

Ashley Medical Center Service Area

Community Health Needs Assessment

December 2019

Each Critical Access Hospital must conduct a Community Health Needs Assessment (CHNA) once every three years, as mandated by law. Each local public health unit seeking to gain/maintain accreditation conducts 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 McIntosh County service area 2019 CHNA.

The Ashley Medical Center (AMC) service area (population 2,585) is comprised of McIntosh County in its entirety. The county's percentage of residents 65 years and older (30.7) is more than doubles that of North Dakota (15.3). Furthermore, the median age in the county is 53.5 years old compared to 35.2 for the state.

Community Strengths

The top three assets identified in the community survey included the community being a safe place to live, family-friendly, and people are helpful and supportive. Other community assets include a fitness center and hiking/biking trail, swimming pool, golf course, and fishing and hunting opportunities. The community also reports a significantly higher amount of social associations than the state average or top 10% of U.S. counties.

Health Outcomes and Factors

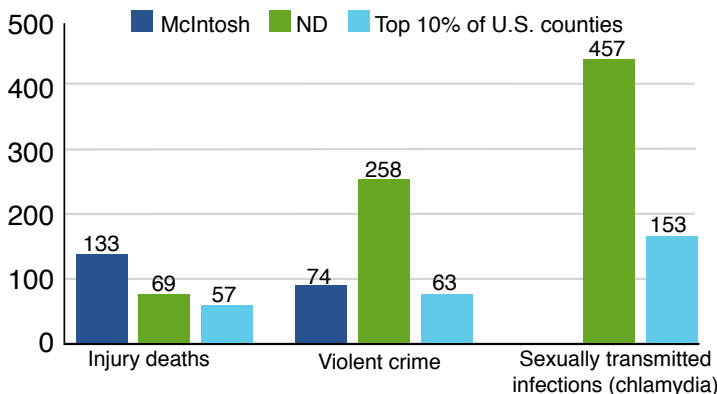
In review of secondary data, 14% of McIntosh County residents reported poor or fair health, equal to the state average. However, the county had a greater percentage of residents reporting physical inactivity, injury deaths, and children in poverty than the top 10% of U.S. counties. See Table 1.

Table 1. Health Factors by % of Population, 2019

| | McIntosh | ND | Top 10% U.S. |
|----------------------------------|----------|-----|--------------|
| Uninsured | 11% | 8% | 6% |
| Excessive drinking | 18% | 26% | 13% |
| Access to exercise opportunities | 70% | 74% | 91% |
| Physical inactivity | 28% | 22% | 19% |
| Adult obesity | 31% | 32% | 26% |
| Adult smokers | 14% | 20% | 14% |

Injury deaths were more prevalent in McIntosh County (133 deaths per 100,000 residents) 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 saw more incidences of violent crime than the top 10% of U.S. counties (63 per 100,000 residents) but less than North Dakota. See Figure 1.

Figure 1. Cases per 100,000 Population, 2019



In McIntosh County in 2019, there were 178 licensed daycare spots for the 307 children ages 0-13 with both parents in the labor force, indicating a shortage of licensed daycare services. The county also had a higher percentage of uninsured children than the state average.

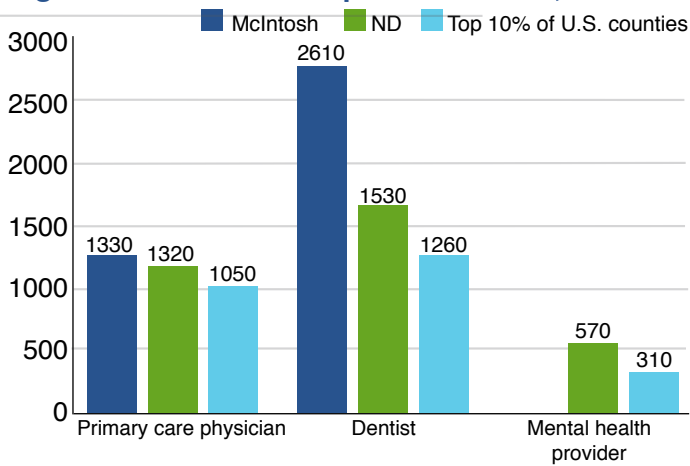
Table 2. Children's Health Factors by % of Population

| | McIntosh | ND |
|---|----------|-----|
| Children uninsured (2017) | 18% | 8% |
| Uninsured children below 200% of poverty (% of pop.) (2017) | 58% | 44% |
| Medicaid recipients (2018) | 33% | 27% |
| Children enrolled in Healthy Steps (2018) | 2% | 2% |
| Receiving SNAP (2018) | 14% | 20% |

Healthcare Access

Based on the provider-to-population ratio, McIntosh County has fewer residents per single primary care physician than the state's average and the top 10% of U.S. counties (1,050 residents per one physician). The county also has fewer dentists per resident than the state's average (1,530 residents per dentist). 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 not having enough jobs with livable wages (64%) and the availability of resources to help the elderly stay in their homes (51%). Adult alcohol abuse, attracting and retaining young families, and the cost of long-term/nursing home care made the top five. See Table 3.

Table 3. Community Concerns, 2018

| Community Concerns | % |
|---|-----|
| Not enough jobs with livable wages | 64% |
| Availability of resources to help the elderly stay in their homes | 51% |
| Alcohol use and abuse – adult | 48% |
| Attracting and retaining young families | 47% |
| Cost of long-term/nursing home care | 46% |
| Assisted living options | 46% |
| Changes in population size | 44% |
| Not enough activities for children | 42% |
| Cancer – adult | 39% |

In 2019, a community focus group identified its top concerns as:

1. Attracting and retaining young families
2. Having enough child daycare services
3. Assisted living options
4. Not enough jobs with livable wages

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 (45% of respondents)
2. Not enough evening or weekend hours (31%)
3. Not affordable (22%)
4. Distance from facility (22%)
5. Not enough providers (MD, DO, NP, PA) (25%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The most often cited service to add was dental. This concern relates back to the data for perceived barriers, for which not enough specialists was the top issue. Availability of dental care was also the top response for availability/delivery of health services concerns.

Steps taken Since 2016 CHNA

As a result of the previous (2016) CHNA, there have been advances for the Ashley community. Since identifying the ability to attract and retain young families as a concern in the previous process, the community has seen an influx of younger families due to the expansion of local businesses and affordable housing. Although the availability of resources to help the elderly stay in their homes continues to be an issue, palliative and hospice care are now available in the area. In response to the worry about a shortage of specialists, local medical providers have attended training to provide additional services, and telemedicine continues to be utilized. AMC has increased promotion of available services in light of availability of health services being voiced as a concern. AMC utilizing Facebook, posters and the local newspaper to raise awareness of services, events, and activities provided by the hospital.

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

Larson, S. & Gibbens, B. Ashley Service Area: Community Health Needs Assessment, 2019.

For More Information

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

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Community Liaison

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