

Cooperstown Medical Center Service Area

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 Cooperstown service area 2022 CHNA.

The Cooperstown Medical Center (CMC) service area's population, which is primarily Griggs County, has decreased by 1.1% from 2020 to 2021. The percentage of residents ages 65 and older is almost 15% higher for Griggs County (30.3%) than the North Dakota average (15.7%). The median household income in Griggs County (\$53,917) is much lower than the state average for North Dakota (\$65,315).

Community Strengths

The top three assets identified in the community survey included people being friendly, helpful, supportive; being family friendly; and a safe place to live. Other assets include people that live here are involved in their community and its healthcare. The community also reports that unemployment rates were below those in the top 10% of U.S. counties.

Health Outcomes and Factors

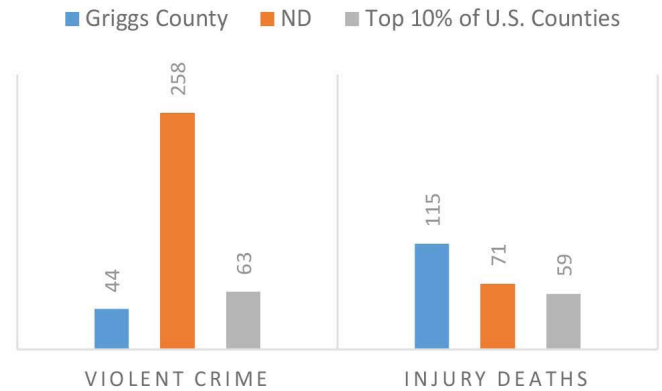
In review of secondary data, 14% of Griggs County residents reported poor or fair health. They also reported having a greater percentage of residents reporting physical inactivity, adult smoking, and alcohol impaired driving deaths than the top 10% of U.S. counties. See Table 1.

Table 1. Health Factors by % of Population, 2021

	Griggs	ND	Top 10% U.S.
Uninsured	8%	8%	6%
Excessive drinking	23%	24%	15%
Alcohol impaired driving deaths	67%	42%	11%
Physical inactivity	22%	23%	19%
Adult obesity	35%	34%	26%
Adult smokers	20%	20%	16%

Injury deaths were more prevalent in Griggs County than in the state overall and the top 10% of U.S. counties, while violent crimes were meeting or exceeding U.S. top 10% performers. See Figure 1.

Figure 1. Cases per 100,000 Population, 2021



In 2020, data shows Medicaid recipients (% of population ages 0-20) was 29.6% for Griggs County, which is higher 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

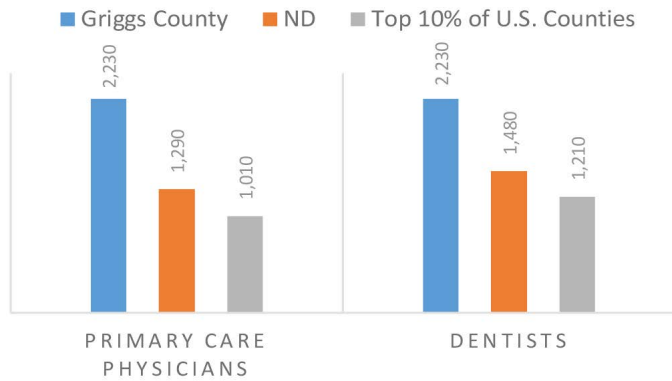
	Griggs	ND
Child food insecurity, (2019)	11.2%	9.3%
Medicaid recipients (2020)	29.6%	26.0%
Children enrolled in Healthy Steps (2020)	2.5%	1.7%
Receiving SNAP (2020)	17.0%	17.0%
4-year high school cohort graduation rate, 2019/2020	≥90%	89.0%

In 2021, 12% of children in Griggs County were living in poverty. This is higher than both the state (11%) and the top 10% of U.S. counties (10%).

Healthcare Access

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

Figure 2. Provider to Population Ratios, 2022



Community Concerns

In a survey conducted by CRH, residents identified up to three primary community concerns. The top two concerns were bullying/cyberbullying and depression/anxiety in youth. Also in the top five concerns were attracting and retaining young families, having enough daycare services, and depression/anxiety in adults. See Table 3.

Table 3. Community Concerns, 2022

Community Concerns	%
Bullying/cyberbullying	77%
Depression/anxiety – youth	54%
Attracting and retaining young families	53%
Having enough child daycare services	50%
Depression/anxiety – adult	48%
Child abuse/neglect	44%
Availability of resources to help elderly stay in their homes	44%

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

1. Attracting and retaining young families
2. Having enough child daycare services
3. Availability of mental health services
4. Depression and anxiety for all ages

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

1. Concerns about confidentiality (33%)
2. Don't know about local services (31%)
3. No insurance/limited insurance (29%)
4. Not enough specialists (25%)
5. Not able to see same provider over time (25%)

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

Steps Undertaken Since 2019 CHNA

CMC has started making change in regard to the needs identified in 2019. To ensure all community members, including the uninsured and working poor, have access to mental health services: since the 2019 survey, CMC has advertised its current mental health services via billboards and portable signs. CMC has also added two additional days per month of mental health services, provided by Inspired Healthcare providers. In regard to depression and anxiety in youth and the bullying/cyberbullying issue, CMC providers held a lyceum at Griggs County Central School in November 2019 for students on the topics of anxiety, depression, and bullying/cyberbullying.

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

Long, H. & Nissen, K., Cooperstown Medical Center Service Area: Community Health Needs Assessment, 2022.

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For More Information

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