

COMMUNITY HEALTH NEEDS ASSESSMENT, 2019

Overview

Community Memorial Hospital
Cloquet, Minnesota

Community Memorial Hospital (CMH) is a 501c3 charitable 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 Human Services Center, 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

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Community Memorial Hospital: Quality Healthcare Close to Home

Welcome to Community Memorial Hospital, a regional hospital that focuses on excellence, while never losing sight of providing warm and friendly care for our friends, families and neighbors. In order to improve and expand upon the health care services and technology we offer to the community, we've dramatically transformed our hospital, top to bottom. 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

The Community Health Needs Assessment is only a starting point for our work and investment within the community. We support myriad organizations and efforts across the community that work to improve community health and wellness. Our investments take the form of donations of cash, volunteering at public events, partnering with like-minded organizations, and the time and talents of our employees. Our investments are prioritized around the following areas: community coalitions, food shelves, mental health, community infrastructure, public health, education, safety and other local and regional causes.

Progress to Date on 2016 Community Health Needs Assessment

A great deal of work has taken place in each of the three top priorities identified as part of the 2016 Community Health Needs Assessment.

Priority #1 concerned Mental Health. High rates of mental health issues (e.g. depression, stress, hopelessness) 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. This issue has been prevalent for some time, and indeed has shown up on each of our previous assessments. We have continued to believe 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. We also led a countywide effort with the Make It Okay campaign, designed to address the stigma of mental illness. We also had representation and leadership throughout a yearlong program designed to address access to mental health services and resiliency. We will be using the Bridge to Health 2020 survey information to evaluate whether or efforts are paying off with changes in the survey results.

Priority #2 deals with Drug and Alcohol Use. Drug and alcohol use is higher for our community members than the state across virtually all demographic categories.

CMH see the consequences of this problem that only continues to grow. We treat many individuals each year whose medical problems are caused or complicated by the influence of drugs and alcohol. We also see individuals seeking care for unrelated reasons, but for whom the presence of a drug or alcohol issue complicates the care and treatment options. 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. This group put on community forums around the topic of vaping, shining a spotlight on a dangerous new facet to this problem.

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 have put efforts into our employee wellness program to increase participation numbers and improve health outcomes for our staff and their family members. We have seen health expenditures continue to grow for our employees, in real numbers and in comparison with the growth of our employee base. While wages have grown by 29% between 2013-2018, health insurance expense during that same timeframe grew by 47%. We recognize that obesity has many components to it and this is only one very narrow proxy to measure the problem. We continue to

believe in the value our employee wellness program provides 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 expecting to see some modest improvements in activity levels and overall health, which should provide objective results going forward.

2019 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 2019 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	35,498	5,576,606
Mean Household Income	\$69,080	\$86,796
Children under 18 in Single-parent Households	30.1%	25.9%
Persons 65 and older	17.0%	15.4%
High School Graduate (or GED)	93.8%	92.8%
Housing Units Built before 1980	65.2%	56.0%
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.

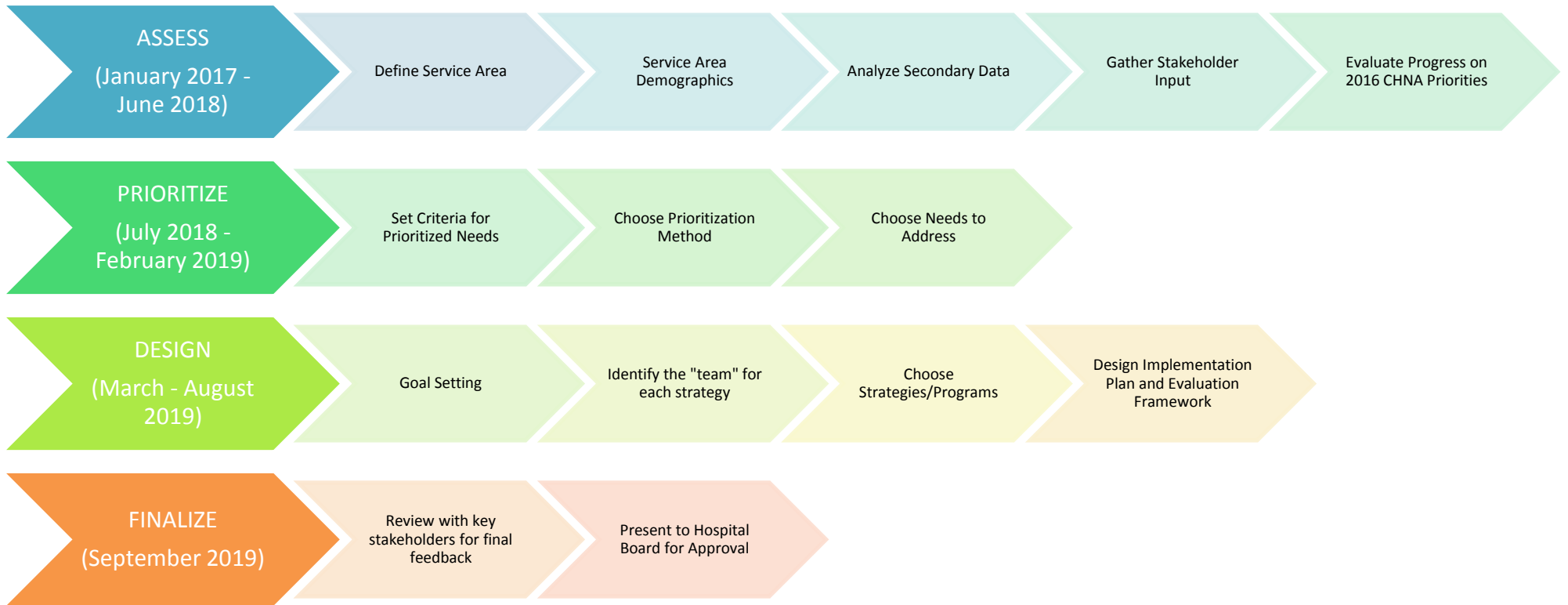
Income that lags behind state and national averages has an effect on the health of the region. Access to healthy food, recreational and fitness opportunities, and appropriate health care services, are all impacted by the ability of a household to pay for such goods and services. In addition, public transportation 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. We serve a population that is older than the state overall, with higher levels of education and a significantly older stock of housing.

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 2019. Because of that, we decided to build on the work previously completed in 2016, utilize surveys available for the community and county, and gather information from other county stakeholders and partners without requiring excessive resources from those stakeholders. Carlton County prepared an assessment in 2017, and many facets of that report and the data behind it were incorporated into this work as well. CMH provided representation on that group and devoted many hours to better understand the needs of the residents through the rigorous processes used by county officials, and we are grateful for that partnership and the opportunity to learn from each other.

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, 2017 and was completed in August, 2019 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 16, 2019. 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 some in the past, 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, as well as the comprehensive assessment concurrently completed by Carlton County Public Health.

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

Condition or Outcome	Indicator	Carlton County (Years of Data)	Minnesota (Years of Data)
Mental Health	Age-adjusted suicides per 100,000 individuals	16.3 (2013-2017 MDH)	13.2 (2013-2017 MDH)
Child Wellbeing	Child subjects of Maltreatment per 1,000 individuals	52.9 (2017 MDH)	30.7 (2017 MDH)
Parenting Readiness	Teen Pregnancy Rates per 1,000 individuals	24.5 (2017 MDH)	16.4 (2017 MDH)
Diabetes	Age-Adjusted Premature (<75 years) Death Rate for Diabetes per 100,000 individuals	22.1 (2013-2017 MDH)	8.3 (2013-2017 MDH)
Mental Health	% of 11 th grade students feeling down, depressed, or hopeless over the last two weeks	19.6% (2016 MDE Student Survey)	18.0% (2016 MDE Student Survey)
Mental Health	% of 11 th grade students reporting mental health, behavioral, or emotional problems lasting six months or more	23% (2016 MDE Student Survey)	20% (2016 MDE Student Survey)
Alcohol Use	% of 11 th grade students reporting either binge OR heavy drinking over previous 30 days	18.2% (2016 MDE Student Survey)	13.2% (2016 MDE Student Survey)
Drug Use	% 11 th grade students reporting marijuana use one or more days in the last 12 months	26.4% (2016 MDE Student Survey)	22.7% (2016 MDE Student Survey)

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 Abuse
3. Lack of Affordable Housing

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. Such needs identified as important but not being addressed by CMH include:

1. Poverty
2. Lack of Transportation Services
3. Lack of Physical Activity

While these issues are seen as important, CMH does not have the proper resources or expertise to address these issues at this time. As we work with other providers in the years ahead on related efforts, we will look for opportunities to further these causes with parties who are better suited to address the needs.

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:

- Increase access points to care for those needing outpatient mental health services.
- Explore opportunities to partner with other agencies around increasing capacity for inpatient mental health services.
- Integrate mental health services within the primary care clinical setting.
- Continue community education efforts around the Make It Okay campaign.

Drug and Alcohol Use:

- Offer rehabilitative services on an outpatient basis locally.
- Explore opportunity to provide detox services on an inpatient basis.
- Continue work of countywide Drug Prevention Coalition to identify collaborative opportunities for all stakeholders.
- Integrate substance use and abuse services and treatment into existing mental and behavioral health offerings.
- Explore opportunities to expand Medication Assisted Treatment (MAT) options and availability.

Lack of Affordable Housing:

- Support community and county efforts to increase housing stock.
- Explore options to reduce health expense burden on cities and other governmental units to keep overall governmental spending lower, minimizing tax burden on residents.
- Partner with like-minded entities around opportunities to support and strengthen quality of existing housing stock through sponsorship and physical assistance in homebuilding and restoration projects.

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 Prevention Task Force and Drug Prevention Coalition already in place in the county, sharing our data and incorporating our goals into the work of the group. Our efforts to tackle the lack of affordable housing will focus on actively participating in and supporting housing projects located within Carlton County. 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 2020-2022. 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.