



North Dakota's Significant Rural Health Needs as Identified by Critical Access Hospital Community Health Needs Assessments

2020-2022 Aggregate Results for Rural North Dakota Hospitals

Overview

Understanding what community members perceive as the primary health-related needs of a community significantly influences how the local health system sets priorities, allocates resources, and builds local capacity. A focus of the Affordable Care Act (ACA) is population health, and the American health system has been undergoing changes to make itself responsive to this national goal. Under the ACA, all nonprofit hospitals are required to complete a Community Health Needs Assessment (CHNA) and create an implementation plan. Accredited public health units, too, must conduct a community health assessment and develop an implementation plan every five years, whereas hospitals must do one every three years. The ACA requirement for hospitals also states that the hospital must include public health in their process. In 2013, the University of North Dakota Center for Rural Health (CRH) issued findings from the first round of CHNAs, covering the years 2011-2013, another for the second round, covering 2014-2016, and a third fact sheet for 2017-2019. This fourth round fact sheet will focus on the CHNA findings of 2020-2022.

Population health refers to the health outcomes of a group of individuals; the focus is to improve the health of an entire population. Health status is dependent on the social determinants of health, which are the conditions in which people are

born, grow, live, work, and age. Thus, factors such as income, poverty, housing, education, physical environment, and family genetic history come into play, as does the healthcare system. The CHNAs tend to elicit a number of community concerns that, while they may not seem to be health-related, actually are, as they influence health status for individuals and collectively the population health (e.g., jobs with a livable wage, and community viability, such as attracting and retaining younger families).

Method

The North Dakota CHNA process emphasized community engagement with direct input from community members. Ideally the assessment is informed by both primary (e.g., surveys, focus groups, and community member interviews) and secondary (e.g., information that already exists for another use) data. The federal statute does not establish how a CHNA should be conducted. This comprehensive and inclusive process – primary and secondary data – is favored by CRH as it maximizes community input and decision-making opportunities and it builds on reliable existing health data (e.g., Robert Wood Johnson Foundation's County Health Rankings).

Under the CRH process, a liaison was selected to coordinate the process locally, with guidance

from a community-formed steering committee. Of the 36 Critical Access Hospital (CAH)-completed CHNAs, 30 were conducted by CRH (84%). The remaining six were done by health consultants or a larger regional health system with which they were affiliated. CRH was able to secure the actual assessment data for the six and combined that with the 30 CRH-facilitated CHNAs in order to develop an aggregate overview. A systematic review of all the significant needs collected from the CHNA process was conducted to establish a broader understanding of health needs in North Dakota. It is important for local health providers to understand their community and what residents feel are health concerns. It is the community health system that will take the lead in addressing those concerns. It is also important, particularly for health policy considerations, to have an overview of the collective views throughout the state. Federal and state policy makers can develop policy changes to address the concern and offer resources to be used nationally, statewide, and at the community level.

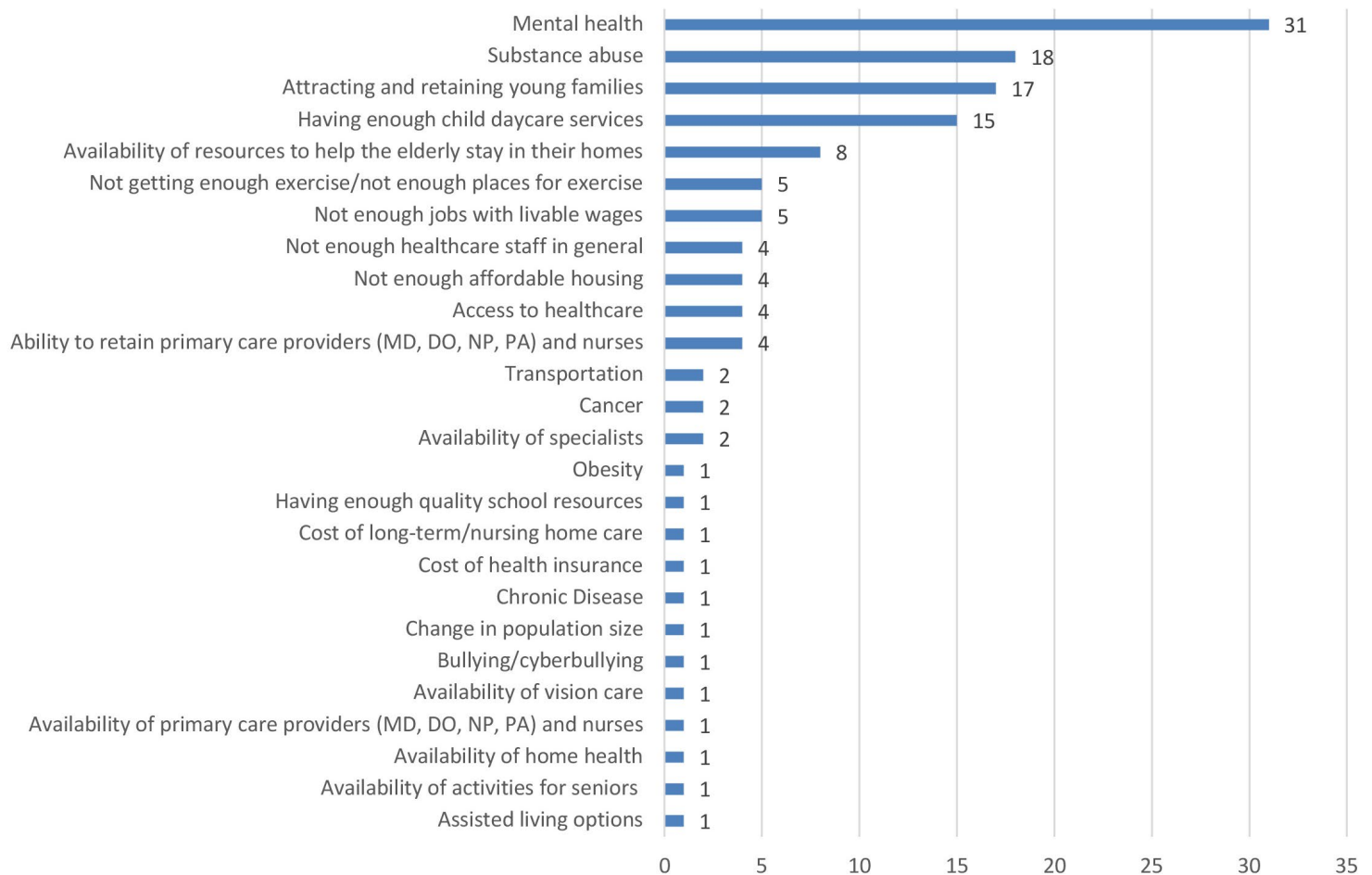
General Findings

From the 36 CHNAs, 152 total ranked needs were identified, with each community typically selecting between 2-5 needs, for an average of 4.2 per

assessment. Overall, 26 unique categories were identified. Several needs have been combined under broader categories (i.e., depression under mental health, alcohol and drug abuse under substance abuse), which will be broken down in their respective segments. Figure 1 shows the aggregated health needs for North Dakota during the 2020-2022 period by displaying the number of facilities that those categories of needs were identified as top concerns during CHNAs.

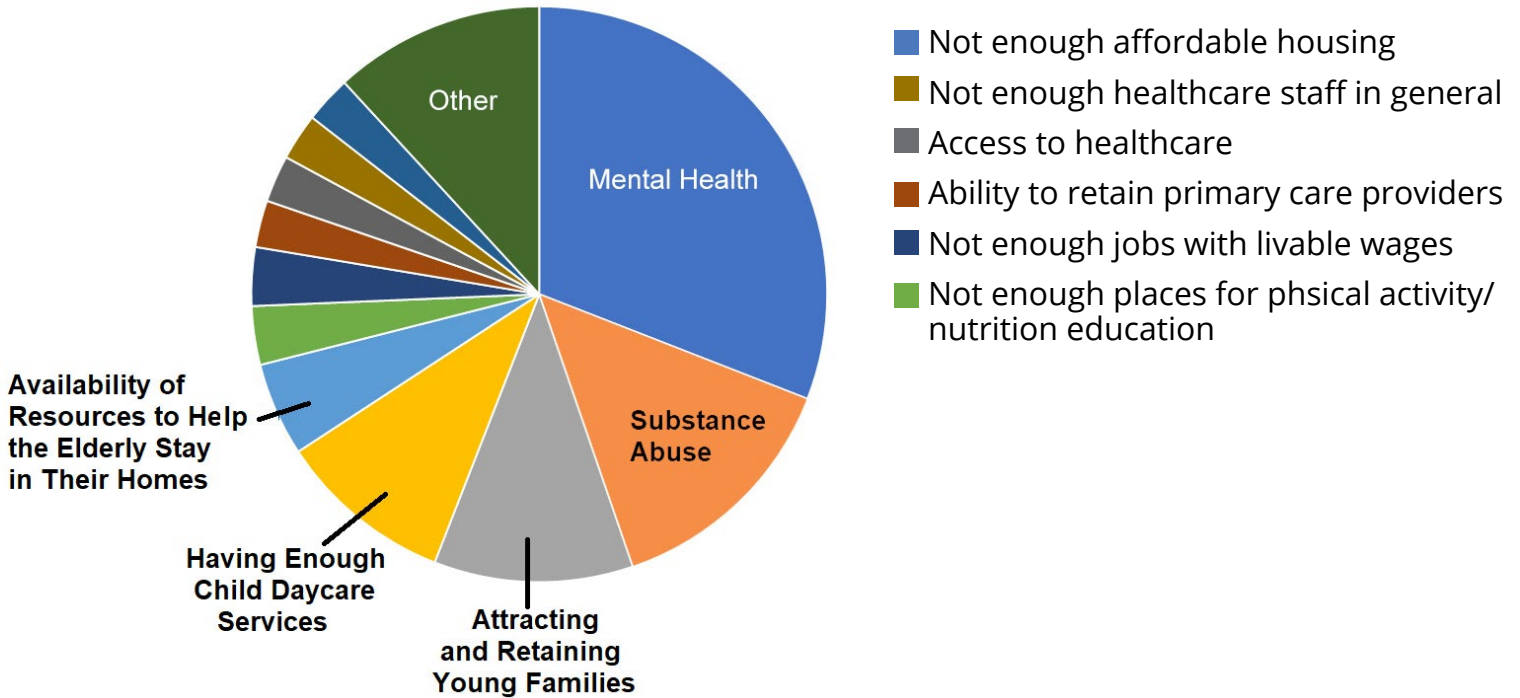
Within the 18 facilities that had substance abuse as a top concern and the 31 facilities that had mental health as a top concern, some of the facilities had multiple concerns within each of those categories. For instance, a facility may have indicated that anxiety and depression are a top concern as well as mental health treatment facilities; both categorized under "mental health." There was a total of 47 mental health concerns and 21 substance abuse concerns ranked as priorities during the 2020-2022 CHNA cycle. Only four of the 36 CAHs did not include mental health or substance abuse in their top concerns; 17 CAHs had both mental health and substance abuse as top priorities. Figure 2 depicts the categories that the 152 ranked needs of all of the CHNAs fall into. Those with only one or two

Figure 1. 2020-2022 Identified Needs Categories Within CAHs



communities identifying a specific need have been grouped into the “other” category.

Figure 2. Highest Ranked Concern Categories for the 2020-2022 CHNA Cycle



Mental health was the most commonly reported concern, showing up in 31 (86%) of the 36 CHNAs as a top concern. Depression and anxiety were included in 18 of the 36 assessments. Mental health has remained as a top need identified over the years. Compounding this issue is the lack of mental health providers in North Dakota, which, according to 2020 County Health Rankings¹, has 530 residents per provider, as opposed to the top 10% of U.S. counties, which has a ratio of 400 to 1.

Substance abuse, including alcohol and drug use and abuse, came in second to mental health, appearing in 18 (50%) of the 36 CHNAs. Alcohol use and abuse specifically carried more weight within communities, being identified by itself nine times throughout the assessments, while drug use and abuse and the availability of substance treatment facilities were each listed three times.

Attracting and retaining young families was also highly mentioned as a top identified need. This concern was listed in 17 (47%) of the 36 assessments, highlighting the difficulties in bringing new members into rural communities. While this concern stands alone with no combining of categories, several other needs (lack of daycare services, lack of affordable housing, not enough

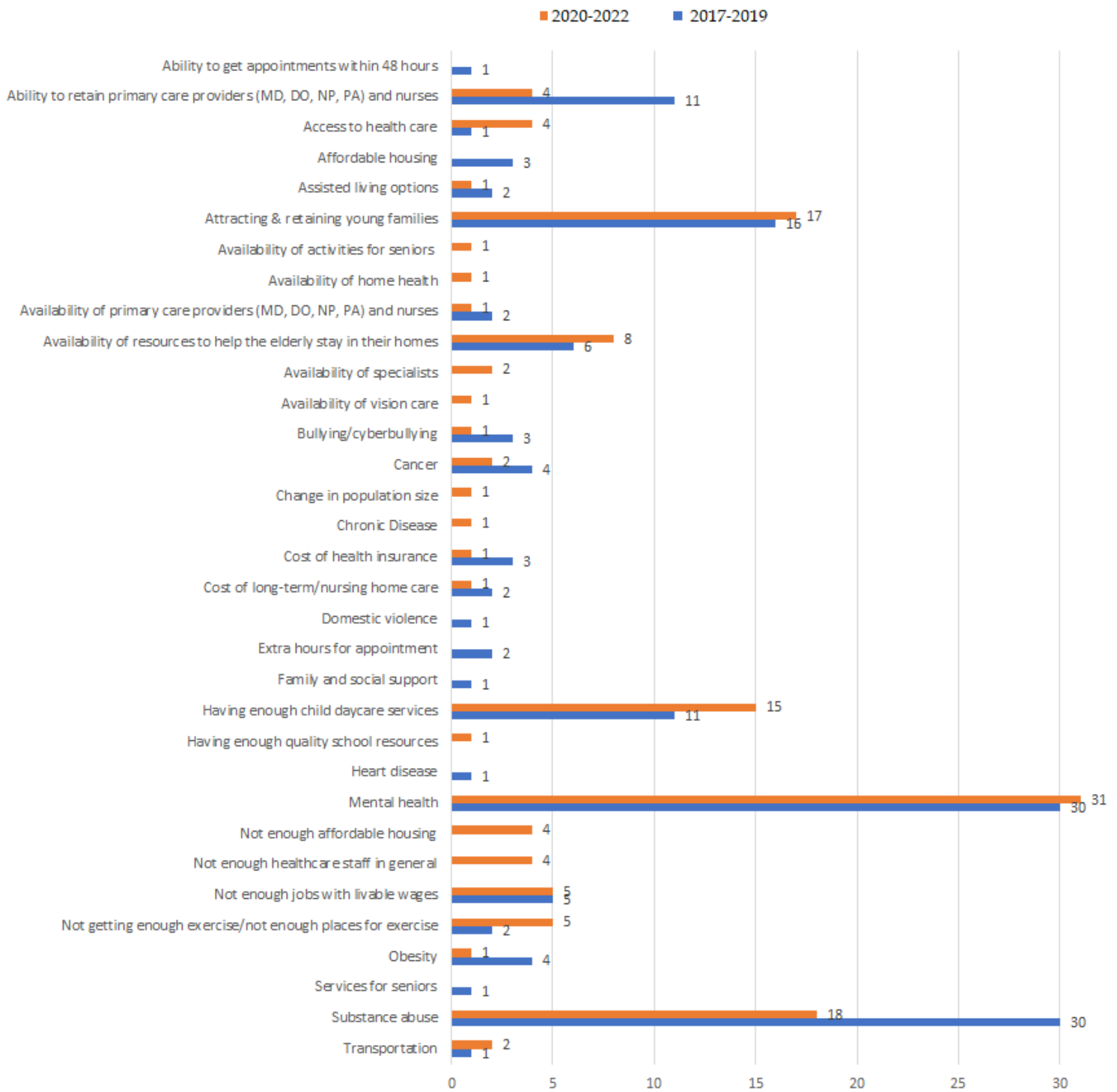
jobs with a livable wage, etc.) could be interpreted as being direct obstacles to attracting young families.

Having enough child daycare services lands at number four on the list of concerns with 15 (42%) assessment mentions. Along with being an issue itself, shortages of licensed childcare facilities are also a factor in other top needs.

Availability of resources to help the elderly stay in their homes rounds out the fifth spot on the list of top concerns, being mentioned eight times (22%). Like attracting young families, this category also stands on its own as a need, however, other categories could feed into this one as being a resource, such as availability of home health (N=1, 3%), which is listed as a separate concern category.

As shown in Figure 1, there are many other concerns that arise from these assessments that may not have seen the same level of attention as the top five. However, though some of these issues may be specific to certain communities, they are no less of a concern, thus every ranked need from this time period is included.

Figure 3. Highest Ranked Concern Categories for the 2020-2022 CHNA Cycle



Conclusion

Upon review of the CHNAs, mental health received the most attention by far, with substance abuse following. The theme of behavioral health, which includes mental health and substance abuse, continues to be acknowledged as the most pressing concern throughout the state.

Although attracting and retaining families didn't see the numbers mental health did, it is important to note that it was the first need not to be combined

with other related needs, speaking to its importance within rural areas. Rural populations are concerned about the viability of their communities. They also must be able to attract young families that can grow the community through such things as utilizing local services, opening businesses, and providing a workforce. Part of being able to attract young families is having daycare available and jobs with livable wages. The resources needed to attract young families are also ones that will help to retain

the healthcare workforce. Because the communities have a population that is aging, they need to have resources available to assist this group.

When comparing the 2017-2019 cycle to the 2020-2022 cycle, there are many similarities. Even though steps are being taken through each community's implementation plans, change takes time. These are big issues that require many steps and changes to make an impact. Figure 3 depicts all the concerns identified in the last two CHNA cycles and the number of communities that identified each of them as a top issue. If there is only one colored line (■ 2020-2022 or ■ 2017-2019), it means that it was not identified as a top concern during the other three year cycle.

In both cycles, the top four concerns remained the same, although the number of communities that selected these issues did differ. Mental health was ranked as the top priority both cycles, increasing by one community in 2020-2022 and far exceeding all other concern categories. Although the number of communities that ranked substance abuse as a top priority in the 2017-2019 cycle significantly declined in the following three-year cycle, it did still come in as the second highest ranked again. Attracting and retaining young families ranked third in both cycles, increasing by one in the latest cycle. Having enough child daycare services held on to the fourth spot. The ability to retain primary care providers, which had been tied as the fourth highest category for 2017-2019, dropped significantly from 11 to four communities. Availability of resources to help the elderly stay in their homes secured the fifth highest spot in 2020-2022, with eight communities ranking it as a top priority, increasing from six communities the previous cycle.

Recommendations

Although CHNAs encompass the entire community, hospitals and public health will often bear the weight of addressing these concerns. The ACA requires an implementation plan from non-

profit hospitals (and for both the CHNA report and implementation plan to be easily accessible to the community members). The communities involved with CRH coordinating the process created a local steering committee or task force. As part of community engagement, it is important to gain not just community input, but also community ownership of the solutions to local issues. Incorporating community representatives in conversations with policy makers is advised as community members add another level of credibility to those opinions expressed by providers and administrators.

Outside technical assistance through CRH and others is also available. There are grant resources that can be explored to help fund community processes and solutions. It is also recommended that communities explore multiple-community collaboration whereby communities with the same need, (e.g., behavioral health) can explore regional approaches to address the concern. Individual and multi-community efforts can be supported through rural health grants.

Federal and state policy makers need to be aware of the concerns so as to develop policy solutions. Some of these issues will be before both the United States Congress and the North Dakota legislature. Many health associations, and associations representing other sectors, will be advocates for redressing these concerns. Community leaders typically meet with state legislators, congressional members, and their staff to outline concerns. The CHNA is an excellent resource not only for identifying local community needs, but also in providing evidence to policy makers.

References

1. Robert Wood Johnson Foundation (2020). North Dakota 2020 County Health Rankings. County Health Rankings & Roadmaps. https://www.countyhealthrankings.org/sites/default/files/media/document/CHR2020_ND_0.pdf.

For More Information

More detail on the North Dakota CHNA process and results may can be found at this website: ndchna.org.

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