

North Dakota Public Health Technical Assistance Survey

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In July 2020, a survey was sent to all 28 North Dakota local public health unit (LPHU) administrators. Sixteen of the facilities completed the survey, resulting in a 57% completion rate. Below are two maps. Figure 1 is a map of all the North Dakota LPHUs and service areas and Figure 2 shows the service areas that are represented in the data reported by completion of the survey.

North Dakota's public health system is decentralized with 28 independent LPHUs working in partnership with the North Dakota Department of Health (NDDOH). The LPHUs are organized into single or multi-county health districts, city/county health departments, or city/county health districts. Seventy-five percent of the local health units serve single county, city, or combined city/county jurisdictions, while the other 25% serve multi-county jurisdictions. The majority of the multi-county jurisdictions reside in the western part of the state. In this decentralized approach, the units are required to meet state standards and follow state laws and regulations, but they can exercise their own powers and have administrative authority to make decisions to meet their local needs.

North Dakota LPHUs have a long history of providing personal and population-based health services to residents in their city and/or county jurisdictions. The local public health infrastructure represents the capacity and expertise necessary to carry out services and programs. Therefore, the health units function differently and offer an array of services. The most common activities and services provided by local public health are child immunizations, adult immunizations, tobacco use prevention, high blood pressure screening, injury prevention screening, blood lead screening, and Early and Periodic Screening Diagnosis and Treatment (Source: <https://www.ndhealth.gov/localhd/>).

Figure 1. North Dakota Local Public Health Units

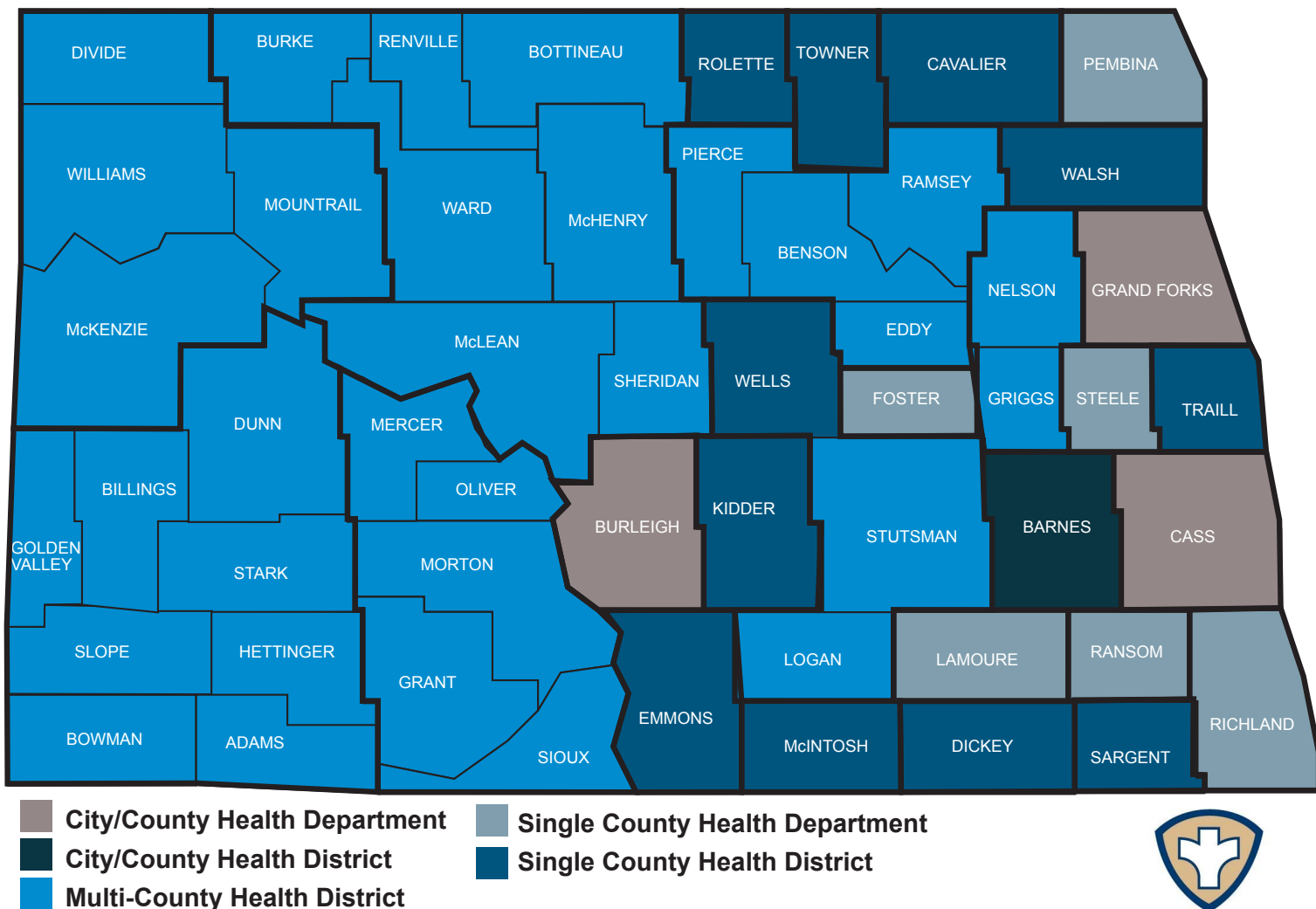


Figure 2. North Dakota Local Public Health Units Survey Completion

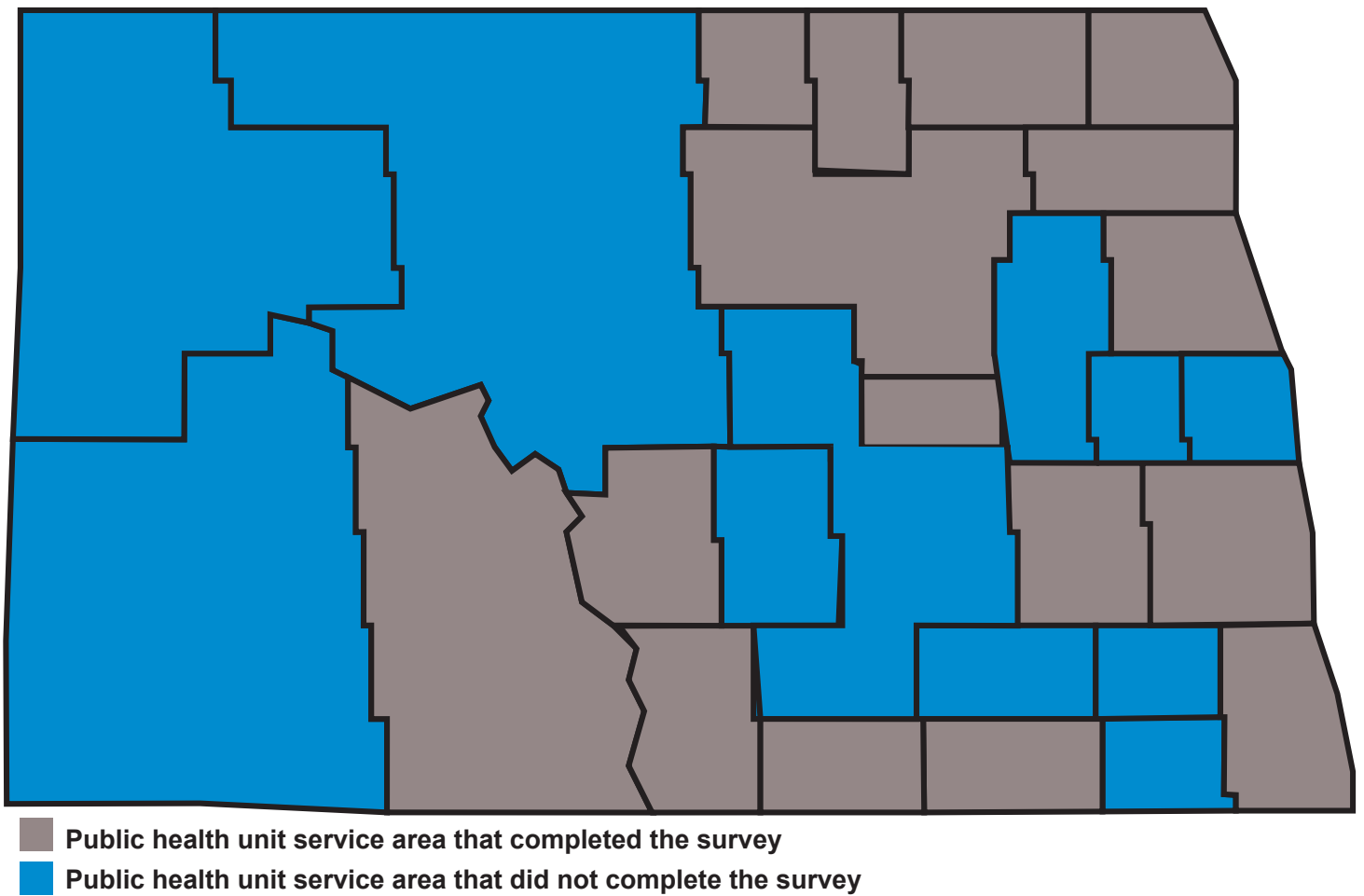
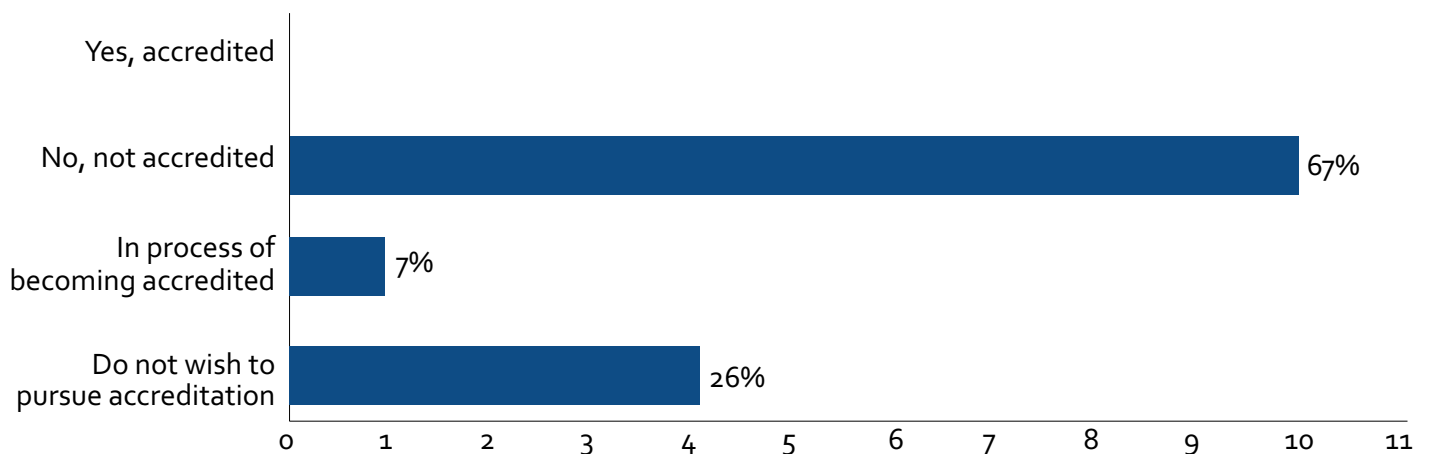


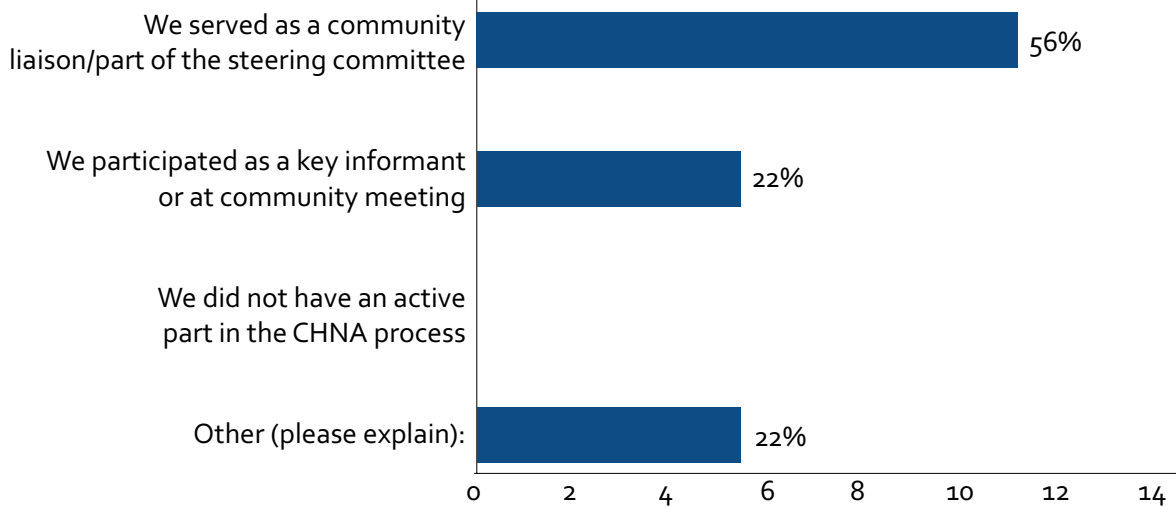
Figure 3 shows that one (7%) North Dakota LPHU that completed the survey is currently seeking accreditation. Fourteen LPHUs are not accredited, and of those, four are not interested in pursuing accreditation. North Dakota currently has one nationally accredited LPHU. The NDDOH, which is the state department of health that oversees all North Dakota LPHUs, is also accredited. National public health accreditation is voluntary.

Figure 3. North Dakota Public Health Unit Accreditation



All but one of the LPHUs that completed the survey reported that they were involved in their local hospital's Community Health Needs Assessment (CHNA). All non-profit hospitals are required to complete a CHNA every three years as part of the Affordable Care Act. Accredited LPHUs are required to complete a CHNA every five years. However, in the other category, one unit reported that a tertiary hospital completed their CHNA and did not include their LPHU in the process. Figure 4 depicts these results.

Figure 4. How did your LPHU participate in your local hospital(s) community health needs assessment (CHNA) process?



The Center for Rural Health (CRH) will be offering increased technical assistance (TA) to LPHUs through the State Office of Rural Health grant program. All North Dakota LPHUs were provided with a list of possible areas of TA and asked if those items were a high priority, if it would be helpful to have TA in that area, if TA was not needed at this time, or if the issue was not applicable to their work.



Figure 5. Technical Assistance Priorities for North Dakota Public Health Units

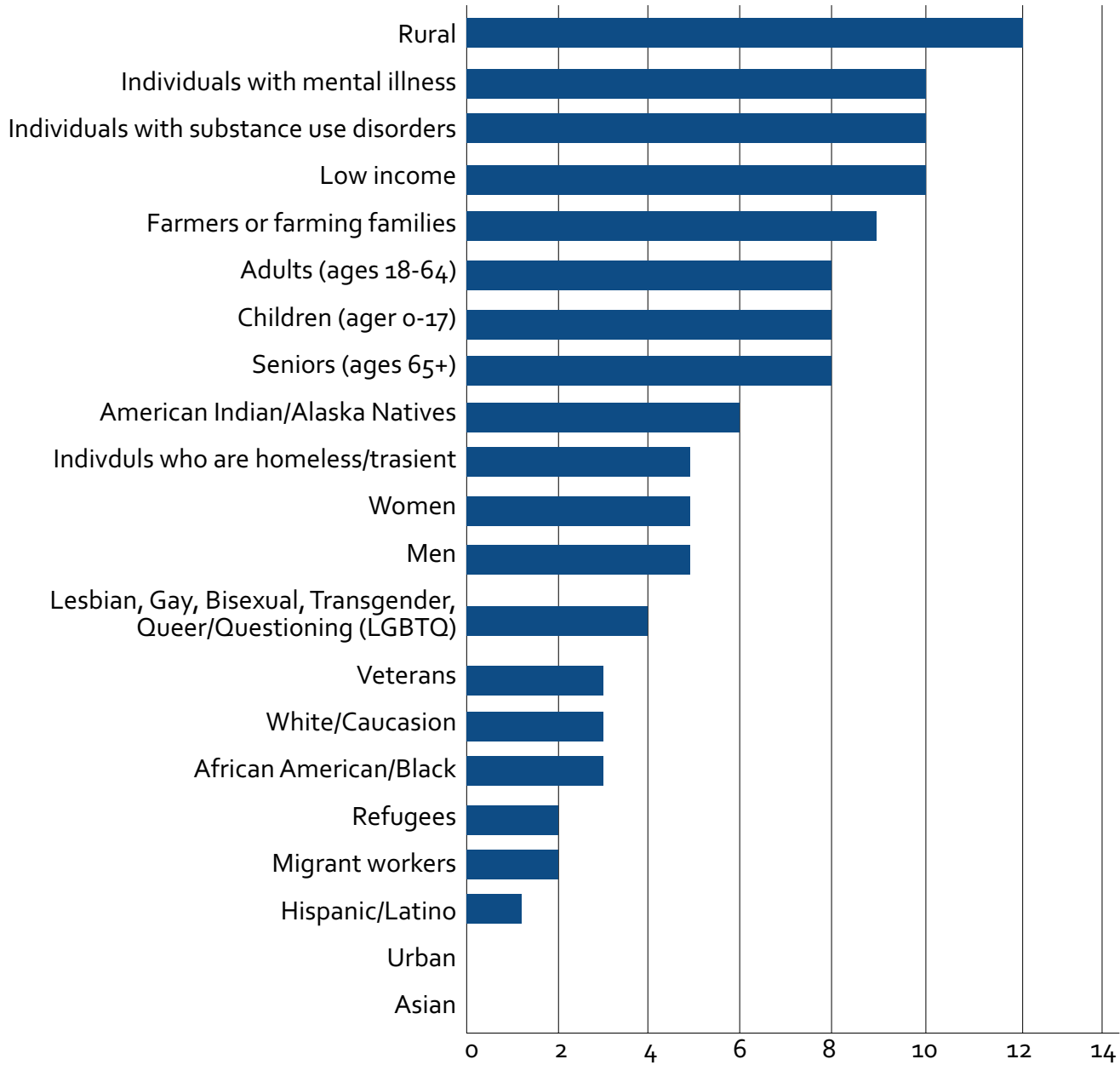
Area/Issue	High priority		TA would be helpful		Not needed at this time		Not applicable to my work	
	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count
Grant writing (workshops, editing of grants, finding grants, etc.)	43.75%	7	37.50%	6	18.75%	3	0.00%	0
Marketing/outreach	31.25%	5	43.75%	7	18.75%	3	6.25%	1
Quality improvement (QI) activities to improve population health	37.50%	6	50.00%	8	12.50%	2	0.00%	0
Strategic planning	37.50%	6	50.00%	8	12.50%	2	0.00%	0
Identifying and sharing training opportunities (continuing education opportunities) relevant to need	31.25%	5	56.25%	9	12.50%	2	0.00%	0
Identifying resources based on community and PHU needs	37.50%	6	43.75%	7	18.75%	3	0.00%	0
Performance improvement	18.75%	3	62.50%	10	12.50%	2	6.25%	1
HIPAA Compliance training	25.00%	4	62.50%	10	12.50%	2	0.00%	0
Management/leadership skills	25.00%	4	50.00%	8	25.00%	4	0.00%	0
Improving cultural competence	6.25%	1	62.50%	10	25.00%	4	6.25%	1
Personnel policies and procedures	12.50%	2	56.25%	9	31.25%	5	0.00%	0
Succession planning	12.50%	2	56.25%	9	31.25%	5	0.00%	0
Conducting a Community Health Needs Assessment	25.00%	4	25.00%	4	50.00%	8	0.00%	0
Peer to peer mentoring	6.25%	1	43.75%	7	43.75%	7	6.25%	1
Organizational chart development	6.25%	1	37.50%	6	50.00%	8	6.25%	1
Task management	6.25%	1	56.25%	9	37.50%	6	0.00%	0
Retention	12.50%	2	37.50%	6	50.00%	8	0.00%	0
Recruitment	6.25%	1	43.75%	7	50.00%	8	0.00%	0

Using a Likert Scale, LPHUs were asked to rank areas of TA from 3 – high priority, 2 – TA would be helpful, 1 – not needed, and 0 – not applicable to my work. Grant writing (workshops, editing of grants, finding grants, etc.), marketing/outreach, quality improvement activities to improve population health, and strategic planning were the top requested areas of technical assistance, all with a mean of 2.25. Grant writing received the highest number of “high priority” votes.

The next highest identified areas of TA (2.19 mean) were identifying and sharing training opportunities (continuing education opportunities) relevant to need, identifying resources based on community and LPHU needs, and performance improvement. HIPAA compliance training followed closely in need with a mean of 2.13.

The LPHUs were asked which populations (if any) they would like additional training or consultation about to assist in improving their professional efforts in the field of public health. They could select multiple populations. The maximum responses possible per question is 16. The rural population ranked the highest with 12 of 16 (75%), followed by individuals with mental illness, individuals with substance use disorders, and low income, all coming in at 63%, and farmers or farming families rounded out the top five highest ranked at 56%. See Figure 6.

Figure 6. Populations North Dakota LPHUs Would Like Additional Training or Consultation About to Assist in Improving Professional Efforts in the Field of Public Health



Summary

Based on the results of this survey, CRH will begin providing resources and technical assistance to public health units. There are some areas that will immediately be able to be addressed and others that will require follow-up to find specific topics within an area before TA may be offered.

If at any time a public health unit has needs that they would like assistance on, whether it is something identified in this survey or not, they are encouraged to contact Kylie Nissen, State Office of Rural Health Program Director, kylie.nissen@und.edu, to discuss ways that CRH may be able to assist them.