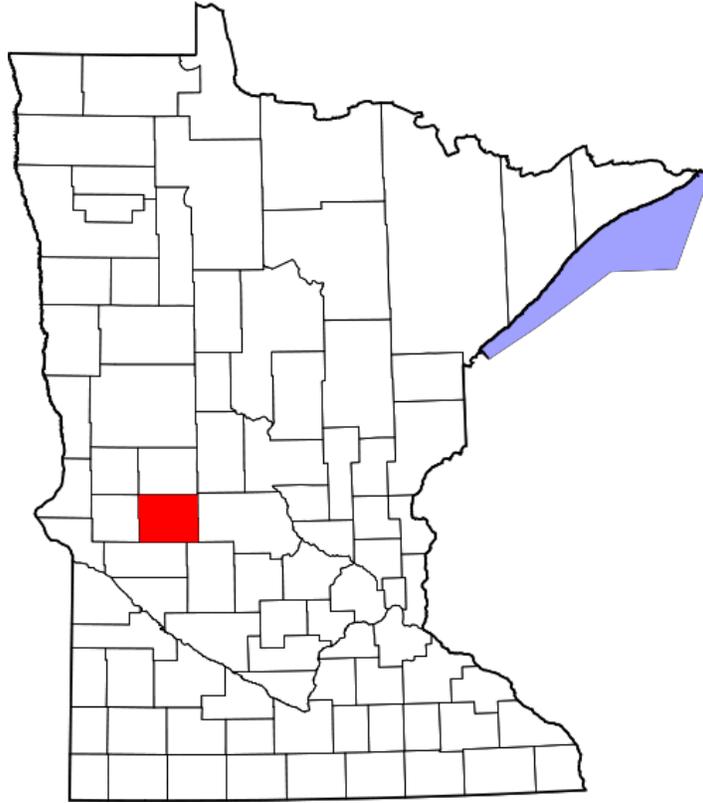# COMMUNITY HEALTH NEEDS ASSESSMENT FISCAL YEAR 2013

An assessment of Pope County conducted by Glacial Ridge Health System and community partners to better understand the needs and assets of the community, focusing on health and wellness.

GLACIAL RIDGE HEALTH SYSTEM
heartfelt care

Communities We Serve

During 2013, a community health needs assessment led by Kim McCoy with Stratis Health and Glacial Ridge Health System was conducted for the residents or rural Pope County, Minnesota. The city of Glenwood, the county seat, is located in central Minnesota approximately 120 miles west of Minneapolis/St. Paul.

Glacial Ridge Hospital is an independent, not-for-profit, 19-bed Critical Access District Hospital located in Glenwood, MN. Glacial Ridge Hospital is a rural health care facility and is not affiliated with a larger hospital system. The hospital became a certified Trauma Level IV hospital in 2008 and was licensed as a Critical Access Hospital through Medicare in December 2005. The Glenwood Medical Center, a primary care rural health clinic, is attached to and integrated with the hospital.

The entire health system of the hospital, Glacial Ridge Health System (GRHS), encompasses a fitness center; Homecare and Hospice programs; two medical centers located in Glenwood and Brooten; and an ambulance service with ambulances stationed in Brooten, Glenwood and Starbuck. Additionally, the Glacial Ridge Hospital Foundation supports and directs the operations of a 30-unit, independent living facility for seniors across the street from the hospital.

The following 15 townships and cities constitute the Glacial Ridge Hospital District in Pope County: Grove Lake, Chippewa Falls, Gilchrist, Glenwood, Lake Johanna, Reno, Bangor, Westport, Leven, Brooten City, Glenwood City, Long Beach City, Sedan City, Villard City and Westport City. Pope County, as well as parts of Stearns, Swift, Stevens and Douglas counties constitutes our service area.

In fiscal year 2012, GRHS reported 2,149 acute inpatient days; outpatient encounters totaling 13,282; swing bed days of 1,258; and 3,570 emergency department visits. Our inpatient average daily census was 9.71.

Tertiary services are provided by St. Cloud Hospital in St. Cloud, approximately one hour from Glenwood.

Glacial Ridge Hospital's mission is to provide high quality services, which enhance the quality of life and promote healthy lifestyles for our patients, clients, employees, organization and community. Our desire is to lead by example through compassionate, caring, and comprehensive health care services.

The staff and providers of GRHS provide acute care, diagnostic, educational, emergency, home health, outreach, and specialty services in partnership with the medical staff, two clinics, and other area healthcare providers. Services offered include: 24-hour emergency care, cardiac rehabilitation, cardiovascular outreach, diabetes self-management and education, laboratory

services, education and support programs, home health care, hospice, inpatient/maternity care, medication therapy management, outpatient services, pharmacy, radiology (general, ultrasound, nuclear medicine, mammography, bone density, CT, MRI), rehabilitation services (physical, occupational, and speech therapies), sleep disorders, general, vascular, and gynecologic surgery, transitional and swing bed care, and wellness/prevention services.

The outreach services offered at the hospital have grown significantly over recent years in terms of both scope and quantity of visits. Physicians from hospitals and specialty clinics in Alexandria, St. Cloud and Morris provide specialty services.

Our ability to deliver superior, quality health care is strengthened by the dedication and expertise of 239 full- and part-time employees, ten active medical staff members and five mid-level practitioners. We strive to fulfill our mission by collaborating with physicians, providers, agencies and community groups to continually add new programs and services, upgrade equipment and facilities, and recruit new practitioners to our area.

Market research and assessments indicate that community residents prefer receiving primary health care services close to home. They place a high value on quality diagnostic and hospital services, advanced technology, and convenient access to prevention, primary, specialty, emergency and home health care. As more emphasis is placed on reducing health care costs, keeping people well, improving the management of chronic illnesses, and meeting the needs of an aging population, GRHS is positioning itself to strengthen local and area partnerships and collaborations to fulfill these expectations.

GRHS cares for all patients regardless of gender, age, religion, race or financial status. Fifty-six percent of acute care volume is Medicare and eight percent is Medicaid. The remaining 36% of payer mix is divided among managed care, commercial insurance, self-pay and charity care.

The population that Glacial Ridge Hospital serves in Pope County alone is approximately

10,995 with a service area of approximately 15,000 encompassing portions of the adjoining

counties.

The population of Pope County has remained stable and is homogenous. A breakdown of the

county population is as follows:

- White – 97.3%

- African-American – 0.4%

- American Indian – 0.2%

- Asian – 0.4%

- Hispanic/Latino – 1%

- Two or more races – 0.9%

Additional Pope County demographics are highlighted in Appendix A to help further characterize

our population:

- 24.8% of the population is under the age of 18.

- 21.5% of the population is 65 years of age and older.

- By 2035, 31% of the population is projected to be age 65 or older.

- The median age is 42 years old.

- 5.8% of families and 8.8% of the population were below the poverty line,

  including 14% of those under age 18 and 12.1% of those age 65 or over.

- The leading causes of death are heart disease, cancer and stroke.

- Pope County residents rate their physical and mental health lower than state and

  national averages.

- 11% of the population lacks health insurance.

Who Was Involved in the Assessment

The Glacial Ridge Health System Community Health Needs Assessment process began in the summer of 2013 with the establishment of a stakeholder forum which included:

Kirk Stensrud, CEO, Glacial Ridge Health System

Kirk has been employed at GRHS for 8 years. He has worked in health care for more than 20 years. He is actively involved in community leadership activities and organizations.

Kim McCoy, MPH, MS, Program Manager, Stratis Health

Kim provides leadership on public health and health care quality initiatives throughout Minnesota. She works with communities to facilitate collaborative assessment and planning. Kim brings together people from different settings and disciplines to develop innovative ideas and implement evidence-based best practices to improve health and health care. Kim holds an M.S. in Health Services Research and an M.P.H. in Public Health Administration from the University of Minnesota.

Stratis Health has the expertise and experience with a wide array of health care improvement services. They are well-integrated with the Minnesota health care community to facilitate improvements for people and communities especially in reducing health disparities among vulnerable populations. Stratis Health knows the rural community and has led rural health quality work aimed at improving rural care delivery to assist critical access hospitals in addressing their unique challenges and opportunities.

Other Key Stakeholders

Community members representing a broad spectrum of the county were invited to participate in a Glacial Ridge Health System Community Health Needs Assessment: A call for community action and collaboration to improve the health of residents in Pope County two-part workshop
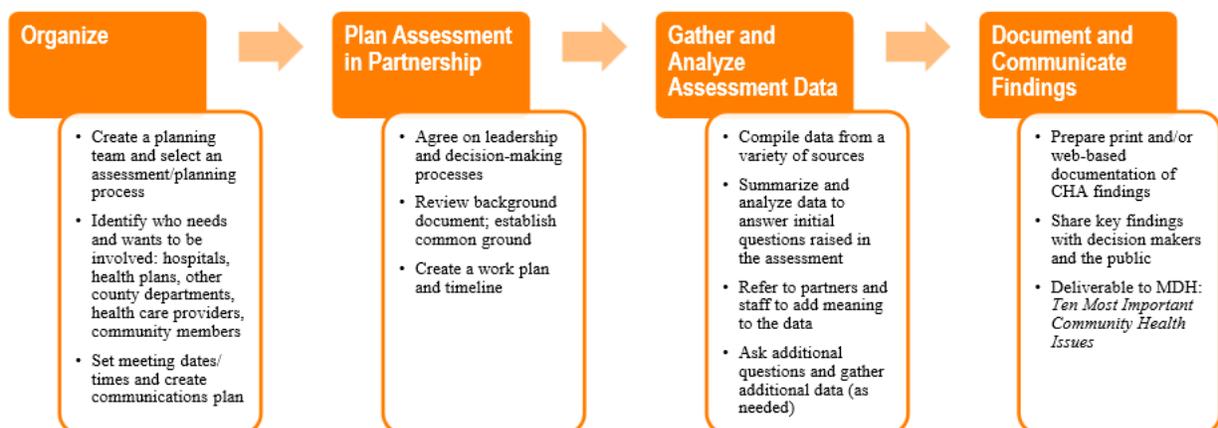
series. Attendees included representatives from the following organizations: Pope County Family Collaborative, ECFE/THRIVE, Pope Co. Human Services, Lakeview Good Samaritan, Glacial Ridge Homecare, Glenwood Medical Center, GRHS, Eagle Bank, Rainbow Rider, Pope County Coordinator, Pope County Public Health, Lakeland Mental Health Services, Minnewaska Lutheran Home, American Solutions for Business, WASP, Glenwood United Parish, Glenwood State Bank, and Heart & Hands Food Shelf.

Agreements were made to collaborate and partner – to include the exchange and sharing of data, strategies, and processes – when common themes, priority health needs, and strategies to address them are identified.

How the Assessment was Conducted

The GRHS project collaborative, led by Glacial Ridge Health System and Stratis Health, began meeting in the summer of 2013. This leadership team agreed to adopt and follow the Minnesota Department of Health Community Health Assessment Model as a framework for evaluating and analyzing community health needs.

Community Health Assessment: Process Overview

Organize	Plan Assessment in Partnership	Gather and Analyze Assessment Data	Document and Communicate Findings
• Create a planning team and select an assessment/planning process • Identify who needs and wants to be involved: hospitals, health plans, other county departments, health care providers, community members • Set meeting dates/times and create communications plan	• Agree on leadership and decision-making processes • Review background document; establish common ground • Create a work plan and timeline	• Compile data from a variety of sources • Summarize and analyze data to answer initial questions raised in the assessment • Refer to partners and staff to add meaning to the data • Ask additional questions and gather additional data (as needed)	• Prepare print and/or web-based documentation of CHA findings • Share key findings with decision makers and the public • Deliverable to MDH: *Ten Most Important Community Health Issues*

Organize and Plan

Conference calls were used to establish the structure, time frames and key stakeholders. The Stratis Health representatives served in a consulting capacity, while local public health and hospital leaders took direct action to gather county data.

Gather and Analyze Data

Community Health Assessment meetings were held on July 3, 2013 and July 16, 2013. See Appendix B for minutes. The meetings were led by Kim McCoy of Stratis Health.

Kim presented meeting attendees with data sets and health indicators from a 2010 Horizon Community Health Board Region report; a five county assessment including Pope. The data was categorized under six primary themes:

- People and Place

- Opportunity for Health

- Healthy Living

- Chronic Disease and Conditions

- Infectious Disease

- Injury and Violence

The assessment also included a more detailed analysis of data for Pope County regarding youth suicide rates, drug and alcohol use, obesity, and poverty rates.

Assessment

A formal presentation of these resources and data sets was shared with key stakeholders during two CHNA workshops held in July 2013 to engage community leaders, providers and citizens in a rigorous process of gaining feedback and prioritizing county-specific health needs.

Following the formal presentation of data and findings, workshop participants were engaged in group discussions facilitated by a Stratis Health consultant. Using standard quality improvement tools, including the Minnesota Technology of Participation facilitation process, Affinity Diagram, Nominal Group Technique and the Decision Matrix, participants offered feedback and rankings that resulted in the development of:

- A vision for a healthy community

- The top 6 health needs based on data presented

- A preliminary list of community resources and assets

- The prioritization of the top two health needs in Pope County

- Discussion was held regarding preliminary strategies under each broad theme that can be taken to improve community health

Documentation and Communication

Following the workshops, a progress report and invitation to participate as an implementation plan work team member were created and disseminated to workshop participants and all key stakeholders within the county.

Health Needs Identified

OBESITY
Fitness center
Paths around the community
Safe physical activities
Increase in colon/rectal cancer
Paths – access and safety
Food needs

Ongoing activities in this area:
Farmers market, community garden, bike/walk paths, worksite wellness, 3 fitness centers, bariatric program, Street Smart (public health), Glenwood City Park, school food and physical activity, school lunch program, well-child checks, primary care

Potential focus areas for this priority:
- Build on SHIP efforts
- Think about how to change culture to support healthier choices
- Use technology/social media (apps, websites, tools, etc.)
- Community health challenges (e.g., Biggest Loser)

YOUTH
Health needs of youth
Youth activity
Engaging youth in better health

Ongoing activities in this area:
Well-child checks, mobile dental clinic, Head Start, sports programs, Boy/Girl Scouts, early childhood, faith-based, 4H, soccer field

Potential focus areas for this priority:
- Engaging kids who aren't involved in sports
- Collaborative work for youth throughout Pope County
- Improve communication/increase awareness of existing services
- Build on SHIP efforts
- Use technology/social media
- Build on national media campaigns (e.g., Michelle Obama)

ALCOHOL AND DRUG USE– combine with YOUTH
    Alcohol use by youth
    Teen drug use
    Teen alcohol use
    Preventing teen binge drinking
    Teen drinking
    Adult alcohol and drug use

    <u>Ongoing activities in this area:</u>
    ASAP, DARE, high school youth advisory committee, chemical health assessments, AA/Al
    Anon, HELP council, well-child checks, primary care

    <u>Ongoing activities in this area:</u>
    Chamber of Commerce, civic organizations, Good Samaritan Fund, Family Services
    Collaborative, housing collaborative, vulnerable adults collaborative, child protection
    collaborative, schools, United Way, Relay for Life, churches/pastors, community activities,
    local media, businesses

POVERTY
    Job-seeking/keeping skills

    <u>Ongoing activities in this area:</u>
    Hearts in Hands – food, clothing; P.C. Families in Need; Good Samaritan Fund; Human
    services – cash assistance, food support, employment; literacy/adult reading; Habitat for
    Humanity; school lunch; subsidized housing; Rainbow Rider/ transportation; Family Services
    Collaborative; Supported Employment; technical college; post-secondary education/support;
    MAC; NAPS; United Way; health care charity care; Salvation Army; local businesses –
    donations, jobs; economic development; child care assistance; after-school program; Dollars
    for Scholars; community education; America's Child; Laker Foundation; GED

AGING
    Health needs of seniors
    Challenges of aging
    Balance needs of aging and youth

    <u>Ongoing activities in this area:</u>
    Fit for Life, Rainbow Rider, Silver Sneakers, senior center, senior living/housing,
    waiver services/public assistance, home health, therapy services, faith-based,
    Meals on Wheels, N.A.P.S., services are accessible

MENTAL HEALTH

   Mental health measurement

   Mental health

   Mental health services

   <u>Ongoing services in this area:</u>

   Lakeland mental health services, community drop-in center, case management, public health and human services, Someplace Safe, emergency room, 5-county mental health initiative, schools, churches, Lutheran Social Services, Primary Care, early childhood, youth, child protection

Community Assets Identified

Prior to the identification of health needs, workshop participants were guided through a large-group visioning process. Members were asked to envision a "healthy community." The vision exercise was a precursor to the identification of existing community assets.

Vision of a healthy community – VICTORY

- Walking and biking paths
- Healthy/organic food choices at schools, shopping centers
- Accessible to all regardless of physical ability
- Accessible transportation for all
- Quality health care – preventative and acute healthcare services for young to old
- Coordinated and collaborative care
- No silos – organizations and activities
- Access to a variety of services – mental, physical, dental
- Senior Center/Community Center
- Walk-in Clinic
- Businesses involved
- Strong neighborly connections
- Spiritual health
- Law enforcement/public safety in schools
- Schools work with community to promote health
- Strong economic standing – jobs, homes, businesses
- Keep things local
- Communication/education for entire community

- Strong long-term care facilities and services
- Arts/Theater valued – visible
- Buzzing with activity
- People feel welcome
- Respect individual decisions – hopefully healthy ones
- Employment/Rehabilitative services
- People take care of their health
- Efficient social safety net
- Promotes volunteerism

The group then identified the strengths of our community:

Strengths

- Hardworking providers want to do a good job
- Glacial Ridge Health System good at making people aware, good variety of services
- Walk-in Clinic
- Continuum of care – independent, assisted living, long-term care, early childhood, day care
- Strong sense of loyalty/responsibility to community
- Community activities
- Walking paths along the lake
- Lots of recreational opportunities
- Good partnerships/collaboration
- Pope County Fair
- Transportation system
- Industry – stable or growing
- School system – willing to meet student needs
- Community support for issues/projects
- Quality services
- Economically diverse
- Strong media – radio, newspaper

Health Priorities

Upon a thorough review and discussion of key findings, the facilitator led key stakeholders

through a prioritization and ranking process determined by the group, using the following

criteria:

- Most bang for your buck – return on investment

- Size of population impacted
- Impact of issue on population affected
- Basic quality of life/safety
- Ease/difficulty of implementation
- Community involvement in problem solving and implementation
- Availability of resources
- Sustainability
- Ability to measure results
- Recognize short and long-term needs
- Results that may cross over to other issues
- Community buy-in/ownership
- Best practices – solutions implemented by other communities
  - Local resources
- Access to and awareness of existing services

Based on criteria, the following top, most critical health needs in Pope County were identified:

1. OBESITY: Reducing obesity and promoting health habits (nutrition and physical exercise).

2. YOUTH: Reducing binge drinking and drug use by youth and promoting healthy habits (nutrition, physical activity, and activities).

Next Steps

The following action steps are currently underway in preparation for the formation of GRHS based work teams charged with taking action to improve in the priority areas identified:

- The GRHS Strategic Planning Committee will lead the initiative.

- Distribute CHNA Progress Report to key stakeholders within Pope County.

- Invite key stakeholders (unable to attend workshops) to confirm health priorities, offer feedback and participate in work teams.

- Continue our efforts to fully understand and inventory community assets and resources that will aid in action planning.

- Identify team leaders on implementation plan development and facilitation.

- Gain commitment from community partners, and identify roles, responsibilities and staff/funding resources needed to implement action plans.

- Establish ongoing evaluation, measurement and progress reporting of plan status.

Community Health Improvement Plan:
Process Overview

Organize	Review Priority Issues	Formulate Goals, Strategies, and Roles	Implement and Evaluate
• Revisit the Community Health Assessment planning team • Consider whether additional partners are needed to assure broad community ownership of the Community Health Improvement Plan • Set meeting dates/times and update communications plan	• Determine the issues from the Community Health Assessment that will be included in the Community Health Improvement Plan	• Determine what you hope to accomplish, how you will know you are making progress, and how everyone in the community can contribute to public health goals • Develop and share the planning report • Deliverable to MDH: *Community Health Improvement Plan*	• Put the Community Health Improvement Plan into play • Monitor progress and report to the community • Adjust the plan as needed to meet goals • Share lessons learned and celebrate successes