First Care Health Center and Park River Service Area

2019 Community Health Needs Assessments

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 Park River service area 2019 CHNA.

The Park River service area includes Walsh County, population 10,855. In 2016, 21% of Walsh County residents were 65 years old or older compared to 15% of North Dakotans. The median age in Walsh County was 10 years higher than the state's median age.

Community Strengths

The top three assets identified in a community survey included friendly people, family friendly community, and little/ no crime. Other community assets include bike paths, city parks, swimming pools, tennis courts, and skating rinks. The community also reports a lower percentage of adult smokers (15%) compared to the state overall (20%).

Health Outcomes and Factors

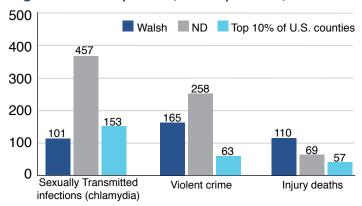
In review of secondary data, 15% of Walsh County residents reported poor or fair health. Additionally, 33% of driving deaths in Walsh County in 2018 involved alcohol compared to 13% in the top 10% of U.S. counties. Walsh County also had a greater percentage of residents reporting obesity, excessive drinking, and physical inactivity. See Table 1.

Table 1. Health Factors by % of Population, 2019

	Walsh	ND	Top 10% U.S
Uninsured	10%	9%	8%
Excessive drinking	21%	26%	13%
Access to exercise opportunities	66%	75%	91%
Physical inactivity	22%	24%	19%
Adult obesity	35%	32%	26%
Adult smokers	15%	20%	14%

Injury deaths were more prevalent in Walsh County (110 deaths per 100,000 residents) than in the state overall and the top 10% of U.S. counties in 2018. However, the incidence of chlamydia was lower in Walsh County compared to the state or the top 10% of U.S. counties. See Figure 1.

Figure 1. Cases per 100,000 Population, 2019



In 2018, Walsh County had 437 licensed daycare spots for the 1,195 children ages 0-13 with both parents in the labor force. This indicates a shortage of licensed daycare facilities. Furthermore, in 2017, 39% of Walsh County youth received Medicaid compared to only 28% for the state. See Table 2.

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

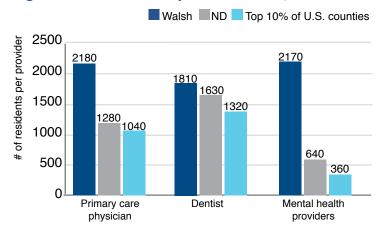
	Walsh	ND
Children uninsured (2016)	10%	9%
Uninsured children below 200% of poverty (% of pop.) (2016)	37%	42%
Medicaid recipients (2017)	39%	28%
Children enrolled in Healthy Steps (2013)	4%	3%
Receiving SNAP (2017)	25%	20%

In 2018, the teen birth rate for Walsh County was 33 births per 1,000 females (15-19 years old) which was higher than the state average (23/1,000) and the top 10% of U.S. counties (14/1,000).

Healthcare Access

Based on the provider to population ratio, in 2018 Walsh County had more residents per single dentist (1,810 residents per single dentist) than the state's average (1,630) and the top 10% of U.S. counties. The same workforce shortages were present for primary care and mental health providers. 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 bullying/cyber-bullying (67%) and youth drug use and abuse (56%). See Table 3.

Table 3. Community Concerns, 2018

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Community Concerns	%
Bullying/cyber-bullying	67%
Youth drug use/abuse	56%
Cost of long term care	50%
Attracting and retaining young families	47%
Adult alcohol use/abuse	46%
Youth alcohol use/abuse	46%
Adult drug use/abuse	44%
Availability of resources to help the elderly stay in their homes	38%
Jobs with livable wages	37%

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

- 1. Availability of mental health services
- 2. Adult drug use/abuse
- 3. Cost of health insurance
- 4. Having enough child daycare services
- 5. Youth drug use/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. No insurance/limited insurance (51% of respondents)
- 2. Not affordable (37%)
- 3. Lack of transportation services (27%)
- 4. Don't know about local services (24%)
- 5. Concerns about confidentiality (18%)

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 workforce data and was the number one concern in the community focus group meeting.

Steps Undertaken Since 2016 CHNA

As a result of the previous CHNA (2016), changes have been implemented at First Care Health Center (FCHC) and in Walsh County. To address substance abuse in adults as well as youth, medical providers at FCHC have updated their prescribing practices for prescription opioids, including using the Prescription Drug Monitoring Program and limiting the amount of opioids prescribed from the emergency department. FCHC also implemented a diabetes prevention program as well as Stepping On, a physical activity program for those age 60 and older. In an effort to better meet patient needs, FCHC added an on-site pharmacy with hopes to eventually offer chemotherapy services. Additionally, FCHC undertook an outpatient expansion project to better protect patient confidentiality and improve efficiency at the medical center.

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

Larson, S. and Dickson, L. Park River Service Area: Community Health Needs Assessment, 2019.

Fact Sheet Authors

Spencer Bonnerup, MD, MPH (cand.) & Shawnda Schroeder, PhD

For More Information

Visit the website, ruralhealth.und.edu/projects/community-health-needs-assessment or contact:

Shawn Larson, BA, Project Coordinator shawn.p.larson@UND.edu

Kylie Nissen, BBA Lynette Dickson, MS, RD, LRD

Sr. Project Coordinator Associate Director

kylie.nissen@UND.edu lynette.dickson@UND.edu

Community Liaison

Wanda Kratochvil, RN, Director of Nursing Walsh Co. Health District, 701.352.5139 • wkratoch@nd.gov

CHNAs are supported in part by the health facilities and under the Medicare Rural Hospital Flexibility Grant, U.S. Department of Health and Human Services Health Resources and Services Administration Federal Office of Rural Health Policy.



