CENTRACARE Health
Melrose

Community Health Needs Assessment
2015-2016

Assessment Summary

CentraCare Health– Melrose Summary

CentraCare Health – Melrose is one of six hospitals within CentraCare Health, a not-for-profit integrated health care delivery system located in Western Stearns County in the heart of Central Minnesota. CentraCare Health – Melrose serves nearly 10,000 people in and around Melrose.

CentraCare Health – Melrose has more than 300 full and part-time employees. Current facilities include a 25-bed critical access hospital with a retail pharmacy located in the building, a 75-bed nursing home, 61-unit senior living apartment building with assisted living services and a seven provider family medicine clinic. The facilities offer the following services:

Allergy and Asthma*	Foot Care*	Pain Management*
Audiology*	Family Medicine	Radiation Oncology
Behavioral Health Services*	Health Care Home	Rehabilitation Services
Birthing Services	Heart & Vascular Care*	Senior Living
Cancer Care*	Home Care Coordination	Senior Services
Cardiac Rehabilitation	Hospice Coordination	Sleep Medicine*
Chemotherapy	INR Services	Surgery*
DIAMOND Program	Imaging Services	Swing Bed Program
Diabetes Care	Laboratory Services	Teleneurology
Digestive Care*	Neurology*	Urology*
Direct Access Testing	OB/GYN Services*	Vein Clinic*
Emergency Services	Orthopedics*	Women's Services
Eye Care (surgery only)*	Outpatient Infusions	

*Specialty Service provided by a visiting specialist.

In addition to its full-spectrum inpatient and outpatient care, CentraCare Health – Melrose strives to improve community health by implementing a diverse range of *community benefit programs*.

CentraCare Health – Melrose continues to evaluate and expand upon its role in promoting community health. Guiding this effort is the conviction that in order to advance the common good, special attention should be given to individuals who live at the margins of society – the poor and disadvantaged – and are more likely to encounter barriers to good health and wellness. This directive informs the hospital's community benefit programs and the health needs assessment.

Affordable Care Act Mandate

CentraCare Health – Melrose's Community Health Need Assessment and Action Plan, 2015-2016 was completed pursuant to the March 2010 mandate established by the Patient Protection and Affordable Care Act (PPACA). In order to qualify for status as a nonprofit, tax-exempt hospital under Internal Revenue Code section 501(r), CentraCare Health – Melrose must "conduct a community health needs assessment (CHNA) and adopt [an] implementation strategy at least once every three years. (These CHNA requirements are effective for tax years beginning after March 23, 2012)."[1] Compliance with this new regulation is reported to the Internal Revenue Service, which has issued guidelines on how assessments are to be documented.

In fiscal year 2012-2013, CentraCare Health – Melrose completed a community health needs assessment which revealed six community health issues and proposed a comprehensive strategy to address each one of the six issues. Having cycled through its first three-year period, CentraCare Health – Melrose has reevaluated the community health needs in fiscal year 2015-2016 and adopted an action plan that will similarly promote community health in the subsequent three-year cycle. Above all, the assessment process, both now and in years past, has opened doors for greater collaboration among community partners by strengthening relationships and promoting a more efficient use of resources in monitoring and improving community health.

THE CHNA Process

Conducting a health needs assessment is a multifaceted process that requires ample preparation, effective use of resources, sound methodology, and collaboration on behalf of all stakeholders. With that in mind, the assessment process was organized into five main phases, which were further broken down into a series of interconnected components:

- Formation of System-Wide Working Group and Definition of Service Areas
- Data Collection and Analysis (April-June 2015)
- Initial Prioritization (July-August 2015)
- Evaluation and Assessment of Community Members (September-October 2015)
- Final Prioritization (November-December 2015)

Although the process moved in this chronological order, the complexity of the assessment process necessitated a fluid movement between each phase. Indeed, key to a thorough and comprehensive assessment is the ability to examine and re-examine each component of the process in light of what is learned in later phases of assessment.

CentraCare's Systemic Approach

CentraCare Health – Melrose takes pride in its level of involvement in the community and its receptiveness to the community's health care needs. Therefore, the hospital administration considered it both reasonable and appropriate that staff and leaders within CentraCare Health be charged with the task of conducting the assessment, rather than contract with a third party removed from the community itself. An internal team called the CHNA Working Group was assembled, comprised of individuals with diverse knowledge and expertise in health care delivery, administration, planning and development, marketing, community and government relations, among other departments (see Figure 1). This group, which consists of individuals from across the CentraCare Health system, is indicative of the collaborative nature of the CHNA process and a testament, more generally, of the mutual support among the system's hospitals. Additionally, hospital board members and executives were engaged in the assessment process at an early stage.

It should be noted that, although a system-wide approach was adopted for parts of the CHNA, each hospital was ultimately responsible for identifying specific health needs in the community that it serves and developing an implementation strategy (community benefit plan) to address these needs, all of which were reported (and can be found)

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[1] For a fuller discussion of the new requirements under 501(r), see http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/New-Requirements-for-501(c)(3)-Hospitals-Under-the-Affordable-Care-Act

in each hospital's respective CHNA summary. In the initial stages of data analysis and prioritization, all working group members were presented with data broken down by county in order to indicate most clearly those issues that were prevalent throughout the CentraCare service and those issues unique to each hospital service area. Furthermore, each member of the working group participated in the prioritization process so that the final set of community health needs might accurately reflect genuine issues that are prevalent within the broader CentraCare service area. However, each hospital within CentraCare Health developed an implementation strategy, specific to the needs of the corresponding hospital service area, in response to the findings of the collaborative assessment process.

Figure 1. Community Health Needs Assessment Working Group, 2015-2016

Name	Title	Affiliation
Amina Ahmed	Community Health Worker	CentraCare Clinic
Anita Arceneau	Specialist, Communications & Marketing	CCH – Regional Sites
Melinda Bemis	Director, Strategic Planning & Business Development	CentraCare Health
David Borgert, MBA	Director, Community & Government Relations	CentraCare Health
Craig Broman, MHA	President	CCH – St. Cloud Hospital
Dianne Buschena-Brenna, RN	Director, CentraCare Health Plaza	CentraCare Health
Delano Christianson	Administrator	CCH – Sauk Centre
Lori Eiynck	Specialist, Planning	CentraCare Health
Tom Feldhege	Chief Financial Officer	CentraCare Clinic
Jodi Gertken	Director, Wellness	CentraCare Health
Gerry Gilbertson	Administrator	CCH – Melrose
Joseph Hellie, MHA	Vice President, Strategy & Network Development	CentraCare Health
Janice Johnson	Director, Population Health	CentraCare Health
Paul Knutson	Specialist, Mission Development	CCH – St. Cloud Hospital
Dennis Miley	Administrator	CCH – Paynesville
George Morris, MD	Medical Director	CentraCare Clinic
Mark Murphy	Vice President, Operations	CentraCare Clinic
Rosemond Owens	Specialist, Health Literacy & Cultural Competence	CentraCare Health
Stephen Pareja	Director, Clinical Services	CCH – Monticello
Kathy Parsons, MHA	Director, Managed Care & Revenue Cycle	CCH – St. Cloud Hospital
Joni Pawelk	Director, Marketing	CCH – Monticello
Bret Reuter	Director, Spiritual Care	CCH – St. Cloud Hospital
Jodi Sanders	Coordinator, Regulation & Reimbursement	CCH – St. Cloud Hospital
John Schnettler	Director, Marketing	CentraCare Health
Todd Steinke	Director, Development	CCH Foundation
Dan Swenson	Administrator	CCH – Long Prairie
David Tilstra, MD	President	CentraCare Clinic
Mary Ellen Wells	Administrator	CCH – Monticello
Sonja Zitur	Director, Accounting	CentraCare Health
Kally Kruchten	Administrative Assistant	CentraCare Health
Benjamin Sehnert	Intern, Community & Government Relations	CentraCare Health

CentraCare Service Area

CentraCare Health provides comprehensive, high quality care to people throughout Central Minnesota. Our network is comprised of:

- 6 hospitals
- 6 nursing homes
- 18 clinics
- 4 pharmacies
- A variety of senior living facilities in 6+ communities

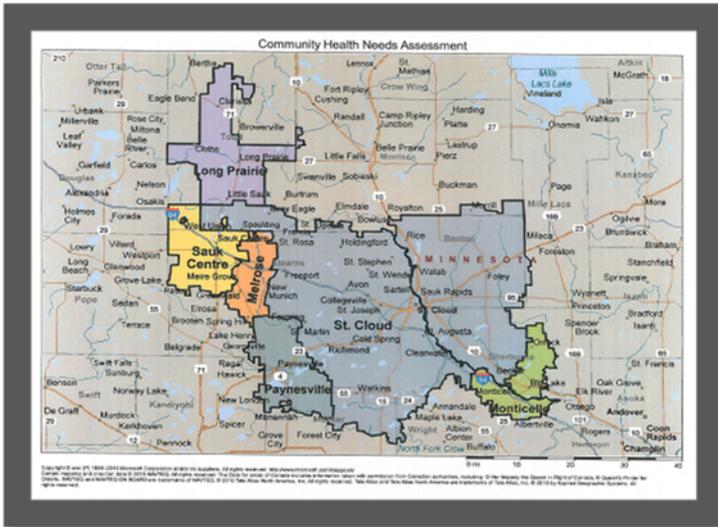**Figure 2. CentraCare Hospital Service Areas**

Figure 3. CentraCare HSA Zip Codes

Long Prairie Hospital	56440, 56347
Melrose Hospital	56335, 56352
Monticello Hospital	55309, 55362
Paynesville Hospital	55329, 56362, 56376
Saint Cloud Hospital	56307, 56310, 55308, 55319, 55320, 56320, 56321, 56329, 56331, 56333, 56336, 56340, 55353, 56356, 56357, 56367, 56368, 56369, 56371, 56301, 56302, 56303, 56304, 56372, 56393, 56395, 56396, 56397, 56398, 56399, 56374, 56375, 55377, 56377, 56379, 55380, 55382, 56387, 56388, 55389
Sauk Centre Hospital	56378

In determining the size of its service area, CentraCare Health has adopted the geographical demarcations put out by the Dartmouth Atlas of Health Care, which employs zip codes as the primary units in tabulating the extent of Hospital Service Areas (HSAs). Each zip code has been assigned to its corresponding hospital service area on the basis of where the greatest proportion of its Medicare residents were hospitalized (see Figure 3). When translated to the county level, the zip codes that constitute CentraCare's service area are located within Benton, Sherburne, Stearns, Todd, and Wright Counties in addition to the northern edge of Meeker County. The service area of CentraCare – Melrose primarily consists of western Stearns County in the heart of Central Minnesota. According to 2013 U. S. Census Bureau estimates, the largest municipality within the hospital's service area, Melrose, has a population of 3,594.

Data Collection and Analysis

Secondary data was chiefly extracted from the Community Health Status Indicators (CHSI) 2015 online web application made available by the Centers for Disease Control and Prevention. The selection of these indicators by the CDC was preceded by a review of both previously employed health indicators and the 2013 CDC monograph Community Health Assessment for Population Health Improvement: Most Frequently Recommended Health Metrics, which aims to inform the standardization of community health assessment work.[2]   Inasmuch as we have sought to find reliable indicators that conform to national standards of community health evaluation, we heavily relied upon the CHSI 2015 indicators and topic areas in defining the framework of our own analysis.

The CHSI 2015 report utilizes a peer-county ranking system in which county values for each indicator were 1) ranked against the values of a grouping of peer counties (i.e. counties with similar demographics) and 2) divided into four

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[2] To access an online PDF, visit http://www.cdc.gov/CommunityHealth/PDF/Final_CHAforPHI_508.pdf

quartiles. In the identification of possible community health needs, our data analysis focused on those values from Benton, Sherburne, Stearns, Todd and Wright.

Counties in the lowest three quartiles (as opposed to values in the first or "better" quartile). Data from Meeker County was consulted but did not play a decisive role in the selection of an initial set of health indicators. In the preliminary stages of data collection and analysis, we decided to include an indicator on our initial list of community health needs if any county value for that indicator either:

- fell within the fourth quartile
  OR
- fell within the second or third quartiles but was worse than the state average.

This standard was adopted as a mechanism for identifying those indicators in which the five-county area performed particularly poorly against state benchmarks and/or averages. All indicators for values in the fourth quartile were automatically added to our initial list of health needs (e.g. living near highways, coronary heart disease deaths, etc.) without further qualification. As noted, we determined to extract from the second and third quartiles only those values that fall below the Minnesota state average. Therefore, those values from the second or third quartiles in which the county performs better than the state were not included on our initial list. The CHSI 2015 report itself does not provide state averages for any indicators; we accordingly consulted the databases that the CHSI report employs to tabulate county values and subsequently identified the Minnesota state averages from the same data sets which had produced the county values for each indicator. These databases included (but were not limited to):

- National Vital Statistics System
- Behavioral Risk Factors Surveillance System
- American Community Survey
- American Health Resource File
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Atlas
- National Environmental Public Health Tracking Network

Upon completion of the data collection and analysis phase, we had included 32 out of a possible 42 health indicators on the initial list of community health needs for the CentraCare Health service area. To this number were added three areas of concern among health care professionals within the CentraCare system: mental health provider access, severe head injuries, and transportation for non-English-speaking (e.g. Somali) patients. Thus, by the end of the data collection and analysis phase, the list of potential health priorities included 35 indicators which represented those needs which either had been identified by CentraCare personnel as areas of concern or in which the CentraCare service area performed poorly vis-à-vis the state.

Table 4. Data Collection and Analysis Components

Selection of Secondary Data Sources
- Review of CHSI Methodology - Familiarization with CHSI 2015 Indicators and Topic Areas

Extraction of Relevant Data
- Identification of County Values in Fourth Quartile - Identification of County Values in Second/Third Quartiles Below Minnesota State Average

Formation of Initial Health Indicators List
- Selection of 32 Health Indicators from CHSI 2015 - Addition of 3 Health Indicators by CentraCare Staff

Initial Prioritization

In order to prioritize the 35 health indicators, the CHNA Working Group reevaluated the set of five ranking criteria employed in St. Cloud Hospital's community health needs assessment of the previous cycle. Of these five, four were selected for inclusion in the 2015-2016 prioritization process. The criteria that were used, and their corresponding description are listed below:

- **Mission Relevancy:** the health issue falls within the hospital's overall mission and core competencies
- **Community Impact:** the prevalence and severity of the health issue
- **Resource Availability:** the availability of CentraCare's time, human, and strategic resources necessary to address the issue
- **Estimated Expense:** the expense (both internal and external) of addressing the issue

The prioritization process itself was divided into the two stages. The first stage consisted in rating each health indicator according to mission relevancy alone. Each CHNA Working Group member was sent a survey in which he or she either selected "yes" or "no" in response to the question, "Is each respective course of action relevant to CentraCare Health's mission and core competencies?" After a review of the responses to the survey, nine indicators, which had received less than 25% of the "yes" vote, were discarded from further consideration as priorities.

Because the indicators eliminated were indicators related to social determinants of health determined to be outside of the mission or core competencies of CentraCare Health does not mean that they are unimportant to CentraCare and those it serves. CentraCare remains active in community efforts to address these social determinants of health but does not include them among the determinants that can be directly addressed by the health care system.

The second stage of the process consisted in the prioritization of the remaining 26 indicators according to community impact, resource availability, and estimated expense.

From the list of 26 indicators, 10 determined to be most pressing and actionable were selected as system priorities and each system hospital was asked to address the 10 priorities in its action plan to be developed out of the needs assessment process.

The top 10 priorities were reviewed in comparison to data gathered in CentraCare's on-going, collaborative effort with area counties' Public Health Departments to complete their Health Needs Assessments. No data from the County Health Assessments contradicted the choice of the top priorities from the CentraCare Health Community Health Needs Assessments.

(It should be noted that the Top 10 Health Issues were modified for CentraCare Health – Long Prairie, CentraCare Health – Paynesville and CentraCare Health – Monticello due to their locations being in different counties with different profiles.)

Finally, the ranked issues were presented to each hospital's operating committees, boards, medical staffs and leadership group for feedback and clarification. Each hospital was asked to address all 10 ranked issues for their communities but focus on 3-5 issues that they felt they could take a leadership role in for their communities. Action plans will be developed for each hospital organization and community.

Health Care Issues Identified by the CentraCare Health Community Health Needs Assessment for CentraCare Health – Melrose.

Adult Obesity – *The percentage of adult obesity.*

Adult Diabetes – *The percent of adults living with diagnosed diabetes.*

Adult Physical Inactivity – *The percent of adults who report no leisure time physical activity.*

Adult binge drinking - *The percent of adults who report binge drinking*

Older Adult Preventable Hospitalizations – The older adult preventable hospitalizations rate per 1,000.

Pre-term Births – *The rate per 1,000 of births to females aged 15-19*

Teen Births - *The rate per 1,000 of births to females aged 15-19*

Stroke Deaths – *The age adjusted stroke death rate per 100,000*