South Central Health Service Area
2020 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 South Central Health (SCH) service area 2020 CHNA.

The SCH service area is comprised of several towns in Logan, LaMoure, McIntosh, and Stutsman Counties. For the purpose of this publication, we will be primarily focusing on McIntosh County (pop. 2,497). McIntosh County has a significantly higher percentage of community members aged 65 or older (32.2%) than that of North Dakota (15.7%).

Community Strengths

The top three assets identified in the community survey included the people being friendly, helpful and supportive; the area being family-friendly and a good place to raise kids; and being a safe place to live with little or no crime. Other community assets include an auto racetrack, a bowling alley, movie theater, multiple outdoor recreation opportunities, and an active senior center. The community also reports a lower rate of smokers (14%) than the state overall (18%).

Health Outcomes and Factors

In review of secondary data, 14% of community 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, 2020

	McIntosh County	ND	Top 10% U.S
Uninsured	14%	9%	6%
Excessive drinking	17%	24%	13%
Access to exercise opportunities	73%	74%	91%
Physical inactivity	31%	24%	20%
Adult obesity	27%	33%	26%
Adult smokers	14%	18%	14%

Injury deaths were more prevalent in McIntosh County (142 deaths per 100,000 residents) than in the state overall (70 per 100,000 residents) and the top 10% of U.S. counties (58 per 100,000 residents). Incidence of violent crime were lower than the state, but higher than the top 10% of U.S. counties. See Figure 1.

Figure 1. Cases per 100,000 Population, 2020
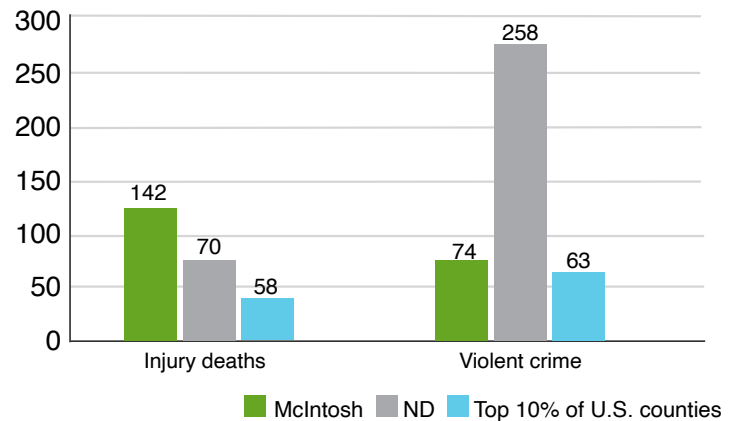
In McIntosh County in 2018 (the latest data available) there were 320 children ages 0-13 with both parents in the labor force, with 148 licensed childcare spots available. See Table 2 for more information on children's health factors.

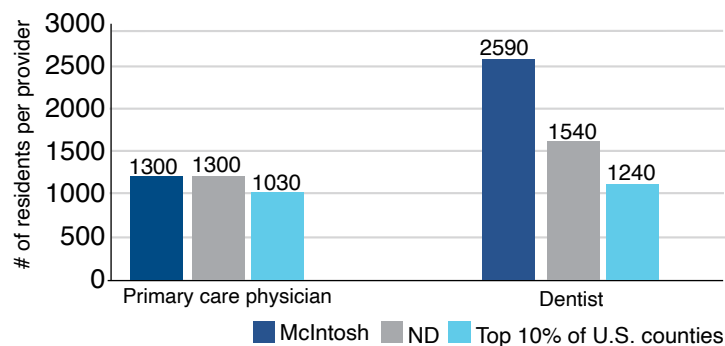### Table 2. Children's Health Factors by % of Population

	McIntosh	ND
Children uninsured (2018)	15%	6.3%
Uninsured children below 200% of poverty (% of pop.) (2018)	21%	9.6%
Medicaid recipients (2019)	30.7%	26.6%
Children enrolled in Healthy Steps (2019)	3.8%	1.6%
Receiving SNAP (2019)	12%	16.9%

In 2020, 17% of children were living in poverty. This is higher than both the state and the top 10% of U.S. counties, which both sit at 11%.

Healthcare Access

Based on the provider to population ratio, McIntosh County has the same residents-per-primary care physician as the state's average (1,300 to 1), but both are higher than the top 10% of U.S. counties. The county also has more residents per dentist than both the state and top 10% of U.S. counties. See Figure 2.

Figure 2. Provider to Population Ratios, 2020

Bar chart showing # of residents per provider. Primary care physician: McIntosh 1300, ND 1300, Top 10% of U.S. counties 1030. Dentist: McIntosh 2590, ND 1540, Top 10% of U.S. counties 1240.

Legend: McIntosh ■ ND ■ Top 10% of U.S. counties ■

Community Concerns

In a survey conducted by CRH, residents identified up to three primary community concerns. The top two concerns were attracting and retaining young families (55%), and youth drug use and abuse (54%). Not enough jobs with livable wages, cost of long-term/nursing home care, and the ability to retain primary care providers (MD, DO, NP, PA) and nurses made the top five. See Table 3 for more concerns.

Table 3. Community Concerns, 2020

Community Concerns	%
Attracting and retaining young families	55%
Drug use and abuse – Youth	54%
Not enough jobs with livable wages	50%
Cost of long-term/nursing home care	47%
Ability to retain primary care providers (MD, DO, NP, PA) and nurses	44%
Alcohol use and abuse – Youth	43%
Availability of home health	43%
Availability of resources for elderly to stay in their homes	41%
Depression/anxiety – Youth	38%

In June of 2020, a community focus group identified their top concerns via an online survey as:
1. Availability of mental health services
2. Ability to retain primary care providers (MD, DO, NP, PA) and nurses
3. Attracting and retaining young families
4. Availability of resources to help elderly stay in their homes

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 able to see the same provider over time (36% of respondents)
2. Not affordable (25%)
3. No or limited insurance (24%)
4. Not enough evening/weekend hours (21%)
5. Concerns about confidentiality (21%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The most often cited service was mental healthcare, an issue that was acknowledged and identified as the top priority found in this assessment.

Steps Undertaken Since 2017 CHNA

Since the previous assessment, SCH has worked diligently to address two of their top concerns. SCH has led open-communication forums with staff to gauge employee satisfaction, and assisted getting employees involved in the community, as well as their family members. SCH has also been working with outside sources for staff placement and financial assistance has been offered, all in order to retain and/or recruit new staff. To address the concern of the availability of resources to help the elderly stay in their homes, a Visiting Nurse program was implemented through SCH's rural clinics and heavily promoted via social media, local news articles, the hospital website, patient handouts, and community newsletters. Staff have been educated as to the program criteria and services and metrics are being monitored and reported to SCH's Quality Assurance committee.

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. & Breigenzer, A. Wishek Service Area: Community Health Needs Assessment, 2020.

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

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