

## COMMUNITY HEALTH NEEDS ASSESSMENT

### Overview

Community Memorial Hospital  
Cloquet, Minnesota

Community Memorial Hospital (CMH) is a nonprofit corporation that operates a hospital with an attached skilled nursing facility. CMH provides services to patients generally within Carlton County and surrounding areas. CMH provides inpatient and outpatient health care. The nursing facility, Sunnyside Health Care Center, provides skilled nursing care for aged and disabled residents.

CMH operates 25 beds in the hospital and 44 beds in Sunnyside. The facility began operations in 1958. CMH provides a 24/7 Emergency Department, inpatient care, obstetrics, surgery, urgent care, and many outpatient services. CMH is certified as a Level IV Trauma Center.

CMH employs providers across multiple specialties. CMH also partners with two primary care clinics in the area, Raiter Clinic and Min-no-aya-win, along with Carlton County Public Health and other healthcare providers and community groups to improve the health and wellbeing of the people served.

### LEAD PARTY ON THE ASSESSMENT

**Rick Breuer**, CEO / Administrator

### TABLE OF CONTENTS

Overview .....	1
Community Memorial Hospital: Quality Healthcare Close to Home .....	2
Caring for our Community .....	2
Progress to Date on 2013 Community Health Needs Assessment .....	2
2016 Community Health Needs Assessment.....	3
Objectives .....	3
Description of Community Served by Community Memorial Hospital .....	4
Process Overview.....	5
Assessment Process.....	7
Phase 1: Assessment.....	7
Phase 2: Prioritization.....	8
Phase 3: Implementation Plan.....	8
Conclusion .....	9



### **Community Memorial Hospital: Quality Healthcare Close to Home**

At CMH, we believe in creating truly exceptional patient experiences and delivering quality healthcare. Our providers and staff members are a team dedicated to meeting and exceeding your expectations. We take our responsibility toward improving the health of the communities we serve very seriously, while at the same time demonstrating that each patient deserves to be treated as an individual.

#### ***Mission***

The mission of Community Memorial Hospital is to improve and enhance the health and wellbeing of individuals and our community through education, prevention, treatment, and intervention.

#### ***Vision***

Community Memorial Hospital is the local health system of choice for quality health care ensuring local access in collaboration with our local and regional partners.

### **Caring for our Community**

Our commitment to community health and wellness goes well beyond the work of the Community Health Needs Assessment. Through donations of funds, along with employees' time and talents, Community Memorial Hospital and Sunnyside Health Care Center invests in a variety of programs and outreach efforts. Across the organization, we support organizations and causes inside and outside of healthcare. These efforts support community coalitions, food shelves, mental health, community infrastructure, public health, education, safety and other local and regional causes.

### **Progress to Date on 2013 Community Health Needs Assessment**

A great deal of work has taken place in each of the three top priorities identified as part of the 2013 Community Health Needs Assessment.

Priority #1 concerned Mental Health. High rates of mental health issues (e.g. anxiety, depression, stress) were being reported by adults and youth that could increase harmful behaviors such as suicide.

CMH sees the effects of poor mental health as many visits to the Emergency Department and other services of the facility are at least partially driven by underlying mental health issues or concerns. We

determined early on that we were not the experts in this area, and that our most appropriate role would be that of a participant in countywide work groups that formed as a result of this assessment. CMH participates in the Carlton County Suicide Prevention Task Force. We assign several staff members to this group to represent CMH and to communicate back to the facility efforts of the group and any ways in which we can further promote the group's causes. There has not been enough time passed since the group has started meeting and promoting community education and events to see any measurable results in community indicators.

Priority #2 deals with Drug Use. Adolescent and adult drug use is high and increasing.

CMH deals with the consequences of this problem that has reached epidemic stages. We treat many individuals each year whose medical problems are caused or complicated by the influence of drugs and alcohol. The Carlton County Drug Prevention Coalition has been formed to look at this broad issue, taking on legal and illegal drugs and understanding the roles education, enforcement, and treatment can play in combating this problem. CMH hosts this group, providing meeting space and refreshments, and we have several staff who attend the meetings to help further the work this group is taking on. Progress is difficult to measure in this area, as the problem continues to grow in Carlton County and across the nation.

Priority #3 is tied to Obesity. Consistently increasing rates of overweight and obesity among adults and children lead to chronic health conditions and diseases.

While obesity itself is usually not held out as a primary diagnosis for many of the patients we treat, it is often a contributing factor towards the condition causing health issues for many of our patients. This is a topic that is difficult to completely cover. CMH decided to begin looking at population health by starting with our own employees. We began an employee wellness program with dedicated resources to implement and maintain it. We believe in this program both for the health and wellness benefits it can give to our employees and their families. But we also see it as an opportunity to test out various programs and services. Where we find success within our employee population, we would hope to replicate those programs in the larger community. We have not reached that point, although the participation rates for the CMH wellness program have grown each year since its inception, and we are measuring some modest improvements in activity levels and overall health.

## **2016 Community Health Needs Assessment**

### **Objectives**

Community Memorial Hospital is dedicated to improving the health and wellbeing of those individuals who are our neighbors and friends. To fulfill that mission, we seek opportunities to both enhance the care we provide and improve the health of our communities. In conducting the Community Health Needs Assessment, CMH has collaborated with community partners to gather information and input into the core issues affecting the health of the people we serve.

The goals of the 2016 Community Health Needs Assessment were to:

1. Assess the health needs, disparities, and resources in CMH's service area
2. Prioritize health needs based on community input and feedback
3. Design an implementation strategy to reflect the optimal usage of resources in our community
4. Engage our community partners and stakeholders in gathering information vital to the Community Health Needs Assessment process

### Description of Community Served by Community Memorial Hospital

Overall demographics highlights:

Population Characteristics		
	Carlton County	Minnesota
Population	35,386	5,303,925
Per Capita Household Income	\$30,783	\$42,798
Single Females with Children living in Poverty	42.1%	33.4%
Persons 65 and older	15.0%	12.9%
High School Graduate (or GED)	91.3%	91.3%
Data Source: US Census Bureau, MN Center for Health Statistics		

While Carlton County doesn't exactly mirror the primary communities served by CMH, it represents 90% of our service area and data is more readily available at the county level. We do not have reason to believe that our demographic or risk indicators would be significantly different if we removed those parts of the county not primarily served by CMH and included those communities outside the county that we do primarily serve.

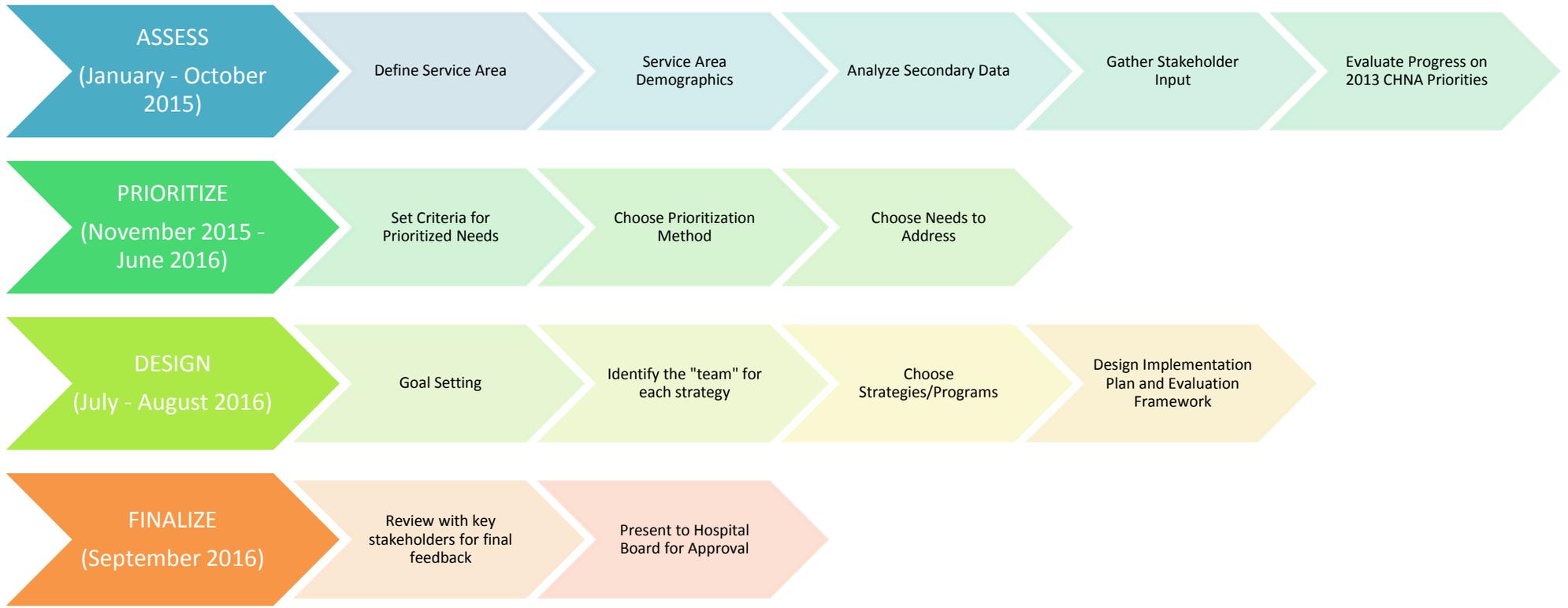
Income that lags behind state and national averages has an effect on the health of the region. Access to healthy food, recreational and fitness opportunities, and appropriate health care services, are all impacted by the ability of a household to pay for such goods and services. In addition, public transportation within the communities we serve is limited and is almost nonexistent between those communities. Individuals who are not able to provide their own transportation are therefore vulnerable and heavily dependent on others to gain access to many community resources.

## Process Overview

Due to different timeframes within which various stakeholders are required to complete the Community Health Needs Assessments (CHNA), CMH found itself as the only local provider required to complete one during 2016. Because of that, we decided to build on the work previously completed in 2013, utilize surveys available for the community and county, and gather information from other county stakeholders and partners without requiring excessive resources from those stakeholders. Many of those groups are planning their own CHNA process for 2017 or 2018, and we will take the lessons we learned from our process and contribute to and participate in their processes.

CMH utilized data present in the Bridge to Health Survey and the Minnesota Student Survey. In addition, statistics for Carlton County from the US Census Bureau, the Minnesota Department of Human Services, and the Minnesota Department of Health Statistics were gathered and reviewed. Two priorities were to identify where gaps exist between Carlton County and the rest of the state, and to identify those areas problematic without regard to the local versus state prevalence. Information gathered from multiple outside stakeholder groups was included as additional data to be considered.

The assessment was conducted in four stages: assessment, prioritization, design and finalization. The process began in January, 2015 and was completed in August, 2016 with the final presentation of the Community Health Needs Assessment for Community Memorial Hospital being presented to leadership and the Board of Directors on September 19, 2016. The following describes the assessment steps and timeline.



## Assessment Process

### Phase 1: Assessment

Due to the more limited role outside stakeholders would be able to play in this CHNA compared to the 2013 process, we relied heavily on secondary data to evaluate and identify the most pressing needs for the communities we serve. We reviewed information with representatives from public health, the Fond du Lac reservation, other local healthcare providers, and other interested parties to verify findings and seek additional input. We also utilized information gathered through our involvement with various public health and countywide task forces and work groups.

The following table of indicators represents some of the specific health needs of the community:

Condition or Outcome	Indicator	Bridge to Health Survey Result (2015)	Minnesota (Years of Data)	National (Years of Data)
Obesity	% obese according to BMI from self-reported height and weight	27.4%	25.5% (2013 BRFSS)	29.4% (2013 BRFSS)
Tobacco Use	% reported smoking $\geq$ 100 cigarettes and currently smoking	21.6%	18.0% (2013 BRFSS)	19.0% (2013 BRFSS)
Physical Activity	% that meet either moderate or vigorous physical activity guidelines $\geq$ 5 days/week of $\geq$ 30 min. moderate OR $\geq$ 3 days/week of $\geq$ 20 min. vigorous	33.0% moderate 25.8% vigorous	52.7% (2013 BRFSS)	50.8% (2013 BRFSS)
Diet	% consuming $\geq$ 5 servings/day of fruits and vegetables combined	29.7%	21.9% (2009 BRFSS)	23.4% (2009 BRFSS)
Mental Health	Average number of mentally unhealthy days reported in past 30 days	4.6	2.9 (2013 BRFSS)	3.7 (2013 BRFSS)
Physical Health	% reporting fair OR poor health	12.4%	12.4% (2013 BRFSS)	16.7% (2013 BRFSS)
Alcohol Use	% reporting either binge OR heavy drinking	23.3% binge 16.0% heavy	21.6% Binge 7.1% Heavy (2013 BRFSS)	17.4% Binge 6.2% Heavy (2013 BRFSS)
Drug Use	% 12 <sup>th</sup> graders reporting of marijuana one or more days in the last 12 months	28% (MN Student Survey)	31% (2010 MN Student Survey)	N/A

Community Memorial Hospital did not receive any comments on their previous Community Health Needs Assessment. Any comments would have been taken into consideration in the development of this report.

## Phase 2: Prioritization

The data showed a number of measures where Carlton County residents have poorer health outcomes than the state or nation as an average. There were other measures where the county results are similar or even favorable to that of the state and nation, but those results were felt to be high enough to warrant attention nonetheless.

Internal stakeholder groups examined the secondary data gathered from surveys and information gathered from community stakeholder groups. This information was reviewed with those stakeholder groups to ensure all information was accurate and meaningful, and to search for other relevant data or indicators.

Needs were prioritized based on the following criteria:

- *Alignment with facility's strengths/priorities/mission*
- *Magnitude – number of people impacted by problem*
- *Severity – the rate or risk of morbidity and mortality*
- *Opportunity for partnership*

Based on the data and the prioritization criteria, the following needs were prioritized:

1. Mental Health
2. Drug and Alcohol Use
3. Obesity

These priorities and the criteria behind selecting them were shared with local public health officials and other community stakeholders, and agreement was reached that these represent pressing needs that may be addressed by CMH.

Other needs were identified as a part of this process that CMH does not plan to address in its current implementation plan. One such need identified as important but not being addressed by CMH include:

1. Access to Dental Care

While this issue is seen as important, CMH does not have the proper resources or expertise to address this issue at this time. As we work with other providers in the next two years who will be completing the CHNA process, we will share issues identified to bring greater visibility to them.

## Phase 3: Implementation Plan

CMH recognizes that each of these needs is broad and requires long-term commitments and measurements. Our goals are set with this in mind.

Mental Health:

- Reduce the average number of poor mental health days reported by 10% over three years.
- Reduce the percentage of individuals delaying or forgoing care for mental health concerns by 20% over three years.
- Reduce the percentage of individuals having thoughts of suicide in the previous year by 5% over three years.

#### Drug and Alcohol Use:

- Reduce reported rates of binge drinking by 10% over three years.
- Reduce reported rates of 12<sup>th</sup> graders using marijuana by 10% over three years.
- Reduce overdoses of all causes diagnosed and treated by 5% over three years.

#### Obesity:

- Increase participation in CMH Employee Wellness Program by 25% over three years.
- Experience health plan expense growth 5% below average commercial health plan expense growth over three years.
- Identify at least one local employer as a pilot to provide with wellness program within three years.

Each of these goals requires work beyond the walls of CMH. We will partner with other county groups and task forces already in place to address, or in some cases continue to address the issues noted above. We will actively participate in the Suicide and Drug Prevention Task Forces already in place in the county, sharing our data and incorporating our goals into the work of the group. Our efforts to tackle obesity will focus in the next three years around our own employees through our wellness program. Adequate resources will be allocated to address each of these priorities. Initial expenditures are expected to be modest, as it will mostly involve existing people committing time to meet and devise new ways of combating these issues. By the end of the three year period, it is expected that some investments will need to be made in additional staff, training, educational materials, or entirely new programs or services designed to serve the area communities.

#### Conclusion

As a nonprofit healthcare provider, Community Memorial Hospital is committed to improving the health of the people and communities we serve. This needs assessment and implementation plan illustrates the issues we will aim to directly impact during Fiscal Years 2017-2019. There are other ways in which Community Memorial Hospital will indirectly address local health needs, including the provision of charity care, the support of Medicare and Medicaid programs, discounts to the uninsured and others. Over the next three years, Community Memorial Hospital will continue to work with the community to ensure that this implementation plan is relevant and effective and to make modifications as needed.