

ACCREDITATION SUPPORT INITIATIVE

SUMMARY REPORT – Executive Summary

ND PUBLIC HEALTH ROUNDTABLES

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(ND SACCHO)

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Background

In February and March 2012, six public health roundtables were conducted by ND SACCHO and the ND Department of Health (NDDoH) in five of the eight public health regions in North Dakota. Local public health units coordinated the roundtables: 6 of 28 (21%) of local health departments participated comprising a cumulative representative area of 23 of 53 (43%) ND counties. Over 100 community members participated in the sessions with over 60 agencies represented. Hospital and clinic participation was excellent for all sites. Table 1 below depicts the roundtable sites and participation.

Table 1: ND PH Roundtable Sites

<u>ND Region</u>	<u># Participants</u>	<u># Agencies</u>
South West	27	13
South West Central	13	8
North West Central	25	12
North East	18	12
South West Central	14	10
South East Central	24	13
5	121	68

Data Sources:

In completing the public health roundtable, community members at each site discussed (facilitated by NDDoH) community health data. The community health data consisted of county health profiles created by the ND Department of Health using a variety of sources (see Table 2) that included the most currently available data (<http://www.ndhealth.gov/HealthData/CountyHealthProfiles/>).

Table 2: Data Sources for Updated County Profiles

Tables	Source	Dates
Population by Age Group	Census 100% data	2010
Female Population	Census 100% data	2010
Race	Census 100% data	2010
Population Change	Census 100% data	2010
Household populations	American Community Survey (Census)	2006-2010
Disability	American Community Survey (Census)	2008-2010
Marital Status	American Community Survey (Census)	2006-2010
Educational Attainment	American Community Survey (Census)	2006-2010
Income and Poverty	American Community Survey (Census)	2006-2010
Family Income and Poverty	American Community Survey (Census)	2006-2010
Births	ND Vital Statistics	2006-2010
Child Deaths	ND Vital Statistics	2006-2010
Age Adjusted Deaths	ND Vital Statistics	2006-2010
Leading Causes of Death	ND Vital Statistics	2006-2010
Behavioral Risk Factors	BRFSS	Dependent on pop size
Crime	County law enforcement reports to BCI	2006-2010
Child Health Indicators	Kids Count aggregate data	2010 unless o/w specified

Health Status Areas:

During the data discussion, participants indicated whether various health topics/issues reflected by the data was concerning or not with regard to their community (county). After the data discussion, participants at each site identified health status areas of improvement; listed by order of priority categories in the following Table 3.

Table 3: Roundtable Sessions Health Status Improvement Areas

Priority	#1	#2	#3	#4	#5	#6
1	Housing	Substance Abuse	Infrastructure	Chronic Disease	Obesity	Substance Abuse
2	Workforce Shortage	Emotional Health	Housing	Unintentional Injury	Binge Drinking	Emotional Health
3	Emotional Health	Tobacco Use	Emergency Services	Emotional Health	Cardiovascular Disease	Chronic Disease
4	Substance Abuse	Unintentional Injury	Emotional Health	Substance Abuse	Alcohol Abuse	Community Resources
5	Emergency Services	Obesity	Traffic Safety	Access to Healthcare	Low Seatbelt Use	Access to Healthcare
6	Crime	Prevention Screenings	Access to Healthcare	Infrastructure	Low Colorectal Screening	Mental Health
7	Family Violence		Chronic Disease		Healthcare Shortage	Unintentional Injury
8	Injury		Substance Abuse		Dental Provider Shortage	
9	Access to Healthcare		Crime		Healthcare Provider Shortage	
10	Sexual Behavior		Mental Health		Stigma with Social Program Participation	

Conclusion:

Overall, there were some consistencies in the priorities determined by participants. Infrastructure (housing, emergency services, etc.) was a recurring priority for participating counties impacted by the oil boom. Other priority areas that transcended the majority of roundtable sites were substance abuse (including alcohol abuse and tobacco use), emotional health (including bullying and suicide), access to healthcare and chronic disease. Priority areas identified are consistent with 2010 statewide leading causes of death (<http://ndhealth.gov/vital/pubs/ff2010.pdf>). In completing the roundtables, participating sites have strengthened community partner relationships and are further along with completing Community Health Assessments and Community Health Improvement Plans – two of the three essential pre-requisites for public health accreditation.