2019 Community Health Needs Assessment

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 Tioga service area 2018/2019 CHNA.

The Tioga service area is comprised mostly of Williams County (population 33,349) but also serves patients in Burke, Divide, and Mountrail counties. Williams County experienced a population increase of 49% between 2010 and 2017 compared to the state's increase of 12%.

Community Strengths

The top three assets identified in a community survey included friendly people, local events and festivals, and family friendly community. Other community assets include a bike path, swimming pool, city parks, tennis courts, a skating rink, and nearby Lake Sakakawea. The community also reports a lower percentage (7%) of residents living in poverty than the state (11%).

Health Outcomes and Factors

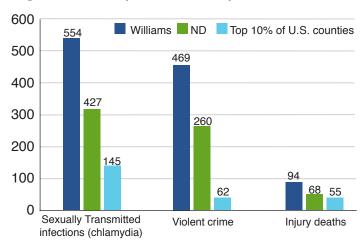
In review of secondary data, 12% of Williams County residents reported poor or fair health. However, 57% of driving deaths in 2017 involved alcohol compared to only 13% in the top 10% of U.S. counties. The county also had a greater percentage of residents reporting obesity, excessive drinking, physical inactivity, and adult smoking than the top 10% of U.S. counties. See Table 1.

Table 1. Health Factors by % of Population, 2018

	Williams	ND	Top 10% U.S.
Uninsured	9%	9%	6%
Excessive drinking	27%	26%	13%
Access to exercise opportunities	82%	75%	91%
Physical inactivity	26%	24%	20%
Adult obesity	36%	32%	26%
Adult smokers	20%	20%	14%

Injury deaths were more prevalent in Williams County (94 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, Williams County had 1,171 licensed daycare spots for the 3,840 children ages 0-13 with both parents in the labor force. This indicates a shortage of licensed daycare facilities. In 2016, only 27% of the uninsured youth in Williams County lived in a household below 200% of the poverty line compared to 42% of the uninsured North Dakota youth.

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

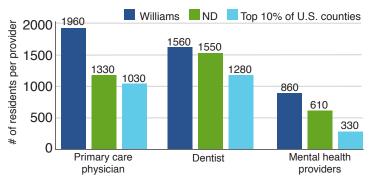
	r	1
	Williams	ND
Children uninsured (2016)	8%	9%
Uninsured children below 200% of poverty (% of pop.) (2016)	27%	42%
Medicaid recipients (2017)	24%	28%
Children enrolled in Healthy Steps (2013)	1%	3%
Receiving SNAP (2017)	14%	20%

In 2017, the teen birth rate for Williams County was 45 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, Williams County had more residents per primary care physician (1,960) than the state's average (1,330) and the top 10% of U.S. counties (1,030). Similar was true for the number of residents per dentist and mental health provider. 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 (58%) and cost of long term care (49%). See Table 3.

Table 3. Community Concerns, 2018

Community Concerns	%
Youth drug use/abuse	58%
Cost of long term care	49%
Adequate childcare services	48%
Resources to help the elderly stay in their homes	47%
Adult depression/anxiety	44%
Adult alcohol use/abuse	44%
Affordable housing	41%
Adult drug use/abuse	35%
Youth alcohol use/abuse	34%

In January 2019, a community focus group identified their top concerns as:

- 1. Attracting and retaining young families
- 2. Youth depression and anxiety
- 3. Having enough child daycare services
- 4. Not enough affordable housing

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 (22% of respondents)
- 2. No insurance/limited insurance (22%)
- 3. Not able to get an appointment (20%)
- 4. Not enough specialists (17%)
- 5. Not affordable (17%)

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 data indicating Williams County has 41% more residents per mental health provider than the North Dakota average.

Steps Undertaken Since 2016 CHNA

Since the previous (2016) CHNA, steps have been taken in the Tioga service area to improve resident health. The previous CHNA identified youth drug and alcohol use and abuse as a concern. To help address these concerns, the medical center partnered with local law enforcement to provide presentations to area students on the dangers of drug and alcohol use. In addition, posters were provided and placed in the school. Teen pregnancy was also highlighted as a concern in the previous CHNA. To address this, staff from the medical center gave puberty education to students in grades four through six in March, 2018. The 2016 CHNA had also identified concerns around the availability of resources to help the elderly stay in their homes. To address this concern, the medical center partnered with Giving Hearts LLC of Stanley for home care referrals.

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. Tioga Service Area: Community Health Needs Assessment, 2019.

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For More Information

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