CHI St. Alexius Health Dickinson Medical Center and Service Area

2019 Community Health Needs Assessment

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 Dickinson Service Area 2019 CHNA.

The Dickinson service area is predominantly Stark County (population 29,837). The medical center also serves patients from Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, and Slope Counties. The median household income in 2018 was $76,817 in Stark County, which was higher than the state ($61,285).

Community Strengths

The top three assets identified in the community survey included friendly people, family friendly community, and year-round access to fitness opportunities. Other community assets include 24 public parks, a golf course, two disc-golf courses, and a community center which includes an indoor pool, indoor tennis courts, free weights, and racquetball courts. The community also reports a lower percentage of residents (9%) that live below the poverty line than the state's average (11%).

Health Outcomes and Factors

In review of secondary data, only 11% of area residents reported poor or fair health. However, 26% of driving deaths in the service area in 2018 involved alcohol compared to 13% in the top 10% of U.S. counties. Furthermore, the service area had a higher percentage of residents reporting excessive drinking, obesity, physical inactivity, and adult smoking than the top 10% of U.S. counties. See Table 1.

Table 1. Health Factors by % of Population, 2018

	Dickinson service area	ND	Top 10% U.S.
Uninsured	9%	9%	6%
Excessive drinking	23%	25%	13%
Physical inactivity	25%	24%	20%
Adult obesity	30%	32%	26%
Adult smokers	17%	20%	14%

The Dickinson service area presented in Table 1 is a weighted average of Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, and Stark Counties.

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.

Table 2. Cases per 100,000 Population, 2018

	Sexually transmitted infections (chlamydia)	Violent crime	Injury deaths
Adams	168	42	85
Billings	**	37	**
Bowman	**	61	86
Dunn	341	194	116
Golden Valley	**	72	121
Hettinger	714	76	**
Slope	**	0	**
Stark	369	218	70
North Dakota	427	26	68
Top 10% of U.S.	145	62	55

**2018 data not available.

In 2017, the Dickinson service area had a lower percentage of children receiving SNAP (13%) than the state average (20%). In 2018, the teen birth rate for the service area was 30 births per 1,000 females (15-19 years old) compared to 25 per 1,000 in the state. Both of which were higher than the top 10% of U.S. counties (15 per 1,000). In the service area in 2018 there were 1,637 licensed daycare spots for the 6,169 children ages 0-13 with both parents in the labor force. This indicates a shortage of licensed daycare facilities in the eight county area.

Healthcare Access

Based on the provider to population ratio, three of the counties had fewer residents per primary care physician than the state average. However, Bowman County had 3,290 residents per primary care physician in 2018. Higher than state average resident per provider ratios were also seen in three counties for dentists as well as four counties for mental health providers. See Table 3.

Table 3. Number of Residents per Provider, 2018

	Primary care	Dentist	Mental health
Adams	240	2,310	2,310
Billings	940	930	930
Bowman	3,290	650	**
Dunn	**	**	**
Golden Valley	1,850	1,820	180
Hettinger	**	1,310	**
Slope	770	760	760
Stark	1,610	2,400	730
North Dakota	1,330	1,550	610
Top 10% of U.S.	1,030	1,280	330

**2018 data not available.

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 (63%) and bullying/cyber-bullying (60%). See Table 4.

Table 4. Community Concerns, 2018

Community Concerns	%
Youth drug use/abuse	63%
Bullying/cyber-bullying	60%
Youth alcohol use/abuse	58%
Availability of mental health services	54%
Domestic violence	54%
Adult alcohol use/abuse	52%
Adult drug use/abuse	52%
Cost of long term care	48%
Availability of specialists	46%
Having enough child daycare services	42%
Availability of resources to help the elderly stay in their homes	42%

In December 2018, a community focus group identified their top concerns as:
1. Availability of mental health services
2. Availability of substance use disorder treatment services
3. Youth depression and anxiety

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 specialists (49% of respondents)
2. Not affordable (29%)
3. No insurance/limited insurance (25%)
4. Not enough providers (22%)
5. Not enough evening or weekend hours (21%)

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 consistent with data presented in Tables 3 which demonstrates that four counties in the service area had higher population to mental health provider ratios than the state average in 2018. Furthermore, 54% of survey respondents identified the lack of mental health services as a concern in 2018. See Table 4.

Steps Undertaken Since 2016 CHNA

In response to the 2016 CHNA, a Behavioral Health Coalition was formed to address mental health as well as tobacco, alcohol, and drug prevention in the community. In addition, the Disaster Behavioral Health Coalition decided to address components of emotional health and its factors such as job burnout, stress, and depression. An emotional health toolkit was also developed to build emotional health support capacity. Furthermore, the medical center set a goal of hiring three additional primary care providers to provide better patient access.

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.

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