**Overview and Background**

This Community Health Needs Assessment (CHNA) is a tool that analyzes the health of a community, and identifies what resources are available for improving health. This assessment allows health related organizations to see how their services are impacting their community, as well as help identify areas of need. This CHNA is led by the Granite Falls Municipal Hospital and Manor (GFMHM) in collaboration with Stratis Health.

The recent enactment of the Health Care Reform Legislation (Patient Protection and Affordable Care Act) requires non-profit hospitals to complete a CHNA every three years and create an implementation plan to meet the identified community health needs as a condition of maintaining the hospital’s federal tax exemption.

A CHNA is a systematic collection and analysis of data (qualitative and quantitative) from reputable sources that leads to a plan on how to best address prioritized issues. This assessment is a tool that analyzes the health of the community, what resources are available to promote healthy living, and provide a tool that allows us to identify the critical needs of our community. The goal of this process is to have an assessment and community improvement plan that is an asset for the community. It will address major issues collectively, methodically and strategically.

The Granite Falls Municipal Hospital and Manor has chosen to conduct a CHNA, and will use the assessment as a planning tool to initiate strategic initiatives regarding services and support for local organizations in order to meet the identified critical needs of citizens in our community.

In preparing this CHNA report, the hospital collaborated with the identified stakeholders throughout the community, and through a series of meetings, were able to provide feedback on how the Granite Falls Municipal Hospital and Manor could work collaboratively to improve the health of the community that it serves.

**Community Stakeholders:**

- Granite Falls Municipal Hospital and Manor
- Fagen Incorporated
- Upper Sioux Community
- Minnesota River Area Agency on Aging
- Yellow Medicine County Family Services
- Western Mental Health
- Lundell Chiropractic
- City of Granite Falls
- Countryside Public Health
- Living at Home Block Nurse Program
- Yellow Medicine County Commissioner
- Chippewa County Commissioner
- Affiliated Community Medical Center
- YME High School Students

**Contributors:** Kim McCoy, Stratis Health Representative
Methods

Definition of Community Service Area

The area of interest for this CHNA is defined by the service area of the Granite Falls Municipal Hospital and Manor. Our service area is defined by a group of 14 zip codes, or calculated as an average of our 4 surrounding counties. This area includes the following counties: Renville, Lac qui Parle, Chippewa, and Yellow Medicine. The towns included in the service area are: Granite Falls, Hanley Falls, Sacred Heart, Clarkfield, Maynard, Wood Lake, Echo, Montevideo, Cottonwood, Clara City, Boyd, Watson, Renville, and Belview.

Community Health Status

- The following data was presented at the focus group meetings.

Demographics

The demographics for the four counties that represent the service area of the Granite Falls Municipal Hospital and Manor are shown below.

![Population Table]
This data was acquired by finding the percent change for every zip code across all of the age groups from 2000 to 2010. The data was then combined to show the percent change of the population for our service area as a whole. The most noticeable decrease is in the 50-59 age group with a decrease of 2% in 10 years.

![Area Population by Race](image1)

This graph shows the area population by race. 5% of the service area is made up of Hispanics and the next largest racial group is American Indians at 2%.

![Change in the distribution of people of color, 1990-2010](image2)

Minnesota’s population of people of color has more than doubled since 1990, with western and southern counties seeing the most dramatic growth. This trend coincides with the data that we found regarding our service area. Our service area has seen 340% more people of color within the 20 years shown on the map.
Economics

The household incomes of the service area can be seen in the graph below. The average income is $57,934 per household.

The percent of people under the poverty line in our service area is 10.4%. This is below the Minnesota percentage of 11%, as well as the National percentage of 14.3%. The percent of elderly in our service area under the poverty line is 10.1%. This is below both the Minnesota and National percentages, which are 11% and 12% respectively. The percent of children in our service area under the poverty line is 13.6%. This is below both the Minnesota (18%) and National (27%) percentages.
Workforce

The service area’s workforce is shown in the chart below. The occupations are sorted by commonalities. The most popular occupations are those within educational services, health care, social assistance, and manufacturing.

Education

The service area’s total school enrollment for the 2011-2012 school year was 6,400 students. The charter school enrollment for that same school year was 147 students within our service area. The service area’s graduation rate of 88.5% is high when compared to the state (77%) and national (74%) graduation rates. 41.5% of our service area students are eligible for free or reduced lunch. This is above the state percentage of 37.2%. Only 4.4% of our service area students are not proficient in English. This is below the Minnesota percentage of 6.7%.

Health Factors

Similar to the rest of the state, residents of our service area are faced with significant health risks caused by the low numbers of practicing physicians and dentists, the cost of health insurance, and the low access to nursing homes.
Data for our service area shows a rate of 12.5 physicians per 10,000 residents. This rate is lower than the Minnesota rate of 27 per 10,000 residents. Showing similar results, the rate of dentists in our service area is 9.75 per 10,000 residents, which is again lower than the Minnesota rate of 14 per 10,000. Access to quality preventative care and disease management programs is essential in reducing future hospitalizations.

Health insurance coverage is also a factor in determining the likelihood of patients seeking preventative care. Uninsured residents often wait for symptoms to become more severe, thus requiring more extensive treatment. In our service area, 2.75% of residents are insured through MinnesotaCare while 22.1% of residents are insured through Medicare. It was found that 10.6% of residents in our service area are uninsured.
Finally, data for our service area showed a rate of 70.6 nursing home beds per 1000 seniors. This rate is comparable to the Minnesota rate of 65 nursing home beds per 1000 seniors.

**Births**

The following graph shows a comparison between the birth rates of our service area and Minnesota over a four year period. Our service area has a visibly lower birth rate than the state of Minnesota, however both rates are decreasing.
The teen birth rate for our service area is 34.4 births per 1,000 females age 15-19. We are above Minnesota’s rate of 26.6.

Looking further into the data, it was found the majority of births and pregnancies occurred in older teens (18-19) than in the younger ages. In the graphs below, the teen pregnancy and birth rates are broken up by age group. The pregnancy rate includes all miscarriages, births, and abortions, while birth rate includes only those pregnancies that resulted in a live birth.
Chronic Diseases/Conditions and Mortality

The following graph shows a comparison of preventable hospital stays in Minnesota versus our service area. As you can see, our service area has a much higher average of preventable hospital stays compared to that of Minnesota as a whole.

Another condition that was researched was the amount of hospital stays due to asthma in our service area. This rate has been increasing across Minnesota over the past 10 years and is most prevalent in children under the age of five.

Finally, Diabetes is a common chronic disease that affects a large group of residents in our service area. This chart shows the percent of the adult population that are diabetic across both our service area and Minnesota. As seen from the chart, our service area has a higher prevalence rate than that of Minnesota.
Causes of Death

The leading causes of death in our service area are cancer, heart disease and stroke.

Between the years of 2005-2009, our service area had a rate of 28.1 deaths due to cancer and 31.2 deaths due to heart disease per 10,000 residents. Data showed a higher incidence of heart disease in counties with higher median age population. In addition, data showed that motor vehicle crash rates account for a substantial number of deaths in our service area. Our service area has a rate of 27.4 deaths per 100,000 population. This number is well above the Minnesota rate of 12.3 deaths per 100,000.
Another cause of death to consider is the number of deaths due to suicide. Between the years 2005-2009, our service area had a rate of 15.9 suicidal deaths per 100,000 residents, which is substantially higher than the Minnesota rate of 11.3 deaths per 100,000 residents.

**Lifestyle Trends**

Specific lifestyle trends that were researched were childhood immunizations, reports of poor health days, access to healthy foods, sexually transmitted infections, and obesity.

Childhood immunization rates for the service area have increased within the last few years. Between 2010 and 2011, immunization rates for children ages 24-35 months increased 14% in comparison to Minnesota’s increase of 11.5%. Our service area is amongst the highest childhood immunization rates in the entire state, almost 25% higher than the state percentage.

Looking at a survey conducted in the state of Minnesota, adults from our service area reported as having “poor health days” 2% more than the state’s average.

Access to healthy foods in our service area is comparable to the state’s averages. Overall, access to healthy foods is becoming more limited throughout our service area, as well as the state. This topic includes people who are low income that do not have easy access to a grocery store.

Sexually transmitted infections (specifically Chlamydia) are in lower abundance in our service area when compared to the state. In Minnesota, the Chlamydia rate is 276 infections per 1,000 residents, while our service area is 116.75/1,000.

The following graph shows the comparison between obesity rates in Minnesota versus our service area:

![Obesity Rates by County](image)

The obesity rate for our area is roughly 2% higher than the Minnesota rate. Both the Minnesota rate and our service area’s rate have been slowly increasing over the past decade.
Drug/Alcohol Related Factors

The following graph illustrates the DWI’s received by citizens of our service area over a period of 15 years. An increasing trend seems to appear over the time period.

The following graph shows the admissions to alcohol treatment facilities by service area citizens over a period of 15 years. The yearly admissions seem to have increased over the time period.
Social/Emotional Issues Affecting Children

Data on student issues was taken from the student survey conducted in all service area schools. Students in 6th, 9th, and 12th grade took the survey. It was found that 6th grade females report instances of being bullied more than all of the other age groups. Bullying also seems to decrease as the student’s progress into the upper grades.

Suicidal behavior was most popular in 9th grade females, with 20% reporting self harm within the past year and 5% reporting suicide attempts within the past year. The trend seems to peak around 9th grade and decrease as the students get older.

Finally, substance abuse was more popular with 12th grade males than with any other age/sex group. There was a positive correlation between the age of the student and substance abuse; substance abuse increased as the student got older. Substance abuse included drug use, as well as alcohol use.

Trends in Data

Positive Impacts:
- Immunization Rates
- English proficiency
- Low rates of cancer
- Lower rates of poverty compared to Minnesota average
- Low amount of sexually transmitted infections

Barriers to Health:
- Obesity
- Diabetes
- Teen pregnancy
- Suicide
- Heart disease
- Preventable hospital stays
- Number of physicians and dentists
Focus Groups with Area Health and Social Service Agency Providers

In June and July of 2013, the Granite Falls Municipal Hospital and Manor, in collaboration with Stratis Health, held a series of focus group sessions with area health care and social service agency providers. Invitations to participate were sent to 37 community organizations. Twenty five representatives from community organizations attended one of two focus group sessions. Stratis Health member, Kim McCoy, facilitated the meetings.

Each focus group was asked to discuss and respond to the following questions:

1. What is positively impacting health in your community?
2. What are the barriers to health in your community?
3. What other resources does our community have that are not being utilized?

Responses to these questions were collected on large poster boards and were condensed into a written report.

Major findings from the focus groups included assessment on the following factors that were identified as currently the most significant health needs in the greater service area.

- **Obesity**
  - Obesity, nutrition, inactive children, teen activities, exercise, chronic disease
- **Education on services**
  - Lack of awareness of services, assistive transportation, end of life planning, education on services available in the community now
- **Reproductive health**
  - Teen pregnancy, teen moms, sexually transmitted diseases/infectious diseases, teen/single pregnancy and parenting
- **Aging services**
  - Assisted living for seniors, local health care services for elderly, options/facilities needed for elder care
- **Mental health**
  - Bullying, alcohol/drug use, suicide prevention, suicide
- **Chronic disease**
  - Chronic illness, services to address chronic disease
- **Family structure**
  - Family structure break-down, unattended children, family structure
- **Wellness**
  - Healthy attitudes toward personal health, wellness sustainability, prevention, early training and education
- **Community economic health**
Substandard housing, child poverty, economic well-being

Needed health care options
- Lack of health care professionals, how do we attract providers?

With regard to the priorities for meeting outstanding community health care needs during the next three years, the focus groups identified two strategies for consideration: **Education on Services and Obesity.**

**Action Plan**

As a result of the research and recommendations that appear in this assessment, the following strategies will guide the Granite Falls Municipal Hospital and Manor, in cooperation with community members, in addressing our community’s health needs over the next three years:

**Education on Services**
1. Inventory of services available (types, hours, locations, etc.)
2. Look for resources to build on
   - United Way
   - Area Agency on Aging: Senior Linkage Line
   - Chippewa Family Services
   - Upper Sioux
   - Chamber of Commerce
   - MN help information
3. Discuss how to make resource lists available to community
   - Websites
   - Paper
   - Social media
4. Identify what is not available.

**Obesity**
1. Define the Problem – partners to include in the workgroup:
   - School nutritionist
   - Health care providers
   - SHIP health educator/public health
   - WIC staff
   - Parents
   - Teens/young adults
   - Upper Sioux
   - City Government
   - Worksites
   - Food Shelf
   - Grocers
   - Farmers Market
2. Gather More Data
a. Eating habits—nutrition, cooking, food purchases
b. Physical activity—kids and adults
c. Survey the community
d. Survey to complete in the schools
e. Focus groups
f. Wellness assessment at schools
g. BMI data from clinics

3. Set Concrete Objectives/Measures
Sources

In preparation of this assessment, the following sources provided significant guidance and information:

- Center for Rural Policy and Development-Atlas of Minnesota
- County Health Rankings and Roadmaps
- Minnesota Department of Education-Minnesota Student Surveys
- Minnesota Department of Health
- United State Census