

2022 Community Health Needs Assessment Implementation Plan

Establishing Health Priorities Reporting Document

Introduction

Stevens Community Medical Center (SCMC) is a 25-bed not-for-profit critical access hospital (CAH) located in Morris, MN, within Stevens County. SCMC participated in Community Health Needs Assessment (CHNA) services administrated by Rural Health Innovations, LLC (RHI), a subsidiary of the National Rural Health Resource Center.

In June 2022, RHI conferred with leaders from SCMC to discuss the objectives of a regional CHNA. It was decided that this CHNA would include four focus groups, eight key stakeholder interviews, and the inclusion of secondary data from national sources.

In September 2022, secondary data was collected and in October, focus groups and key stakeholder interviews were conducted. In December 2022, report findings were presented via webinar to SCMC leadership. This meeting also included a presentation highlighting national changes in the health care system. In February 2023, RHI facilitated an implementation planning meeting with 11 hospital leaders and community agency representatives to identify community health priorities and develop strategic actions.

Description of Community Served

Input was sought from the following counties that are within the Stevens Community Medical Center service area: Stevens County, Pope County, and Grant County, Minnesota.

Input from Broad Interests

SCMC provided names, demographics, and contact information for 91 potential attendees. RHI reached out to all 91 to invite them to participate. 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 scheduled to be in-person at the Stevens Community Medical Center Multi-Purpose Room in Morris, Minnesota. Attendees included seniors, representatives from businesses, health care consumers, active health care providers, parents, school representatives, and lifelong residents.

Twenty-three (23) of the 91 individuals signed up to attend and 21 attended. 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. Focus group comments reflect the perceptions of the group.

Thirty-one potential stakeholders were identified by the hospital and RHI reached out to all 31 to invite them to participate. Eight stakeholder interviews were scheduled and seven virtual meeting sessions were held; each approximately 60 minutes. As with the focus groups, secondary data was presented and RHI staff facilitated discussion of questions identified by SCMC. No identifiable information was disclosed to maintain confidentiality.

Prioritized Health Needs

On February 9, 2023, 11 members of the hospital leadership and community partners from SCMC, Stevens County Health and Human Services, and Horizon Public Health were assembled to:

- Explore findings from the CHNA - high level overview
- Identify community health priorities based on the findings
- Participate in translating identified health priorities into actionable work

The participants met in person and virtually for the implementation planning session. They worked as a group to identify the top community health needs to prioritize. Six (6) potential priorities were identified:

1. Making healthy lifestyle accessible to the community as a whole
2. Improving access to care
3. Supporting the initiatives to increase childcare within the community

4. Actively connecting individuals with food insecurity resources
5. Collaborating to provide health education to our community
6. Connecting individuals to financial resources within our community

Each participant then had an opportunity to vote for the need(s) they felt was a top priority. The top health needs identified from the quantitative and qualitative data are:

- Improving access to care
- Making healthy lifestyle accessible to the community as a whole
- Collaborating to provide health education to our community

These needs were then evaluated based on those that best relate to the hospital's mission, urgency, feasibility within the hospital's resources, existing community strengths, and opportunities to partner with other local organizations.

Attendees each selected one goal they would like to continue to work on in collaboration with others. A facilitation method designed to achieve group consensus-based decisions that respects the diversity of participant perspectives, inspires individual action, and moves the group toward joint resolve and action was utilized. This method creates awareness about new relationships between data and acknowledges the level of the group's consensus at any given moment. The conversation is aimed towards identifying actions they can take towards addressing the community's top health needs identified.

The groups used the remaining meeting time to begin action planning on three of the identified health priorities:

- Improving access to care
- Collaborating to provide health education to our community
- Making healthy lifestyles accessible to the community as a whole

It's important to note that each group incorporated the health priority "addressing language barriers and expanding cultural awareness" into their workgroups. RHI provided information about the next steps to complete this work and how to use the Health Equity Assessment. The below tables capture the goal, members, and areas to focus on to create the action plan. Teams will also consider whether there are other community members to invite to join that group.

The list of potential activities will be reviewed by hospital and public health leadership and integrated with the organizations' strategic plans where applicable. Hospital leadership, public health leadership, and community partner participants will then operationalize a plan of action to address the identified health priorities by completing the Community Health Needs Assessment Action Plan Worksheet and seeking an approach to address the health priorities that promote health equity.

CHNA Action Plans

The groups took the three identified health priorities and discussed key actions to take with each to reach the goals of these health priorities. An Action Plan was put together as a roadmap to work through the objectives.

1. Health Priority: Improving Access to Care

- Collaborate to improve transportation
- Innovative scheduling
- Hire more providers
- Improve accommodations for Spanish speaking population
- Collaborate with Health & Human Services to increase access to affordable and culturally sensitive healthcare.

2. Health Priority: Collaborating to provide health education to our community while addressing language barriers and expanding cultural awareness

- Create a survey on all-encompassing health education that community is looking for
- Create a social media Mental Health campaign
- Create educational content for Food Drop Summer Program

3. Health Priority: Making healthy lifestyles accessible to the community as a whole

- Encourage healthy eating/exercise in a non-shaming way
- Improve access to affordable exercise opportunities

Dissemination

- Stevens Community Medical Center posted a summary of the Community Health Needs Assessment findings and Implementation Strategy online at scmcinc.org.

Implementation Strategy

- Hospital leadership and community participants assembled to operationalize the Community Health Needs 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 Needs Assessment Action Plan).