

St. Aloisius Medical Center Service Area

2019 Community Health Needs Assessment

January 2020

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 Harvey service area 2019 CHNA.

The Harvey service area comprises all of Wells County (population 3,957).

Community Strengths

The top three assets identified in the community survey included the people being friendly, helpful and supportive, being a friendly community and having an active faith community. Other community assets include city parks, a golf course, a skating rink and a bike path. The community also reports a higher dentist-to-patient ratio than the rest of the state.

Health Outcomes and Factors

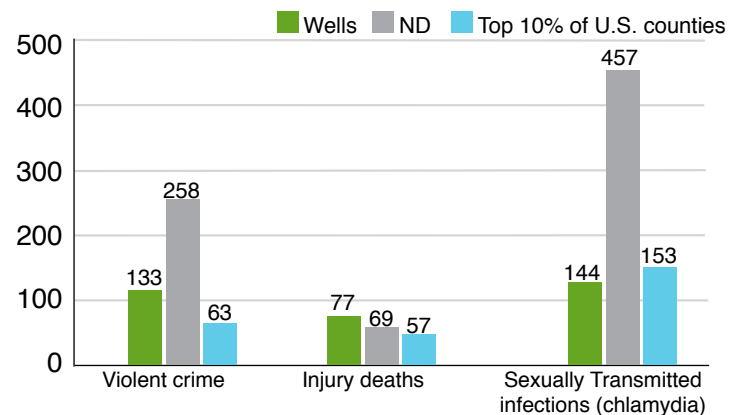
In review of secondary data, only 13% of Wells County residents reported poor or fair health. However, the county had a greater percentage of residents reporting excessive drinking, physical inactivity, and obesity than the top 10% of U.S. counties. See Table 1.

Table 1. Health Factors by % of Population, 2019

	Wells County	ND	Top 10% U.S.
Uninsured	8%	8%	6%
Excessive drinking	20%	26%	13%
Access to exercise opportunities	49%	74%	91%
Physical inactivity	28%	22%	19%
Adult obesity	32%	32%	26%
Adult smokers	14%	20%	14%

Injury deaths were more prevalent in Wells County (77 deaths per 100,000 residents, respectively) than in the state overall (69 per 100,000 residents) and the top 10% of U.S. counties (57 per 100,000 residents). The county also had a higher number of violent crimes than the top 10% of U.S. counties, but fewer incidences of sexually transmitted infections. See Figure 1.

Figure 1. Cases per 100,000 Population, 2019



In Wells County in 2019 there were 175 licensed daycare spots for the 407 children ages 0-13 with both parents in the labor force.

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

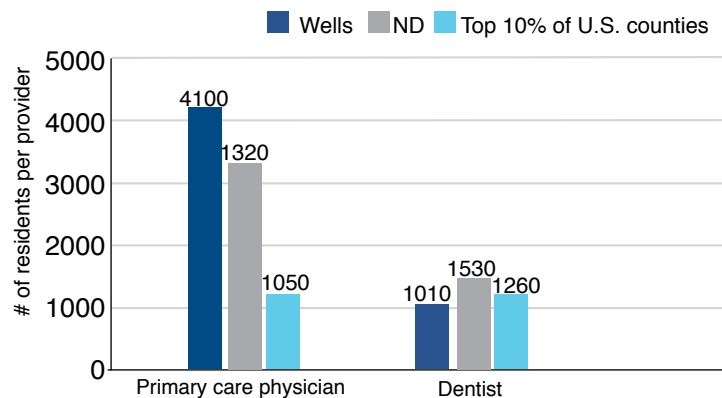
	Wells	ND
Children uninsured (2016)	8%	9%
Uninsured children below 200% of poverty (% of pop.) (2016)	49%	42%
Medicaid recipients (2017)	28%	28%
Children enrolled in Healthy Steps (2013)	2%	3%
Receiving SNAP (2017)	16%	20%

In 2019, the teen birth rate for Wells County was 17 births per 1,000 females (15-19 years old). This is lower than the state average of 23 per 1,000 but higher than the top 10% of U.S. counties (14 per 1,000).

Healthcare Access

Based on the provider to population ratio, Wells County has fewer residents per single dentist than the state's average and the top 10% of U.S. counties (1,260 residents per one dentist). However, the county has more residents per primary care provider than the state's average (1,530 residents per primary care provider). See Figure 2.

Figure 2. Provider to Population Ratios, 2019



Community Concerns

In a survey conducted by the CRH, residents identified up to three primary community concerns. The top two concerns were illegal drug abuse (69%) and attracting and retaining young families (62%). Bullying/cyber-bullying, youth alcohol use and abuse, and youth drug use and abuse made the top five. See Table 3.

Table 3. Community Concerns, 2019

Community Concerns	%
Illegal drug abuse	69%
Attracting and retaining young families	62%
Bullying/cyber-bullying	53%
Alcohol Use & Abuse—youth	49%
Drug use and abuse – youth	48%
Cost of long-term/nursing home care	47%
Assisted living options	44%
Child abuse or neglect	44%
Drug use and abuse – adults	44%
Smoking and tobacco use, exposure to second-hand smoke, or juuling/vaping	43%

On August 6, 2019, a community focus group identified their top concerns as:

1. Availability of mental health services
2. Attracting and retaining young families
3. 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. No/limited insurance (39% of respondents)
2. Not affordable (34%)
3. Not enough specialists (30%)
4. Not enough evening or weekend hours (23%)
5. Don't know about local services (21%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The most often cited service was mental healthcare. Wells County currently does not have any mental health providers, and the availability of mental

health services was identified as the most pressing concern during the 2019 CHNA process, indicating a need within the community for such services.

Steps Undertaken Since 2016 CHNA

As a result of the previous CHNA (2016), changes have been implemented at St. Aloisius Medical Center. To address the need of physician recruitment, two full-time family practice doctors and one family nurse practitioner have been hired for SAMC's clinic. In response to the need for more specialists, one specialist in osteoporosis and bone health and another in endoscopy have been coming in two days per month. SAMC became an accredited hospital for diabetes education, has placed several AEDs in public places and offers CPR education for the public, and is a member of a coalition focusing on alcohol, drug and mental health education and awareness in the county. These programs were in response to the needs of healthy eating, substance abuse education, and support groups. The need for collaboration with local EMS and the school system was also focused on by offering CPR training, blood pressure screenings, and general education on services offered by SAMC and the EMS.

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

Dickson, L. & Larson, S. Harvey Service Area: Community Health Needs Assessment, 2019.

For More Information

Visit the website, ruralhealth.und.edu/projects/community-health-needs-assessment or contact:

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