

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 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 Carrington Service Area 2019 CHNA.

The Carrington Service Area comprises all of Eddy (population 2,316) and Foster (3,257) counties as well as parts of Stutsman and Wells counties.

### Community Strengths

The top three assets identified in the community survey included little/no crime, family friendly community, and community members are friendly. Other community assets include a bike path, fitness center, swimming pool, a city park, tennis courts, and a local golf course.

### Health Outcomes and Factors

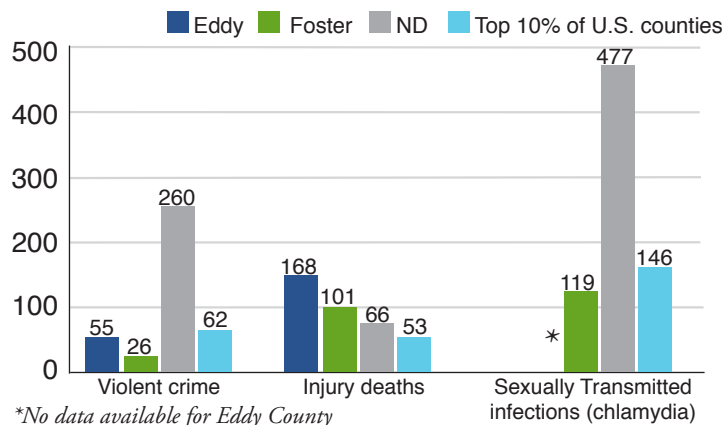
In review of secondary data, only 13% of Eddy County and 11% of Foster County residents reported poor or fair health. However, 75% of driving deaths in Eddy in 2017 involved alcohol compared to only 13% of driving deaths in the top 10% of U.S. counties. Both counties had a greater percentage of residents reporting obesity, excessive drinking, physical inactivity, and adult smoking than the top 10% of US counties. See Table 1.

**Table 1. Health Factors by % of Population, 2017**

	Eddy	Foster	ND	Top 10% U.S.
Uninsured	11%	9%	9%	6%
Excessive drinking	18%	22%	25%	13%
Access to exercise opportunities	62%	68%	66%	91%
Physical inactivity	26%	31%	23%	20%
Adult obesity	32%	31%	31%	26%
Adult smokers	17%	15%	19%	14%

Injury deaths were more prevalent in Eddy and Foster counties (168 and 101 deaths per 100,000 residents, respectively) than in the state overall. However, the rate of violent crime was lower in Eddy and Foster counties than the state average or the top 10% of U.S. counties. See Figure 1.

**Figure 1. Cases per 100,000 Population, 2017**



Eddy and Foster counties had lower percentages of children receiving SNAP benefits compared to the state average (Table 2). Both counties reported a shortage in licensed childcare openings. In Eddy in 2016, there were 91 licensed daycare In

**Table 2. Health Factors by % of Pediatric Population**

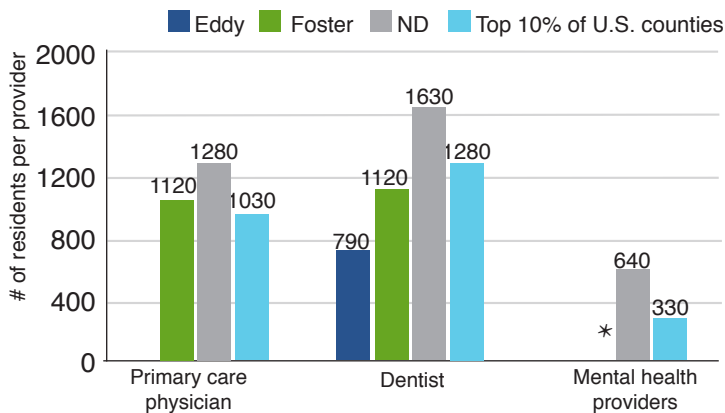
	Eddy	Foster	ND
Children uninsured (2016)	11%	8%	9%
Uninsured children below 200% of poverty (% of pop.) (2016)	45%	45%	42%
Medicaid recipients (2017)	37%	26%	28%
Children enrolled in Healthy Steps (2013)	5%	2%	3%
Receiving SNAP (2017)	19%	14%	20%

2017, the teen birth rate for Eddy County was 22 births per 1,000 females (15-19 years old) compared to 18 per 1,000 in Foster. These are both lower than the state average of 27 per 1,000 but are higher than the top 10% of US counties (15 per 1,000).

### Healthcare Access

Based on the provider to population ratio, Eddy and Foster counties have fewer residents per single dentist than the state's average and the top 10% of US counties (1,280 residents per one dentist). However, Foster had more residents per primary care provider than the top 10% of U.S. counties. See Figure 2.

**Figure 2. Provider to Population Ratios, 2017**



\*Eddy County has a population of 2,316 without a primary care physician or mental health provider. #Foster County has a population of 3,257 without a mental health provider.

## Community Concerns

In a survey conducted by the CRH, residents identified up to three community concerns. The top two concerns were bullying/cyber-bullying among youth (70%) and youth alcohol use and abuse (61%). See Table 3.

**Table 3. Community Concerns, 2018**

Community Concerns	%
Bullying/cyber-bullying	70%
Youth alcohol use/abuse	61%
Cost of long term/nursing home care	55%
Adult alcohol use/abuse	52%
Availability of resources to help the elderly stay in their homes	43%
Attracting and retaining young families	42%
Having enough child daycare services	39%
Ability to retain primary care providers	37%
Not enough affordable housing	37%

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

1. Ability to retain primary care providers
2. Attracting and retaining young families
3. Not enough affordable housing
4. Availability of resources to help elderly stay in their homes

**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 providers (36% of respondents)
2. Not affordable (31%)
3. Not able to see same provider over time (29%)
4. No insurance/limited insurance (25%)
5. Not enough specialists (25%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The most often cited service was mental healthcare.

## Steps Undertaken Since 2016 CHNA

As a result of the previous (2016) CHNA Carrington Medical Center (CMC) secured funding through June 2020 for the CHI Mission and Ministry Grant - Blessings in a Backpack. This program provides food over the weekend for the K-12 students in need in the community. Additionally, CMC secured funding to improve the quality and ease of access to well child exams. They have also begun screening all patients 12 and older for depression, and hired a Nurse Practitioner in Psychiatry. To address alcohol use among area youth, a tip line was created in 2017 as well as local ordinances on teen partying and social host liability. Responsible Beverage Server Training was also made available to address adult alcohol abuse. The city council also formed a sub-committee to work on incentives for expanding access to licensed childcare.

## 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](http://ruralhealth.und.edu/projects/community-health-needs-assessment/reports).

### Full Report

Dickson, L., Nissen, K., & Reiten, J. Carrington Service Area: Community Health Needs Assessment, 2019.

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### For More Information

Visit the website, [ruralhealth.und.edu/projects/community-health-needs-assessment](http://ruralhealth.und.edu/projects/community-health-needs-assessment) or contact:

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