

CHI Mercy Health and Valley City Service Area

Community Health Needs Assessments

May 2019

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 2018-2019 CHNA.

The Valley City service area primarily comprises Barnes County (population 10,734) but also reaches portions of Stutsman, Wells, and Griggs counties. In 2016, 22% of Barnes County residents were 65 years old or older compared to 15% of North Dakotans. The median age in Barnes was 43.5 compared to 35.2 in the state.

Community Strengths

The top three assets identified in a community survey included family friendly community, friendly people, and year-round access to fitness opportunities. Other community assets include the North Country Scenic Trail, the nearby Sheyenne River, a wellness center, as well as local historical focal points to visit.

Health Outcomes and Factors

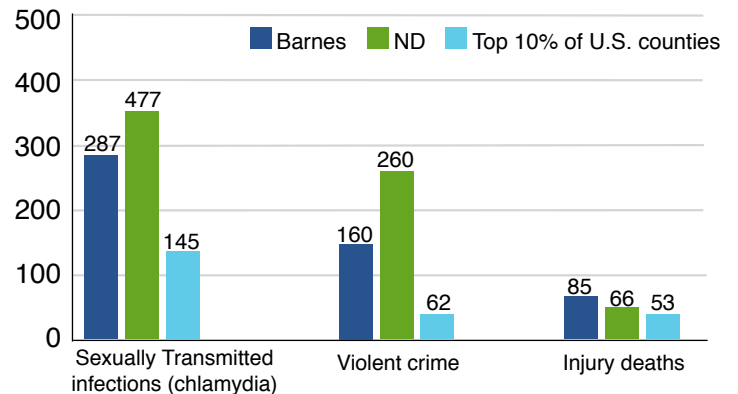
In review of secondary data, only 12% of Barnes County residents reported poor or fair health. However, 41% of driving deaths in 2018 in Barnes County involved alcohol, compared to only 13% in the top 10% of U.S. counties. Furthermore, the county had a greater percentage of residents reporting excessive drinking, physical inactivity, adult smoking, and obesity than the top 10% of U.S. counties. See Table 1.

Table 1. Health Factors by % of Population, 2017

	Barnes	ND	Top 10% U.S.
Uninsured	8%	9%	8%
Excessive drinking	21%	25%	12%
Access to exercise opportunities	68%	66%	91%
Physical inactivity	23%	23%	19%
Adult obesity	36%	31%	26%
Adult smokers	16%	19%	14%

Injury deaths were more prevalent in Barnes County (85 deaths per 100,000 residents) than in the state overall and the top 10% of U.S. counties. See Figure 1.

Figure 1. Cases per 100,000 Population, 2018



In 2017, Barnes County had 519 licensed daycare spots for the 1,315 children ages 0-13 with both parents in the labor force, indicating a shortage of licensed childcare facilities. The proportion of the pediatric population in Barnes County aligns with state rates for nearly all children's health factors. See Table 2.

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

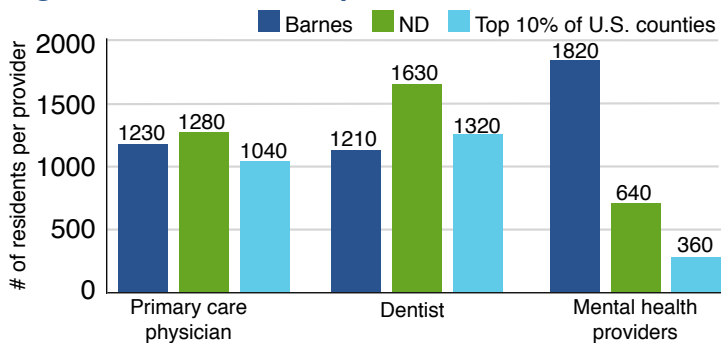
	Barnes	ND
Children uninsured (2016)	8%	9%
Uninsured children below 200% of poverty (% of pop.) (2016)	48%	42%
Medicaid recipients (2017)	28%	28%
Children enrolled in Healthy Steps (2013)	2%	3%
Receiving SNAP (2017)	19%	20%

In 2017, the teen birth rate for Barnes County was 16 births per 1,000 females (15-19 years old). This was lower than the state average of 25 per 1,000 but higher than the top 10% of U.S. counties (15 per 1,000).

Healthcare Access

Based on the provider to population ratio, Barnes County had fewer residents (1,210) per single dentist than the state's average (1,550) and the top 10% of U.S. counties. However, Barnes County had more residents per mental health provider than the state average. See Figure 2.

Figure 2. Provider to Population Ratios, 2018



Community Concerns

In a survey conducted by the CRH, residents identified up to three primary community concerns. The top two concerns were youth drug use and abuse (67%) and bullying/cyber-bullying (67%). See Table 3.

Table 3. Community Concerns, 2017

Community Concerns	%
Youth drug use/abuse	67%
Bullying/cyber-bullying	67%
Adult alcohol use/abuse	64%
Adult drug use/abuse	58%
Jobs with livable wages	56%
Youth alcohol use/abuse	56%
Child abuse or neglect	55%
Cost of long term care	46%
Attracting and retaining young families	42%

In November 2018, a community focus group identified their top concerns as:

1. Substance use and abuse
2. Attracting and retaining young families
3. Availability of substance abuse treatment services
4. Depression and anxiety

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 affordable (41% of respondents)
2. Not enough evening or weekend hours (40%)
3. No insurance/limited insurance (36%)
4. Not able to get an appointment (29%)
5. Not able to see the same provider (28%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The most often cited service was mental healthcare. This is supported by the data in Figure 2, which demonstrates that there are almost three times as many residents in Barnes County per mental health provider than the state average. Furthermore, mental and behavioral health concerns were cited in four of the top five community concerns in Table 3 and three of the top four concerns brought up in the focus group meeting.

Steps Undertaken Since 2016 CHNA

Since the previous (2016) CHNA, changes have been made in Barnes County to better meet the needs of the community. In the previous CHNA, a concern was the shortage of mental health providers. To address this, the medical center worked with Family Health Care and South Central Human Service Center to increase the number of mental health providers in the area. Grant monies were also secured to address the prevention, treatment, and recovery of substance abuse for Barnes County residents.

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

Reiten, J., & Gibbens, B. Valley City Service Area: Community Health Needs Assessment, 2019.

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For More Information

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