

CMH Community Health Needs Assessment

September 16, 2013

Purpose

- **Comply with ACA requirements**
- **Further relationship with related stakeholders**
- **Organize at least portion of organizational priorities around documented community health needs**

Community Members/Institutions Involved

- CMH personnel – Rick Breuer, Nancy Taggart, Wendy Lonetto
- Mercy Hospital CEO
- Five individuals from Carlton County Public Health & Human Services
- Donna Lekander, Carlton County Children & Family Services Collaborative
- Duane Brownie, Veteran's Services
- Loren Bergstedt, Public Health Advisory Committee
- Barb Little, PH Advisory Committee/CHB Board
- Jill Hatfield, Carlton County Volunteer Services
- Julie Peterson, Villa Vista & Moose Lake School Board
- Jerry Pederson, Carlton County HS Advisory Board
- Mary Monsen, FDL Tribal & Community College
- Liz Thom, Cromwell resident
- Nate Sandman, FDL Reservation

Janet Adkins, U of M Extension Nutrition Program
Group facilitators were Jenny Peterson, Generations Healthcare Initiative; Julie Myhre, Community Health Board; and Marie Margitan, MDH Nurse Consultant

Medical Service Area

- **Carlton County**

 - Roughly defines our service area**

 - Easier to work with than more specific definition**

- **Population**

 - 2010 Census – 35,386**

 - 2015 projected – 36,040**

 - 2030 projected – 39,592**

 - 2040 projected – 41,624**

Medical Service Area – Demographic Changes

- **Carlton County currently is older than State of Minnesota, with a larger percentage of males**
 - Cloquet demographics more closely resemble state
 - FDL Reservation younger than state averages, with gender breakdown similar to Carlton County overall
- **By 2040, for Carlton County**
 - Ages 0-24 projected to shrink from 31.0% to 26.6%
 - Ages 25-44 projected to shrink from 25.0% to 22.5%
 - Ages 45-64 projected to shrink 28.9% to 24.6%
 - Ages 65+ projected to grow from 15.0% to 26.3%
 - Gaps in age & gender between County & State grow

Community Meetings

- **Initial Planning Meetings**
 - Data sets assembly, modification
- **Key Data Sources**
 - Bridge to Health – 2000, 2005, 2010
 - Minnesota Student Survey – 2004, 2007, 2010
 - Minnesota Department of Health Statistics
 - Minnesota Department of Human Services
 - Census
 - Community Opinion Survey – over 1,000 responses
- **Data organized into section:**
 - People and Place
 - Healthy Living
 - Opportunity for Health
 - Injuries and Violence
 - Chronic Disease and Conditions

Community Meetings, cont.

- **Community Assessment Meetings**
 - Three rounds of initial prioritization
 - Small group discussions
 - Small group identification of initial set of prioritized issues for each section
 - Review of countywide opinion surveys during process
 - Final prioritization vote of issues from all small groups, with emphasis given to:
 - What issue can we best impact?
 - Is there energy around the issue?
 - Will addressing the issue improve the health of all?
 - By end of meeting, top 10 priorities were identified

Community Meetings, cont.

- **Top Ten Issues**
 - **Obesity**
 - **Mental Health**
 - **Alcohol, Tobacco & Drug Use**
 - **Poverty**
 - **Diabetes**
 - **Access to Dental Care**
 - **Poor Eating Habits**
 - **Lack of Preventive Services**
 - **Lack of Physical Activity**
 - **Food Insecurity**

Community Meetings, cont.

- **Final Community Meeting focus**
 - Reviewed previous work
 - Narrowed priorities to top three for active collaborative work
 - Using same processes as before, narrowed to:
 - Mental Health
 - Drug Use
 - Obesity
 - Task Forces Formed to identify specific interventions
 - CMH role

Next Steps

- **Ongoing Task Force Work**
- **Review of other priorities**
- **Make work public**
- **Continue to collaborate !!**