

Unity Medical Center and Grafton Service Area

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 factsheet presents key community strengths and opportunities from the Grafton service area 2019 CHNA.

The Grafton service area is comprised of Walsh County (population 10,855). In 2016, 21% of Walsh County residents were 65 years old or older compared to the state's average of 15%.

Community Strengths

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

Health Outcomes and Factors

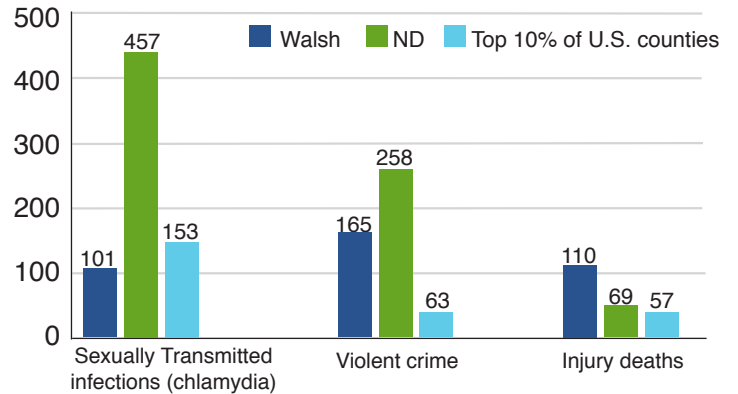
In review of secondary data, 15% of Walsh County residents reported poor or fair health. Additionally, Walsh County had a greater percentage of residents reporting excessive drinking, physical inactivity, and obesity than the top 10% of U.S. counties. See Table 1.

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%	74%	91%
Physical inactivity	27%	22%	19%
Adult obesity	35%	32%	26%

Injury deaths were more prevalent in Walsh County (110 deaths per 100,000 residents) than in the state overall (69 per 100,000 residents) and the top 10% of U.S. counties. However, Walsh County had a lower rate of chlamydia in 2018 than the state average or the top 10% of U.S. counties. See Figure 1.

Figure 1. Cases per 100,000 Population, 2019



In Walsh County in 2018 there were 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. In 2017, 39% of Walsh County children received Medicaid compared to 28% of North Dakota children. See Table 2.

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

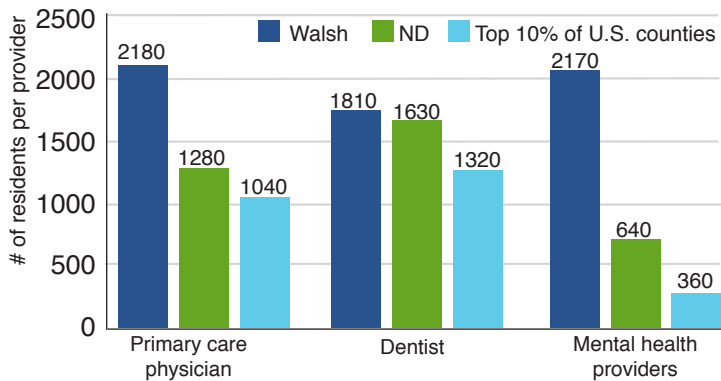
	Walsh	ND
Children uninsured (2016)	10%	9%
Uninsured children below 200% of poverty (% of pop.) (2016)	37%	42%
Medicaid recipients (2017)	39%	28%
Children enrolled in Healthy Steps (2013)	4%	3%
Receiving SNAP (2017)	25%	20%

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 of 25 per 1,000 and higher than the top 10% of US counties (15 per 1,000).

Healthcare Access

Based on the provider to population ratio, Walsh County had more residents (2,170) per single mental health provider than the state's average (640) and the top 10% of U.S. counties (360) in 2018. Similar provider shortages were evident among primary care physicians and dentists. See Figure 2.

Figure 2. Provider to Population Ratios, 2019



Community Concerns

In a survey disseminated 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%). Cost of long term care, attracting and retaining young families, and adult alcohol use and abuse made the top five. See Table 3.

Table 3. Community Concerns, 2018

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. Attracting and retaining young families
2. Availability of mental health services
3. Alcohol use and abuse
4. Drug use and abuse
5. Depression/anxiety

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/limited insurance (51% of respondents)
2. Not affordable (37%)
3. Lack of transportation services (27%)
4. Lack of knowledge 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 was mental health services. This is congruent with data presented in Figure 2 which demonstrates Walsh County had six times the number of residents per mental health provider as the top 10% of U.S. counties in 2018. Mental health services was also the top concern in the community focus group.

Steps Undertaken Since 2016 CHNA

As a result of the previous (2016) CHNA, and in an effort to address substance abuse in the community, Unity Medical Center (UMC) providers have improved their utilization of the Prescription Drug Monitoring Program. UMC also participated in a community and school forum at the Grafton School addressing opioid misuse. To address community health and wellness, UMC implemented a diabetes prevention program. While not identified in the 2016 CHNA, UMC prioritized the recruiting of two additional physicians and two physician assistants. Additionally, a FNP was hired to provide dermatology/aesthetics care for the community. To better meet patient needs, the walk-in clinic hours were expanded during the week and now also include availability on Saturday mornings.

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

Dickson, L. & Larson, S. Grafton Service Area: Community Health Needs Assessment, 2019.

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