Cooperstown Medical Center 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 fact sheet presents key community strengths and opportunities from the Cooperstown service area 2019 CHNA.

The Cooperstown service area comprises all of Griggs County (population 2,258). In 2016, 29.7% of Griggs County residents were 65 years old or older compared to 15% of North Dakotans. Furthermore, the median age in Griggs County was 51.9 years old compared to 35.2 years old in the state.

Community Strengths

The top three assets identified in the community survey included low crime, family-friendly community, and community members are friendly. Other community assets include a swimming pool, tennis courts, a baseball complex, outdoor activities in the Sheyenne River Valley, and a county library. The community also reports a lower percentage of adults who smoke, 14%, compared to 19% of ND adults.

Health Outcomes and Factors

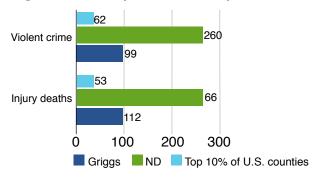
In review of secondary data, only 11% of Griggs County residents reported poor or fair health. However, Griggs County had a greater percentage of residents reporting excessive drinking, physical inactivity, and obesity than the top 10% of U.S. counties. Furthermore, 67% of traffic-related deaths in Griggs County in 2018 involved alcohol compared to 13% in the top 10% of U.S. counties. See Table 1.

Table 1. Health Factors by % of Population, 2019

	Griggs	ND	Top 10% U.S.
Uninsured	12%	9%	8%
Excessive drinking	20%	26%	13%
Access to exercise opportunities	45%	74%	91%
Physical inactivity	31%	22%	19%
Adult obesity	27%	32%	26%

Injury deaths were more prevalent in Griggs County (112 deaths per 100,000 residents) than in the state overall (66 per 100,000 residents) and the top 10% of U.S. counties (53 per 100,000 residents). See Figure 1.

Figure 1. Cases per 100,000 Population, 2018



In Griggs County in 2018, there were 97 licensed daycare spots for the 322 children ages 0-13 with both parents in the labor force, indicating a shortage of licensed daycare services. In 2017, Griggs County had a higher percentage of children receiving Medicaid than the state's average. See Table 2.

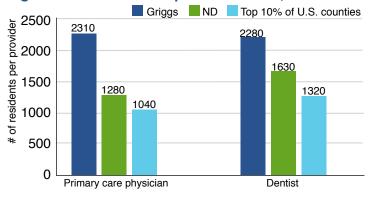
Table 2. Health Factors by % of Pediatric Population

	Griggs	ND
Children uninsured (2016)	11%	9%
Uninsured children below 200% of poverty (% of pop.) (2016)	40%	42%
Medicaid recipients (2017)	30%	28%
Children enrolled in Healthy Steps (2013)	2%	3%
Receiving SNAP (2017)	11%	20%

Healthcare Access

Based on the provider-to-population ratio, Griggs County had more residents per single dentist than the state's average and the top 10% of U.S. counties (1,320 residents per one dentist). Additionally, Griggs County had more residents per primary care provider than the state's average (1,280 residents per primary care provider). See Figure 2.

Figure 2. Provider-to-Population Ratios, 2018



Community Concerns

In a survey disseminated by the CRH, residents identified up to three primary community concerns. The top two concerns were bullying/cyberbullying among youth (75%) and jobs with livable wages (56%). Youth drug use and abuse, youth alcohol use and abuse, and attracting and retaining young families made the top five. See Table 3.

Table 3. Community Concerns, 2018

Community Concerns	%
Bullying/cyberbullying	75%
Jobs with livable wages	56%
Youth drug use/abuse	55%
Youth alcohol use/abuse	48%
Attracting and retaining young families	44%
Adult alcohol use/abuse	44%
Cost of long-term care	40%
Youth depression/anxiety	40%
Availability of resources to help	37%
The elderly age in place	34%
Having enough child daycare services	21%

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

- 1. Availability of mental health services
- 2. Youth depression/anxiety
- 3. Having enough child daycare services
- 4. Bullying/cyberbullying

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 (69% of respondents)
- 2. Not enough specialists (29%)
- 3. Not enough providers (26%)
- 4. No insurance/limited insurance (22%)
- 5. Concerns about confidentiality (22%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The most often cited services were dental and vision care. The community also expressed concern in regard to youth and adult substance use and abuse, further highlighting a need for behavioral health in the community.

Steps Undertaken Since 2016 CHNA

As a result of the previous (2016) CHNA, there have been great advances for the Cooperstown community. Previously, the community identified the ability to recruit and retain primary care providers. In light of this concern, CMC has recruited a physician, a nurse practitioner, and a certified physician assistant. The community also expressed concern in respect to obesity and physical health, such as cancer, heart disease, and diabetes. To address hese concerns, CMC has increased emphasis on wellness clinics, diabetes education, and increased attention to preventative care. To ensure continued availability of emergency services, the quality of care has improved with the implementation of electronic health records and support from tertiary centers such as Altru, Essentia, and Sanford Health.

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

Reiten, J. & Gibbens, B. Cooperstown Service Area: Community Health Needs Assessment, 2019.

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For More Information

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