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COMMUNITY HEALTH NEEDS ASSESSMENT

July 2020

OVERVIEW

In the spring of 2020, Johnson Memorial Health Services (JMHS) conducted a Community Health Needs Assessment (CHNA) for the residents (approximately 6,500) of Lac qui Parle County.

The CHNA was conducted with assistance from Eide Bailly LLP, an accounting and consulting firm specializing in financial, operational, and health-need consulting with healthcare organizations.

A CHNA is a tool used to help communities assess their strengths as well as their weaknesses when it comes to the health of the community. It is also the foundation for improving and promoting the health of the community. The process helps to identify factors that affect a population's health and determine the availability of resources within the community to adequately address these factors and any additional health needs.

OVERVIEW

The CHNA process fulfills the requirements set forth by Internal Revenue Code 501(r)(3), a statute established within the Patient Protection and Affordable Care Act, which requires not-for-profit hospitals to conduct a CHNA every three years. This report includes qualitative and quantitative information from local, state, and federal sources. In addition, input was received from persons that represented a broad range of interests in the community, persons with public health knowledge and expertise, and persons representing medically underserved and vulnerable populations. Input received from the public on the prior CHNA would have been considered in the process, but no feedback was received.

JMHS will create an implementation plan to clarify how it and other community resources will address the needs identified during the CHNA process.

HOSPITAL OVERVIEW

JMHS includes a clinic, hospital, care center, assisted living, ambulance service, and Boyd Community Health Center. Services include:

- Ambulance
- Assisted Living
- Bariatric Clinic
- Boyd Community Health Center
- Care Center
- Clinic
- Consulting Services
- Chronic Care Management
- Emergency Room
- Hospital
- Hospice
- Laboratory Services
- Outreach Services
- Radiology
- Rehab Services
- Surgical Procedures
- Women's Health

JMHS is a hospital district consisting of the City of Dawson and seven townships: Baxter, Cerro Gordo, Hamlin, Lac qui Parle, Maxwell, Providence, and Riverside.

HOSPITAL OVERVIEW

Mission Statement

To Deliver Excellence in Health Care to our Local Community and Beyond.

Vision Statement

We Inspire Change and Make a Healthy Difference in People's Lives.

Value Statement

T.E.A.M.

TRUST: We count on and support one another individually and as team members.

EXCELLENCE: We perform at the highest level, always learning and looking for ways to improve.

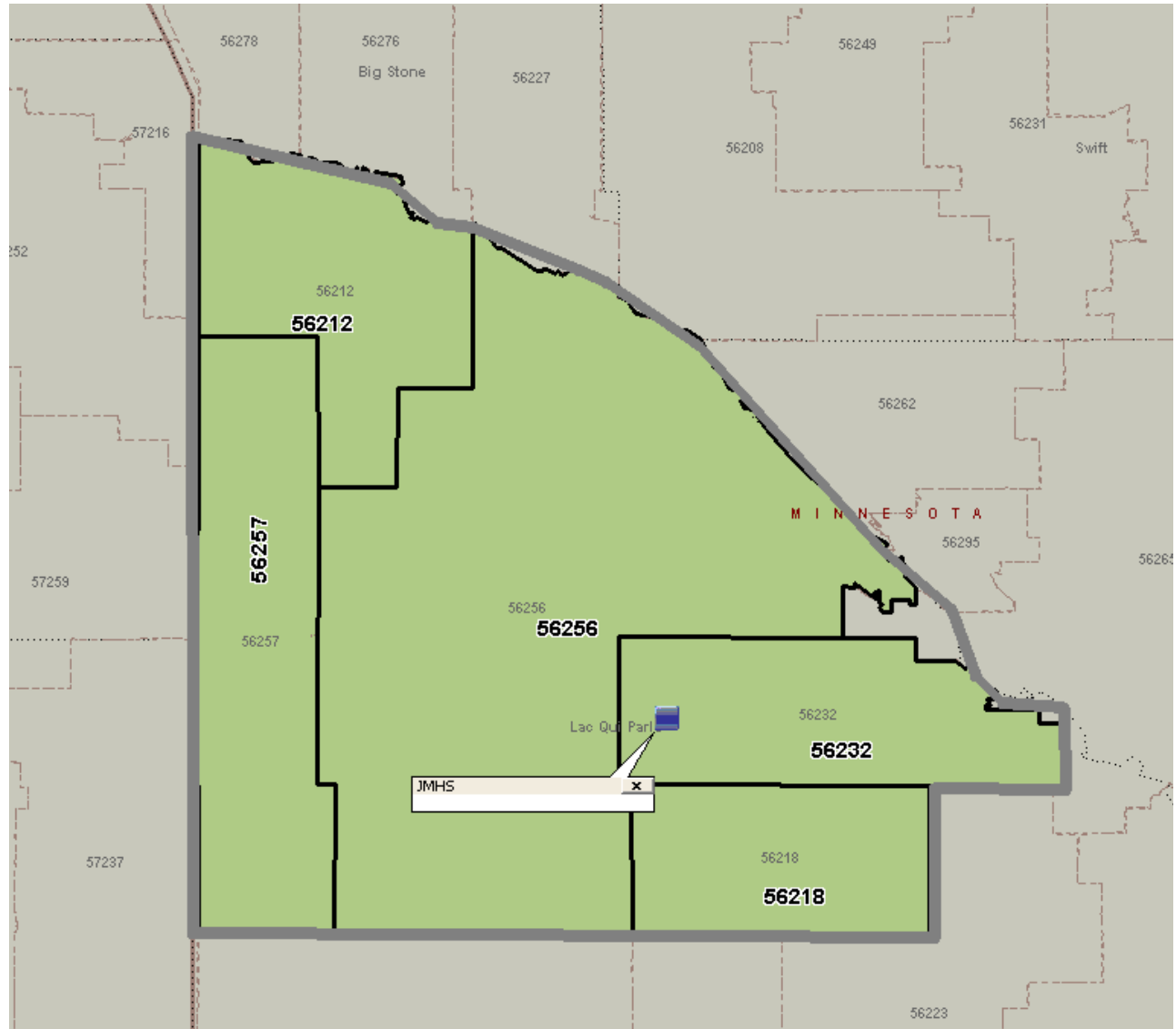
ACCOUNTABILITY: We accept responsibility for our actions, attitudes, and health.

MUTUAL RESPECT/INTEGRITY: We embrace diversity and treat one another with dignity and empathy. We are principled, honest, and ethical, and we do the right thing for those we serve.

COMMUNITY SERVED



Inpatient data from CMS (Hospital Service Area File) was reviewed to understand patient origin (inpatient discharges) for JMHS. The following five zip codes accounted for 87% of inpatient discharges (Medicare) from 2016 to 2018. The boundary for these zip codes closely resembles Lac qui Parle County. For this community health needs assessment, *community* will be defined as Lac qui Parle County.



COMMUNITY SERVED

Total Population	Census 2010	Est. 2015	Est. 2020	Proj. 2025	5yr change 2015 - 2020	5yr change 2020 - 2025
Lac Qui Parle County	7,259	6,901	6,542	6,374	-5.2%	-2.6%
Minnesota	5,303,925	5,487,178	5,670,431	5,869,093	3.3%	3.5%
United States	308,745,538	319,543,916	330,342,293	341,132,738	3.4%	3.3%

65+ Population	Census 2,010	Est. 2,015	Est. 2,020	Proj. 2,025	5yr change 2015 - 2020	5yr change 2020 - 2025
Lac Qui Parle County	1,726	1,780	1,833	1,947	3.0%	6.2%
Minnesota	683,121	807,900	932,679	1,092,611	15.4%	17.1%
United States	40,267,984	47,616,487	54,964,989	63,790,899	15.4%	16.1%

Source: Environics Analytics

Lac qui Parle County saw a 5.2% population decline in the last five years. Decline is projected to continue but not as steep; 2.6% over the next five years.

Minnesota and the United States have seen 3.3% and 3.4% population growth in the last five years, respectively. Growth is expected to continue in the next five years at 3.5% and 3.3% (Minnesota and United States).

Population trends can indicate the need for more or less health care services in the future. Many rural parts of the U.S. are projected to have declining populations in the next five years.

Lac qui Parle's 65+ population is growing but not at the same rate as for Minnesota or the United States. An aging population can impact need for health services, swing bed utilization, senior living, payer mix, etc.

COMMUNITY SERVED

The occupational classification for the PSA community is as follows:

- 23.3% hold blue collar occupations
- 56.5% hold white collar occupations
- 20.2% are occupied as service and farmworkers

Health care needs are usually not differentiated by white collar vs. blue collar occupations but rather socioeconomic status.

The civilian employed population age 16 and older in the PSA is employed in the following occupational categories:

17.1% Management	4.0% Personal Care
10.4% Office and Administrative Support	3.7% Building and Grounds Maintenance
8.9% Sales & Related Services	3.1% Farming, Fishing, Forestry
7.4% Transportation and Moving	2.9% Business and Finance
6.9% Health Care Practitioners & Technician	1.7% Community and Social Services
6.8% Production	1.4% Arts, Entertainment, and Sports
5.1% Construction and Extraction	1.2% Computers and Mathematics
4.9% Education	1.0% Protective Services
4.4% Health Care Support	0.6% Architecture and Engineering
4.1% Maintenance and Repair	0.5% Life, Physical, and Social Sciences
4.0% Food Preparation and Service	0.1% Legal Services

COMMUNITY SERVED

Median household income in LQP County is \$51,491. This is projected to decrease 0.2% to \$51,407 in 2025.

LQP County incomes are significantly lower than across Minnesota and the United States. Incomes are projected to decline slightly in LQP County where across Minnesota and the United States they are projected to grow 10.8% in the coming five years.

Income can impact housing, food, child care, stress, alcohol and tobacco use. Income also impacts utilization of preventive care services. This can increase the risk of health problems developing or worsening over time

	Lac Qui Parle County	State of Minnesota	United States
Total Households			
Estimated 2020	2,902	2,264,423	125,479,002
Projected 2025	2,844	2,354,182	129,798,868
Median Household Income			
Estimated 2020	\$ 51,491	\$ 74,437	\$ 65,228
Projected 2025	\$ 51,407	\$ 82,474	\$ 72,245
Projected Median Household Income Growth 2020 - 2025			
Lac Qui Parle County	-0.2%		
State of Minnesota	10.8%		
United States	10.8%		

Source: Environics Analytics

COMMUNITY SERVED

The LQP County individual poverty level is below those of Minnesota and the United States.

The family poverty level in LQP County is slightly higher than for Minnesota but well below the 10.5% for the United States.

	Percentage of Individuals below <u>Poverty Rate</u>	Percentage of Families below <u>Poverty Rate</u>
Lac Qui Parle County	9.3%	6.7%
State of Minnesota	10.5%	6.6%
United States	14.6%	10.5%

Source: US Census Bureau American FactFinder

COMMUNITY SERVED

Unemployment in LQP County has been slightly higher than in the State of Minnesota with the exception of 2017 when the levels were equal.

Unemployment in the U.S. has been higher than both LQP County and the State of Minnesota until 2019 when its level dropped to 3.7%, slightly lower than in LQP County.

Unemployment	2015	2016	2017	2018	2019
Lac Qui Parle County	4.1%	4.3%	3.4%	3.6%	3.9%
State of Minnesota	3.7%	3.9%	3.4%	2.9%	3.3%
United States	5.3%	4.9%	4.4%	3.9%	3.7%

Source: Bureau of Labor Statistics - all rates are not seasonally adjusted

HEALTH DATA

To examine health areas of strength and health areas to explore, *County Health Rankings* is utilized. The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties are ranked against their state peers based on health outcomes and health factors. Subcategories are as follows:

Health Outcomes

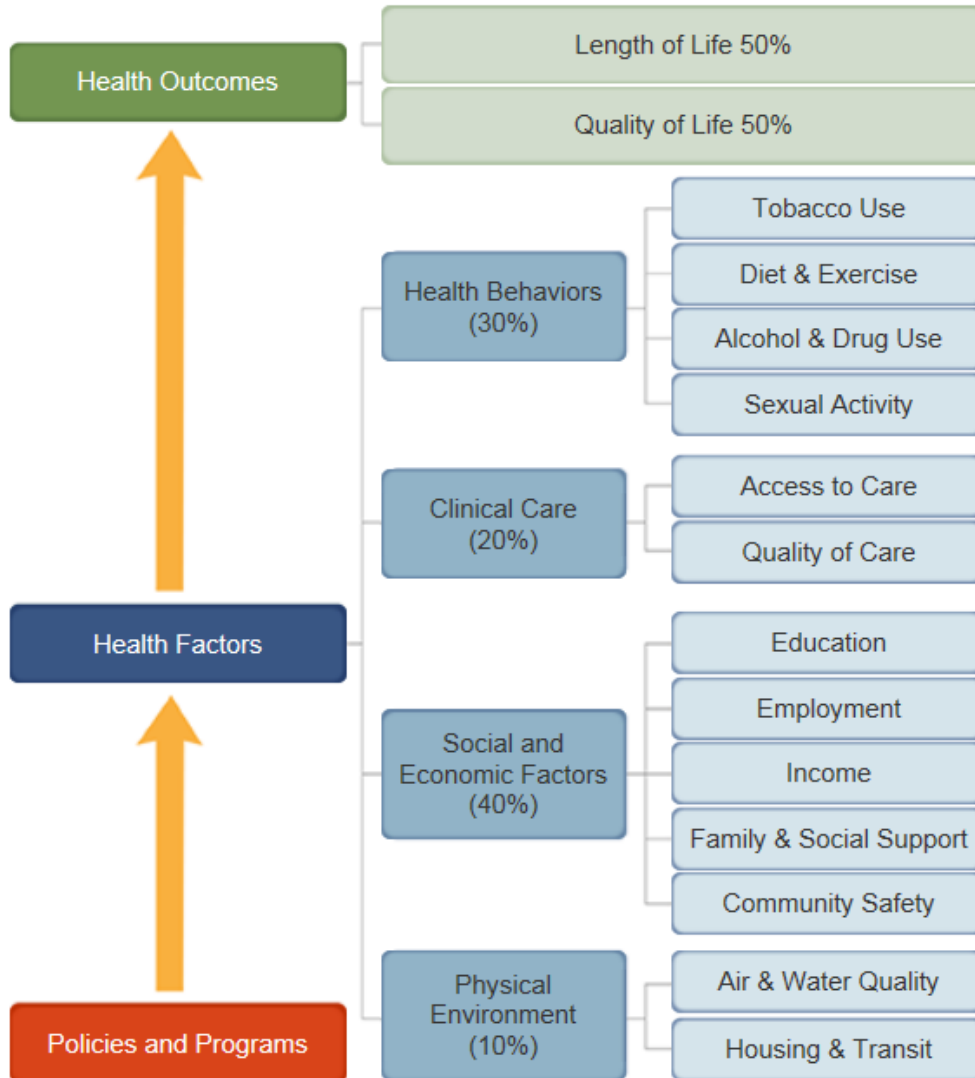
- Length of life
- Quality of life

Health Factors

- Health behaviors
- Clinical care
- Social and economic factors
- Physical environment

The report provides information by county on “Areas of Strength” and “Areas to Explore”, as determined by the County Health Rankings. This can be helpful in setting a direction for the community health needs assessment.

COUNTY HEALTH RANKINGS

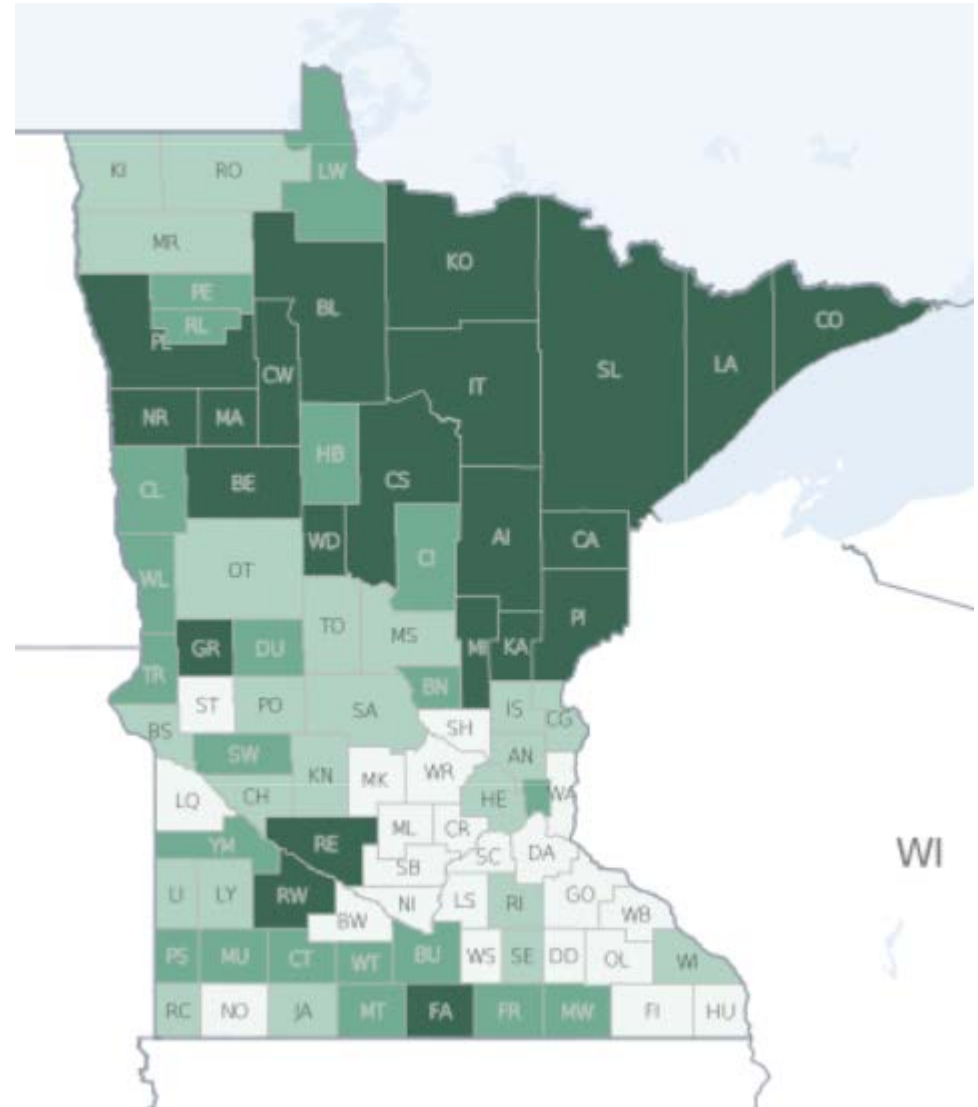


County Health Rankings model © 2014 UWPHI

COUNTY HEALTH RANKINGS - HEALTH OUTCOMES

The following provides overall health outcomes rankings by county for the State of Minnesota for 2019 (lower the better):

Lac qui Parle County: 8 of 87



RANK 1-22 23-44 45-65 66-87 NOT RANKED (NR)



**County Health
Rankings & Roadmaps**

A Healthier Nation, County by County

COUNTY HEALTH RANKINGS - HEALTH FACTORS

The following provides overall health factors rankings by county for the State of Minnesota for 2019 (lower the better):

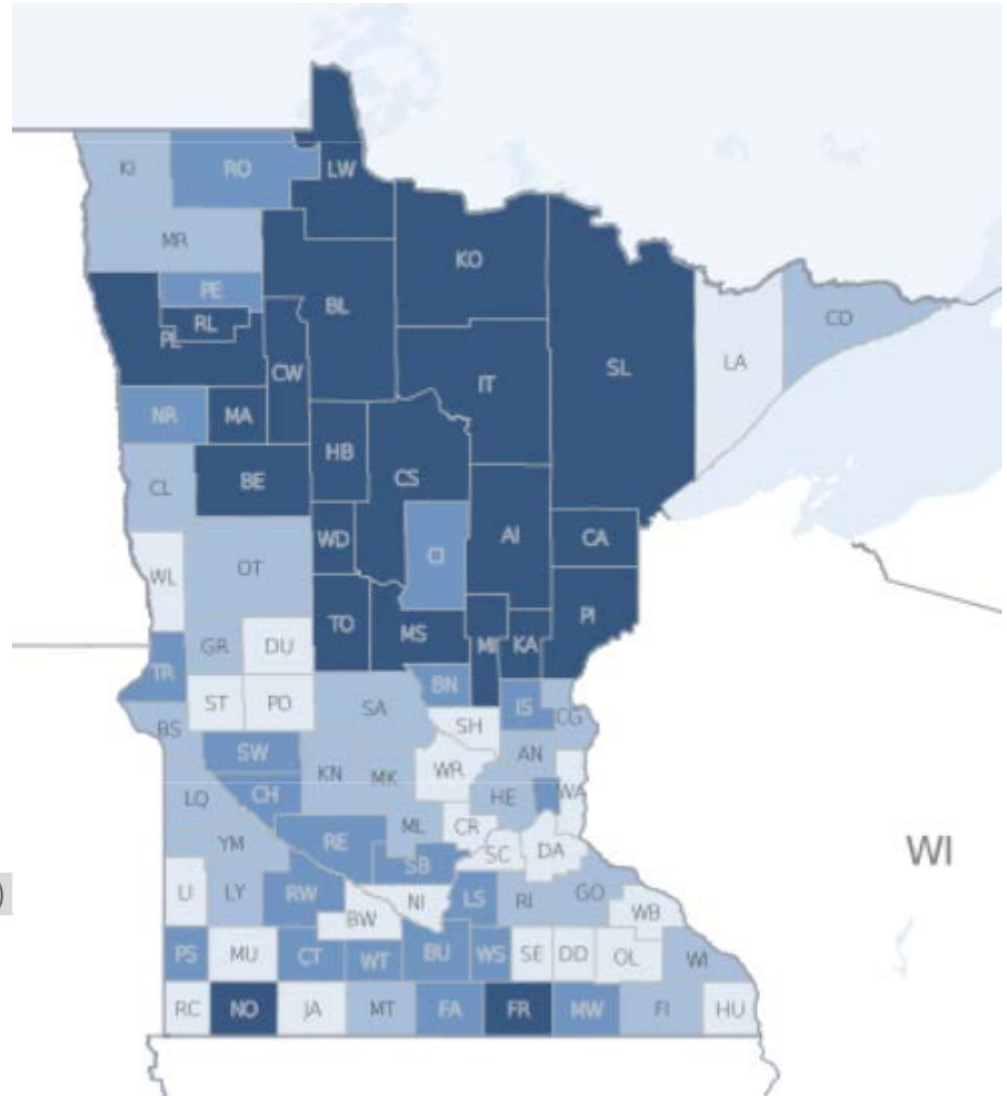
Lac qui Parle County: 25 of 87

RANK 1-22 23-44 45-65 66-87 NOT RANKED (NR)



**County Health
Rankings & Roadmaps**

A Healthier Nation, County by County



HEALTH DATA RESULTS – LAC QUI PARLE COUNTY

Explanation for areas of strength and areas to explore: We use a variety of techniques to identify the health factors for your county that seem to have the greatest potential opportunity for improvement, or assets your community may want to build on while also accounting for the relative influence of each measure on health outcomes. We identify measures where there are meaningful differences between your county's values and either your state average, the national average, or the state average in the best state.

Areas to Explore:	Area of strength:
Adult smoking	Sexually transmitted infections
Adult obesity	Teen births
Physical inactivity	Uninsured
Access to exercise opportunities	Primary care physicians
Excessive drinking	Mammography screening
Alcohol-impaired driving deaths	High school graduation
Mental health providers	Some college
Preventable hospital stays	Children in poverty
Flu vaccinations	Social associations
	Air pollution - particulate matter
	Severe housing problems

HEALTH DATA RESULTS

The County Health Rankings also provides rankings for each of six categories for each county relative to its state peers. The table below shows Lac qui Parle County's rank in each of the six categories plus overall rankings. The best score (rank) is one, so the lower the number, the better.

County ranking (of 87 Minnesota counties)	
Category	Lac Qui Parle County
Length of life	12
Quality of life	6
Health behaviors	24
Clinical care	64
Social & economic factors	21
Physical environment	3
Overall rank: health outcomes	8
Overall rank: health factors	25

Source: County Health Rankings, University of Wisconsin Population Health Institute

FROM COUNTY HEALTH RANKINGS

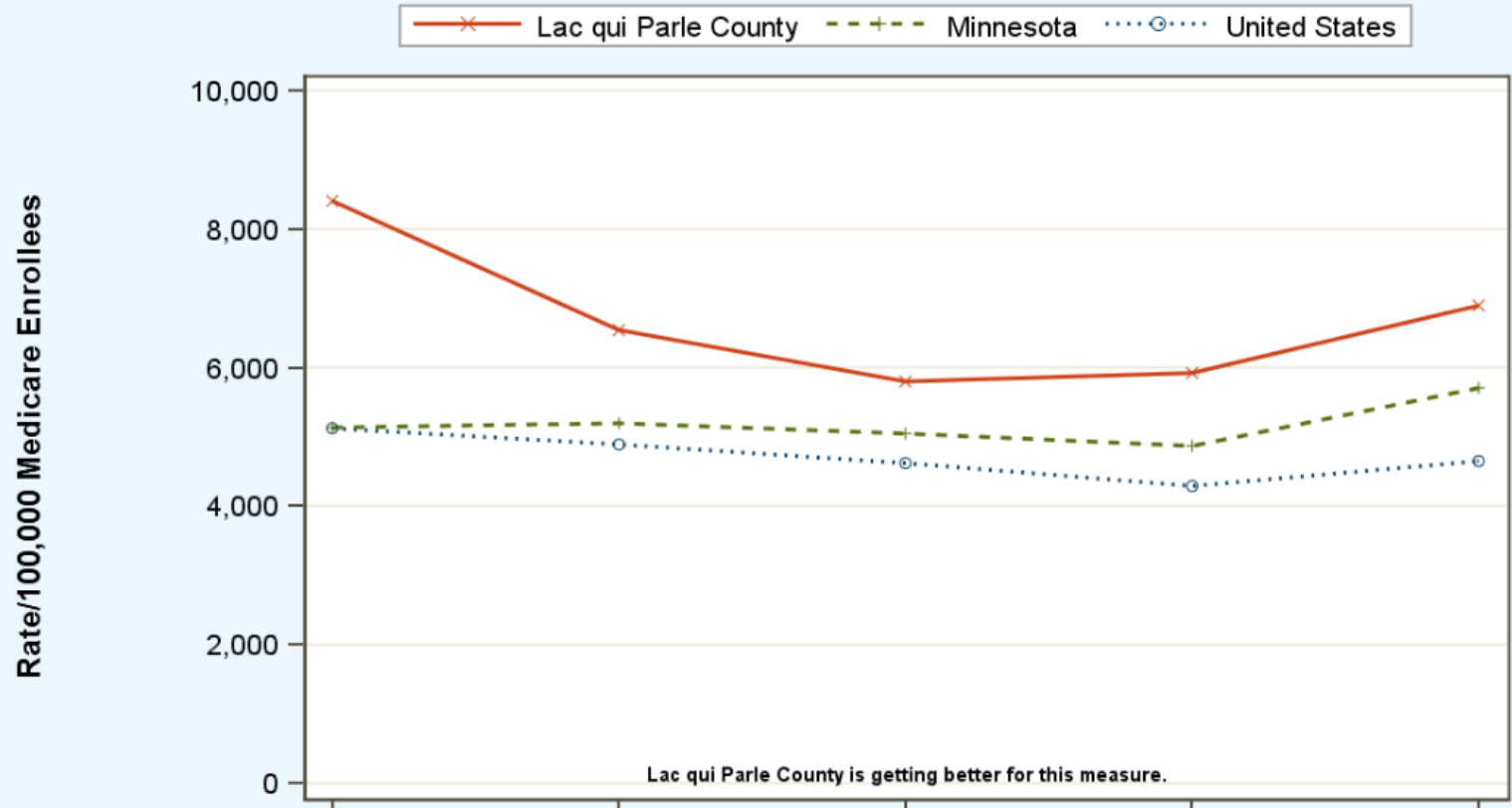
	Lac qui Parle County	Trend	Error Margin	Top U.S. Performers	Minnesota	Rank (of 87)
Clinical Care						64
Uninsured	6%		5-6%	6%	5%	
Primary care physicians	960:1			1,050:1	1,120:1	
Dentists	2,230:1			1,260:1	1,410:1	
Mental health providers	6,690:1			310:1	430:1	
Preventable hospital stays	6,893			2,765	5,703	
Mammography screening	51%			49%	46%	
Flu vaccinations	22%			52%	49%	

*no trend data available for mental health providers

Show areas to explore Show areas of strength

FROM COUNTY HEALTH RANKINGS

Preventable hospital stays in Lac qui Parle County, MN
County, State and National Trends

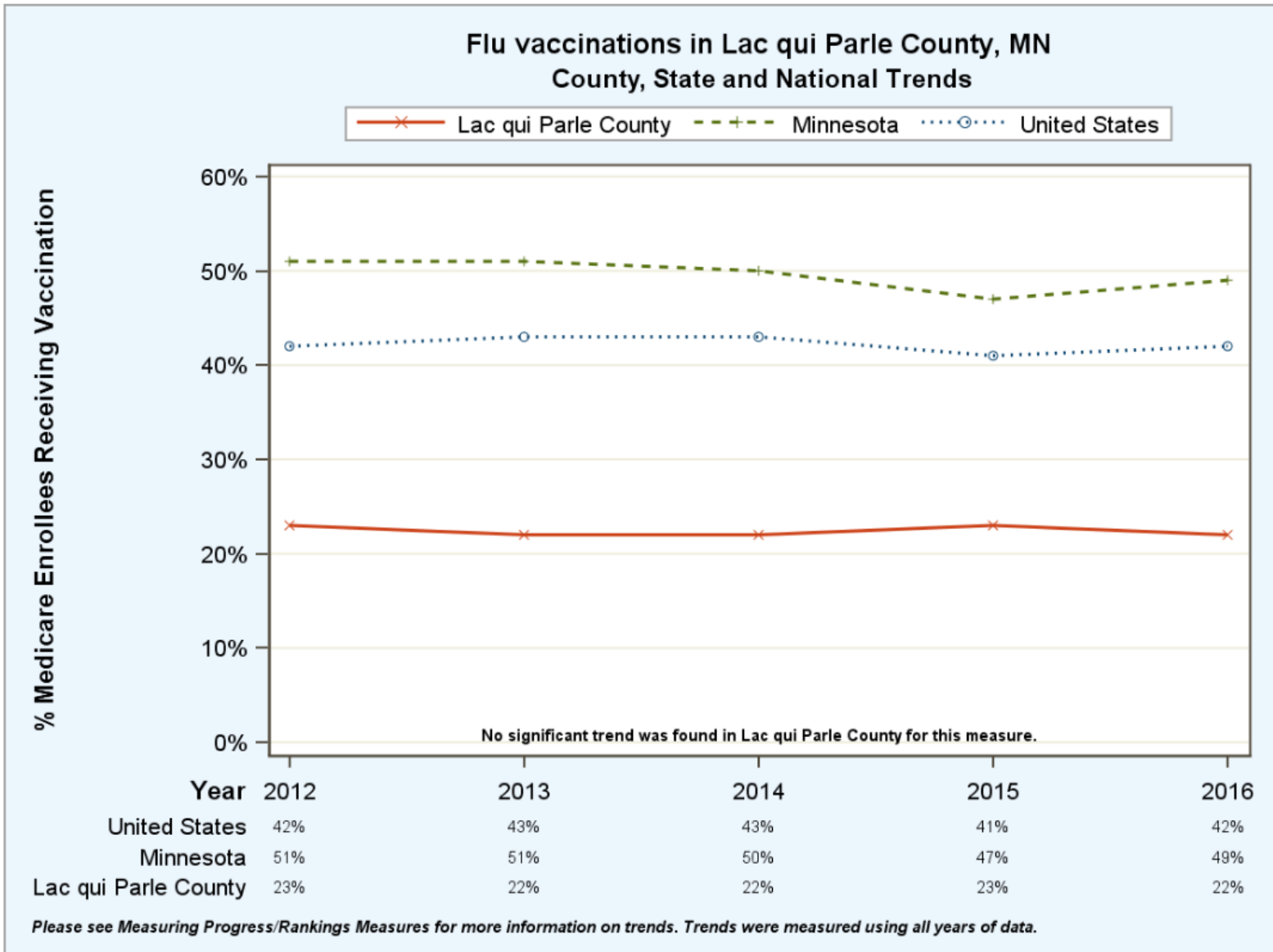


Year	2012	2013	2014	2015	2016
United States	5,121	4,888	4,618	4,289	4,648
Minnesota	5,132	5,194	5,045	4,866	5,703
Lac qui Parle County	8,403	6,539	5,797	5,919	6,893

Please see *Measuring Progress/Rankings Measures* for more information on trends. Trends were measured using all years of data.

*no trend data available for mental health providers

FROM COUNTY HEALTH RANKINGS



CONDUCTING THE ASSESSMENT – FOCUS GROUP

To ensure input from persons with broad knowledge of the community, a focus group meeting was held on January 13, 2020. Invitations were sent to individuals representing various community, business, and educational organizations. Representatives from local health care providers and the community health departments were included to bring additional professional perspectives. For invitees unable to attend the focus group sessions, input was gathered via the community survey.

The individuals identified to participate in the process have direct access to individuals across all subsections of the community and therefore can address needs that may impact those populations that are medically underserved or most in need.

CONDUCTING THE ASSESSMENT – FOCUS GROUPS

COMMUNITY REPRESENTATION

Focus group January 13, 2020

Countryside Public Health

City of Dawson

Dawson-Boyd Public Schools

Dawson Senior Citizen Center

Dawson Police

LqP Family Services

JMHS Board

JMHS Staff

Boyd City Council

Economic Development Authority

Johnson Memorial Foundation

LqP County

FOCUS GROUP QUESTIONS

1. What do you like best about this community?

Innovative and strong community partnerships

No commute, less congestion, slow pace of life

Good schools, health care, quality of life, and sense of community

Family ties

Arts association

Strong leadership

2. What are your biggest concerns living in this community?

Workforce recruiting and retention

Starting pay

Limited housing and limited affordable housing

Limited daycare

Hard to find people to participate in local organizations

High proportion of Medicare/Medicaid

CAH reimbursement status might not be forever

Infrastructure needs, concerns with lower incomes, streets, schools

FOCUS GROUP QUESTIONS

3. What issues are facing the medically underserved / low income in this community?

After hours / weekend public transit

Limited transportation for out-of-town services

Seniors, limited transportation, reluctant to ask

Health insurance affordability (copays & deductible)

In schools: difficult to manage significant health needs

- Lack of insurance

- Can't miss work

Workforce limitations affect wait list

- Home health

- PCA

- Direct care positions not filled

Home health business challenges

Parenting skill and life skills deficit / people struggling with parenting

FOCUS GROUP QUESTIONS

4. What is your vision for a healthy community?

Healthy families

Kids doing well in school

Healthy kids

Strong mental health and access to mental health services

Memory care services

Local services

Affordable housing

Active people, wellness activity

Life balance

FOCUS GROUP QUESTIONS

5. What are the most serious health issues facing this community?

Depression; mental health in general

Wellness & self-care awareness/education

Suicide rate in farming community

High cancer rates

Obesity

Chronic diseases

Earlier onset dementia

Drug/alcohol

Methamphetamine

Opiates / heroine

FOCUS GROUP QUESTIONS

6. What are the most beneficial health resources or services in this community?

MH Transport collaborative

Prairie 5 rides

Community center on wheels

Meals on wheels

JMHS - more surgery services now available

Challenge program through greater MN family services

Woodland centers

Educational learning center – behavioral school in Montevideo &
early intervention for autism

New outpatient chemical dependency programming at Woodland
Centers

FOCUS GROUP QUESTIONS

7. What is your perception of JMHS? (overall or of specific programs/services)

Holistic

Point of pride

Feels like a family environment

Innovative

8. What can JMHS do to improve health and quality of life in the community?

Consider more health related information in schools

Mental health awareness (some is in motion)

Free clinic every month or year

Fix insurance system

9. What can others in the community do to improve health and quality of life in the community?

More local mental health services

Focus on wellness (nutrition and physical activity)

FOCUS GROUP QUESTIONS

10. Which of the needs discussed would you say is most important?

- Emergency care, urgent care hours
- Mental health: access, wait time, MH in wake of pandemic, family issues, returning to school, stigma
- Affordable housing
- Health care workforce
- Childcare
- Access to outreach services / surgery
- Upcoming winter season: mental health, flu, Covid-19
- Concerns about economy, at present and in wake of pandemic

11. What community organizations are active in the community and how can they impact health improvement?

JMHS, ambulance service, public health, law enforcement, public schools, senior citizen center, LqP Family Services, Woodland Centers, Cities of Dawson and Boyd, Economic Development Authority

SURVEY RESULTS

In order to obtain input from the broader community, a survey was created with questions to identify health needs and concerns in the community. The survey was administered from February 17, 2020 to February 23, 2020. The online survey link was made available on the JMHS website, paper posters placed throughout JMHS, and was also distributed through email. There were 107 responses.

SURVEY RESULTS

- Most respondents live and/or work in Lac qui Parle County
- Most respondents rate the community's general health as *somewhat healthy*
- Respondents were asked to report their three most important health issues in the community. The three most frequently reported were cancer, aging issues, and obesity
- Most respondents reported their knowledge of JMHS' available health services as *good*
- Respondents were asked what they feel are the three most important factors for a healthy community. The three most frequently reported were *access to healthcare services, affordable health care, and good jobs and healthy economy*
- Most respondents rated their physical health as *healthy*
- Most respondents rated their mental health as *healthy*
- Reasons most reported for selecting a hospital were *closest to home, prior experience with hospital, and hospital's reputation for quality*
- Reasons most reported for selecting a particular primary care provider were *prior experience with clinic, closest to home, and provider's reputation for quality*

SURVEY RESULTS

- Reasons most reported for why routinely seeking primary health care outside of Dawson were *services not available in Dawson, prior relationship with another provider, and quality of staff*
- 9% of respondents reported needing mental health care but could not get it in the last year
- Reasons for the above include:
 - *No health insurance coverage for this*
 - *Could not afford copay/deductible*
 - *Too long to wait for appointment*
 - *Confidentiality concerns*
- Reasons most reported for selecting a particular mental health provider were *closest to home, provider's reputation for quality, and referred by physician*
- The three most reported answers for improving the community's access to health care were *expanded clinic hours, more specialists, and online clinic visits*

PRIORITIZATION OF NEEDS

JMHS' CEO, JMHS' clinical leads and the CHNA focus group members met to review the needs identified through the community health needs assessment process. After analyzing input from the focus groups, survey, and community health data, they did a preliminary prioritization that identified needs based on potential impact on community health, the urgency of the need, and the ability to meet these needs. The following health areas are determined to be prioritized, in no particular order:

- Emergency care, urgent care hours
- Mental health: access, wait time, MH in wake of pandemic, family issues, returning to school, stigma
- Health care workforce: recruiting/retention
- Access to outreach services / surgery
- Upcoming winter season: mental health, flu, Covid-19

These prioritized needs will be incorporated into JMHS 2020 Strategic Plan.

Several issues (from page 29 #10) will not be prioritized by JMHS at this time:

- Affordable housing
- Childcare (addressed in previous year with creation of Blackjack Babies, in collaboration with the Dawson-Boyd Schools)
- Concerns about economy, at present and in wake of pandemic

JMHS believes the above 3 issues are important issues for the community and supports efforts to address/improve. These issues have either already been addressed, or are outside the scope of JMHS' capabilities and are areas that other community organizations can address. JMHS looks forward to continuing its partnerships with those organizations as they work to address these issues.

COMMUNITY RESOURCES

JMHS looks forward to addressing identified health needs in collaboration with other community resources, which can include:

- Ambulance service
- Public health (Countryside Public Health and MDH)
- Law enforcement
- Public schools
- Senior Citizen Center
- LqP Family Services
- Woodland Centers
- Cities of Dawson and Boyd
- Economic Development Authority

EVALUATION OF IMPACT OF PRIOR CHNA

JMHS completed a Community Health Needs Assessment in November 2015. No written comments have been received from this assessment. JMHS prioritized the following needs during the 2015 assessment and have conducted the following activities in order to address the needs identified:

1. Cardiac (two cardiologists; now perform pacemaker procedures)
2. Oncology (broader spectrum of chemo drugs)
3. Aging Issues (Eden-Certified, PIPP Grants)
4. Obesity (Bariatric Clinic & Registered Dietician)
5. Clinic same-day appointments available
6. Added primary care providers (MD's & FNP's)
7. Added specialists (total joints, ENT, telepsychiatry, second cardiologist)
8. Doubled general surgery onsite presence
9. Built new JMHS surgery center
10. Added community outreach education (ex: bariatric support group, make-and-take meals, speaker for suicide awareness)
11. Grants obtained to integrate behavioral health into primary care, increase access, and reduce stigma
12. Added mental health transport system in collaboration with Dawson & Madison City and police departments, JMHS, MHS, and LqP County.
13. Obtained VA contract to accept veterans to JMHS Care Center
14. Completed crisis intervention training for EMT's & acute care staff
15. Added blackjack babies infant/toddler daycare room at JMHS, in collaboration with DB School.

NEXT STEPS

This Community Health Needs Assessment report was approved by the Board of Directors on Tuesday, August 18, 2020.

JMHS thanks all those that contributed to this process. Broad community input is critical for us to determine how we can meet health needs in the most effective way. The collaborative nature of this process also serves as a *coming together* to further strengthen our community bonds.

JMHS is undertaking a strategic planning process commencing July 2020. Data, discussion, and other input from the CHNA effort will be incorporated into the strategic planning process.

CONTACT INFORMATION

Community members who would like to provide comments on the needs identified or provide input on the next CHNA process are encouraged to contact JMHS with their inquiries, suggestions or comments.

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