Perham Health

Community Health Needs Assessment 2012-2013

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Perham Health
Community Health Needs Assessment
2012-2013

Purpose

The purpose of a community health needs assessment is to develop a comprehensive view of the population's health and the prevalence of disease and health issues within the community. Community input along with relevant data helps to:

- identify health needs in the community,
- recognize available resources,
- pinpoint gaps, and
- work with other community agencies to help address these identified needs or gaps.

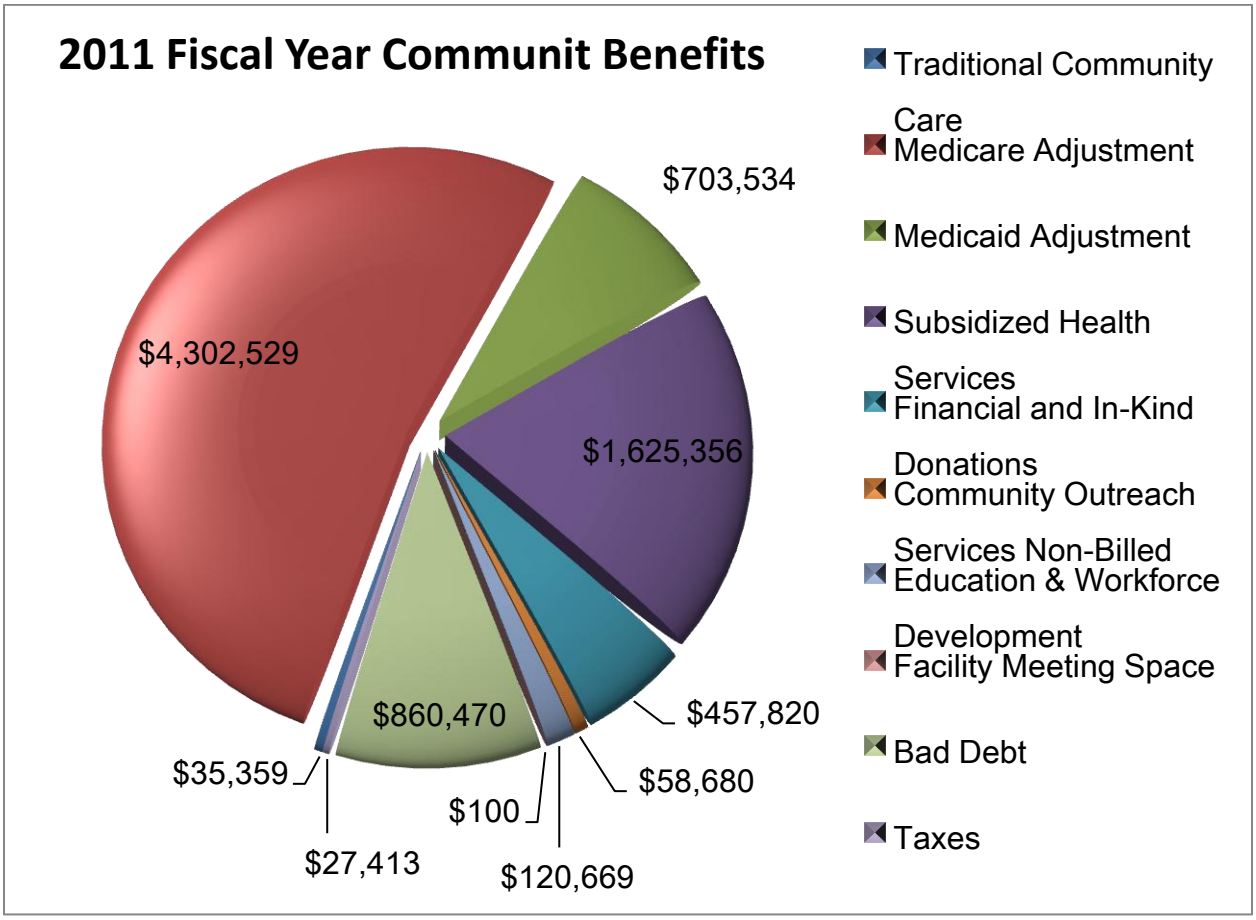
The health of a community depends on many different factors, including the environment, education and jobs, access to and quality of healthcare, and individual behaviors.

Everyone has a stake in community health.

Perham Health has nurtured and maintained a long-standing history of partnership activities with community members, leaders, public health personnel and regional health care partners to assess and address community health needs. These essential partnerships logically assist Perham Health in strategic planning for services and programs. The 2010 Patient Protection and Affordable Care Act (PPACA) recently provided greater opportunity to engage opinions of these partners to evaluate community health needs. Taking the lead in conducting a community health needs assessment is an important step in creating a health promoting culture.

The Patient Protection and Affordable Care Act (PPACA) requires non-profit, tax-exempt hospitals to undergo a formalized process to: (1) conduct a community health needs assessment in the applicable taxable year; (2) adopt an implementation strategy for meeting the community health needs identified in the assessment; and (3) create transparency by making the information widely available.

A community health needs assessment also functions to help align community needs with a responsive Community Investment/Community Benefit Program. As a non-profit health care organization, Perham Health provides various health-related services to the community and individuals without financial reimbursement for these services. Community outreach programs, care to the uninsured and underinsured, education and workforce development are some examples of community betterment services included in the Perham Health Community Investment/Community Benefit Program. In Fiscal Year 2011, Perham Health contributed over $7 million toward community benefit endeavors.



Perham Health, called by its mission to promote health and wellness throughout life, engaged in a Community Health Needs Assessment in 2012-2013 to help identify the health status and needs of the population we serve.

The information gathered in the Perham Health Community Health Needs Assessment illustrates **what we know** about physical, social and behavioral *factors* for health in the community; along with health *outcomes* related to those factors. The assessment process further invokes discussion and goal-setting to address **what we can do** as we join forces, to create healthier places to live, learn, work and play.

Description of Perham Health

Perham Health, formerly known as Perham Memorial Hospital and Home, is a public, non-profit health care organization owned and governed by ten rural townships and three communities (Perham, Dent and Richville) all within a geographic area known as a Hospital District. This grass-roots representation has nurtured and maintained a strong history of community pride, investment and involvement for the operations of Perham Health. Most board members of the Perham Hospital District are elected by citizens of the City or Township they reside in. However they are not city or township officers. One board member is elected from the citizens of the entire hospital district. Once elected, board members are officers of the Perham Hospital District. As a member of the Hospital District Board, their primary duty is to see that the healthcare needs of the district are met and the operations of the Perham Hospital District are sustainable and successful.

The original hospital in Perham (known as St. James Hospital) was opened in 1902 by the Franciscan Sisters, an order of Catholic Sisters headquartered in Little Falls, MN. Thereafter, the Perham Hospital District was formed in 1976 to assure the continued success of the community hospital and nursing home. A hospital district is a governmental entity much like a County, City or Township. It has its own taxing and bonding powers. The primary difference between those other governmental entities and a Hospital District is that, while we may tax, our primary revenue does not come from taxes, but from the operations of non-profit businesses within the Hospital District.

Perham Health is fully owned by the Perham Hospital District and includes a twenty-five bed critical access hospital, three primary care clinics, a ninety-six bed skilled nursing facility, retail pharmacy with durable medical equipment, home care agency and market rate senior housing building. In addition, Perham Health manages an ambulance service and a low income senior housing building. The Perham Hospital District does not directly manage the businesses within its portfolio. The board recognized in 1985 that healthcare has become a very complicated business and management from an organization focused solely on that business would be beneficial. Perham Health currently has a management contract in place with Sanford Health and has had a contract with Sanford or its predecessors since 1985. The CEO (Chief Executive Officer) and the Leadership Team of Perham Health are employed by Sanford, and by contract, must represent the best interests of the Hospital District. In summary, the Board of the Perham Hospital District is strictly a governance role while Sanford maintains the management role. Perham Health has a management agreement with Sanford Health and has had this type of arrangement for twenty-five+ years. Perham Health also leases physicians from Sanford to work in Perham's hospital and three medical clinics (Perham, New York Mills and Ottertail).

Perham Health opened a new $38 million, 120,000 square foot hospital and clinic on January 9, 2012, marking the community hospital's 110th year of operation. The medical staff in conjunction with visiting specialists consists of twenty physicians, eight advance practice providers, and three chiropractors. The specific areas of medicine provided include: family medicine, obstetrics and gynecology, pediatrics, internal medicine, general surgery, cardiology, podiatry, orthopedics, urology, oncology, chiropractic, psychiatry, psychology and sleep study availability.

Utilization statistics for Fiscal Years 2008-2012 can be viewed as Appendix B.

Perham Health has experienced substantial growth within 2011-2012 as reflected in the following information:

Service Growth	% Increase in Volume
Inpatient Days	15.0%
Births	41.7%
Surgeries	11.2%
Radiology Procedures	14.9%
Lab Tests	30.3%
Therapies	30.3%
Emergency Dept. Visits	6.6%
Clinic Visits	11.5%
Retail Pharmacy	42.2%

The above-noted growth in services, provide opportunities coupled with challenges regarding: 1) recruitment for new medical staff providers, 2) securing advanced/updated medical technology, and 3) managing nursing and ancillary staff recruitment, training and retention.

Description of Community Served

The Perham Hospital District encompasses an area covering approximately 180 square miles, with an estimate of 15,000 people living within the Hospital District area. The service area expands beyond the District borders with estimation of an additional 10,000 people. The Perham Health service area involves an approximate 20-25 mile radius from Perham circling the northern portion of Otter Tail County and extending into portions of Becker, Wadena and Hubbard Counties. The nearest Level 2 Trauma Center is Sanford Health, located in Fargo, ND approximately seventy miles west of Perham.

Perham Health is a unique critical-access hospital due to the demographics of the population. The following demographic factors are significant and unique for this rural area: 1) high number of persons employed in industrial and agricultural occupations, 2) steady increase in job and career opportunities for young families, 3) considerable population variances related to seasonal tourism influx, and 4) an increase in retirement age population. Brief information on these four factors is given to provide greater understanding of the population.

The agricultural and industrial jobs in the Perham Health service area continue to grow. KLN Enterprises (Barrel-o-Fun, Tuffy's and Kenny's Candy) has experienced a 40% increase in business in the past two years. They presently employ 1180 people. Lund Boats, headquartered in New York Mills employs 525 people.

The industrial employment opportunities and eventual relocation of family units reflect potential areas of growth and opportunity for health care services. Yet, the industrial and agricultural based occupations are also high-risk injury occupations impacting ER, trauma response teams, emergency surgery and ancillary services at Perham Health.

Due to our location in the "lakes country", we experience major shifts in population during the summer months. The local Chamber of Commerce estimates our service area population is tripled during high peak summer months.[1] Population numbers can vary anywhere from 15,000 to 45,000 depending upon the week. Sporadic, high volume flow in the emergency room, acute care and emergency obstetrical care demands flexibility in staffing to accommodate rapid changes in hospital census. These variables are especially challenging for a rural health care work force.

Rural Minnesota's population is aging. Correspondingly, the Perham area has experienced a consistent increase in the elderly population. In 2006, the elderly dependency ratio (the # of individuals age 65+ divided by the # of individuals, ages 15-64) for Otter Tail County was 30.4, compared to the MN state ratio of 17.9.[2] The most recent population statistics from the 2010 Minnesota County Health tables show the average elderly dependency ratio for Otter Tail County is presently 34.1, as compared to the

[1] Perham Chamber of Commerce Data - 2009
[2] Source – Minnesota Department of Health Statistics - 2008

state elderly dependency ratio of 18.9.[3] With the "graying of America", the 2030 projected numbers shift dramatically, expecting the state ratio at 33.84 and 49.62 for Otter Tail County.[4] Socio-demographic information further predicts this number to be significantly higher for the Perham Health service area as "boomers" choose to leave the metro area and return to rural, lake communities.

Correspondingly, as a rural hospital, much like a majority of Minnesota rural health care providers today, Perham Health serves a significantly high percentage of elderly. 67% of the hospital admissions (excluding OB and newborns) for Fiscal Year 2011 were ages 65 years old and above, with the greatest majority - 86%, older than seventy years of age. Management of chronic diseases becomes more challenging for the elderly; as is clearly reflected in the hospital admission primary diagnoses data for Perham Health. Heart disease, chronic obstructive pulmonary disease, stroke and pneumonia are the primary diagnoses within this age group necessitating hospitalization at Perham Health in 2012.

As a nation, we spend $2.2 trillion per year on health costs and 75 cents of each health care dollar is spent on chronic disease, such as heart disease, asthma, cancer and diabetes. These diseases often are preventable and frequently manageable through early detection, improved diet, exercise and treatment. Perham Health is committed to being part of the solution to prevent disease and improve the health of the community we serve.

Health is defined by the World Health Organization as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." With this holistic context in mind, we recognize that much of what influences our health happens outside of the doctor's office – in our schools, workplaces and neighborhoods.

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[3] Source – MN Dept. of Health – Center for Health Statistics – 10/7/2011
[4] Source – MN Department of Human Services Transform 2010 – Preparing for the Age Wave

Study Design and Methodology

The Perham area community health needs assessment was conducted during FY 2012 and FY 2013. Surveying the community at large, information gleaned from focus groups with community stakeholders and analyzing health statistical data was a cooperative project with individuals and groups as noted in the acknowledgements section.

During the spring and summer months of 2012 Perham Health and Otter Tail County Public Health provided opportunity for stakeholder input by means of an on-line survey. The survey was designed to gather community opinion on a multitude of issues that affect both personal and community health. The survey was also provided in written form for those who desired to complete it in non-electronic format.

Perham Health collaborated with Sanford Health and Otter Tail County Public Health to establish standardized tools, indicators and methodology that could be used by all group members when conducting assessments. 2010 Census findings along with data from the Robert Wood Johnson Foundation – "County Health Rankings and Profiles" provided quantitative information.[5]

The following qualitative data sets were studied:

- Community Health Needs Assessment Surveys of Perham Area Community Members & Leaders
- Community Health Needs Assessment Surveys of Otter Tail County residents, conducted by Otter Tail County Public Health
- Focus Group Surveys of Key Stakeholders in Community

The following quantitative data sets were reviewed:

- 2011 County Health, Aging and Diversity Profiles for Otter Tail County
- Statewide Health Assessment Data from MN Dept of Health
- Top diagnoses for all inpatients at Perham Health

[5] www.countyhealthrankings.org/minnesota

Key Findings

Survey Responses

We recognize the response for the Perham Health survey was relatively low with 67 respondents, yet we were encouraged to see opinions comparatively mirrored the larger survey responses (593) gathered by Otter Tail County Public Health; therefore providing corresponding statistically relevant data. This information was reviewed and presented at stakeholder focus groups throughout the fall of 2012 with further review and discussion of identified concerns.

The survey provided helpful information as to community opinion in level of agreement regarding community assets, services, resources, quality of life and activities. Likewise, the survey prompted community opinion in level of concern about economic issues, services and resources, transportation, environmental pollution, youth concerns and safety concerns. The following summaries are provided to give a snap-shot view of community/stakeholder opinion.

Health & Wellness Concerns

Among health and wellness concerns, respondents were most concerned about the cost of health insurance followed closely with concern regarding the cost of health care. Cost of prescription drugs arose as a moderately high level of concern, followed by concern regarding adequacy of health insurance (e.g. co-pays/deductibles and consistency of coverage). Respondents were also concerned about physical health issues, particularly obesity, poor nutrition/eating habits, and inactivity or lack of exercise.

Moderate levels of concern were shared regarding availability of services for addressing mental health problems. Stress as a general mental health concern was noted with a moderate level of concern within the community survey with a high level of concern noted regarding perceived drug and alcohol use/abuse in the community.

Economic Concerns

Respondents had moderate levels of concern with respect to the availability of employment opportunities with higher concerns regarding low wages, cost of health care and/or insurance. Respondents were least concerned about homelessness and hunger relative to community economic issues.

Community Assets

Respondents had high levels of agreement that there is a sense of community/feeling connected to people who live here. In addition, respondents expressed opinions that the community has a family-friendly environment and is a good place to raise kids.

Respondents expressed high level of agreement that the Perham area has quality health care along with quality school systems and programs for youth. Correspondingly, respondents shared high agreement the community offers many recreational options (e.g. outdoor recreation, parks, bike paths and other sports/fitness activities).

The top reasons respondents gave that determined their choice of primary health care provider were: 1) location, 2) quality of services, 3) sense of being valued as a patient, and 4) availability of services. Respondents stated their choice of primary health care provider was least influenced by health insurance. Seventy-five percent of the respondents state they drive less than 20 miles to access medical care.

The above-noted survey results, along with relevant health data were reviewed with community, county and regional stakeholders at a one-half day retreat in September 2012; co-hosted by Perham Health and Otter Tail County Public Health. Areas of discussion also included: 1) forces of change (trends, events or factors) that have occurred recently that may affect public health and the community; 2) specific threats generated by these forces of change; and 3) specific opportunities generated by these forces of change.

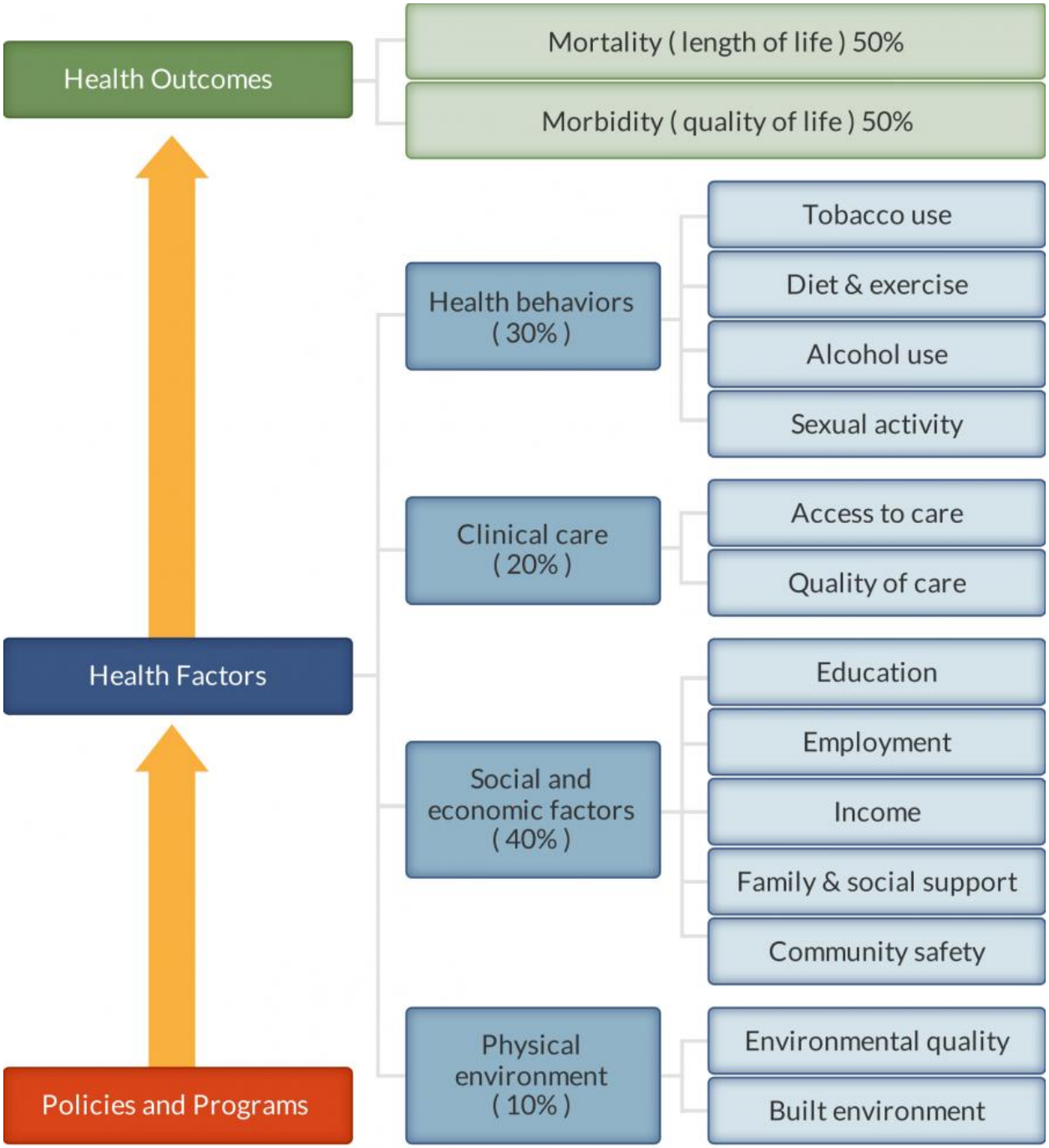
State, County and Local Health Assessment Data

County Health Rankings-

The *County Health Rankings* report ranks Minnesota counties according to their summary measure of *health outcomes* and *health factors*. Counties also receive a rank for mortality, morbidity, health behaviors, clinical care, social and economic factors and the physical environment. Within this model of understanding; it can be further implied how each factor contributes to the overall health of individuals and communities. Numerically understood, 80% of health outcomes are determined by health behaviors, social and economic factors and physical environment; while 20% is determined by clinical care.

Further detail is provided as Appendix A at the end of this report. The narrative information provided in the body of this report serves as a general summary.

The following page provides a visual that further clarifies specific influences of health behaviors, clinical care, social and economic factors and the physical environment.



County Health Rankings model ©2012 UWPHI

The 2011 County Profiles are based largely on the County Health Rankings from the Mobilizing Action Toward Community Health (MATCH), a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. State and national benchmarking required additional data sources, including the U.S. Census Bureau, Small Area Health Insurance Estimates, and the Centers for Disease Control and Prevention's National Center for Health Statistics – the Health Indicators Warehouse.

Health Outcomes

The Mortality (length of life) Health Outcomes data indicate that both the state of Minnesota and Otter Tail County statistically denote fewer premature deaths than the national benchmark.[6]

The Morbidity (quality of life) Health Outcomes data indicate Minnesota and Otter Tail County population reporting more mentally unhealthy days; along with more physically unhealthy days than the national benchmark.[7]

Health Factors

The Health Behavior factors indicate Minnesota and Otter Tail County have a higher percentage of adult smokers than the national benchmark. Adult obesity is higher in both the state of Minnesota and county of Otter Tail than the national benchmark. Yet, the percentage of Minnesota adults reporting no leisure time physical activity is lower than the national benchmark; while the percentage of Otter Tail County adults reporting no leisure time physical activity is exactly at the national benchmark.

Of significant concern for both Minnesota and Otter Tail County is the percentage of adults reporting binge drinking and heavy drinking, considerably higher than the national benchmark.[8] Alcohol is consumed by more people than any other drug, including tobacco. Alcohol use contributes to injury, unplanned pregnancy, poor birth outcomes and childhood development, violence, infectious disease, and chronic disease. The younger a person begins drinking regularly, the greater the chance that person will develop a clinically defined alcohol disorder like alcoholism. Youth who start drinking before age 15, compared to those who start at 21, are far more likely to be injured while under the influence of alcohol, to be in a motor vehicle crash after drinking, or to engage in a physical fight after drinking. About 90 percent of the alcohol consumed by those under 21 occurs via binge drinking. Minnesota's rate of binge drinking is higher than in most of the rest of the U. S.; although it remains lower than the rates in the surrounding states of South Dakota, North Dakota and Wisconsin.[9]

Correspondingly, the motor vehicle crash death rate for Otter Tail County is significantly higher than the Minnesota rate or the national benchmark. In Minnesota, motor vehicle-related injuries are the leading cause of injury-related death for individuals up to the age of 44. Those at greatest risk of injury from traffic crashes are 20-to-24 year old drivers, elderly drivers, male drivers, unbelted occupants and

[6] The national benchmark is the 90th percentile (i.e., 10% of counties nationwide ranked better).
[7] 2011 County Health Profile, data based on average number of unhealthy days reported in past 30 days. More information available at: www.countyhealthrankings.org/minnesota
[8] Binge drinking is defined as five or more drinks at one time for men; four or more drinks at one time for women.
[9] www.health.state.mn.us/healthymnpartnership

unrestrained children. Teen agers and young adults still pay the heaviest price in terms of both deaths and injuries, including traumatic brain injuries and spinal cord injuries.[10]

Teen birth rate is marginally higher in Otter Tail County than the national benchmark; and significantly higher in the overall state of Minnesota than the national benchmark. Teen parents and their children face a number of unique challenges. Teen mothers are less likely to graduate from high school, and are more likely to remain unmarried, live in poverty, have large families, and receive government assistance than women who become parents after adolescence. Teen mothers are also less likely to receive timely and consistent prenatal care.[11]

The Social and Economic factor outcomes indicate Minnesota has an 87% graduation rate; yet it is lower than the national benchmark of 92%. Otter Tail County boosts a 95% graduation rate. Education is an important predictor of health because it both shapes and reflects multiple factors that affect people's life opportunities. Investing in education can be "the single most effective intervention we can make to improve health outcomes and tackle inequities."[12] Certain health behaviors, too, are strongly associated with education. For example, 33 percent of Minnesotans who do not have a high school degree smoke, compared with 25 percent of high school graduates, 21 percent of those with some post-secondary education, and 9 percent of college graduates.[13]

Clinical Care outcomes note that diabetic screening in Minnesota align with the national benchmark; while Ottertail County data notes a significantly higher percentage of diabetic Medicare enrollees receiving diabetic screening.

Cancer, heart disease, and stroke are the leading causes of death in Minnesota, although the mortality rate for all three diseases has declined over the past ten years. These three diseases have been the leading causes of death in Minnesota for decades. In 2000, cancer surpassed heart disease as the leading cause of death in Minnesota.[14] Unintentional injury, pneumonia, Alzheimer's disease and diabetes are also significantly represented within mortality statistics for Minnesota and Otter Tail County. Chronic diseases and injuries are among the most common and costly health problems facing our state today. The patient population within the Perham Health service area mirror these findings.

[10] MN Dept of Health, Health Promotion and Chronic Disease Division. www.health.state.mn.us/injury/pub/charts/Leading_Cause_Injury_Death_2000-2009.pdf
[11] Hoffman, S.D. *By the numbers: The public costs of adolescent childbearing.* www.thenationalcampaign.org/resources/pdf/pubs/btn_full.pdf
[12] The Opportunity for Health in Minnesota. www.health.state.mn.us/healthymnpartnership
[13] American Cancer Society, Midwest Division. (2011). *Minnesota cancer facts and figures: 2011.*
[14] Minnesota Department of Health, Center for Health Statistics. http://www.health.state.mn.us/divs/chs/vitalsigns/2010natmorttrends.pdf

Health Needs Identified

The survey responses, state, county and local data along with focus group discussions provided a robust foundation of community input. The following community health concerns were of greatest concern:

- ✓ Rise of obesity
- ✓ Increase in diabetes
- ✓ Need to expand opportunities/promotion for exercise/wellness in disease prevention efforts
- ✓ Alcohol/Substance use and abuse
- ✓ Expansion and sustainability of programs/services to care for aging population with multiple chronic conditions
- ✓ Minimal access to services that assist with mental health needs
- ✓ Access to specialized medical services such as dialysis, chemo, geriatrician.
- ✓ Perceived over-utilization of emergency medical services rather than encouragement patient accountability for health maintenance and disease prevention
- ✓ Impact of "bullying" behaviors on mental health of youth and adults

This further directed the Perham Health Strategic Team to prioritize and determine which community health needs would be addressed within a corresponding action plan/implementation strategy. As part of the process, community resources were reviewed and are included as Appendix C.

The implementation strategy developed from this Community Health Needs Assessment is aligned with the mission, values, vision and strategy for Perham Health (see Appendix D). The Perham Health implementation strategy naturally incorporates priority areas for public health, Healthy People 2020[15], as we work collaboratively with Otter Tail County Public Health and other health partners to capitalize on successful efforts to dramatically change the trajectory of individual and community health.

[15] http://www.health.state.mn.us/healthymnpartnership/hm2020/

2013 Community Health Needs Assessment

Perham Health Implementation Strategy

The following needs/concerns were identified through a formal community health needs assessment, resource identification and prioritization process:

- Obesity & implications to other chronic health conditions
- Fragmented or minimal rural mental health services
- Access to specialized health care services

Implementation Strategy: Obesity *Three-year Plan (October 2013-October 2016*

- Expand Medical Home model of care for wellness/prevention and health accountability
- Promote Health Care Team to use "Behavioral/Motivational Health" Interview Model
- Continue and/or expand school/hospital/community partnerships with Minnesota SHIP initiatives
- Expand community partnerships to make environmental adaptations to encourage active lifestyles; ie bike and walking paths
- Community education to impact Baby/Early Childhood nutrition habits
- Develop a Medication Adherence Program
- Expand nutrition education at health facility and in the community

Implementation Strategy: Mental Health *Three-year Plan (October 2013-October 2016*

- Partner with Sanford Health for expansion of Behavioral Health outreach, integrated in clinic setting.
- Partner with Minnesota Consortium for Advanced Rural Psychology Training (MCARPT) as training site. This provides mental health services at no fee for the community and provides specialized training in rural practice for psychologists.
- Research feasibility of tele-mental health services.
- Maintain active role in Minnesota Hospital Association Mental Health Task Force to partner in solutions to address limited mental health services for rural areas.
- Increase collaborative role with local, county and regional mental health service providers.

Implementation Strategy: Access to Specialized Health Care Services *Three-year Plan (October 2013-October 2016*

- Research feasibility of offering dialysis locally.
- Research feasibility of offering chemotherapy locally.
- Secure outreach visits from specialists; i.e. nephrology, orthopedic surgery.