

CHI Lisbon Health and Service Area

2019 Community Health Needs Assessments

August 2019

Each Critical Access Hospital must conduct a Community Health Needs Assessment (CHNA) once every three years, as mandated by law. Local public health units seeking to gain/maintain accreditation conduct an assessment every five years. CHNAs completed by the Center for Rural Health (CRH) include secondary data review, community focus groups, key informant interviews, and a community survey. This fact sheet presents key community strengths and opportunities from the Lisbon service area 2018/2019 CHNA.

The Lisbon service area is comprised of Ransom and Sargent Counties, populations 5,297 and 3,858, respectively. Both counties have an older median age (44.8 years in Ransom County, 45.3 years in Sargent) than the state overall (35.2).

Community Strengths

The top three assets identified in the community survey included family friendly community, friendly people, and little/no crime. Other community assets include swimming pools, parks, tennis courts, golf courses as well as the Lisbon Opera House. The community also reports a lower unemployment rate (2.2%) compared to the top 10% of U.S. counties (3.3%).

Health Outcomes and Factors

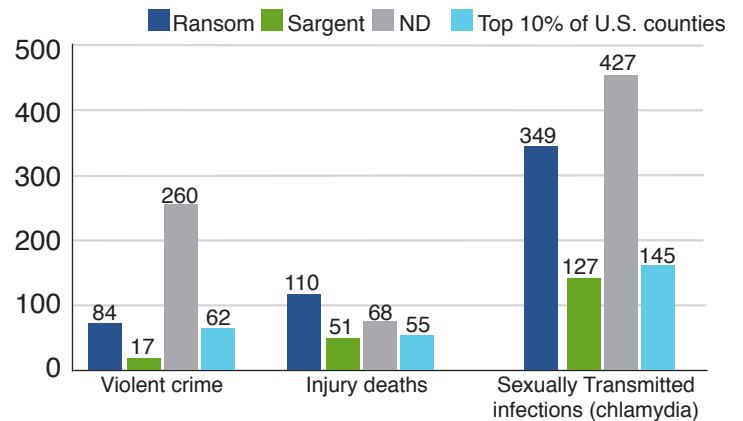
In review of secondary data, only 13% of Ransom County and 12% of Sargent County residents reported poor or fair health. However, 50% of driving deaths in Ransom County in 2018 involved alcohol as did 67% of driving deaths in Sargent County in 2018. Furthermore, both counties had a greater percentage of residents reporting excessive drinking, obesity, and physical inactivity than the top 10% of U.S. counties. See Table 1.

Table 1. Health Factors by % of Population, 2018

	Ransom	Sargent	ND	Top 10% U.S.
Uninsured	9%	8%	9%	6%
Excessive drinking	21%	24%	26%	13%
Access to exercise opportunities	71%	60%	75%	91%
Physical inactivity	28%	30%	24%	20%
Adult obesity	36%	36%	32%	26%
Adult smokers	16%	16%	20%	14%

Injury deaths were more prevalent in Ransom County (110 deaths per 100,000 residents) than in the state overall (68 per 100,000 residents) and Sargent County in 2018. Both counties had lower rates of violent crime and chlamydia than the state overall. See Figure 1.

Figure 1. Cases per 100,000 Population, 2018



Both Sargent and Ransom counties reported childcare shortages. During 2017, Ransom had 278 licensed daycare spots for the 646 children ages 0-13 with both parents in the labor force. Sargent County reported 160 spots for 487 children. Both counties also report a slightly greater proportion of uninsured children below 200% of the poverty line. See Table 2.

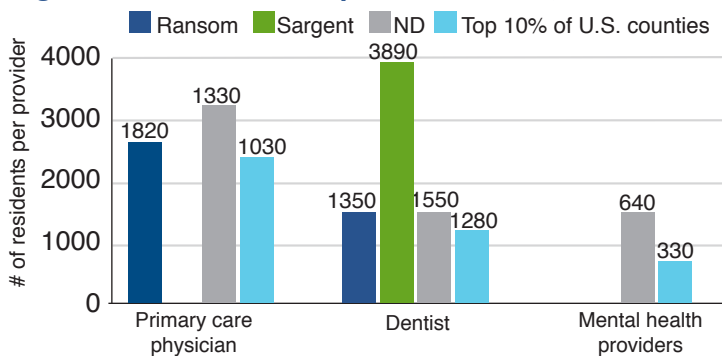
Table 2. Children's Health Factors by % of Population

	Ransom	Sargent	ND
Children uninsured (2016)	7%	9%	9%
Uninsured children below 200% of poverty (% of pop.) (2016)	45%	44%	42%
Medicaid recipients (2017)	21%	24%	28%
Children enrolled in Healthy Steps (2013)	2%	<1%	3%
Receiving SNAP (2017)	15%	16%	20%

Healthcare Access

Based on the provider to population ratio, Ransom and Sargent counties have more residents per single dentist than the state's average and the top 10% of U.S. counties (1,280 residents per one dentist). Additionally, Ransom County had more residents per primary care physician and mental health provider than the state average or the top 10% of U.S. counties. See Figure 2. Sargent County has a population of 3,858 without one primary care physician nor one mental health provider.

Figure 2. Provider to Population Ratios, 2018



Community Concerns

In a survey completed by the CRH, residents identified up to three primary community concerns. The top two concerns were bullying/cyber-bullying (68%) and youth drug use and abuse (59%). See Table 3.

Table 3. Community Concerns, 2018

Community Concerns	%
Bullying/cyber-bullying	68%
Youth drug use/abuse	59%
Cost of long term care	51%
Adult alcohol use/abuse	47%
Youth alcohol use/abuse	46%
Attracting and retaining young families	41%
Availability of mental health services	39%
Adequate childcare services	38%
Child abuse and neglect	38%

In September 2018, a community focus group identified their top concerns as:

1. Availability of mental health services
2. Attracting and retaining young families
3. Adult and youth depression and anxiety
4. Youth drug use and abuse

In the survey, community members also identified perceived barriers (up to three) specifically related to accessing local healthcare. The top five barriers were:

1. Not enough evening or weekend hours (31% of respondents)
2. Not affordable (26%)
3. No insurance/limited insurance (26%)
4. Concerns about confidentiality (20%)
5. Not enough specialists (19%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The most often cited services were mental healthcare and substance abuse services. Community responses are supported by data that indicated Ransom County had over four times as many residents per mental health provider as the state average, and Sargent County lacked even a single mental health provider.

Steps Undertaken Since 2016 CHNA

As a result of the previous (2016) CHNA, the Lisbon community secured a CHI Mission and Ministry grant. This project provides education in an effort to address community violence. CHI staff also received “Mental Health First Aid” and “Handle With Care” training to improve mental healthcare for area residents and a community coalition was formed to address obstacles to mental health and substance abuse services. The community and health system have also been actively seeking funding to address obesity by providing nutrition/healthy choices education and a walking path.

Implementation Strategies

Hospitals and local public health units prepare implementation strategies as a blueprint for meeting needs identified in a CHNA. Access the complete and community-specific CHNA Reports and Implementation Strategies at, ruralhealth.und.edu/projects/community-health-needs-assessment/reports.

Full Report

Nissen, K., & Dickson, L. Lisbon Service Area: Community Health Needs Assessment, 2019.

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For More Information

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