The recently enacted Health Care Reform Legislation (Patient Protection and Affordable Care Act) requires non-profit hospitals to perform a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet the outstanding community health needs identified in the assessment as a condition of maintaining the institution’s federal tax exemption.

Lake Region Healthcare (LRH) has conducted a CHNA and will utilize this document as a planning tool to assist in initiating strategic initiatives regarding medical services and support funding for local organizations in order to meet the critical health care needs of the population whose health is at-risk in our community. LRH has a lengthy history of providing health care services to our community. We work with numerous partners in meeting the health needs of our population.

In preparing this needs assessment, the hospital collaborated with Otter Tail Public Health Department, the LRH Foundation, and other community organizations and individuals whose representatives participated and provided feedback for completion of the CHNA. We also utilized local, state and national data to identify health needs.

**MISSION**

The LRH vision is to be Minnesota’s preeminent regional healthcare partner. Collaboration with many local agencies will be the key to effectively understanding and meeting the health care needs of the people in our community and we are committed to working together to make a positive difference. Improving the health of people who live, work and vacation in in this beautiful lakes area is our aim and our privilege.

**DEMOGRAPHICS AND POPULATION WE SERVE**

Lake Region Healthcare’s primary service area extends to most of Otter Tail County and parts of Wilkin and Grant Counties in Minnesota. For some services, our secondary market extends to the counties of Becker, Big Stone, Clay, Douglas, Pope, Stevens, Todd Traverse, and Wadena MN; Roberts SD and Richland ND.

The core of our patients live in Otter Tail County. The total population of Otter Tail County is 57,288, where the median age is 46.3 and 25% of residents are 62 or older. Males and females are evenly split and race is 96% white, 2.9% Hispanic or Latino, 1.0% African American, 0.6% American Indian, 0.5% Asian, and 0.1% Native Hawaiian or Pacific Islander. Median household income is $45,500, as compared to the statewide median income of $58,476. 10% of households are single parent households and 9% of families in Otter Tail County have income below the poverty level. Of that 9%, over half of them are female householders with no husband present and with children under 5 years old. (U.S. Census).

Otter Tail County is also one of the few rural counties projected to see growth in population over the next 30 years. According to the state demographer’s office, the number of households in Otter Tail County is projected to grow by nearly 15% from 2010 to 2040.

According to the U.S. Department of Health and Human Services, there are six medically underserved communities in Otter Tail County. These include: Battle Lake, Henning, New York Mills, Parkers Prairie, Perham and Pelican Rapids. These areas all fall within our primary and secondary service areas.
In 2012, we participated in and assisted with many community projects, festivals, educational programs, youth sports activities, local government, health programs and nonprofit organizations. Several thousand dollars were donated to local charitable causes and the hours contributed by LRH volunteers and representatives are virtually countless.

The following are a few of the causes supported in 2012 by LRH as a community-minded organization and by our employees through their “Together We Serve” committee efforts:

* Habitat for Humanity  
* YMCA  
* Local Sports Teams  
* Local Sportmen’s Clubs  
* Local School Post Prom Events  
* The Matthew House  
* MS Walk  
* MS Tram  
* Local Park & Rec Services  
* Local Education Foundation and Scholarship Programs  
* Helmets for Kids  
* Friends of Scouting  
* Lakeland Hospice  
* United Way of Otter Tail County  
* A Center for the Arts  
* Young Life  
* Channel of Love Ministries  
* The Salvation Army  
* Toys for Tots  
* Warm Coats for Warm Hearts  

A summary of Community Benefit Financials from numbers reported at cost from FY 2011 990 Schedule H:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance</td>
<td>$1,438,622</td>
</tr>
<tr>
<td>Bad Debt Expense</td>
<td>$1,207,806</td>
</tr>
<tr>
<td>Unreimbursed Medicare</td>
<td>$7,500,000</td>
</tr>
<tr>
<td>Unreimbursed Medicaid</td>
<td>$3,538,451</td>
</tr>
</tbody>
</table>

EXISTING HEALTH CARE FACILITIES & RESOURCES IN OUR AREA

Lake Region Healthcare (LRH) is a not-for-profit healthcare system with a 108-bed hospital, multi-specialty clinic, cancer center, assisted living community, and group fitness facility on our main campus in Fergus Falls. Expanded clinic hours are offered at our west-side Walk-In Clinic and outreach clinic services are provided in Ashby, Battle Lake and Elbow Lake.

LRH is the largest employer in Otter Tail County. With over 70 physicians and over 900 employees, our team is dedicated to serving our patients and community with integrity, teamwork, compassion and excellence. LRH is governed by a 15-member Board of Trustees. These trustees are dedicated community members who care deeply about the health care services and people served at Lake Region Healthcare. LRH offers hospital and clinic services within the community of Fergus Falls. LRH works closely with other resources in our community such as Otter Tail County Social Services and Public Health, Senior centers and Skilled Nursing Facilities, Mental Health providers, State agencies, group homes, assisted living facilities, other community resources.
Both primary and secondary data was analyzed in preparation of this report. Primary data is defined as that data that is solicited directly from community members in the service area. Secondary data is data that was collected via the Minnesota Department of Health, U.S. Census, U.S. Department of Health and Human Services, Center for Disease Control, Public Health and LRH data sources.

In 2012-2013, LRH collaborated with Otter Tail Public Health and Perham Health in completion of a Community Needs Health Assessment survey. Appendix B gives the visual detail of the Community Assessment process. A MAPP (Mobilizing for Action through Planning and Partnerships) process was utilized in conducting the collaborative CHNA. The data received through this partnership provided primary data related to perceived health needs of the community. The survey was distributed to individuals in Otter Tail County. These individuals worked or lived in the primary service area. The entire community health assessment process involved replication of a survey developed by the North Dakota State University which was completed by community residents; waiting room surveys were completed by residents; Forces of Change interviews were conducted with key community leaders; a review of health statistical information; and presentations conducted by the Commissioner of Health.

Findings from the surveys and interviews from the community is summarized below. These summaries include needs identified within each group, as well as a combination of all recurrent issues identified in Table 3.

There were six identified community assessment themes that were present throughout all forms of data collection:

- People and Place
- Opportunity for Health
- Healthy Living
- Chronic Disease and Conditions
- Infectious Disease
- Injury and Violence

A Forces of Change interview was conducted with approximately 90 key leaders within the community. A Forces of Change interview looks at: trends, events, or factors that may affect a health system and/or the community. A description of the steps taken to conduct a Forces of Change Interview is attached as Appendix A. Findings from the Forces of Change Interviews revealed these trends identified by leaders:

- National/State Healthcare Debate, Regulations, and Funding Reductions in health and education.
- Higher than state Age Dependency ratio, increased elderly and fewer kids in schools, special needs populations.
- Increasing obesity rates.
- Increased single parenting.
- Increased cost for gas/food.
- Increased use of personal technology devices.
- Increased poverty with shrinking middle class, low wages.
- Increased disparities with lack of common ground for decision-making.
- Increased diversity.
- Increased requests for gun permits.
- Spread of invasive species in recreational water.
- Workforce issues – fewer workers due to hiring freezes, lack of rural health care providers.
• Seniors desire for higher standard/class/type of living environments
• Rising unemployment rates
• Decreased licensed childcare providers
• Lack of community engagement – “control your own destiny” at the local community level

Close to 700 individuals completed a community health needs survey. The following summarizes responses to that survey:
• 38% of responders have weight control issues
• 27% of responders have depression, anxiety, stress
• 21% of responders have high cholesterol
• 71% of responders have had a type of cancer screening in the last year

Highest level of agreement were that people are friendly, helpful, and supportive; there is quality health care; it is a family-friendly community; the community is clean; convenient access to work/activities; many recreational and sport activities.

Highest level of concern were:
• Cost of healthcare and/or insurance (economic & access)
• Low wages
• Quality and cost/quality of education/school
• Road conditions
• Water quality
• Bullying
• Substance abuse (safety and substance use)
• Adequacy of health insurance (access)
• Cost of prescription drugs (access)
• Obesity
• Stress
• Cancer

Highest level of health care concerns centered around delivery of care for cancer patients and obesity

Primary health choices are made related to location within 20 mile area

Recurring themes in comments:
• Safe, peaceful, scenic, family-oriented, faith-based community
• Lack of retail stores, activities for youth, jobs for college graduates, vision for growth
• Common concerns – health care insurance and access to care, drug use among teenagers, bullying, roads in disrepair, expectation of entitlements, too many geese, drivers with unsafe driving habits
• Health system should focus on prevention, healthy lifestyles and self-management
• Obesity issue with need for access to quality food, biking and walking trails, diabetes prevention
Approximately 150 people completed surveys at a community event in Pelican Rapids/Fergus Falls or waiting rooms at Public Health and Human Services. Pelican Rapids represents a large minority base and disparate population within the service area. Below identifies the biggest needs:

- Jobs that pay and offer insurance
- Affordable childcare
- Community pool in Fergus Falls area

Approximately 500 surveys were returned from households with children birth to age 21 who are enrolled in Medical Assistance programs. The greatest concerns were:

- Food availability of healthy and affordable food (organic and specialty goods, gluten-free, CalciloxD, healthier options for meals at schools, ability to purchase healthier foods with EBT card)
- Housing – more available options for renting
- Childcare – Affordable, evening/weekend childcare, openings for childcare, flexible or part-time childcare
- Transportation – costs of gas, reliable vehicle, walking/bike paths
- Participation in community programs – lack of awareness of what is available and how to apply and finances to be able to participate

Secondary data sources were reviewed to identify potential health care needs. Secondary data sources included: Minnesota State, County and Community Health Board Vital Statistics Trend Report, 1991-2010, LRH internal data related to top diagnoses from inpatient setting, Emergency Department, Main Clinic Services, Outreach Clinic Services and Walk-in-Clinic Services. Findings from Health Statistical Information are outlined to the right in Table 1.

Health Trends taken from County Health Rankings are showing some changing trends for the period of 2004-2009 in Ottertail County which include: Obesity rates trending upwards and physical activity trending downwards. Unemployment trended up to 2009 and started a trend down in 2010-2011. Children in poverty has trended up through 2010 with a decline in 2011. Other trends show: decreasing premature deaths, decreasing preventable hospital stays, fairly stable diabetic screening and mammogram screening rates. Individual trend reports are listed in the graphs on the following pages 8 - 11.
## Table 1: Health Rankings for Otter Tail County

<table>
<thead>
<tr>
<th>Category</th>
<th>Otter Tail County</th>
<th>Error Margin</th>
<th>Minnesota</th>
<th>National Benchmark*</th>
<th>Rank (of 87)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Outcomes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mortality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death</td>
<td>5,130</td>
<td>4,446-5,814</td>
<td>5,126</td>
<td>5,317</td>
<td>38</td>
</tr>
<tr>
<td>Morbidity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>13%</td>
<td>8-19%</td>
<td>11%</td>
<td>10%</td>
<td>49</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.2</td>
<td>2.1-4.3</td>
<td>2.9</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>3.2</td>
<td>2.2-4.1</td>
<td>2.7</td>
<td>2.3</td>
<td></td>
</tr>
<tr>
<td>Low birthweight</td>
<td>5.5%</td>
<td>4.8-6.2%</td>
<td>6.5%</td>
<td>6.0%</td>
<td></td>
</tr>
<tr>
<td><strong>Health Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>17%</td>
<td>13-22%</td>
<td>17%</td>
<td>13%</td>
<td>33</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>31%</td>
<td>26-35%</td>
<td>26%</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>25%</td>
<td>20-29%</td>
<td>19%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>20%</td>
<td>15-25%</td>
<td>20%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Motor vehicle crash death rate</td>
<td>15</td>
<td>11-19</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>89</td>
<td>276</td>
<td>92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen birth rate</td>
<td>21</td>
<td>19-24</td>
<td>26</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>11%</td>
<td>10-12%</td>
<td>10%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Primary care physicians**</td>
<td>1,909:1</td>
<td>1,140:1</td>
<td>1,067:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentists**</td>
<td>1,948:1</td>
<td>1,660:1</td>
<td>1,516:1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>47</td>
<td>42-52</td>
<td>51</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>Diabetic screening</td>
<td>91%</td>
<td>82-100%</td>
<td>88%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Mammography screening</td>
<td>79%</td>
<td>70-88%</td>
<td>73%</td>
<td>73%</td>
<td></td>
</tr>
<tr>
<td><strong>Social &amp; Economic Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation**</td>
<td>80%</td>
<td></td>
<td>77%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>66%</td>
<td>63-70%</td>
<td>72%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td>6.3%</td>
<td>6.4%</td>
<td>5.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in poverty</td>
<td>16%</td>
<td>12-20%</td>
<td>15%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>14%</td>
<td>10-19%</td>
<td>14%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>23%</td>
<td>20-26%</td>
<td>27%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Violent crime rate</td>
<td>71</td>
<td>248</td>
<td>66</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical Environment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily fine particulate matter</td>
<td>10.1</td>
<td>10.0-10.2</td>
<td>10.0</td>
<td>8.8</td>
<td></td>
</tr>
<tr>
<td>Drinking water safety</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to recreational facilities</td>
<td>12</td>
<td>11</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited access to healthy foods**</td>
<td>5%</td>
<td>6%</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fast food restaurants</td>
<td>35%</td>
<td>47%</td>
<td>27%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Unemployment in Otter Tail County, MN
County, State and National Trends

% Unemployment

Year

Otter Tail County
Minnesota
United States

Children in Poverty in Otter Tail County, MN
County, State and National Trends

% Children in Poverty

Year

Otter Tail County
Minnesota
United States

Note: Prior to 2005, children in poverty was based on the Current Population Survey; beginning in 2005, it was based on the American Community Survey.
DATA - CONTINUED

Premature Death in Otter Tail County, MN
Years of Potential Life Lost (YPLL): County, State and National Trends

Note: Beginning with the 3-year average for 2005, population counts used for calculating YPLL rates have been updated. As a result, there might be a slight break in the YPLL trend.

Preventable hospital stays in Otter Tail County, MN
County, State and National Trends

Year(s)
Otter Tail County  Minnesota  United States
Table 2 summarizes the top 10 diagnosis codes based from diagnosis related group (DRG) scores from inpatient, emergency room and clinic data from LRH.

**Table 2: Top 10 Diagnosis Codes**

<table>
<thead>
<tr>
<th>Acute inpatient DRG’s</th>
<th>Emergency Room DRG’s</th>
<th>Clinic DRG’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single liveborn, born in hospital; without cesarean delivery</td>
<td>Otitis Media</td>
<td>Hyperlipidemia</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Abdominal Pain</td>
<td>Long Term Anticoagulation Use</td>
</tr>
<tr>
<td>Single liveborn, born in hospital; delivered by cesarean delivery</td>
<td>Open Wound Finger</td>
<td>Routine Medical Exam</td>
</tr>
<tr>
<td>Septicemia</td>
<td>Urinary Tract Infection</td>
<td>Benign Hypertension</td>
</tr>
<tr>
<td>Osteoarthrosis</td>
<td>Bronchitis</td>
<td>Diabetes Mellitus, Type II</td>
</tr>
<tr>
<td>Cerebral Artery Occlusion</td>
<td>Headache</td>
<td>Therapeutic Drug Monitoring</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>Dental Disorders</td>
<td>Lens Replacement</td>
</tr>
<tr>
<td>Dehydration</td>
<td>Migraine</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Acute Myocardial Infarction</td>
<td>Acute Upper Respiratory Infection</td>
<td>Routine Child Health Check</td>
</tr>
<tr>
<td>Acute Respiratory Failure</td>
<td>Anxiety</td>
<td>Hypothyroidism</td>
</tr>
</tbody>
</table>

Members of the Community Health Assessment Team (CHAT) reviewed both primary and secondary data to reveal the common threads from these data sources.

This information is summarized in Table 3. This information identifies primary and chronic health needs within the community as identified through data sources in completing this CHNA.
Table 3: Summarizes Community Assessment Priority Problems as Identified in CHNA, Waiting Room Surveys, Forces of Changes Interviews, and Health Statistical Information:

<table>
<thead>
<tr>
<th>Area of Responsibility</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assuring access to quality of services</td>
<td>Declining rates of well child checkups or child and teen checkups.</td>
</tr>
<tr>
<td>Assuring access to quality of services</td>
<td>Increasing numbers of persons with disabilities or chronic health conditions</td>
</tr>
<tr>
<td>Assuring access to quality services</td>
<td>Early identification of children being referred for special education evaluation and services.</td>
</tr>
<tr>
<td>Assuring access to quality services</td>
<td>Community concern for lack of Cardiology services</td>
</tr>
<tr>
<td>Promoting Healthy Behaviors and Healthy Communities</td>
<td>Increasing rates of obesity</td>
</tr>
<tr>
<td>Promoting Healthy Behaviors and Healthy Communities</td>
<td>Lack of access to fresh fruit and vegetables, costs of food</td>
</tr>
<tr>
<td>Promoting Healthy Behaviors and Healthy Communities</td>
<td>Declining rates of physical activity</td>
</tr>
<tr>
<td>Promoting Healthy Behaviors and Healthy Communities</td>
<td>Rates of injury and fatality related to misuse of alcohol and lack of seat belt use</td>
</tr>
<tr>
<td>Promoting Healthy Behaviors and Healthy Communities</td>
<td>Tobacco use</td>
</tr>
<tr>
<td>Promoting Healthy Behaviors and Healthy Communities</td>
<td>Social determinants impact on health status, poverty, housing, employment, education and food insecurity</td>
</tr>
<tr>
<td>Promoting Healthy Behaviors and Healthy Communities</td>
<td>Early identification of leading chronic health conditions of cancer, heart disease, and diabetes</td>
</tr>
<tr>
<td>Promoting Healthy Behaviors and Healthy Communities</td>
<td>Lack of community engagement related to healthy behaviors</td>
</tr>
<tr>
<td>Preventing infectious disease</td>
<td>Age-appropriate immunizations</td>
</tr>
<tr>
<td>Preventing infectious disease</td>
<td>Emerging infections</td>
</tr>
<tr>
<td>Preventing infectious disease</td>
<td>Refugee health care coordination and screening persons at risk for tuberculosis</td>
</tr>
<tr>
<td>Preparing for and response to emergencies</td>
<td>Ongoing need for readiness and response</td>
</tr>
<tr>
<td>Protecting from environmental hazards</td>
<td>Housing situations resulting in exposure to lead, radon, or other health hazards</td>
</tr>
<tr>
<td>Protecting from environmental hazards</td>
<td>Local response to address issues for food, beverages, lodging, pools and water safety</td>
</tr>
</tbody>
</table>
Key stakeholders were assembled to review and identify health needs of those in our community. Meetings took place throughout 2012-2013 to discuss current community health assessment needs. External stakeholders that contributed to identification of needs in the community included: chaplaincy representatives, Otter Tail Public Health, local fitness facilities, and local school officials. Internal stakeholders from LRH that contributed to identification of needs included: operational leaders of Clinic Services and Inpatient services, Social Services, Quality Improvement, Marketing, Emergency Services, Wellness Coordinator, and representatives from the Cancer Center.

These groups determined that health care is a basic human good essential to human flourishing. Without good health, persons’ abilities to thrive may be diminished and they may suffer spiritual, temporal and material decline. Their ability to pursue meaningful relationships becomes diminished. Human dignity and life itself may be lost.

In health care we commit to:
- Promote and defend human dignity.
- Attend to the whole person
- Care for poor and vulnerable persons
- Promote the common good
- Act on behalf of justice
- Steward of resources.

We have a commitment to the common good. This is not just to preserve tax-exempt status. We provide community benefits because:
- We advocate for the poor and vulnerable
- We provide preventative care for those who are well
- We seek out those in need
- We work with the community to address needs.

We believe that everyone must be given an equal opportunity to thrive and participate in the life of the community, and all of us are responsible foraffording that opportunity to others.

The key stakeholders, as defined above, identified the below list of community health problems from primary and secondary needs assessment data:
1. Poor nutrition, lack of access to fresh fruit and vegetables
2. Obesity
3. Lack of specialized medicine (Cardiology)
4. Lack of community engagement and/or barriers to engaging the community
5. Substance abuse/Tobacco use
6. Decreased rates of well child and teen check ups
7. Increased rates of people with chronic health conditions
8. Increased rates of injury & fatalities related to misuse of alcohol and/or lack of seatbelts & helmets.
9. Lack of early identification of chronic health conditions
10. Increasing cancer rates
11. Difficulty navigating community services
12. Poverty/Socioeconomic disparities Priority of Identified Health Needs
From the list of identified health needs, the group prioritized the list of needs based on a voting method in which the needs were ranked from most important health need to list important health need. The group determined the priority of health needs by aligning needs with the mission, values and vision of LRH. The needs were assessed against current and future resources dedicated to these identified needs.

Of this list, LRH has prioritized health needs that we feel that we can address in the coming years these include:

1. Poor nutrition, lack of access to fresh fruit and vegetables.
2. Obesity
3. Increasing cancer rates
4. Increasing rates of people with chronic conditions
5. Increased rates of injury and fatality related to misuse of alcohol and lack of seat belt use.

An implementation strategy will be developed that focuses on addressing the prioritized needs of the community. This strategy is outlined in a separate document and will describe specific steps that will be taken to address the priority health needs of the community.

When surveying a community it is difficult to identify all needs of the entire community, therefore gaps of information may exist from lack of access to all community members. LRH attempts to minimize the gap by collaborating with key partners in the community when compiling primary data. Minority, disparate populations and single parent households were all surveyed to identify trends across all populations. In addition, healthcare workers and key leaders were included in these surveys. By sampling a range of populations, LRH hopes to reduce gaps of information. LRH also utilized secondary data from local, state and national data sources in further attempts to minimize potential information gaps. We feel by taking these steps we have reduced potential gaps to the best of our ability.
Otter Tail County Community Health Assessment: Forces of Change
Spring 2012

Otter Tail County Public Health invites you to participate in the 2012 Community Health Assessment. This assessment process is completed every five years, and guides us in improving the health of the community. Your input is valuable as it will assist us in identifying forces—such as trends, factors, or events—that are or will be influencing the health and quality of life of the community and the local public health system. The forces identified through this process will be used to identify strategic issues.

Please take a few moments to answer the four forces of change questions. You may skip any questions that you do not wish to answer. Your answers will be combined with other responses and be reported in aggregate form. If you have any questions about the survey, you may contact Kristin Erickson at 218-998-8336 or by email at kerickso@co.ottertail.mn.us.

In order to better prepare you to answer the questions, please review the information in the box prior to answering the questions.

What are Forces of Change?
**Forces are a broad all-encompassing category** that includes trends, events, and factors that are outside of your control:

- **Trends are patterns over time**, such as migration in and out of a community or a growing disillusionment with government.
- **Factors are discrete elements**, such as a community’s large ethnic population, an urban setting, or a jurisdiction’s proximity to a major waterway.
- **Events are one-time occurrences**, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included?
Be sure to consider any and all types of forces, including:

- social
- economic
- political
- technological
- environmental
- scientific
- legal
- ethical

Forces of Change Questions:

1. What forces of change (trends, events, or factors) have occurred recently that may affect our local public health system or community?
2. What forces of change (trends, events, or factors) may occur in the future?
3. What specific threats are generated by these forces of change (trends, events, or factors)?
4. What specific opportunities are generated by these forces of change (trends, events, or factors)?
Partnership Development and Visioning: Group Input

Family Services Collaborative and Workgroups
Emergency Preparedness Advisory Committee
Early Childhood Dental Network
Statewide Health Improvement Community Leadership Team
County Appointed Environmental Health Committees
Infection Control Practitioners
Otter Tail–Wadena Community Action Council
Senior Services Network

Forces of Change Assessment
Emergency Preparedness Advisory Committee
Otter Tail Family Services Collaborative CEO
Senior Services Network

Areas of Hospital Responsibility

Identify Strategic Issues: Hospital

Local Hospital Assessment

Identify Strategic Issues: Hospital, Lake Region Healthcare, and Perham Health Community Assessment & Planning Workgroup

Assuring Access to Quality Health Services

Disease Prevention & Control
Preparing for and Responding to Disasters
Healthy Behaviors/Healthy Communities
Environmental Health
Public Health Infrastructure

Community Health Status Assessment

Community Health Indicators
County Rankings/Profile
BRFSS
Minnesota Student Survey
Healthy People 2020 Indicators
Use Patterns
Cost Drivers
Health Insurance Plan Target Areas
Special Project Funding
Mandated Services

Community Themes & Strengths Assessment

Windshield Survey
Community Leader Survey
Client/Resident Survey
Focus Groups

Partnership Development and Visioning: Individual Input

Citizen Calls to Commissioners/Board of Directors

Citizen Calls to Providers & Public Health

Partnership Development and Visioning: Individual Input

Identify Strategic Issues: PH Strategic Plan

Action Cycle