Community Health Needs Assessment (CHNA)

Government owned, 501(c)(3) Hospital - Minnesota
Assessment cycle: *2025–2028 (adopted by the hospital's authorized governing body; see Compliance Statement)*
Public posting version for website

Executive summary

Perham Health conducted this Community Health needs Assessment (CHNA) to understand the most pressing health needs in east Otter Tail County and surrounding communities. The process ran from January through October 2024 and included:

- A county-wide survey with over 500 responses
- Internal health data analysis
- A stakeholder retreat with local leaders and Otter Tail County Public Health
- Leadership review to align priorities with our strategic plan

Using criteria such as impact, equity, feasibility, and alignment with community assets, we identified three priority areas for 2025–2028:

1. Expand and sustain the Elevate program to close care gaps and address social needs.
2. Sustain Medical Assistance (MA) coverage for home care to support aging in place.
3. Partner with the community on workforce and senior housing solutions to meet growing needs for housing in our community.

These priorities reflect community input, local health trends, and our commitment to improving health and wellness throughout life. A detailed Implementation Plan will be adopted by our governing board and posted publicly alongside this CHNA, as required by IRS §501(r) and Minnesota Statute §144.6985.

Section 1 - Definition of the Community Served

Who we are

Perham Health has cared for this region for more than 120 years. What began as a small hospital in 1902 has grown into a regional health system known for healing, health, and hospitality. Today, we serve east Otter Tail County and surrounding communities through a full continuum of care - from primary and specialty services to emergency care, birth care, rehabilitation, home care, senior living, and memory care. Between 2022 and 2025, we cared for approximately 33,000 unique patients across our hospital, clinics, and Perham Living campus. We are a public, non-profit health system

governed locally by a board of government elected officials and managed in partnership with Sanford Health, allowing us to remain community-rooted while leveraging broader resources.

Where we serve
Our hospital district spans roughly 180 square miles, including the city of Perham and neighboring townships - home to about 15,000 residents. During summer months, our population swells by as many as 30,000 visitors, creating seasonal surges in demand for emergency and outpatient services. This rural setting offers a strong sense of community but also presents challenges related to access, transportation, and workforce availability.

Community profile
East Otter Tail County blends small-town spirit with a diverse economy built on agriculture, manufacturing, tourism, and a strong health care and education sector. Residents value the welcoming culture, good jobs, and access to lakes and outdoor recreation. At the same time, demographic trends show an aging population and growing needs for senior housing and caregiver support.

Who We Serve

- Population: About 15,000 residents in our hospital district, plus thousands of seasonal visitors.
- Age: Nearly 1 in 3 patients is age 65 or older, alongside working-age adults and families with children.
- Race and Ethnicity: Predominantly White, with increasing diversity including Hispanic/Latino and Native American residents.
- Where They Live: Most patients come from Perham and nearby communities such as Ottertail, New York Mills, Dent, and Frazee.

Health Profile

The leading causes of serious illness and death in our area mirror state and national trends: heart disease, cancer, dementia, chronic lower respiratory disease, diabetes, and unintentional injuries. Common chronic conditions include hypertension, diabetes, arthritis, and mental health concerns such as anxiety and depression. With an older population, we also see higher needs related to mobility, fall prevention, memory care, and caregiver support.

Social Determinants of Health

Health is shaped by more than medical care - it depends on everyday factors like housing, transportation, and social connection. Screening data shows that many residents face challenges in these areas:

- Social isolation is a top concern, especially for older adults and caregivers.
- Food insecurity and transportation barriers affect about 1 in 3 patients.

- Housing and utility challenges are common for families on fixed incomes.
- Mental health and safety risks, including depression and alcohol use, appear in a smaller but significant share of patients.

These realities influence health outcomes and guide our priorities for programs like Elevate, home care, and partnerships with local agencies.

Underserved Populations

We are especially focused on:

- Older adults living alone or on fixed incomes
- Rural residents with limited transportation
- Families managing multiple chronic conditions
- People experiencing food insecurity or housing instability

These groups informed our priorities around care navigation, aging in place, and housing solutions.

Section 2 - Assessment Methods and Community Input

Assessment Methods

Perham Health conducted this Community Health needs Assessment (CHNA) from January through October 2024 using a collaborative, data-driven process that meets IRS §501(r) and Minnesota Statute §144.6985 requirements. Our approach combined quantitative data, qualitative input, and expert review to ensure a comprehensive understanding of health needs in east Otter Tail County.

Key Steps in the Process:

Community Survey
We partnered with Sanford Health and Otter Tail County Public Health to launch a county-wide survey available online and in print. More than 500 residents responded, representing diverse age groups and communities.
Top concerns included:

- Affordable housing and senior housing
- Transportation barriers, especially for older adults
- Childcare and early education access
- Social isolation among older adults and caregivers
- Workforce shortages in health care and long-term care

Internal Data Analysis

We reviewed data from our electronic health record (EHR), including patient demographics, chronic disease prevalence, and social determinants of health screenings. This analysis highlighted barriers such as social isolation, food insecurity, transportation limitations, and housing instability - issues that directly influence health outcomes.

Stakeholder Retreat

In spring 2024, we convened a multi-sector retreat with hospital leadership, clinicians, Otter Tail County Public Health, and community partners. Using survey results and EHR data, participants scored potential priorities based on impact, equity, feasibility, and alignment with community assets. Sanford Health supported this process with facilitation and scoring tools.

Leadership Review and Strategic Alignment

Our leadership team reviewed the top-ranked needs and aligned them with Perham Health's 2025–2028 Strategic Plan, ensuring that identified priorities are embedded in long-term strategies for growth, workforce development, quality, and sustainability.

Community Input

Community engagement was central to this CHNA. We gathered input from individuals representing the broad interests of our community, including public health experts and voices from underserved populations.

Public Health Expertise

Otter Tail County Public Health provided critical insight into local health trends, chronic disease data, and social determinants of health. Their expertise helped us identify disparities and shape strategies for prevention and care coordination.

Voices from Underserved Populations

We intentionally included perspectives from groups who often face greater health challenges, such as:

- Older adults living alone or on fixed incomes
- Families managing multiple chronic conditions
- Residents with limited transportation options
- People experiencing food insecurity or housing instability

These perspectives came through in survey responses, social needs screenings in our EHR, and conversations with community partners. Their input strongly influenced priorities around care navigation, aging in place, and housing solutions.

Section 3 - Prioritized Health needs

After reviewing community feedback, health data, and input from our strategic planning retreat, Perham Health identified the most significant health needs for our region. These priorities reflect what we heard most often from residents, what we see in our own data, and where we can make the greatest impact. They also align with Perham Health's 2025–2028 Strategic Plan.

How We Chose These Priorities

We considered:

- Community voice from the survey (500+ responses)
- Health data from our EHR and state sources
- Social determinants of health such as housing, transportation, and food access
- Feasibility and impact, including where partnerships can make a difference
- Alignment with our mission and strategic initiatives

Our Top Three Priorities for FY2025–FY2028

1. Expand and Sustain the Elevate Program

Why it matters:
Elevate is more than a referral program - it is the bridge between healthcare and community that actively addresses social determinants of health (SDOH) and fills gaps where no solutions exist. Many residents face barriers such as transportation, food insecurity, and social isolation, which directly impact health outcomes. Elevate steps in to close these gaps through hands-on programs and partnerships, not just by pointing people to resources.

Since its launch, Elevate has demonstrated measurable impact:

- Volunteer Transportation Program – Providing rides to critical medical appointments for those without reliable transportation.
- Foot Care Clinics – Offering preventive care for individuals with diabetes and mobility challenges.
- Senior Meals & Connections – Creating daily opportunities for nutrition and social engagement.
- Emergency Food Box Program – Delivering immediate support for families facing food insecurity.

These services reduce avoidable hospitalizations, improve quality of life, and strengthen community resilience. Sustaining and expanding Elevate ensures that vulnerable populations receive comprehensive, coordinated support - helping people not only access care but thrive in their homes and communities.

2. Sustain Medical Assistance (MA) Coverage for Home Care

Why it matters:
Aging in place is a top priority for older adults in our community, but access to home care services is shrinking. Every other home care provider in our area has stopped accepting Elderly Waiver (EW) coverage, leaving Perham Health as the only option for residents who rely on Medical Assistance (MA) to remain at home. Without this coverage, vulnerable seniors face unnecessary hospitalizations or nursing home placement - often far from family and community.

Continuing to offer EW-funded home care is financially unsustainable, yet it is essential for equity and quality of life. These services allow older adults to maintain independence, reduce health risks, and avoid costly institutional care. Sustaining MA coverage for home care ensures that aging in place remains a realistic choice for those with limited resources, aligning with our mission to serve all members of our community regardless of income.

3. Partner on Workforce and Senior Housing Solutions

Why it matters:
Our region is experiencing a rapidly aging population, and housing options for older adults are limited. At the same time, workforce shortages - especially in health care and caregiving - are at critical levels, threatening access to essential services. Survey respondents ranked affordable housing and senior housing among the lowest-rated community resources, and workforce concerns surfaced repeatedly in comments.

Without action, these trends will lead to:

- Increased strain on families and caregivers
- Longer wait times for long-term care and home services
- Higher risk of hospitalizations and institutional placements far from home

Addressing these challenges requires collaboration beyond the walls of the hospital. By partnering with local government, businesses, and housing organizations, Perham Health can help develop age-friendly housing solutions and strengthen the pipeline for health care workers. These efforts will ensure older adults have safe, affordable places to live and that the workforce needed to care for them remains strong - supporting community health and economic stability.

Section 4 - Available Resources

Perham Health and its partners offer a strong foundation of services and programs to address the health needs identified in this CHNA. These resources - both internal and external - will play a critical role in implementing strategies for 2025–2028. (xxx)

Perham Health Services

- Full Continuum of Care: Primary and specialty clinics, emergency services, surgery, rehabilitation, and diagnostic imaging.
- Perham Living: Skilled nursing, assisted living, memory care, adult day services, and home care.
- Elevate Program: Care coordination and navigation for health and social needs, including foot care clinics, dementia support, volunteer transportation, senior meals, and emergency food boxes.
- Therapy and Wellness: Physical, occupational, and speech therapy, plus durable medical equipment and pharmacy services.
- Emergency Medical Services: Perham Area EMS, managed by Perham Health.

Community Partners

- City of Perham & Local Economic Development Authority (EDA): Collaborating on housing initiatives, workforce development, and community planning.
- Otter Tail County Public Health: Immunizations, chronic disease prevention, maternal and child health programs, and health education.
- Dancing Sky Area Agency on Aging: Regional leader in aging services, offering caregiver support, resource navigation, and advocacy for older adults.
- Senior Services: Local aging organizations providing respite care, support groups, and home safety programs.
- Housing and Transportation: City and county programs, Otter Express transit, and volunteer transportation through Elevate.
- Food and Nutrition: The Bridge Food Shelf, Meals on Wheels, and partnerships for nutrition programs.
- Education and Workforce Development: Area schools, community colleges, and training programs that help build the health care workforce.

Regional and State Resources

- Minnesota Department of Health (MDH) – Public health data, prevention programs, and technical assistance.
- Minnesota Housing and Aging Initiatives – Support for age-friendly housing and home modification programs.
- Medical Assistance and Elderly Waiver Programs – Funding for home and community-based services to help older adults age in place.

West Central Initiative – Regional planning and grant support for community development and health equity.

Section 5 - Evaluation of Prior Actions

Every CHNA cycle builds on the work that came before it. Since our last assessment, Perham Health has taken meaningful steps to address the priorities identified by our community. Here's what we accomplished and why it matters:

Elevate Program Growth

We launched and expanded Elevate, a program designed to bridge healthcare and community resources by addressing social determinants of health (SDOH). Elevate goes beyond referrals - it fills gaps where no solutions exist.

Key achievements include:

- Volunteer Transportation Program – Providing rides for patients without reliable transportation.
- Foot Care Clinics – Preventing complications for individuals with diabetes and mobility challenges.
- Senior Meals & Social Connection – Reducing isolation and improving nutrition for older adults.
- Emergency Food Box Program – Delivering immediate support for families facing food insecurity.

These services have helped hundreds of residents access care, avoid unnecessary hospitalizations, and improve quality of life.

Social Needs Screening

We integrated SDOH screening into routine care, asking patients about food, housing, and transportation needs. This proactive approach connects patients to resources quickly and strengthens partnerships with local agencies. As a result, more patients receive timely support for non-medical needs that impact health outcomes.

Childcare Initiative

Childcare emerged as a top concern in our 2022 CHNA, and we acted quickly. Perham Health partnered with KLN and Children's Corner Learning Center to expand childcare capacity for employees.
Impact highlights:

- Added new infant and toddler rooms and expanded preschool space.
- Offered tuition assistance to make childcare more affordable.
- Created 20 additional childcare spots exclusively for Perham Health and KLN families.

All new spots filled immediately, with a waitlist for toddler care. This initiative improved workforce retention and recruitment, demonstrating how creative partnerships strengthen community well-being.

Section 6 - Implementation Strategy

Perham Health will develop a formal Implementation Plan to address the significant health needs identified in this Community Health needs Assessment. This plan will:

- Focus on our top three priorities for 2025–2028:
  1. Expand and sustain the Elevate program to close care gaps.
  2. Sustain Medical Assistance (MA) coverage for home care to support aging in place.
  3. Partner with the community on workforce and senior housing solutions.
- Outline specific strategies, timelines, and partnerships to address these priorities.
- Be adopted by our governing board and posted publicly alongside this CHNA, as required by IRS §501(r) and Minnesota Statute §144.6985.

Our Implementation Plan will be available on our website and will include measurable goals to track progress over the next three years.

Compliance Statement

This Community Health needs Assessment (CHNA) was conducted in accordance with IRS §501(r) and Minnesota Statute §144.6985. It defines the community served, describes the assessment methods and community input, identifies significant health needs, and outlines a process for prioritization. The CHNA and accompanying Implementation Plan will be adopted by Perham Health's authorized governing body and posted publicly on our website.

Community members are invited to provide feedback on this CHNA by contacting Maggie Fresonke, Healthcare Strategist or visiting https://www.perhamhealth.org/community-health-needs-assessment/.