

CHI Oakes Hospital and 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 Oakes service area 2022 CHNA.

CHI Oakes Hospital service area is comprised of Dickey County in its entirety. The county's percentage of residents ages 65 and older is slightly over 5% higher for Dickey County (20.7%) than the North Dakota average (15.3%). The median household income in Dickey County (\$65,492) is slightly higher than the state average for North Dakota (\$63,473). 010 and 2017, while the state's population saw a 12% increase.

Community Strengths

The top three assets identified in the community survey included it was a safe place to live; family-friendly; and people are friendly, helpful, and supportive. Other community assets included people who live here are involved in their community; healthcare; and the community being an active faith community.

Health Outcomes and Factors

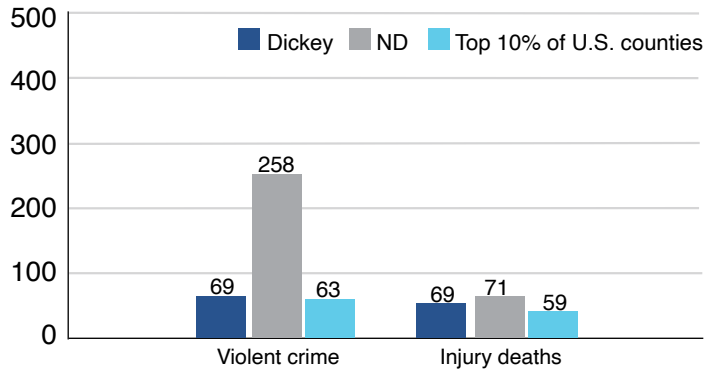
In review of secondary data, only 14% of Dickey County residents reported poor or fair health. It also had a greater percentage of residents reporting physical inactivity and adult smoking than the rest of the state and the top 10% of U.S. counties. See Table 1.

Table 1. Health Factors by % of Population, 2021

	Dickey	ND	Top 10% U.S.
Uninsured	9%	8%	6%
Poor or fair health	14%	14%	14%
Access to exercise opportunities	72%	74%	91%
Physical inactivity	26%	23%	19%
Adult obesity	36%	34%	26%
Adult smoking	19%	20%	16%

Injury deaths were slightly lower in Dickey County (69 deaths per 100,000 residents) than in the state overall (71 per 100,000 residents) but higher than the top 10% of U.S. counties (59 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 20.8% for Dickey County, which is lower than the North Dakota average of 26.6%. Child food insecurity reported in 2019 was 5.5% for Dickey 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

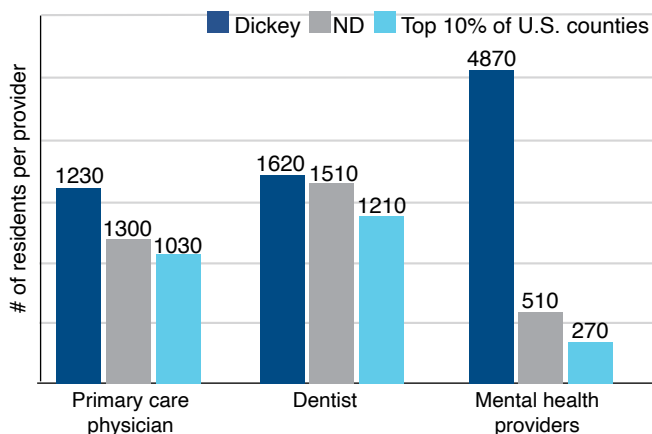
	Dickey	ND
Victims of child abuse and neglect requiring services (2019)	15.07	9.98
Child food insecurity, (2019)	5.5%	9.6%
Medicaid recipients (2020)	20.8%	26.6%
Children enrolled in Healthy Steps (2020)	3.2%	1.6%
Receiving SNAP (2020)	12.0%	16.9%

In 2021, 13% of children in Dickey 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, Dickey County has far more residents per single mental health provider (4,870 residents per one mental health provider) than the top 10% of U.S. counties. However, Dickey County had less residents per primary care provider (1,230) than the state's average (1,300). See Figure 2.

Figure 2. Provider to Population Ratios, 2017



Community Concerns

In a survey conducted by CRH, residents identified up to three primary community concerns. The top two concerns were bullying/cyberbullying (69%) and availability of vision care (53%). Depression/anxiety in youth, alcohol use and abuse in youth, and attracting and retaining young families made the top five. See Table 3.

Table 3. Community Concerns, 2021

Community Concerns	%
Bullying/cyberbullying	69%
Availability of vision care	53%
Depression/anxiety in youth	50%
Availability of resources to help elderly stay in their home	48%
Alcohol use and abuse in youth	48%
Attracting and retaining young families	48%

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

1. Availability of mental health services
2. Stress
3. Depression/anxiety
4. Availability of vision care

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 affordable (30%)
2. Not enough evening/weekend hours (30%)
3. Not able to get appointment/limited hours (27%)
4. Not able to see same provider over time (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 Oakes Hospital has taken steps to address the top concerns identified in the 2019 assessment. For the availability of mental health/substance abuse treatment services, CHI Oakes Hospital and Clinic have partnered with a telehealth psychiatrist and their resources for emergency mental health needs, as well as offering telehealth visits with a provider from a sister facility in the area. Members of staff are involved with local Economic Development and Chamber of Commerce to help improve the overall economy, health, and attractiveness of the community to address the lack of jobs with livable wages. In regard to not having enough child daycare services, Oakes continues to emphasize the importance of these services for overall employment, business growth, and viability of the community.

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. CHI Oakes Hospital Service Area: Community Health Needs Assessment, 2022.

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For More Information

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