

Mountrail County Medical Center, Stanley Service Area

2019 Community Health Needs Assessment

August 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 Stanley service area 2019 CHNA.

The Stanley service area includes Mountrail County, population 10,265. Between 2010 and 2017, the population of Mountrail County increased by 33.8% compared to the 12.3% increase experienced by the state as a whole.

Community Strengths

The top three assets identified in the community survey included family friendly community, friendly people, and local events/festivals. Other community assets include a bowling alley, parks, tennis courts, and swimming pools.

Health Outcomes and Factors

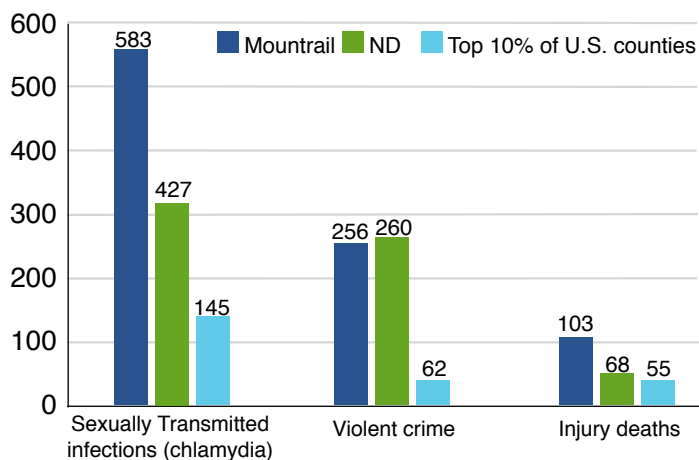
In review of secondary data, 14% of Mountrail County residents reported poor or fair health. During 2017, 53% of driving deaths in Mountrail County involved alcohol compared to 13% in the top 10% of U.S. counties. Additionally, the county had a greater percentage of residents reporting excessive drinking, obesity, physical inactivity, and adult smoking. See Table 1.

Table 1. Health Factors by % of Population, 2018

	Mountrail	ND	Top 10% U.S.
Uninsured	14%	9%	6%
Excessive drinking	26%	26%	13%
Access to exercise opportunities	45%	75%	91%
Physical inactivity	30%	24%	20%
Adult obesity	37%	32%	26%
Adult smokers	21%	20%	14%

Injury deaths were more prevalent in Mountrail County (103 deaths per 100,000 residents) than in the state overall and the top 10% of U.S. counties. The same was true for the incidence of chlamydia. See Figure 1.

Figure 1. Cases per 100,000 Population, 2018



In 2017, Mountrail County had 192 licensed daycare spots for the 1,132 children ages 0-13 with both parents in the labor force, indicating a childcare shortage. A lower percentage of Mountrail County youth received SNAP benefits or were uninsured and below 200% of the poverty line than the state overall. See Table 2.

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

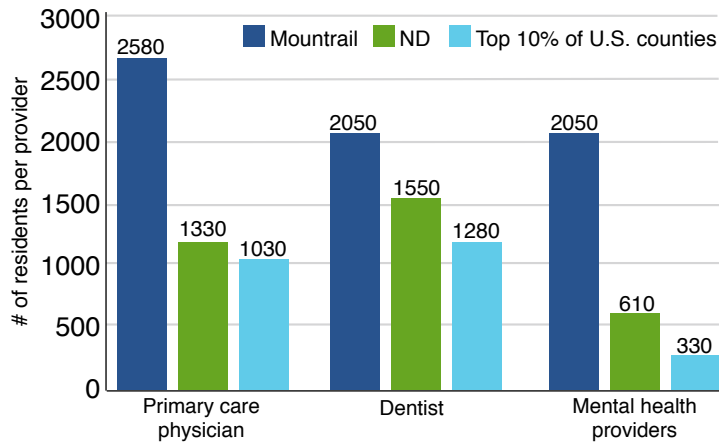
	Mountrail	ND
Children uninsured (2016)	14%	9%
Uninsured children below 200% of poverty (% of pop.) (2016)	32%	42%
Medicaid recipients (2017)	33%	28%
Children enrolled in Healthy Steps (2013)	2%	3%
Receiving SNAP (2017)	15%	20%

In 2018, the teen birth rate for Mountrail County was 65 births per 1,000 females (15-19 years old), which was higher than the state average of 25 per 1,000 and the top 10% of U.S. counties (15 per 1,000).

Healthcare Access

Based on the provider to population ratio, Mountrail County had more residents (2,050) per single dentist than the state's average (1,550) and the top 10% of U.S. counties (1,280). Similar trends were seen for the number of residents per primary care physician and mental health provider in Mountrail County in 2018. 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 (75%) and bullying/cyber-bullying (74%). Youth and adult alcohol use and abuse, and assisted living options made the top five. See Table 3.

Table 3. Community Concerns, 2018

Community Concerns	%
Youth drug use/abuse	75%
Bullying/cyber-bullying	74%
Youth alcohol use/abuse	63%
Adult alcohol use/abuse	53%
Assisted living options	50%
Adequate childcare services	49%
Adult drug use/abuse	49%
Affordable housing	46%
Emotional abuse	42%

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

1. Availability of mental health services
2. Youth drug use and abuse
3. Adult alcohol use and abuse
4. Having enough child day care services

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 enough evening or weekend hours (48% of respondents)
2. Not enough specialists (29%)
3. Not able to get an appointment (28%)
4. Not able to see the same provider over time (22%)
5. Not enough providers (20%)

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

Steps Undertaken Since 2016 CHNA

Since the previous CHNA (2016), Mountrail County Medical Center (MCMC) began working closely with the CRH to recruit providers to the area. An annual Scrubs Camp is held to encourage area students to pursue healthcare careers as well. To address alcohol abuse, MCMC developed a brochure listing alcohol addiction services and partnered with the local Alcoholics Anonymous to increase the space available for meetings. MCMC is also evaluating the possibility of adding daycare services at the medical center for employees, using this as a workforce recruiting tool as well. MCMC is partnering with the school and local grocer to administer a backpack buddies program to provide healthy nutrition to students as well as information on the importance of healthy eating and physical activity. To address youth risk behavior, Stanley High School held a Skittle Skool; a day of education for 300 students in grades 7-12. The event was hosted by the Mountrail County Health Foundation, the Stanley Park District, and Stanley High School and included 17 presenters discussing risk behaviors.

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

Howe, M. Stanley Service Area: Community Health Needs Assessment, 2019.

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For More Information

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