

Sakakawea Medical Center Service Area

2019 Community Health Needs Assessment

November 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 Sakakawea Medical Center (SMC) service area 2019 CHNA.

The SMC service area comprises of Dunn (population 4,424), Mercer (population 8,187), and Oliver (population 1,959) counties in their entirety.

Community Strengths

The top three assets identified in the community survey included people being friendly, helpful, and supportive; healthcare; and a family-friendly community. Other community assets include the school systems, recreational activities, public transportation, grocery stores, and pharmacies.

Health Outcomes and Factors

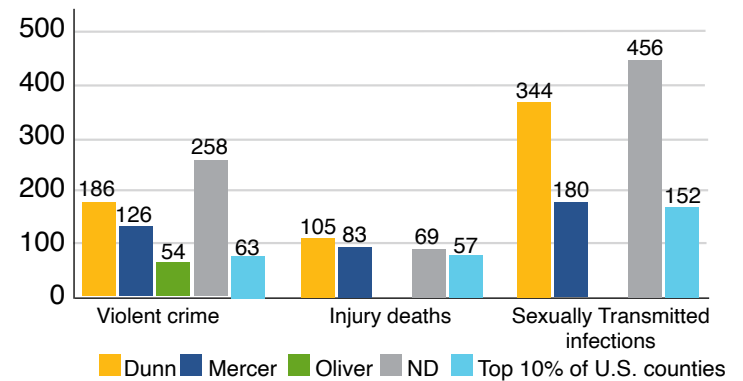
In review of secondary data, only 13% of Dunn County, 12% of Mercer County and 11% of Oliver County residents reported poor or fair health. However, all three counties had a greater percentage of residents reporting excessive drinking, physical inactivity, obesity, and, with the exception of Oliver County, adult smoking, than the top 10% of U.S. counties. See Table 1.

Table 1. Health Factors by % of Population, 2019

	Dunn	Mercer	Oliver	ND	Top 10% U.S.
Uninsured	12%	6%	7%	8%	6%
Excessive drinking	25%	25%	23%	26%	13%
Access to exercise opportunities	37%	77%	44%	74%	91%
Physical inactivity	20%	23%	24%	22%	19%
Adult obesity	36%	31%	34%	32%	26%
Adult smokers	17%	15%	15%	20%	14%

Injury deaths were more prevalent in Dunn and Mercer Counties (no data for Oliver County) than in the state overall (69 per 100,000 residents) and the top 10% of U.S. counties (57 per 100,000 residents). Incidence of violent crime and sexually transmitted infections for all three counties are less than the state overall, with Oliver County also reporting less of both of those measures than the top 10% of U.S. counties. See Figure 1.

Figure 1. Cases per 100,000 Population, 2019



In 2018, the three counties combined had 365 licensed daycare spots for the 1,848 children ages 0-13 with both parents in the labor force. See Table 2 for more information on children's health.

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

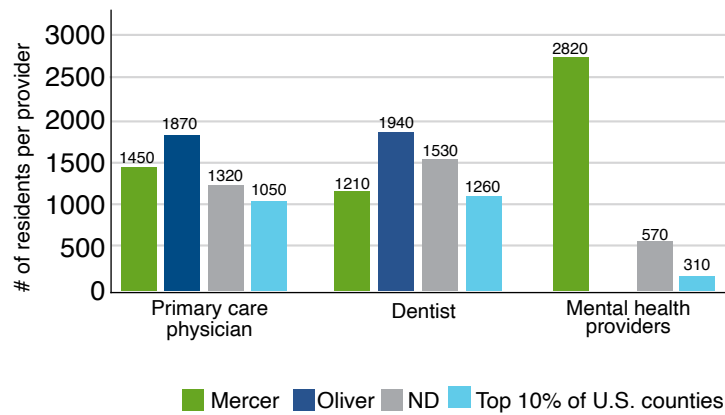
	Dunn	Mercer	Oliver	ND
Children uninsured (2018)	14.9%	5.8%	7.3%	6.3%
Children in poverty (ages 0-17) (% of pop.) (2018)	12.7%	6.8%	12.9%	11.0%
Medicaid recipients (2019)	28.2%	10.4%	4.6%	26.6%
Children enrolled in Healthy Steps (2019)	0.6%	0.7%	4.6%	26.6%
Receiving SNAP (2019)	12.9%	0.7%	3.1%	1.6%

In 2019, the teen birth rate for Dunn County was 23 births per 1,000 females (15-19 years old) compared to 17 per 1,000 in Mercer County (there was no data available for Oliver County). These are lower than or on par with the state average of 23 per 1,000, but both are higher than the top 10% of U.S. counties (14 per 1,000).

Healthcare Access

Based on the provider to population ratio, Mercer County has fewer residents per single dentist than the state's average and the top 10% of U.S. counties (1,320 residents per one dentist). The opposite is true for Oliver County, and both counties have more residents per primary care provider than the state's average (1,280 residents per primary care provider). See Figure 2.

Figure 2. Provider to Population Ratios, 2019



Community Concerns

In a survey conducted by CRH, residents identified up to three primary community concerns. The top two concerns were drug use and abuse among youth (60%) and cost of long-term/nursing home care (51%). Attracting and retaining young families, alcohol use and abuse among youth, and drug use and abuse among adults rounded out the top five. See Table 3.

Table 3. Community Concerns, 2019

Community Concerns	%
Drug use and abuse—youth	60%
Cost of long-term/nursing home care	51%
Attracting and retaining young families	49%
Alcohol use and abuse—youth	48%
Drug use and abuse—adults	46%
Alcohol use and abuse—adults	38%
Availability of mental health services	35%
Depression/anxiety—youth	35%
Depression/anxiety—adults	35%

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

1. Availability of mental health services
2. Youth drug use and abuse (including prescription drugs)
3. Availability of resources to help the elderly stay in their homes
4. Youth depression/anxiety
5. Attracting and retaining young families

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 (37% of respondents)
2. Not enough evening or weekend hours (32%)
3. Not affordable (26%)
4. Not enough specialists (24%)
5. Don't know about local services (18%)

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

service was mental healthcare, which was not only frequently mentioned in survey responses, but also chosen as the top concern by the community focus group.

Steps Undertaken Since 2016 CHNA

SMC has made significant progress in order to respond to needs identified during the previous CHNA. Adequate childcare services was at the top, which was addressed by several local employers establishing a new childcare center with capacity for 72 children, in Hazen. SMC and Coal Country Community Health Center (CCCHC) continue to screen patients for depression in response to concerns about the availability of behavioral and mental health services. CCCHC has also hired a licensed addiction counselor and has increased the availability of visiting psychologists from four to six days per month.

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

Hazen 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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