United Hospital District Community Health Needs Assessment

Focus Group Findings, Key Stakeholder Interviews, and Secondary Data Analysis

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Introduction

A Community Health Needs Assessment (CHNA) serves multiple purposes. They are an opportunity for a hospital or public health department to connect with community members and partner organizations to discover how they rate the health of their community and to understand what they identify as their region's key health issues and opportunities. CHNAs are also an opportunity to advance health equity by identifying existing health inequities and working in collaboration to remove obstacles to health and well-being. After a discovery phase, the CHNA process is an opportunity to work with community partners to design strategies and actions to address the prioritized health needs of the community to improve well-being.

Section 501(r)(3)(A) of the Internal Revenue Code requires non-profit hospitals to complete a CHNA every three years and to adopt an implementation strategy to demonstrate community benefit.[1] Local public health departments complete a community health assessment (CHA) every five years with similar purposes of the CHNA as a component in their accreditation process with the Public Health Accreditation Board.[2] After completing the CHA, public health then completes a Community Health Improvement Plan, which is similar to the implementation strategy requirement for the CHNA. Both the CHA and CHNA seek to develop strategies to address a community's health needs. Many hospitals and local public health choose to complete a CHNA/CHA in collaboration to share resources and collectively support a healthy community.

United Hospital District (UHD) contracted with Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center, for CHNA services. In September 2023, RHI and UHD met to discuss the objectives of a regional CHNA.

A secondary data analysis, a series of focus groups, and key stakeholder interviews were conducted. Secondary data were collected from nationally recognized sources (appendix B). The findings for all secondary data included in this report are in the sections that follow. When relevant information from the focus groups and key stakeholder interviews is available, that is included in the narratives with the secondary data. A full summary of the methodology and findings of the focus groups and key stakeholder interviews are discussed later in the report.

[1] IRS. "Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3)," July 15, 2022. https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3.

[2] Public Health Accreditation Board. "Policy for National Public Health Department Initial Accreditation," February 2022. https://phaboard.org/wp-content/uploads/Policy-for-Initial-Accreditation-Version-2022.pdf.

Report findings may be used for:

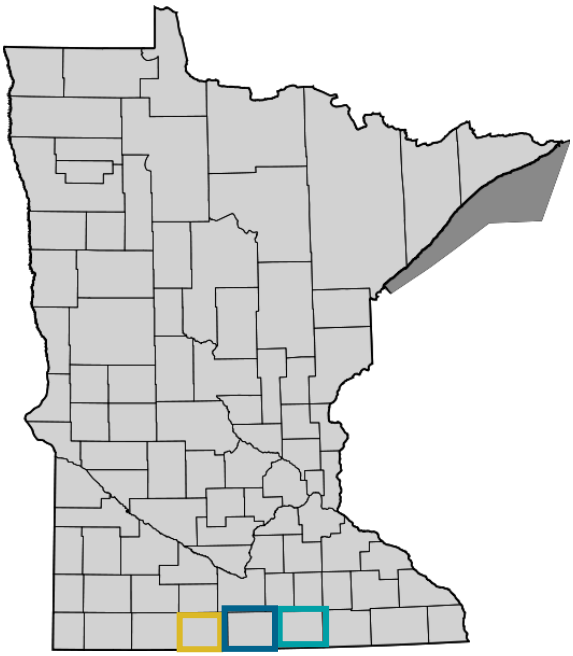
- Developing and implementing plans to address key issues as required by the Patient Protection and Affordable Care Act §9007 for 501(c)3 charitable hospitals
- Promoting collaboration and partnerships within the community or region
- Supporting community-based strategic planning
- Writing grants to support the community's engagement with local health care services
- Educating groups about emerging issues and community priorities
- Supporting community advocacy or policy development
- Supporting creation of a CHA and CHIP for public health

Secondary Data	Perception of Community Health	Utilization and Perception of Local Health Services
		

Demographics

Demographics are the statistical characteristics of human populations (such as age or income) used to identify markets.[3] Demographics are commonly described as age, gender, race and ethnicity, and if a person resides in a rural or urban environment. "Ensuring the delivery of high-quality, patient-centered care requires understanding the needs of the populations served,"[4] and are hence included in the CHNA. The map below depicts the locations of Faribault, Freeborn, and Martin counties within the state of Minnesota. Although demographics for the three counties in this report might be similar, the population for the three counties vary:

- Faribault County, MN: 13,933
- Freeborn County, MN: 30,882
- Martin County, MN: 20,070



The population in the three counties is largely White. The second largest race/ethnic group for all three counties is Hispanic or Latino (Faribault 7.5%, Freeborn 10.4%, Martin 5.7%). All focus group attendees and stakeholders self-reported as White and none were Hispanic or Latino.

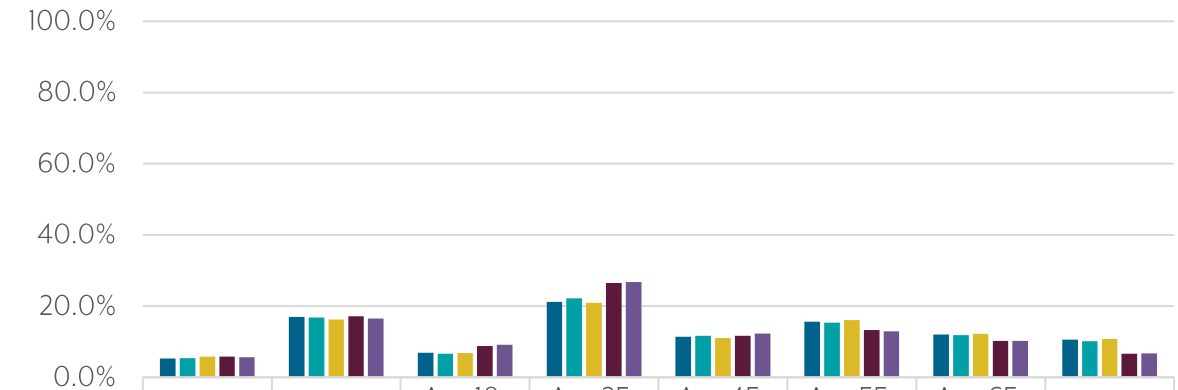
The highest percentage of residents in all three counties is the 25-44 year age range (Faribault 21.2%, Freeborn 22.2%, Martin 20.9%). The next highest percentage is the 5-17 range (Faribault 17.0%, Freeborn 16.8%, Martin 16.2%). In discussing the age groups in the three counties, focus group and key stakeholders noted that the population seems more senior than the data indicates. It was discussed that when combining all age ranges from 55 years and above, more of the population is senior compared to prior age ranges. Sixty-seven percent of key stakeholders and 12% of focus group attendees who reported demographics were in the 25-44 years age range. The highest percentage of focus groups attendees were in the 65-74 years age range (47%).

American Community Survey, United States Census Bureau. 2021.

[3] "Definition of DEMOGRAPHICS." In *Merriam-Webster Dictionary*. Accessed February 15, 2023. https://www.merriam-webster.com/dictionary/demographics.

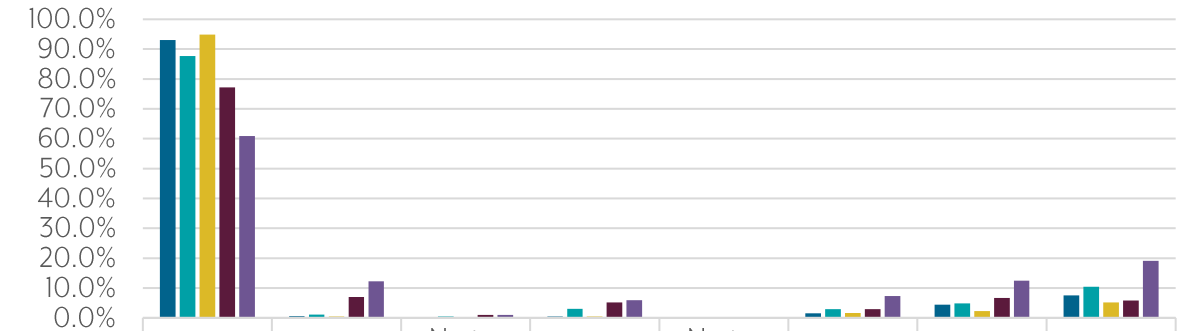
[4] "1.Introduction." *Agency for Healthcare Research and Quality*, April 2018. Accessed February 15, 2023. https://www.ahrq.gov/research/findings/final-reports/iomracereport/reldata1.html.

Population by Age



	Age 0-5	Age 5-17	Age 18-24	Age 25-44	Age 45-54	Age 55-64	Age 65-74	Age 75+
Faribault	5.3%	17.0%	6.9%	21.2%	11.4%	15.6%	12.0%	10.6%
Freeborn	5.4%	16.8%	6.6%	22.2%	11.7%	15.3%	11.8%	10.1%
Martin	5.8%	16.2%	6.8%	20.9%	11.0%	16.1%	12.2%	10.8%
MN	5.8%	17.1%	8.8%	26.5%	11.7%	13.3%	10.2%	6.6%
US	5.6%	16.5%	9.1%	26.8%	12.3%	12.9%	10.2%	6.7%

Population by Race and Ethnicity

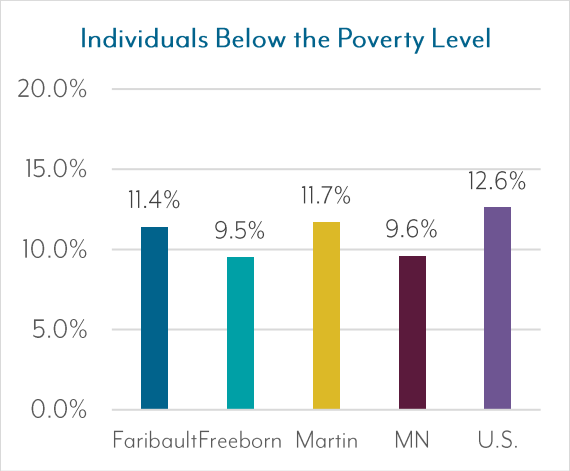


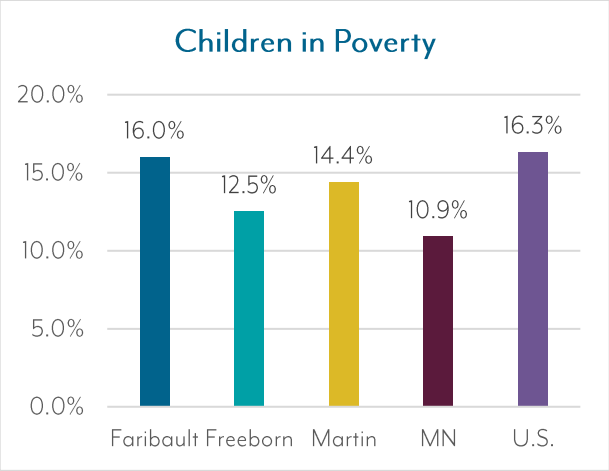
	White	Black	Native American /Alaska Native	Asian	Native Hawaiian /Pacific Islander	Some Other Race	Multiple Races	Hispanic or Latino
Faribault	93.0%	0.6%	0.2%	0.4%	0.0%	1.5%	4.4%	7.5%
Freeborn	87.7%	1.1%	0.5%	3.0%	0.0%	2.9%	4.8%	10.4%
Martin	94.9%	0.4%	0.2%	0.5%	0.0%	1.6%	2.3%	5.2%
MN	77.2%	7.0%	1.0%	5.2%	0.0%	2.9%	6.7%	5.8%
U.S.	60.9%	12.2%	1.0%	5.9%	0.2%	7.3%	12.5%	19.1%

American Community Survey, United States Census Bureau. 2021.

Social and Economic Factors

According to County Health Rankings and Roadmaps, approximately 40% of a person's health outcomes (length of life and quality of life) are attributable to social and economic factors.[5] Social and economic factors include education, employment, income, family and social support, and community safety.[6] Social and economic factors impact a person's ability to access medical care, safe and adequate housing, education, employment opportunities and living wages, among other things.[7]





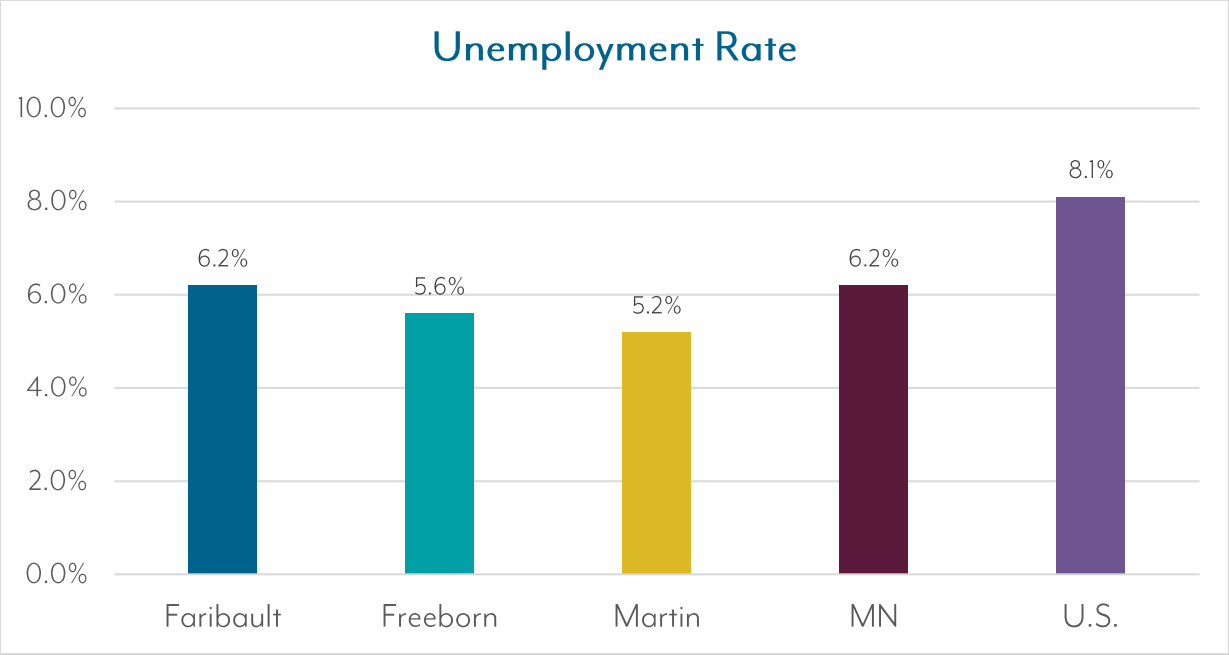
American Community Survey, United States Census Bureau. 2022.

The unemployment rate for Faribault County (6.2%) is slightly higher than Freeborn County (5.6%) and Martin County (5.2%), but all are lower than the U.S. (8.1%). The median household income is lower for all counties (Faribault $55,599, Freeborn $62,233, Martin $58,578) compared to the state ($75,489) and the U.S. ($67,340). There is a higher percentage of residents living below the poverty level in two counties (Faribault 11.4%, Martin 11.7%) than the state (9.6%). There is also a higher a percentage of children living below the poverty level in all counties (Faribault 16.0%, Freeborn 12.5%, Martin 14.4%) as compared to the state (10.9%). Food insecurity is highest for Martin County (10%), followed by Faribault and Freeborn counties (8%).

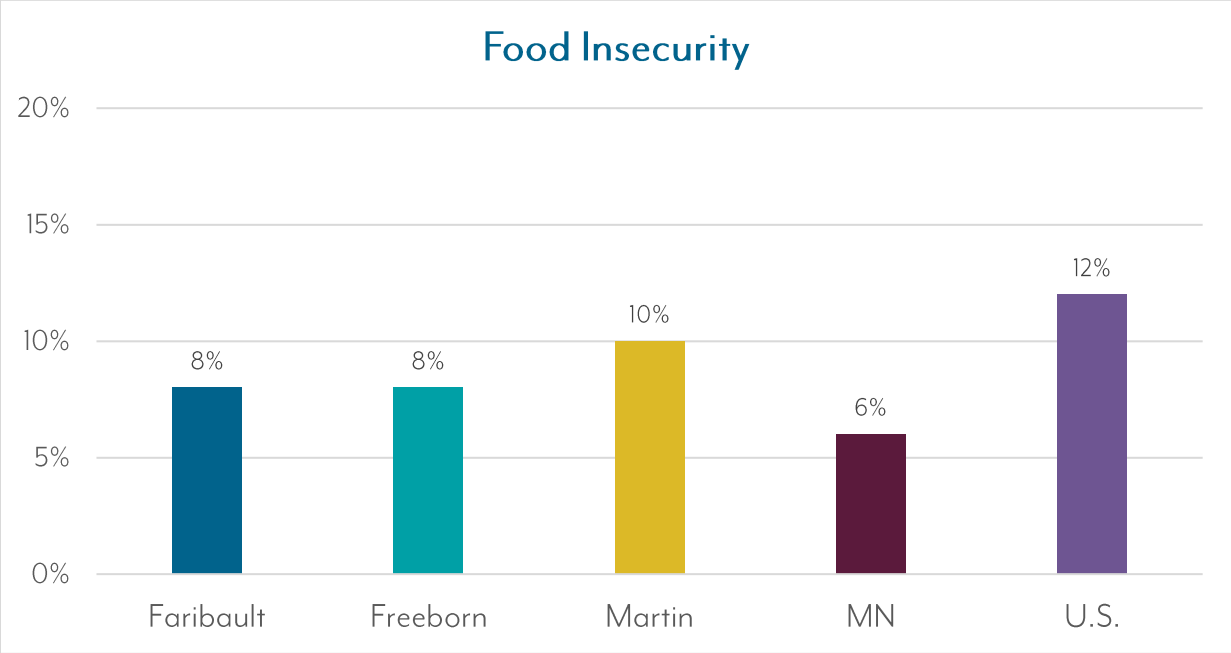
[5] County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed October 26, 2023. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?

[6] County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed October 26, 2023. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?

[7] County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed October 26, 2023. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?



Uninsured Rates, Behavior, and Mental Health, Population Health Toolkit, National Rural Health Resource Center. 2022.



County Health Rankings. 2023.

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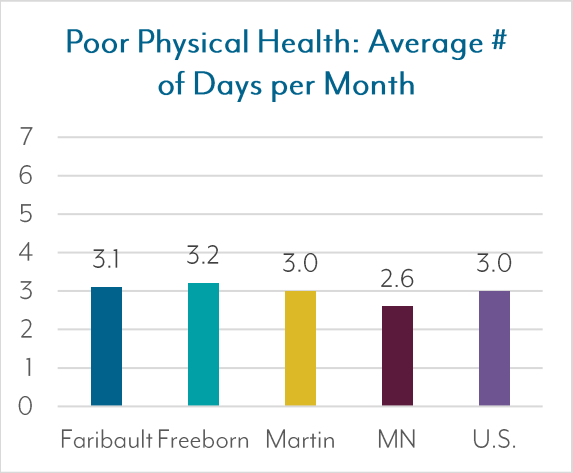
Focus group and stakeholders identified people with lower incomes as the group that was struggling the most with health. It was noted that all three counties have lower median incomes compared to the state and there is a lot of socioeconomic diversity in the community. This is reflected in differences in housing and, in the school, what clothes, possessions, and opportunities students have. This also impacts the ability to access health care and insurance as well as the ability to buy healthy food and fresh produce. A group of particular concern was seniors who have less access to nursing homes because wings are closing due to workforce shortages, and they can't afford home care and experience transportation challenges. Seniors on fixed incomes must decide, "what can I let go of" and it was felt it is usually health. Focus groups identified "ability for all to access care regardless of lack of insurance coverage or transportation or other barriers" as the second most urgent health need. It is noted that 100% of key stakeholders that shared their demographics report an income over $120,000 and 47% of focus group interviews report an income over $101,000.

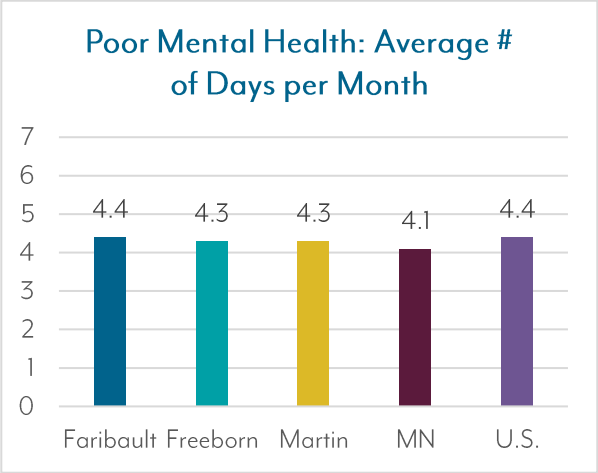
Median Household Income	
Faribault	$55,599
Freeborn	$62,233
Martin	$58,578
MN	$75,489
U.S.	$67,340

Uninsured Rates, Behavior, and Mental Health, Population Health Toolkit, National Rural Health Resource Center. 2022.

Quality of Life

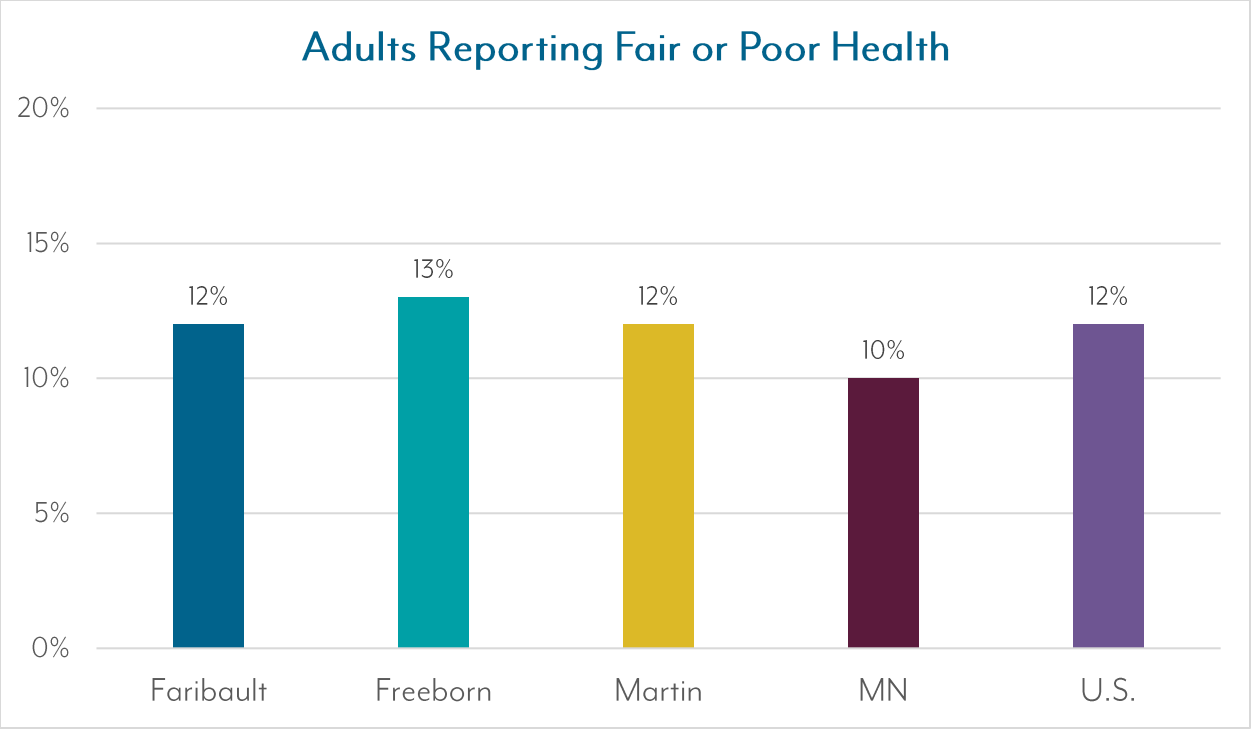
"Quality of life refers to how healthy people feel while alive."[8] It is an indicator of the well-being of a community, including the areas of physical health, mental health, social wellness, and emotional health.[9] The average number of poor physical health days per month for the counties (3-3.1 days) are slightly higher than MN (2.6 days) but all are similar for poor mental health days reported each month (4.1-4.4 days) Twelve percent of residents in Faribault and Martin counties and 13% of Freeborn County residents report fair or poor health. The rate is lower for the state at 10%.



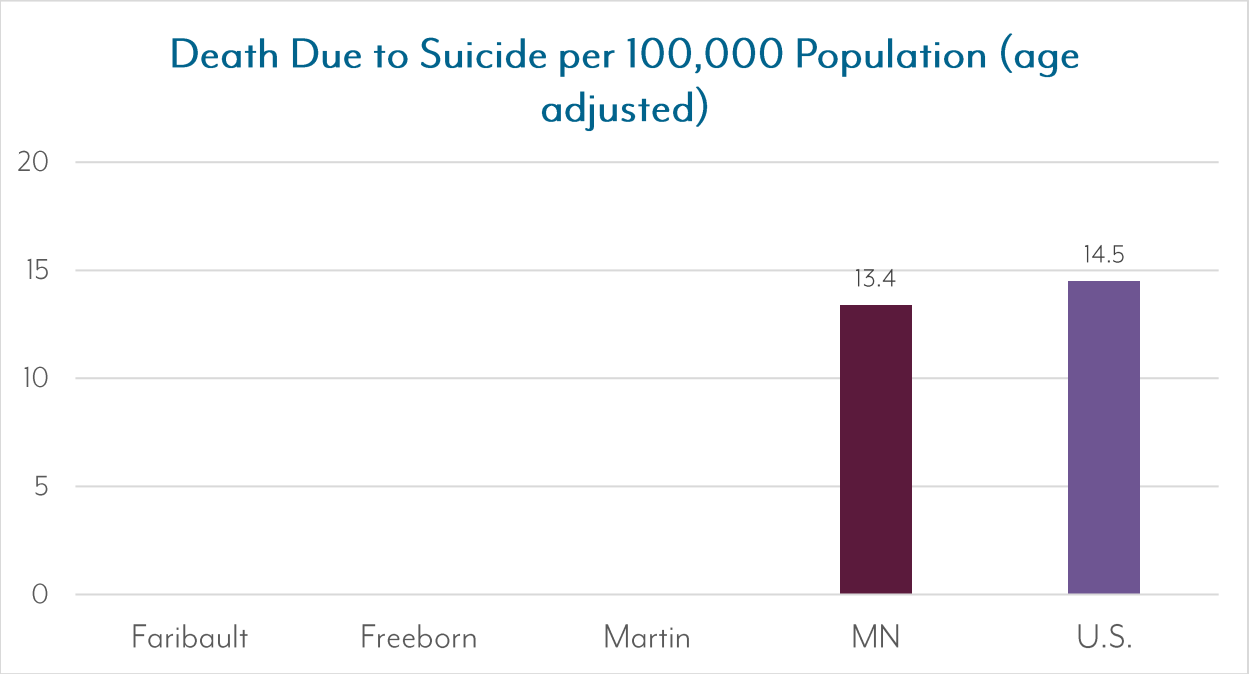


County Health Rankings. 2023.

[8] County Health Rankings & Roadmap. "Quality of Life." Accessed October 26, 2023. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-outcomes/quality-of-life?



County Health Rankings. 2023.



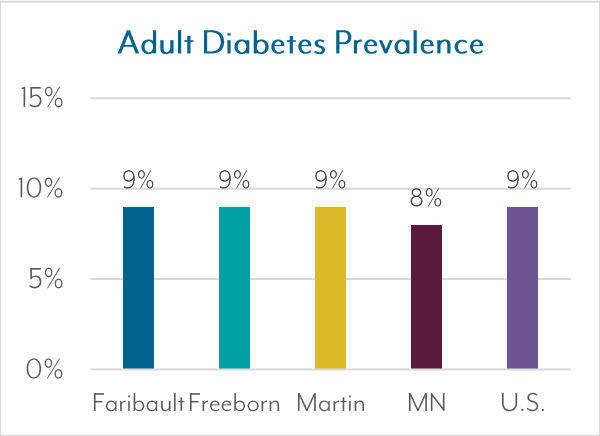
Suicide and Self-Inflicted Injury, CDC, WONDER. 2021.

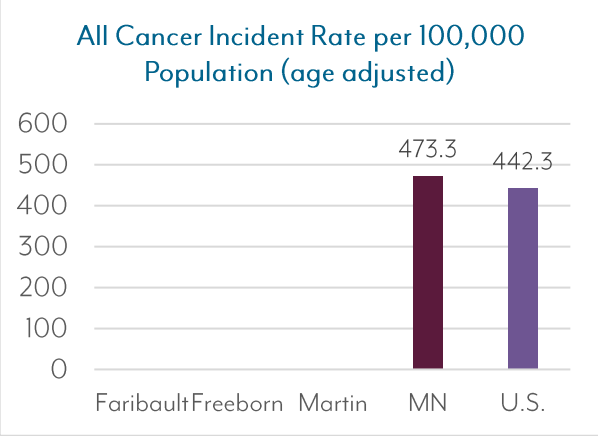
No county data for death due to suicide is available for the three counties. The state reports suicide deaths of 13.4 per 100,000 and the U.S. is higher (14.5). Focus groups and stakeholders identified those living with mental illness as a group that is struggling. The perception was that this group lacks the local resources and services

needed and therefore primary care physicians provide medication management. Respondents were especially concerned for those who are pre-kindergarten through grade 12. When asked about needed services in the community, they identified a need for increased mental health services to include psychiatry, psychology, and mental health therapy. It was also suggested to collaborate with others to create programs that could impact mental health (such as Big Brother/Big Sister). Mental health was identified as the greatest health need in the community by focus groups and stakeholders. In UHD's CHNA implementation strategy created in 2020, one focus was "Promote, partner, and enhance mental health services." UHD has increased partnerships with their community to create better health by:

- Participating in a monthly "Mental Health Radio Program" which covers a variety of topics. The format allows for listeners to call in with questions. UHD explored ways to transition these to podcasts and include them on their website.
- Creating an education team to meet about topics that would be relevant for schools. They were invited to partner with the school to address mental health topics.
- Partnering with the city and law enforcement to address mental health.
- Expanding the mental health page on their website. They reached out to providers and agencies for the most up-to-date contact and service information to assist their community to quickly and easily access services.
- Creating a mental health workbook which includes journaling, dealing with stress, color book, and resources.
- Offering telehealth appointments with an outside vendor for mental health.

Adults in the three counties and the U.S. have the same prevalence of diabetes (9%) while the state is slightly lower (8%). Minnesota county level cancer data is not available because of state legislation and regulations which prohibit the release of county level data to outside entities. Per 100,000 residents, the state cancer incidence rate is slightly higher (473.3) than the U.S. (442.3).

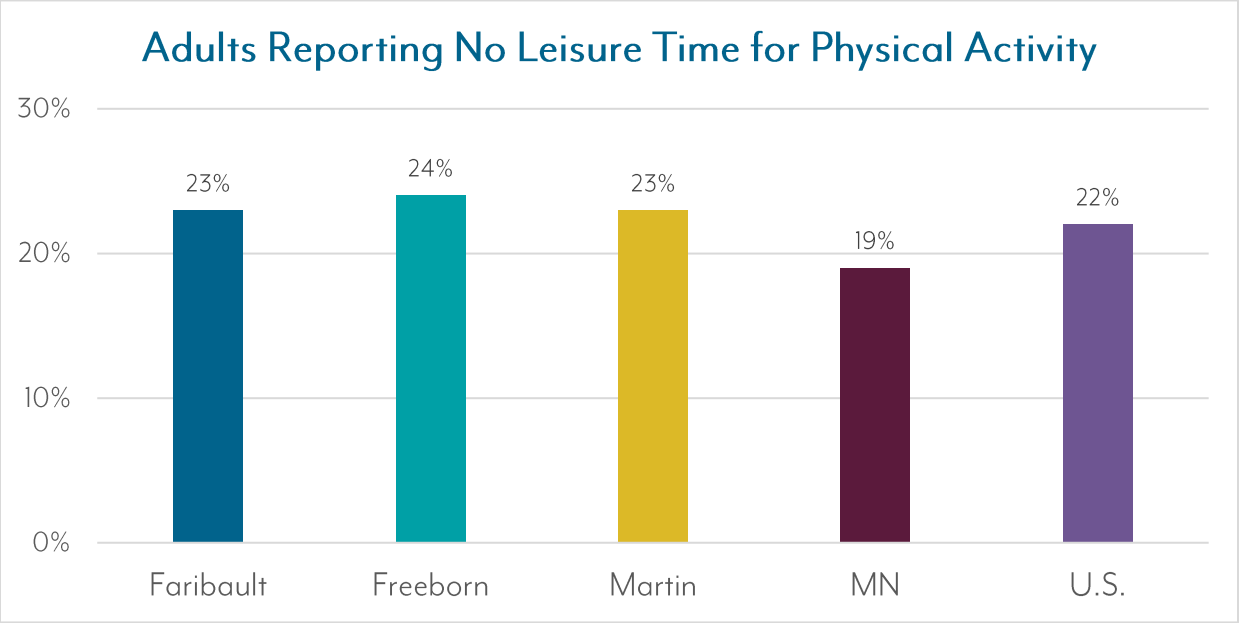




County Health Rankings. 2023.
State Cancer Profiles, National Cancer Institute, DHHS, CDC. 2020.

Health Behaviors

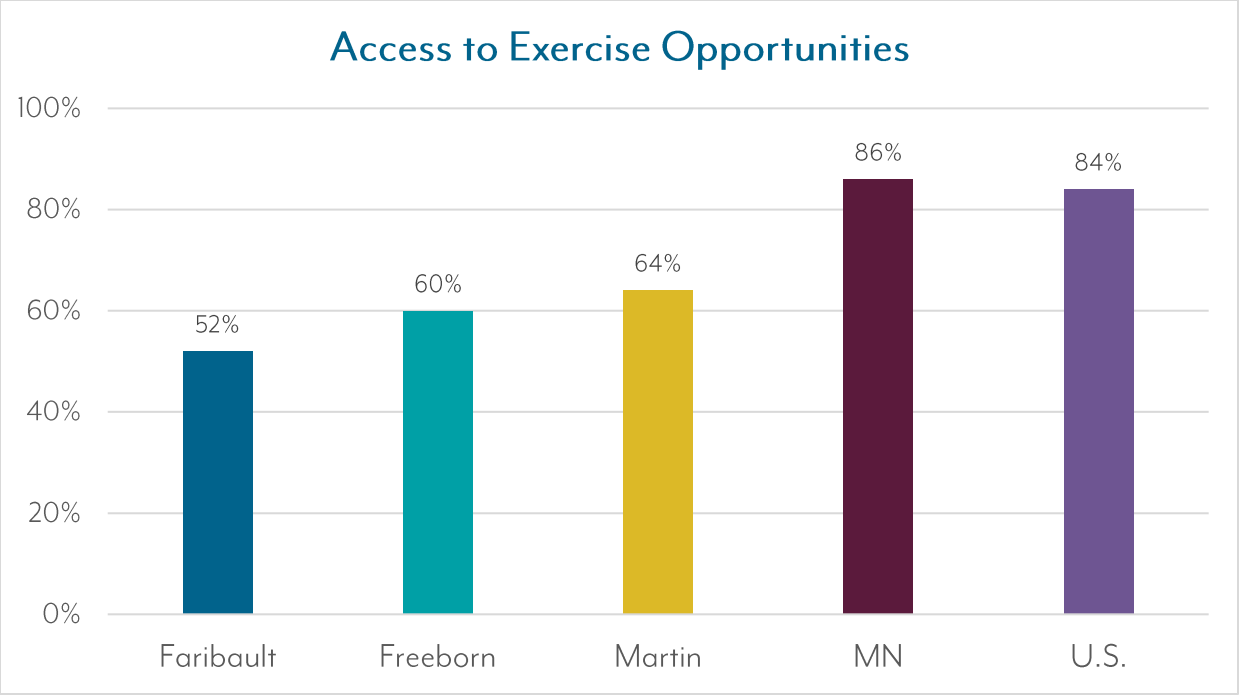
According to County Health Rankings and Roadmaps, approximately 30% of a person's health outcomes (length of life and quality of life) are attributable to health behaviors.[10] Health behaviors are intentional or unintentional actions a person takes that affect health or mortality.[11] As such, health behaviors can be a positive influence on length of life and quality of life or can negatively impact a person's health outcomes. All three counties have a similar percentage of adult residents reporting no leisure time for physical activity (23-24%). This is slightly higher than MN (19%). Adults in all three counties report less access to exercise opportunities (Faribault 52%, Freeborn 60%, Martin 64%) than residents of the state (86%) or the U.S. (84%).



County Health Rankings. 2023.

[10] County Health Rankings & Roadmaps. "Social & Economic Factors." Accessed October 26, 2023. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors?

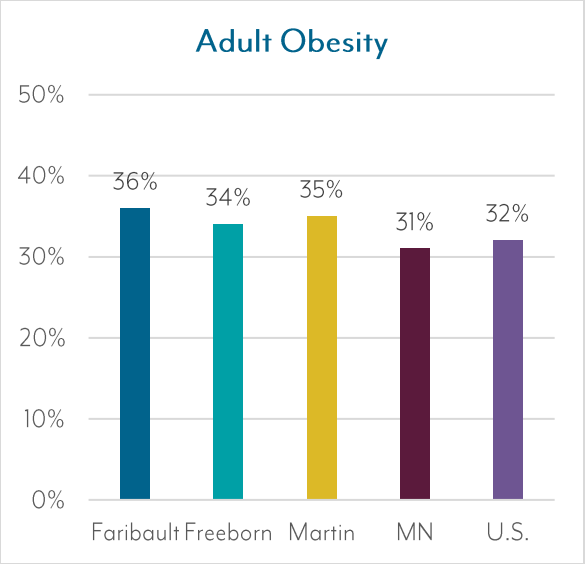
[11] PubMedCentral. "Social Determinants and Health Behaviors: Conceptual Frames and Empirical Advances," October 1, 2016. Accessed October 26, 2023. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4511598/#:~:text=Health%20behaviors%2C%20sometimes%20called%20health-related%20behaviors%2C%20are%20actions,from%20the%20health%20of%20the%20actor%20or%20others.

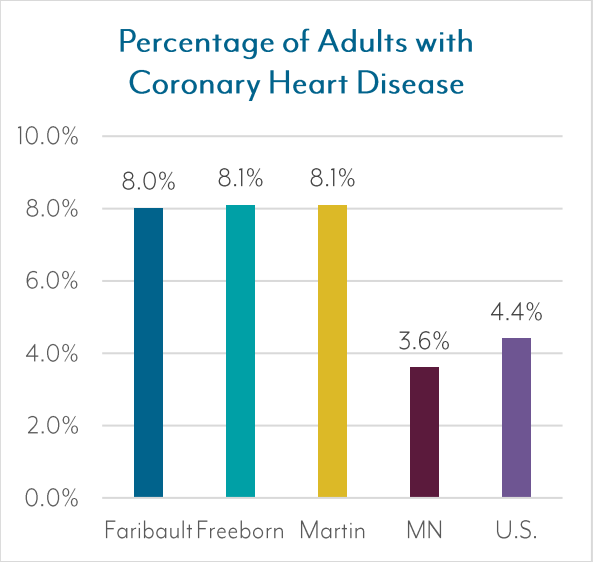


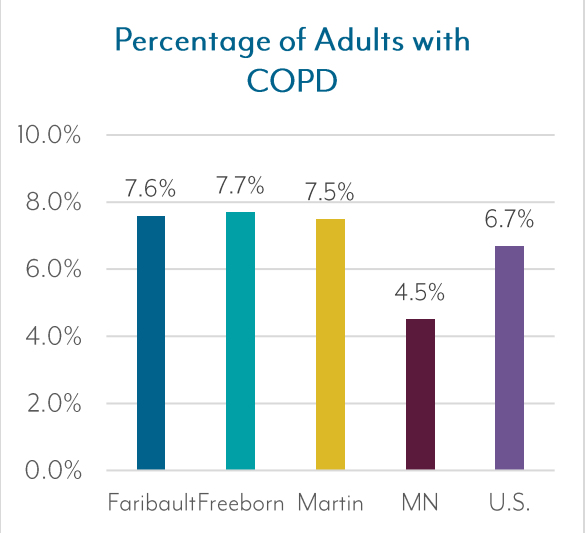
County Health Rankings. 2023.

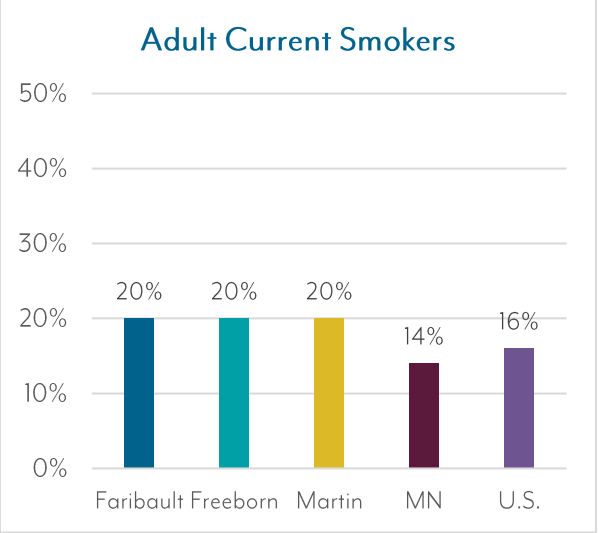
The prevalence of adult obesity in all counties (Faribault 36%, Freeborn 34%, Martin 35%) is higher than for the state (31%) and U.S. (32%). The percentage of adults with heart disease is higher for all three counties (Faribault 8%, Freeborn 8.1%, Martin 8.1%) than for MN (3.6%) and U.S. (4.4%). This same trend is found for chronic obstructive pulmonary disease (COPD) (Faribault 7.6%, Freeborn 7.7%, Martin 7.5%, MN 4.5%, U.S. 6.7%) and adults that smoke (Faribault 20%, Freeborn 20%, Martin 20%, MN 14%, U.S. 16%). None of these issues were identified as priorities in the focus groups and stakeholder interviews. When asked what UHD could do to increase the health of the community, stakeholders and focus groups both indicated that UHD could focus on providing more community education. They suggested topics on wellness which include healthy eating and living, meal planning on a budget, risk-taking behavior in youth, resources available locally, timely topics (for example during flu season), and disease prevention. Ideas to deliver education include:

- Provide "Health Talks" onsite at agencies and businesses (something similar was done pre-pandemic)
- Continue programs that were/are in place (pre-diabetes education, health screenings, etc.)
- Use social media so people can access topics on demand
- Sponsor events to impact cancer, diabetes, weight loss, smoking, support groups for different situations, and teen mental health
- More outreach to smaller communities beyond Blue Earth
- Health related programs such as walks, health fairs, wellness checks, low-cost vaccinations
- Publish a monthly newsletter









County Health Rankings. 2023.

Centers for Disease Control and Prevention (CDC), Places. 2021.

Behavioral Risk Factor Surveillance System Prevalence and Trends Data, CDC. 2021.

COPD Risk Factors and Rurality. Population Health Toolkit, National Rural Health Resource Center. 2022.

Access to Care

Not all health and wellness is achieved within the walls of a hospital, clinic, or health care provider. Using the County Health Rankings and Roadmaps model, 20% of health outcomes are attributable to clinical care, including access to care.[12] Access to care is interrelated to many areas including health insurance coverage, income, distance to care, transportation, understanding care, stigma, and availability of local health care providers. In Minnesota, there are 1,110 residents for each primary care physician (1,110:1). The ratio is poorer for Faribault County (1,700:1), Freeborn County (1,790:1), and Martin County (1,220:1). When looking at the ratio of residents to other non-physician primary care providers, the trend is better for Freeborn County (630:1) and Martin County (620:1) when compared to MN (700:1) but the ratio is still poor for Faribault County (1,740:1).

Regarding ratios of residents to dentists, all counties have less access (Faribault 2,780:1, Freeborn 2,370:1, Martin 1,520:1) compared to the state (1,310:1). Access to dental care is important because poor dental health can lead to other physical issues if left untreated.

The ratio examining access to mental health providers includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. In Minnesota, there are 320 residents for each mental health provider (320:1). The access rate is poorer for all three counties (Faribault 1,740:1, Fairmont 700:1, Martin 910:1). In the U.S. there are 340 residents to each mental health provider (340:1). Mental health and the need for more clinicians, psychologists, and psychiatrists was the most important priority identified by stakeholders and focus groups. Of specific concern was services for children and adolescents.

Access to Care

Ratio of Population to Primary Care Physicians

Faribault	Freeborn	Martin	MN	U.S.
1700:1	1790:1	1220:1	1110:1	1,310:1

Ratio of Population to Dentists

Faribault	Freeborn	Martin	MN	U.S.
2780:1	2370:1	1420:1	1310:1	1,380:1

Ratio of Population to Mental Health Providers

Faribault	Freeborn	Martin	MN	U.S.
1740:1	700:1	910:1	320:1	340:1

Ratio of Population to Other Primary Care Providers

Faribault	Freeborn	Martin	MN	U.S.
1740:1	630:1	620:1	700:1	810:1

County Health Rankings. 2023.

[12] County Health Rankings & Roadmap. "Access to Care." Accessed October 26, 2023. https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/clinical-care/access-to-care?

Perception of Hospital Care

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, implemented by the Centers for Medicare and Medicaid Services, is a standardized 32-question, inpatient experience survey tool that can elevate the quality and safety of hospital health care services across America and transform the way hospitals do business. HCAHPS survey results aid hospitals in connecting to their mission, supporting their finances, enhancing their reputation, and, foremost, improving patient care.[13] Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) is a national survey that asks patients about their experiences during a recent hospital stay. United Hospital District scores were higher or the same in comparison to Minnesota and U.S. in several questions highlighted below including doctor and nurse communication, cleanliness of room and bathroom, would definitely recommend, and rated the hospital 9 or 10 on a 10-point scale.

Completed surveys = 154 | Response rate 28%	United Hospital District	MN	U.S.
Nurses "always" communicated well.	87%	83%	79%
Doctors "always" communicated well.	90%	84%	79%
"Always" received help as soon as they wanted.	74%	73%	65%
Staff "always" explained about medicines before giving it to them.	65%	65%	62%
Room and bathroom were "always" clean.	82%	75%	72%
The area around their room was "always" quiet at night.	74%	68%	62%
YES, they were given information about what to do during their recovery at home.	86%	88%	86%
"Strongly agree" they understood their care when they left the hospital.	58%	56%	51%
Rated the hospital 9 or 10 on a scale 0-10.	80%	76%	70%
YES, they would definitely recommend the hospital.	77%	75%	69%

[13] National Rural Health Resource Center. "HCAHPS Overview: Vendor Directory," September 2022. Accessed February 15, 2023. https://www.ruralcenter.org/resources/hcahps-overview-vendor-directory.

Focus Group and Key Stakeholder Interview Findings

Introduction

RHI was contracted by UHD to conduct focus group and key stakeholder interviews to provide qualitative data on the strengths and needs of local health care services. Comments reflect the perceptions of the individual and may differ or support secondary data findings. The information summarizes the background, limitations, and summary of findings for each question for both the interviews and focus groups.

Background

Four focus groups were scheduled to occur between November 8-10, 2023, to obtain information from community residents for UHD's CHNA. The UHD leadership team initially provided names, demographics, and contact information for 67 potential attendees. RHI reached out to all 67 to invite them to participate. Hospital leadership contacted all nominees to inform them about the email coming from RHI and encouraged attendance. At a later date, 20 additional names were added, and invitations were sent. Attendees could choose the focus group they preferred to attend based on their availability. Each focus group included a mix of attendees representing their community. All four focus groups were originally scheduled to be held in person. UHD and RHI met to discuss converting one of the focus groups to be held virtually because there were an additional 18 people living at a distance who were interested in attending. This change was made to include as many interviewees as possible. Attendees included seniors, representatives from businesses, health care consumers, active health care providers, parents, school representatives, and lifelong residents. Locations for the three onsite focus groups included two held at 10 Talents Center in Blue Earth and one at Sisseton Lake Room at Best Western Fairmont 7 in Fairmont.

Nineteen individuals attended. Attendees were asked to anonymously complete a demographic survey to gather information. Seventeen of the attendees completed the request. Questions, response options, and number of responses are listed below.

- Gender: Male (5), female (12), prefer not to answer (0), no response filled out (2)
- Age: 25-44 (2), 45-54 (3), 55-64 (3), 65-74 (8), 75+ (0), prefer not to answer (1), no response (2)
- Race/ethnicity: White (17), prefer not to answer (0), no response (2)
- Hispanic, Latino, or Spanish origin: Yes (0), prefer not to answer (0), no (17), no response (2)
- Employment status: Employed (10), unemployed (1), retired (6), no response (2)
- Economic status:
    - $0 - $20,000 (0)
    - $21K - $40K (2)
    - $41K - $60K (2)
    - $61K – 80K (1)

- $81K - $100K (3)
- $101K - $120K (3)
- $121K + (5)
- Prefer not to answer (1)
- No response (2)

Each focus group was approximately two hours in length and included an overview of the CHNA purpose. Secondary data was presented to attendees at the beginning of the focus groups and included information about community population by race and ethnicity, age range, percentage of unemployed, and percentage living in poverty. Data regarding quality-of-life variables such as rates of diabetes, obesity, adults currently smoking, suicide were shared. Ratios of population to primary care providers, dentists, and mental health providers were also presented. Each focus group was asked the same questions that were created by the hospital. Focus group comments reflect the perceptions of the group.

Eight key stakeholder interviews were scheduled to occur between November 6-13, 2023, to obtain information from community residents for UHD's CHNA. The hospital provided names, demographics, and contact information for 40 potential interviewees. RHI reached out to the first 20 to invite them to participate. The remaining 20 names were moved to the focus group list. Hospital leadership contacted all nominees to inform them about the email coming from RHI and encouraged attendance. Two interviews were held in person and six were virtual. Attendees included seniors, representatives from businesses, health care consumers, active health care providers, parents, school representatives, and lifelong residents. All eight interviews were successfully conducted.

Attendees were asked to anonymously complete a demographic sheet to gather information. Six of the interviewees completed the request. Questions, response options, and number of responses are listed below. Demographics of attendees based on an anonymous self-report included:

- Gender: Male (4), female (2), prefer not to answer (0), no response filled out (2)
- Age: 25-44 (4), 45-54 (1), 55-64 (1), 65-74 (0), 75+ (0), prefer not to answer (0), no response (2)
- Race/ethnicity: White (6), prefer not to answer (0), no response (2)
- Hispanic, Latino, or Spanish origin: Yes (0), prefer not to answer (0), no (6), no response (2)
- Employment status: Employed (6), unemployed (0), retired (0), no response (2)
- Economic status:
    - $0 - $20,000 (0)
    - $21K - $40K (0)
    - $41K - $60K (0)
    - $61K – 80K (0)
    - $81K - $100K (0)
    - $101K - $120K (0)
    - $121K + (6)
    - Prefer not to answer (0)
    - No response (2)

Each interview was approximately one hour in length and included an overview of the CHNA purpose. Secondary data was presented to interviewees at the beginning and included information about community population by race and ethnicity, age range, percentage of unemployed, and percentage living in poverty. Data regarding

quality-of-life variables such as rates of diabetes, obesity, adults currently smoking, suicide were shared. Ratios of population to primary care providers, dentists, and mental health providers were also presented. Each stakeholder was asked the same questions. Individual comments reflect the perceptions of the participant.

Limitations

There are two major limitations that should be considered when reviewing the results:

1. The information is based on comments from a rather small segment of the community.
2. Participants represented are middle to upper income and all are White. Some segments of the community are not represented in these findings, specifically those of lower socio-economic status.

Summary of Major Points

Below are the common themes in responses.

- **Thinking about different population groups in our county (seniors, veterans, young families, chronically ill, etc.), do you think some population groups are suffering more than others? Which ones and why?**

Two population groups were identified by the focus groups and stakeholders. The first was people with lower incomes. It was noted that all three counties have lower median incomes compare to the state and there is a lot of socioeconomic diversity in the community. This is reflected in differences in housing and, in the school, what clothes, possessions, and opportunities students have. This also impacts the ability to access health care and insurance as well as the ability to buy healthy food and fresh produce. A group of particular concern is seniors who then have less access to nursing homes because wings are closing due to workforce shortages, and they can't afford home care and experience transportation challenges. Seniors on fixed incomes must decide, "what can I let go of" and it is usually health.

A second population focus groups and stakeholders identified as struggling were those living with mental illness. The perception was that this group lacks the local resources and services needed and primary care physicians provide medication management. Respondents were especially concerned those who are pre-kindergarten through grade 12.

Two additional groups mentioned in the focus groups were the Latino population because of language and cultural barriers and people with substance use disorder.

- **In your opinion, what are some of the barriers to accessing care in this region?**

Three barriers were identified by key stakeholders and focus groups. This first was the affordability of care. Some residents have high copays and deductibles or no insurance at all. Others do not know how to access insurance which can be complicated.

The second barrier was transportation to access care. Some people do not have money to purchase a car and must rely on others for rides. This is especially difficult when needing to travel a distance to obtain care. While some local transportation is available, these services may require pre-scheduling rather being available on demand. Some services are limited in where they can transport a resident.

Another barrier was when services are not available locally or are limited. Specifically mentioned are services for women's health and ophthalmology. Limited or shortage of services included mental health related assistance, including mental health providers and psychiatrists which can lead to long wait times for an appointment or the need to travel out of the county. Lack of primary care providers and workforce shortages were also mentioned.

- **Why might people leave the community or elect not to use UHD for healthcare?**

Focus groups and key stakeholder both expressed that people might leave the community to access care when it is not available locally. This included women's health services, education on nutrition and exercise, and dialysis. Local care might be out of network which forces residents to leave the community.

A second reason residents might seek care outside the county was the perception that local care is not the same quality as services elsewhere. Some people believe that care is better in bigger facilities or in urban areas. Some people are loyal to a particular health system while other residents might have had a poor prior experience with local care.

A final reason for leaving the community for care was the desire for privacy or concerns about confidentiality. With this is the "awkwardness" one might feel if encountering their provider in a public place such as the grocery store, school, or church.

- **What do you think UHD could do to increase the health of the community?**

Stakeholders and focus groups both indicated the UHD could increase the health of the community by providing more community education. They suggested topics on wellness which include healthy eating and living, meal planning on a budget, risk-taking behavior in youth, resources available locally, timely topics (for example during flu season), and disease prevention. Ideas to deliver this include:

  - Provide "Health Talks" onsite at agencies and businesses (something similar was done pre-pandemic)
  - Continue programs that were/are in place (pre-diabetes education, health screenings, etc.)
  - Use social media so people can access topics on demand
  - Sponsor events to impact cancer, diabetes, weight loss, smoking, support groups for different situations, teen mental health, and obesity
  - More outreach to smaller communities beyond Blue Earth
  - Health related programs such as walks, health fairs, wellness checks, low-cost vaccinations
  - Publish a monthly newsletter

A second area for UHD to focus was resources, services, and support to address mental health. While the school is trying to eliminate barriers to access services, so much more needs to be done. The biggest need identified was lack of providers, including those who work with children. A hope expressed was that services for mental health would be provided at the schools so that students can access immediate care and not have to miss school. Also suggested was for UHD to partner with faith-based organizations to offer support groups such Alcoholics and Narcotics Anonymous. The hospital could encourage other organizations to do this which could help attract more mental health professionals.

- **Do you feel there are untapped opportunities for UHD to collaborate?**

Interviewees identified many opportunities for UHD to collaborate. Those included:

  - Employers
    - Industry workers have a hard time getting time off work for appointments
    - Provide visits for medical services at the business site
    - Provide education at places of business
    - Act as consultant to build and incentivize wellness
  - Partner with public health as strongly as UHD did during the pandemic
  - Take education to the community
    - Utilize coffee shops, library, grocery stores, food shelf/pantries, etc. to meet people where they are going to be (community events and town celebrations, plan an event for a certain age group/gender that is fun while then providing education)
  - Partner with schools outside of Blue Earth to provide information on topics such as obesity, screen time, and nutrition
  - Utilize Senior Centers and nursing homes, specifically St. Lukes, for education and to provide wellness services

- **What new healthcare services would you like to see available locally?**

Both focus groups and stakeholders would like to see dermatology available locally. The other service identified by both was an increase in mental health services to include psychiatry, psychology, and mental health therapy. It was also suggested to collaborate with others to create programs that could impact mental health (such as Big Brother/Big Sister).

Key stakeholders also identified the need for local women's services. Focus groups suggested two services to provide locally: alternative health options (homeopathy, natural food, and information about the link between food and mental health) and pediatrics.

- **What is the greatest health need in this community?**

After generating a list of health needs in the community, focus groups members and key stakeholder each received three votes to identify their suggested priorities. For the focus groups, the three greatest health needs were:

  - Mental health (services, awareness, education, how to recognize problems in others)
  - Full-service clinic/hospital (in a county which does not have this)
  - Ability for all to access care regardless of insurance coverage or lack of, transportation, and other barriers to care identified earlier in this report

The three greatest needs identified by key stakeholders were:

  - Mental health care which impacts so many other areas of health
  - Increased availability of providers for children
  - Availability of telehealth

Conclusion, Recommendations, and Acknowledgements

Conclusion

United Hospital District (UHD) contracted with Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center, for CHNA services. In September 2023, RHI and UHD met to discuss the objectives of a regional CHNA.

A secondary data analysis, a series of focus groups, and key stakeholder interviews were conducted. Secondary data were collected from nationally recognized sources. Data for Faribault County, Freeborn County, Martin County, Minnesota, and the U.S. were included when available.

The population in the three counties is largely White. The second largest race/ethnic group for all three counties is Hispanic or Latino. All focus group attendees and stakeholders self-reported as White and none were Hispanic or Latino.

The highest percentage of residents in all three counties is the 25-44 age range and the next highest percentage is the 5-17 range. Sixty-seven percent of key stakeholders and 12% of focus group attendees who reported demographics were in the 25-44 years age range. The highest percentage of focus groups attendees were in the 65-74 years age range (47%).

The median household income is lower for all counties compared to the state and the U.S. There is a higher percentage of residents and children living below the poverty level in all counties. Focus group and stakeholders both identified people with lower incomes as the group that was struggling the most with health. It was noted that there is a lot of socioeconomic diversity in the community impacts differences in housing; what clothes, possessions, and opportunities students have; access health care and insurance; and the ability to buy healthy food and fresh produce. A group of particular concern was seniors on fixed incomes who must decide, "what can I let go of" and it is usually health. It is noted that 100% of key stakeholders who shared demographic information report an income over $120,000 and 47% of focus group interviews report an income over $101,000.

Mental health and mental illness were a common concern in in response to almost all focus group and key stakeholder questions. Those with mental illness were identified as a group that struggles more than others because this group lacks the local resources and services needed, resulting in primary care physicians providing medication management. Respondents were especially concerned about who are pre-kindergarten through grade 12. When asked about needed services in the community, they identified a need for increased mental health services including enhanced education, psychiatry, psychology, and mental health therapy. Mental health was identified as the greatest health need in the community by focus groups and stakeholders.

Secondary data indicates that Faribault, Freeborn, and Martin counties all have higher rates than Minnesota and U.S. in:

- Adult obesity (Faribault 36%, Freeborn 34%, Martin 35%, MN 31%, U.S. 32%).
- Adults with heart disease (Faribault 8%, Freeborn 8.1%, Martin 8.1%, MN 3.6%, U.S. 4.4%).
- Chronic obstructive pulmonary disease (COPD) (Faribault 7.6%, Freeborn 7.7%, Martin 7.5%, MN 4.5%, U.S. 6.7%)
- Adults that smoke (Faribault 20%, Freeborn 20%, Martin 20%, MN 14%, U.S. 16%)

None of these issues were identified in the focus groups and stakeholder interviews as priorities. When asked what UHD could do to increase the health of the community, stakeholders and focus groups both indicated UHD could focus on providing more community education. They suggested topics on wellness which include healthy eating and living, meal planning on a budget, risk-taking behavior in youth, resources available locally, timely topics (for example during flu season), and disease prevention. Access to services ties to this as well. Secondary data indicates that all three counties have poorer ratios in the number of county residents to each primary care physician, dentist, and mental health practitioner. Focus group attendees from Freeborn County expressed great concern that there is no full-service clinic/hospital in their county.

Recommendations

In 2020, UHD identified three strategies on which to focus from 2021 through 2023:

1. Provide and promote education, information, and opportunities to the communities we serve
2. Match the scope of services with the needs of the communities we serve
3. Promote, partner, and enhance mental health services

Secondary data, focus groups, and key stakeholder interviews confirmed that these strategies remain relevant and require an updated action plan. The health care organizations which are most successful in addressing CHNA strategies, are those that include people and agencies outside their own walls to work on a strategy together. It is recommended that UHD continue to expand formal collaboration with community partners identified in the report to continue to address opportunities that will enhance the health of the community. UHD has an opportunity to increase this community engagement by partnering with representatives from agencies, businesses, schools, local government, and faith-based organizations to work together on CHNA priorities for the next three years. It is also important to include representatives of underserved populations in this work and especially when working on a priority that impacts a group.

Acknowledgements

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Appendix A: Secondary Data Analysis

Introduction

There are two different types of sources used to conduct a CHNA. The first type is a primary source that is the initial material that is collected during the research process. Primary data is the data that RHI collects using methods such as surveys, focus groups, key stakeholder interviews, as well as objective data sources. Primary data is a reliable method to collect data as RHI knows the source, how it was collected and analyzed. Secondary data is the analysis of preexisting data. Secondary data analysis utilizes the data that was collected by another entity in order to further a study. Secondary data analysis is useful for organizational planning to complement primary data or if there is not time or resources to gather raw data. It has its drawbacks, however, as data from the different agencies is collected during different timeframes and with varying methods. This can make direct comparisons of secondary data difficult. See Appendix B for source details and definitions. Please note, the data collected for this report is the most current information as of October 2022. The types of measures selected to analyze in this report were identified based on data available for Faribault County, Freeborn County, Martin County, Minnesota, and the United States.

For more secondary data information, RHI offers users the ability to extract multiple data elements that are focused on specific scenarios in population health management on the Population Health Portal.

NR=not reported, DNA= data not available

Geography and Demographics

	Faribault	Freeborn	Martin	MN	U.S.
Total Population	13,933	30,882	20,070	5,707,390	331,893,745
Male	50.5%	50.0%	50.0%	50.1%	49.5%
Female	49.5%	50.0%	50.0%	49.9%	50.5%
Age 0-5	5.3%	5.4%	5.8%	5.8%	5.6%
Age 5-17	17.0%	16.8%	16.2%	17.1%	16.5%
Age 18-24	6.9%	6.6%	6.8%	8.8%	9.1%
Age 25-44	21.2%	22.2%	20.9%	26.5%	26.8%
Age 45-54	11.4%	11.7%	11.0%	11.7%	12.3%

Age 55-64	15.6%	15.3%	16.1%	13.3%	12.9%
Age 65-74	12.0%	11.8%	12.2%	10.2%	10.2%
Age 75+	10.6%	10.1%	10.8%	6.6%	6.7%
White	93.0%	87.7%	94.9%	77.7%	61.2%
Black	0.6%	1.1%	0.4%	6.8%	12.1%
Asian	0.2%	0.5%	0.2%	1.0%	1.0%
Native American/ Alaska Native	0.4%	3.0%	0.5%	5.1%	5.8%
Native Hawaiian/ Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.2%
Some Other Race	1.5%	2.9%	1.6%	2.6%	7.2%
Multiple Races	4.4%	4.8%	2.3%	6.9%	12.6%
Hispanic or Latino	7.5%	10.4%	5.2%	5.8%	18.8%
Veterans	8.7%	8.4%	8.4%	6.0%	6.2%
Speak English less than "well"	2.1%	4.2%	1.3%	4.5%	8.2%

Health Outcomes

	Faribault	Freeborn	Martin	MN	U.S.
Life Expectancy	78.3	80.1	80.9	80.4	76.4
Premature Death	8,000	5,600	5,400	5,600	7,300
Fair or Poor Health	12%	13%	12%	10%	12%
Poor Physical Health Days	3.1	3.2	3.0	2.6	3.0
Poor Mental Health Days	4.4	4.3	4.3	4.1	4.4
Low Birth Weight	6%	7%	6%	7%	8%
Diabetes Prevalence	9%	9%	9%	8%	9%
Suicide Death Rate	DNA	DNA	DNA	13.4	14.5
Heart Disease	8.0%	8.1%	8.1%	3.6%	4.4%
COPD	7.6%	7.7%	7.5%	4.5%	6.7%
Asthma	9.4%	9.6%	9.4%	9.9%	10.4%
All Cancer Sites	DNA	DNA	DNA	473.3	442.3
Prostate (male)	DNA	DNA	DNA	113.1	110.5
Breast (female)	DNA	DNA	DNA	136.3	127.0
Colon and Rectum	DNA	DNA	DNA	36.1	36.5
Uterus (female)	DNA	DNA	DNA	30.3	27.4
Melanoma	DNA	DNA	DNA	36.0	22.5

Social and Economic

	Faribault	Freeborn	Martin	MN	U.S.
Less than 9th grade education	2.6%	4.8%	2.4%	2.6%	4.8%
Some high school, no diploma	4.9%	7.0%	4.2%	3.2%	5.9%
High School Degree	34.7%	34.7%	35.4%	23.3%	26.3%
Some college, no degree	24.4%	22.5%	23.3%	20.1%	19.3%
Associate's Degree	13.2%	14.2%	13.1%	11.8%	8.8%
Bachelor's Degree	15.8%	11.9%	15.1%	25.5%	21.2%
Graduate or Professional Degree	4.4%	4.8%	6.4%	13.4%	13.8%
Unemployment Rate	6.2%	5.6%	5.2%	6.2%	8.1%
Median Household Income	$55,599	$62,233	$58,578	$75,489	$67,340
Poverty	11.4%	9.5%	11.7%	9.6%	12.6%
Children in Poverty	16.0%	12.5%	14.4%	10.9%	16.3%

Residential segregation: non-white/white	DNA	72	DNA	63	63
Childcare Centers	10	4	4	6	7
Childcare Cost Burden	24%	25%	24%	23%	27%
Injury Deaths	73	84	63	69	76

Health Behaviors

	Faribault	Freeborn	Martin	MN	U.S.
Current Smokers	20%	20%	20%	14%	16%
No Leisure Time for Physical Activity	23%	24%	23%	19%	22%
Access to Exercise Opportunities	52%	60%	64%	86%	84%
Adult Obesity	36%	34%	35%	31%	32%
Food Insecurity	8%	8%	10%	6%	12%
Binge Drinking	23%	22%	21%	22%	19%
Drug Overdose Deaths	DNA	DNA	DNA	15	23
Teen Birth Rate	12	22	21	12	19

Physical Environment

	Faribault	Freeborn	Martin	MN	U.S.
Air pollution - particulate matter	7.0	7.2	6.7	6.1	7.4
Drinking water violations	No	Yes	No	DNA	DNA
Severe Housing Problems	10%	9%	11%	13%	17%
Households with No Motor Vehicle	5.1%	6.1%	5.8%	6.5%	8.7%

Clinical Care

	Faribault	Freeborn	Martin	MN	U.S.
Uninsured	7%	7%	6%	6%	10%
Uninsured Children	5%	4%	5%	3%	5%
Access to Primary Care Physicians	1,700:1	17,90:1	1,220:1	1,110:1	1,310:1
Access to Mental Health Providers	1,740:1	700:1	910:1	320:1	340:1
Access to Dentists	2,780:1	2,370:1	1,420:1	1,310:1	1,380:1
Access to Other Primary Care Providers	1,740:1	630:1	620:1	700:1	810:1
Medicare Patients with Mammogram within Past Two Years	35%	35%	33%	38%	34%
Medicare Patients with Annual Influenza Vaccination	58%	51%	55%	52%	46%
Emergency Department Visit Rate by Medicare	5	11	13	8	8

Diabetics (per 1,000 beneficiaries)					
Adults over Age 50 Ever Reporting Having a Colonoscopy or Sigmoidoscopy	4%	3%	3%	5%	7%

Appendix B: Index of Secondary Data Indicators

Data Areas	Description	Source and Dates
Population	Total population residing in the area.	American Community Survey, United States Census Bureau. 2021.
Male	Percent of male population.	American Community Survey, United States Census Bureau. 2021.
Female	Percent of female population.	American Community Survey, United States Census Bureau. 2021.
Age 0-5	Percentage of total population aged 0-5 in the designated geographic area.	American Community Survey, United States Census Bureau. 2021.
Age 5-17	Percentage of total population aged 5-17 in the designated geographic area.	American Community Survey, United States Census Bureau. 2021.
Age 18-24	Percentage of total population aged 18-24 in the designated geographic area.	American Community Survey, United States Census Bureau. 2021.
Age 25-44	Percentage of total population aged 25-44 in the designated geographic area.	American Community Survey, United States Census Bureau. 2021.
Age 45-54	Percentage of total population aged 45-54 in the designated geographic area.	American Community Survey, United States Census Bureau. 2021.
Age 55-64	Percentage of total population aged 55-64 in the designated geographic area.	American Community Survey, United States Census Bureau. 2021.
Age 65-74	Percentage of total population aged 65-74 in the designated geographic area.	American Community Survey, United States Census Bureau. 2021.
Age 75+	Percentage of total population aged 75+ in the designated geographic area.	American Community Survey, United States Census Bureau. 2021.
White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.	American Community Survey, United States Census Bureau. 2021.

Black or African American	A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.	American Community Survey, United States Census Bureau. 2021.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses.	American Community Survey, United States Census Bureau. 2021.
American Indian/Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.	American Community Survey, United States Census Bureau. 2021.
Native Hawaiian/Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.	American Community Survey, United States Census Bureau. 2021.
Some Other Race	The US Office of Management and Budget (OMB) requires that race data be collected for a minimum of five groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or other Pacific Islander. OMB permits the Census Bureau to also use a sixth category - Some Other Race. Respondents may report	American Community Survey, United States Census Bureau. 2021.

	more than one race, which is then described as “Multiple Races”.	
Multiple Races	People may choose to provide two or more races either by checking two or more race response check boxes, by providing multiple responses, or by some combination of check boxes and other responses. For data product purposes, "Multiple Races" refers to combinations of two or more of the following race categories: "White," "Black or African American," American Indian or Alaska Native," "Asian," Native Hawaiian or Other Pacific Islander," or "Some Other Race"	American Community Survey, United States Census Bureau. 2021.
Hispanic or Latino	The estimated population that is of Hispanic, Latino, or Spanish origin.	American Community Survey, United States Census Bureau. 2021.
Veterans	Percent of the civilian population 18 years of age and older who served in the US military.	American Community Survey, United States Census Bureau. 2021.
Speak English less than “well”	Percent of population that speak English less than “very well”	American Community Survey, United States Census Bureau. 2021.
Life expectancy	Average number of years a person can expect to live.	County Health Rankings. 2023. National Center for Health Statistics, Centers for Disease Control and Prevention. 2021.
Premature Death	Years of potential life lost before age 75 per 100,000 population (age adjusted)	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Fair or poor health	Percentage of adults reporting fair or poor health (age-adjusted).	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.

Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Low birth weight	Percentage of live births with low birthweight (< 2,500 grams).	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Suicide death rate	Crude rate per 100,000 population of deaths with leading cause of death as suicide.	Centers for Disease Control and Prevention (CDC), WONDER. Suicide and Self-Inflicted Injury. 2021.
Diabetes prevalence	Percentage of adults aged 20 and above with diagnosed diabetes.	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Heart Disease	Percentage of adults with coronary heart disease (not age-adjusted)	Centers for Disease Control and Prevention (CDC), Places. 2021. Behavioral Risk Factor Surveillance System Prevalence and Trends Data, Centers for Disease Control and Prevention (CDC). 2021.
COPD	Percentage of adults with COPD (not age-adjusted)	COPD Risk Factors and Rurality. Population Health Toolkit, National Rural Health Resource Center. 2022. Behavioral Risk Factor Surveillance System Prevalence and Trends Data, Centers for Disease Control and Prevention (CDC). 2021.
Diagnosis of Asthma 18+	Percent of adults currently living with asthma	Centers for Disease Control and Prevention (CDC), Places. 2021. Behavioral Risk Factor Surveillance System Prevalence and Trends Data, Centers for Disease Control and Prevention (CDC). 2021.

All Cancers Incidence Rate per 100,000	Age-Adjusted Incidence Rate. All Races (includes Hispanic), Both Sexes, All Ages. Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population.	State Cancer Profiles, National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2020.
Prostate Cancer	Age-adjusted incidence rate of male prostate cancer cases per 100,000	State Cancer Profiles, National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2020.
Breast Cancer	Age-adjusted incidence rate of female breast cancer cases per 100,000	State Cancer Profiles, National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2020.
Colon and Rectum	Age-adjusted incidence rate of colon and rectum cancer cases per 100,000	State Cancer Profiles, National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2020.
Uterus	Age-adjusted incidence rate of female uterus cancer cases per 100,000	State Cancer Profiles, National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2020.
Melanoma	Age-adjusted incidence rate of melanoma cancer cases per 100,000	State Cancer Profiles, National Cancer Institute, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2020.
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	County Health Rankings. 2023. Behavioral Risk Factor Surveillance System Prevalence and Trends Data, Centers for Disease Control and Prevention (CDC). 2022.
Food insecurity	Percentage of population who lack adequate access to food during the past year (with a lack of access, at times, to enough food for an active, healthy life or uncertain availability of nutritionally adequate foods).	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Excessive drinking	Percentage of adults reporting binge or heavy drinking (Binge drinking is defined as a woman consuming more than four alcoholic	County Health Rankings. 2023.

	drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day).	County Health Rankings. 2023 National Statistics Reference Table. 2023.
Drug overdose deaths	Number of drug poisoning deaths per 100,000 population.	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Less than 9th grade education	Population 25 years and over without a high school degree.	American Community Survey, United States Census Bureau. 2022.
9th to 12th grade, no diploma	Population 25 years and over 9th to 12th grade education but no diploma.	American Community Survey, United States Census Bureau. 2022.
High School Degree (includes equivalency)	Population 25 years and over with a high school degree (includes equivalency).	American Community Survey, United States Census Bureau. 2022.
Some college, no degree	Population 25 years and over with some college but no degree.	American Community Survey, United States Census Bureau. 2022.
Associate degree	Population 25 years and over with an associate degree.	American Community Survey, United States Census Bureau. 2022.
Bachelor's Degree	Population 25 years and over with a bachelor's degree.	American Community Survey, United States Census Bureau. 2022.
Graduate or Professional Degree	Population 25 years and over with a graduate or professional degree	American Community Survey, United States Census Bureau. 2022.
Unemployment rate	Unemployment rates, not seasonally adjusted.	Uninsured Rates, Behavior, and Mental Health, Population Health Toolkit, National Rural Health Resource Center. 2022.
Median household income	Median income of households in the geographic area.	Uninsured Rates, Behavior, and Mental Health, Population Health Toolkit, National Rural Health Resource Center. 2022.

Poverty	Percent of all individuals below the poverty level.	American Community Survey, United States Census Bureau. 2022.
Children in poverty	Percent of children below 18 years old below the poverty level.	American Community Survey, United States Census Bureau. 2022.
Residential segregation – Non-white/white	Index of dissimilarity where higher values indicate greater residential segregation between non-white and white county residents. A demographic measure of the evenness with which two groups (non-white and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation).	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Injury deaths	Number of deaths due to injury per 100,000 population (includes planned (e.g., homicide or suicide) and unplanned (e.g., motor vehicle deaths) injuries).	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Current smokers	Percentage of adults who are current smokers (smoke every day or most days and have smoked at least 100 cigarettes in their lifetime).	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
No Leisure Time for Physical Activity	Percentage of adults age 20 and over reporting no leisure-time physical activity in the past month (such as running, calisthenics, golf, gardening, or walking for exercise)	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity (reside in a census block that is within a half mile of a park or reside in a rural census block that is within three miles of a recreational facility).	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.

Teen birth rate	Number of births per 1,000 female population ages 15-19.	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Drinking water violations	Indicator of the presence of health-related drinking water violations in community/public water systems. Yes indicates the presence of a violation; No indicates no violation.	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Household with no motor vehicle	Among occupied housing units, percent of housing units with no vehicles available	Vehicles Available, American Community Survey, United States Census Bureau. 2022.
Uninsured	Percentage of population under age 65 without health insurance.	Uninsured Rates, Behavior, and Mental Health, Population Health Toolkit, National Rural Health Resource Center. 2022.
Uninsured children	Percentage of population under age 18 without health insurance.	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Access to primary care physicians	Ratio of population to primary care physicians (practicing non-federal physicians (M.D.s and D.O.s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics).	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Access to other primary care providers	Ratio of population to other primary care providers (practicing nurse practitioners	County Health Rankings. 2023.

	(NP), physician assistants (PA), and clinical nurse specialists).	County Health Rankings. 2023 National Statistics Reference Table. 2023.
Access to mental health providers	Ratio of population to mental health providers (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care).	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Access to dentists	Ratio of population to dentists (registered dentists with a National Provider Identification).	County Health Rankings. 2023. County Health Rankings. 2023 National Statistics Reference Table. 2023.
Had a Mammogram in Past 2 Years, Medicare Patients	Percentage of Medicare population that had a mammogram in past 2 years.	Mapping Medicare Disparities by Population, Centers for Medicare and Medicaid Services. 2021.
Medicare patients with annual influenza vaccination	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Mapping Medicare Disparities by Population, Centers for Medicare and Medicaid Services. 2021.
Emergency Department Visit Rate by Medicare Diabetics (per 1,000 beneficiaries)	Rate of emergency department visits among Medicare beneficiaries with diagnosed diabetes per 1,000 beneficiaries	Mapping Medicare Disparities by Population, Centers for Medicare and Medicaid Services. 2021.
Adults over age 50 ever reporting having a colonoscopy	Medicare enrollees over age 50 ever reporting having a colonoscopy or sigmoidoscopy.	Mapping Medicare Disparities by Population, Centers for Medicare and Medicaid Services. 2021.

Appendix C: Focus Group Invitations and Questions

Dear Community Leader:

We're pleased to invite you to **participate in a focus group** conducted by the National Rural Health Resource Center on behalf of United Hospital District (UHD). Focus groups are an excellent way for community members to share their opinions in an honest yet confidential environment. **The goal of this focus group is to assist UHD in identifying strengths and needs of health services for the region.**

Your participation will provide important information, which will be used for strategic planning, grant applications, potential new programs, and shared with community groups interested in addressing health in the region. UHD looks forward to receiving this valuable community feedback.

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health in the region. This process will help to maintain quality health care in the community.

Participants for focus groups were identified as those living in the area that represent different groups of health care users including seniors, family caregivers, business leaders, and health care providers. Whether you or a family member are involved with local health care services or not, this is your chance to help guide high quality local health services in the future.

We are offering four different focus groups. Please select the day, time, and location that is most convenient for you.

Wednesday November 8 from 5:00pm – 7pm Blue Earth (10 Talents Center) *catered supper

Thursday November 9 from 8:30am – 10:30am Blue Earth (10 Talents Center) *catered breakfast

Thursday November 9 from 4pm – 6pm Wells (Wells Community Center) *catered supper

Friday November 10 from 11am – 1pm Fairmont (Sisseton Lake Room at Best Western Fairmont 7) *catered lunch

Your identity is not part of the focus group report and your individual responses will be kept confidential.

Please confirm your attendance by contacting Faith at the National Rural Health Resource Center by phone (218-514-0107) or e-mail (frhoades@ruralcenter.org) **by Monday, October 30th.** Faith will then send you an Outlook invitation with focus group questions and details.

On behalf of UHD, we look forward to your participation. Thank you.

Sincerely,

Tracy Morton, Director of Population Health
National Rural Health Resource Center

United Hospital District Focus Group Questions

The questions below are the types of questions that will be asked during the focus groups. The purpose of this interview is to identify the strengths and needs of health services in your community. No identifiable information will be disclosed, and the results will assist the healthcare organization with future care and planning.

1. Thinking about different population groups in our county (seniors, veterans, young families, chronically ill, etc.), do you think some population groups are suffering more than others? Which ones and why?
2. What is the greatest health need in this community?
3. In your opinion, what are some of the barriers to accessing care in this region?
4. Why might people leave the community or elect not to use UHD for healthcare?
5. What do you think UHD could do to increase the health of the community?
6. Do you feel there are untapped opportunities for UHD to collaborate?
7. What new healthcare services would you like to see available locally?

United Hospital District Focus Group Demographic Questions

Please respond to the below questions. This is anonymous information that will be compiled with other focus group and key stakeholder data to provide an overview of participant demographics.

What is your age range?

- ☐ Age 18-24
- ☐ Age 25-44
- ☐ Age 45-54
- ☐ Age 55-64
- ☐ Age 65-74
- ☐ Age 75+
- ☐ Prefer not to answer

Are you of Hispanic, Latino, or Spanish origin? (Select only ONE response)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer
- ☐ Not sure

With what ethnicity do you most identify? (Select all that apply)

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Pacific Islander/Native Hawaiian
- ☐ White/Caucasian
- ☐ Other (please specify) _____
- ☐ Not sure
- ☐ Prefer not to answer

Are you male or female, or do you identify in a different way? (Select only ONE response)

- ☐ Male
- ☐ Female
- ☐ Identify in a different way
- ☐ Prefer not to answer

What is your average annual household income?

- ☐ $0 - $20,000
- ☐ $21,000 - $40,000
- ☐ $41,000 - $60,000
- ☐ $61,000 - $80,000
- ☐ $81,000 - $100,000
- ☐ $101,000 - $120,000
- ☐ $120,000 +
- ☐ Not sure
- ☐ Prefer not to answer

What is your employment status

- ☐ Employed
- ☐ Unemployed
- ☐ Retired
- ☐ Other (please specify) _____
- ☐ Prefer not to answer

Appendix D: Key Stakeholder Invitation and Questions

Dear Community Leader,

Your friends at United Hospital District (UHD) have identified you as a leader in the community and would like to hear your perspectives on the health of the areas they serve. Please accept this invitation to **participate in a key stakeholder interview** conducted by Rural Health Innovations, LLC a subsidiary of the National Rural Health Resource Center on behalf of UHD. The purpose of the interview will be to identify strengths and needs of community health for the region.

This information will be used for strategic planning, grant applications, new programs and by community groups interested in addressing health in the region. This process will help to maintain quality health care in the community.

We invite you to participate in a one-hour one-on-one interview during the week of **November 8-10.** Your help is very much appreciated in this effort. Please confirm your willingness to participate before **Monday, October 30.** Your identity is not part of the report, and your individual responses will be kept confidential.

Available days and time are scheduled on a first come basis. The meetings will be held in the United Hospital District classroom. Times that are available include:

Thursday, November 9

- 12-1pm
- 1:30-2:30pm
- 3pm-4pm

Friday, November 10

- 7am-8am
- 8:30am-9:30 am

While an in-person meeting is preferred, we know this might not be convenient for all. If you prefer a virtual meeting, we can do those. Available times are:

Monday, November 6

- 4pm-5pm

Tuesday, November 7

- 8am-9am
- 9:30-10:30am

Monday, November 13

- 8am-9am

- 9:30-10:30am

Please confirm your attendance and day/time preference by contacting Faith at the National Rural Health Resource Center by phone (218-514-0107) or e-mail (frhoades@ruralcenter.org) **by Monday, October 30.** Faith will then send you an Outlook invitation with key stakeholder questions and details.

We look forward to your participation. Thank you.

Sincerely,

Tracy Morton, Director of Population Health

National Rural Health Resource Center

United Hospital District KSI Questions

The questions below are the types of questions that will be asked during the key stakeholder interview. The purpose of this interview is to identify the strengths and needs of health services in your community. No identifiable information will be disclosed, and the results will assist the healthcare organization with future care and planning.

1. Thinking about different population groups in our county (seniors, veterans, young families, chronically ill, etc.), do you think some population groups are suffering more than others? Which ones and why?
2. What is the greatest health need in this community?
3. In your opinion, what are some of the barriers to accessing care in this region?
4. Why might people leave the community or elect not to use UHD for healthcare?
5. What do you think UHD could do to increase the health of the community?
6. Do you feel there are untapped opportunities for UHD to collaborate?
7. What new healthcare services would you like to see available locally?

United Hospital District KSI Demographic Questions

Please respond to the below questions. This is anonymous information that will be compiled with other focus group and key stakeholder data to provide an overview of participant demographics.

What is your age range?

- ☐ Age 18-24
- ☐ Age 25-44
- ☐ Age 45-54
- ☐ Age 55-64
- ☐ Age 65-74
- ☐ Age 75+
- ☐ Prefer not to answer

Are you of Hispanic, Latino, or Spanish origin? (Select only ONE response)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer
- ☐ Not sure

With what ethnicity do you most identify? (Select all that apply)

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Pacific Islander/Native Hawaiian
- ☐ White/Caucasian
- ☐ Other (please specify) _____
- ☐ Not sure
- ☐ Prefer not to answer

Are you male or female, or do you identify in a different way? (Select only ONE response)

- ☐ Male
- ☐ Female
- ☐ Identify in a different way
- ☐ Prefer not to answer

What is your average annual household income?

- ☐ $0 - $20,000
- ☐ $21,000 - $40,000
- ☐ $41,000 - $60,000
- ☐ $61,000 - $80,000
- ☐ $81,000 - $100,000
- ☐ $101,000 - $120,000
- ☐ $120,000 +
- ☐ Not sure
- ☐ Prefer not to answer

What is your employment status

- ☐ Employed
- ☐ Unemployed
- ☐ Retired
- ☐ Other (please specify) _____
- ☐ Prefer not to answer

United Hospital District
March 20, 2024

Community Health Needs Assessment and Implementation Strategy

Establishing Health Priorities Reporting Document

Introduction

United Hospital District (UHD) contracted with Rural Health Innovations (RHI), a subsidiary of the National Rural Health Resource Center, for CHNA services. In September 2023, RHI and UHD met to discuss the objectives of a regional CHNA.

A series of focus groups and key stakeholder interviews were conducted in November 2023. Secondary data was collected from nationally recognized sources. In December 2023, the report findings were presented via webinar to the UHD leadership. This webinar also included a presentation highlighting national changes in the health care system. In March 2024, RHI facilitated an implementation planning session with seven hospital leaders to revise community health priorities and develop strategic actions.

Description of Community Served

Input was sought from the following counties that are within the service area: Faribault County, Freeborn County, and Martin County, Minnesota.

Input from Broad Interests

Four focus groups were scheduled to occur between November 8-10, 2023, to obtain information from community residents for UHD's CHNA. The UHD leadership team initially provided names, demographics, and contact information for 67 potential attendees. RHI reached out to all 67 to invite them to participate. Hospital leadership contacted all nominees to inform them about the email coming from RHI and encouraged attendance. Later, 20 additional names were added, and invitations were sent. Attendees could choose the focus group they preferred to attend based on their availability. Each focus group included a mix of attendees representing their community. All four focus groups were originally scheduled to be held in person. UHD and RHI then discussed

converting one of the focus groups to a virtual meeting in order to provide availability to 18 potential attendees living at a distance. This change was made to include as many interviewees as possible. Attendees included seniors, representatives from businesses, health care consumers, active health care providers, parents, school representatives, and lifelong residents. Locations for the three onsite focus groups included two held at 10 Talents Center in Blue Earth and one at Sisseton Lake Room at Best Western Fairmont 7 in Fairmont. Nineteen individuals attended.

Eight key stakeholder interviews were scheduled to occur between November 6-13, 2023, to obtain information from community residents for UHD's CHNA. The hospital provided names, demographics, and contact information for 40 potential interviewees. RHI reached out to the first 20 to invite them to participate. The remaining 20 names were moved to the focus group list. Hospital leadership contacted all nominees to inform them of an email coming from RHI and encouraged attendance. Two interviews were held in-person and six were conducted virtually. Attendees included seniors, representatives from businesses, health care consumers, active health care providers, parents, school representatives, and lifelong residents. All eight interviews were successfully conducted.

Prioritized Health Needs

On March 20, 2024, seven hospital leadership members were assembled to:

- Explore findings from the community health needs assessment (CHNA) - high level overview
- Review accomplishments from previous CHNA implementation planning and identify gaps
- Participate in translating identified health priorities into actionable work
- Discuss next steps

The participants met virtually for the implementation planning session. The findings in the current CHNA report mirrored those from their 2020 report, therefore the team decided to focus on the same priorities by reviewing their accomplishments, editing phrasing to better reflect their current status, and updating their action plans. The priorities are:

1. Provide and promote education opportunities to the communities we serve
2. Match the scope of the services with the needs of the communities we serve
3. Promote, partner, and enhance mental health services

Because there were seven attendees for three priorities, the team chose to focus their time on developing an action plan for just one of health priorities. This helped the group to better understand the action planning process and ensure each participant could provide input. The team selected the priority of *promoting, partnering, and enhancing mental health services*, and opted to continue their work on the remaining two priorities, as a large group, in the next month. Discussion began to identify necessary actions that the UHD team and their community partners could implement in the next three years. The CHNA Action Plan Worksheet includes the actions, key partners, deadlines, needed resources, and outcome data they identified that will guide the hospital and community partners to further this priority. The team will consider additional community members that will need to join the action planning and implementation processes.

UHD will identify community partners to collaborate on the two remaining health priorities and will then operationalize a plan of actions to address them. Leaders and partners will work to complete the worksheet and review each plan to ensure health equity.

United Hospital District
March 20, 2024

Action Plan 1

Action Plan #1				
Priority: Provide and promote education opportunities to the communities we serve				
Key Actions *What do we need to reach our goal?*	**Leads or Key Partners** *Who will lead this action?*	**Action Completion Date** *When will the work need to be completed by?*	**Resources Needed** *What funding, personnel, or infrastructure is needed?*	**Data/Measurement** *What data can be used to measure success?*
Educational opportunities will be focused on the services we offer as we experience growth in new community	Rick, Missy, Gavin, Sue, UHD Providers	Ongoing	Funding	Ongoing education will be provided to the community as we learn areas that are needed
SANE training	Jamie R.	Q4 2024	Funding, Personnel	2 RN's from UHD will become SANE trained, offering more comprehensive care in the ED to assault victims, also additional education to those victims.
Hiring a UHD nurse educator	Jamie R. Missy	Q4 2024	Funding	This person has been hired and we are working in on implementation plan for her start date in Q1 2025

OB focused education in community hosted event	Gavin Rummler	Q4 2024	Funding, Personnel	Successful completion of the event.
Hospital Services education at Community hosted Event	Gavin, Rick, UHD Providers	Q1 2024	Funding, Personnel	Event completed, will plan to do in 2025 with expansion of participation.

Action Plan 2

Action Plan #2 – *for future planning*				
Priority: Match the scope of services with the needs of the communities we serve				
Key Actions *What do we need to reach our goal?*	**Leads or Key Partners** *Who will lead this action?*	**Action Completion Date** *When will the work need to be completed by?*	**Resources Needed** *What funding, personnel, or infrastructure is needed?*	**Data/Measurement** *What data can be used to measure success?*
Launch Step Staff additional providers to ensure we are able to meet the needs of the communities we serve	Rick	Ongoing recruitment	Working with an outside recruitment firm	2 hires have been completed, additional physician starting in Q3 2025 – searching for an additional FP/OB
Additional APP needed in Fairmont to meet the needs of increased volume	Rick, Sue, Missy	Q1 2025	Funding, Personnel - Internal staff	Hire completed with Q1 2025 start date, will continue to evaluate needs based on volume.
Ensure the communities know the services that are offered at UHD	Gavin	Ongoing marketing	Will use all avenues of marketing	Ongoing

Focus community engagement opportunities with services	Gavin, Missy, Rick	Ongoing	Personnel	OB lunch and learn event scheduled, Community fair completed, Local Fairs offered information regarding OB services, Women of Worth event focused on preventative testing options

Action Plan 3

Action Plan #3 – *for future planning*				
Priority: Promote, partner, and enhance mental health services				
Key Actions *What do we need to reach our goal?*	**Leads or Key Partners** *Who will lead this action?*	**Action Completion Date** *When will the work need to be completed by?*	**Resources Needed** *What funding, personnel, or infrastructure is needed?*	**Data/Measurement** *What data can be used to measure success?*
Launch Step Gather a list of resources within our counties	Katelyn Boran, Melissa Storbeck, Jamie Ringness LPH, Schools, VA, UHD MH Providers, MHA, Medi-Sota	End of Q2 2024	Personell	Resource created and utilized, tracking of website traffic – resource created and in use
Exploration of telepsychiatry for medication management	Rick, Missy, Sue	60 days will know if there is interest in contracting with UHD	Funding, Personnel	Moving forward, in implementation process
Partnering with LPH MH group and regional groups	Katelyn Boran, Chera Sevcik	Q1 2025		Commitment to attend Stronger Together – this group is refocusing in 2025, UHD will partner at that time
Re-visit Mental Health Minute, in addition to Mental Health Podcast	UHD Providers	End of Q3 - Decided and program ready to start	Personnel - Presenters, possibly funding for external vendor	Program up and metrics being tracked

Dissemination

- United Hospital District posted a summary of the Community Health Needs Assessment and implementation strategy online at https://uhd.org/media/attachments/2023/12/20/uhd-chna-2023-final-report.pdf

Implementation Strategy

- Hospital leadership assembled to operationalize the community health assessment action plan which identifies the objectives, partner opportunities, activity leads, a timeline, and how the objective will be measured for success (see Community Health Assessment Action Plan at https://uhd.org/media/attachments/2023/12/20/uhd-chna-2023-final-report.pdf