



Warren Community Hospital, INC
d/b/a North Valley Health Center

COMMUNITY HEALTH NEEDS ASSESSMENT

2013-2016

Community Caring

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Introduction Overview

The recently enacted Healthcare Reform Legislation (Patient Protection and Affordable Care Act) requires non-profit hospitals to perform a community health needs assessment every three years and adopt an implementation strategy to meet the outstanding community health needs identified in the assessment as a condition of maintaining the organizations federal tax exemption.

During 2012 through 2013, The North Valley Health Center (NVHC) elected to collaborate with the local Community Health Board, Quin Community Health Services, along with four community hospitals and public health organizations in the five county region in preparation of a health needs assessment and use these documents as a planning tool to assist in initiating strategic initiatives to support medical services.

The Quin County Community Health Services was established in 1978 and works closely with the Minnesota Department of Health and local public health departments in Marshall, Pennington, Kittson, Red Lake and Roseau counties to provide health services that promote, protect and support the health of community residents. Quin Community Health Services provides financial oversight, grant management and administrative support for state and federal public health funds. Quin Community Health Services provides WIC (Women, Infants and Children) services to participants at satellite clinics in each county and local public health agencies in each county provide additional programs and services to meet the needs of their communities.

Quin Community Health Services includes a public health nurse from each of the following five counties; Marshall, Pennington, Kittson, Red Lake and Roseau. The four community hospitals located within this region include North Valley Health Center in Marshall County, Kittson Memorial in Kittson County, LifeCare Medical Center in Roseau County, and Sanford Health Thief River Falls in Pennington County.

As a result of the established process, it was determined that a Community Health Needs Assessment (CHNA) Steering Committee would be formed to assist organizations to partner with one another to assess, gather and report community health data that would be valuable to all organizations. The CHNA Steering Committee consisted of at least one public health representative from each of the five counties and one hospital representative from each of the four community hospitals. NVHC was represented by the Chief Executive Officer and Director of Public Health from North Valley Public Health which serves Marshall County.

Services of Garth Kruger, EvaluationsGroup, LLC were engaged to gather demographic and health statistics to provide an understanding of the information for our communities and to assist in structuring and reporting of surveys and meetings with individuals and groups in gathering community health needs data.

The CHNA Steering Committee continued to meet during each step of the Community Health Needs Assessment process to ensure the requirements of both the hospitals and public health departments were covered and to support each facility in understanding the new IRS requirements.

Community Profile

The Warren Community Hospital, Inc. dba as North Valley Health Center (NVHC) is a 501c 3 rural medical facility located in northwest Minnesota. It is the only acute care facility in Marshall County and provides a primary care clinic, emergency, diagnostic and ancillary services. NVHC has 12 licensed beds, and is 30 miles from any other medical facility. Designations include Rural Health Clinic (RHC), Critical Access Hospital (CAH), Medically

Underserved Area (MUA), and Health Professional Shortage Area (HPSA). The service area includes 3,800 people in the western half of Marshall County and three townships in northern Polk County.

Included in the list of medical services provided by the NVHC are: 12 licensed acute care beds (includes hospice and swing beds), emergency room, family practice medical clinic, diagnostic testing, physical therapy, cardiac rehabilitation – Phase II, stress testing, public health, and LifeLine – a personal home monitoring service.

NVHC, which comprises of Marshall and parts of Polk County, is classified as a non-metropolitan area. It is known for its social and economic stability. Residents are generally aware of national and world events, local news about the activities of youth teams, social fraternal organizations, church outings and high school sports that dominate the local newspapers. Multiple generations of families live in and around Marshall County and the surrounding towns comprising of northwestern Minnesota. Family and community are very important values in Marshall County.

Community Demographics

The Quin County Community Health Services serves five counties in northwestern Minnesota. These five counties have a combined population of approximately 47,750 residents of which only .4% of these county residents are minorities. Overall, all five counties have a lower median income than the Minnesota average and a higher number of elderly residents. Marshall County has approximately 9,439 people. The average family size is 2.28 people. Basic demographic data are given in Table 1-1 Marshall County Population. (See appendixes)

The CHNA Steering committee identified NVHC's community as its service area of Marshall County for the purposes of this CHNA. NVHC serves approximately 3,800 people. Marshall County includes the municipalities of Oslo, Alvarado, Stephen, Argyle, and Warren plus nineteen townships surrounding those municipalities. Population is sparse and agriculturally based. Approximately 94.3% of the population or 8,948 people of Marshall County are white. Minority populations reside in Marshall County and total 490 residents which include approximately; American Indian (1%) and Unknown (4.8%).

Residents of the other four counties in the Quin Community Health Service Area are served by the hospitals of Kittson Memorial (Kittson County), Sanford Medical Center Thief River Falls (Pennington & Red Lake Counties) and LifeCare (Roseau County). Per the Executive Summary from EvaluationGroup, LLC (See Attachment A), our five county Northwest Region, Marshall County is experiencing the following demographic and health related trends. It is important to note that due to sparse population, statistical data related to health is not as available or reliable as demographic trends.

Geographic Characteristics

Marshall County (70 miles long and 40 miles wide) is divided east and west by the Thief Lake Game Reserve. County population density is 5.3 people per square miles with the total population at 9,439, of which 19.2 percent is over the age of 65. The NVHC service area has a higher ratio (approximately 27 percent) because of a nursing home, several housing units for the elderly, and the tendency of older people to move to a town that has services available.

A large rural county, Marshall County has a land area of 1,775 square miles. The county's economy is driven by agriculture with some small manufacturing businesses adding to the financial climate. NVHC is a major employer in the service area and impacts the regional economy.

NVHC is located 30 miles from other similar medical facilities on the east and south. A secondary facility is located 35 miles west and a similar care facility is located 42 miles north. NVHC is the only hospital in Marshall County and is not affiliated with any major medical entity.

The sparse population and long distances between towns with services are a major health concern of area residents. Emergency services are considered essential. Travel time to health care facilities can range from 30 to 50 minutes. This is problematic when there are time sensitive emergencies, elderly patients traveling, and when inclement weather makes traveling difficult. Because the county is agriculturally based, distances and times can be even more of a factor when an individual is in a farm field far away from help. Having emergency services and primary health care close at hand is a priority of area citizens.

Social and Educational Characteristics

The population of the area is predominately Norwegian, Polish, German and Swedish extraction. Minority groups comprise about 5.2% of the population. Marshall County has a total income per capita of \$51,000 and average unemployment rate of 10.1%

Approximately 86.5% of 25+ population has completed high school; with 16% of that 25+ population completing a bachelor's degree or higher. The current dropout rate from area high schools is 6.8%.

Methodology

Community Health Needs Assessment

NVHC identifies unmet community health care needs in the community in a variety of ways. A range of available data and reports were reviewed to identify unmet health care needs. External group participants included the public health director and the department director of Marshall County Department of Health and Human Services, a variety of individuals from local and state governmental agencies, and leaders from community-based organizations, foundations, churches, schools, coalitions, and associations to assist in the CHNA process. These participants would be experts in a range of areas including public health, minority populations and disparities in health care, social determinants of health, health and social services. The group's input helped ensure that needs identified are responded to in addressing the community health care needs.

Marshall County Department of Health and Human Services (DHHS) and other community partners (including all other hospitals located in Northwestern Minnesota) worked together to develop and participate in a formal county-wide process to identify and address key priority areas that would improve the health and well-being of Marshall County.

Between November 2012 and February 2013 community input on health needs for Quin County Community Health Services was completed through a series of town hall meetings, surveys and phone interviews. Everyone participating in gathering information on community health needs asked the following open ended questions of the participants:

1. What do you believe are the 2-3 most important issues that should be addressed in order to help further improve the quality of life for people in our community?

2. What do you think are the most pressing health concerns for our citizens?
3. What types of actions or policies would you support in order to build a healthier community?
4. What (if anything) is holding our community back from doing what needs to be done to improve the health and quality of life for the residents of Marshall County?

For NVHC's service area, a representative of NVHC health center and NVHC Public Health conducted four town hall meetings, where participants provided feedback on unmet needs. Surveys were mailed out to identified individuals in NVHC's service area, with follow up phone interviews to collect information.

The responses from these individual meetings and survey responses were forwarded on to Garth Kruger, EvaluationGroup, LLC and he compiled them into a comprehensive list of community health needs for Quin Community Health Services. Also, each individual county or service area was given a list of specific health needs based on the responses of their county or service area.

Needs Assessment Findings

Access to Care

The median income of Marshall County is slightly below state-wide average with many residents without health insurance. Approximately 11.2% of Marshall County residents under 65 were without health insurance. Barriers like lack of health insurance and the high cost of medical care decrease access to quality health care and can lead to unmet health needs. This includes delays in receiving appropriate care, inability to get preventive services, and potentially preventable hospitalizations thus increasing mortality and morbidity.

Almost all community data ranked affordable/accessible health care as a priority. Concerns about poverty, employment, income and transportation created anxiety about health care access.

Disease Incidence and Prevalence

Obesity

Obesity was mentioned most frequently by participants as one of the major health concerns of the region. Attendees advocated for education starting very young regarding diabetes, nutrition, caloric needs and exercise. Concern was also expressed that fresh produce is not always available. Marshall County percent of 2-5 years of age is 10.8%. In Minnesota, obesity of adults 18 years and older is 25.4%.

Mental Health

Mental Health concerns were discussed pertinent to youth in schools, bullying, and the lack of awareness of services/supports available. Many felt that mental health concerns were prevalent in area schools. Participants also felt that Mental Illness/Drug Abuse/Prescription Drug Abuse are not covered adequately by insurance. Additionally, some participants believed that upwards of 90% of inmates have a mental illness.

Population-Based Health

Seniors

Marshall County has aging communities. They face dramatic demographic change with the coming unprecedented aging of the county. The population age 65 and older will grow 12.1% over the next 30 years, equally 24% of the state's population, or about one in every four Minnesotans. That equals a doubling of the older population from 600,000 to 1.2 million. From 2000 and 2050, the 85 and older population will nearly triple from 90,000 to 250,000. (Minnesota Department of Health)

As the senior population increases in Marshall County, the need for senior health services also increases. Assisted Living and Nursing Homes will play an important role in meeting the needs of these residents working with other medical services.

Families and Children

The health and well-being of women, infants and children determines the health of the next generation and can help predict future public health challenges for families, communities and the health care system.

Transportation to activities for kids – especially for single parent families was described as a need. Participants across the meetings repeatedly discussed needing more support for young families and children, especially those with medical concerns. Finding ways to get children and parents involved in cooperative activities was mentioned as a need. Finding a safe place for youth to congregate was also frequently discussed as a challenge. Involving communities in finding a solution for how to address this issue was discussed across meeting sites. After school activities for youth also have growing costs/fees associated with them.

Recommendations

Identified Needs

A priority setting process was utilized in order to assist with identifying top needs to address. This is useful by looking at criteria when reviewing information by asking the following questions:

- How many people in Marshall County are affected by this issue?
- How serious is this issue?
- What is the level of public concern/awareness about this issue?
- Does this issue contribute directly or indirectly to premature death?
- Are there inequities associated with this issue? Health inequities are differences in health status, morbidity, and mortality rates across populations that are systemic, avoidable, unfair, and unjust.

Then completed results were ranked and reviewed for discussion. Based off the data presented, the top-ranked priority areas include:

- Access to Care
- Mental Health
- Obesity

- Families and Children
- Seniors

From these recommendations, a strategy for Marshall County is to work with the various medical agencies in the Northwestern Region to address these priority areas.

Implementation Strategy

NVHC is required to adopt an organization a specific implementation strategy in response to the Community Health Needs Assessment report. This implementation strategy is part of NVHC's strategic plan and will be repeated every three years as required by federal regulations. Below is an outline of the priority areas and recommended strategy for each one.

Priority 1: Access to Care

Goal: Conduct an assessment to determine the need for another medical provider.

Goal: Continue to provide education re: financial counseling & area transportation services.

Timeframe: Summer/Fall 2014

Priority 2: Mental Health

Goal: Review mental health services provided in region and discuss opportunities of telemedicine capabilities and/or provider onsite.

Timeframe: Fall 2014

Priority 3: Obesity

Goal: Provide education to public, especially young population with nutrition information and promote improved physical health. Hold forums and methods to disseminate information, along with collaboration with school systems.

Timeframe: Winter 2014

Priority 4: Families & Children

Goal: Provide information to appropriate targeted groups regarding existing services.

Timeframe: Winter 2014; ongoing

Priority 5: Seniors

Goal: Conduct survey of available services to determine what additional services seniors need.

Timeframe: Spring 2015

Community members who are interested in providing any feedback on the results of the assessment are encouraged to contact NVHC with their questions, suggestions or comments.

Appendixes

Table 1-1

| | People QuickFacts | Marshall County | Minnesota |
|--|---|------------------------|------------------|
|  | Population, 2012 estimate | 9,449 | 5,379,139 |
|  | Population, 2010 (April 1) estimates base | 9,439 | 5,303,925 |
|  | Population, percent change, April 1, 2010 to July 1, 2012 | 0.1% | 1.4% |
|  | Population, 2010 | 9,439 | 5,303,925 |
|  | Persons under 5 years, percent, 2012 | 6.0% | 6.5% |
|  | Persons under 18 years, percent, 2012 | 23.0% | 23.7% |
|  | Persons 65 years and over, percent, 2012 | 19.6% | 13.6% |
|  | Female persons, percent, 2012 | 49.3% | 50.3% |
| <hr/> | | | |
|  | White alone, percent, 2012 (a) | 97.8% | 86.5% |
|  | Black or African American alone, percent, 2012 (a) | 0.4% | 5.5% |
|  | American Indian and Alaska Native alone, percent, 2012 (a) | 0.7% | 1.3% |
|  | Hispanic or Latino, percent, 2012 (b) | 3.8% | 4.9% |
|  | White alone, not Hispanic or Latino, percent, 2012 | 94.4% | 82.4% |
|  | High school graduate or higher, percent of persons age 25+, 2008-2012 | 86.9% | 91.9% |
|  | Bachelor's degree or higher, percent of persons age 25+, 2008-2012 | 17.0% | 32.2% |
|  | Veterans, 2008-2012 | 764 | 377,522 |
|  | Mean travel time to work (minutes), workers age 16+, 2008-2012 | 22.6 | 22.7 |
|  | Housing units, 2012 | 4,799 | 2,361,352 |
|  | Homeownership rate, 2008-2012 | 82.2% | 73.0% |
|  | Housing units in multi-unit structures, percent, 2008-2012 | 10.3% | 21.6% |
|  | Median value of owner-occupied housing units, 2008-2012 | \$87,800 | \$194,300 |
|  | Households, 2008-2012 | 4,082 | 2,101,875 |
|  | Persons per household, 2008-2012 | 2.29 | 2.46 |
|  | Per capita money income in past 12 months (2012 dollars), 2008-2012 | \$26,719 | \$30,656 |
|  | Median household income, 2008-2012 | \$51,000 | \$59,126 |
|  | Persons below poverty level, percent, 2008-2012 | 7.9% | 11.2% |
| <hr/> | | | |
| | Geography QuickFacts | Marshall County | Minnesota |
|  | Land area in square miles, 2010 | 1,775.07 | 79,626.74 |
|  | Persons per square mile, 2010 | 5.3 | 66.6 |

Northwest Minnesota Community Assessment Collaborative



REGIONAL SUMMARY OF BEHAVIORAL RISK STATISTICS

July
2012

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EXECUTIVE SUMMARY

Purpose of Study: Two research questions were addressed: 1) What do archival statistics collected on regional health indicators reveal as problem areas? 2) What do people around the region think are pressing health concerns?

Methods: A wide range of available archival data was reviewed, including those from the Behavioral Risk Factor Surveillance Survey (BRFSS), Kids Count 2010, Minnesota Student Survey, Census 2010 and numerous others. Additionally, qualitative input was gathered from meetings of the NWCAC and key stakeholders in the local healthcare community. Data reflect Kittson, Marshall, Pennington, Roseau, and Red Lake counties.

Findings:

Demographics: declining population, lower education, higher unemployment, lower median income.

- ✓ Slow and steady declines in population year over year have occurred over the past 6 years, continuing a decades-long trend of population exodus from rural areas.
 - More recent data from 2011 suggests that there may be a leveling-off in population decline.
- ✓ Educational levels of area residents are substantially lower than in comparison to the rest of the state.
 - Between 47-55% of the population in the region aged 25 and older has less than or equal to a high school education or equivalent compared to 37% of the population statewide.
 - Between 13-19% of the population in the region aged 25 and older has a bachelor's degree or higher compared to 31.4% of the population statewide.
- ✓ Year over year, the unemployment rate within the region tends to be higher than the state average.
 - Red Lake and Marshall Counties have endured the worst unemployment in the region the past three years, whereas Kittson and Roseau have fared better.
- ✓ An analysis of commuting area patterns reveals 6 distinct RUCA (rural/urban commuting area) clusters within the region.
 - Residents in both the far eastern and far western halves of Marshall County possess secondary (second largest) work commuting flow destinations to small urban or urbanized areas. In the west residents commute primarily to Crookston/Grand Forks and in the east half Thief River Falls, Warroad and Roseau.
 - Residents of Kittson, Pennington, Roseau and Red Lake Counties primarily live and work within the borders of their own counties.
 - Residents of Kittson and Red Lake counties are in an isolated small rural census tract with no primary flows over 5% to any census bureau defined urbanized area.
 - Greater than 30% of the population in the middle portion of Marshall County and the middle portion of Roseau County commute to a Census bureau defined urban place.

- ✓ Median income in the 5-county region ranges between 14-22% lower (\$7,843 to \$12,317) than the statewide average.
 - Across a working lifetime of 40 years this means that a household in the middle of the income distribution brings home \$300,000 to \$500,000 less than other households across the state.
 - Median household income in the 5-county region is lowest across a large swath of the area spanning from the northwest corner to the southeast, cutting through Kittson, Roseau and Marshall Counties.
 - While the population in this area is generally the most sparse, they may also be considered higher risk given their proportionally lower incomes compared to the rest of the region.
 - The U.S. Median income from 2006-2010 was \$51,914. In Minnesota during the same time frame it was \$57,243.
- ✓ Regionally, Red Lake County has the greatest percentage (31%) of individuals living at or below 200% of poverty according to the 2011 Minnesota County Health tables
- ✓ Red Lake and Marshall County have the highest free/reduced priced lunch rate in the 5-county region, with Roseau being lower than the state average.

Health Problems: the region is medically underserved, adults and youth are overweight, adults smoke, youth chew tobacco at two times the state average, and there are elevated rates of death by heart disease.

- ✓ All 5 counties are Health Profession Shortage Areas (HPSAs) for Primary Medical Care Physicians, Mental Health Care providers, and Dentists. Only Roseau County is not a HPSA for dentists
 - Some gaps in emergency medical care may exist north and east of Thief River Falls, and north and east of Hallock.
- ✓ The prevalence rate for current smokers (smoked every day or some days in the past 30 days) in Pennington, Kittson and Marshall County (21.3%) is notably higher than the corresponding rate for Minnesota (14.9%).
- ✓ 16 percent of students (almost exclusively male) used smokeless tobacco in 2007 which grew to 21.4% in 2010. This use is nearly twice that of the state average in 2010 for the rest of all youth across Minnesota.
- ✓ Elevated rates of Oral and Pharyngeal Cancer for Marshall and Pennington counties (that we know of), and elevated Lung and Bronchus Cancer for Kittson county.
- ✓ Adults in the region are statistically less likely to be obese but more likely to be overweight.
- ✓ Youth from the region are significantly (statistically) more overweight, eat fewer servings of fruits and vegetables, and use more tobacco compared to youth from the rest of the state.
 - Over the past three years these three measures have grown worse.

- ✓ MNSS results for area 12th graders indicate that overall, students within the SHIP region are significantly more overweight than other seniors from across the state and furthermore they are significantly more likely to believe they are overweight than other seniors from across the state.
- ✓ According to Minnesota Vital Statistics, age adjusted death rates for heart disease reveals that historically, Kittson and Roseau Counties have had a substantially higher rate of heart disease death rates year over year compared to the state on average.
- ✓ The percent of all alcohol-related motor vehicle crashes in Marshall and Kittson counties were twice that of the state. For Red Lake County it was 5 times greater.
 - The DWI arrest rate in Pennington and Roseau Counties is approximately twice the state average.
- ✓ Low seatbelt use by youth and adults.
- ✓ Kittson and Pennington Counties have a higher rate of out-of-home placements than the statewide average. Results for these two counties suggest that there may be a lack of resources, programs, or higher incidence of familial discord, resulting in higher rates of removing children from their homes. 108 children in the region in 2010 were in OOHP (Pennington=35; Roseau=30; Marshall=20; Kittson=15; Red Lake=8).

Lack of accurate information about adults' state of health.

- ✓ Suicide deaths completely unknown. We have data, but it is totally unreliable.
- ✓ Multiple Sclerosis prevalence is unknown. There is no system in place for tracking, plus onset is a problem.
- ✓ Prevalence of heart disease, depression, diabetes are unknown. We have age adjusted death rates for heart disease.
- ✓ Population Health surveys are misleading at worst and at best synthetic guesses.