

St. Luke's Medical Center, Crosby 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 Crosby Service Area 2019 CHNA.

The Crosby service area is comprised of Divide County (population 2,288). In 2016, 25% of Divide County residents were 65 years old or older compared to 15% of North Dakotans. The median age was 50.3 years old compared to 35.2 years old in the state.

Community Strengths

The top three assets identified in a community survey included family friendly community, low crime, and friendly community members. Other community assets include a golf course, a swimming pool, fitness centers, and the annual Threshing Bee and Antique Show held on the third weekend in July. The community also reports a lower unemployment rate than the state average or the top 10% of U.S. counties.

Health Outcomes and Factors

In review of secondary data, violent crimes were less prevalent in Divide County (15 per 100,000 residents) in 2018 than the state average or the top 10% of U.S. counties (26 and 62 per 100,000, respectively). Only 12% of Divide County residents reported poor or fair health. However, the county had a greater percentage of residents reporting obesity, excessive drinking, adult smoking, and physical inactivity than the top 10% of U.S. counties. See Table 1.

Table 1. Health Factors by % of Population, 2018

	Divide	ND	Top 10% U.S.
Uninsured	9%	9%	6%
Excessive drinking	21%	26%	13%
Access to exercise opportunities	55%	75%	91%
Physical inactivity	32%	24%	20%
Adult obesity	29%	32%	26%
Adult smokers	15%	20%	14%

During 2017, Divide County had a lower percentage of its children (14%) receiving SNAP benefits than the state's average (20%). See Table 2.

Table 2. Health Factors by % of Pediatric Population

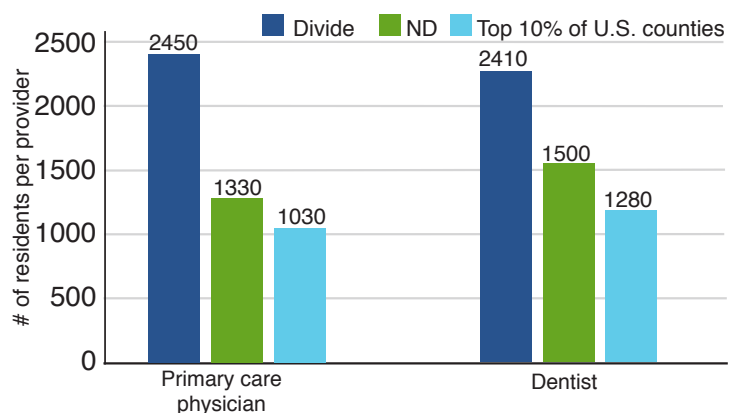
	Divide	ND
Children uninsured (2016)	12%	9%
Uninsured children below 200% of poverty (% of pop.) (2016)	40%	42%
Medicaid recipients (2017)	25%	28%
Children enrolled in Healthy Steps (2013)	4%	3%
Receiving SNAP (2017)	14%	20%

In Divide County in 2018, there were 106 licensed daycare spots for the 251 children ages 0-13 with both parents in the labor force, indicating a need for licensed childcare services. The teen birth rate for Divide County was 30 births per 1,000 females (15-19 years old) during 2018 which was higher than the state average (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, Divide County had more residents per single dentist than the state's average and the top 10% of U.S. counties (1,280 residents per one dentist). Similarly, Divide had more residents per primary care provider. See Figure 1.

Figure 1. 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 bullying/cyber-bullying (61%) and youth alcohol use and abuse (55%). See Table 3.

Table 3. Community Concerns, 2018

Community Concerns	%
Bullying/cyber-bullying	61%
Youth alcohol use/abuse	55%
Availability of resources to help the elderly stay in their homes	50%
Youth drug use/abuse	46%
Adult alcohol use/abuse	45%
Attracting and retaining young families	41%
Jobs with livable wages	34%
Youth mental health	27%
Adult mental health	26%

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

1. Ability of mental health resources
2. Availability of resources to help elderly stay in their homes
3. Adult alcohol use and abuse
4. Youth drug use and abuse

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 see same provider over time (28% of respondents)
2. No insurance/limited insurance (28%)
3. Not enough specialists (19%)
4. Distance from health facility (18%)
5. Not enough evening or weekend hours (16%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The most often cited services were vision and dental care. This is supported by Divide County having 55% more residents per dentist than the North Dakota average as seen in Figure 1.

Steps Undertaken Since 2016 CHNA

As a result of the previous (2016) CHNA, there have been great advances for the Crosby community. In an effort to attract young families and healthcare professionals to the area, St. Luke's Medical Center offers monies to allocate towards student loan repayment. To address adult alcohol use and abuse, St. Luke's offers addiction counseling services to their employees and their immediate family members. In addition, the medical center is working with a local Alcoholics Anonymous to increase meeting frequency from monthly, to weekly. Alcohol use among the area's youth was also identified as a concern; to address this, a new addiction counselor has been recruited to

work with community members in need of substance abuse treatment. St. Luke's also partnered with local law enforcement and ambulance services to provide community education in regards to youth alcohol use as well as motor vehicle accidents.

The 2016 CHNA also highlighted depression as a concern in the community. St. Luke's has subsequently implemented a screening tool into the electronic health record to screen patients for depression. St. Luke's has hired additional providers and has held discussions with Trinity Health (Minot) about providing specialist care in Crosby. In an effort to address childcare services in the community, St. Luke's has donated funding from a fun run/walk to the local childcare facility to financially assist the daycare in providing services to 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

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

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