

**Kittson Memorial Healthcare Center
Community Health Needs Assessment
August 2013**

"Caring for family and friends, Kittson Memorial Healthcare Center provides and cooperates with others to ensure area residents have access to services necessary to maintain their health and well-being."

Approved By The Kittson Memorial Healthcare Center
Board of Director's On September 9, 2013

Foreword

Kittson Memorial Healthcare Center worked in partnership with Quin County Community Health Services and Stratis Health to complete this assessment.

Quin Community Health Services (CHS) was established in 1978 and works with the Minnesota Department of Health and local public health departments in Kittson, Marshall, Pennington, Red Lake and Roseau counties to provide public health services that promote, protect and support the health of community residents. Quin CHS provides financial oversight, grant management and administrative support for state and federal public health funds.

Quin CHS provides WIC (Women, Infants and Children) services to participants at satellite clinics in each county and local public health agencies in each county provide additional programs and services to meet the needs of their communities.

Stratis Health is an independent nonprofit organization in Bloomington, Minnesota that leads collaboration and innovation in health care quality and patient safety initiatives many of which are under federally funded contracts. For over 40 years, Stratis Health has worked across settings of care to improve the health of individuals and communities, and to improve the processes used to deliver care.

Stratis Health facilitates learning and action networks across communities, and provides direct technical assistance to health care providers in four key program areas: health disparities, health information technology, rural health and serving as the Medicare Quality Improvement Organization (QIO). Stratis Health works with providers in the field to develop and implement improvement projects, using measurement and evidence-based best practices, and translating research into practice, in order to facilitate sustainable improvement in health and health care delivery.

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Introduction

Kittson Memorial Healthcare Center (KMHC) is a non-profit, non-affiliated, locally-owned and operated 501C 3 organization that has been serving area residents since 1922. KMHC is a federally designated Critical Access Hospital, a state-designated Sole Community Hospital and an Essential Community Provider. Kittson County is a designated Health Professional Shortage Area (HPSA) and KMHC has been the only hospital in Kittson County since January 1995. Kittson Memorial's primary services area includes all of Kittson County and a small portion of the northwest corner of Marshall County with a total service population of slightly more than 4,800 residents.

KMHC operates a 15-bed licensed hospital offering inpatient, swing bed, observation bed, and respite care services. It provides 24 hour emergency care, surgical and endoscopic services, a moderately complex laboratory, x-ray and mobile diagnostic scanning (including CT, MRI, ultrasound and mammography) services as well as physical/occupational/speech and cardiac rehabilitation services. Kittson Memorial also operates an attached 70 bed nursing home, a home healthcare/public health agency, ambulance service, community fitness center, assisted living facility, and two federally designated Rural Health Clinics in Hallock and in Karlstad.

Kittson County is characterized by a predominately agricultural-based economy. Thirty five percent of the county's income is derived from transfer payments such as Social Security, government activity and farm income programs. KMHC is the county's largest employer with over 210 full- and part-time staff, with an annual gross payroll of nearly six million dollars.

Demographically 23% of Kittson County's population is over the age of 65 compared to 13% for the State of Minnesota. Nearly 10% of the population is living in poverty and an estimated 27% of the population is at or below 200% of federal poverty guidelines. The majority of all hospital admissions are Medicare patients. The closest limited tertiary hospital is 75 miles away in Grand Forks, North Dakota with the nearest full service tertiary hospital 150 miles away in Fargo, North Dakota. Two other similar size hospitals like Kittson Memorial are 40 miles to the south and to the west. Travel to any one of these hospitals can be difficult especially for the elderly during the long winter months of frequent adverse weather and related road conditions.

Kittson County's two major causes of death as of 2010 are cancer and heart disease. Having a viable hospital and variety of primary care services available for the residents of this "frontier" county is essential in preventing, treating and/or stabilizing patients.

KMHC Mission:

"Caring for family and friends, Kittson Memorial Healthcare Center provides and cooperates with others to ensure area residents have access to services necessary to maintain their health and well-being."

Health is a collective responsibility that cannot be achieved by health care providers and public health professionals alone. In the spirit of its mission, KMHC conducted a community needs assessment in partnership with key stakeholders and community members in order to identify the priority health needs of the service area population and engage partners in collaborative efforts to improve the health of individuals, the community and the environment.

Methods

The community needs assessment process included community meetings as well as meetings of the KMHC Board of Directors and Management Team. Data was also collected and analyzed in partnership with the Quin County Community Health Board which includes the county public health agencies of Kittson, Marshall, Pennington, Red Lake and Roseau Counties and the Northwest Community Assessment Collaborative which included public health, hospitals, and other health care partners from Kittson, Marshall, Pennington, Red Lake and Roseau Counties. Stratis Health, the Medicare Quality Improvement Organization, provided technical assistance with the compilation of the data and completion of this report and associated Implementation Plan.

Participants in the community meetings included city officials, assisted living and skilled nursing facilities, public health, home health, county extension services, social services, faith-based organizations, school nurses, and emergency medical services. Each meeting included review of data for Kittson County in comparison to the region and state and discussion about health needs and access to needed health services in the area. The results of the community meetings showed, without any clear consensus, a variety of concerns from support for an aging population and Alzheimer's disease; to availability and awareness of mental health services; support for caregivers and parents of children with special needs; after school programming for elementary students and children; continuation of pharmacy, dental, and optometry services in Hallock; expanded assisted living facilities; availability of day care services; lack of local entertainment; and lack of affordable and/or suitable housing.

Meeting participants also completed a Quality of Life Questionnaire. The results of the Quality of Life Questionnaire showed that most community members are generally concerned about the impact of the lack of economic opportunity in the county. They also consistently expressed concern about

“Maintaining emergency room services.”

“Insuring adequate senior services are available.”

“Need for more public information in regards to health promotion.”

Also contributing to this community health needs assessment was the data analysis completed in partnership with the Quin County Community Health Board. The Board's analysis addressed two research questions: 1) what do archival statistics collected on regional health indicators reveal as problem areas? and 2) what do people around the region think are pressing health concerns?

Quantitative

A wide range of available archival statistical data was reviewed and analyzed by EvaluationGroup,LLC staff for the Quin County Community Health Board and included over 200 indicators of regional health. Only those that told a compelling story and were deemed to be accurate measures of health were included in the Quin report. Data sources include

- Behavioral Risk Factor Surveillance Survey (BRFSS) 2004-2010
- Minnesota Student Survey (MNSS) 2010
- Kids Count 2012
- Census 2010
- Minnesota Vital Statistics 2005-2009 Trends
- Minnesota County Health Tables 2011
- Atlas Online 2012

- U.S. Environmental Protection Agency
- Minnesota Public Health Data Access 2000-2008
- Minnesota Department of Health

Data throughout the report was reported by ZIP code where possible in order to allow the greatest degree of resolution in pinpointing geographic and sociologic disparities. School district data was also used where available and deemed useful.

Qualitative

Qualitative input was gathered in three ways, 1) meetings of the Northwest Community Assessment Collaborative (NWCAC), 2) an in-depth examination of individual interview notes and transcripts from SHIP (Statewide Health Improvement Program) interviews conducted in 2010, and 3) a series of community forums held during the winter 2012/spring 2013.

Input from meeting participants was used to help shape and guide data collection efforts and the direction of the report. The 2010 SHIP interviews were designed to ascertain the overall state of population health within the region by asking area community leaders and those knowledgeable in area healthcare, a series of semi-structured interview questions including

1. What do you think are the most pressing health issue(s) facing (*community name*)?
2. To what extent is unhealthy eating and physical inactivity a problem in (*community name*)?
3. To what extent is tobacco use a problem in (*community name*)?
4. Are there any activities or policies within your organization that encourage physical fitness (*i.e., healthy diet, physical activity*) or tobacco cessation? If so, what are they?
5. Are you aware of any policies (*rules or codified procedures*) within the larger community designed to encourage physical fitness or tobacco cessation?
6. What systems (*groups of people, organizations, businesses, etc. working together*) in (*community name*) encourage physical fitness or tobacco cessation?
7. What environmental structures (*sidewalks, building designs, parks, recreational facilities*) in (*community name*) encourage physical fitness or tobacco cessation?

Finally, community forums were conducted to answer the following research questions: 1) what overall issues are important to residents in the region? and 2) what is the quality of life for area residents?

To get at these answers a series of questions were posed to forum participants:

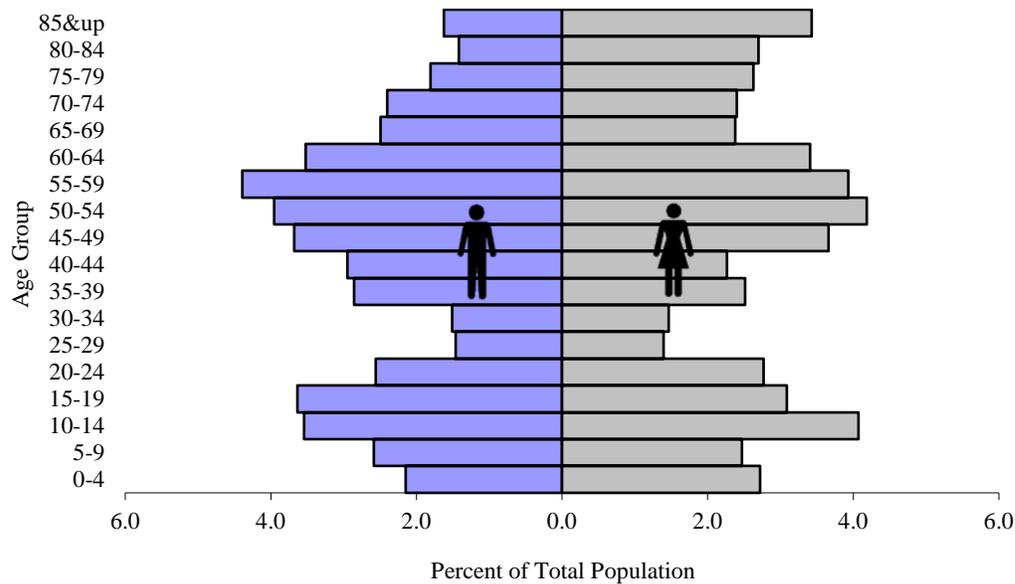
1. What do you believe are the 2-3 most important issues that should be addressed in order to help improve the quality of life further for people in our community (our county)?
2. What (if anything) is holding our community back from doing what needs to be done to improve health and quality of life for residents (our county)?
3. What items on this list do you think are the most pressing health concerns for our citizens?
4. Where might there be health problems but no data to back it up? In other words, what “hunches” do you have? Have you heard hunches from others?
5. What types of actions, policies, or funding priorities would you support in order to build a healthier community?

The forums used sign-in sheets where names and roles (e.g. mayor, city administrator, etc.) of participants were documented. After the sign-in, staff reviewed the list to identify gaps in community representation at the forum. Each participating agency was encouraged to use the

data analysis to obtain the broadest-based input possible by conducting further key stakeholder individual/group interviews where gaps existed.

Community (Service Area) Profile

Kittson County, in the northwestern corner of the state, is the fourth least-populated county in the Minnesota and meets the federal definition of a “frontier county”. As of the 2010 census, the total population of Kittson County was 4,552 which included 1,986 households and an average household size of 2.24 people. The age, gender, racial and ethnic distributions of the population are shown below.



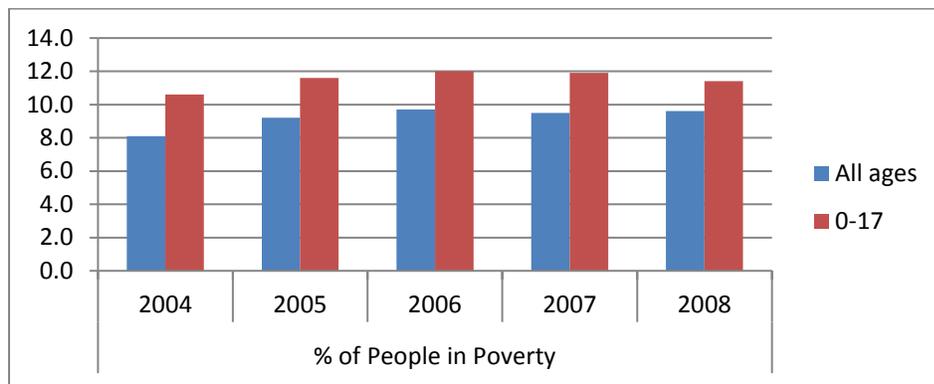
Minnesota Population Estimates by Race Alone and Hispanicity By State and County, 2010

	One Race						Ethnicity
	Total	White	Black/ African American	Amer. Indian/ Alaskan Native	Asian/ Pacific Islander	Two or More Races	Hispanic/ Latino (any race)
State of Minnesota	5,303,925	4,524,062	274,412	60,916	216,390	125,145	250,258
Kittson	4,552	4,484	11	4	16	25	69

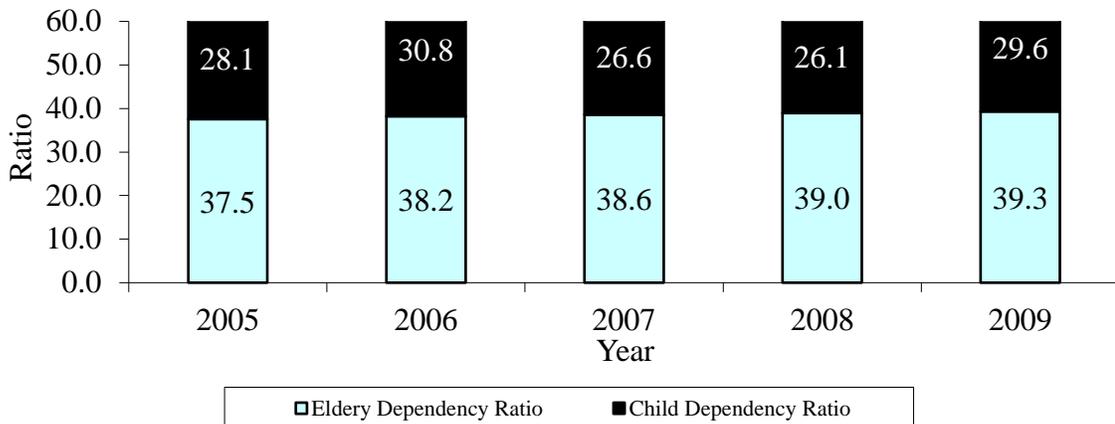
For the 2009-2010 school year enrollment for the three schools in Kittson County totaled 715 students. Of these students, approximately 40% were eligible for free or reduced-cost meals and almost 18% received special education. Forty-seven percent of the population aged 25 and older has less than or equal to a high school education or equivalent (GED). Approximately 19% of the population aged 25 and older has a Bachelor's degree or higher.

Education (PreKindergarten to 12th Grade) ⁶	School Year			
	2006-07	2007-08	2008-09	2009-10
Total Enrollment	764	755	738	715
Students Eligible for Free or Reduced Meals - Percent	42.0	39.5	38.5	40.3
Students with Limited English Proficiency - Percent	0.0	0.0	0.0	0.0
Students Receiving Special Education - Percent	19.2	18.1	18.6	17.8

The labor force in the county included 2,310 people ages 16 and over. The unemployment rate in Kittson County is 5% (U.S. avg. is 9%.) Recent job growth is negative with Kittson County experiencing a 5% decreased in available jobs. There are approximately 1,393 people that are not in the labor force. The median household income in Kittson County was \$50,049.



Dependency Ratios per 100 people Age 15-64



Source: Minnesota Department of Health Center for Health Statistics

Elderly Dependency Ratio: The number of people 65 and over for every 100 people between the ages of 15-64

Child Dependency Ratio: The number of people under 15 for every 100 people between the ages of 15-64

Community Health Status and Needs

OVERWEIGHT/OBESITY/PHYSICAL ACTIVITY

Adults

Adults in the region are less likely to be obese, but more likely to be overweight, than other adults in Minnesota.

BRFSS 2010	Three County % (95%CI)	Minnesota % (95% CI)
1. Weight Status		
Overweight (25.0<=BMI <30.0)	49.7 (40.0 – 59.4)*	36.1 (34.2 -37.9)
Obese (BMI > 30)	10.6 (6.1 – 17.8) *	24.2 (22.6 – 26.0)

Comparison of the 95% confidence intervals between a three-county area (Kittson, Marshall, Pennington) and data statewide, showed statistically significant differences in the BMI categories of overweight and obesity. Specifically, the obesity rate for the three-county area (10.6%) was significantly lower than the state-reported average of 24.2% in 2010. The average rate for overweight in the three-county area (49.7%) was significantly higher than that for Minnesota (36.1%). Epidemiological research suggests a steady progression from overweight to obesity (Wang et al., 2008). It is likely that within several years a substantial proportion of currently overweight adults in the three-county area will become obese, thus erasing this apparent difference.

In terms of physical activity, BRFSS data from 2009 indicates that 49% (37.8-61.2 CI) of adults met physical activity recommendations compared to the state rate of 52% (49.9-53.7 CI). Meeting physical activity recommendations are those adults that have reported participating in either moderate physical activity defined as 30 or more minutes per day for 5 or more days per week, or vigorous activity for 20 or more minutes per day on 3 or more days.

Note about limitations of BRFSS data: On the local level, BRFSS data may also be used to estimate the prevalence of risks in local areas such as counties, if the data are combined for several years. However, for most counties, the number of respondents in the BRFSS sample data set is insufficient to produce reliable estimates. In some cases where local data on behavioral risk are not available, synthetic estimates can be computed based on either national data or statewide data from the BRFSS. Synthetic estimates are calculated using population estimates for subgroups of interest and the state or national risk factor prevalence rates for those groups.

Youth

- ❖ Minnesota Student Survey (MNSS) results for area 12th graders indicate that overall, those students within the region are significantly more overweight than other seniors from across the state and furthermore they are significantly more likely to believe they are overweight than other seniors from across the state.
- ❖ MNSS data in the table below also indicate that a greater percentage of 9th graders from Kittson County (22%) are overweight in comparison to the state percentage (13%).

Percent of 9th graders who are overweight and obese according to BMI 2007-2010					
	Number of participants by grade	2007 Overweight	2010 Overweight	2007 Obese	2010 Obese
Kittson	9th Grade	15	22	9	11
Statewide	9th Grade	13	13	9	9

TOBACCO USE

Adults

The prevalence rate for current smokers (smoked every day or some days in the past 30 days) in the three-county area (21%) is notably higher than the corresponding rate for Minnesota (15%). Nevertheless, this difference failed to reach statistical significance due to very wide 95% confidence intervals estimated for the three-county area. Such wide margins indicate statistical uncertainty that the estimated prevalence rates are accurate. This is typically the result of surveying too few participants to reach reliable conclusions even after multiple weight adjustments.

NWCAC committee members report that there is a lack of in-person tobacco cessation programs/classes. In-person classes have been on the general downtrend due to their cost/success ratio relative to telephone quit-line cessation services. Some cessation activities were attempted most recently through the Statewide Health Improvement Program grant, but met with limited success and so were discontinued.

Youth

Cigarette use among youth is estimated to be at or below the state average of 22% (21.3-22.1 CI). Of greater concern for the region, as shown in the table below, is the reported frequent use of smokeless tobacco. Data indicate that Kittson County has self-reported smokeless tobacco use rates more than double the state average.

Tobacco Products Use by Youth by County (MNSS 2010)		
	KITTSON (95% CI)	MN STATE (95% CI)
Frequent use of tobacco (20+ days) past 30 days	9.8 (3.6 - 24.1)	13.0 (12.7-13.4)
Used smokeless tobacco in past 30 days	29.3* (17.0-45.5)	12.1 (11.8-12.5)

*=significant at $p < .05$

ALCOHOL USE

Adults

BRFSS data suggest that adults for whom data were available in the three-county region utilized alcohol at or less than the rate of usage across Minnesota.

Health Risks and Healthy Behaviors 2010	Three-County Region % (95%CI)	Minnesota % (95% CI)
Binge Drinking (males 5+, women 4+ drinks on a single occasion)	9.2 (5.1 – 15.9)	16.7 (15.2 – 18.4)
Heavy Alcohol Use (males 3+ drinks per day, women 2+ drinks per day)	3.7 (1.4 – 9.5)	4.6 (3.8 – 5.6)

The DWI arrest rate in Kittson County is lower than the statewide average but slightly higher than the national average.

DWI Arrest Rate per 10,000 population, 2005-2009	
Kittson	50.8
Statewide	61.6*
USA	44.8*

*2003-07 data. Source: Substance use in Minnesota (2012)

The percent of all alcohol-related motor vehicle crashes in Kittson County was twice that of the state.

Percent of all motor vehicle crashes that were alcohol-related 2005-2009	
Kittson	10%
Statewide	5%

Youth

MNSS data also reveal that 26% of 9th graders in Kittson County used alcohol one or more times during the last 12 months.

Percent of 9th graders who used alcohol one or more times in the last 12 months, 1998-2010						
		1998	2001	2004	2007	2010
Statewide	9th Grade	55	48	43	38	32
Kittson	9th Grade	62	29	51	26	26

MNSS data from 9th graders reveals that 9th graders in the county used alcohol during the past 30 days similarly to other 9th graders across the state (approximately 16-24%.)

Percent of 9th graders who used alcohol one or more times in the last 30 days, 1998-2010						
		1998	2001	2004	2007	2010
Statewide	9th Grade	37	30	28	24	19
Kittson	9th Grade	51	14	29	9	16

SEATBELT USE

Seatbelt use in rural areas has been historically low. Results from the MNSS for 9th and 12th graders are no exception. Statewide in 2010, 66% of 9th graders report always wearing a seatbelt, only 28% of 9th graders in Kittson report doing so. 12th graders report even less usage as shown in the table below.

Percent of 9th & 12th graders who report always wearing a seatbelt when riding in a car (1998-2010)						
		1998	2001	2004	2007	2010
Statewide	9th Grade	37	41	50	58	66
	12 th Grade	43	45	55	60	69
Kittson	9th Grade	25	14	35	33	28
	12 th Grade	7	8	16	15	28

Motor vehicle death and injury is preventable with adequate seatbelt use and enforcement. Lack of seatbelt use coupled with inexperienced drivers on the numbers of miles of unimproved (gravel) roads is a recipe for disaster.

Data for adult safety equipment use by region show that adults in the northwest portion of Minnesota use safety equipment the least compared to all regions across the state.

Safety Equipment Use by Motor Vehicle Occupants Killed or Injured by Region of the State - 2011

Region	Percent Used	Percent Not Used	Percent Unknown	# of People
Metropolitan	83.8	5.1	11.1	15,100
Central	84.6	8.0	7.3	3,717
Northeast	82.6	8.5	8.9	1,552
Northwest	70.8	17.2	12.0	692
South Central	82.8	7.7	9.6	1,201
Southeast	84.4	8.2	7.4	2,354
Southwest	76.2	15.7	8.1	1,440
West Central	78.5	14.4	7.1	1,106
Statewide	82.9	7.3	9.7	27,162

Minnesota Motor Vehicle Crash Facts, 2011 page 58 Department of Public Safety, Office of Traffic Safety
<https://dps.mn.gov/divisions/ots/educational-materials/Documents/CRASH-FACTS-2011.pdf>

Among the motor vehicle occupants that were killed or injured in the Northwest region of Minnesota, only 71% were known to be using a restraint. This is the lowest rate of use of any region. The Southwest region was second lowest at 76%.

CANCERS

Over a 14 year period from 1994-2008, 2,040 individuals were afflicted with some form of cancer within the NWCAC region. Individuals were affected most by breast cancer (574) followed by lung/bronchus cancer (407). The numbers of diagnoses by types of cancers are below.

Number of individuals afflicted by specific cancer types 1994-2008			
Cancer Type	N	Cancer Type	N
Breast Cancer (female only)	574	Melanoma	62
Lung and Bronchus Cancer	407	Brain and other nervous system cancer	52
Bladder Cancer	183	Esophageal cancer	46
Non-Hodgkin Lymphoma	157	Pancreatic Cancer	41
Leukemia	119	Thyroid Cancer	41
Oral and Pharyngeal Cancer	127	Acute Myeloid leukemia	30
Kidney Cancer	108	Liver Cancer	24
Chronic lymphocytic leukemia	67	Mesothelioma	2

Breast Cancer

A survey of breast cancer incidence across the region reveals that Kittson County has rates (208 people per 100k) that are significantly higher than the state (126 per 100k).

BRFSS data suggest that 86% of area female residents over age 40 have had a

Health Risks and Healthy Behaviors 2010	Three-County Region % (95%CI)	Minnesota % (95% CI)
Women 40+ who have had a mammogram in the past 2 years (breast cancer)	85.8 (74.2 – 92.7)	77.6 (75.8 – 79.2)

mammogram in the past two years compared to 78% of females statewide. Because of KMHC's promotional efforts, more women are being screened for breast cancer in Kittson County which may have led to increased detection of breast cancer.

Lung and Bronchus Cancer

Between the years of 1999 and 2008, Kittson County experienced the highest incidence rate per 100k in the NWCAC region at 62-64 people per 100k. While this elevation was not a statistically significant difference, it was a consistent elevation with a wide range of variability. Preliminary evidence provides support for the hypothesis that residents of Kittson County may be experiencing rates of lung and bronchus cancer higher than the general population. This may be due in part to Kittson County's predominantly agricultural economy.

HEART DISEASE

BRFSS data available for adults in the region showed no significant differences between the regional adult population and adults statewide on the following health measures.

Aggregated prevalence rates for heart disease at a county level do not exist. Rather, only death rates from heart disease. According to Minnesota Vital Statistics, age-adjusted death rates for heart disease reveal that historically Kittson County has had a substantially higher rate of heart disease death rates compared to the state on average. Age-Adjusted Death Rates for Heart Disease were higher than state averages from 2006-2010.

Heart Disease, Age Adjusted Death Rate

	1991-1995	1996-2000	2001-2005	2006-2010
Kittson	343.6	293.7	224.7	189.7
State	234.2	196.4	154.1	126.6

Green-shaded cells indicate county number is higher than state average for that year.

Source: <http://www.health.state.mn.us/divs/chs/Trends/index.html>

Health Risks and Healthy Behaviors 2010	Three-County Region % (95%CI)	Minnesota % (95% CI)
Ever had heart attack	3.9 (1.7 – 8.6)	3.4 (3.0 – 3.9)
Diagnosed with Angina or Coronary heart Disease	5.3 (2.5 – 10.9)	3.6 (3.1 – 4.1)
Ever had stroke	1.9 (0.6 -5.7)	1.9 (1.5 – 2.3)

CHILDHOOD VACCINATIONS

Kittson County data is better than statewide averages for all immunizations except Hepatitis A according to the 2011 Minnesota Immunization Information Connection.

Percent of children age 24-35 months up to date with a vaccine series and individual vaccines

	STATE	KITTSOON
% Saturation (24-35 mo population with 2+ shots in MIIC)	93.6%	95.5%
% Provider Participation	86.7%	100.0%
4+ DTaP	77.2%	86.0%
3+ Polio	89.6%	93.0%
1+ MMR	88.0%	90.7%
Complete Hib	82.6%	90.7%
3+ Hep B	83.7%	90.7%
1+ Var	86.3%	90.7%

Complete Prevnar	79.6%	90.7%
Vaccine Series	61.3%	79.1%
2+ HepA	52.2%	39.5%
Complete Rotavirus	68.3%	69.8%

Source: Minnesota Immunization Information Connection
<http://www.health.state.mn.us/divs/idepc/immunize/registry/index.html>

4+ DTaP	4 or more doses of diphtheria, tetanus, and pertussis containing vaccine
3+ Polio	3 or more doses of polio vaccine
1+ MMR	1 or more doses of measles, mumps, rubella vaccine
Complete Hib	Complete series of Haemophilus influenzae type b vaccine
3+ Hep B	3 or more doses of Hepatitis B vaccine
1+ Var	1 or more doses of varicella vaccine
Complete Prevnar	Complete series of Prevnar vaccine
Vaccine Series	4+ DTaP, 3+ Polio, 1+ MMR, Complete Hib, 3+ Hep B, 1+ Varicella, and Complete Prevnar

Key Findings and Recommendations

The results of the aforementioned information and data gathered for this Community Health Needs Assessment indicates that the citizenry expects continuation of the 24/7 hospital emergency services; assistance in helping to ensure dental, retail pharmacy, and optometry services continue in Hallock; identification and understanding of the unmet senior service needs for extended “aging in place”; and a need for more healthy lifestyle information targeted to youth and/or adults in regards to better nutrition, alcohol and tobacco usage, cancer and heart disease warning signs, and the importance of seat belt usage.

Kittson Memorial Healthcare Center has over the last twenty years responded to the service area’s needs as evidenced by this remote rural organization’s highly integrated levels of care and services. In this same spirit of meeting the needs of area residents, Kittson Memorial Healthcare Center is committed to developing a plan to address these expectations over the next three years.

Appendices

- A. Northwest Minnesota Community Assessment Collaborative: Regional Summary of Behavioral Risk Statistics – Executive Summary
- B. Northwest Minnesota Community Assessment Collaborative: Qualitative Findings – Executive Summary
- C. Northwest Community Assessment Collaborative Health Indicators Discussion List
- D. Quality of Life Questionnaire
- E. Kittson County map

EvaluationGroup, LLC

Northwest Minnesota Community Assessment Collaborative



REGIONAL SUMMARY OF BEHAVIORAL RISK STATISTICS

July
2012

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EXECUTIVE SUMMARY

Purpose of Study: Two research questions were addressed: 1) What do archival statistics collected on regional health indicators reveal as problem areas? 2) What do people around the region think are pressing health concerns?

Methods: A wide range of available archival data was reviewed, including those from the Behavioral Risk Factor Surveillance Survey (BRFSS), Kids Count 2010, Minnesota Student Survey, Census 2010 and numerous others. Additionally, qualitative input was gathered from meetings of the NWCAC and key stakeholders in the local healthcare community. Data reflect Kittson, Marshall, Pennington, Roseau, and Red Lake counties.

Findings:

Demographics: declining population, lower education, higher unemployment, lower median income.

- ✓ Slow and steady declines in population year over year have occurred over the past 6 years, continuing a decades-long trend of population exodus from rural areas.
 - More recent data from 2011 suggests that there may be a leveling-off in population decline.
- ✓ Educational levels of area residents are substantially lower than in comparison to the rest of the state.
 - Between 47-55% of the population in the region aged 25 and older has less than or equal to a high school education or equivalent compared to 37% of the population statewide.
 - Between 13-19% of the population in the region aged 25 and older has a bachelor's degree or higher compared to 31.4% of the population statewide.
- ✓ Year over year, the unemployment rate within the region tends to be higher than the state average.
 - Red Lake and Marshall Counties have endured the worst unemployment in the region the past three years, whereas Kittson and Roseau have fared better.
- ✓ An analysis of commuting area patterns reveals 6 distinct RUCA (rural/urban commuting area) clusters within the region.
 - Residents in both the far eastern and far western halves of Marshall County possess secondary (second largest) work commuting flow destinations to small urban or urbanized areas. In the west residents commute primarily to Crookston/Grand Forks and in the east half Thief River Falls, Warroad and Roseau.
 - Residents of Kittson, Pennington, Roseau and Red Lake Counties primarily live and work within the borders of their own counties.
 - Residents of Kittson and Red Lake counties are in an isolated small rural census tract with no primary flows over 5% to any census bureau defined urbanized area.
 - Greater than 30% of the population in the middle portion of Marshall County and the middle portion of Roseau County commute to a Census bureau defined urban place.
- ✓ Median income in the 5-county region ranges between 14-22% lower (\$7,843 to \$12,317) than the statewide average.
 - Across a working lifetime of 40 years this means that a household in the middle of the income distribution brings home \$300,000 to \$500,000 less than other households across the state.

APPENDIX A

- Median household income in the 5-county region is lowest across a large swath of the area spanning from the northwest corner to the southeast, cutting through Kittson, Roseau and Marshall Counties.
 - While the population in this area is generally the most sparse, they may also be considered higher risk given their proportionally lower incomes compared to the rest of the region.
 - The U.S. Median income from 2006-2010 was \$51,914. In Minnesota during the same time frame it was \$57,243.
- ✓ Regionally, Red Lake County has the greatest percentage (31%) of individuals living at or below 200% of poverty according to the 2011 Minnesota County Health tables
 - ✓ Red Lake and Marshall County have the highest free/reduced priced lunch rate in the 5-county region, with Roseau being lower than the state average.

Health Problems: the region is medically underserved, adults and youth are overweight, adults smoke, youth chew tobacco at two times the state average, and there are elevated rates of death by heart disease.

- ✓ All 5 counties are Health Profession Shortage Areas (HPSAs) for Primary Medical Care Physicians, Mental Health Care providers, and Dentists. Only Roseau County is not a HPSA for dentists
 - Some gaps in emergency medical care may exist north and east of Thief River Falls, and response time due to distance north and east of Hallock.
- ✓ The prevalence rate for current smokers (smoked every day or some days in the past 30 days) in Pennington, Kittson and Marshall County (21.3%) is notably higher than the corresponding rate for Minnesota (14.9%).
- ✓ 16 percent of students (almost exclusively male) used smokeless tobacco in 2007 which grew to 21.4% in 2010. This use is nearly twice that of the state average in 2010 for the rest of all youth across Minnesota.
- ✓ Elevated rates of Oral and Pharyngeal Cancer for Marshall and Pennington counties (that we know of), and elevated Lung and Bronchus Cancer for Kittson county.
- ✓ Adults in the region are statistically less likely to be obese but more likely to be overweight.
- ✓ Youth from the region are significantly (statistically) more overweight, eat fewer servings of fruits and vegetables, and use more tobacco compared to youth from the rest of the state.
 - Over the past three years these three measures have grown worse.
- ✓ MNSS results for area 12th graders indicate that overall, students within the SHIP region are significantly more overweight than other seniors from across the state and furthermore they are significantly more likely to believe they are overweight than other seniors from across the state.
- ✓ According to Minnesota Vital Statistics, age adjusted death rates for heart disease reveals that historically, Kittson and Roseau Counties have had a substantially higher rate of heart disease death rates year over year compared to the state on average.
- ✓ The percent of all alcohol-related motor vehicle crashes in Marshall and Kittson counties were twice that of the state. For Red Lake County it was 5 times greater.

APPENDIX A

- The DWI arrest rate in Pennington and Roseau Counties is approximately twice the state average.
- ✓ Low seatbelt use by youth and adults.
- ✓ Kittson and Pennington Counties have a higher rate of out-of-home placements than the statewide average. Results for these two counties suggest that there may be a lack of resources, programs, or higher incidence of familial discord, resulting in higher rates of removing children from their homes. 108 children in the region in 2010 were in OOHP (Pennington=35; Roseau=30; Marshall=20; Kittson=15; Red Lake=8).

Lack of accurate information about adults' state of health.

- ✓ Suicide deaths completely unknown. We have data, but it is totally unreliable.
- ✓ Multiple Sclerosis prevalence is unknown. There is no system in place for tracking, plus onset is a problem.
- ✓ Prevalence of heart disease, depression, diabetes are unknown. We have age adjusted death rates for heart disease.
- ✓ Population Health surveys are misleading at worst and at best synthetic guesses.

NWCAC Qualitative Findings: Executive Summary

Qualitative input for the Northwest Minnesota Community Assessment Collaborative was gathered in three ways, 1) two meetings of the NWCAC, 2) an in-depth examination of individual interview notes and transcripts from SHIP (Statewide Health Initiative Program) interviews conducted in 2010, and 3) a series of over 40 interviews/community forums were held during the winter 2012/spring 2013.

The first research question examined *“What do you believe are the 2-3 most important issues that should be addressed in order to help improve the quality of life further for people in our community (our county)?”* Responses included: healthcare costs and access, youth and adult community recreation opportunities (lack of), mental illness, obesity, jobs/employment, housing, transportation, and low income. These areas of concern were directed specifically at families and children as well as the elderly. Furthermore, areas of greatest problem behaviors/disease states described were (in no particular order of importance: drug use, violence, tobacco use, alcohol use, asthma, cancer and heart disease.

The second research question explored *“What (if anything) is holding our community back from doing what needs to be done to improve health and quality of life for residents (our county)?”*

- Lack of financial resources
- Low educational attainment of target populations
- Lack of knowledge
- Poor awareness of programs/resources
- Poverty
- Apathy
- Need more personal responsibility/self-discipline
- Need stronger leadership
- Cost of insurance is prohibitive
- Rural Isolation/rural factors
- Transportation
- Lack of access to exercise facilities

The final research question sought to identify *“What types of actions, policies or funding priorities would you support in order to build a better community?”*

Responses included:

- ❖ Provide more information about what services are available
- ❖ Construct more assisted living facilities
- ❖ Help elderly remain in their homes longer
- ❖ Community, school and workplace education classes
- ❖ Increase access to more mental health services

***NW Community Assessment Collaborative
Health Indicators Discussion List***

Chronic Disease conditions

Alzheimer's disease
Arthritis
Asthma
Cancer
Chronic Obstructive Pulmonary Disease (COPD)
Heart Disease and Stroke
Diabetes
Mental illness
Obesity

Infectious Disease

Antibiotic-resistant infection
HIV and AIDS
Sexually Transmitted Infections
Tick-transmitted Disease
Foodborne illness

Injury and Violence

Fall-related Injury
Firearm Injury
Motor Vehicle Injury
Work-Related injury
Prescription Drug Poisoning
Suicide
Vulnerable Adult Abuse
Youth Violence
Domestic Violence

People and Place

Population Trends
Immigration and Diversity
Aging and Retirement
Water, Weather and the Air
Roads, Highways and Bridges

Opportunity for Health

Education and Employment
Income and Poverty
Housing and Home ownership
Outdoor and Indoor Environments
Social Connectedness
Community and Personal Safety
Access to Health Care

Healthy Living in Minnesota

A healthy start for children
Physical Activity and Eating Habits
Use of Alcohol
Use of Tobacco
Use of Prescription Drugs
Preventing and Managing Chronic Conditions
Preventing Disease and Injury
Mental Health

Quality of Life Questions

The following information is generally collected through a community survey, which can be conducted by telephone, in person, or by mail. This information may also be collected through focus groups, informal discussions, or other community gatherings.

Record the responses to the 12 questions below. If gathering the information through a survey, consider eliciting responses through a Likert scale (i.e., 1 – 5 with 1 being low and 5 being high.)

If gathering the information in-person (i.e., via focus groups, informal discussions, or other mechanisms), use open-ended questions. Engage the community in an in-depth discussion (through focus groups, community dialogues, or town hall meetings) about the 12 questions. Explore the following issues for each question:

1. What is the preferred future?
2. What is the current reality?
3. What are the gaps, leverage points, or strategic opportunities?

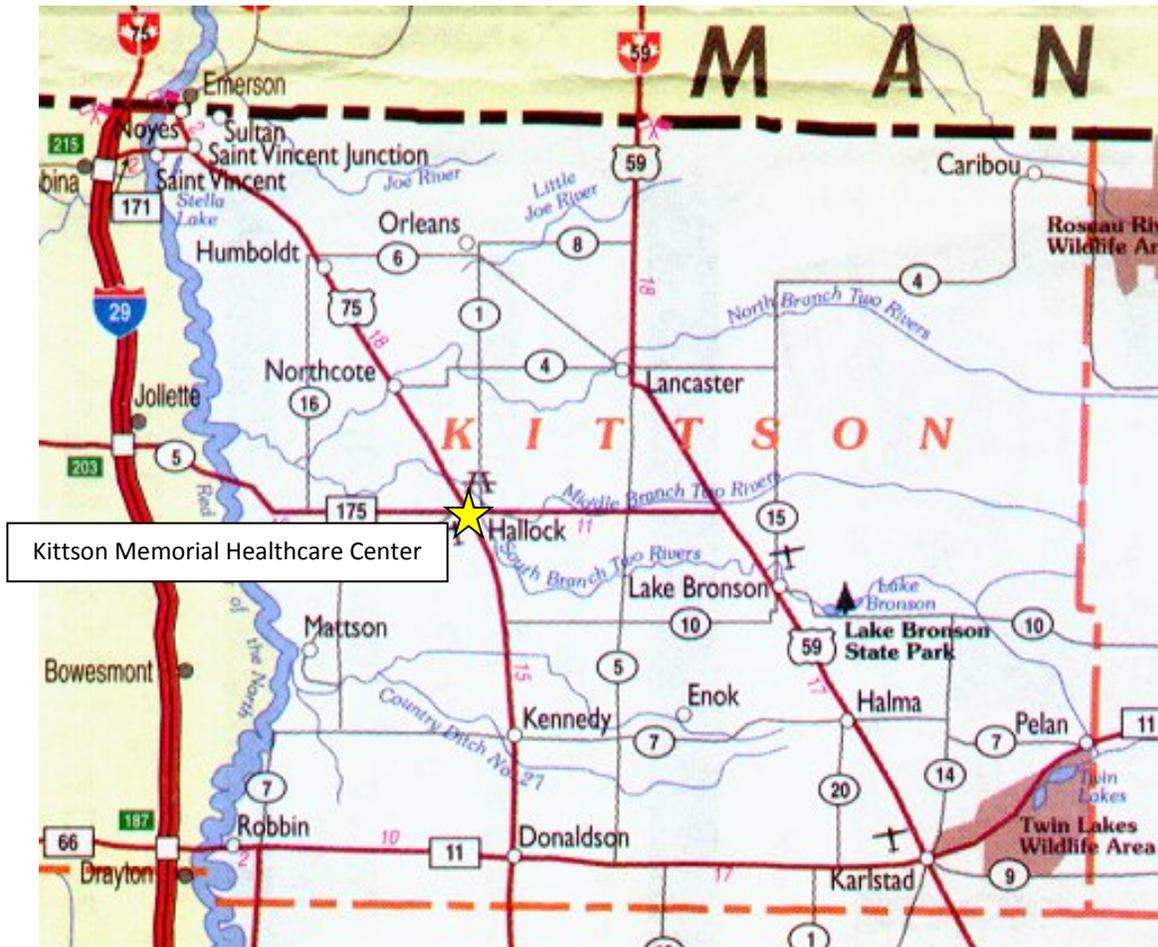
Total # of Community Residents Surveyed: _____

Quality of Life Questions	Likert Scale Responses (1 to 5, with 5 being most positive)
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.) [IOM, 1997]	
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	

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<p>4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)</p>	
<p>5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)</p>	
<p>6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall. Do neighbors know and trust one another? Do they look out for one another?)</p>	
<p>7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?</p>	
<p>8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?</p>	
<p>9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?</p>	
<p>10. Are community assets broad-based and multi-sectoral?</p>	
<p>11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?</p>	
<p>12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?</p>	

KITTSON COUNTY, MINNESOTA



Kittson Memorial Healthcare Center