

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 Garrison Service Area 2019 CHNA.

The Garrison service area primarily comprises McLean County (population 9,685). In 2016, 23% of McLean County residents were 65 years or older compared to the state's average of 15%. The median age in McLean in 2016 was 46.6 compared to 35.2 in the state.

Community Strengths

The top three assets identified in the community survey included local events and festivals, family friendly community, and friendly people. Other community assets include its close proximity to Lake Sakakawea and fishing opportunities. The community also reported a 93% high school graduation rate in 2017 compared to the state average of 87%.

Health Outcomes and Factors

In review of secondary data, only 13% of McLean County residents reported poor or fair health. However, in 2018, 37% of driving deaths in McLean County involved alcohol compared to 13% for the top 10% of U.S. counties. Additionally, McLean County had a greater percentage of residents reporting excessive drinking, physical inactivity, adult smoking, and obesity than the top 10% of U.S. counties. See Table 1.

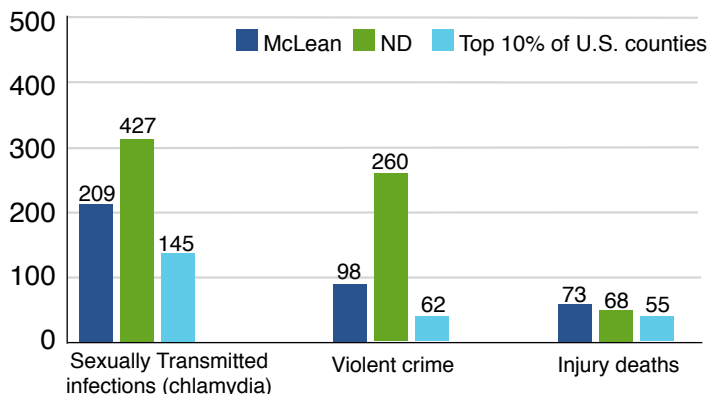
Table 1. Health Factors by % of Population, 2018

| | McLean | ND | Top 10% U.S. |
|----------------------------------|--------|-----|--------------|
| Uninsured | 10% | 9% | 6% |
| Excessive drinking | 22% | 26% | 13% |
| Access to exercise opportunities | 46% | 75% | 91% |
| Physical inactivity | 26% | 24% | 20% |
| Adult obesity | 36% | 32% | 26% |
| Adult smokers | 18% | 20% | 14% |

Injury deaths were more prevalent in McLean County (73 deaths per 100,000 residents) than in the state overall and the top 10% of U.S. counties. However, McLean had lower rates of violent crime and chlamydia than the state average. See Figure 1.

Injury death rates varied by county in the service area with Stark County reporting 70 deaths per 100,000 persons in 2018 and Golden Valley County reporting 121. All reporting counties in the service area had a higher injury death rate than in the state overall and the top 10% of U.S. counties. See Table 2.

Figure 1. Cases per 100,000 Population, 2018



In 2016, 11% of children in McLean County were uninsured, which was higher than the state average (9%). See Table 2. Additionally, in 2017, there were 270 licensed daycare spots for the 1,076 children ages 0-13 with both parents in the labor force in McLean County. This indicates a shortage of licensed daycare providers.

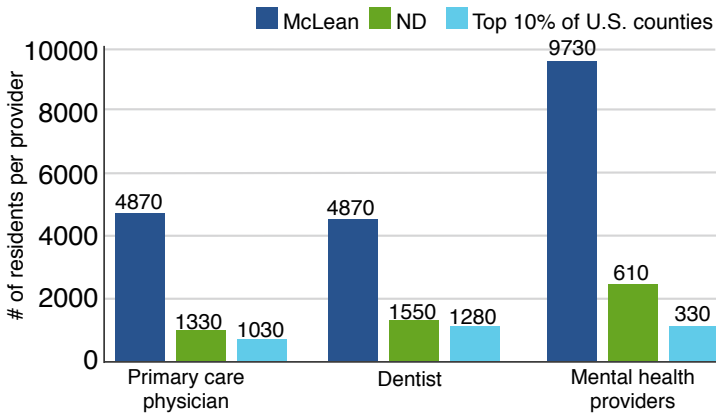
Table 2. Children's Health Factors by % of Population

| | McLean | ND |
|---|--------|-----|
| Children uninsured (2016) | 11% | 9% |
| Uninsured children below 200% of poverty (% of pop.) (2016) | 40% | 42% |
| Medicaid recipients (2017) | 28% | 28% |
| Children enrolled in Healthy Steps (2013) | 3% | 3% |
| Receiving SNAP (2017) | 15% | 20% |

Healthcare Access

Based on the provider to population ratio, McLean County had more residents per single mental health provider (9,730) than the state average (610) or the top 10% of U.S. counties (330) in 2018. Similarly, the county had more residents per primary care physician and dentist than the state average or the top 10% of U.S. counties indicating provider shortages. See Figure 2.

Figure 2. Provider to Population Ratios, 2018



Community Concerns

In a survey conducted by the CRH, residents identified up to three primary community concerns. The top two concerns were youth drug use and abuse (56%) and youth alcohol use and abuse (51%). See Table 3.

Table 3. Community Concerns, 2018

| Community Concerns | % |
|---|-----|
| Youth drug use/abuse | 56% |
| Youth alcohol use/abuse | 51% |
| Bullying/cyber-bullying | 51% |
| Attracting and retaining young families | 46% |
| Availability of resources to help the elderly stay in their homes | 45% |
| Attracting primary care physicians | 44% |
| Adult alcohol use/abuse | 41% |
| Cost of long-term care | 41% |
| Adult drug use/abuse | 32% |

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

1. Ability to retain primary care providers
2. Youth drug use and abuse
3. Adult obesity/overweight
4. Having enough child day care services

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 able to see same provider over time (27% of respondents)
2. Not able to get an appointment (25%)
3. No insurance/limited insurance (25%)
4. Not enough evening or weekend hours (21%)
5. Not enough providers (17%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The most often cited service was mental healthcare. This is corroborated by data in Figure 2 which illustrates 9,730 residents for one single mental health provider.

Steps Undertaken Since 2016 CHNA

As a result of the previous (2016) CHNA, there have been great advances for the Garrison community. In an effort to recruit and retain primary care providers, CHI St. Alexius Health Garrison partnered with the National Health Services Corps to offer student loan repayment to prospective providers in exchange for a commitment of service to the community. The hospital was also able to recruit two physician assistants and two family nurse practitioners. In order to address youth drug and alcohol use, the medical center partnered with the public school district and the McLean Sheriff's department to provide education to area students on the hazards of driving under the influence and drug use. A partnership was also created to provide adult community education around narcotics and other drug concerns within the community.

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

Howe, M. Crosby Service Area: Community Health Needs Assessment, 2019.

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