

COMMUNITY HEALTH NEEDS ASSESSMENT, 2022

Overview

Community Memorial Hospital
Cloquet, Minnesota

Community Memorial Hospital (CMH) is a 501c3 charitable nonprofit corporation that operates a hospital, a primary care and multi-specialty clinic, and an attached skilled nursing facility. CMH provides services to patients generally within Carlton County and surrounding areas. CMH and its clinics provide 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 cooperates with multiple primary care clinics in the area, 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

Your Neighbors Caring For You

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 2019 Community Health Needs Assessment

We were not able to accomplish everything we identified as desirable work from the 2019 Community Health Needs Assessment. Shortly after completion of the assessment and implementation plan, we were faced with the Covid pandemic. This event pushed many other priorities to the background as we worked to protect the communities we serve from something none of us had seen in our lifetimes. The past few years have upended all of our lives in many ways. That being said, some work did take place to advance the previously stated priority areas.

Priority #1 concerned mental health. High rates of suicide, depression, hopelessness, and other mental health problems were being reported by adults and youth. In each of these areas, Carlton County residents report worse outcomes than those seen by the state of Minnesota overall.

CMH sees the effects of poor mental health as being a contributing factor to a significant number of healthcare visits made by patients across the communities we serve. While this issue has existed for as long as we can remember, it is only getting worse. The pandemic has exacerbated the breadth and severity of mental health issues for community members. We do not provide behavioral services directly, but we refer to and partner with many other local providers and agencies who offer these services. We intended to work towards increasing access to mental health services on both an inpatient and outpatient basis. Battling Covid consumed our capacity for care services. We had also planned to integrate mental health services within the primary care clinical setting. Again, our clinic operations were affected by the pandemic, and we were unable to work on recruiting mental health professionals to work within the clinic to bring about this integration. We did create an initiative within our recently crafted strategic plan that specifically calls for partnering with other providers and local agencies to improve access to mental health services.

- 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.

Priority #2 deals with drug and alcohol abuse. Drug and alcohol use consistently runs higher for our community members than the state across virtually all demographic categories.

CMH sees many patients suffering from problems directly tied to or exacerbated by the abuse and misuse of alcohol and drugs. Multiple groups have been put together in past years to address factors contributing to drug and alcohol abuse, as well as working toward improving access to effective treatment services and implementing harm reduction strategies. CMH participated with these groups over the last three years. The pandemic forced many of these gatherings to take place virtually, which affects attendance, engagement, and the networking and relationship development so important to create multiagency, sustainable solutions. Our work plan included establishing services to be available on our campus on an outpatient basis. The emergence of the pandemic did not allow us the people or space to bring about completion of this goal. We did explore the option of starting up an inpatient detox service and created operational and financial models of what it could look like. But our capacity was consumed by Covid, and we did not have the beds or later the staff to operationalize any inpatient program.

Priority #3 is tied to the lack of affordable housing. Home ownership rates lag in Carlton County compared to the state overall. A disproportionate percentage of residents spend higher portions of their household income on housing when compared to state figures.

When affordable housing is scarce, people have less money left in their household budget for healthy food, medicine, and many other necessities. CMH is not in the business of housing. Our operation of Sunnyside Health Care Center delivers health care services to people who need enough daily care that living in a skilled nursing facility is their best option. This is meeting a very different need than that posed by a lack of affordable housing. CMH may not be the right entity to create more housing or directly lead other solutions. But we intended to participate in a countywide effort to build and restore housing stock. This effort was not able to start due to the need for all parties to prioritize battling Covid. Another planned effort in this category was to explore ways to lower healthcare costs, which would help both household budgets and local government budgets, allowing them to reduce the tax burden on residents. Due to the pandemic, it was not realistic to explore ways to reduce care costs. Our costs went up significantly as the volume and complexity of patients skyrocketed.

2022 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 2022 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	36,529	5,742,036
Per Capita Income	\$46,796 (83 of 87)	\$62,240
Households with broadband internet	80.9%	88.6%

Persons 65 and older	18.0%	16.7%
Bachelor's degree or higher, age 25+	23.9%	37.6%
Disabled, under age 65	11.7%	7.6%
Data Sources: 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.

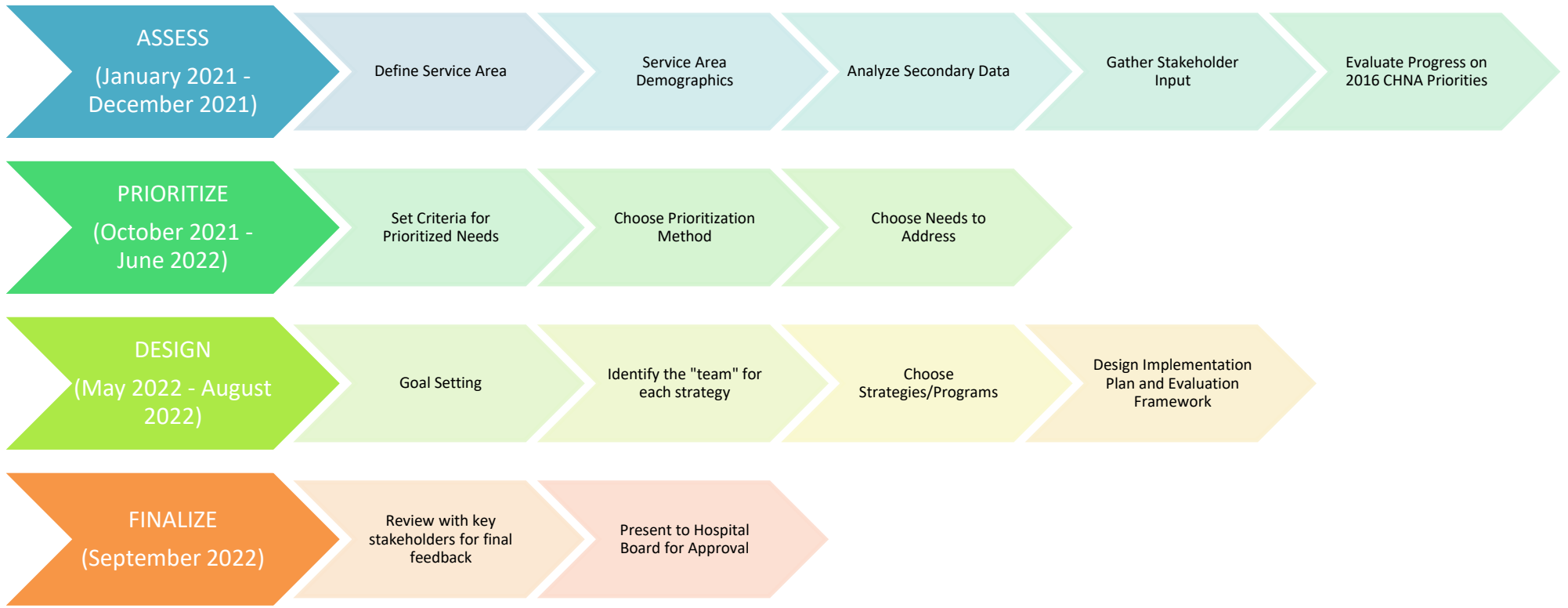
Income that lags behind state and national averages has an effect on the health of the region. Access to healthy food, recreational and fitness opportunities, and appropriate health care services, are all impacted by the ability of a household to pay for such goods and services. In addition, public transportation 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 and more disabled than the state overall, with lower levels of education and less broadband access to the internet.

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 2022. Because of that, we decided to build on the work previously completed in 2019 and utilize surveys available for the community and county. Carlton County Public Health & Human Services conducted significant work towards their own assessment due in 2023, and they generously allowed us access to that information as we participated in their planning process.

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, 2021 and was completed in September, 2022 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, 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	Minnesota
Overall Health	Perceived health status as fair or poor	19.1%	13.8%
Blood Pressure	Rates of high blood pressure	47.0%	28.7%
Obesity	Those identified as obese or overweight	78.9%	65.5%
Diabetes	Rates of diabetes	12.7%	8.8%
Tobacco Use	Current smokers	12.0%	13.8%
Tobacco Use	Attempted to quit last year (among current smokers)	60.7%	45.7%
Alcohol Use	Binge drinking over previous 30 days (among those who drink)	34.4%	20.7%
Covid Effects	Food barriers reported due to Covid-19	8.3%	5.7%

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

1. Prenatal Care
2. Housing
3. Aging

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:

- Create a roster of all related resources available countywide.
- Represent CMH at Carlton County Suicide Prevention Task Force.
- Improve completion rate of patient depression screening tool within Family Medicine by 10%.

Substance Abuse:

- Represent CMH at Carlton County Drug Prevention Coalition meetings.
- Partner with Carlton County Public Health and jail officials to improve patient care protocols for those in custody potentially suffering from acute drug-related health events.
- Operationally and financially support efforts to increase the availability of Naloxone and other harm reduction resources across Carlton County.

Obesity:

- Develop a specific wellness program and services to be offered by one or more providers at CMH Raiter Family Clinic.
- Offer low-cost sports physicals to local kids, encouraging greater and more affordable access to physical activities.
- Increase CMH employee membership in area fitness centers by 20%.

Many of these goals require 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. 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 2023-2025. 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.