



# WABASHA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

2023-2025

**GUNDERSEN**  
ST. ELIZABETH'S  
HOSPITAL AND CLINICS



## An assessment of Wabasha County conducted jointly by Gundersen St. Elizabeth's Hospital and Clinics, part of Gundersen Health System, and Wabasha County Public Health Department

Gundersen St. Elizabeth's is a critical access hospital located in Wabasha County, Minnesota. The community health needs assessment (CHNA) was conducted in 2022 and focused on the needs of individuals in Wabasha County. Based on this CHNA process, the hospital and its community partners will focus on the following priority health needs in 2023-2025:

- Mental Health
- Senior Health

### Who We Are

On September 1, 2020, Saint Elizabeth's Medical Center in Wabasha, Minnesota affiliated with its new system sponsor, Gundersen Health System, based in La Crosse, Wisconsin. Now known as Gundersen St. Elizabeth's Hospital and Clinics, our organization continues its strong commitment to provide local primary and specialty care to residents of southeastern Minnesota and western Wisconsin. While our affiliation has changed, our long history of offering a broad continuum of care continues as we approach 125 years of caring.

Gundersen St. Elizabeth's is a progressive, multidisciplinary rural healthcare organization offering a wide range of services. We are a licensed 25-bed Critical Access Hospital (CAH), with an attached primary care clinic, 46 assisted living apartments, 100 skilled nursing home beds on two campuses, and a continuum of ancillary and outpatient care.

**Our mission:** To distinguish our organization through excellence in patient care, education, and improved health in the communities we serve. **Our vision:** We will enhance the health and well-being of our communities while enriching every life we touch, including patients, families and staff. **Our strategic plan:** Improve the health of our communities; Offer an outstanding experience of care; Ease the financial burden of healthcare.

Gundersen St. Elizabeth's service lines include: inpatient and outpatient care, emergency services, ancillary services, surgery services, rehab, wellness and prevention, chronic disease management, assisted living and home health.

Gundersen St. Elizabeth's is the only hospital in Wabasha County. The closest CAH is Mayo Clinic Health System (MCHS) - Lake City, 18 miles north of Wabasha. Tertiary and specialty care referrals are directed to Gundersen Health System in La Crosse, WI; Mayo Clinic in Rochester, Minnesota; and other area and regional care centers.

### Our Community

Although Gundersen St. Elizabeth's serves Wabasha County and surrounding areas, for the purposes of the CHNA, the hospital focused on the needs of Wabasha County. Our "community served" was defined as such because (a) most community health data are available at the county level; (b) most of our

assessment partners define their service area at the county level; (c) most of our service area is in Wabasha County.

**Demographic Profile of Wabasha County and State of Minnesota**

	<b>County</b>	<b>State</b>
Population	21,642	5,657,342
% below 18 years of age	21.8%	23.0%
% 65 and older	22.8%	16.8%
% Non-Hispanic Black	0.6%	7.0%
% American Indian & Alaska Native	0.4%	1.4%
% Asian	0.7%	5.3%
% Native Hawaiian/Other Pacific Islander	0.1%	0.1%
% Hispanic	3.2%	5.7%
% Non-Hispanic White	94.2%	78.6%
% not proficient in English	1%	2%
% Females	49.9%	50.2%
% Rural	64.5%	26.7%

**Health Outcomes**

Wabasha (WB) is ranked among the healthiest counties in Minnesota (Highest 75%-100%)



**Health Factors**

Wabasha (WB) is ranked among the healthiest counties in Minnesota (Highest 75%-100%)



**Health Outcomes (Length of Life and Quality of Life)**

	<b>COUNTY</b>	<b>TOP US PERFORMERS</b>	<b>MINNESOTA</b>
Premature death	5,200	5,600	5,600
Poor or fair health	14%	15%	13%
Poor physical health days	3.3	3.4	3.1
Poor mental health days	4.1	4.0	4.0
Low birthweight	5%	6%	7%
Life expectancy	82.0	80.6	80.4
Premature age-adjusted mortality	250	290	280

Child mortality	50	40	40
Infant mortality		4	5
Frequent physical distress	10%	10%	9%
Frequent mental distress	13%	13%	12%
Diabetes prevalence	8%	8%	8%
HIV prevalence	44	38	187

## Health Behaviors

	<u>COUNTY</u>	<u>TOP US PERFORMERS</u>	<u>MINNESOTA</u>
Adult smoking	19%	15%	15%
Adult obesity	34%	30%	30%
Food environment index	9.1	8.8	9.0
Physical inactivity	22%	23%	20%
Access to exercise opportunities	87%	86%	81%
Excessive drinking	27%	15%	23%
Alcohol-impaired driving deaths	39%	10%	30%
Sexually transmitted infections	194.2	161.8	433.9
Teen births	14	11	12
Food insecurity	8%	9%	8%
Limited access to healthy foods	2%	2%	6%
Drug overdose deaths		11	15
Motor vehicle crash deaths	16	9	8
Insufficient sleep	30%	32%	29%

## Clinical Care

	<u>COUNTY</u>	<u>TOP US PERFORMERS</u>	<u>MINNESOTA</u>
Uninsured	6%	6%	6%
Primary care physicians	1,140:1	1,010:1	1,100:1
Dentists	1,270:1	1,210:1	1,320:1
Mental health providers	3,610:1	250:1	340:1
Preventable hospital stays	2,649	2,233	3,073
Mammography screening	51%	52%	52%
Flu vaccinations	46%	55%	55%
Uninsured adults	7%	7%	7%
Uninsured children	4%	3%	3%
Other primary care providers	940:1	580:1	730:1

## Social and Economic Factors

	<u>COUNTY</u>	<u>TOP US PERFORMERS</u>	<u>MINNESOTA</u>
High school completion	94%	94%	93%
Some college	72%	74%	75%
Unemployment	5.3%	4.0%	6.2%
Children in poverty	7%	9%	10%
Income inequality	4.1	3.7	4.3
Children in single-parent households	17%	14%	20%
Social associations	19.0	18.1	12.6
Violent crime	82	63	236
Injury deaths	66	61	69

## Additional Social and Economic Factors

	<u>COUNTY</u>	<u>TOP US PERFORMERS</u>	<u>MINNESOTA</u>
High school graduation	93%	96%	84%
Disconnected youth	9%	4%	4%
Reading scores	3.3	3.3	3.1
Math scores	3.5	3.4	3.3
School segregation	0.05	0.02	0.25
School funding adequacy	\$3,211		\$2,384
Gender pay gap	0.79	0.88	0.82
Median household income	\$74,300	\$75,100	\$75,500
Living wage	\$35.55		\$39.89
Children eligible for free or reduced price lunch	26%	32%	36%
Residential segregation - Black/white		27	64
Residential segregation - non-white/white	21	16	48
Childcare cost burden	19%	18%	22%
Childcare centers	4	12	4
Homicides		2	2
Suicides	12	11	14
Firearm fatalities		8	8
Juvenile arrests	19		22

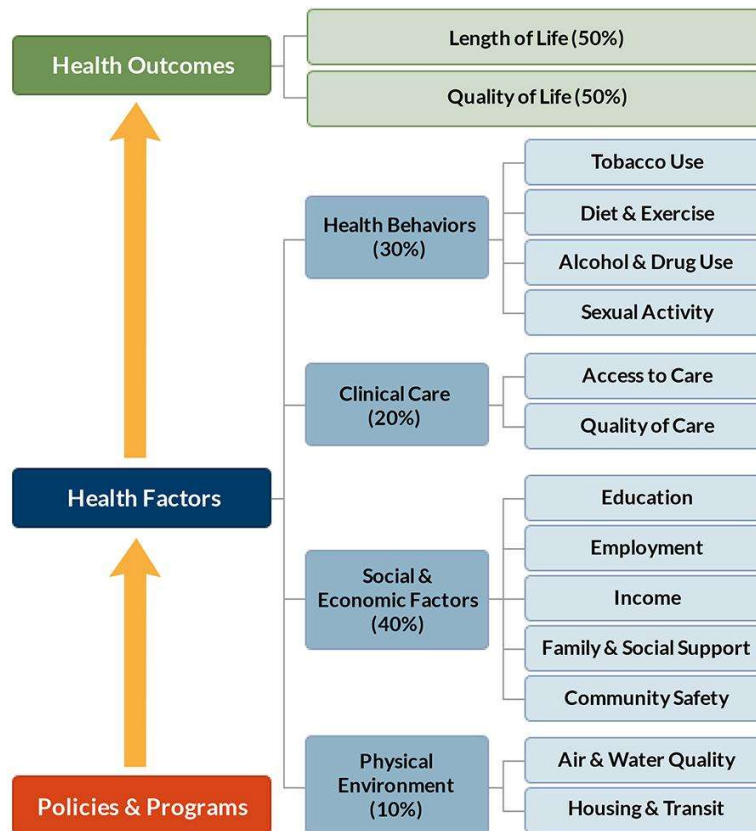
### Physical Environment

	COUNTY	TOP US PERFORMERS	MINNESOTA
Air pollution			
- particulate matter	8.5	5.9	6.9
Drinking water violations	No		
Severe housing problems	9%	9%	13%
Driving alone to work	77%	72%	76%
Long commute - driving alone	40%	16%	31%

Source: County Health Rankings

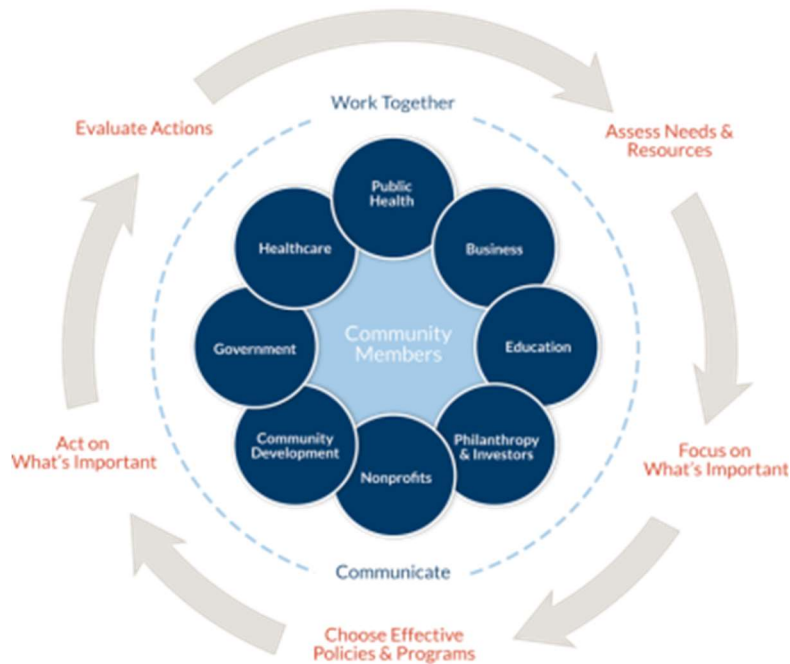
### Our Community Health Improvement Approach

Gundersen St. Elizabeth’s and Wabasha County Public Health are committed to using national best practices in conducting the CHNA and implementing community health improvement strategies to assure that our work has a positive, measurable impact on the health of the people in the communities we serve. Our approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement.



County Health Rankings model © 2014 UWPHI

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 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 including social and economic determinants
- Focus efforts on populations with a disparate health burden to increase health equity
- Emphasize the powerful impact of policy and system-based approaches on change
- Use strategies with the best evidence of effectiveness
- Identify and track specific, measurable performance indicators

## Framework and Data Sources

The assessment was jointly conducted by Gundersen St. Elizabeth's and Wabasha County Public Health Department in Summer 2022.

County data and health indicators were collected and reviewed by a CHNA Leadership Team. In addition, a thorough evaluation of the progress underway to accomplish the goals and strategies outlined in the current Community Health Improvement Plan (2019-2022) was completed. Following an extensive analysis of all data, trends, and other assessments conducted by agencies and organizations serving Wabasha County residents, the Leadership Team sought engagement from key stakeholders, health providers, community leaders and county residents to prioritize Wabasha County's top two health needs.

Gundersen St. Elizabeth's and Wabasha County Public Health are committed to addressing community health needs collaboratively with local partners. Gundersen St. Elizabeth's and the Wabasha County Public Health Department used a mass communication effort to gain an understanding of community members' thoughts on the strengths and challenges of being a healthy community. This method provided us with additional perspectives on how to select and address top health issues facing our communities.

A CHNA priority survey was prepared and distributed through multiple email distribution lists, websites, and social media platforms. Residents without access to a computer or internet were invited to utilize resources at their local library or Gundersen St. Elizabeth's to complete the survey.

Organizations serving low-income and vulnerable populations were provided with resources to encourage survey participation among their clients.

Press releases, newsletters, posters, and social media posts were used to draw attention to the importance of public participation.

Following the close of the survey (a three-week window provided ample opportunity for survey response), CHNA Leadership Team members collated and evaluated survey response and results.

*A list of data sources can be found in Appendix 1.*

*A copy of the CHNA Priority Survey and Findings can be found in Appendix 2.*

## Meeting the needs of low-income and vulnerable populations

The CHNA Leadership Team is fueled by a commitment to human dignity, the common good, justice and solidarity. We believe the CHNA process must be informed by direct input from persons who experience health disparities based on income and/or race and ethnicity. With that in mind, the CHNA Priority Survey included pointed questions about needs and satisfaction levels of the low-income population. As part of



the process to select the health priorities, strong consideration was given to how individuals who are more vulnerable are impacted by the health issues.

### **Input on the Previous CHNA**

No written comments were received regarding the previous CHNA.

## **Priorities for Action**

### **Prioritization Process and Criteria**

The prioritization process included multiple steps:

1. The CHNA Leadership Team identified the **top three** health needs in Wabasha County based on its evaluation of county data, health indicators, assessments completed by other organizations/agencies, and current Community Health Improvement Plan progress.
2. A CHNA Priority Survey was widely distributed to seek community feedback on the identification of the top two priorities to be addressed during the next CHNA three-year cycle.
3. The CHNA Leadership Team reviewed the survey results and officially selected the top two priorities from its findings
4. The CHNA Leadership Team shared the team's recommendations with Gundersen St. Elizabeth's and Wabasha County Public Health representatives for approval and affirmation.
5. The CHNA Leadership Team delegated the existing Senior Health and Mental Health Action Teams with the responsibility of developing a Wabasha County Community Health Improvement Plan (2023-2025) that outlines specific goals, strategies, performance indicators, and evaluation process for each need.

### **Priorities Selected**

The following health issues were selected as the priorities:

- Number 1: Mental Health
- Number 2: Senior Health

### **Health Needs Not Selected for This Plan**

The CHNA Leadership Team understands the importance of the health needs and is committed to playing an active role in improving the health of the people in the communities we serve. For the purposes of this CHNA, Gundersen St. Elizabeth's and Wabasha County Public Health chose to focus its efforts on the two priorities listed above based on available capacity, resources, committed partners, and progress underway in both categories.

The following health issues and social determinants were identified by survey respondents. The CHNA Leadership Team is dedicated to sharing survey findings with providers, community leaders, and key stakeholders in an effort to ensure issues are shared and addressed with organizations/agencies whose mission and purpose are more closely aligned with the needs:

- Childcare: There exists a working group of community leaders and concerned citizens that are addressing access issues related to childcare services.

- Transportation: Three Rivers Community Action is the main provider of mass transit in Wabasha County. This agency conducted its own transportation assessment and action plan and continues to explore improvement opportunities.
- Other needs that were identified more often than others are listed below. The Leadership Team did not identify these as priorities so it could focus efforts on the top issues selected.
  - Housing (affordable and rental access)
  - Healthful food access
  - Chemical dependency/substance abuse
  - OB/Prenatal care/Women's health

## Overview of Priorities

A description of each priority area, data highlights and relevant assets/resources are on the following pages.

## Mental Health in U.S.

### Why it is Important

- 1 in 5 U.S. adults experience mental illness each year.
- 1 in 20 U.S. adults experience serious mental illness each year.
- 1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year.
- 50% of all lifetime mental illness begins by age 14, and 75% by age 24.
- Suicide is the 2nd leading cause of death among people aged 10-34.

## Mental Health in Minnesota

### Why it is Important

- 1 in 5 Minnesotans face mental illness each year.
- 1 in 25 people live with a serious mental illness.
- 1 in 10 young people experienced a period of major depression.
- People with a serious mental illness have a shorter lifespan (10-25 years).
- People with mental illness can and do recover. Studies show that people with mental health problems get better and many recover completely. There are more treatments, services and community support systems than ever before, and they work.
- Treatment is cost effective. The right care at the right time reduces ER visits and hospitalizations, job loss, involvement in the criminal justice system or premature death.

Rural Americans often experience unique barriers to managing their mental health. Among U.S. adults in nonmetropolitan areas, 2020:

- 48% with a mental illness received treatment.
- 62% with a serious mental illness received treatment.

Compared to suburban and urban residents, rural Americans:

- Must travel 2x as far to their nearest hospital.
- Are 2x as likely to lack broadband internet, limiting access to telehealth.
- 25+ million rural Americans live in a Mental Health Professional Shortage Areas, where there are too few providers to meet demand.
- 53% of rural adults say the COVID-19 pandemic has affected their mental health.

Sources: NAMI, KFF, Minnesota Department of Health, County Health Rankings

## Data Highlights

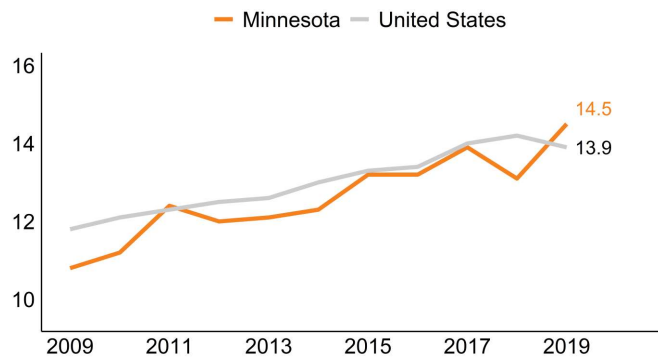
Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder, September 29-October 11, 2021



NOTE: These adults, ages 18+, reported experiencing symptoms of anxiety and/or depressive disorder during the majority of the past 7 days.  
SOURCE: KFF analysis of U.S. Census Bureau, Household Pulse Survey, 2021.



Age-adjusted Suicide Rate per 100,000, 2009-2019



SOURCE: KFF analysis of CDC National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System.



### Identified Local Assets and Resources:

- Gundersen St. Elizabeth's Hospital and Clinics
- Wabasha County Public Health, Social Services, Behavioral Health
- Wabasha County Schools (Wabasha-Kellogg, PEM, Zumbrota)
- Minnesota Department of Health/SHIP
- Minnesota Department of Agriculture
- SEMCRHA – Housing
- Winona State University Nursing Department/Community Health Improvement students
- Regional Mental Health Coalition
- South Country Health Alliance
- Law enforcement
- Ambulance services
- Crisis Response services
- Hiawatha Valley Mental Health
- NAMI
- Hope Coalition (Crisis Intervention Training)
- Individual experts (e.g., mindfulness, wellness)
- Zumbro Valley Mental Health

## Senior Health

### Why it is Important:

- The population of the United States is rapidly aging.
- The number of Minnesotans turning 65 in this decade (about 285,000) will be greater than the past four decades combined.
- Minnesota's 65+ population is expected to eclipse the 5-17 K-12 population, for the first time in history.
- The total number of older adults (65+) is anticipated to double between 2010 and 2030, according to our projections. By then, more than 1 in 5 Minnesotans will be an older adult, including all the Baby Boomers.
- 99,000 people aged 65 and older are living with Alzheimer's in Minnesota.
- 8.9% of people aged 45 and older have subjective cognitive decline.
- 171,000 family caregivers bear the burden of the disease in Minnesota.
- 156 million hours of unpaid care provided by Alzheimer's caregivers.
- \$3.4 billion is the value of the unpaid care.
- \$905 million is the cost of Alzheimer's to the state Medicaid program.

### Identified Local Challenges:

- Transportation
- Caregiving – lack of caregivers; cost to pay caregivers; caregiver stress and lack of respite
- Lack of awareness and growing stigma and fear of dementia
- Lack of community-based support for individuals with dementia and their caregivers

*Sources: Alzheimer's Association, Minnesota Department of Health, Minnesota Department of Human Services, US Census Bureau*

## Data Highlights

### PREVALENCE of ALZHEIMER'S in Minnesota

#### Number of people aged 65 and older with Alzheimer's

2020 99,000

2025 120,000

**Estimated % change: 21.2%**

### Identified Local Assets and Resources:

- Senior Health Action Team members
  - Gundersen St. Elizabeth's Hospital and Clinics
  - Wabasha County Health Department
  - Elder Network
  - Southeast Area Agency on Aging
  - Catholic Charities
  - ACE Brain Fitness
  - Wabasha Library
  - Concerned Citizens
- Faith communities
- Wabasha County SHIP
- Fit City Seniors
- South Country Health Alliance
- Hiawatha Transit
- Other senior providers in the county
- Plainview Community Center
- Alzheimer's Association
- ACT on Alzheimer's
- Dementia Friends

## Results of the Previous CHNA Process

Our previous CHNA process was completed in 2019. The priority health issues selected and addressed were:

- Mental Health
- Senior Health

An evaluation of the impact of our efforts to date to address those issues can be found in Appendix 3.

## Next Steps

Having identified the priority health needs to be addressed, next steps include:

- Engaging the Wabasha County Mental Health Action Team and Senior Health Action Team to further study and investigate specific strategies that will be addressed within each broad priority need.
- Developing a three-year implementation 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.

## Approval

This community health needs assessment (CHNA) report was adopted by the Board of Directors of Gundersen St. Elizabeth's Hospital and Clinics (Saint Elizabeth's Hospital of Wabasha, Inc.) on December 21, 2022.

## Public Comments/Feedback

We welcome feedback from community members on this plan. Please see our public website for the email address for submitting comments.

# Appendices

## Appendix 1: Assessment Data Sources

Assessment data sources are listed below.

- **Public Data Sources:**
  - County Health Rankings and Roadmaps (which compiles data from multiple government sources, including the Behavioral Risk Factor Surveillance System, the U.S. Census Bureau, Dartmouth Atlas of Health Care, ED Facts, and the U.S. Department of Housing and Urban Development)
  - Minnesota State Department of Health
  - Minnesota Department of Health and Human Services
  - Wabasha County Public Health Department
  - Minnesota Statewide Health Improvement Program
  - Minnesota County Level Indicators
  - Minnesota Hospital Association
  - Minnesota Department of Education
  - NAMI Minnesota Affiliate
  - Hiawatha Valley Mental Health
  - Zumbro Valley Mental Health
  - Three Rivers Community Action
  - Multiple childcare data resources
  - Wabasha County Social Services
  - Minnesota DHS
  - Southeast Area Agency on Aging
  - Elder Network
  - Wabasha County SHIP
  
- **Additional Data Sources:**
  - Gundersen St. Elizabeth's Hospital and Clinic statistics (e.g., admission data)
  - United Way of Goodhue, Pierce and Wabasha County Needs Assessment results
  - Three Rivers Community Action Deeds Assessment results
  - Multiple mental health data sources

## Appendix 2: CHNA Priority Survey Findings

Community and civic leaders, health and human service providers, faith communities, key stakeholders, and county residents were invited to participate in the priority survey. A total of 283 respondents provided feedback which represents approximately 10% of the Wabasha County population.

WABASHA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

# YOUR INPUT MATTERS!

**HELP US IMPROVE OUR REGION'S HEALTH!**

Survey results create a roadmap that many community organizations and government entities will follow to address health needs and concerns in our community.

Visit [https://www.surveymonkey.com/r/Wabasha\\_CHNA](https://www.surveymonkey.com/r/Wabasha_CHNA) to share your input about the health of our county!  
Survey is open now through May 27.



The graphic features a dark blue header with the text 'WABASHA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT'. Below this is the main title 'YOUR INPUT MATTERS!' in large, bold, blue letters. Underneath is the sub-header 'HELP US IMPROVE OUR REGION'S HEALTH!' in bold, dark blue. A paragraph of text explains that survey results create a roadmap for community organizations and government entities. A call to action in blue text asks visitors to go to a specific SurveyMonkey link to share their input, noting the survey is open through May 27. At the bottom, there are two logos: 'Public Health' with a shield icon and 'GUNDERSEN ST. ELIZABETH'S HOSPITAL AND CLINICS'. The graphic is framed by a dark blue bar at the top and a dark green bar at the bottom.

A full report of the survey findings is found in the back (or as an attachment) to this report.

### Appendix 3: Progress Report on Results of Previous CHNA Process

Gundersen St. Elizabeth's and Wabasha County Public Health are committed to making a positive, measurable impact on the health of the people in the communities we serve. To that end, we evaluate the strategies we implement to address the health needs of the community.

We use a logic model, an approach that is nationally recognized for program evaluation. Logic models provide methods for documenting the following:

- **Inputs:** Resources needed to implement the strategies
- **Outputs:** Actions taken, the number of programs/tactics implemented and the number of people reached
- **Outcomes:** Measures of the impact of the programs/strategies (such as changes in learning, actions or conditions)

To be specific about the outcomes for which we will be accountable, we set SMART metrics – metrics that are Specific, Measurable, Achievable, Realistic and Time-related.

#### Evaluation Schedule/Process

At the beginning of the three-year cycle:

- Establish SMART metrics for medium-term (three-year) indicators for each strategy
- Establish SMART metrics for long-term (beyond three years) indicators for each priority area

At the beginning of each fiscal year in the three-year cycle:

- Establish SMART metrics for short-term (fiscal year) indicators for each strategy
- Establish action steps and output indicators for each strategy

Quarterly each fiscal year:

- Report actions completed
- Report the status of each strategy/priority

At the end of each fiscal year:

- Report on results for short-term and output indicators
- Describe accomplishments and analyze results

At the end of the three-year cycle:

- Report on results for medium-term indicators for each strategy
- Describe and analyze results
- Incorporate results into next Community Health Needs Assessment

Health priorities identified in the preceding CHNA were:

- Mental Health
- Senior Health



*Special Note: Not long into the 2019 CHNA cycle, a worldwide pandemic abruptly put a hold on community health improvement activities as all staff and many community resources were redeployed to address and respond to the significant challenges of COVID. Consequently, the important work of building and maintaining a healthy community sustained a devastating setback. As isolation measures changed how we live and work, it became increasingly challenging to continue the collaborative approach to health improvement. Much of 2020 and the first half of 2021 were devoted to pandemic mitigation efforts.*

*Both Mental and Senior Action Teams met sparingly during this time, but are now fully operational with a goal of revisiting their set strategies and accomplishing what they can before the current cycle ends in December 2022. We can confidently report that due to Covid, both teams were unable to achieve all goals and objectives outlined in the original plan. Simultaneously, the teams are beginning to develop their Community Health Improvement Plans for 2023-2025.*

*Another factor that influenced St. Elizabeth's involvement and participation in the community health improvement process was the affiliation change from Ascension Health to Gundersen Health System in September 2020. While this sponsorship change did not affect our priorities and strategies, it has influenced the timetable of this work. As a Gundersen affiliate, St. Elizabeth's fiscal year has been adjusted to coincide with Gundersen Health System, which is on a calendar year schedule. Therefore, the Wabasha County Community Health Improvement Plan 2019-2022 will end on December 31, 2022.*

## **Mental Health (2019-2022)**

**Goal:** Improve the mental health of individuals in Wabasha County

**Long-Term Performance Indicator:**

- By 2023, the residents of Wabasha County will reduce the average number of poor mental health days in the last 30 days from 2.8 (2016) to 2.6. (Source: County Health Rankings)

**Strategy: Suicide Prevention Training**

The Wabasha County Mental Health Action Team will implement suicide prevention training in the community. One example of a training is Question, Persuade, Refer (QPR). The QPR training is used to educate anyone in the community - teachers, coaches, parents and others - to learn how to ask about suicidality, persuade individuals they have value and to seek help and how to effectively assist with referring someone for help.

**As part of the Wabasha County Mental Health Action Team, the medical center will:**

- Identify and recruit intended audiences (e.g., health and social services professionals, law enforcement and first responders, clergy and faith communities, and the general public)
- Conduct suicide prevention trainings annually across audiences

**Collaborative Partners:**

- Wabasha County Mental Health Action Team
- Zumbro Valley Mental Health
- Wabasha County Social Services
- Hiawatha Valley Mental Health
- NAMI
- Gundersen St. Elizabeth's Hospital and Clinics

**Resources Committed:**

- Staff time

**Medium-Term Indicator:**

- By June 30, 2022, 90 percent of training participants will report an increased understanding of when and how to utilize gatekeeper skills (e.g., ability to engage in active listening, ask clarifying questions and make an appropriate referral).

**Strategy: Promote Awareness of Mental Health Crisis Resources**

Wabasha County currently has access to regional resources that include a trained Mobile Crisis Response Team and a 24-hour Mental Health Crisis Hotline. The Mental Health Action Team will work with its partners to increase the utilization of these resources. Initiatives include:

- Develop a communication plan to build greater awareness of mobile crisis resources among intended audiences (health and social services professionals, law enforcement and first responders, workplaces, clergy and faith communities and the general public)
- Implement the plan
- Track hotline call volumes and number of mobile crisis team dispatches

**Collaborative Partners:**

- Wabasha County Mental Health Action Team
- Zumbro Valley Mental Health
- Hiawatha Valley Mental Health
- Wabasha County Social Services
- NAMI
- Gundersen St. Elizabeth's Hospital and Clinics

**Resources Committed:**

- Staff time

**Medium-Term Indicators:**

- By June 30, 2022, Mobile Crisis Response teams will report a 10 percent increase in use of the Mobile Crisis Team by Wabasha County residents. (Baseline TBD.)
- By June 30, 2022, Mobile Crisis Response teams will report a 10 percent increase in use of the crisis hotline by Wabasha County residents. (Baseline TBD.)
- By June 30, 2022, visits to Gundersen St. Elizabeth's Emergency Department with a mental health diagnosis will decline by five percent due to an increase in the use of the mobile unit and crisis hotline. (Baseline TBD.)

**Strategy: Promote Mental Health Peer Support Groups**

The local National Alliance on Mental Illness (NAMI) Connection Recovery Support Group is a free, peer-led support group for adults living with mental illness. Participants gain insight from hearing the challenges and successes of others. Groups are led by NAMI-trained facilitators, who have experienced mental illness. NAMI's support groups are unique because they follow a structured model to ensure participants have an opportunity to be heard and receive what they need. The groups meet on a bi-weekly, weekly or monthly basis. Peer support is currently not available in Wabasha County.

The Mental Health Action Team will:

- Initiate a peer support program in Wabasha County
- Recruit a trained peer support facilitator
- Promote the peer support program in the Wabasha area
- Measure the impact of the peer support group

**Collaborative Partners:**

- Wabasha County Mental Health Action Team
- Zumbro Valley Mental Health
- Hiawatha Valley Mental Health
- Wabasha County Social Services
- NAMI
- Gundersen St. Elizabeth's

**Resources Committed:**

- Staff time

**Medium-Term Indicator:**

- By June 30, 2022, 75 percent of peer support participants will report applying newly learned coping skills that improve their ability to better manage their chronic mental illness.

**Strategy: Strengthen Healthcare's role in improving mental health**

Gundersen St. Elizabeth's is expanding its internal capacity to improve mental health in Wabasha County. Gundersen St. Elizabeth's will improve its internal training, protocols and systems to better screen, reach and treat individuals with mental health issues.

As part of that effort, Gundersen St. Elizabeth's will:

- Onboard a psychiatrist / psychiatric nurse team; the team will provide mental health assessments, medication management and counseling to patients within the primary care setting
- Develop and implement a mental health training and education plan focused on primary care, emergency department and hospital providers
- Implement a multi-disciplinary collaborative approach to mental health care within the clinic
- Work with external agencies (e.g., Hiawatha Valley Mental Health) to assure appropriate resources and referrals

**Resources Committed:**

- Staff time

**Medium-Term Indicators:**

- By June 2022, 100 percent of primary care, emergency department, hospital providers and staff will have received training in mental health screening, management and referral.
- By June 2022, depression screening and remission systems/protocols used in primary care setting will be tracked, monitored and reported to Minnesota Community Measures.

## Senior Health

**Goal:** Build a dementia friendly Wabasha County

**Long-Term Performance Indicator(s):**

- By June 30, 2023, the number of Wabasha County agencies/organizations that have become 'dementia friendly' or otherwise addressed dementia will increase from 0 to 10.

**Strategy: Equip Wabasha County Communities to be “Dementia Friendly”**

Dementia Friends is an international movement that is striving to create more dementia-friendly communities by changing the way people think, act and talk about dementia. The effort focuses on raising awareness, reducing stigma and supporting residents who are touched by dementia. By helping everyone in a community understand what dementia is and how it affects people, each person can make a difference for someone living with dementia.

The Senior Health Action Team will:

- Launch Dementia Friends throughout Wabasha County, including the facilitation of Dementia Friends Champion training courses and information sessions
- Host Dementia Friends training and information sessions in the Wabasha area to increase the community's ability to address dementia
- Establish “SPARK!” cultural program for people with memory loss in partnership with interested organizations. SPARK! programs are designed to keep participants actively engaged in their communities by providing experiences that stimulate conversations, provide peer support and inspire creativity through engagement in museum experiences, workshops and programs

**Medium-Term Indicator:**

- By June 30, 2022, at least 10 agencies representing healthcare, social services, law and legal, faith, business and community sectors will have participated in Dementia Friends Training.

### **Strategy: Sustain Caregivers by Offering Information, Resources and Support**

Increasing access to resources and social connections can help improve caregivers' quality of life. One way to do this is through Memory Cafés. Memory Cafés are evidence-based social gatherings for patients with dementia and their caregivers that offer social interaction, resources and support.

The Senior Health Action Team will:

- Establish up to three Memory Cafés throughout Wabasha County that provide ongoing social support gatherings for individuals living with dementia and their care partners
- Continue to promote and offer resources and programming that benefit caregivers

#### **Medium-Term Indicators:**

- By June 30, 2022, three Memory Cafés will be operational in Wabasha County.
- By June 30, 2022, 90 percent of Memory Café caregiver participants will report being supported socially and with resources at the Memory Café.
- By June 30, 2022, 90 percent of Memory Café caregiver participants will report reduced stress as a result of the Memory Café.

### **Strategy: Increase Detection of Dementia, Including Alzheimer's Disease, and improve ongoing care and support**

The healthcare system plays a key role in addressing dementia. Gundersen St. Elizabeth's will strengthen its internal systems to provide exceptional care for individuals with dementia. Objectives include:

- Improve its assessment, referral, management and care coordination resources for providers and professional caregivers
- Develop a plan for incorporating appropriate resources and necessary training into practice throughout Gundersen St. Elizabeth's continuum of care
- Standardize protocols

#### **Medium-Term Indicator(s):**

- By June 30, 2022, evidence-based dementia screening, assessment, care coordination and management protocols will be adopted and standardized across Gundersen St. Elizabeth's continuum of care.

#### **Collaborative Partners for the Strategies:**

- Wabasha County Senior Action Team
- Wabasha County Public Health
- Southeast Area Agency on Aging
- ACT on Alzheimer's
- Alzheimer's Association of Minnesota
- Elder Network
- Three Rivers Community Action
- Ace Brain Fitness

#### **Resources Committed:**

- Staff time
- Meeting space
- Funding

- Juniper and WellConnect
- Wabasha County SHIP
- Wabasha Library
- Concerned citizens

**Appendix 4: Crosswalk Between This CHNA Report and 501(r) Requirements**

<b>Required Content from Section 501r Rules</b>	<b>Found in This Section</b>
Definition of the community served and how it was determined	Our Community
Description of the process and methods used to conduct the assessment: <ul style="list-style-type: none"> <li>- Data and other information used in the assessment</li> <li>- Methods of collecting and analyzing the data/information</li> <li>- Any parties collaborated with or contracted with</li> </ul>	Framework and Data Sources
Description of how the hospital solicited and accounted for input from persons who represent the broad interests of the community <ul style="list-style-type: none"> <li>- Summary of the input</li> <li>- How it was provided</li> <li>- Over what period of time</li> <li>- Names of organizations providing input</li> <li>- Include at least one governmental public health department</li> <li>- Summary of nature and extent of their input</li> <li>- Description of populations being represented (medically underserved, low-income, minority)</li> <li>- Note any written input received on the prior CHNA</li> </ul>	Voice of the Community
Prioritized description of the significant health needs identified Description of the process and criteria used in prioritizing	Priorities for Action
Description of potential resources identified to address the needs	Overview of Priorities
Evaluation of the impact of the actions taken since completing the last CHNA to address the significant health needs in that CHNA	Appendix 3: Progress Report on Results of Previous CHNA Process

