

CHI Lisbon Health and Service Area

2021 Community Health Needs Assessment

January 2022

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 Lisbon service area 2021 CHNA.

The CHI Lisbon Health service area comprises Ransom and Sargent County in their entirety. The median household income in Ransom County (\$67,480) and Sargent County (\$67,467) are slightly lower than the state average for North Dakota (\$68,131).

Community Strengths

The top three assets identified in the community survey included it is a safe place to live with little or no crime, family-friendly, and the people are friendly, helpful, and supportive. Other community assets include healthcare and recreational and sports activities. The communities also report lower unemployment rates for Ransom County (1.7%) and Sargent County (1.8%) when compared to the state (2.4%) and the U.S. top 10% (2.6%).

Health Outcomes and Factors

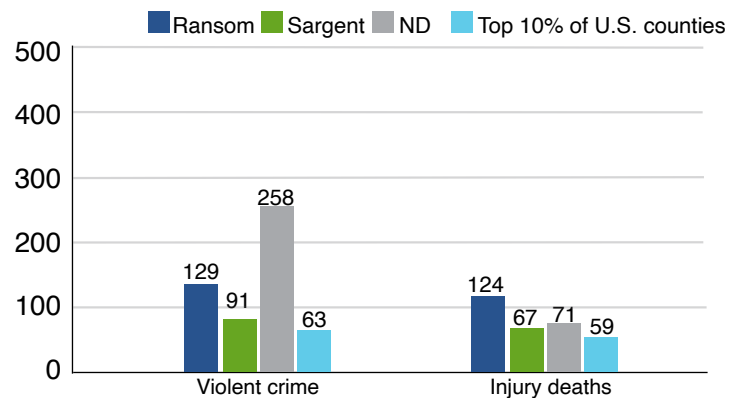
In review of secondary data, only 14% of Sargent County and 15% of Ransom County residents reported poor or fair health. However, both counties had a greater percentage of residents reporting excessive drinking, physical inactivity, adult smoking, and obesity than the top 10% of U.S. counties. See Table 1.

Table 1. Health Factors by % of Population, 2021

	Ransom	Sargent	ND	Top 10% U.S.
Uninsured	7%	8%	8%	6%
Excessive drinking	24%	26%	24%	15%
Access to exercise opportunities	71%	62%	74%	91%
Physical inactivity	24%	31%	23%	19%
Adult obesity	33%	34%	34%	26%
Adult smokers	20%	19%	20%	16%

Injury deaths were more prevalent in Ransom and Sargent counties (124 and 67 deaths per 100,000 residents, respectively) than in the top 10% of U.S. counties (59 per 100,000 residents). The same is true for incidence of violent crime. See Figure 1.

Figure 1. Cases per 100,000 Population, 2018



In 2019, data shows child food insecurity was 8.3% in Ransom County and 6.1% in Sargent County, while North Dakota was 9.6%. Medicaid recipients were 23.8% for Ransom County and 26.8% for Sargent County, which is higher than the North Dakota average of 26.0%. See Table 2 for more information on children's health factors.

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

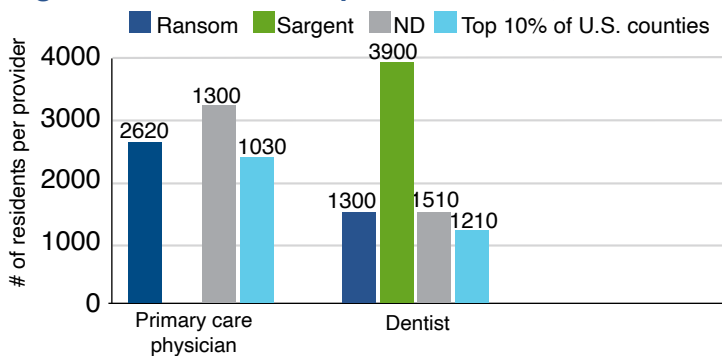
	Ransom	Sargent	ND
Children food insecurity (2019)	8.3%	6.1%	9.6%
Victims of child abuse and neglect requiring services (rate per 1,000 children ages 0-17), (2019)	8.31 (2018)	NA	9.98
Medicaid recipients (2020)	23.8%	26.8%	26.0%
Children enrolled in Healthy Steps (2020)	2.4%	2.6%	1.7%
Receiving SNAP (2020)	17.9%	15.5%	17.0%

In 2021, children in single-parent households in Ransom County was 17%, compared to 19% in Sargent County. These are both lower than the state average of 20%.

Healthcare Access

Based on the provider to population ratio for dentists, Ransom and Sargent Counties (1,300:1 and 3,900:1) are exceeding the top 10% of U.S. counties (1,210 residents per one dentist). For primary care providers, Ransom County (2620:1) for exceeds the top 10% of U.S. counties (1030:1) and the state (1300:1). See Figure 2.

Figure 2. Provider to Population Ratios, 2021



Community Concerns

In a survey conducted by CRH, residents identified up to three primary community concerns. The top two concerns were alcohol use and abuse among adults (50%) and youth drug use and abuse (47%). Cost of long-term/nursing home care, having enough child daycare services, and depression/anxiety in youth made the top five. See Table 3.

Table 3. Community Concerns, 2021

Community Concerns	%
Alcohol use and abuse – adult	50%
Drug use and abuse – youth	47%
Cost of long-term/nursing home care	45%
Having enough child daycare services	42%
Depression/anxiety – youth	41%
Attracting and retaining young families	39%
Alcohol use and abuse – youth	39%
Depression/anxiety – adult	37%

In September 2021, a community focus group identified their top concerns as:

1. Availability of mental health services
2. Having enough child daycare services
3. Availability of substance use disorder treatment services
4. Depression/anxiety for all ages

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 enough evening or weekend hours (37% of respondents)
2. Not enough specialists (31%)
3. Not affordable (23%)
4. Not able to get appointment/limited hours (23%)
5. No insurance or limited insurance (20%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The most often cited service was mental healthcare.

Steps Undertaken Since 2021 CHNA

To increase the availability of mental health services and address depression and anxiety in residents, grant money was received for the “Make it OK” program to increase awareness of mental health issues and decrease the stigma. CHI Lisbon Health also collaborated with Carrington on telehealth psych. Progress was made in addressing drug use and abuse in community youth. Ransom and Sargent County Public Health secured a two-year SOAR grant that worked to decrease the stigma of seeking help for substance abuse. Public health has also been able to obtain grants to help fund area SADD programs, which continue to be active. CHI Lisbon Health collaborated with the Abuse Resource Network and Ransom Count Public Health to provide violence prevention education to the community using evidence-based curriculum to include the “Futures.” The hospital and public health facilities chose not to address the need of attracting and retaining young families.

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., & Breigenzer, A., Lisbon Service Area: Community Health Needs Assessment, 2021.

Fact Sheet Authors

Kylie Nissen, BBA, CHA & Holly Long, MSML

For More Information

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

Kylie Nissen, BBA, CHA
Program Director
kylie.nissen@UND.edu

Holly Long, MSML
CHNA Project Coordinator
holly.long@UND.edu

Community Liaison

Steven Spickenreuther
Director of Mission Integration and Foundation
701.237.8156 • Stephen.spickenreuther@commonspirit.org

CHNAs are supported in part by the health facilities and the State Office of Rural Health grant, U.S. Department of Health and Human Services Health Resources and Services Administration Federal Office of Rural Health Policy.