



A Community Health Needs Assessment (CHNA)  
Collaborative Framework to  
Build Capacity for Community Engagement

UND College of Nursing and Professional Disciplines PhD Class  
Professor: Dr. Tracy Evanson

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Presented by:  
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Center for Rural Health

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- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country's most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Home to seven national programs
- Recipient of the UND Award for Departmental Excellence in Research

**Focus on**

- Educating and Informing
- Policy
- Research and Evaluation
- Working with Communities
- American Indians
- Health Workforce
- Hospitals and Facilities

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## CHNA Goals



### **Purpose:**

1. Describe community health
2. Present snapshot of community assets and health needs

### **Goals:**

1. Identification and prioritization of health needs
2. Develop strategic implementation plan

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## Why Assess Community Health?

- Take stock of community assets & challenges
- Paint holistic picture of community health
  - Importance of qualitative data
- Document emerging trends & gaps
- Benchmark change over time



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## Affordable Care Act – 2011 Regulation

IRS Notice 2011-52

### CHNA report documentation:

- Take into account broad interests of community, including:
  - a) Public health
  - b) Medically underserved, low-income, minority populations
  - c) Federal, tribal, regional, state, or local health depts. or agencies



### Implementation strategy:

- Describe how hospital plans to address need
  - a) Describe actions and anticipated impact
  - b) Identify programs and resources to commit
  - c) Describe collaboration with other facilities/organizations



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## Public Health Accreditation

- Voluntary national accreditation program to advance *quality* and *performance* of Tribal, state, local, and territorial public health departments
- Push for accreditation across country
- Public Health Accreditation Board (PHAB) standards include:
  - Community Health Assessment (CHA)
  - Community Health Improvement Plan (CHIP)

*Every 5 years*

vs.

*every 3 years*



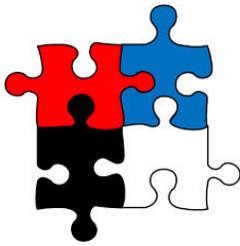
**Public Health**  
Prevent. Promote. Protect.

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## Collaboration

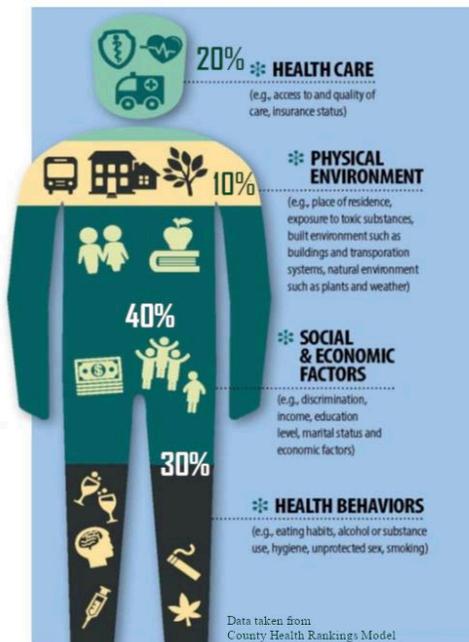
Hospital + Public Health + Rural dynamics = Collaborative model

1. Build a "shared ownership of community health"
2. Commitment to collaborate on similar activities
3. Reduce costs by collaborating in data collection resource-intensive
4. Share staff expertise and in-kind resources



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## Social Determinants of Health



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**Center for Rural Health CHNA Methodology**

Adapted from National Center for Rural Health Works.

<u>Primary data:</u>	<u>Secondary data:</u>
1. Survey (online & print)	1. County
2. Key informant interviews (5-7)	2. State
3. Community meetings (focus groups)	3. National

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Timeline: 6 – 7 months

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**Sample Timeline**  
**Example for IRS Due Date of December 31**

Below is the approximate times that we like to have events occur during the CHNA process. Communities will need to work with the Center for Rural Health to set the dates that work for their community and Center staff. To calculate the date you take the IRS Due Date (end of your fiscal year) and subtract the time listed (example: IRS Due Date - 6 months = 6 months prior to the IRS due date).

Step	Date	Example for IRS Due Date of December 31
Step 1 Completed	IRS Due Date - 7 months	June 1
Survey Questions due to CRH	IRS Due Date - 6 months	June 25
Draft Survey to Community	IRS Due Date - 5 months 3 weeks	July 7
Approved Survey to CRH	IRS Due Date - 5 months 2 weeks	July 14
Open Survey	IRS Due Date - 4 months 2 weeks	August 17
Hold 1 <sup>st</sup> Community Meeting/Key Informant Interviews	IRS Due Date - 4 months	August 26
Close Survey	IRS Due Date - 3 months 3 weeks	September 7
Hold 2 <sup>nd</sup> Community Meeting	IRS Due Date - 3 months	September 27
Community Assets and Overview Template/Project and Program Implementation/Photos due to CRH	IRS Due Date - 3 months	September 28
Draft Report Due to Community	IRS Due Date - 2 months	October 27
Draft feedback due to CRH	IRS Due Date - 1 month 2 weeks	November 10
Final Report due to Community	IRS Due Date - 1 month	December 1
Board Approval Due	IRS Due Date	December 31
Implementation Plan Due	IRS Due Date + 5 months 15 days	June 15

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**Consistency in Data**

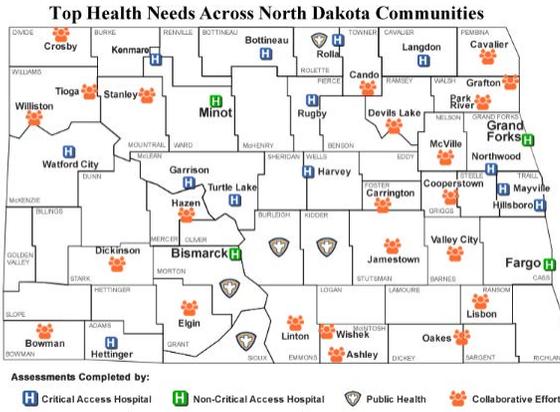
- Used same assessment method for all CAHs in North Dakota that the CRH conducts (32 of 36)
- Useful to share findings among communities
- Valuable to capture health needs at particular time and measure change
- Beneficial to enact change at local and state levels



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**Dedicated to sharing:**

- CHNA process
- Findings
- Collaborative opportunities
- Publications
- Strategies to address needs
- Communities' success
- Resources & funders



[www.ndchna.org](http://www.ndchna.org)

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Community Health Needs Assessments [www.ndchna.org](http://www.ndchna.org)

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**Community Health Needs Assessment**

**What is a Community Health Needs Assessment?**

A community health needs assessment (CHNA) is a systematic process involving the community to identify and analyze community health needs. The process provides a way for communities to prioritize health needs, and to plan and act upon unmet community health needs.

CHNAs may be conducted by a variety of organizations. Each Critical Access Hospital (CAH) must conduct a CHNA once every three years, as mandated by the Affordable Care Act. Local public health units seeking to gain or maintain accreditation must conduct a Community Health Assessment every five years. Many methods exist for conducting an assessment, but generally include:

- Stakeholder meetings
- Community focus groups
- Surveys
- Interviews with community leaders
- Population health and other health-related data

**Understanding the Significant Healthcare Needs in North Dakota Communities**

North Dakota's CAHs identified several different health needs through the 2014-2016 CHNA process and again in the 2017-2019 process. Many individual communities selected needs similar to each other's as the most significant for their community. The aggregate needs for the 2017-2019 cycle are currently being updated. The top needs across North Dakota for the 2014-2016 cycle were:

- Behavioral health
- Mental health
- Health workforce (e.g., physician and provider recruitment/retention, specialists)
- Obesity/overweight

**Featured Publications**

- [Conducting Community Health Needs Assessments: A Ten-Step Process](#)
- [Fact Sheet: North Dakota's Significant Health Needs as Identified by CHNA](#)

**E-Toolkit**

- [E-Toolkit Portal](#)
- Login required

**Topics**

- [Hospitals and Facilities](#)
- [Public Health](#)
- [Working With Communities](#)

**Staff**

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### Communities that Share the Same Need

A resource for communities interested in networking with others who are addressing similar issues, based on findings from their Community Health Needs Assessments. Unless otherwise noted, all communities listed picked the related issue as a top need for the 2015-2017 period.

#### Ability to Get Appointments for Health Services

- Bugby
- Sioux County

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#### Ability to Retain Providers

- Bowman
- Northwood
- Cando
- Rolla
- Cooperstown
- Stanley
- Garrison
- Turtle Lake
- Harvey
- Watford City
- Linton

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#### Access to Care

- Kenmare
- Minot
- Mayville

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#### Aging Services

- Ashley
- Hillsboro
- Bismarck-Sanford
- Kidder County
- Bottineau
- Mayville
- Burleigh County
- Park River
- Cando
- Rolla
- Cavalier
- Bugby
- Fargo-Essentia Health
- Toga



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Related Items

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### Top Health Needs by Community

Click on a community below to see a list of the most significant health needs identified by its Community Health Needs Assessment.

#### Top Health Needs Across North Dakota Communities



Assessments Completed by:

- Critical Access Hospital
- Non-Critical Access Hospital
- Public Health
- Collaborative Effort

#### Compare Most Significant Health Needs by Community

Select up to three communities to compare the most current significant health needs.

<input type="checkbox"/> Ashley - CAH	<input type="checkbox"/> Grand Forks - Non-CAH	<input type="checkbox"/> Morton County - Public Health
<input type="checkbox"/> Bismarck - Non-CAH	<input type="checkbox"/> Harvey - CAH	<input type="checkbox"/> Northwood - CAH
<input type="checkbox"/> Bottineau - CAH	<input type="checkbox"/> Hazen - CAH	<input type="checkbox"/> Oakes - CAH
<input type="checkbox"/> Bowman - CAH	<input type="checkbox"/> Hettinger - CAH	<input type="checkbox"/> Park River - CAH
<input type="checkbox"/> Burleigh Co. - Public Health	<input type="checkbox"/> Hillsboro - CAH	<input type="checkbox"/> Rolla - CAH
<input type="checkbox"/> Cando - CAH	<input type="checkbox"/> Jamestown - CAH	<input type="checkbox"/> Stanley - CAH
<input type="checkbox"/> Carrington - CAH	<input type="checkbox"/> Kenmare - CAH	<input type="checkbox"/> Toga - CAH
<input type="checkbox"/> Cavalier - Collaborative	<input type="checkbox"/> Kidder County - Public Health	<input type="checkbox"/> Sioux County - Public Health
<input type="checkbox"/> Cooperstown - CAH	<input type="checkbox"/> Langdon - CAH	<input type="checkbox"/> Stanley - CAH
<input type="checkbox"/> Crosby - CAH	<input type="checkbox"/> Linton - Collaborative	<input type="checkbox"/> Toga - CAH
<input type="checkbox"/> Devils Lake - CAH	<input type="checkbox"/> Lisbon - CAH	<input type="checkbox"/> Turtle Lake - CAH
<input type="checkbox"/> Dickinson - CAH	<input type="checkbox"/> Mayville - CAH	<input type="checkbox"/> Valley City - CAH
<input type="checkbox"/> Elgin - Collaborative	<input type="checkbox"/> Minot - CAH	<input type="checkbox"/> Watford City - CAH
<input type="checkbox"/> Fargo - Non-CAH	<input type="checkbox"/> Minot - Non-CAH	<input type="checkbox"/> Williston - CAH
<input type="checkbox"/> Garrison - CAH		<input type="checkbox"/> Williston - CAH

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# Center for Rural Health

**Ashley**

Ashley Medical Center  
2019-2021

- Attracting and retaining young families
- Having enough child daycare services
- Assisted living options
- Not enough jobs with livable wage

View list of reports

**Linton**

Linton Hospital and Emmons County Public Health  
2017-2019

- Jobs with livable wages
- Having enough child daycare services
- Cancer
- Ability to recruit and retain primary care providers
- Youth drug use and abuse

View list of reports

**Wishek**

Wishek Hospital Clinic Association  
2017-2019

- Availability of resources to help the elderly stay in their homes
- Availability of primary care providers
- Ability to recruit and retain primary care providers

View list of reports

[www.ndchna.org](http://www.ndchna.org)

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# Center for Rural Health

**Addressing Community Health Needs**

**Ideas Into Action**

To help North Dakota communities address the top health needs identified through their Community Health Needs Assessments (CHNAs), models and examples are listed on this page as potential resources. Not all ideas listed will apply or be practical for all communities, rather it is a list of ideas that could be modified or tailored to fit your needs, or serve as a springboard for new ideas.

These ideas are not evidence-based best practices. Rather, they serve as additional qualitative ideas and can act as conversation starters to help think of activities that may have worked in other rural settings in North Dakota. For more information on evidence-based practices, check out County Health Rankings & Rewards, "2016-2019 Health Disparities" or may be helpful to look at those and then cross-reference for these ideas for what is feasible in a rural context.

**On This Page:**

- Actions for improved equipment/facility usability
- Attracting & retaining young families
- Cancer
- Chronic disease management
- Concerns of low customer service & quality of care
- Cost and adequacy of health insurance
- Elevated level of uninsured adults
- Elevated rates of adult smoking
- Elevated level of excessive drinking/alcohol use
- Emphasis on wellness, education & prevention
- Healthcare workforce shortages (physicians, nurse specialists, healthcare professionals)
- Financial stability of hospital
- Historical issues of healthcare for consumers
- Lack of affordable housing
- Lack of collaboration with community
- Lack of internet
- Mental health EMS
- Marketing/visibility of hospital services
- Physical health, including substance abuse
- Not enough jobs with livable wages
- Obesity & physical inactivity

**Do You Have An Innovative Idea?**

Share It With Us!

**Aging Population Services**

- Promote public transportation services
- Offer mobile screening services so seniors don't have to leave their home
- Offer meals on wheels

**Attracting & Retaining Young Families**

- Develop hospital sponsored day care opportunities for staff and community members
- Develop and offer health and wellness programs
- Collaborate with other community organizations such as the school to offer health education programs and exercise equipment
- Promote North Dakota Young Professional network
- Market and promote the rural community culture – feeling of safety (low crime), strong education systems, active faith community, strong and vital health sector, lower cost of living
- Contact North Dakota Department of Commerce for economic development ideas
- Create leadership opportunities for community members in their 20s and 30s – hospital board, community health task force, membership and chairing a committee
- Review "Recruiting for Retention: A practical guide to effective recruitment techniques for primary care providers"
- Develop a community job site wellness program – contact North Dakota Department of Health and BCBSND
- Fund (with other community organizations) a health career scholarship program with an obligation to return to the community for service for a specified period of time.
- Consider Rural Health Outreach Grants, Network Development Grants, and Network Planning grants to address a number of issues for both the community but also a regional network to address common issues.

**Cancer**

- Form cancer support groups for patients and caregivers
- Promote online support groups through Cancer Survivors Network sponsored by American Cancer Society
- Promote skin cancer awareness at local events
- Form a Knitting for Charity group to knit hats and blankets for chemotherapy patients

**Chronic Disease Management**

- Provide space and equipment for fitness center

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### Resources and Funding to Address Community Health Needs

**Funding**

There are several foundations and organizations that may be able to provide funding for certain projects. Explore their funding pages to see if your project qualifies.

- [Blue Cross Blue Shield Rural Health Grant Program](#)
- [Community Facilities Programs](#)
- [Dakota Medical Foundation](#)
- [Federal Office of Rural Health Policy \(FORHP\) Rural Health Grants](#)
- [Gates Foundation](#)
- [Healthy Places for Healthy People](#)
- [Health Resources and Services Administration \(HRSA\) Grants](#)
- [Helmley Foundation](#)
- [Hospital Charitable Services Awards](#)
- [The Kresge Foundation](#)
- [Medica Foundation](#)
- [Robert Wood Johnson Foundation](#)
- [Walmart Foundation Community Grant Program](#)

**Technical Assistance**

Many organizations provide technical assistance and ideas for local efforts toward improving health around the issues identified through the Community Health Needs Assessment process. The following are some examples.

- [AHA Community Connections](#) - Telling the Hospital Story: Going Beyond Schedule H
- [Johns Hopkins Center for a Livable Future](#) - researchers outline how food can help hospitals implement the ACA and curtail healthcare costs in this March 17, 2016 article titled: *Affordable Care Act could improve community access to healthy food*
- [Child Care Assure of Health Dakota](#) - resource to find local child care centers
- [Stories of Hope](#) - American Cancer Society's online stories from people who have survived or are going through different stages of cancer
- [Community Violence Intervention Center](#) - provides programming ideas and education for peace to prevent violence
- [County Health Rankings and Road Maps](#) - resource that provides webinars and training on evidence-based practices to improve factors that affect health
- [Cut It Out: Salons Against Domestic Abuse](#) - provides training materials for hair stylists and other professionals to recognize the signs of abuse

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## CHNA Electronic-Toolkit

[www.ndchna.org/toolkit](http://www.ndchna.org/toolkit)

- Streamline communication
- Internal staff consistency
- Build capacity
- Promote peer network
- Document activities

**TestCommunity**

✓	Welcome
✗	1. Initial Communication
✗	2. Develop Steering Committee
✗	3. Survey Development
✗	4. Plan Community Meeting
✗	5. Launch Media Campaign & Distribute Survey
✗	6. Hold Community Meeting
✗	7. Plan 2nd Community Meeting
✗	8. Hold 2nd Community Meeting
✗	9. Closing the CHNA Process
✗	10. Implementation Plan & Outcomes

**Welcome**

We are excited to partner with you in conducting a community health needs assessment (CHNA). We applaud your interest in wanting to improve your community's health and we share your commitment. We hope to make this a collaborative and cooperative endeavor.

**Resources**

- 10 Step CHNA Process

**Our Background**

The Center for Rural Health (CRH) has more than three decades of experience conducting CHNAs. The stars on the map indicate the communities in which we have conducted a CHNA, and represent both critical access hospitals and public health units with whom we have partnered.

**North Dakota Community Health Needs Assessment Communities**

Center for Rural Health  
Improving the Health of Rural North Dakota

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### Strategy: Re-Framing of CHNA process using the E-toolkit

- Promote community engagement
- Invite input & feedback
- Enhance community ownership
- Improve public relations
  - Position organization as listening & receptive
  - Community care
  - Transparency
- De-emphasize ACA mandate



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### Choosing a CHNA Liaison

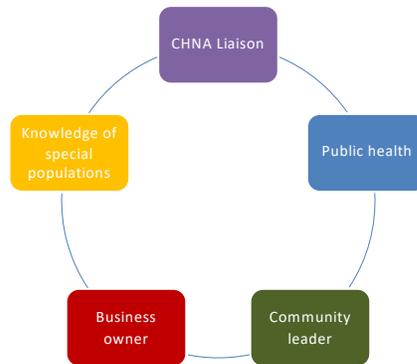
- Point of contact for CHNA process
- Utilize CHNA Liaison to gain entry to community
- Designated by leadership (CEO, CFO, COO)
- Build community capacity



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## Step 1: Initial Communication

- Obtain letter(s) of support
- Compile list of services (CAH & Public Health)
- Submit logo(s) of lead participating organizations



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**ND NORTH DAKOTA**  
**Institutional Review Board**

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## Step 2: Develop Steering Committee

### Gather input on:

- Community assets
- Community health
- Availability of health services
- Safety/environmental health
- Delivery of health services
- Physical health
- Mental health & substance abuse
- Preventive care and public health services



### Who is part of the steering committee?

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## Steering Committee Responsibilities

1. Customize base survey tool
  - Tap into community issues
  - Distribute print/electronic survey
2. Select & invite key informant interviewees & community group members
3. Plan and arrange for community meetings
4. Market CHNA process
  - Word-of-mouth dissemination
  - Advertise CHNA



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## Center for Rural Health

### Step 3 Activity: Survey Development

#### Community Specific Survey Question/Topic Development

- Take a look at the base survey and past CHNA survey tools provided to you.

What additional questions/topics do you think you will want your 2020 survey to cover?

#### Hints:

- Think about hot topic issues in your community
- What is something you want to ask the community, but unsure how?
- Thinking of adding a service?

#### Survey Response Goal Setting

Shoot for 15% of the community population over the age of 18.

- How many surveys do you hope to have returned?
- Start with 50 paper copies – can always get more



#### Resources

- Step 3 To-Do List
- CHNA Survey Tool
- Survey Distribution Plan

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## Sample Elective Questions

### Awareness of Services

Considering **RADIOLOGY SERVICES** at XXXX hospital, which services are you aware of (or have you used in the past year)? (Choose ALL that apply):

- |                                                  |                                      |
|--------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> EKG—Electrocardiography | <input type="checkbox"/> Mammography |
| <input type="checkbox"/> CT scan                 | <input type="checkbox"/> MRI         |
| <input type="checkbox"/> Echocardiogram          | <input type="checkbox"/> Ultrasound  |
| <input type="checkbox"/> General x-ray           |                                      |

Q. Which of the following **PUBLIC HEALTH SERVICES** have you or a family member used in the past year? (Choose ALL that apply)

- |                                                            |                                                                                                |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Bicycle helmet safety             | <input type="checkbox"/> Home health                                                           |
| <input type="checkbox"/> Blood pressure check              | <input type="checkbox"/> Immunizations                                                         |
| <input type="checkbox"/> Breastfeeding resources           | <input type="checkbox"/> Medications setup—home visits                                         |
| <input type="checkbox"/> Car seat program                  | <input type="checkbox"/> Office visits and consults                                            |
| <input type="checkbox"/> Child health (well baby)          | <input type="checkbox"/> School health (vision screening, puberty talks, school immunizations) |
| <input type="checkbox"/> Correction facility health        | <input type="checkbox"/> Preschool education programs                                          |
| <input type="checkbox"/> Diabetes screening                | <input type="checkbox"/> Assist with preschool screening                                       |
| <input type="checkbox"/> Emergency response & preparedness |                                                                                                |

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## Sample Elective Questions

### Violence in the Community

Q. Regarding various forms of **VIOLENCE** in your community, 3 concerns are (choose up to THREE):

- |                                                              |                                                        |
|--------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Bullying/cyber-bullying             | <input type="checkbox"/> Stalking                      |
| <input type="checkbox"/> Dating violence                     | <input type="checkbox"/> Sexual abuse/assault          |
| <input type="checkbox"/> Domestic/spouse violence            | <input type="checkbox"/> Verbal threats                |
| <input type="checkbox"/> Economic abuse/withholding of funds | <input type="checkbox"/> Video game/media violence     |
| <input type="checkbox"/> Emotional abuse                     | <input type="checkbox"/> Violence against children     |
| <input type="checkbox"/> Intimidation                        | <input type="checkbox"/> Violence against women        |
| <input type="checkbox"/> Isolation                           | <input type="checkbox"/> Work place/co-worker violence |
| <input type="checkbox"/> Physical abuse                      |                                                        |

### Marketing Health Services

Q. Where do you find out about local health services are available in your area? (Choose ALL that apply)

- |                                                      |                                                                                            |
|------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Advertising                 | <input type="checkbox"/> Social media (Facebook, Twitter, etc.)                            |
| <input type="checkbox"/> Employer/worksite wellness  | <input type="checkbox"/> Tribal Health                                                     |
| <input type="checkbox"/> Health care professionals   | <input type="checkbox"/> Web searches                                                      |
| <input type="checkbox"/> Indian Health Service       | <input type="checkbox"/> Word of mouth, from others (friends, neighbors, co-workers, etc.) |
| <input type="checkbox"/> Newspaper                   | <input type="checkbox"/> Other (Please specify) _____                                      |
| <input type="checkbox"/> Public health professionals |                                                                                            |
| <input type="checkbox"/> Radio                       |                                                                                            |

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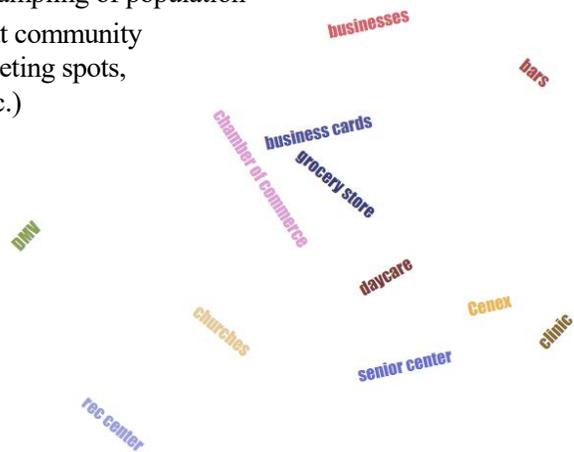
- “Clinic needs to be open on weekends, holidays and evenings, not every other Saturday.”
- “ I think hospital is doing a good job. We need local doctors; two PAs are going to retire soon.”
- “Need better wages and improved benefits. Also need more administration involvement with staff.”
- “Administration lacks promotional experience for new hospital. No clear policies.”

### Survey Sampling Procedures

- Convenience sample
- Not statistically valid sampling of population
- Disseminate throughout community (i.e. churches, local meeting spots, restaurants, schools, etc.)

#### Target areas:

- Social services
- Job services
- Migrant services
- Veterans services



### Survey Distribution Plan

- Brainstorming tool/accountability for community partners
- Measure of effort/tracking tool
- Think of places around community (i.e., events or health fairs)

Date	Name of Distribution site/business/event	City	Who will collect/distribute here?	Registration /Notice Required?	Estimated # of surveys to distribute	# distributed /collected

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### Step 4: Plan 1<sup>st</sup> Community Meeting/Key Informant Interviews

- One-on-one interviews held with key informants (5-7) can provide insights into community’s health needs
- Must interview public health professional
- Send out key informant and community meeting invites (templates provided)

**Topics include:**

- General health needs of the community;
- Awareness/use of health services offered locally;
- Suggestions for improving collaboration within the community;
- Barriers to local care; and
- Reasons community members use local healthcare providers, and reasons community members use other facilities for healthcare.



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### How do you select Key Informant Interview & Community Group participants?

- What are the criteria?
- What community resources are represented in the community?
- How do you ensure broad and diverse views and voices are represented?



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### Step 5 : Launch Media Campaign & Distribute Survey

How you distribute your survey and how you market it to the community will determine the success of this part of the process!

- Brainstorm “locations” that you can distribute the survey
- Brainstorm “methods” of spreading the word?

Consider:

- press releases
- advertising
- flyers
- business cards
- radio ads
- TV interviews
- social media



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## Step 6 : Hold 1<sup>st</sup> Community Meeting/Key Informant Interviews

**Be prepared!**

- CRH will be in your community
- Abide by the deadlines
- Have your materials ready

### Resources

- Step 6 To-Do List
- Community Meeting Sign-in Sheet

Tips:

- Follow-up with invited community meeting attendees and key informants
- Recommend serving food at the community meeting – enticement to attend
- Have copies of your survey available to disseminate at this meeting



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## Center for Rural Health

### 1<sup>st</sup> Community Meeting/Key Informant Interviews

- Group members/key informants are introduced to needs assessment process
- Review basic demographic information about counties in service area
- Examine county characteristics compared to state averages
- Results from last CHNA and the implementation areas
- Survey info

**Elgin Area Demographics**

	Grant County	North Dakota
Population (2018)	2,374	762,062
Population change (2010-2018)	-	13.3%
People per square mile (2010)	1.4	9.7
Persons 65 years or older (2016)	29.9%	15.3%
Persons under 18 years (2016)	20.6%	23.5%
Median age (2016 est.)	52.2	35.2
White persons (2016)	95.5%	87.0%
Non-English speaking (2016)	4.5%	6.1%
High school graduates (2016)	91.2%	92.5%
Bachelor's degree or higher (2016)	17.4%	29.5%
Live below poverty line (2016)	14.5%	10.7%
Persons without health insurance, under age 65 years (2016)	18.4%	8.4%

Source: <https://www.census.gov/quickfacts/fact/table/ND,US/IN010216#viewtop>  
 Source: [https://factfinder.census.gov/aces/nav/jsf/pages/community\\_facts.xhtml#](https://factfinder.census.gov/aces/nav/jsf/pages/community_facts.xhtml#)

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## 1<sup>st</sup> Community Meeting Key Informant Interviews

- Social Determinants of Health handout
- Info CRH gathered for first meetings
- Questions for key informants and community groups
- Question 9
- List of concerns



Source: <https://www.healthypopd.com/2020/06/01/health-care-social-determinants-of-health/>

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip code / geography	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination Stress	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

**Health Outcomes**  
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF

Source: <https://www.kff.org/health-equity/policy-focus-and/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equality/>

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## Step 7: Plan 2<sup>nd</sup> Community Meeting & Finalize Survey Distribution

- Plan for 1.5 hours
- Select a date/time that will work for your 2<sup>nd</sup> Community Meeting
- Submit photos of your community to be used in final CHNA report
- Complete community assets and overview template, projects and programs implemented to address needs template, and submit photos for report.
- Update survey distribution plan



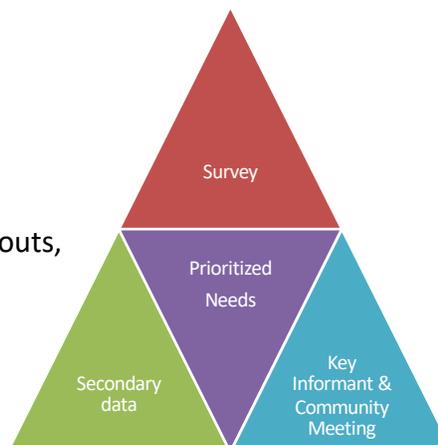
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## Survey Reminders



## CRH Prepares for the 2<sup>nd</sup> Community Meeting

- Close the survey
- Analyze data
- Prepare PowerPoints, handouts, and “sticker” flipcharts



## Secondary Sources Used

- US Census  
<https://www.census.gov/quickfacts/ND>
- County Health Rankings  
[www.countyhealthrankings.org](http://www.countyhealthrankings.org)
- National Survey of Children's Health  
[www.childhealthdata.org/learn/NSCH](http://www.childhealthdata.org/learn/NSCH)
- North Dakota Kids Count  
[www.ndkidscount.org](http://www.ndkidscount.org)
- Youth Risk Behavior Surveillance System  
<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

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## Step 8: Hold Community Meeting #2

- Includes 1<sup>st</sup> Community Group Meeting attendees and Key Informant Interviewees
- **Group members are presented:**
  - Survey results
  - Findings from key informants and focus group
  - Secondary data relating to general health of service area
- Tasked with identifying and prioritizing community's health needs



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## Step 10 : Implementation Plan & Outcomes

- 5 months & 15 days

### Resources

- Step 10 To-Do List
- Implementation Plan Template
- 3-Month Goals
- 6-Month Goals



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## Implementation Plan

- Select needs to address from prioritized list
- Brainstorm resources/activities to meet needs for strategic plan

**Goal:** Generate prioritized needs to present to hospital and public health with potential ideas to address needs



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## Logic Model

Need	Resources	Activities	Outputs	Outcomes
	In order to accomplish our set of activities we will need the following:	In order to address our need we will accomplish the following activities:	Once accomplished we expect the following evidence of delivery:	We expect that if accomplished these activities will lead to the following changes in 1-3 years:

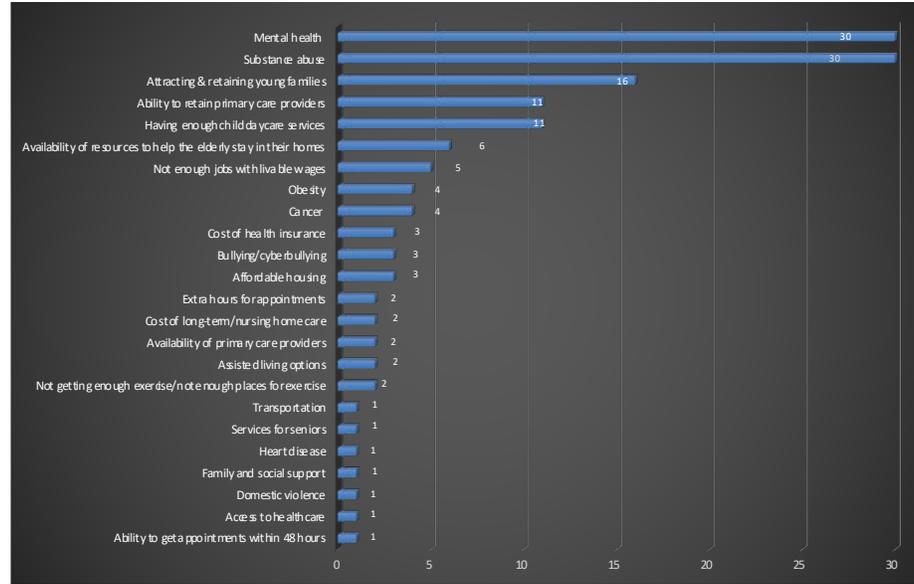
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## Findings

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## ND CHNA Top Needs Identified through 3<sup>rd</sup> cycle since ACA implementation (2017-2019)



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# Resources for Implementation Planning

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## Next CHNA Steps – Innovative Ideas

[Home](#) > [What We Do](#) > [Projects](#) > [Community Health Needs Assessment](#)

### Addressing Community Health Needs

#### Ideas into Action

To help North Dakota communities address the top health needs identified through their Community Health Needs Assessment (CHNA), models and examples are listed on this page as potential resources. Not all ideas listed will apply or be practical for all communities; rather it is a list of ideas that could be modified or tailored to fit your needs, or serve as a springboard for new ideas.

These ideas are not evidence-based best practices. Rather, they serve as additional qualitative data and can act as conversation starters to help think of activities that may have worked in other rural settings in North Dakota. For more information on evidence-based practices, check out County Health Rankings & Roadmaps, "[What Works For Health](#)." It may be helpful to look at those and then cross-reference to these ideas for what is feasible in a rural context.

#### On This Page:

- [Access to needed equipment/facility update](#)
- [Aging population services](#)
- [Attracting & retaining young families](#)
- [Cancer](#)
- [Chronic disease management](#)
- [Concerns of low customer service & quality of care](#)
- [Cost and adequacy of health insurance](#)
- [Elevated level of uninsured adults](#)
- [Elevated rate of adult smoking](#)
- [Elevated level of excessive drinking/alcohol use](#)
- [Emphasis on wellness, education & prevention](#)
- [Health care workforce shortages \(physicians, visiting specialists, health care professionals\)](#)



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## CHNA Resources

Rural Health Information Hub  
<https://www.ruralhealthinfo.org/>

- Funding opportunities
- Rural health issues
- Rural care coordination



For Rural Ass

Online Library -	Topics & States -	Community Health Gateway -	Tools Success
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#### MORE ON THIS TOPIC

- Introduction**
- [FAQS](#)
- [Publications](#)
- [Organizations](#)
- [Websites & Tools](#)
- [Funding & Opportunities](#)
- [News](#)
- [Models and Innovations](#)
- [About This Guide](#)

[Rural Health > Topics & States](#)

#### Rural Care Coordination

Care coordination is an important quality healthcare. Unfortunately, it has not traditionally been a priority for the American health system. In recent years, policymakers are becoming more supportive of care coordination while reducing costs.

In rural communities, care coordination challenges in access to care. **Accountable Care Organizations (ACOs) and Centered Medical Homes (CMHs)** have been implemented in rural areas to

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## North Dakota Rural Health Association's Targeted Rural Health Education Project (TRHE)



The Targeted Rural Health Education (TRHE) project, modeled after a similar project done by the Idaho Family Medicine Residency program, will help resident physicians and health profession students take a closer look at the health needs of communities in which they are training. In collaboration with the North Dakota Rural Health Association, the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, and the University of North Dakota Department of Family and Community Medicine, TRHE's goal is to help health-professionals-in-training to promote positive health outcomes in rural communities.

Resident physicians and health profession students (participants) will use Community Health Needs Assessments to learn about the population's health in the rural community they are serving. The project will encourage formation of relationships with key people such as media contacts, community stakeholders, and the population itself. Participants will choose an identified community health need and work with an existing healthcare provider in that community to produce a publication that helps educate the community about that particular need through a news or information outlet (i.e. newspaper, social media, news bulletin, etc). Through this project, participants will focus on:

- How the issue became a health need
- Why focusing on it is important
- National statistics on the topic
- Potential initiatives or programs to address the need

## North Dakota Targeted Rural Health Education (NDTRHE)

**Who:** Medical students, residents, nurses, physician assistants, and other health professions on the UND campus, and eventually across the state.

**What:** Use an identified community health need and produce a relevant publication that can be used as a community education tool.

**Why:** To engage students in the rural ND communities they are training in for better understanding of needs, and relationship building with the general population.



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Sciences





## Questions?

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