

St. Luke's Medical Center, Crosby Service Area

2022 Community Health Needs Assessment

August 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 Crosby service area 2022 CHNA.

The Crosby service area comprises mostly Divide County in northwestern North Dakota. With regard to demographics, Divide County's population from 2020 to 2021 decreased by 0.3 percent. The percentage of residents ages 65 and older is almost 10% higher for Divide County (25.4%) than the North Dakota average (15.7%), and the high school graduate rate is slightly lower for Divide County (92.5%) than the North Dakota average (93.1%).

Community Strengths

The top three assets identified in the community survey included it being a safe place to live with little/no crime, family friendly, and people are friendly, helpful and supportive. Other community assets include recreational and sports activities and people who live here are involved in their community.

Health Outcomes and Factors

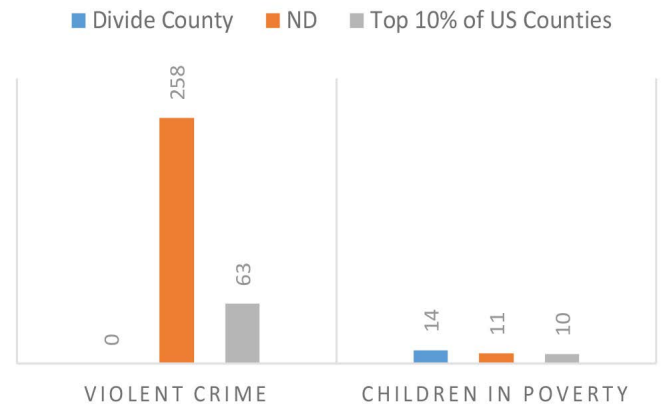
In review of secondary data, 16% of Divide County residents reported poor or fair health, a higher rate than North Dakota (14%) and the top 10% of U.S. counties (14%). Divide County also had a greater percentage of residents reporting physical inactivity. See Table 1.

Table 1. Health Factors by % of Population, 2021

	Divide	ND	Top 10% U.S.
Uninsured	10%	8%	6%
Excessive drinking	24%	24%	15%
Access to exercise opportunities	55%	74%	91%
Physical inactivity	24%	23%	19%
Adult obesity	33%	34%	26%
Adult smokers	21%	20%	16%

Violent crimes were reported as zero for Divide County, while North Dakota's rate was 258 per 100,000 residents, and 63 per 100,000 residents for the top 10% of U.S. counties. Children living in poverty was 14% for Divide County, while it was 11% for North Dakota and 10% for the top 10% of U.S. counties.

Figure 1. Cases per 100,000 Population, 2021



In Child food insecurity was 3.1% lower in Divide County than the rest of the state in 2019. Medicaid recipients (% of population ages 0-20) were 25.3% for Divide County, which is lower than the North Dakota average of 26.0%. See Table 2 for more information on children's health factors.

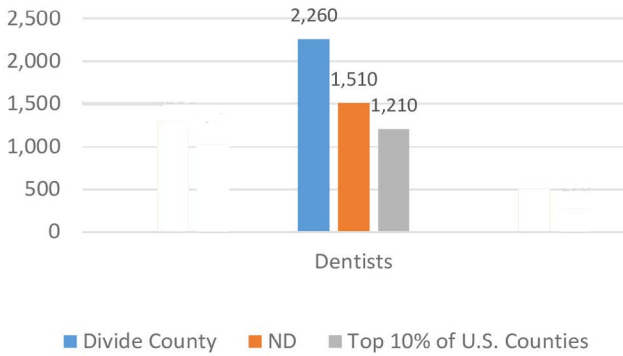
Table 2. Children's Health Factors by % of Population

	Divide	ND
Victims of child abuse and neglect requiring services (2020)	NA	9.98
Children food insecurity (2019)	6.5%	9.6%
Medicaid recipients (2020)	25.3%	26.0%
Children enrolled in Healthy Steps (2020)	0.6%	1.7%
Receiving SNAP (2020)	13.6%	17.0%

Healthcare Access

Based on the provider to population ratio, Divide County has fewer residents per single dentist than the state's average (2,260 residents per one dentist). 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 long-term/nursing home care options (65%) and attracting and retaining young families (60%). Depression/anxiety in youth and adults, along with alcohol use and abuse in adults made the top five. See Table 3.

Table 3. Community Concerns, 2021

Community Concerns	%
Long-term/nursing home care options	65%
Attracting and retaining young families	60%
Depression/anxiety – youth	57%
Alcohol use and abuse – adult	48%
Depression/anxiety – adult	46%
Not enough jobs with livable wages	42%
Ability to retain primary care providers	40%
Having enough child daycare services	39%
Availability of resources to help the elderly stay in their homes	39%

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

1. Depression/anxiety – all ages
2. Bullying/cyberbullying
3. Alcohol use and abuse – all ages
4. Availability of mental health and substance use disorder treatment services
5. Availability of resources to help the 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 same provider over time (52%)
2. Not enough specialists (40% of respondents)
3. Concerns about confidentiality (33%)
4. Not enough providers (29%)
5. Not able to get appointment/limited hours (29%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The most often cited service was vision/optometry services.

Steps Undertaken Since 2019 CHNA

St. Luke’s Hospital has taken steps to address their top concerns identified in the 2019 assessment. In regard to availability of mental health resources, St. Luke’s has partnered with a locum service to provide mental health counseling twice a month. The need for availability of resources to help the elderly stay in their homes was not addressed, as resources were allocated elsewhere. Alcohol use and abuse for adults is a continuing effort as St Luke’s works with and encourages law enforcement and ambulance services to provide community education. They have also collaborated with CHI St. Alexius to provide employees with an employee assistance program whereby they and any immediate family member younger than age of 27 may utilize eight free sessions annually for drug use and abuse in youth.

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

Nissen, K., & Long, H. St. Luke’s Medical Center Service Area: Community Health Needs Assessment, 2022.

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For More Information

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