

## Appendix I – Public Health Roundtable: Priority Needs Summary

### Community Assessment Roundtable

February 29, 2012

Sakakawea Medical Center Conference Room, Hazen, ND

#### Community Members Attending

- Sue Borud, Mercer County Ambulance
- Matt Richter, Mercer County Ambulance
- Marie Mettler, Sakakawea Medical Center
- Keith Johnson, Custer Health
- Cheryl Axtman, SMC
- Heather Weaver, RN, Custer Health via IVN from Mandan
- Jodie Fetsch, RN, Custer Health via IVN from Mandan
- Ken Hall, Center for Rural Health via IVN from Grand Forks
- Kelly Nagel, ND State Health via IVN from Jamestown
- Tami Dillman, ND SACCHO via IVN from Jamestown
- Dr. Steve Pickard, ND State Health via IVN from Bismarck
- Darrold Bertsch, SMC
- Keith Gendreau, Knife River Care Center

#### Invited but not attending

- Chastity Dolbec, Coal Country Community Healthcare Clinic

#### Areas Identified for Improvement

	Health Status Area	Stands Out/ Alarming (Youth)	(Priority?) Would Improve	Comments
1	Obesity	Yes	Yes	
2	Considering Suicide	Yes	Yes	
3	Texting while Driving	Yes	Yes	
4	Drinking & Driving	Yes	Yes	

5	Spit Tobacco Use	Yes	Yes	
6	Bullying	Yes	Yes	
7	Emotional Health	Yes	Yes	
8	Illegal Drug Use	Yes	Yes	
	<b>Health Status Area</b>	<b>Stands Out/ Alarming (Adult)</b>	<b>(Priority?) Could Improve</b>	<b>Comments</b>
1	Obesity	Yes	Yes	
2	Asthma	Yes	Yes	
3	Arthritis	Yes	Yes	
4	Alcohol use	Yes	Yes	
5	Low Seatbelt use	Yes	Yes	
6	Colorectal Screening (underscreening)	Yes	Yes	

In summary, the following categories were considered to be the leading areas of concern and needing improvement:

Youth Priority Areas:

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1. Emotional Health (bullying, depression and suicide; also support)
  2. Substance Abuse (illegal drugs, alcohol, prescription drugs)
  3. Tobacco Use (including spit tobacco)
  4. Unintentional Injury (snowmobiles, skateboarding into traffic, risk taking as a sport, low seatbelt use)
  5. Distracted Driving (texting, radio, etc.)
  6. Obesity

Adult Priority Areas:

1. Substance Abuse (alcohol)
2. Prevention Screening (medical home?)
3. Unintentional Injury (low seatbelt use)
4. Obesity/Diabetes/Sedentary Lifestyle

These conclusions from the review of the primary data will be combined with the results of analysis of the secondary data being compiled by the Center for Rural Health to provide a complete report to the Committee and to form the basis for next steps of strategic interventions.

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## Appendix J – Prioritization of Community’s Health Needs

### Tier 1

- Elevated rate of adult obesity (18 votes)
- Limited number of mental health care providers (17 votes)
- Elevated rate of adult smoking (11 votes)
- Mental health issues (including substance abuse and suicide prevention) (11 votes)

### Tier 2

- Elevated rate of physical inactivity (10 votes)
- Elevated rate of excessive drinking (10 votes)
- Limited number of primary care providers (10 votes)
- Elevated rate of diabetics (9 votes)
- Elevated rate of uninsured residents (8 votes)
- Need for greater awareness of certain local services (8 votes)

### Tier 3

- Emergency services available 24/7 (6 votes)
- Cancer (5 votes)
- Higher costs of health care for consumers (5 votes)
- Need for greater access to specialists (5 votes)
- Need for assisted care/independent living services (5 votes)
- Lower rates of selected preventive care measures (4 votes)
- Heart disease (4 votes)
- Adding specialized pediatric services (4 votes)
- Elevated rates of sexually transmitted infections (4 votes)
- Limited access to recreational facilities (3 votes)
- Adding obstetric services (3 votes)
- Limited access to healthy foods (2 votes)
- Need for improved collaboration within the community (2 votes)
- Addressing financial concerns and increasing awareness of sliding fee scales at CCCHC (1 vote)

### (No Votes)

- Elevated level of preventable hospital stays
- Lower rate of diabetic screening
- Lower rate of mammography screening

TABLE 2: SELECTED MEASURES FROM COUNTY HEALTH RANKINGS					
	Dunn County	Mercer County	Oliver County	National Benchmark	North Dakota
<b>Ranking: Outcomes</b>	<b>33<sup>rd</sup></b>	<b>41<sup>st</sup></b>	-		<b>(of 46)</b>
Poor or fair health	11%	12%	-	10%	12%
Poor physical health days (in past 30 days)	3.1	2.9	2.6	2.6	2.7
Poor mental health days (in past 30 days)	2.5	2.4	2.4	2.3	2.5
% Diabetic	11%	10%	9%	-	8%
<b>Ranking: Factors</b>	<b>25<sup>th</sup></b>	<b>12<sup>th</sup></b>	-		<b>(of 46)</b>
<i>Health Behaviors</i>					
Adult smoking	12%	19%	14%	14%	19%
Adult obesity	31%	32%	30%	25%	30%
Physical inactivity	33%	29%	26%	21%	26%
Excessive drinking	-	18%	11%	8%	22%
Sexually transmitted infections	121	127	59	84	305
<i>Clinical Care</i>					
Uninsured	16%	9%	13%	11%	12%
Primary care provider ratio	-	874:1	-	631:1	665:1
Mental health provider ratio	3,315:0	7,866:0	1,668:0	-	2,555:1
Preventable hospital stays	-	62	-	49	64
Diabetic screening	87%	82%	90%	89%	85%
Mammography screening	-	69%	-	74%	72%
<i>Physical Environment</i>					
Limited access to healthy foods	42%	5%	23%	0%	11%
Access to recreational facilities	0	51	61	16	13

In terms of health outcomes, both Dunn and Mercer counties show a higher percentage of adults who reported poor or fair health than the national benchmark. Dunn and Mercer counties were worse than the state average in terms of self-reported poor physical health days. None of the counties met the national benchmark in terms of self-reported poor mental health days. With respect to the percentage of adults aged 20 and older with diagnosed diabetes, all three counties fared worse than the state average.

In terms of health factors, including health behaviors, clinical care measures, and physical environment, the counties in the Local Health Providers' service area are not

## Compare Counties in North Dakota

	North Dakota	Mercer (ME)	Oliver (OL)
Health Outcomes			
Length of Life		22	NR
Premature death	6,244	4,299	NR
Quality of Life		37	NR
Poor or fair health	12%	15%	
Poor physical health days	2.7	2.7	1.6
Poor mental health days	2.4	2.3	1.8
Low birthweight	6.6%	7.6%	
Health Factors		3	NR
Health Behaviors		6	NR
Adult smoking	18%	15%	
Adult obesity	30%	30%	31%
Food environment index	8.7	9.5	8.0
Physical inactivity	26%	27%	30%
Access to exercise opportunities	62%	33%	40%
Excessive drinking	22%	19%	
Alcohol-impaired driving deaths	46%	55%	100%
Sexually transmitted infections	358	130	
Teen births	28	13	
Clinical Care		3	NR
Uninsured	12%	10%	12%
Primary care physicians	1,320:1	1,690:1	1,830:0
Dentists	1,749:1	1,697:1	1,838:1
Other health providers	1,033:1		
Preventable hospital stays	59	44	
Diabetic screening	86%	88%	100%
Mammography screening	68%	70%	
Social & Economic Factors		12	NR
High school graduation	84%	88%	
Some college	74%	76%	77%
Unemployment	3.1%	5.1%	5.5%
Children in poverty	14%	8%	17%
Inadequate social support	16%	14%	13%
Children in single-parent households	26%	19%	10%
Violent crime	226	101	0
Injury deaths	63	69	
Physical Environment		10	NR
Air pollution - particulate matter	10.0	9.8	9.8
Drinking water violations	1%	2%	0%
Severe housing problems	11%	6%	9%
Driving alone to work	79%	76%	58%
Long commute - driving alone	12%	14%	36%

Through this process, goals have been established to address the priorities identified. Objectives and action steps have been developed to address these goals. The goals and related priorities addressed are as follows:

**Goal 1: Improve Population Health**

- Decrease local obesity rate
- Increase physical activity of area residents
- Decrease rates of smoking and alcohol consumption
- Improve management of chronic diseases
- Enhance care coordination of patients served
- Expand local access to Behavioral Health Services
- Expand the integration of primary care and behavioral health

**Goal 2: Enhance Community Awareness of Local Programs and Services**

- Increase awareness of the local services that are provided
- Increase awareness of the sliding fee scale available at CCCHC
- Increase awareness of the SMC Charity Care program

**Goal 3: Maintain Adequate Human Resources and Facility Infrastructure**

- Insure the availability of an adequate workforce
- Insure the availability of an adequate supply and specialty of medical providers
- Expand the capacity for the provision of local behavioral health service
- Increase the capacity of the Hazen Clinic and locate on the SMC campus
- Insure the CCCHC facility is appropriate for service demands and utilization

**Goal 4: Monitor and Adapt to Changes in the Healthcare Delivery System**

- Monitor the changes to be implemented in the Affordable Care Act
- Monitor and respond to local changes in demographics and service requirements
- Support increased local participation in the marketplace and Medicaid expansion
- Advocate and educate local residents and government officials
- Conduct ongoing monitoring and reporting of progress made with the Strategic Plan
- Continue to research and grow the CCCHC and SMC Collaboration