly half of respondents expressed an interest in collaborating with NDHHS on life-course quality of life investments, especially for older populations (45%). For those respondents with an interest in collaborating (n=68), half were already involved in these prevention efforts (52%). This means that half of respondents interested in collaborating were not involved and suggests an opportunity for new connections and opportunities for broader involvement in the work.

Nearly half of respondents interested in collaborating were affiliated with organizations serving only one county in the state (47%) – 26% served all 53 counties and 27% served a combination of counties.

Most respondents interested in collaborating with NDHHS on life-course quality of life investments were affiliated with the health sector (45%), 19% were with government, 16% were with education, and 6% were with human services and housing and development, respectively. Two percent each were affiliated with agriculture, the cultural sector, and community volunteer work. One-fifth of respondents indicated a tribal affiliation (22%).

**Figure 24. Respondents Interested in Collaborating with NDDHHS on Life-Course Quality of Life Investments, Especially for Older Populations Efforts – by Whether they were Currently Involved in the Effort, Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents interested in collaborating with NDDHHS on life-course quality of life investments, especially for older populations
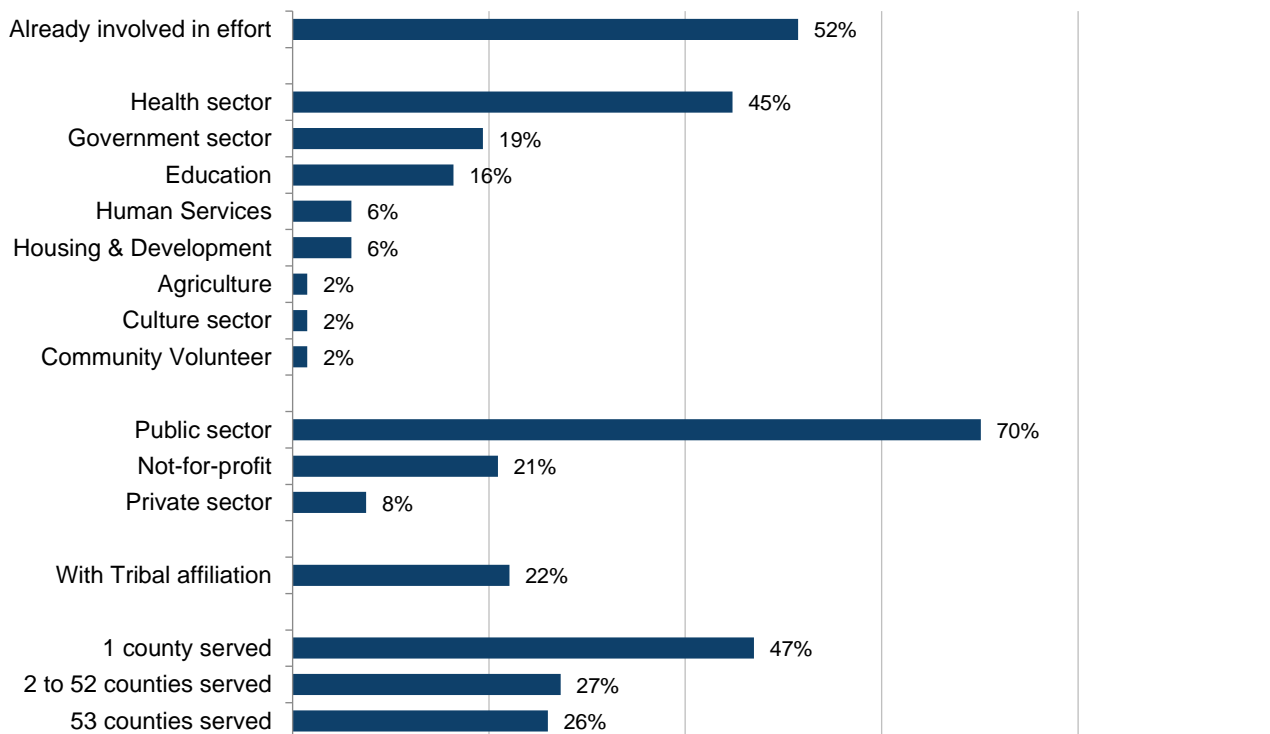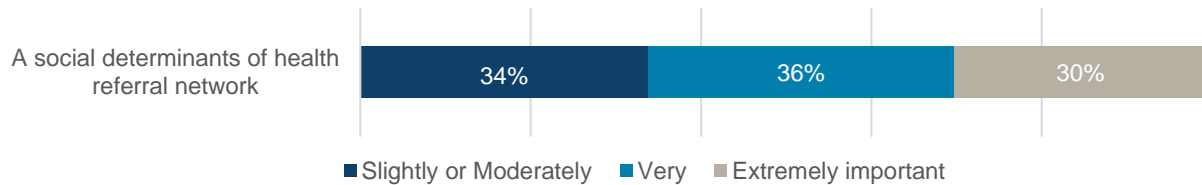


N=68

## A Social Determinants of Health Referral Network

Two-thirds of respondents indicated that a social determinants of health referral network is very or extremely important in North Dakota's effort to become the healthiest state in the nation (66%). One respondent said that a social determinants of health referral network is not important.

**Figure 34. A Social Determinants of Health Referral Network – Level of Importance in ND's effort to become healthiest state**



**Current Involvement.** One-fourth of respondents reported involvement in a social determinants of health referral network (29%). For those respondents involved in a social determinants of health referral network (n=43), most were affiliated with organizations serving all 53 counties in the state (37%). One-third of respondents served only one county (34%) and 29% served a combination of counties.

Most respondents involved in a social determinants of health referral network were affiliated with the health sector (43%), 26% were with government, 17% were in education, 12% were in human services, and 2% were with agriculture. One in five respondents indicated a tribal affiliation (21%).

**Figure 35. Respondents Involved in a Social Determinants of Health Referral Network – by Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents involved in a social determinants of health referral network
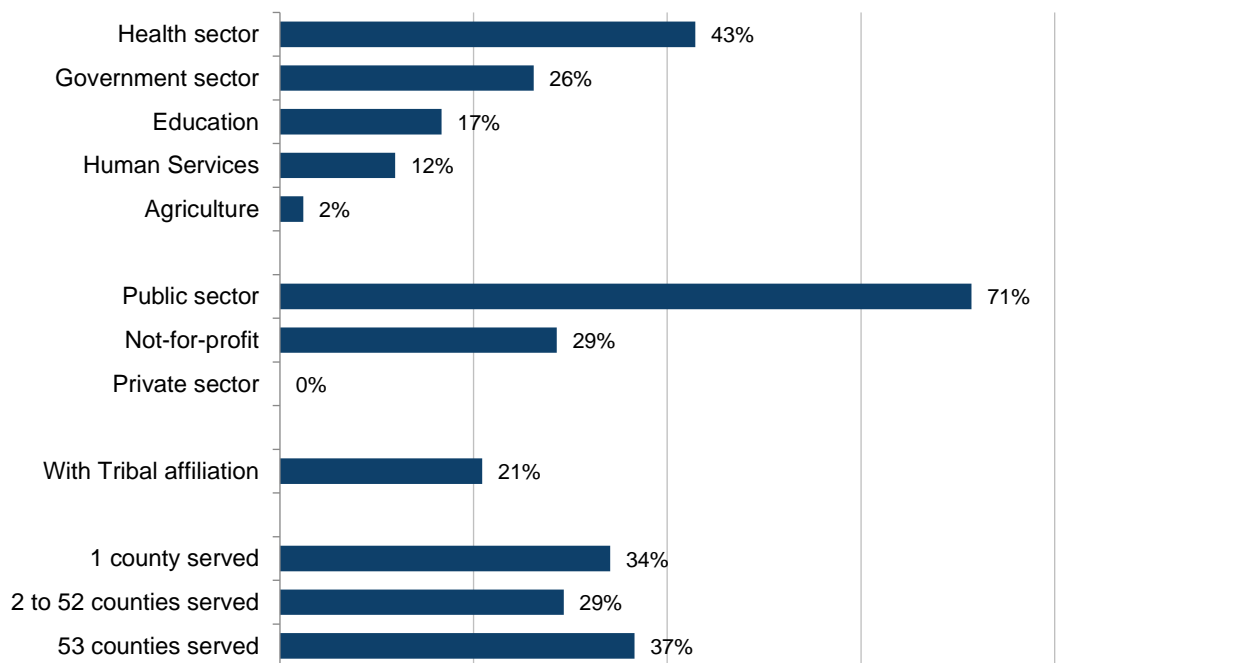


N=43

**Interest in Collaboration with NDHHS.** Half of respondents expressed an interest in collaborating with NDHHS on a social determinants of health referral network (50%). For those respondents with an interest in collaborating (n=75), nearly half were already involved in these prevention efforts (48%). This means that half of respondents interested in collaborating were not involved and suggests an opportunity for new connections and opportunities for broader involvement in the work.

One-third of respondents interested in collaborating were affiliated with organizations serving all 53 counties in the state (34%), one county only (35%), and a combination of counties (31%).

Most respondents interested in collaborating with NDHHS on a social determinants of health referral network were affiliated with the health sector (48%), 20% were with government, 15% were with education, and 8% were in human services. One percent each were in religion, community volunteering, culture, housing and development, and agriculture. Nearly one in five respondents indicated a tribal affiliation (17%).

**Figure 36. Respondents Interested in Collaborating with NDHHS on a Social Determinants of Health Referral Network – by Whether they were Currently Involved in the Effort, Community Sector, Tribal Affiliation, and Number of Counties Served by those Respondents**
Universe: Respondents interested in collaborating with NDDHHS on a social determinants of health referral network
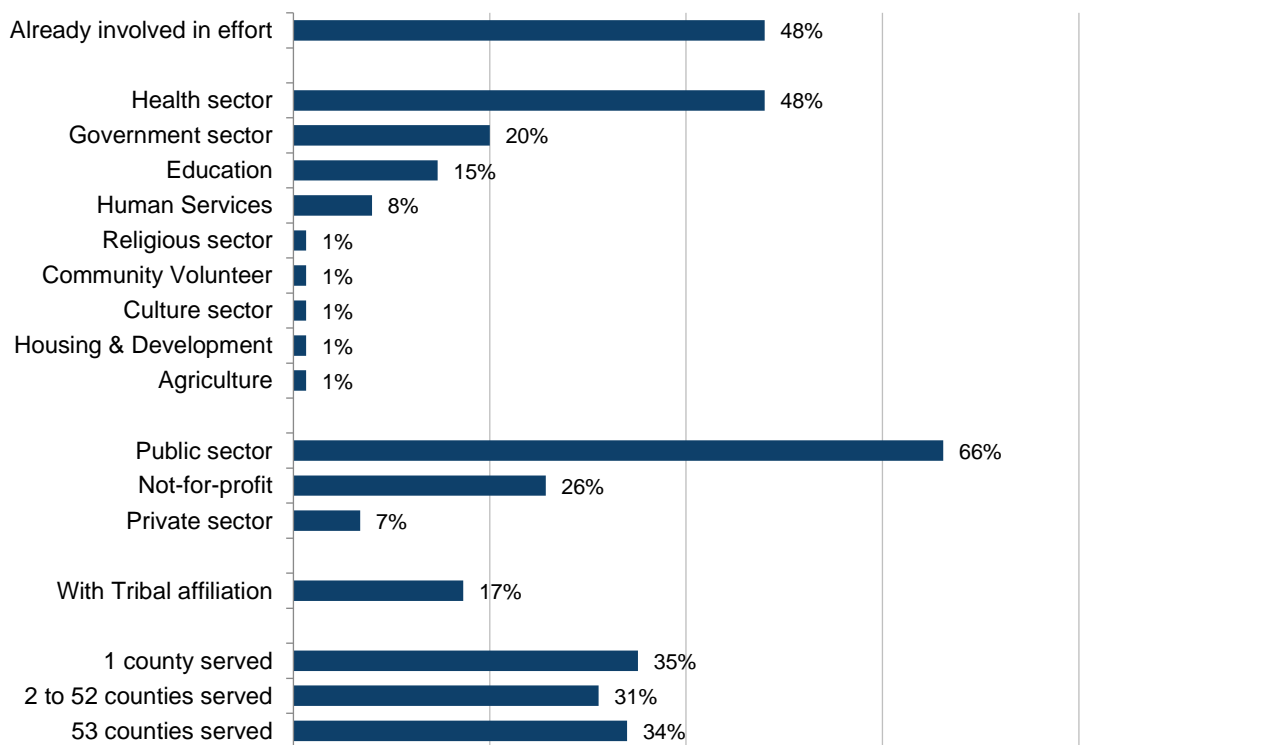


N=75

# Healthcare Referral Network

All respondents were asked specifically about whether or not they or the organization they were affiliated with had an interest in being part of a **statewide** Social Determinants of Health referral network. Half of respondents indicated they would be interested (51%). Fewer than 10% of respondents said they were not interested; however, 41% were unsure.

**Figure 37. Whether Respondents have an Interest in Being Part of a Statewide Social Determinants of Health Referral Network**



N=147

## Methods of Referring Clients to Needed Resources

To better understand how organizations are currently making referrals, respondents were first asked if they provide direct client care for health and/or social services. Of all respondents surveyed, slightly less than half indicated they do provide direct client care (46%). These respondents were then asked a series of questions on referrals for health and social services.

Of respondents involved in direct client care, nearly all of them make health and/or social service referrals (94%). The vast majority use phone calls to connect clients to resources (81%). Three-fourths use verbal referrals (72%), two-thirds use internal referrals to a social worker or care coordinator (66%), half of respondents use external paper referrals (54%), and one-third use external electronic referral platforms (34%).

**Figure 38. How Respondents Refer or Connect Clients to External Resources to Address Identified Needs or Gaps**
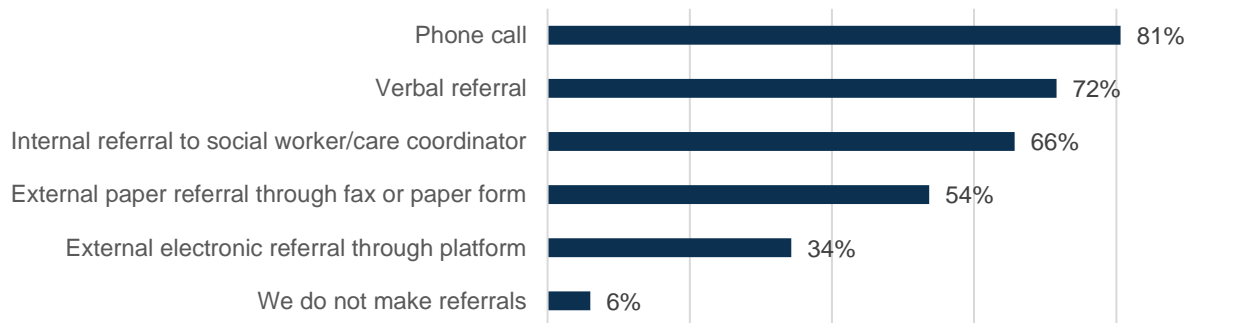


N=67

## Challenges Experienced in the Referral Process

Of respondents involved in direct client care, the top challenge faced with regard to connecting clients to appropriate services is the limited number of community-based health and social services available (51% of respondents identified this challenge as one of their top three challenges). The second biggest challenge is ineffective data sharing capabilities across the health and social service ecosystem in the state, as indicated by 46% of respondents. The third biggest challenge identified by respondents is non-universal community resources, meaning that services are not available to all people within vulnerable populations.

**Figure 39. Challenges Respondents Face Around Connecting Individuals to Appropriate Health and Social Services**

| Challenge | Percentage |
|---|---|
| Limited number of community based health and social services available | 51% |
| Ineffective data sharing capabilities across the health and social service ecosystem | 46% |
| Non-universal community resources (services not available to all within vulnerable populations) | 42% |
| Lack of awareness of resources available | 39% |
| Lack of a consistent system and/or process for connecting individuals to appropriate health and social services | 37% |
| Lack of closed loop referral (i.e., lack of feedback on whether referral was made and fulfilled) | 31% |
| Paperwork, documentation and/or duplication of application documents (red tape for accessing resources) | 18% |
| Ineffective matching to community resources based on identified needs | 15% |

N=67

## Functions and Capabilities Most Helpful to have in Statewide Referral Network

The top two functions and capabilities that respondents providing direct client care envision to be most helpful in a statewide referral network, as indicated by nearly two-thirds of respondents, included a resource directory followed by care coordination workflow and/or case management services (64% and 63%, respectively).

Rounding out the top five most helpful functions and capabilities indicated by respondents involved in direct client care are a closed-loop referral system, client access to their personal referral record and the ability to self-refer, and a care plan that is shared between independent organizations.

**Figure 40. Functions and Capabilities that Respondents Envision to be Most Helpful to Have in Statewide Referral Network**

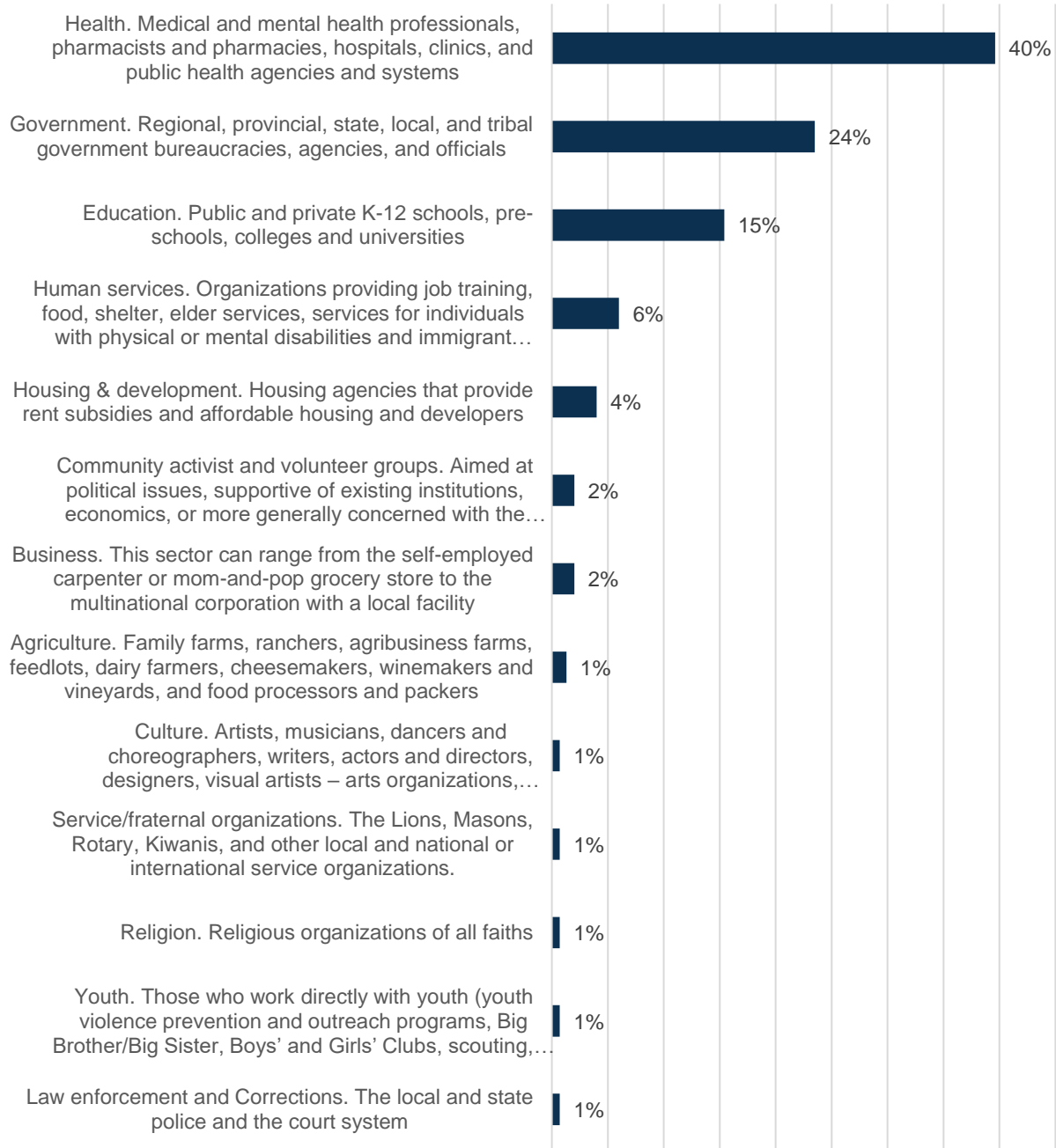| Function | Percentage |
|---|---|
| Resource directory (forward facing community access to resources) | 64% |
| Care coordination workflow and/or case management services | 63% |
| Closed-loop referral (Referrals must be securely and efficiently delivered, tracked and managed in a way that is actionable for the sending and receiving organization) | 48% |
| Client access to personal referral record and ability to self-refer | 42% |
| Shared care plan between independent organizations | 40% |
| Call center for individuals to identify community resources | 33% |
| Social Determinants of Health (SDOH) data exchange and analytics (and related tools/services) | 33% |
| Mobile-device access (website or app) | 24% |
| User-based access (tiered access to user/client data) | 24% |
| Social Determinants of Health screening tools | 22% |
| Risk stratification (prioritization based on severity or need of individual) | 18% |
| Event notification for Admission-Discharge-Transfer (ADT) data | 18% |
| Assignment/attribution of individuals to providers and health plans | 15% |

N=67

# Key Informant Characteristics
## Community Sector

Most respondents who participated in the survey aligned most closely with the health sector (40%), followed by 24% who were in government and 15% in education.
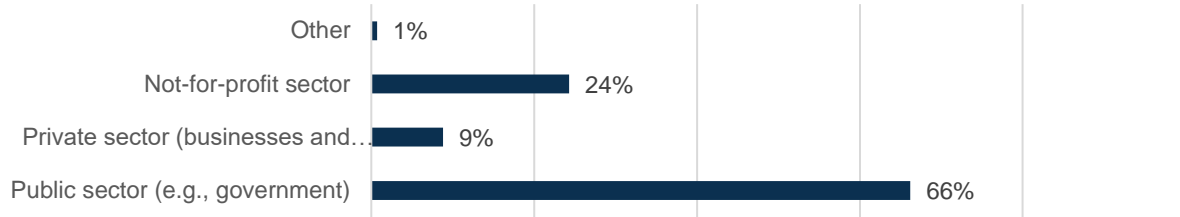
**Figure 41. Community Sector that Respondents and their Organization Most Closely Align With**

| Sector | Percentage |
|---|---|
| Health. Medical and mental health professionals, pharmacists and pharmacies, hospitals, clinics, and public health agencies and systems | 40% |
| Government. Regional, provincial, state, local, and tribal government bureaucracies, agencies, and officials | 24% |
| Education. Public and private K-12 schools, pre-schools, colleges and universities | 15% |
| Human services. Organizations providing job training, food, shelter, elder services, services for individuals with physical or mental disabilities and immigrant… | 6% |
| Housing & development. Housing agencies that provide rent subsidies and affordable housing and developers | 4% |
| Community activist and volunteer groups. Aimed at political issues, supportive of existing institutions, economics, or more generally concerned with the… | 2% |
| Business. This sector can range from the self-employed carpenter or mom-and-pop grocery store to the multinational corporation with a local facility | 2% |
| Agriculture. Family farms, ranchers, agribusiness farms, feedlots, dairy farmers, cheesemakers, winemakers and vineyards, and food processors and packers | 1% |
| Culture. Artists, musicians, dancers and choreographers, writers, actors and directors, designers, visual artists – arts organizations,… | 1% |
| Service/fraternal organizations. The Lions, Masons, Rotary, Kiwanis, and other local and national or international service organizations. | 1% |
| Religion. Religious organizations of all faiths | 1% |
| Youth. Those who work directly with youth (youth violence prevention and outreach programs, Big Brother/Big Sister, Boys' and Girls' Clubs, scouting,… | 1% |
| Law enforcement and Corrections. The local and state police and the court system | 1% |

Two-thirds of respondents were aligned with organizations in the public sector (66%). One-fourth were non-profits (24%). One in 10 respondents were in the private sector (9%).

**Figure 42. Type of Sector that Respondents and their Organization Most Closely Align With**

| Category | Percentage |
|---|---|
| Other | 1% |
| Not-for-profit sector | 24% |
| Private sector (businesses and…) | 9% |
| Public sector (e.g., government) | 66% |

N=148

## Tribal Affiliation

The majority of respondents indicated that they do not have a tribal affiliation (71%) – 17% said they do have a tribal affiliation. One in 10 were unsure (11%).

**Figure 43. Whether Respondents are Affiliated with Organizations that have a Tribal Affiliation**

| Response | Percentage |
|---|---|
| Yes | 17% |
| No | 71% |
| Unsure | 11% |

Notes: N=149

## Geographies Served

One-third of respondents are affiliated with organizations serving all 53 counties in the state (32%). Slightly more respondents (38%) served only one county. The remaining 27% served a combination of counties.

**Figure 44. Number of Counties Served by Respondents and the Organizations they Represent**

| Category | Percentage |
|---|---|
| 1 county served | 38% |
| 2 to 3 counties | 9% |
| 4 to 9 counties | 13% |
| 10 to 20 counties | 5% |
| All 53 counties served | 32% |
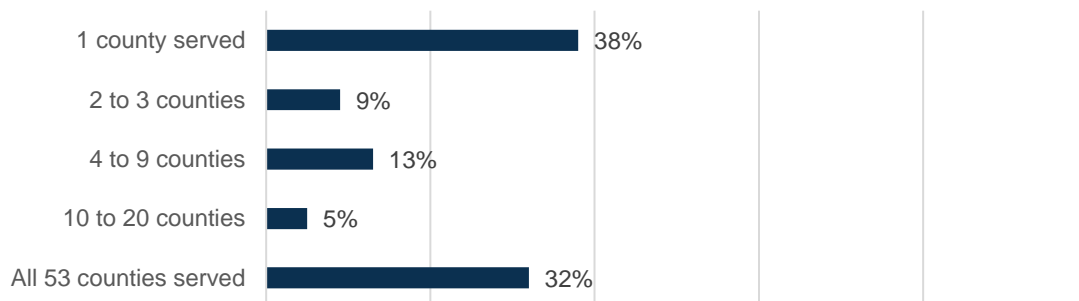
N=150

# Appendix
## 2023 SHIP Key Informant Survey

**Start of Block: Introduction**

INTRODUCTION

The North Dakota Department of Health and Human Services (NDHHS) invites you to be a key informant in efforts to develop the North Dakota State Health Improvement Plan (SHIP). SHIP provides a framework for action for NDHHS and its partners by identifying strategies to address health priorities and outline specific objectives - with the overall goal of improving the health and well-being of North Dakota residents.

People's health and well-being are essential building blocks to personal fulfillment and thriving communities. After a review of findings from multiple community health needs assessments conducted throughout the state of North Dakota, 11 issues were identified by NDHHS as important barriers to North Dakota becoming the healthiest state in the nation. Your perspectives on these issues are critical and will help to guide development of community-driven solutions and identify resources to address and improve health and well-being in North Dakota.

All individual survey responses will be held in strict confidence, will be aggregated with responses from other participants, and will be analyzed by the Center for Social Research at NDSU. No individual data or information will be reported. Please take a few moments to complete the following survey. We appreciate you taking the time to share your valuable insight. If you have any questions about the survey, please reach out to:

Grace Njau, PhD, Director of Special Projects & Health Analytics
North Dakota Department of Health and Human Services
gnjau@nd.gov or 701.319.9341

Nancy Hodur, PhD, Director, Center for Social Research at NDSU
nancy.hodur@ndsu.edu or 701.231.8621

**Thank you!**

Page Break

# Appendix

Q1 How important are the following issues in North Dakota's effort to become the healthiest state in the nation?

| | Not important (1) | Slightly (2) | Moderately (3) | Very (4) | Extremely important (5) |
|---|---|---|---|---|---|
| Healthcare workforce recruitment and retention (Primary, Oral, and Behavioral health) (3) | ○ | ○ | ○ | ○ | ○ |
| Adverse childhood experiences prevention efforts (2) | ○ | ○ | ○ | ○ | ○ |
| Primary health care access and utilization (15) | ○ | ○ | ○ | ○ | ○ |
| Cancer screening (4) | ○ | ○ | ○ | ○ | ○ |
| Behavioral health prevention efforts (substance misuse and abuse, addiction, depression) (16) | ○ | ○ | ○ | ○ | ○ |
| Chronic disease management (6) | ○ | ○ | ○ | ○ | ○ |
| Life-course quality of life investments, especially for older populations (social connectedness, recreation, and community engagement) (8) | ○ | ○ | ○ | ○ | ○ |
| Occupational fatality prevention (9) | ○ | ○ | ○ | ○ | ○ |
| Screening and cessation support for smoking and E-cigarette use (10) | ○ | ○ | ○ | ○ | ○ |
| Length and quality of life investments for Tribal populations (7) | ○ | ○ | ○ | ○ | ○ |
| A Social Determinants of Health referral network such as a Community Information Exchange (21) | ○ | ○ | ○ | ○ | ○ |
| Other (22) | ○ | ○ | ○ | ○ | ○ |

# Appendix

Q2 Are you or the organization you are affiliated with currently involved in the following efforts in North Dakota (in any capacity)?
*Select all that apply.*

☐ Healthcare workforce recruitment and retention (Primary, Oral, and Behavioral health)  (3)

☐ Adverse childhood experiences prevention efforts  (2)

☐ Primary health care access and utilization  (15)

☐ Cancer screening  (4)

☐ Behavioral health prevention efforts (substance misuse and abuse, addiction, depression)  (16)

☐ Chronic disease management  (6)

☐ Life-course quality of life investments, especially for older populations (social connectedness, recreation, and community engagement)  (8)

☐ Occupational fatality prevention  (9)

☐ Screening and cessation support for smoking and E-cigarette use  (10)

☐ Length and quality of life investments for Tribal populations  (7)

☐ A Social Determinants of Health referral network such as a Community Information Exchange  (21)

☐ Other  (22) _____

Q3 Do you or the organization you are affiliated with collaborate or have an interest in collaborating with the ND Department of Health and Human Services (NDDHSS) to address these prevention efforts? *Select all that apply.*

☐      Healthcare workforce recruitment and retention (Primary, Oral, and Behavioral health)  (3)

☐      Adverse childhood experiences prevention efforts  (2)

☐      Primary health care access and utilization  (15)

☐      Cancer screening  (4)

☐      Behavioral health prevention efforts (substance misuse and abuse, addiction, depression)  (16)

☐      Chronic disease management  (6)

☐      Life-course quality of life investments, especially for older populations (social connectedness, recreation, and community engagement)  (8)

☐      Occupational fatality prevention  (9)

☐      Screening and cessation support for smoking and E-cigarette use  (10)

☐      Length and quality of life investments for Tribal populations  (7)

☐      A Social Determinants of Health referral network such as a Community Information Exchange  (21)

☐      Other  (22) _____

Page Break

Q4 Do you or the organization you are affiliated with have an interest in being part of a **statewide** Social Determinants of Health referral network?

○ Yes  (1)

○ No  (2)

○ Unsure  (3)

**End of Block: Prevention Efforts**

**Start of Block: Community Referral Network**

Q5 Do you or the organization you are affiliated with provide direct client care for health and/or social services?

○ Yes  (1)

○ No  (2)

*Skip To: Q6 If Do you or the organization you are affiliated with provide direct client care for health and/or s... = Yes*

*Skip To: End of Block If Do you or the organization you are affiliated with provide direct client care for health and/or s... = No*

*Display This Question:*

*If Do you or the organization you are affiliated with provide direct client care for health and/or s... = Yes*

Q6 How do you or the organization you are affiliated with refer or connect individuals to external resources to address identified needs or gaps?
*Select all that apply.*

☐ We do not make referrals  (6)

☐ Internal referral to social worker/care coordinator  (1)

☐ External electronic referral through platform  (2)

☐ External paper referral through fax or paper form  (3)

☐ Verbal referral  (4)

☐ Phone call  (5)

☐ Other  (7) _____

# Appendix

JS

Q7 What challenges do you currently face around connecting individuals to appropriate health and social services?
*Select top 3 responses.*

☐ Ineffective data sharing capabilities across the health and social service ecosystem  (1)

☐ Ineffective matching to community resources based on identified needs  (2)

☐ Non-universal community resources (services not available to all within vulnerable populations)  (3)

☐ Lack of a consistent system and/or process for connecting individuals to appropriate health and social services  (4)

☐ Lack of closed-loop referral (i.e., lack of feedback on whether referral was made and fulfilled)  (5)

☐ Limited number of community-based health and social services available  (6)

☐ Lack of awareness of resources available  (7)

☐ Paperwork, documentation and/or duplication of application documents (red tape for accessing resources)  (8)

☐ Other  (9) _____

Page Break _____

# Appendix

JS

Q8 What specific functions or capabilities do you envision will be most helpful to have in a **statewide** referral network?
*Select top 5 responses.*

☐ Resource directory (forward facing community access to resources)  (1)

☐ Event notification for Admission-Discharge-Transfer (ADT) data  (2)

☐ Closed-loop referral (Referrals must be securely and efficiently delivered, tracked and managed in a way that is actionable for the sending and receiving organization)  (3)

☐ User-based access (tiered access to user/client data)  (4)

☐ Social Determinants of Health (SDoH) data exchange and analytics (and related tools/services)  (5)

☐ SDoH screening tools  (10)

☐ Shared care plan between independent organizations  (6)

☐ Assignment/attribution of individuals to providers and health plans  (7)

☐ Client access to personal referral record and ability to self-refer  (8)

☐ Risk stratification (prioritization based on severity or need of individual)  (11)

☐ Call center for individuals to identify community resources  (12)

☐ Care coordination workflow and/or case management services  (13)

☐ Mobile-device access (website or app)  (14)

☐ Other  (15) _____

End of Block: Community Referral Network

Start of Block: Stakeholders

# Appendix

Q9 What is the Primary community sector you or your organization most closely align with?

○ HEALTH - This includes medical and mental health professionals, pharmacists and pharmacies, hospitals and other in-patient facilities, clinics, non-traditional health practitioners, and public health agencies and systems  (1)

○ EDUCATION - Public and private K-12 schools, pre-schools, colleges, and universities  (2)

○ LAW ENFORCEMENT & CORRECTIONS - This includes local and state police and the court system  (3)

○ GOVERNMENT - Regional, state, local, and tribal government bureaucracies, agencies, and officials  (4)

○ BUSINESS - This sector can range from the self-employed carpenter or mom-and-pop grocery store to the multinational corporation with a local facility  (5)

○ YOUTH - Those who work directly with youth (youth violence prevention and outreach programs, Big Brother/Big Sister, Boys' and Girls' Clubs, scouting, etc.)  (6)

○ MEDIA - This includes newspapers and magazines, radio, TV, blogs, videos, and online news  (7)

○ HUMAN SERVICES - This sector includes non-profit professional and volunteer organizations that provide free or affordable services such as job training, food, shelter, elder services, services for individuals with physical or mental disabilities, support and advocacy for immigrants, etc.  (8)

○ RELIGION - Religious organizations of all faiths  (9)

○ SERVICE/FRATERNAL ORGANIZATIONS - The Lions, Masons, Rotary, Kiwanis, and other local and national or international service organizations  (10)

○ COMMUNITY ACTIVIST & VOLUNTEER GROUPS - These might be aimed at political issues, supportive of existing institutions, oriented toward economics, or more generally concerned with the quality of community life  (11)

○ CULTURE - The arts community comprises artists of all stripes – musicians, dancers and choreographers, writers, actors and directors, designers, visual artists – as well as arts organizations, theaters, orchestras, museums, and galleries  (12)

○ HOUSING & DEVELOPMENT - Both public and private non-profit housing agencies and organizations that provide rent subsidies and/or affordable housing, as well as developers who build market-rate and upscale residential and commercial properties  (13)

○ SPORTS & RECREATION - This includes sports clubs, town or county recreation departments, amateur and professional athletic associations, public and private sports and recreation facilities, the YMCA, gyms, coaches, personal trainers, recreation leaders, and camp directors, as well as those who participate in these groups as athletes, spectators, or supporters  (14)

○ ENVIRONMENT - Individual environmentalists; international, national, and local environmental organizations; conservation land trusts; recreational hunters and fishermen, rock climbers and mountaineers, wildlife biologists and botanists, ecologists, hikers, canoers/kayakers, and other outdoors people; hydrologists  (15)

○ AGRICULTURE - This includes family farms, ranchers, agribusiness farms, feedlots, dairy farmers, cheese makers, winemakers and vineyards, and food processors and packers.  (16)

○ Other  (18) _____

## Appendix

Q10 The primary community sector that you or your organization most closely align with is in which of the following categories?

○ Public sector (e.g., government)  (1)

○ Private sector (e.g., most businesses and individuals)  (2)

○ Not-for-profit sector  (3)

○ Other  (4) _____

Q11 Do you or your organization have a tribal affiliation?

○ Yes  (1)

○ No  (2)

○ Unsure  (4)

**JS**

Q12 Which counties do you or your organization represent and/or serve? *Select All Clear All*

**End of Block: Stakeholders**

**Start of Block: Contact Information**

Q13 May we contact you to follow up on your responses?

○ Yes  (1)

○ No  (2)

*Skip To: Q14 If May we contact you to follow up on your responses? = Yes*
*Skip To: End of Block If May we contact you to follow up on your responses? = No*

# Appendix

Q14 First Name

_____

Q15 Last Name

_____

Q16 Organization or agency name

_____

*

Q17 Email address

_____

**End of Block: Contact Information**

**Start of Block: Submit Block**

JS

Q18 Thank you for taking the time to respond to this survey. Your input and perspectives are valued!

Please click the **Submit** button to record your responses and close this survey.

**End of Block: Submit Block**

## References and Notes

[i] 2022 Community Health Needs Assessments conducted by the Center for Rural Health at the University of North Dakota. The community health needs assessments, an ACA requirement, describe the social determinants of health and the top health concerns based on population data, community perspectives, and insight from health professionals. Communities included in the review for this study were Ashley, Bowman, Carrington, Crosby, Devils Lake, Garrison, Grafton, Harvey, Hazen, Hillsboro, Kenmare, Langdon, Lisbon, McVille, Northwood, Park River, Rugby, Tioga, Turtle Lake, Valley City, Watford City, and Williston. Available at: https://ruralhealth.und.edu/projects/community-health-needs-assessment/reports

[ii] 2021 North Dakota State Health Assessment. The assessment, conducted by the North Dakota Department of Health and Human Services, provides an overview of the state's population characteristics, social and economic factors, and health outcomes. The purpose of a statewide health assessment is to collect and analyze data in a way that educates and mobilizes communities to develop health priorities, leverage resources, and plan actions to improve population health. This effort is accomplished through the systematic collection and analysis of data from a wide range of sources to provide a thorough basis for decision-making, and with the active involvement of partners throughout each step in the proposed activities. Available at https://www.hhs.nd.gov/health/data-and-statistics/SHA

[iii] Health and Well-Being in North Dakota, 2022 - A Social Determinants of Health Perspective. This report was made possible by the Blue Cross Blue Shield of North Dakota Caring Foundation in order to better understand the state of the social determinants of health – the conditions in which people are born, grow, live, work, and age – in North Dakota and how they shape the health of North Dakotans and the communities where they live. Available at https://www.bcbsnd.com/caring-foundation/impact-areas/social-determinants

[iv] 2023 Biennial Report on the Health Issues for the State of North Dakota was produced by the UND School of Medicine & Health Sciences in order to update legislators on the current state of the health of North Dakotans and their healthcare delivery system, along with an analysis of the steps the state can take to ensure that all North Dakotans can access high-quality healthcare at an affordable cost now and in the future. Available at: https://med.und.edu/about/publications/biennial-report

[v] America's Health Rankings is a platform, produced by the United Health Foundation, which analyzes over 280 unique measures from more than 80 publicly available data sources to assess the nation's health and well-being on a wide range of demographics including race and ethnicity, gender, age, education, income, disability status, sexual orientation, veteran status and metropolitan status. Available at https://www.americashealthrankings.org