

# CHI St. Alexius Health Garrison Medical Center and Service Area

## 2021 Community Health Needs Assessment

December 2021

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 Garrison Service Area 2021 CHNA.

The Garrison service area primarily comprises McLean County (population 9,450). Their population increased 5.4% from 2010. The percentage of residents, ages 65 and older, is almost 10% higher for McLean County (24.2%) than the North Dakota average (15.3%). Furthermore, the median household income in McLean County (\$68,529) is higher than the state average for North Dakota (\$63,473).

### Community Strengths

The top three assets identified in the community survey included local events and festivals, family friendly community, and friendly people. Other community assets include its close proximity to Lake Sakakawea and fishing opportunities. The community also reported a 93% high school graduation rate in 2017 compared to the state average of 87%.

### Health Outcomes and Factors

In review of secondary data, only 13% of McLean County residents reported poor or fair health. However, in 2018, 37% of driving deaths in McLean County involved alcohol compared to 13% for the top 10% of U.S. counties. Additionally, McLean County had a greater percentage of residents reporting excessive drinking, physical inactivity, adult smoking, and obesity than the top 10% of U.S. counties. See Table 1.

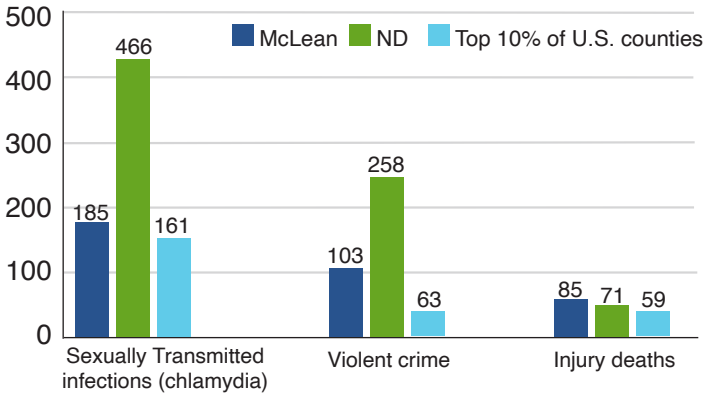
**Table 1. Health Factors by % of Population, 2021**

	McLean	ND	Top 10% U.S.
Uninsured	9%	8%	6%
Excessive drinking	24%	24%	15%
Access to exercise opportunities	29%	74%	91%
Physical inactivity	27%	23%	19%
Adult obesity	35%	34%	26%
Adult smokers	20%	20%	16%

Injury deaths were more prevalent in McLean County (85 deaths per 100,000 residents) than in the state overall (71 per 100,000 residents) and the top 10% of U.S. counties (59 per

100,000 residents). Incidence of violent crime and incidence of sexually transmitted infections followed suit. See Figure 1.

**Figure 1. Cases per 100,000 Population, 2021**



In 2019, data show victims of child abuse and neglect, requiring services (rate per 1,000 children ages 0-17), was 14.44 in McLean County, while ND was 9.98. Medicaid recipients (% of population age 0-20) were 35.1% for McLean County, which is higher than the ND average of 26.6%. See Table 2 for more information on children's health factors.

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

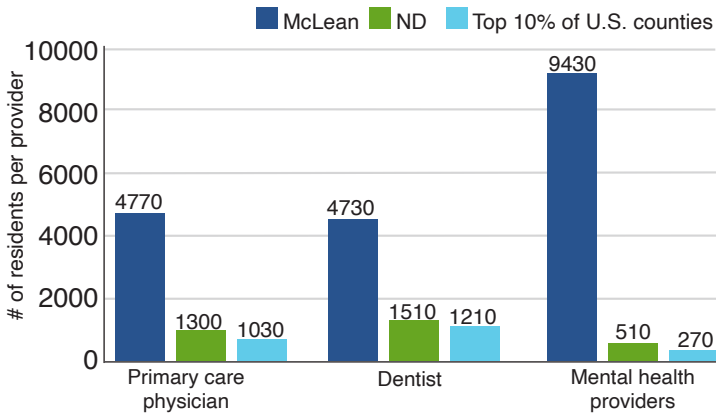
	McLean	ND
Children food insecurity (2018)	13.8%	9.6%
Victims of child abuse (2019)	14.44	9.98
Medicaid recipients (2019)	35.1%	26.6%
Children enrolled in Healthy Steps (2020)	1.9%	1.6%
Receiving SNAP (2020)	12.7%	16.9%

In 2021, the teen birth rate for McLean was 21 births per 1,000 females (15-19 years old). This statistic is slightly higher than the state average (20 per 1,000) and almost double the top 10% of U.S. counties (12 per 1,000).

### Healthcare Access

Based on the provider to population ratio, McLean County had more residents per single mental health provider (9,450) than the state average (510) or the top 10% of U.S. counties (270) in 2021. Similarly, the county had more residents per primary care physician and dentist than the state average or the top 10% of U.S. counties, indicating provider shortages. See Figure 2.

**Figure 2. Provider to Population Ratios, 2021**



## Community Concerns

In a survey conducted by CRH, residents identified up to three primary community concerns. The top two concerns were bullying/cyberbullying (79%) and youth alcohol use and abuse, and drug use and abuse (54%). Depression/anxiety among youth, adult alcohol use and abuse, and availability of resources to help the elderly stay in their homes made the top five. See Table 3

**Table 3. Community Concerns, 2021**

Community Concerns	%
Bullying/cyberbullying—youth	79%
Alcohol use and abuse—youth	54%
Drug use and abuse - youth	54%
Availability of resources to help the elderly stay in their homes	53%
Depression/anxiety – youth	51%
Alcohol use and abuse—adults	49%

**In July 2021, a community focus group identified their top concerns as:**

1. Availability of resources to help the elderly stay in their homes
2. Attracting and retaining young families
3. Depression/anxiety
4. Alcohol use and abuse
5. Drug use and abuse (including prescription drug 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. Not able to get appointment/limited hours (34% of respondents)
2. Not able to see same provider over time (34%)
3. No insurance/limited insurance (31%)
4. Concerns about confidentiality (28%)
5. Not enough specialists (24%)

Individuals also indicated what specific healthcare services, if any, they felt should be added locally. The most often cited service was mental health services.

## Steps Undertaken Since 2019 CHNA

CHI St. Alexius Health Garrison has taken steps to address the top concerns identified in the 2019 assessment. In an effort to recruit and retain primary care providers, the hospital has been successful, as all MDs, PAs, and FNPs have been with the facility for a minimum of six years. The hospital has utilized the State and Federal Loan Repayment Program. In retaining and recruiting RNs and LPNs, CHI St. Alexius Health Garrison has implemented retention bonuses for reaching one, three, and five years of service. The hospital has also partnered with North Dakota colleges to use the hospital as a training site for LPNs and associate degree RNs. A health fair was held at the Garrison City Auditorium with educational booths that focused on adult obesity and youth drug use and abuse. Discussion at these booths focused on healthy diets and wellness activities to help individuals lose weight along with education about the harmful effects of vaping, tobacco use, and alcohol and drug use, including prescription opioid abuse. Local high schools attended.

## 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](http://ruralhealth.und.edu/projects/community-health-needs-assessment/reports).

### Full Report

Long, H., & Nissen, K., Garrison Service Area: Community Health Needs Assessment 2021

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### For More Information

Visit the website, [ruralhealth.und.edu/projects/community-health-needs-assessment](http://ruralhealth.und.edu/projects/community-health-needs-assessment) or contact:

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