Sanford Mayville Medical Center Service Area
2018 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 Sanford Mayville Medical Center (SMMC) service area 2018 CHNA conducted by Sanford Health.

The SMMC service area comprises of Traill County (pop. 8,036) and Steele County (pop. 1,890).

Community Strengths

Community assets include three parks, a golf course, a water park, walking/biking trails, a hockey rink, and Mayville State University. The community also reports fewer poor physical and mental health days (in the past 30 days) than both the state and the top 10% of U.S. counties.
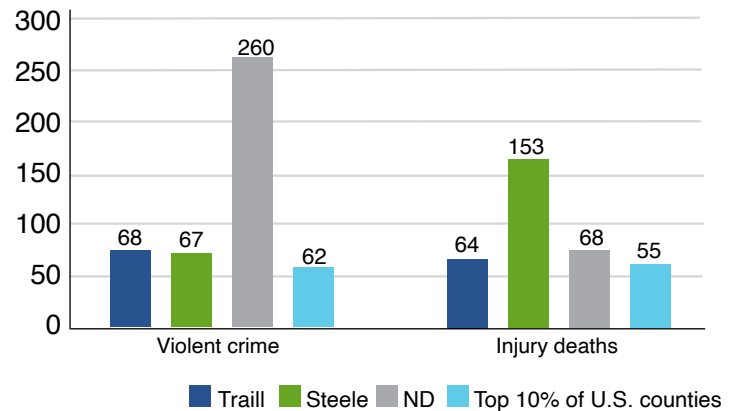
Health Outcomes and Factors

In review of secondary data, only 11% of Traill County and 11% of Steele County residents reported poor or fair health. However, both counties had a greater percentage of residents reporting excessive drinking, physical inactivity, and obesity than the top 10% of U.S. counties. See Table 1 for more information on health factors.

Table 1. Health Factors by % of Population, 2018

	Trail	Steele	ND	Top 10% U.S
Uninsured	7%	10%	9%	6%
Excessive drinking	23%	22%	26%	13%
Access to exercise opportunities	66%	34%	75%	91%
Physical inactivity	23%	27%	24%	20%
Adult obesity	33%	29%	32%	26%
Adult smokers	15%	14%	20%	14%

Injury deaths were more prevalent in Steele County (153 deaths per 100,000 residents) than in the state overall (68 per 100,000 residents) and the top 10% of U.S. counties (55 per 100,000 residents), while Traill County had less than the state, but more than the top 10% of U.S, counties. Both counties had more incidence of violent crime than the top 10% of U.S. counties, but less than the state. See Figure 1.

Figure 1. Cases per 100,000 Population, 2018

Legend: Traill, Steele, ND, Top 10% of U.S. counties

Violent crime: Traill 68, Steele 67, ND 260, Top 10% 62
Injury deaths: Traill 64, Steele 153, ND 68, Top 10% 55

In Traill County in 2018 there were 553 licensed daycare spots for the 1,019 children ages 0-13 with both parents in the labor force. For Steele County, these numbers were 59 and 223 respectively. See Table 2 for more data on children's health factors.

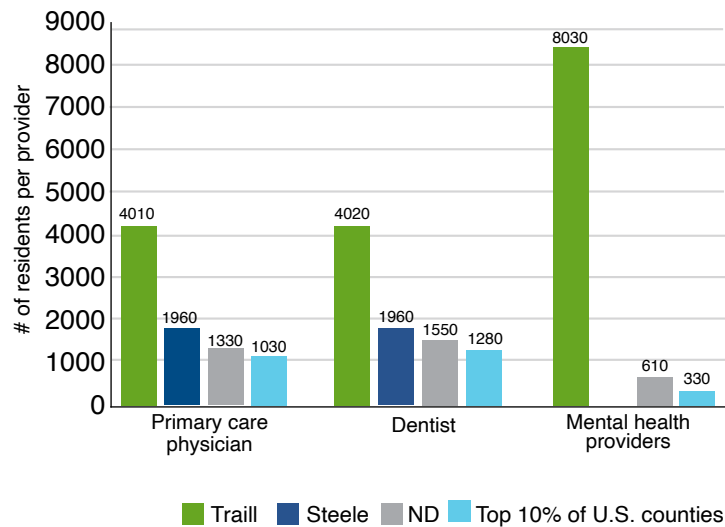### Table 2. Children's Health Factors by % of Population

	Traill	Steele	ND
Children uninsured (2018)	7.3%	5%	6.3%
Uninsured children below 200% of poverty (% of pop.) (2018)	13.0%	10.8%	9.6%
Medicaid recipients (2018)	23.1%	22.5%	27.3%
Children enrolled in Healthy Steps (2018)	1.5%	NA	1.6%
Receiving SNAP (2018)	15.6%	10.5%	19.5%

In 2017, the teen birth rate for Traill County was 15 births per 1,000 females (15-19 years old). This is lower than the state average of 25 per 1,000 and equal to the top 10% of U.S. counties.

Healthcare Access

Based on the provider to population ratio, Traill and Steele Counties have more residents per single dentist than the state's average and the top 10% of U.S. counties (1,280 residents per one dentist). The same is true for both counties for the ratio of population per primary care provider and mental health provider. See Figure 2.

Figure 2. Provider to Population Ratios, 2018

Legend: Traill, Steele, ND, Top 10% of U.S. counties

Primary care physician: 4010, 1960, 1330, 1030
Dentist: 4020, 1960, 1550, 1280
Mental health providers: 8030, 610, 330

(# of residents per provider)

Community Concerns

In a process conducted by SMMC, two concerns were identified as top priorities to address:
1. Mental health services
2. Transportation

Mental health services was also identified as one of the prioritized needs during the 2015 assessment.

When asked to identify barriers to routine checkups, the community responded with the following:
1. Did not need to see a doctor (57%)
2. Time not convenient (29%)
3. Cost (14%)
4. Other (10%)
5. Fear (10%)

Steps Undertaken Since 2015 CHNA

The two concerns prioritized during the 2015 assessment were the physical health of the community and mental health services. SMMC developed a strategy to increase physical activity for the Mayville community. SMMC staff presented the Sanford Fit program to the three area schools within the SMMC services area and 64 students are using the curriculum. Sanford Fit is an online curriculum that is available for all students, faculty, and community members. Sanford also supports the annual 5/10K run that the Mayville Running Club puts on during Mayville Days.

SMMC developed a strategy to address mental health in the community. The SMMC Clinic has implemented a comprehensive behavioral health screening tool (BHS6) for all new patients and for all patients receiving comprehensive physicals. SMMC has added availability of an Integrated Health Therapist through visits by telehealth. This service is available during all clinic hours. The PHQ-9 screening tool to determine the severity of depression was implemented by SMMC and the percentage of patients with major depression or dysthymia and an initial PHQ-9 score greater than nine whose 6-month PHQ-9 score was less than five has been tracked to determine improvements. In 2018, over 21% of patients with a depression diagnosis have a PHQ-9 score of less than five, which demonstrates a substantial improvement.

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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