

Granite Falls Health Community Health Needs Assessment



Granite Falls Health

EXECUTIVE SUMMARY

Working Towards a Healthier Community

This Community Health Needs Assessment (CHNA) is a tool that is being used to analyze the health of a community, and to identify what resources are available for improving that health. This will allow Granite Falls Health (formerly Granite Falls Municipal Hospital & Manor) to see what resources, or lack thereof, impact the health of a region and to help identify additionally needed resources. The goal of this CHNA is to have an assessment and community improvement plan that is an asset for the community. This CHNA will be utilized as a planning tool to initiate strategic initiatives regarding services and support for local organizations in order to meet critical needs of the citizens of the community.

As a city-owned healthcare organization, Granite Falls Health's work in providing services that are directly correlated to the needs of our community is a central focus in how and why we operate. Decisions made within the facility are always made with the citizens of the community's best interest in mind and Granite Falls Health has a deep commitment to meeting the needs of all who need care and want to become a healthier self.

Granite Falls Health primarily serves the city of Granite Falls (56241) and secondarily the surrounding communities and areas to include Sacred Heart (56285), Clarkfield (56223), Cottonwood (56229), Montevideo (56265), Renville (56284), Wood Lake (56297), Maynard (56260), Echo (56237), Hanley Falls (56245), Belview (56214), Clara City (56222), Boyd (56218), and Watson (56295). Essentially, this service area is a 25 mile radius from the Granite Falls Health Facility.

Granite Falls Health offers care that respects patient choices, encourages participation, and recognizes the right to achieve personal health goals. Labeled as a level IV trauma center and a Comprehensive Advanced Life Support (CALS) designated hospital, Granite Falls Health offers superior local inpatient, outpatient, emergency care, ambulance and specialty services, radiology, mammography, obstetrics, and long-term care services in home care, nursing home, housing with services, and hospice care to people in and around the Granite Falls community.

It is Granite Falls Health's goal to demonstrate the commitment by dedicating capital, technology, and human resources with knowledge and expertise in the areas of healthcare delivery and community health issues that are important to rural healthcare and to the community. Lastly, it is our goal to demonstrate top quality of care by consistently striving to meet or exceed the needs and expectations of the citizens that we serve.

MISSION

Granite Falls Health exists to: Deliver compassionate care, promote healthy living, and to support people throughout their lives.

VISION

To be the healthcare home for people of the region, delivering the highest quality, customer services, and innovative care, throughout life.

VALUES

Respect

Providing personal, compassionate service recognizing the uniqueness and value of each individual while maintaining an environment that promotes fair, consistent and respectful treatment of employees.

Competency

Assuring the highest level of care and quality provided by those skilled to deliver care, support care, and those who lead the organization.

Effectiveness

Achieving the desired outcome of excellence in service focused to the organization and community by providing the needed assistance at the right time in the right way.

Compassion

Being sensitive to the feelings and needs of others and demonstrating care and concern.

Responsiveness

Readily reacting to the needs of the organization and community in order to provide personal, considerate, innovative, and effective customer service.

Partnership

Working collaboratively with the community to assure a vibrant healthy economy, acting as a promoter for the community's health, well-being, and sustainability.

A RETROSPECTIVE REVIEW

In 2013, Granite Falls Health participated in and created a Community Health Needs Assessment (CHNA) for the community to identify community perceptions of health concerns, barriers to access, gaps in service, health education, prevention services, vulnerable populations, and social concerns. At that time, an action plan was prioritized and put into place to address the needs within the community. The full 2013 report can be viewed at <http://www.granitefallshealth.com>. In that 2013 CHNA, community health priorities were identified and recommendations were implemented to address priority needs. As part of the 2016 CHNA process, a reflective review of the 2013 CHNA and Action Plan was conducted. The 2013 CHNA focused on education on services and obesity. In response to these identified needs, Granite Falls Health provided health education resources, through health fairs and other educational forums. One major area of health education that was focused on was the identified concern of obesity. Community members benefited by a wellness initiative and promotion of the Kilowatt Community Center, as well as different groups that focus on healthy lifestyles. In addition, in response to the 2013 CHNA, Granite Falls Health has maintained its workforce and successfully recruited a team of physicians and Advanced Practice Providers (APP's) to greater serve the health and wellness of the community.

The 2016 CHNA report is made widely available to the community through the Granite Falls Health website and a paper copy can be supplied upon written request.

WHY A CHNA WAS CONDUCTED

The 2016 CHNA was conducted by Granite Falls Health to identify community health needs and to form an Action Plan strategy to address identified priority needs. The facilities assessment of the community health needs also responds to regulatory requirements. Federal regulation require that tax-exempt hospital facilities conduct a CHNA ever three years and develop an implementation strategy that addresses priority community health needs, treatment and/or promote health and healing as a response to identified community needs. The CHNA process included an in-depth review of national, state and local data, key stakeholder interviews, and reviews of local level surveys and studies.

The 2016 CHNA represents an approach to gathering information that can impact healthcare delivery by identifying unmet healthcare needs and strengthening existing services. The assessment fit well with our mission and was a strategic way to look carefully at what gaps there are in our service offerings. As a significant employer within our service area, Granite Falls Health is proud of being a wise steward of our resources, including financial resources, human resources, and community resources. There is a strong connection between the status of the community's health and the social, economic, and environmental dynamics that define where people live. The qualities that define these contribute significantly and in diverse ways to the overall health of an entire community, not to mention they can influence the rate at which

healthcare systems are utilized and the specific services that are needed – from primary care checkups to emergency room visits and everything in between. This is all the more reason why Granite Falls Health puts forth special effort to understand the distinctive characteristics of the communities served by the facility.

The 2016 CHNA identified many areas of community health and wellness needs, including community health knowledge, the prevalence of chronic diseases, transportation and access to nutritional food. However, three major health and wellness priorities identified in the CHNA were mental health, senior services, and access to services.

SECTION 1: DEMOGRAPHICS

A thorough data review was conducted with publicly available data on the demographics and health indicators for our community. These data sources included the U.S. Census Bureau, County Health, and other documents available through the Minnesota Department of Health, the Minnesota Department of Human Services, and *The County Health Rankings*. Additional information was utilized from other internal sources.

DEFINITION OF COMMUNITY

Granite Falls Health serves communities in West-Central Minnesota and Southwest Minnesota, including all people, regardless of age, nationality, or economic status. For purposes of this report, the community is defined as Granite Falls and the zip code of 56241 (primary services area) and reflects the area from which the facility draws its patients and is represented in the data in this report from individuals who live and work in this area.

DEMOGRAPHICS OF SERVICE AREA

PEOPLE	Granite Falls, Minnesota	United States
Population	2,761	309,138,711
Pop. Density	770	88
Female Population	51.61%	50.83%
Male Population	48.39%	49.18%

ESTIMATED TOTAL POPULATION BY AGE		
Age 25 to 34	15.18%	13.32%
Age 35 to 44	8.84%	13.34%

Age 45 to 54	14.52%	14.44%
Age 75 to 84	10.21%	4.25%
Age 85 and over	3.98%	1.78%
RACE		
White	92.39%	74.17%
Native American	1.27%	0.82%
Two or More Races	5.11%	2.68%
Hispanic	1.74%	16.35%
FAMILY		
Households	1,216	115,226,802
Family Households	763	76,595,548
Non Family Households	453	38,631,254
Household Size	2.2	2.61
Married Population	56.95%	51.40%
Single Population	43.05%	48.60%

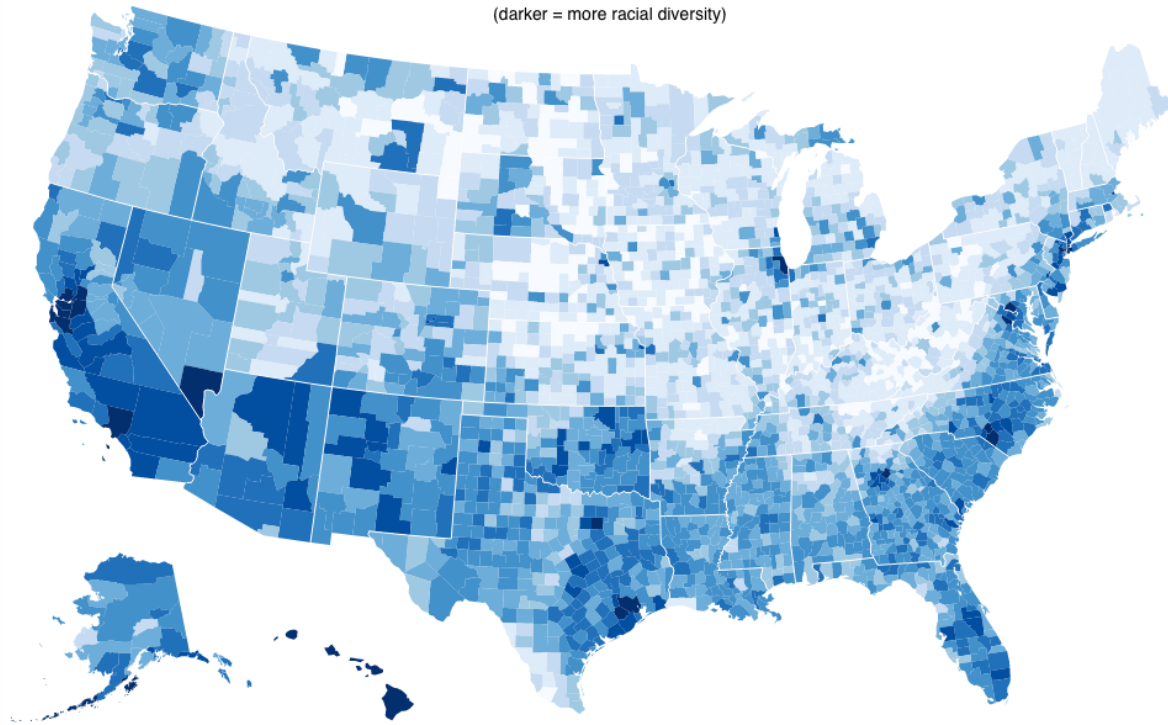
RURAL POPULATION TRENDS

Over the past decade the population in Granite Falls has slowly been declining. This can be attributed to decreasing business opportunities, different generations of people migrating towards the metropolitan areas for increased opportunity, many other reasons. The majority of the population is made up of those ages 45-84. It is fair to estimate the majority of the population will either retire and/or expire within the next 10-15 years. Most retired individuals keep a central home in Granite Falls, but many migrate to the southern states for the winter months to avoid the bitter cold temperatures and snowfall. As business opportunities continue to decrease in Granite Falls, the population follows.

Yellow Medicine County is predominantly white. However, there is a growing number of the population who are Native American and Hispanic. The chart below shows the racial diversity by county in comparison to the United States, there is very little racial diversity in Yellow Medicine County. The light areas show the small number of racial diversity and the darker the color signifies more racial diversity.

U.S. Racial Diversity by County

(darker = more racial diversity)



Data: census.gov/2010census | Author: Randy Olson (randalolson.com / @randal_olson)

HEALTH DATA

Chronic Disease

The most common chronic diseases in Granite Falls are diabetes and asthma. The prevalence of diabetes is 9.0% in comparison to the state of Minnesota at 5.8%. Both Yellow Medicine and Chippewa Counties show a significantly higher percentage than other counties in Minnesota. Diabetes being the most impressive increase than all other disease. Hypertension shows 37.4% in comparison to 30.4% in Minnesota. (Granite Falls CHNA, 2013). This is largely due to the Native American population, who have a higher incidence of hypertension and diabetes, coupled with the large obese population.

Leading causes of death for our area for all ages include cancer, heart disease and stroke. Motor vehicle accidents and suicides are close to follow. The number one cause is heart disease. In populations under the age of 75, cancer is the number one cause of death at 93.5% and heart disease follows with 49.2%. Unintentional injuries are the number three cause of death at 36.4%. In comparison to the state of Minnesota, Yellow Medicine County compares slightly higher by one-three percent, but the top three causes of death are consistent.

Access to Care

- There are two primary care clinics in Granite Falls, being the Granite Falls Health Clinic and the ACMC clinic. The providers serve the 25-bed Granite Falls Hospital.
- Much of the population with chronic medical conditions and/or an acute treatable illness try to manage at home until the condition worsens or present to the emergency room.
- The clinic does not offer an urgent care option nor does it have hours of operation after 5pm Monday through Friday.
- Mental Health Professional Shortage: All of Southwest and West-Central Minnesota is underserved in mental health services. There is also a shortage of dentist, primary care, and specialty service providers.

Health Behaviors/Physical Activity/Eating Habits/Obesity

- Obesity is very prevalent in the service area. 36.9% of the population is considered obese, 35.4% are overweight, but not considered obese and only 27.7% of the population is considered not overweight. Over 2/3 of the total population is considered obese and/or overweight.
- It is important to address obesity as it relates to overall health moving forward with the Community Paramedic program.
- Tobacco use in our adult population shows 55% of our adult population has never smoked, 18% are current smokers, and 27% are former smokers. There is a higher percentage of smokers who are male 63% versus 35% female. (Countryside Public Health, 2015.)
- Fewer adults are getting the recommended 5 or more fruits and vegetables in the region as compared to the State of Minnesota.
- Fewer than 1 in 5 high school students meet the recommended servings of fruits and/or vegetables.
- Yellow Medicine County 9th grade students are considerably lower than the State of Minnesota in eating the recommended servings of fruits and/or vegetables.
- The table shows a large portion of the population in our area do not participate in physical activity and/or insufficient physical activity.

	Sufficient Activity	Insufficient Activity	No Activity
Countryside CHB	25.9	23.8	50.2
19-county region	29.7	24.1	46.2
Females	22.7	23.3	54
Males	29.1	24.4	46.5

Mental Health

- 9% of adults in the region experienced significant depressive symptoms in 2015. 4% of adults had symptoms of serious psychological distress (although these groups are not mutually exclusive). Individuals with serious mental illnesses were more likely to experience homelessness, lack of insurance coverage, and less social support.
- 30% of 9th grade students in the last 12 months feel significant problems with anxiety, nervousness, tension, fear or the feeling that something bad was going to happen. 12% of 9th graders have seriously considered attempting suicide.
- Mental health diagnosis continues to recur in the top ten reasons for emergency department visits.

Environmental Health & High Risk Behaviors

- According to the chart below from Minnesota Department of Health, Minnesota, Yellow Medicine and Chippewa counties rank very high on childhood immunization rates. Although over 90% of our children and students are receiving vaccines as recommended, there remains a few percentage of children unvaccinated. This may be attributed to research and studies showing links between autism and immunizations and/or family beliefs.
- Adults and 9th graders smoking rates are increasing.
- Percent of birth mothers who smoke is higher versus state averages.
- Percent of students who engaged in binge drinking in the last year is higher compared to the State of Minnesota.
- Teen birth rate is higher compared to the State of Minnesota
- Rates of STD's are increasing at a higher rate compared to the State of Minnesota.
- Residential homes are at a higher risk for radon exposure compared to the State of Minnesota.

Advanced Aging Population

- Higher percent of people utilize nursing homes for care versus home & community care options.
- Long term care expenditures are higher than state average; home & community based service expenditures 65+ is lower than the Minnesota average.

HOSPITAL DATA

Emergency Department Discharge Reason for Visit

In review of internal data sources, for January 1, 2015 – December 31, 2015, the top reasons for discharges from the Emergency Department included:

- Chest Pain
- Abdominal Pain

Top Diagnoses for Discharge from the Hospital

In 2015, the top diagnoses were:

- Pneumonia
- COPD
- Gastroenteritis
- Cellulitis
- Septicemia
- Diabetes

COMMUNITY RESOURCES IDENTIFIED

Granite Falls and its surrounding communities have many valuable community assets that promote good health and a high quality of living for its residents. These assets include comprehensive healthcare resources, a strong educational system, supportive social service organizations, safe neighborhoods, many parks and opportunities for outdoor recreational activities, and an active arts and cultural scene. A non-exhaustive list is below:

Community Resources and Programs

The City of Granite Falls and Yellow Medicine County have multiple available community resources the public can turn to for education, continued care and/or assistance with filling any unmet needs. Granite Falls Health, Prairie Five, Western Mental Health, Countryside Public Health and Yellow Medicine County are just some of the facilities that collaborate in the area to improve the quality of life.

Hospital Resources

- Transition of Care/Home Care: This program offers skilled nursing available in the patient's own home. Nurses and staff work closely with patients to provide specialized care that best meets their needs. Many locations are available in the city of Granite Falls. Some facilities
- Outpatient services include:
 - Physical therapy/Occupational therapy – Both of these services provide treatment with goals to get back to normal activities of daily living and return to

previous functional levels. These services can be part of a whole treatment plan for the patient involving all members of the healthcare team. Therapists will travel to some of the smaller surrounding communities and patients homes to help ensure a more productive outcome.

- Speech therapy - Speech Therapy is available to homecare clients, Manor Residents, outpatients and hospital inpatients. Many patients in the community are seen due to previous CVA or brain injury. There are also services available for children to assist with stuttering, autism and language disorders. For children, having this service locally means less hours spent away from school and daily life.
- Cardiac rehab – Usually it takes 5-6 weeks of cardiac rehab to heal the heart after a heart attack. Both inpatient and outpatient services are available.
- Wound, Ostomy and Continence Nursing – Physicians may refer patients in the area to help with the healing process after severe injury, surgery or illness. Because wound care can be a daily visit, having a WOC nurse in the community hospital helps to reduce drive time and cost.
- Out-patient infusion and chemotherapy – The nurses that provide care in this unit have Oncology certification and training in chemotherapy and biotherapy in order to provide specialized care. The hospital added this department recently to help reduce time away from home during illness, travel arrangements and cost for the patient. It also provides a support system for the patient that is close to home. (Granite Falls Hospital, 2016).

Living At Home/Block Nurse Program

- The Living at Home/Block Nurse Program is a community program that draws upon the volunteer services of local residents to provide information, social and support services for their elderly neighbors to help them to remain independent in their homes.

Prairie Five

- Senior Nutrition Program/Meals on Wheels – This program functions almost entirely on community volunteers. The program promotes health through nutrition and reduction of social isolation by congregate dining. They also provide meal delivery and frozen meals for weekends and holidays.
- Energy Assistance – This program provide funds to eligible households to pay a portion of their home energy costs. Funds are also available to provide weatherization and energy related repairs. The program is designed to assist households with energy bills without eliminating responsibility for paying energy bills.
- Head Start Program – This program is income based and children are to attend class in a pre-school setting two to three days a week. They also have home visits with teachers one to two times a month. This program works with parents to ensure that the child has access to quality healthcare, including dental, vision, speech, hearing, nutritional, and

mental health screenings, physical exams and immunizations. The staff is also able to provide referrals to other community agencies as needed.

- Community Education – These classes and recreation activities are available year round for area youth. Applications are available in many places including the school district, probation officers and family services. Guidelines for the program include being between ages of 14-21 and gross family income, unless the youth meets one or more of the following criteria. (Prairie five, 2014)
 - Recovering Chemically Dependent
 - In Foster Care
 - Emotionally or Physically Challenged
 - Current IEP on File with School
 - Eligible for/or receiving Food Stamps
 - MFIP Recipient (family)
 - Receiving Social Services and/or Group Home Services
 - Attending Alternative School
 - Currently on Probation
 - Pregnant or Parenting Youth
 - Limited English Speaking
 - Runaway Youth
 - Homeless Youth

Western Mental Health

- Adult Mental Health Rehabilitation/Community Support – This program uses resources to help patients learn to cope with stress, take medications correctly and build a social support system. The goal of both group and individual work is to reduce or prevent a relapse of mental health symptoms. Outpatient Psychiatry is also available through telehealth.
- Children Therapeutic Services and Support – The goal of this program is to help children build skills to learn to cope with stress. A practitioner will come to the home and work with children and families to help them improve on emotional, social, behavioral or academic abilities. Some of the patients that this program helps are children who are at risk for out of home placement.
- Mobile Crisis Unit – This service is available 24 hours a day, 7 days a week. They provide mental health services to adults, children and families who are experiencing a mental health crisis in their own home. These services can be over the phone, on site, short term ongoing support or crisis prevention planning. Services can be provided in your home, hospital, jail or other community locations. (Western Mental Health, 2009).

Countryside Public Health

- Women, Infants, Children (WIC)
 - WIC provides nutritional information, infant and child feeding tips, breastfeeding counseling, referrals for health care and supplemental foods for women and children including: milk, cheese, eggs, juice, iron-fortified cereals, peanut butter, dried peas, beans and lentils, whole grain foods, fruits and vegetables, tuna and salmon for breastfeeding women. Infants receive the following: infant cereal, iron fortified formula, and infant fruits and vegetables. (Countryside, 2016).
 - Those eligible for WIC include: Those residents of the county who meet the program's liberal income guidelines including those who are pregnant, women breastfeeding, and an infant under 1 year of age, women who have a baby less than 6 months old, infants and children up to 5 years old, participation in Food Stamps, and/or Medical Assistance.

Yellow Medicine County

- Food Shelf
 - Yellow Medicine County food shelf is a food pantry that is open every Wednesday from 9am-3pm.
 - Serves the residents of Yellow Medicine County, including residents of Granite Falls residing in Chippewa County. Requires proof of current address for all members of the household. Visits to the food shelf are limited to once per month with the exception of extreme emergencies.
- City Bus-Heartland Express
 - The Heartland Express is the public transportation system governed by the City of Granite Falls serving local residents and visitors. It provides quick and convenient door to door transportation within the city limits of Granite Falls. Transportation hours are limited to Monday through Friday 8am-5pm. Each bus is handicap accessible and driven by a city employed driver. This service is available to all people in the City of Granite Falls regardless of income or age. (Granite Falls, 2016).
- County Human and Social Services
 - Yellow Medicine County Adult Services provides services to individuals who may have issues related to aging/long term care and community based services, physical and/or developmental disabilities, or adult protection. Services may include, but are not limited to, information and referral, long term care consultation and/or other screenings and assessments related to services, eligibility determinations, services access and funding, case management/care coordination, and adult protective services.
 - Foster Care for adults assists men and women, 18 years of age and older, who are unable to live alone but want to live in a family setting. They may have

emotional, physical, developmental or mental health needs. They may attend school, work or day programs. The home can provide up to 24 hour supervision for 1 to 4 residents. Residents receive meals, support, supervision and some assistance with personal care and living skills as needed. Adult Foster Care homes are licensed by the State of Minnesota under Rule 203 and Statute 245A.

- Case Management for Adult Mental Health provides case management services to adults with serious and persistent mental illness in Yellow Medicine County. Assistance is given in obtaining mental health, social services, financial assistance, medical, legal, vocational, housing, and other services designed to assist individuals to remain in the community. Some programs have income and documentation of disability requirements.
 - Mental Health Case Managers receive referrals from consumers, provider agencies, hospitals, medical clinics, mental health centers, Intensive Residential Treatment Services (IRTS), community individuals, and law enforcement. Case Managers are advocates for consumers and work to insure that the consumers are able to live their lives as independently as possible. (Yellow Medicine County, 2016).

SECTION 2: DATA ASSESSMENT ANALYSIS

For purposes of gaining pertinent information for this CHNA, community input was gathered from community leaders, hospital leaders, and members of a number of community service groups representing the broad interests of the community, including underserved populations. Through this process, individual interviews were conducted with key informants. The focus of these interviews were to learn more about the health concerns of the community.

Topics for these interviews included:

- What is positively impacting health in our community?
- What are the barriers to health in the community?
- What is the most pressing health need in the community?

KEY THEMES FROM INTERVIEWS

Major findings from the interviews included an assessment on the following factors that have been identified as a significant health need for the community. These factors included:

- **Mental Health** – Interviews revealed concerns over limited access to providers and long wait times for professional appointments, transportation issues, increases in the use of chemicals, suicide rates, bullying, and a general lack of coping skills.
- **Senior Care Services** – Interviews revealed that even though the community had a brand new, successful nursing home, there was a need for ample long-term care services, respite care, a full continuum of care, and caregiver services. Within that,

there is a great need to address the growing number of dementia patients in the area that are currently being cared for by family members and loved ones in the setting of the home. Specifically, it was identified that there was a need for an assisted living, dementia unit or memory care program, and for additional education/trainings for caregivers.

- **Access to Services** – Interviews revealed continual gaps in access to care and care coordination among providers. Discussions discovered that there was a specialized need for elderly who are suffering from chronic diseases and dementia care coordination. Eliminating fragmentation, through a streamlined, team approach to care is necessary. Interviews also mentioned the need to address the nonexistence of specialty services, urgent care/walk-in clinic, and programs for the underserved populations in the community (i.e. Community Paramedic).

SECTION 3: COMMUNITY HEALTH NEEDS PRIORITIZATION

HEALTHCARE PRIORITIES

Identification of priority health needs was accomplished from internal stakeholders of Granite Falls Health. Supported with the primary and secondary community health and wellness data obtained through the CHNA process, the internal stakeholders prioritized community health and wellness needs based upon community impact, potential for change, economic feasibility, community assets and alignment with the mission, vision, and values of Granite Falls Health.

Upon completion of prioritizing the community health needs, Granite Falls Health determined the following three community health needs:

- Unmet Mental Health Needs
- Senior Care Services
- Access to Services

Prior to conducting and completing the CHNA, Granite Falls Health was aware to these specific areas of need. The CHNA helped to validate these presumptions and raise greater awareness about the scale of the health concerns mentioned above. This process also helped to validate efforts that have been ongoing and/or are currently underway to address these health needs. It is significant to consider that work in the area of community health is never complete. That is, the health needs of the community are fluid and are subject to change over time and require new and innovative approaches to satisfy unmet and emerging needs.

NEXT STEPS

Develop Implementation Plan

The implementation plan will serve as a guide for how community resources will be used to address the health needs identified through the CHNA. Granite Falls Health has an extensive track record of identifying and testing practices for imitation throughout the service area by

leveraging the expertise of staff and by working collaboratively with community partners. That being said, the implementation plan that will guide the overall strategy – is created to act as an extension of the kind of work that Granite Falls Health carries out regularly in order to promote community health.

The 2016 CHNA report was approved by the Granite Falls Health Board of Directors on January 24, 2017.