

Community Health Planning
RiverView Health
Polk County
Crookston, Minnesota

March 21, 2005

I. Introductions

Sally Buck, the facilitator from the Rural Health Resource Center, provided an overview of the community health planning process.

- Review of Rural Health Works Economic Impact Study and Rural Health Care Trends
- SWOT Analysis (strengths, weaknesses, opportunities, and threats)
- Identify Priorities
- Establish Action Plan

Participants were asked to introduce themselves, their organization or role in the county, and share their vision of healthcare in Crookston and Polk County. Twenty people attended the session at the Northland Inn. The group included individuals from economic development, long-term care, city council, Migrant Health Services, Crookston Public School system, corrections, mental health and chemical dependency, RiverView administration, hospital board, public health, county commissioners, local health and fitness organizations, and higher education.

II. Visioning – *What do you want to see in Crookston for health care services?*

- More palliative atmosphere for nursing homes: increase wellness and community-based relations
- Prevention and maintenance of chronic health care conditions
- Awareness of preventable health care conditions
- More integration and cooperation to access health care (public health, mental health, and other entities—health insurance)
- More options for home health care to serve aging populations
- Proper and complete distribution of healthcare workforce network with specialists for outreach
- Integration in services for neighboring communities
- More geriatric physician specialists
- More Hispanic speaking providers to help reduce barriers
- Need to reduce paperwork (regulations) in LTC to increase direct care time
- More physicians involved with preventive care
- Increase awareness of problems in children (physical/mental)
- Stability of professionals in health care (retention)
- Develop good lifestyle/preventive programs (i.e. smoke-free restaurants)
- Need for dental services

- Keep services visible and connect them appropriately and in timely fashion to collaborative services
- Integrate mental, physical, health and chemical dependency issues
- Reduce Methamphetamine use, distribution and develop treatment
- Expand tele-medicine for home care
- Dentistry access for people in poverty (especially Medicaid patients)
- Support growth in healthcare careers (ladders)
- Coordinate funding to allow integration (Glenmore Hospital, jail, and County public health)
- Affordability of health care and insurance, especially for lower/middle income and impoverished
- Educate community to support what Crookston has to offer
- Specialist (Dermatologist)
- Develop transportation system for health care

III. Review of Rural Health Works Study and Rural Health Care Trends

Sally Buck provided an external analysis of health care on a national, state and regional level to help participants “take stock” of the situation for the strategic planning process. This information provided background data and issues to help develop a vision of the future of healthcare in Polk County. The overview included the following topics:

- Rural Acute Care Hospitals
- Reimbursement Changes
- Critical Access Hospitals
- Medicare Rural Hospital Flexibility Program
- Minnesota Hospitals and Nursing Homes
- Critical Long-Term Care Issues in MN
- Other Rural Health Care Trends
 1. Workforce Shortages
 2. Aging Population
 3. Increased Use of Technology
- A View of Polk County – demographics
 1. -3.5% decrease in population from 1990 to 2000
 2. Relatively stable population projected through 2015
 3. 21.6 % of county population is 60 or older
- Snapshot of Healthcare in Polk County
- Economic Impact of the Polk County/RiverView Health and Related Health Sectors
 1. Polk County health care is:
 - 2,010 health care jobs
 - 12% of jobs in Polk County
 - \$52.7 million in payroll and benefits
 2. These health care jobs fuel the local economy through:
 - 553 additional jobs
 - \$43 million in total non-pay expenditures
 - \$131 million in total economic impact

IV. SWOT Analysis

Participants were asked to respond “round robin” to the following questions. All responses were recorded. Participants were then each given five dots or votes and were instructed to vote for at least one priority in each category (strength, weakness, opportunity, or threat). The scores are listed following each statement and the highest scoring items are listed first.

1. What strengths emerge for health care in Crookston?
2. What are the identified weaknesses?
3. What are the opportunities for the health care sector in Crookston?
4. What threats may impact health care in Crookston?

Strengths

- 1) Pattern of working together easier in rural areas including partnering programs-PH, MH, Correctional, Social Services (17 pts)
- 2) Workforce in Crookston is community orientated. No critical shortages to date (9pts)
- 3) Rich mix of services (specialty physicians, LTC, Mental Health, Pharmacies, Optometry) especially for county this size (6pts)
- 4) The following topics were noted but not rated:
 - Affordable housing in Crookston
 - Personalized care from providers and patients know providers
 - Excellent, progressive hospital
 - Services bring/attract people from region
 - Renovations created more private rooms, dementia care and assisted living
 - Attract people back and new professionals

Weaknesses

- 1) Need a mental health strategy for aging population (8pts)
- 2) Employers dropping insurance benefits due to cost (6pts)
- 3) Networks and Managed Care limits of access to care *and* Need to orientate services to Hispanic needs-OB, Peds (Both topics rated the same with 5 points)
- 4) Not attracting new populations (3pts)
- 5) Complexity of health insurance (2pts)
- 6) The following topics were noted but not rated:
 - Smaller surrounding communities are decreasing
 - Overhead costs higher for rural community (small number of providers/low volume)
 - Lack of insurance (under-insured) need to realize limitations in services
 - Involve providers and patients (need to be involved in policy)

Opportunities

- 1) Hospital-based chemically dependent detox program- unique for rural (11 pts)
- 2) Both topics rated the same with 8 points:
 - Grow services with new investments in facilities (Villa, County, Hospital, MH)
 - Increase services to smaller communities in Region/County
- 3) Promote lifestyle for recruitment (no committee) (7 pts)
- 4) Telemedicine for mental health and other services for Crookston and smaller communities (6 pts)
- 5) Enhance wellness of community (4 pts)
- 6) Increase health professions education at UM-Crookston (3 pts)
- 7) Promote local health care services to employers

Threats

- 1) Uninsured and increases in insurance issues/costs (27 pts)
- 2) Legislation-a decrease in representation (15 pts)
- 3) Reimbursement (12 pts)
- 4) Insurance industry (Networks) (10 pts)
- 5) Increased aging population (services and WF) (8 pts)
- 6) Caps on services: MN/Dental –especially MN Care programs (3 pts)
- 7) The following topics were noted but not rated:
 - Public perception-education/access at low cost
 - Limited economics (healthcare and housing, etc.)

V. Identification and Prioritization of Critical Issues

At the second community health planning session held in Crookston on April 18, 2005, 19 community members attended. The participants included health care providers, educators, administrators from the hospital, economic developers, local business owners, county commissioners and social services. Sally Buck distributed and reviewed the summary from the first community health planning session. The highest ranked issues in each SWOT category were reviewed and the participants discussed possible strategies for each issue.

Highest Ranking Issues:

- Uninsured and increases in insurance issues/costs (27 pts)
- Pattern of working together: LTC, PH, MH, SS, Hospitals, Corrections (17 pts)
- Legislation: a decrease in representation (15 pts)
- Reimbursement (12 pts)
- Need a hospital-based chemically dependent detox program (rural): Considering: transportation, capacity and reimbursement (11 pts)
- Need a mental health strategy for aging population (8 pts)
- Adolescent: Need inpatient treatment, lack of services
- Housing: RTC decrease for developmentally disabled

The four strategies identified from the discussion of priorities included:

- Develop a legislative strategy for healthcare insurance
- Develop outreach- enrollment specialist to help people access health care services and coverage (community-wide for employers) and patient advocacy
- Develop a forum around mental health and aging (interdisciplinary) Include: prevention and education
- Develop services/education for addressing cultural barriers to healthcare services (languages)

VI. Action Planning

Participants were invited to choose one of the four strategies and divided themselves into four strategy groups. Each group was instructed to work on developing an action plan for the specific strategy using the Activity Plan form. The form outlined the goal, action steps, resources needed (internal, community wide, regional and financial), timeframe, and stakeholders. The four Action Plans are as follows:

ACTIVITY PLAN 1

1. Activity (Goal):

Strategy to improve mental health for aging population

2. Action Steps:

- Awareness activities
- Training healthcare staff
- Education (prevention)
- Interdisciplinary education
- Strategy for caregivers

3. Resources Needed:

- Internal:** Dialogue/Forum
- Community – Wide:** Awareness and education of mental health issues for the aging population
- Regional:** Transportation-Outreach
- Financial:** Grant money for consultants, trainers, etc.

4. Timeframe for Implementation

- a. One year
- b. Start implementing strategies. Secure grants- people. 2 years (?)

5. Who will be responsible for this activity? Who are the local stakeholders?

Name and or Organization

- Everybody.
- Via: Crookston Vitality and Healthcare Sector
- Collaboration of:
 - People having to deal with aging parents or spouses
 - Those in 40-60 age group that will be facing these issues.
 - Those who could deliver education, etc, for these issues
 - Providers

ACTIVITY PLAN 2

1. Activity (Goal):

Develop a legislative strategy for insurance

2. Action Steps

- a. Legislative consortium: Educate legislators
- b. Form coalitions with other out-state cities- Crookston, Thief River Falls, East Grand Forks
- c. Legislative funding for interpreter
- d. Create a rural health care position to lobby

3. Resources Needed: (Not completed)

4. Timeframe for Implementation (Not completed)

5. Who will be responsible for this activity? Who are the local stakeholders?

Name and or Organization

- Cities of Crookston, Thief River Falls, East Grand Forks
- Employers
- Schools
- Cities
- Counties
- Healthcare Professionals

ACTIVITY PLAN 3

1. Activity (Goal):

Overcome cultural barriers in the healthcare industry

2. Action Steps

- a. Survey facilities to determine multicultural training programs already existing as well as determining further needs
- b. Funding needs
- c. Develop a group of qualified translators

3. **Resources Needed:**
 - a. **Internal:** Cooperation from facilities and elected representatives
 - b. **Community – Wide:** Find representatives from each culture
 - c. **Regional:** NW Foundation, etc. for funding purposes
 - d. **Financial:** Funds needed for surveys and for development of positions
4. **Timeframe for Implementation:** Two years
5. **Who will be responsible for this activity? Who are the local stakeholders?**
Name and or Organization: Community collaborative

ACTIVITY PLAN 4

1. **Activity (Goal):**
Develop outreach-enrollment resources to help people access health and human services coverage and other support services
2. **Action Steps**
 - a. Develop a coalition of community entities interested in this type of service
 - b. Define objectives and scope of program
 - c. Seek funding and sponsoring entities
 - d. Program operation policy
3. **Resources Needed:**
 - a. **Internal**
 - b. **Community – Wide:**
 - i. Groups and businesses to support
 - ii. City of Crookston
 - iii. Area Providers
 - iv. Tri-Valley
 - v. County
 - vi. Regional human resources professionals
 - vii. Schools
 - viii. Churches/Ministerial Associations
 - c. **Regional**
 - d. **Financial:** Grants, business support, etc.
4. **Timeframe for Implementation:** 6 -12 months
5. **Who will be responsible for this activity? Who are the local stakeholders?**
Name and or Organization: Need to develop community collaborative