# **Jacobson Memorial Hospital Service Area**

## 2020 Community Health Needs Assessment

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 Jacobson Memorial Hospital and Care Center (JMHCC) service area 2020 CHNA.

The JMHCC's service area is comprised of Grant County in its entirety, plus portions of Morton, Stark, Hettinger, Adams, and Sioux Counties. For the purposes of this publication, Grant County (population 2,274) will be the focus.

### **Community Strengths**

The top three assets identified in the community survey included being a safe place to live, the healthcare, and the area being family-friendly. Other assets the community enjoys are an indoor swimming pool, golf course, a city park, as well as opportunities for outdoor recreation such as boating, camping, and fishing. The community also reports fewer days of poor physical health (2.9 within past 30 days) than the top 10% of U.S. counties (3.1).

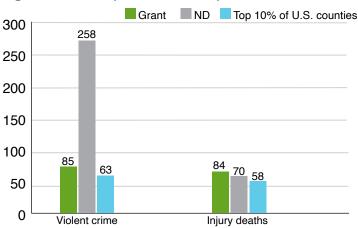
### **Health Outcomes and Factors**

In review of secondary data, 14% of Grant County residents reported poor or fair health, which is slightly higher than the top 10% of U.S. counties (12%). The county also had a greater percentage of residents reporting adult smoking, adult obesity, and excessive drinking than the top 10% of U.S. counties. See Table 1.

#### Table 1. Health Factors by % of Population, 2019

|                     | Grant<br>County | ND  | Top 10%<br>U.S |
|---------------------|-----------------|-----|----------------|
| Uninsured           | 18%             | 9%  | 6%             |
| Excessive drinking  | 19%             | 24% | 13%            |
| Physical inactivity | 37%             | 24% | 20%            |
| Adult obesity       | 28%             | 33% | 26%            |
| Adult smokers       | 15%             | 18% | 14%            |

Injury deaths were more prevalent in Grant County (84 deaths per 100,000 residents) than in the state overall (70 per 100,000 residents) and the top 10% of U.S. counties (58 per 100,000 residents). The county also had a higher rate of violent crime than the top 10% of U.S. counties. See Figure 1.



In Grant County in 2018 (latest data available) there were 307 children ages 0-13 with both parents in the labor force but only 48 licensed daycare spots. Although there is 2020 data showing an increase in spots to 87, the numbers still show a disparity between spots available and children with both parents in the workforce. Table 2 shows more information on children's health.

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

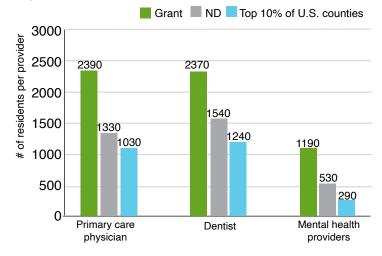
|                                                             | Grant | ND    |
|-------------------------------------------------------------|-------|-------|
| Children uninsured (2018)                                   | 17.9% | 6%    |
| Uninsured children below 200% of poverty (% of pop.) (2018) | 25.6% | 9.6%  |
| Medicaid recipients (2019)                                  | 34.5% | 26.6% |
| Children enrolled in Healthy Steps (2019)                   | 1.8%  | 1.6%  |
| Receiving SNAP (2019)                                       | 13.3% | 16.9% |

### **Healthcare Access**

Based on the provider to population ratio, Grant County has more residents per mental health provider and per dentist than the state's average and the top 10% of U.S. counties. The same is true for primary care physicians; the latest data is from 2018. See Figure 2.

#### Figure 1. Cases per 100,000 Population, 2020

#### Figure 2. Provider to Population Ratios, 2019



### **Community Concerns**

In a survey conducted by CRH, residents identified up to three primary community concerns. The top two concerns were attracting and retaining young families (62%) and lack of jobs with livable wages (51%). Alcohol use and abuse among youth and adults, adult drug use, and cost of long-term/nursing home care were also among the top concerns. See Table 3.

#### Table 3. Community Concerns, 2019

| Community Concerns                                                | %   |
|-------------------------------------------------------------------|-----|
| Attracting and retaining young families                           | 62% |
| Not enough jobs with livable wages                                | 51% |
| Alcohol use & abuse - youth                                       | 48% |
| Alcohol use & abuse-adult                                         | 43% |
| Drug use & abuse – adult                                          | 42% |
| Cost of long-term/nursing home options                            | 42% |
| Availability of resources to help the elderly stay in their homes | 38% |
| Ability to retain primary care providers                          | 35% |
| Depression/anxiety - adult                                        | 34% |
| Drug use & abuse – youth                                          | 34% |
|                                                                   |     |

## In April 2020, a community focus group identified their top concerns as:

- 1. Attracting and retaining young families
- 2. Availability of mental health services
- 3. Depression/anxiety (all ages)
- 4. Ability to retain primary care providers (MD, DO, NP, PA) and nurses

#### In the survey, community members also identified perceived barriers (up to three) specifically related to accessing local healthcare. The top four barriers were:

- 1. Not able to see same provider over time (33% of respondents)
- 2. No/limited insurance (30%)
- 3. Concerns about confidentiality (21%)
- 4. Not affordable (18%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The most often cited service was mental healthcare, which was also identified by the focus group as a top concern and, as shown in Figure 2, there are few mental health providers for the residents in the area.

### Steps Undertaken Since 2017 CHNA

JMHCC has taken several steps to address concerns recognized during the last assessment. In acknowledgement to the availability of specialists, a partnership was formed with Sanford Health to add a visiting cardiologist to their Elgin clinic, and is now offering psychiatric and psychotherapy via telemedicine. The hospital staff has increased to include two medical doctors and five total providers in response to concerns over the ability to recruit and retain primary care providers. To address the lack of access to exercise and wellness activities, JMHCC formed a committee to plan out renovating the Elgin-New Leipzig Public School's current weight room to allow for community access, which continues to be an ongoing process.

### **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., & Reiten, J. Elgin Service Area: Community Health Needs Assessment, 2020.

#### **Fact Sheet Authors**

Shawn Larson, BA

#### For More Information

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

Julie Reiten, Project Coordinator julie.a.reiten@UND.edu

Kylie Nissen, BBA, Sr. Project Coordinator kylie.nissen@UND.edu

#### **Community Liaison**

Luann Dart, CHNA Liaison 701-584-2172 • luann@westriv.com

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.



