Communities We Serve

1200 Grant Boulevard, Wabasha, Minnesota 55981
Saint Elizabeth’s Medical Center
Community Health Needs Assessment
An assessment of Wabasha County conducted jointly by Saint Elizabeth’s Medical Center and Wabasha County Health Department.

Saint Elizabeth’s Medical Center (SEMC) is a critical access hospital located in Wabasha, Wabasha County, Minnesota. The community health needs assessment was conducted in 2015 and focused on the needs of residents in Wabasha County.

SEMC is part of Ministry Health Care, which is an integrated healthcare delivery network serving more than 1.1 million people across Wisconsin and eastern Minnesota. Ministry generates nearly $2.2 billion in operating revenue with 15 hospitals, 45 clinics and more than 12,000 associates including 650 physicians and advance practice clinicians. In 2013, Ministry Health Care joined Ascension, the largest Catholic and not-for-profit healthcare system in the nation.

*Our mission as a Catholic healthcare system is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve.*

Ministry Health Care has a rich and long tradition of addressing the health of the community. This flows directly from our Catholic identity. In addition to the community health improvement efforts guided by our CHNA process, we contribute to other needs through our broader community benefit program. In 2014-2015, SEMC’s community benefit contributions totaled more than $2.2 million.

Community Served by the Hospital

Although SEMC serves portions of Wabasha County and parts of bordering Western Wisconsin counties, for the purposes of this community health needs assessment (CHNA), the medical center focused on the health needs of Wabasha County. Our “community served” was defined as such because: (a) most community health data is available on at the county level; (b) most of our assessment partners define their service area at the county level; and (c) Wabasha County includes the majority of our service area.
## Demographic Profile of Wabasha County

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Minnesota 2014</th>
<th>Wabasha County 2014</th>
<th>Wabasha County 2010</th>
<th>% Change for County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population*</td>
<td>5,457,173</td>
<td>21,362</td>
<td>21,664</td>
<td>-1.4%</td>
</tr>
<tr>
<td>Median Age (years)^</td>
<td>37.6</td>
<td>43.5</td>
<td>42.4</td>
<td>2.5%</td>
</tr>
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</table>

### Age*

<table>
<thead>
<tr>
<th>Age*</th>
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</thead>
<tbody>
<tr>
<td>Persons under 5 years</td>
<td>6.4%</td>
<td>6.0%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Persons under 18 years</td>
<td>23.5%</td>
<td>22.3%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Persons 65 years and over</td>
<td>14.3%</td>
<td>18.7%</td>
<td>17.0%</td>
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### Gender*

<table>
<thead>
<tr>
<th>Gender*</th>
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</thead>
<tbody>
<tr>
<td>Female</td>
<td>50.3%</td>
<td>50.2%</td>
<td>49.9%</td>
</tr>
<tr>
<td>Male</td>
<td>49.7%</td>
<td>49.8%</td>
<td>50.1%</td>
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</tbody>
</table>

### Race and Ethnicity*

<table>
<thead>
<tr>
<th>Race and Ethnicity*</th>
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</tr>
</thead>
<tbody>
<tr>
<td>White alone</td>
<td>85.7%</td>
<td>97.5%</td>
<td>96.9%</td>
</tr>
<tr>
<td>Black or African American alone</td>
<td>5.9%</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone</td>
<td>1.3%</td>
<td>0.3%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Asian alone</td>
<td>4.7%</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>2.3%</td>
<td>1.0%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>5.1%</td>
<td>3.0%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

### Speak a language other than English^ |

<table>
<thead>
<tr>
<th>Speak a language other than English^</th>
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</tr>
</thead>
<tbody>
<tr>
<td>10.9%</td>
<td>2.8%</td>
<td>3.8%</td>
<td>-35.7%</td>
</tr>
</tbody>
</table>

### Median household income^ |

<table>
<thead>
<tr>
<th>Median household income^</th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>$60,828</td>
<td>$55,994</td>
<td>$51,112</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

### Percent below poverty in the last 12 months^ |

<table>
<thead>
<tr>
<th>Percent below poverty in the last 12 months^</th>
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</tr>
</thead>
<tbody>
<tr>
<td>11.5%</td>
<td>7.6%</td>
<td>7.3%</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

### High School graduate or higher, percent of persons age 25+ ^ |

<table>
<thead>
<tr>
<th>High School graduate or higher, percent of persons age 25+ ^</th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>92.3%</td>
<td>92.7%</td>
<td>90.2%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>


Process and Methods Used to Conduct the Assessment

COMMUNITY HEALTH IMPROVEMENT STRATEGY

Ministry Health Care is committed to using national best practices in conducting the CHNA and implementing community health improvement strategies. Our approach relies on the model developed by the County Health Rankings and Roadmaps, and the Robert Wood Johnson Foundation, utilizing in particular the determinants of health model and the model for community health improvement.

In addition, we utilize the Wisconsin Guidebook on Improving the Health of Local Communities (developed with funding from the University of Wisconsin School of Medicine and Public Health from the Wisconsin Partnership Program). This guidebook builds on the County Health Rankings and Roadmaps’ Action Center.
Based on all of these resources, our community health improvement strategy rests on the following principles to make our communities a healthy place to live, learn, work and play:

- Work collaboratively to effectively address health issues
- Pay attention to the forces that shape health outcomes
- Focus efforts on target populations with a disparate health burden
- Emphasize the powerful impact of policy- and system-based approaches on change
- Use the best evidence of effective strategies
- Identify and track specific, measurable performance indicators

PLANNING PROCESS
The Wabasha County CHNA was led by SEMC, in collaboration with Wabasha County Public Health and Stratis Health of Minnesota. Representatives met in summer 2015 to plan and organize a county-wide assessment process that would engage key stakeholders and target low-income and vulnerable populations. Making Healthy Living the Easy Choice in Wabasha County consisted of two survey instruments distributed broadly to our target audiences.

Key Stakeholders Survey
An online survey was distributed to approximately 300 key stakeholders representing a broad spectrum of Wabasha County. Representatives included: healthcare providers, civic leaders, non-profit and social service organizations, schools, local government, providers of senior services, providers of mental health services, business leaders, and faith communities.

The survey instrument asked participants to rate the importance of health issues to Wabasha County residents and to low-income and vulnerable populations, as well as their satisfaction of efforts to address these issues, and to identify the top five health needs to be addressed throughout the next three years.

The health indicators included in the survey were taken from Healthy People 2020, which also serves as the planning and implementation framework for the Minnesota Department of Health. Indicators included: Senior Health; Mental Health; Oral Health; Nutrition and Weight Status; Childhood Immunizations; Environmental Health; Unintentional Injury; Sexually Transmitted Diseases; Maternal, Infant and Child Health; Tobacco Use; Substance Abuse; Other (to be specified by participants).

Low-income/Vulnerable Population Survey
Ascension and Ministry Health Care are fueled by a commitment to human dignity, the common good, justice and solidarity. We believe the CNHA process must be informed by direct input from the poor, vulnerable and disparate populations we aim to serve. SEMC created a hard copy CHNA survey that was distributed to 17 social service agencies, non-profit organizations and schools that serve low income and vulnerable populations. These organizations agreed to distribute and collect surveys. Similar to the survey targeting key stakeholders, this questionnaire asked participants to rate the importance of health issues to them and their satisfaction of efforts to address issues.
DATA SOURCES
The primary source of this data was the Community Commons CHNA.org site which, in turn, draws from multiple secondary data sources including US Census, Behavioral Risk Factor Surveillance System, and other CDC data sources. In addition, this data was supplemented with information from:

- County Health Rankings
- Minnesota Department of Health
- Minnesota Student Survey
- Minnesota Toward Zero Death Report
- Minnesota Department of Health Teens & Tobacco Report

Results from both surveys (21 percent response rate from key stakeholder survey and 100 returned surveys from low-income/vulnerable population) were tabulated and summarized in preparation for a public forum that was convened to identify priority health needs.

Input From Persons Who Represent the Broad Interests of the Community

SEMC is committed to addressing community health needs collaboratively with local partners. Since the 2013 CHNA, SEMC actively participated in collaborations to implement strategies and interventions that addressed the original priority health needs: Senior Health, Mental Health, Healthy Eating/Active Living, and Oral Health.

This second cycle of the CHNA built on these collaborations, actively seeking input from a broad cross section of community stakeholders with the goal of reaching consensus on priorities to focus on during the next three years.

INPUT FROM COMMUNITY STAKEHOLDERS
Forty-five community stakeholders and county citizens participated in a CHNA Forum held at SEMC on October 22, 2015. Participants engaged in a facilitated discussion that included:

- Update and progress on implementation strategies since initial CHNA
- Review of data and results from key stakeholder survey
- Review of data and results from low-income/vulnerable population survey
- Discussion and identification of social determinants of health
- Identification of community assets
- Selection of prioritization criteria
- Prioritization of health needs
- Recruitment of action team members
Those in attendance at the forum included representatives from:

- Wabasha County Public Health (serve low income individuals)
- Mental health providers (several mental health agencies serve low income individuals)
- Primary care providers
- Saint Elizabeth’s Medical Center (serve low income individuals)
- Workforce Development (serve low income individuals)
- Wabasha County Social Services (serve low income individuals)
- Three Rivers Community Action (serve low income individuals)
- Area food shelves (serve low income individuals)
- Wabasha County commissioners and city council
- Southeast Minnesota Area Agency on Aging (serve low income seniors)
- Faith communities (serve low income individuals)
- School districts (serve low income individuals)
- Wabasha Area Community Resource Center (serve low income individuals)
- United Way of Wabasha County (serve low income individuals)
- Elder Network (serve low income seniors)
- Community at large

Key findings from the surveys included:

- Key stakeholders in Wabasha County identified the top five health needs of Wabasha County residents to be: 1) senior health; 2) mental health; 3) nutrition, weight status and physical activity; 4) maternal, infant and child health; and 5) childhood immunizations.
- Key stakeholders in Wabasha County identified the top five health needs of low-income and vulnerable populations to be: 1) mental health; 2) senior health; 3) oral health; 4) maternal, infant and child health; and 5) Nutrition, Weight Status and Physical Activity.
- Low-income/vulnerable population identified the top five health needs to be: 1) mental health; 2) oral health; 3) drinking and driving; 4) managing chronic conditions - senior health; and 5) driving and cell phone use.

INPUT ON PREVIOUS CHNA
No written comments were received regarding the previous CHNA.
Prioritized Significant Health Needs

PRIORITIZATION CRITERIA
After reviewing and discussing the community health data, forum participants were asked to provide input on the priority needs to be addressed throughout the next three years. They used the following criteria to consider the prioritization:

- Size of the population impacted
- Can the specific issue/problem be identified
- Relevance to general/broad population
- Assets/resources than can address multiple needs
- Work that has already been done
- Ability to make an impact
- Prevalence of the issue in the population
- Political will
- Community support
- Ability to measure impact
- Biggest impact for resources available
- Availability of staff and financial resources

PRIORITIZATION PROCESS
Based on the information and data that was shared, each participant was asked to identify the top two needs that should be addressed during the next three years. The following grid reveals the outcome of this rating process:

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>25</td>
</tr>
<tr>
<td>Senior Health</td>
<td>21</td>
</tr>
<tr>
<td>Nutrition, Weight, Physical Activity</td>
<td>6</td>
</tr>
<tr>
<td>Chronic Conditions</td>
<td>2</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>2</td>
</tr>
<tr>
<td>Dental Care Access</td>
<td>3</td>
</tr>
<tr>
<td>Maternal, Infant, Child Health</td>
<td>3</td>
</tr>
<tr>
<td>Affordable Housing</td>
<td>0</td>
</tr>
<tr>
<td>Access to Primary Care</td>
<td>0</td>
</tr>
<tr>
<td>Transportation</td>
<td>0</td>
</tr>
<tr>
<td>Access to Telehealth</td>
<td>0</td>
</tr>
</tbody>
</table>

PRIORITIES SELECTED
Based on this process, the following priorities were selected:

- Senior Health (emphasis on chronic disease management and fall prevention)
- Mental Health (emphasis on access to mental health providers, building awareness of mental health resources and general mental health education)
OVERVIEW OF PRIORITIES

The rationale for selecting mental health and senior health as our priority health needs was based on a thorough review and analysis of data sets that confirmed disparities between where we are today and where we want to be:

<table>
<thead>
<tr>
<th>HEALTH TOPIC AREA</th>
<th>LEAD INDICATOR</th>
<th>WHERE WE ARE TODAY</th>
<th>WHERE WE WANT TO BE IN 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Health</td>
<td>Fall deaths among the elderly</td>
<td>84.8/100,000</td>
<td>79/100,000</td>
</tr>
<tr>
<td></td>
<td>Adults with arthritis who participate in self-management programs</td>
<td>14.7%</td>
<td>16.2%</td>
</tr>
<tr>
<td></td>
<td>Percent of seniors age 65+ with dementia diagnosis, or their caregivers, who were aware of their diagnosis</td>
<td>34.8%</td>
<td>38.3%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Average number of mentally unhealthy days reported in past 30 days (age adjusted)</td>
<td>3.5</td>
<td>2.6</td>
</tr>
<tr>
<td></td>
<td>Ratio of population to mental health providers</td>
<td>10,722:1</td>
<td>8,042:1</td>
</tr>
</tbody>
</table>

Following the identification of our two priority health needs, forum participants assembled into two breakout groups to discuss each need in more detail, which would serve as a starting point for the development of action teams and the creation of implementation plans. The following summaries highlight forum discussions:

Mental Health

- Moving forward, representatives from Hiawatha Valley Mental Health, Fernbrook Family Center, Wabasha Clinic and Saint Elizabeth’s Emergency Department need to be recruited to be active participants on the Mental Health Action Team.
- Resources for mental health services are limited, but improved since the last CHNA. People don’t necessarily know about these new resources or how to access them.
- There is a need for clarity about the roles of various providers of services.
- Suggestion was made to integrate mental health into our primary care clinics for improved access. Mayo has been doing this in some of their clinics.
- We need to explore and offer more resources for people in crisis. Use of emergency department beds to hold people in crisis for up to a week is not an acceptable option.
- Wait for a bed is too long. Many people in crisis are not able to access them due to long waiting lists.
- Local emergency departments are not set up or staffed to hold people who are in a mental health crisis. We need to offer a better option.
- There is a lack of community understanding about mental health needs and services in our community.
Possible action steps:

- Develop a Mental Health Task Force with key players and recipients of services
- Research local data around diagnosis and emergency department admission
- Dig deeper into meeting the specific needs of low-income and vulnerable populations
- Offer a mental health first aid course held in various locations in Wabasha County. Focus initially on EMS/law enforcement/healthcare providers/teachers.
- Public education campaign to remove the stigma around mental illness
- Education campaign on the services available and how to access them, especially with the previously named professionals
- Continue to develop and expand the access program that was started during the previous needs assessment (Fernbrook, HVMHC prescribers, HVMHC ITV connection, mobile crisis response)
- Transportation of people in crisis needs to be developed. Current situation with transportation is not adequate or acceptable

Senior Health

- Key senior health providers and assets identified:
  - Current senior programming being offered by Wabasha County Public Health & Saint Elizabeth’s Medical Center (Matter of Balance, Living Well, Tools for Caregivers)
  - Senior Linkage Line and Area Agency on Aging
  - Elder Network
  - Three Rivers Community Action (senior advocate; risk management planning)
  - United Way of Wabasha County (211)

- There are many resources, but often people and referral sources don’t know about them. We need to reach out to various target audiences – referral sources (not just physicians), children of seniors and seniors themselves. We also need to provide help to seniors who do not have family in area or family at all.
- We are committed to moving upstream and focusing on proactively promoting prevention education. Data tells us most seniors and families don’t look for resources/help until they are in a crisis and need it.
- We need to promote and educate audiences to the breadth of available resources, including alternative/integrative medicine.

Possible key action steps:

- Form an expanded senior health work team and engage new members in this important work. Establish a formal process for work team meetings, documentation, action planning, minute taking, assignments, follow-up and outcomes measurement.
- Identify all available resources for seniors at local level, county level and regional level.
- Identify all possible referral sources to include social workers, clergy, other health providers (therapists, chiropractors, social workers, any connections that seniors make), non-profits and other agencies.
- Dig deeper into meeting the specific needs of low-income and vulnerable populations.
• Explore available directories/guides to determine how helpful they can be to provide an accurate and comprehensive list of resources – senior linkage line (AAA); 211 and people’s pamphlet (United Way). Determine if additional “localized” directories are needed to promote easy, user-friendly access for referral sources and consumers.

• Continue to build and grow our commitment to Living Well with Chronic Conditions, Matter of Balance, Tools for Caregivers, Tai Chi for Balance, and Fit City Seniors.

• Lack of dependable and timely transportation is needed among senior population and should be considered in our implementation strategy.

Prior to the conclusion of the forum, a commitment was made to convene the two action teams in January 2016 to formalize team structure and begin developing implementation strategies. The first meetings of the action teams will be facilitated by a representative from Stratis Health.

Prevention and Wellness (Healthy Eating and Active Living)
Prevention and wellness was identified as a priority health need during the first CHNA. SEMC took a leadership role in the implementation of key strategies that targeted children, families and seniors to adopt the 5-2-1-0 healthy living behaviors. While this health need ranked a distant third in the current CHNA cycle, SEMC remains committed to continuing its prevention and wellness initiatives with key partners in the county. The current implementation plan will be updated and used to guide interventions that promote healthy eating and active living through the 5-2-1-0 model of wellness.

Potential Resources to Address the Significant Health Needs

As part of the community forum, participants identified resources and assets in the community that currently support health or could be used to improve health. The following resources will be considered in developing implementation plans to address the prioritized community health needs:

Healthcare facilities:

• Saint Elizabeth’s Medical Center
• Mayo Clinic Health System – Wabasha and Plainview clinics
• Wabasha County Public Health/WIC Clinic
• Hiawatha Mental Health
• Fernbrook Family Center

Other organizations/groups/services/programs:

• Zumbro Valley Mental Health
• Mobile Crisis Response Unit
• National Alliance on Mental Illness (NAMI)
• Wabasha County Social Services
• Three Rivers Community Action
• Southeast Area Agency on Aging
• United Way of Wabasha County
• Elder Network
• Senior Dining
• Fit City Seniors
• Workforce Development
• Wabasha Area Community Resource Center
• Wabasha County school districts
• Wabasha ambulance and first responders
• Businesses and Chamber of Commerce

Physical resources:
• Wabasha Library
• Food shelves
• Churches
• Schools

Community characteristics:
• Wabasha is the county seat and home to public health and social services departments.
• Wabasha boasts an environment of community collaboration and engagement.
• Wabasha is a river community that borders Western Wisconsin. SEMC will explore opportunities to collaborate with public health departments within Pepin and Buffalo counties in community health improvement initiatives that are mutually beneficial.
• Community members have supported community health improvement work over the past three years, which offers a strong foundation for expanding and enhancing outreach efforts.
• Community fundraising efforts on the part of SEMC have offered seed money for action teams.

Next Steps

Having identified the priority health needs to be addressed, next steps include:
• Collaborating with community partners through the formation of two action teams.
• Developing a three-year implementation strategy for mental health and senior health and specifically identifying the role SEMC will play in each strategy.
• Creating a more specific, annual action plan during each year of the implementation strategy.
• Integrating the health priorities and implementation strategy into organizational strategic planning, and resource investments and allocations.
Evaluation of the Impact of the Preceding Implementation Strategy

Health priorities identified in the preceding CHNA (2013-2016) were:
- Senior Health
- Prevention & Wellness

**Evaluation**

Senior Health: SEMC provided several evidence-based classes to seniors in the community including Matter of Balance, Tai Ji Quan, and Living Well with Chronic Conditions. In addition, resource lists/databases were created and maintained to increase access to needed services.

Prevention & Wellness: Local coalition partners, including the hospital, worked with restaurants and other food service providers to increase the availability of local foods and healthy foods. Environmental changes were made at local food banks to make healthy choices easier to find. 5210 messages were implemented in primary care and Head Start to increase fruit/vegetable consumption and physical activity and decrease screen time and sugary beverage consumption. Wellness screenings were provided for lower income residents.

**Approval**

This Community Health Needs Assessment (CHNA) Report was adopted by the hospital’s governing board on April 14, 2016.