

Heart of America Medical Center Service Area

2019 Community Health Needs Assessment

November 2020

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 Heart of America Medical Center (HAMC) service area 2019 CHNA.

The HAMC service area comprises of Pierce, Rolette, Benson, McHenry, Bottineau, Towner, Wells, & Sheridan Counties. For the purposes of this publication, Pierce County (population 4,081) will be the primary focus.

Community Strengths

The top three assets identified in the community survey included that it is family-friendly, a safe place to live, and the people are friendly, helpful and supportive. Other community assets include numerous outdoor activities, an active arts community, and a variety of dining and shopping options. The community also reports a lower rate of excessive drinking (21%) than the state average (26%).

Health Outcomes and Factors

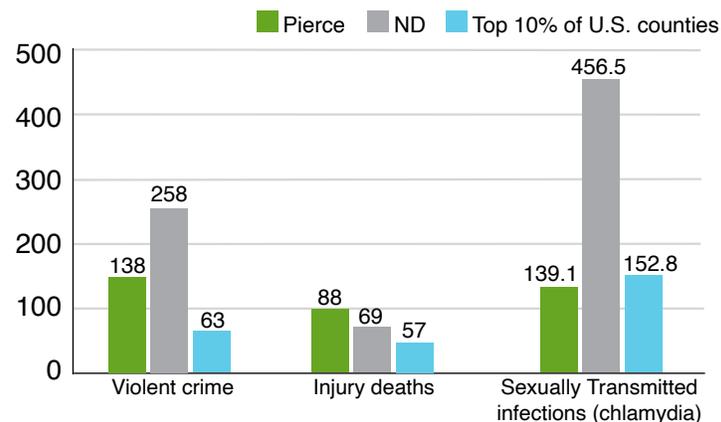
In review of secondary data, only 14% of Pierce County residents reported poor or fair health, which is equal to the state average. However, this was greater than that of the top 10% of U.S. counties, as were rates of physical inactivity, adult obesity, and adult smoking. See Table 1.

Table 1. Health Factors by % of Population, 2019

	Pierce County	ND	Top 10% U.S.
Uninsured	10%	8%	6%
Excessive drinking	21%	26%	13%
Access to exercise opportunities	71%	74%	91%
Physical inactivity	25%	22%	19%
Adult obesity	33%	32%	26%
Adult smokers	18%	20%	14%

Injury deaths were more prevalent in Pierce County (88 deaths per 100,000 residents, respectively) than in the state overall (69 per 100,000 residents) and the top 10% of U.S. counties (57 per 100,000 residents). Incidence of violent crime was lower than the state yet higher than the top 10% of U.S. counties, while incidence of chlamydia was lower than both. See Figure 1.

Figure 1. Cases per 100,000 Population, 2019



In Pierce County in 2018 there were 115 licensed daycare spots for the 474 children ages 0-13 with both parents in the labor force. See Table 2 for more data on children's health factors.

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

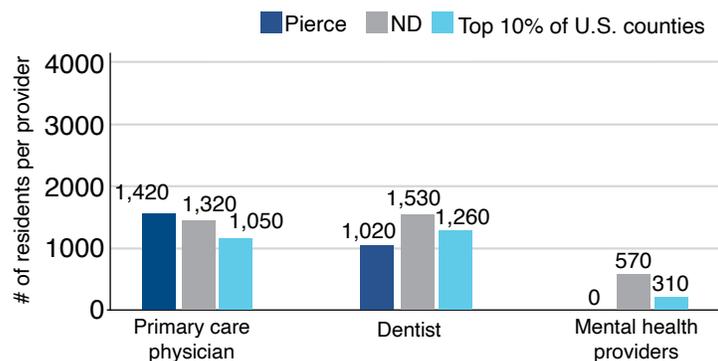
	Pierce	ND
Children uninsured (2018)	7.2%	6.3%
Children in poverty (ages 0-17) (% of pop.) (2018)	14.8%	11.0%
Medicaid recipients (2019)	29.6%	26.6%
Children enrolled in Healthy Steps (2019)	2.3%	1.6%
Receiving SNAP (2018)	14.7%	16.9%

In 2019, the teen birth rate for Pierce County was 15 births per 1,000 females (15-19 years old). This is lower than the state average of 23 per 1,000, but slightly higher than the top 10% of U.S. counties (14 per 1,000).

Healthcare Access

Based on the provider to population ratio, Pierce County has fewer residents per single dentist than the state's average and the top 10% of U.S. counties (1,260 residents per one dentist). However, the county had more residents per primary care provider than the state's average (1,320 residents per primary care provider). See Figure 2.

Figure 2. Provider to Population Ratios, 2019



Community Concerns

In a survey conducted by the CRH, residents identified up to three primary community concerns. The top two concerns were not enough jobs with livable wages (60%) and cost of long-term/nursing home care (49%). Availability of resources to help the elderly stay in their homes, attracting and retaining young families, and alcohol use and abuse in youth and adults were also top concerns. See Table 3.

Table 3. Community Concerns, 2019

Community Concerns	%
Not enough jobs with livable wages	60%
Cost of long-term/nursing home care	49%
Availability of resources to help the elderly stay in their homes	46%
Alcohol use & abuse – youth	45%
Attracting & retaining young families	45%
Availability of resources to help the elderly stay in their homes	45%
Depression/anxiety – adults	43%
Having enough daycare services	35%
Alcohol use & abuse – adults	34%
Drug use & abuse – youth	34%

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

1. Attracting & retaining young families
2. Availability of resources to help the elderly stay in their homes
3. Depression/anxiety – youth
4. Cost of health insurance

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 (35%)
2. No or limited insurance (29%)
3. Not enough specialists (27%)
4. Not able to see the same provider over time (24%)
5. Services not affordable (22%)

Individuals also indicated which specific healthcare services, if any, they felt should be added locally. The most often cited service(s) was obstetrics/gynecology.

Steps Undertaken Since 2016 CHNA

HAMC has worked diligently to address the top identified concerns from the last process. In addition to creating an infusion therapy suite to respond to concerns over needing a cancer care suite, HAMC has also developed a chemo preparation site and began offering cancer care close to home. Three MDs, a PA, NP, and certified registered nurse anesthetist have been employed in acknowledgment of the need for more providers, and radiology is also offered on a daily basis now as opposed to once per month. To combat the need for more mental health services, the facility partnered with Rural Psychiatry Associates to provide these services both face-to-face and via telehealth.

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., & Larson, S. Rugby Service Area: Community Health Needs Assessment, 2019.

For More Information

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

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

Shawn Larson
Project Coordinator
shawn.p.larson@und.edu

Community Liaison

Jodi Schaan, CPCS, CPMSM, Medical Coordinator
Heart of America Medical Center
701-776-5455 • jschaan@hamc.com

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