

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 Williston service area 2019 CHNA.

The Williston service area comprises all of Williams County (population 33,349). The median household income is \$90,080 compared to the state's median household income of \$55,322.

Community Strengths

The top three assets identified in a community survey included friendly people, job opportunities, and year-round access to exercise opportunities. Other community assets include a skate park, 11 city parks, a curling center, an ice rink, and a recreation and fitness center. Williston also reports a lower unemployment rate than the state overall.

Health Outcomes and Factors

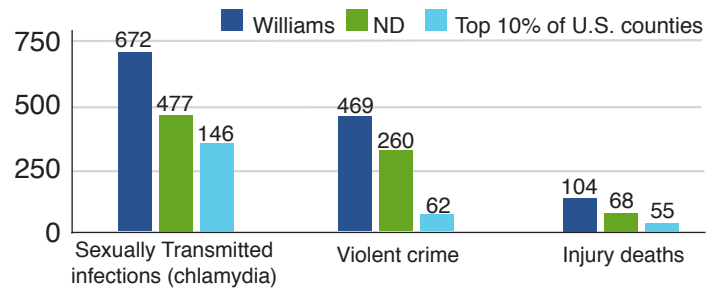
In review of secondary data, only 12% of Williams County residents reported poor or fair health. However, 55% of traffic-related deaths in Williams County in 2017 involved alcohol compared to 13% in the top 10% of U.S. counties. Furthermore, the county had a greater percentage of residents reporting 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

	Williams	ND	Top 10% U.S.
Uninsured	8%	9%	8%
Excessive drinking	26%	25%	12%
Access to exercise opportunities	67%	66%	91%
Physical inactivity	26%	23%	19%
Adult obesity	35%	31%	26%
Adult smokers	20%	19%	14%

During 2017, injury deaths were more prevalent in Williams County (104 deaths per 100,000 residents) than in the state overall and the top 10% of U.S. counties (53 per 100,000 residents). See Figure 1.

Figure 1. Cases per 100,000 Population, 2017



Williams County had a lower percentage of children receiving SNAP benefits or Medicaid compared to the state average (Table 2). However, Williams County has a shortage of licensed daycare providers. In 2017, there were 1,015 licensed daycare spots for the 3,324 children ages 0-13 with both parents in the labor force.

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

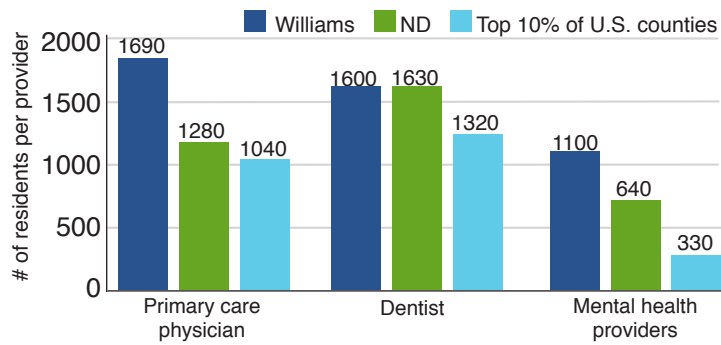
	Williams	ND
Children uninsured (2016)	8%	9%
Uninsured children below 200% of poverty (% of pop.) (2016)	27%	42%
Medicaid recipients (2017)	24%	28%
Children enrolled in Healthy Steps (2013)	1%	3%
Receiving SNAP (2017)	14%	20%

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 single primary care provider (1,690) than the state's average and the top 10% of U.S. counties (1,040). In addition, Williams County had more residents per mental health provider (1,100) than the state's average (640) and the top 10% of U.S. counties (360). See Figure 2.

Figure 2. Provider to Population Ratios, 2017



Community Concerns

In a survey conducted by the CRH, residents identified up to three primary community concerns. The top two concerns were adult drug use and abuse (62%) and youth drug use and abuse (61%). Affordable housing, adult alcohol use and abuse, and having enough child daycare services made the top five. See Table 3.

Table 3. Community Concerns, 2018

Community Concerns	%
Adult drug use/abuse	62%
Youth drug use/abuse	61%
Affordable housing	48%
Adult alcohol use/abuse	48%
Having enough child daycare services	47%
Youth alcohol use/abuse	45%
Resources to help elders age in place	42%
Cost of long-term care	40%
Availability of mental health services	38%

In December 2018, a community focus group identified its top concerns as:

1. Ability to get appointments
2. Availability of mental health services
3. Ability to retain primary care providers
4. Extra hours for appointments
5. Having enough child daycare 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 able to get appointment/limited hours (57% of respondents)
2. Not enough providers (48%)
3. Not enough evening or weekend hours (41%)
4. Not able to see same provider over time (37%)
5. Not enough specialists (30%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The most often cited service was mental healthcare. These community concerns relate back to the data that indicated higher rates of alcohol-impaired driving deaths, excessive drinking, and childcare and mental health provider shortages.

Steps Undertaken Since 2016 CHNA

As a result of the previous (2016) CHNA, Williston Medical Center (WMC) continues to recruit psychiatrists and advanced practice clinicians with mental health training. Furthermore, Williams County applied for a Heartview Foundation Screening and Recovery Grant to address substance abuse; unfortunately, it was denied. Due to low provider-to-resident ratios, St. Alexius has recruited two family practice advanced practice clinicians (APCs) as well as two emergency room APCs. Furthermore, a cardiologist, a plastic surgeon, a general surgeon, and an anesthesiologist have been added. Some outpatient service areas at WMC have expanded their hours to better meet patient needs as well.

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., Dickson, L., & Larson, S. Williston Service Area: Community health Needs Assessment, 2019.

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