



North Dakota's Significant Health Needs as Identified by Community Health Needs Assessments Aggregate Results for Rural Critical Access Hospitals

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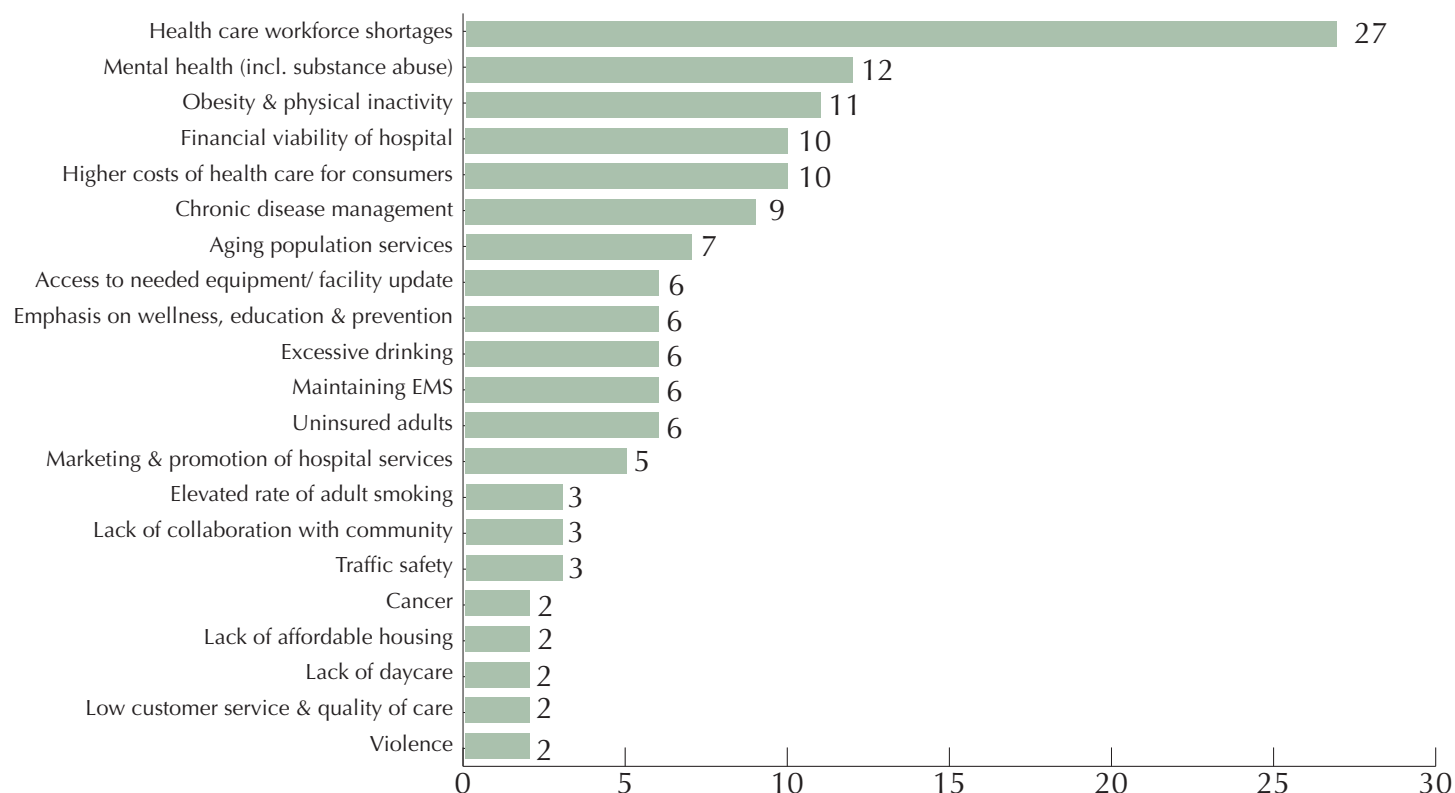
Overview

The Affordable Care Act (ACA) mandates that a Community Health Needs Assessment (CHNA) be conducted on all non-profit hospitals once every three years. The Center for Rural Health (CRH) at the University of North Dakota School of Medicine and Health Sciences has conducted CHNAs on more than half of the Critical Access Hospitals (CAHs) in North Dakota. The Center for Rural Health's involvement is funded through Health Resources and Services Administration (HRSA), Office of Rural Health Policy, and Medicare Rural Hospital Flexibility (Flex) Grant Program.

Method

The CHNA process is informed by both primary (community member interviews, focus groups, and surveys) and secondary data. Although methodologies differ between assessments, as a whole, the goal of the CHNA is to solicit community input on health needs and service gaps. A systematic review of all the significant needs collected from the CHNAs was conducted to establish a broader understanding of community health needs in rural North Dakota. The aggregated needs reflect health concerns selected and ranked as most prevalent, most persistent and most substantial. With this prioritized list, policy makers and invested stakeholders can develop more targeted solutions to address the needs impacting North Dakota constituents.

Health Needs Most Frequently Prioritized in CHNAs in Rural Communities



Sample Size

North Dakota has 36 Critical Access Hospitals. The Center for Rural Health conducted 21 CHNAs for CAHs across the state representing 58% of all CAHs. An additional 14 CHNA reports have been completed by hospital staff or consultants, making a total sample size of 35 CAHs. These hospitals represent rural communities that are geographically dispersed throughout the state, making for a representative sample.

Economic Value

A rigorous mixed methods research design was used for the 21 CHNAs conducted by the CRH. To gain community input, CRH staff traveled to each community to facilitate two focus groups, interview 6-8 community leaders, and disseminate between 500 and 1,500 surveys into the community. Bids from consulting firms to conduct CHNAs range from \$20,000-\$60,000. Taking an average of \$40,000, the CRH has provided technical assistance to North Dakota's CAHs for a combined total value of \$840,000 (21 x \$40,000).

Key Research Findings: Most Significant Health Needs

- The significant need most frequently reported in CHNAs is a health care workforce shortage.
- In 27 separate community health needs assessments, the need for more health care staff was expressed. This concern includes a need for more physicians, visiting specialists, and other health care professionals.
- The next most frequently perceived community health needs were:
 - Mental health, including substance abuse (N=12).
 - Obesity and physical inactivity (N=11).
 - Higher costs of health care for consumers (N=10).
 - Financial viability of hospital (N=10).

Summary

As a whole, the identified needs paint the current picture of health needs confronting rural communities and affecting the state. They provide a baseline for which to measure change in the future and a way to chart progress of successful interventions and programming activities.

It is important to look at the identified needs not as a weakness but as an opportunity to make improvements in the health of our communities. In order for change to occur, participants must be willing to change and choose to change. The high numbers of community member and health care professional involvement in the CHNA process are testament to this readiness. Completing the first round of the ACA mandate is an exciting time to document the service gaps at this point in time and work collaboratively to leverage resources and reduce the scope of burden.

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