

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 Nelson County Health System (NCHS) service area 2022 CHNA.

With regard to demographics, Nelson County's population from 2010 to 2020 decreased by 3.7%. The percentage of residents, ages 65 and older, is almost 11% higher for Nelson County (26.5%) than the North Dakota average (15.7%), and the rate of education is slightly lower for Nelson County (91.8%) than the North Dakota average (92.6%). The median household income in Nelson County (\$53,063) is lower than the state average for North Dakota (\$65,315).

Community Strengths

The top three assets identified in the community survey included it's a safe place to live, people are friendly, helpful, supportive, and family-friendly. Healthcare and quality school systems also made the top five assets.

Health Outcomes and Factors

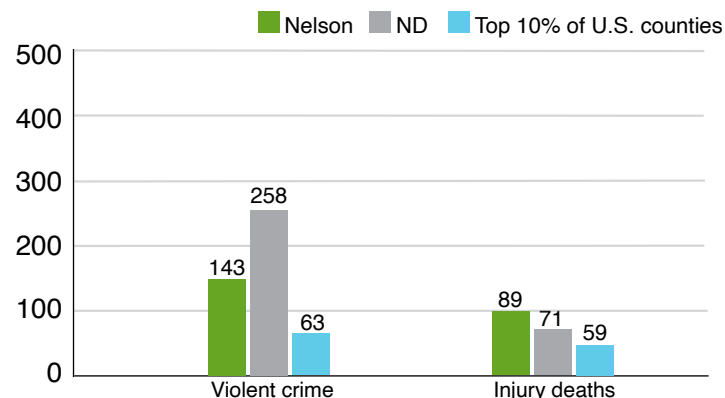
In review of secondary data, 15% of NCHS service area residents reported poor or fair health. This service area had a greater percentage of residents reporting physical inactivity and adult obesity than the top 10% of U.S. counties. See Table 1 for more data.

Table 1. Health Factors by % of Population, 2021

	Nelson County	ND	Top 10% U.S.
Uninsured	10%	8%	6%
Excessive drinking	23%	24%	15%
Access to exercise opportunities	34%	74%	91%
Physical inactivity	30%	23%	19%
Adult obesity	41%	34%	26%
Adult smokers	20%	20%	16%

Incidence of violent crime was less prevalent in Nelson County compared to the North Dakota average, but higher than the top 10% of U.S. counties. Injury deaths were higher for Nelson County than the North Dakota average and the top 10% of U.S. Counties. See Figure 1.

Figure 1. Cases per 100,000 Population, 2021



In 2020, data shows victims of child abuse and neglect requiring services was 12.82% while North Dakota was 9.98%. Medicaid recipients were 25.6% which is lower than the North Dakota average of 26.0%. See Table 2 for more information on children's health factors.

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

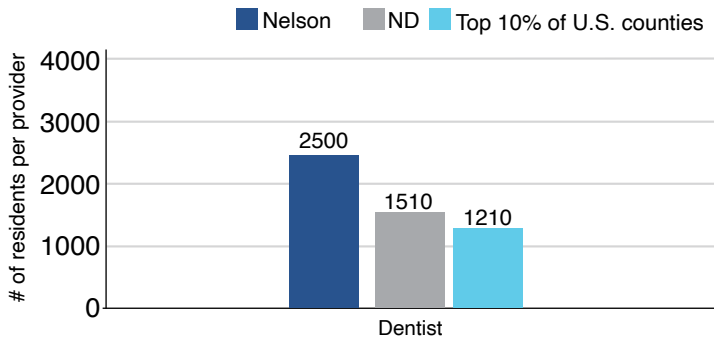
	Nelson	ND
Victims of child abuse and neglect requiring services (rate per 1,000 children ages 0-17), 2020	12.8	9.98
Child food insecurity (2019)	13.6%	9.6%
Medicaid recipients (2020)	25.6%	26.0%
Children enrolled in Healthy Steps (2021)	4.1%	1.7%
Receiving SNAP (2020)	15.7%	17.0%

In 2021, children in poverty was 15% compared to the state average of 11% and 10% for the top 10% of U.S. counties.

Healthcare Access

Based on the provider to population ratio, Nelson County has more residents per single dentist than the state's average and the top 10% of U.S. counties. Based on the provider to population ratio, Nelson County has more residents per single dentist than the state's average and the top 10% of U.S. counties. See Figure 2.

Figure 2. Provider to Population Ratios, 2021



In a survey conducted by CRH, residents identified up to three primary community concerns. The top two concerns were attracting and retaining young families to the area (60%) and bullying/cyberbullying (76%). Alcohol use and abuse in adults and youth, not enough jobs with livable wages, 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	76%
Attracting and retaining young families	60%
Not enough jobs with livable wages	53%
Alcohol use and abuse – adults	52%
Alcohol use and abuse – youth	51%
Availability of resources to help the elderly stay in their homes	44%
Cost of long-term/nursing home care	42%

In March 2022, a community focus group identified their top two concerns as:

1. Alcohol use and abuse – youth
2. Attracting and retaining young families
3. Availability of mental health services
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. Don't know about local services (55%)
2. No insurance/limited insurance (53%)
3. Can't get transportation services (35%)
4. Not enough specialists (21%)
5. Distance from health facility (19%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. There were several services listed: weekend clinic, specialists, senior preventive health, chiropractic/massage, children immunizations at all clinic locations, and elderly assistance.

Steps Undertaken Since 2019 CHNA

NCHS has taken steps to address the top concerns identified in the 2019 assessment. To address the ability to meet the needs of the older population, they've increased the number of primary care providers by 1.75 FTE, implemented a rural health clinic in Michigan, North Dakota, assisted in home assistance programs, and are in the process of finalizing a Home Health Program and transportation for medical appointments. The bullying problem is ongoing, but NCHS has worked with Nelson-Griggs District Health Unit to help children understand bullying by holding a symposium and encouraging communication. Dakota Prairie Elementary has facilitated opening a gym/exercise facility in the community to address the adult population not getting enough exercise and physical activity, prevent disease, lower risks of falls, improve mental health and well-being, and strengthen social ties. In regard to their last need identified, cost of long-term or nursing home care, they have increased awareness and access to long-term care insurance. NCHS has started this priority area by encouraging young adults to purchase long-term care (LTC) insurance, designing brochures and media posts for the target audience, and educating the community with the differences between Medicare, Medicaid, commercial insurances, and LTC insurance.

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. & Folarin, A. McVillage Service Area: Community Health Needs Assessment, 2022.

For More Information

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

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