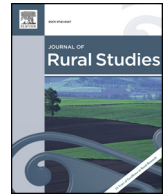


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Help wanted: Health care workers and mental health services. An analysis of six years of community concerns from North Dakota's oil boom residents



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ABSTRACT

The research exploring the social impacts stemming from rapid growth in oil extraction communities has yielded two viewpoints: one that suggests increased economic development and opportunities and one that indicates social disruption and challenges. It has yet to be determined which hypothesis will be supported by the boomtown residents of western North Dakota. To better understand the extent of change communities in North Dakota have experienced, this article examines concerns derived from community health needs assessment data compiled over a span of six years. Seven community assessment reports are analyzed and aggregated to determine the overall prioritized community needs in the Bakken Formation of western North Dakota. Then, the community member feedback is analyzed using a grounded theory approach to better understand the prioritized needs. The community concerns are one way to understand the impacts of rapid growth and provide a snapshot of the extent of change residents have experienced due to an increase in population, wealth, and development. The community member feedback is used as a starting point to enter the corpus of boomtown literature and adds to our understanding of the social disruption theory. As the priority of concerns fluctuate over the years, the common thread of health care workforce shortage and mental health services remain prominent in rural North Dakota as well as energy extraction communities in America.

1. Introduction

While it's not a bust, the boom is over in North Dakota. The oil price collapse of 2014–2015, from \$115 a barrel in the summer of 2014 to \$30 a barrel in 2016, has slowed North Dakota's oil production, causing significant consequences on the state's economy (Berman, 2015). The post-boom economy was marked by a 33% decrease in taxable sales stemming from low crude oil prices and low agricultural commodity prices (Rauschenberger, 2016). Yet the social effects of how the boom, and its downturn, has impacted communities is not as clear cut. Over the last decade, residents living in the oil-impacted areas of western North Dakota have witnessed first-hand the changes in their community due to population growth, stresses on infrastructure, and uses of community services. While objective indicators such as lack of housing and increased demand for law enforcement have been reported, community residents' perceptions of the boom's impacts on their community is not as well-known.

This article fills that gap by providing oil patch residents' perspectives on community change. Community level data that has been captured in two cycles (2011–2016) of community health needs assessment reports from seven oil-impacted counties are analyzed to determine if North Dakota's oil experience aligns with the social disruption theory.

As population increases in boomtowns, which are characterized by declining and relatively homogenous populations prior to the boom, the social disruption theory states that communities enter a crisis period where traditional routines and attitudes are disturbed (Cortese and Jones, 1977; Little, 1977; England and Albrecht, 1984). The rapid changes to the fabric of the community can lead to a variety of social problems including disrupting individuals' mental health, world views, social networks, and disorganizing overall community health (England and Albrecht, 1984; Greider and Krannich, 2009).

By comparing how community concerns have changed over a span of six years against the rise and fall of oil, this analysis shows how rapid growth has influenced prioritized community health needs and discusses how community perceptions align with other boomtown extraction communities. On an individual community level, the data reveal locals' concerns; combined, the aggregated assessment data paint a picture of emerging social impacts stemming from the boom. This article first provides context of North Dakota's oil boom and examines it against the boomtown and social disruption research. Next, community member feedback is presented which is then examined alongside statewide statistics and national reporting on North Dakota's oil boom to provide a lens in which to view the community responses.

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1.1. North Dakota's oil boom

According to the [US Geological Survey \(2013\)](#), the Bakken Formation which lies under western North Dakota holds the largest contiguous oil deposit in the lower forty-eight states yet two previous boom and bust cycles attest to the difficulty in extracting oil from it ([North Dakota Studies, 2018](#)). New technology in the form of horizontal drilling has allowed oil extraction to be more profitable, causing North Dakota to be the second leading oil producing state (behind Texas), leading the nation in fastest-growing economies and spiking domestic energy production for the nation ([US Energy Information Administration, 2018](#)). During the summer of 2014, oil output in North Dakota surpassed one million barrels per day for the first time in history ([ND Department of Mineral Resources, n.d.](#)), adding more than \$1 trillion in total value added to the economy, or 7.6% of US gross domestic product ([North Dakota Energy Forum, 2018](#)).

Along with this increase in oil production came an increase in earnings. North Dakotans boasted the highest increase in personal income, with the Bureau of Labor Statistics reporting average pay in oil producing counties nearly doubling ([Ferree and Smith, 2013](#)). Population surges in these small, oil patch communities reversed years of population decline common in rural America. The Bakken's oil patch centered in Williston whose population nearly doubled, growing from a small town of 14,700 in 2010 to 27,000 in 2015 at the peak of the boom ([US Census, 2014](#)). Similar population growth was reported in neighboring McKenzie County to the south (46.4%) and Mountrail County to the east (22.2%) during the same time period ([US Census, 2014](#)). To put things in perspective, communities can typically absorb a population growth of 5%, with a breaking point threshold at 15% (Little, 1977).

As population grew in the oil patch communities, so did the price of goods and the demand for workers. The influx of people created a housing shortage and Williston was deemed the most expensive place to live in the US based on a one-bedroom rental ([Grandstrand, 2014](#)). North Dakota had the lowest unemployment rates in the US in 2014 at 2.6%, compared to a national average of 8.3% ([U.S. Bureau of Labor Statistics, 2013](#)). Demand for community services escalated with health care and mental health services at the top of the list ([Becker, 2014b](#)).

The sharp drop in oil at the end of 2014 caused an economic downturn in North Dakota, with job layoffs and out-migration ensuing. All facets of the oil boom shrunk, including a 70% reduction in oil prices which had cascading effects on employment rates, populations, and accounted for a one-billion-dollar state budget deficit ([Scheyder, 2016](#)). Oil patch communities that had been trying to catch up with the boom were quickly left with millions of dollars of debt and physical detritus from stalled building ([Scheyder, 2016](#)). By the summer of 2015, vacancy signs returned to hotels and apartments, schools weren't as crowded, and pay cuts were common ([Van Ells, 2015](#)). While current oil projections from the North Dakota Industrial Commission's Department of Mineral Resources are optimistic, this review examines community concerns against the backdrop of the rise and fall of oil.

1.2. Boomtown phenomena

The oil patch towns of western North Dakota share many of the features associated with western energy boomtowns, where the rate of growth dramatically changes the community and places heavy demands on public services and facilities ([Brown et al., 2005](#); [England and Albrecht, 1984](#); [Kranich, 2012](#)). Little (1977) concludes rapid population growth leads to a breakdown in municipal services, intensifying economic costs to provide community services to new residents.

[Freudenburg \(1984\)](#) suggests two competing hypotheses are relevant to the rapid community growth situation. One view suggests rapid social change is beneficial because it loosens traditional systems and ushers in greater economic and social opportunities. Young people in particular are prone to benefit from the growth, both professionally and economically from jobs and non-professionally in their ability to be

more adaptable, integrate socially, and have more opportunity ([Freudenburg, 1984](#)).

The other dominant view on oil boom research suggests that rapid growth creates substantial disruption for local residents and formed the basis of the social disruption hypothesis ([Hunter et al., 2002](#)). Boomtown research has examined the ways in which changes to a community's identity cause rifts between old-timers and newcomers, stress community infrastructure, and increase crime, traffic, accidents, suicide, domestic problems, and mental health issues ([Hunter et al., 2002](#); [Seydlitz et al., 1993](#); [England and Albrecht, 1984](#); [Camasso and Wilkinson, 1990](#)).

Most research conducted on boomtowns stems from studying extraction communities in the western part of the US in the 1970s and 1980s and indicates widespread concerns surrounding rapid expansion and decline and heavy demands on community services ([Freudenburg, 1976](#); [Cortese and Jones, 1977](#); [England and Albrecht, 1984](#); [Smith et al., 2001](#); [Camasso and Wilkinson, 1990](#)). Oil extraction communities in the Gulf of Mexico region indicate increases in homicide and suicide rates, heavier strains on local infrastructure, and increases in poverty at the height of mineral extraction ([Seydlitz et al., 1993](#)).

Few researchers have examined how North Dakota's oil boom contributes to the boomtown literature. To determine if North Dakota's oil boom will align with the beneficial or disruptive impacts, community level data which explores residents' attitudes towards and concerns about their locality and its growth will be consulted.

2. Community health needs assessment overview

Passed by Congress in 2010, the Affordable Care Act (ACA) requires non-profit hospitals to conduct a community health needs assessment (CHNA) which describes the health of their local community, identifies needs or service gaps, prioritizes the concerns, and then addresses them through an annual implementation strategy ([IRS, 2011](#)). Although the ACA mandate has enforced the process of conducting a CHNA, assessing community health is a common practice among non-profit and critical access hospitals ([National Institute of Health, 2018](#)). In order to qualify as a tax-exempt charitable organization, hospitals have long been required to demonstrate a strong commitment to promoting the health of their surrounding communities ([IRS, 1969](#)).

Maintaining the tax-exempt status for hospitals has significant economic value as the savings from federal, state, and local tax dollars and charitable donations can translate to billions of dollars ([Congressional Budget Office, 2006](#)). Typically, the community benefit has come in the form of charity care where the hospital provides free or reduced-cost care to patients who are unable to pay for it ([IRS, 1956](#)). Due to concerns that hospitals were not adequately contributing to improving their local communities, the ACA increased the community benefit reporting and mandated that all non-profit hospitals must conduct a CHNA every three years or pay an annual fine for failing to comply ([IRS, 2011](#)). The ACA has institutionalized the routine practice of collecting community-level data that is systematically reported and publicly available.

In general, needs assessments focus on gaps between what currently is and what should be; many gaps are usually identified so a prioritization process is needed as resources to address the gaps are often limited ([Altschuld and Watkins, 2014](#)). Critics to the focus on needs argued this approach was emphasizing deficits too much and pushing a "glass as half empty" perspective ([Kretzmann and McKnight, 1993](#)). Taking stock of assets and resources in addition to gaps was one way to improve the needs assessment process ([Knopf-Amelung and Twilley, 2013](#)). The emphasis on strategic planning and well-being of a community rather than on specific outcomes of a program differentiates a needs assessment from other forms of evaluation ([Jackson et al., 2018](#)).

The federal mandate of how to conduct a CHNA is vague, outlining only that the assessment process must involve broad community input, including participation from public health experts and those who

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