

CHI Mercy Health Service Area

2022 Community Health Needs Assessment

May 2022

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 Valley City service area 2022 CHNA.

CHI Mercy Health service area is comprised of Barnes County in its entirety. Barnes County's population from 2010 to 2019 decreased by 5.9%. The average number of residents younger than age 18 (19.6%) for Barnes County comes in 3.9 percentage points lower than the North Dakota average (23.5%). The percentage of residents ages 65 and older is much higher for Barnes County (23.2%) than the North Dakota average (15.3%). The median household income in Barnes County (\$64,894) is slightly higher than the state average for North Dakota (\$63,843).

Community Strengths

The top three assets identified in the community survey included it was a safe place to live with little or no crime; people in the community are friendly, helpful, and supportive; and year-round access to fitness opportunities. Other community assets included it having a quality school system and people who live here are involved in their community.

Health Outcomes and Factors

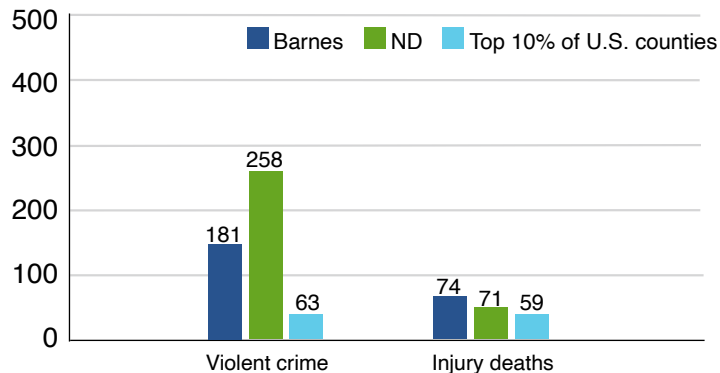
In review of secondary data, only 15% of Barnes County residents reported poor or fair health. It also had a greater percentage of residents reporting adult obesity than the rest of the state and the top 10% of U.S. counties. See Table 1.

Table 1. Health Factors by % of Population, 2021

	Barnes	ND	Top 10% U.S.
Uninsured	9%	8%	6%
Poor or fair health	15%	14%	14%
Access to exercise opportunities	64%	74%	91%
Physical inactivity	23%	23%	19%
Adult obesity	35%	34%	26%
Adult smoking	19%	20%	16%

Violent deaths were higher in Barnes County (181 deaths per 100,000 residents) than in the top 10% of U.S. counties (63 per 100,000 residents), but lower than the state overall (258 per 100,000 residents). See Figure 1.

Figure 1. Cases per 100,000 Population, 2021



In 2020, data shows Medicaid recipients (% of population ages 0-20) was 27.7% for Barnes County, which is higher than the North Dakota average of 26.0%. Child food insecurity reported in 2019 was 11.6% for Barnes County, while North Dakota was 9.6%. See Table 2 for more information on children's health factors.

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

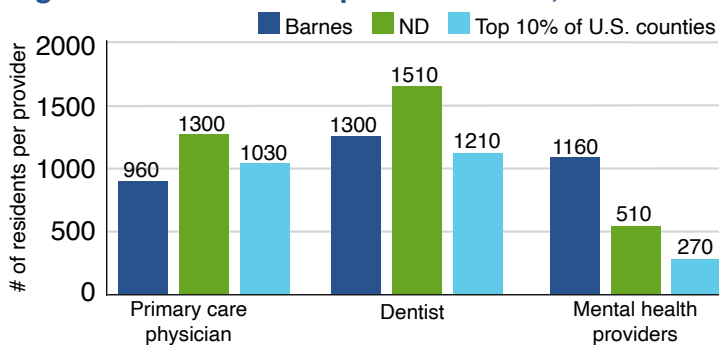
	Barnes	ND
Victims of child abuse and neglect requiring services (2018)	18.64	9.98
Child food insecurity, (2019)	11.6%	9.6%
Medicaid recipients (2020)	27.7%	26.0%
Children enrolled in Healthy Steps (2020)	1.6%	1.7%
Receiving SNAP (2020)	17.8%	17.0%

In 2020, 1.6% of children in Barnes County were enrolled in the Healthy Steps (CHIP) program. This is lower than the state's rate at 1.7%.

Healthcare Access

Based on the provider to population ratio, Barnes County is exceeding the state and top 10% of the U.S. in residents per primary care provider. There are more residents per dentist compared to the top 10% of the U.S., and there are more residents per mental health providers than the state and top 10% of the U.S. 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 drug use and abuse in youth (52%) and alcohol use and abuse in adults (47%). Depression and anxiety in youth, attracting and retaining young families, and the lack of jobs with livable wages made the top five. Availability of resources to help elderly stay in their home, and cost of long-term/nursing home care were also concerns but had fewer respondents. See Table 3.

Table 3. Community Concerns, 2021

Community Concerns	%
Drug use and abuse in youth	52%
Alcohol use and abuse in adults	47%
Availability of resources to help elderly stay in their home	46%
Attracting and retaining young families	45%
Cost of long-term/nursing home care	45%
Depression/anxiety in youth	43%
Not enough jobs with livable wages	43%

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

1. Availability of mental health services
2. Not enough jobs with livable wages
3. Drug use and abuse in youth
4. Depression/anxiety in youth

In the survey, community members also identified perceived barriers (up to three) specifically related to accessing local healthcare. The top four barriers were:

1. Not enough evening/weekend hours (36%)
2. No insurance or limited insurance (28%)
3. Not affordable (28%)
4. Not enough specialists (27%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The number one desired service to add locally was mental health services.

Steps Undertaken Since 2019 CHNA

CHI Mercy Health has taken steps to address the top concerns identified in the 2019 assessment. In looking at substance use and abuse, Barnes County Behavioral Health Coalition, hosted by CHI Mercy Health with partnership from several entities and coalition of leaders in the area are working on the goals that were captured from the CHNA. In regard to attracting and retaining young families, affordable housing and employment opportunities, along with daycare openings and options, have increased in the community. The lack of availability of substance abuse/treatment services has forced the creation of a collaboration with City-County Health District with South Central Human Service Center (SCHSC) and Family HealthCare to support availability of Medication Assisted Therapy (MAT). The Barnes County Opioid Advisory Group work through City-County Public Health works to offer several options. City-County Health District collaborated with South Central Human Service Center (SCHSC) and Family HealthCare to offer local support for depression and anxiety, both in-person and via telehealth.

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

Threadgold, N., Reiten, J. & Folarin, A.
CHI Mercy Health Service Area Community Health Needs Assessment, 2022.

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For More Information

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