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## Bemidji Community Health Center Planning Grant COMMUNITY HEALTH NEEDS ASSESSMENT TEAM

**December 16, 2011**

9:00 a.m. until 11:00 a.m.

PrimeWest Large Conference Room

# Meeting Notes

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**Attendance:** Wendy Potratz, Jeanne Edevold Larson, Torry Swedberg, Linda Yourczek, Lindsay Linde, Ruth Sherman, Emily Williams, Barry Yocom, Kjell Thompson, Sandy Hennum, Angie Lauderbaugh, Robin Wold, Jim Thompson, Ashli Bowen (Planning Grant Project Facilitator)

**Community Health Needs Assessment Coordinator:** Wendy Thompson

- The meeting opened with introductions.
- Wendy Thompson presented ground rules that the participants and facilitator agreed to follow.
- Contact information for the Community Health Needs Assessment Team Members was distributed for additions and corrections.



### [Needs Assessment Team Members](#)

- Ashli Bowen presented an overview of community health centers and the planning grant history/timeline. The group discussed that currently Beltrami County is officially designated at the Federal level as a Medically Underserved Area (MUA). The Needs Assessment will be completed by April 5<sup>th</sup>, when the document will be presented to the local Planning Team.
- Wendy presented the **purpose of the Community Health Needs Assessment**. Under the Health Resources and Service Administration (HRSA) Planning Grant, we are required to write a comprehensive Needs Assessment. Once completed, the Assessment will be handed off to the local Planning Team to provide them with direction for the next steps in the process. Health disparities noted in the Assessment will inform what services are needed, access issues will inform the staffing possibilities, and barriers identified will inform how the services could be delivered. The Planning Team is meeting every two weeks and progress on their work can be followed on the project website at [www.bemidjichc.com](http://www.bemidjichc.com).
- The group discussed the required **elements of the Needs Assessment**.  
**A. SERVICE AREA** must be identified and described. **Key question:** How does where we live impact our health outcomes and access?

- **Geographically defined area** where health services would be provided. The planning grant identified Beltrami County as the Service Area. Group acknowledged that needs extend beyond these county lines; however, gathering the required data for a more complex geographical area would be difficult given the time constraints on the planning grant.
- **Character of Area:** What's unique about where we live in terms of geography, housing, economy, etc.? Group mentioned the large percentage of land that is non-taxable.
- **How people live:** including education, income, transportation, family structure, demographic info, etc.

B. **TARGET POPULATION** must be identified and then described. For whom are the services targeted and what do we know about this population? (Clinic is not limited to serving only Target Population.)

- **Required Need Indicators** A handout on required indicators was distributed. Health disparities will be quantified with this data. Team discussed that only particular data resources are permissible when reporting on these indicators.



#### [Required Need Indicators](#)

- **Barriers to Care** could be cultural, linguistic, geographical, or relate to lack of insurance/income, or unique health needs. Team noted that transportation barriers and high mobility of our area must be addressed. Team discussed the difficulty getting access to healthcare financial assistance programs, the frequent and complicated changes in program eligibility, wait time and “hoops” to jump through before assistance is secured. Ruth Sherman of Community Resource Connections discussed how that barrier has been addressed at Northern Dental Access Center. Group is interested in a presentation about MN's healthcare assistance programs.
- **Access Issues –What health services are available?** Assess what health services are currently available in the area. **Need to discuss any shortages of** providers (primary, oral, behavioral) for Target Population as well as wait times, possible provider restrictions on payment sources accepted, other reasons why Target Population isn't accessing providers.
- **How many Target Population members will be served by the clinic?**

#### C. **SUBPOPULATIONS AND SPECIAL POPULATIONS**

Assessment narrative can analyze and discuss particular subgroups within the Target Population. Team will help identify these subpopulations. Team members mentioned the disabled, veterans, senior citizens. Team interested in looking closely at health needs of the homeless special population. It was noted that under Section 330 Federal funding is available for serving the homeless—with added requirements.

#### D. **OTHER NEED INDICATORS, SERVICE AREA INFORMATION**

Team will be asked to contribute other ideas to explore and describe in the Assessment.

#### E. **HEALTH CARE ENVIRONMENT**

Need to briefly describe the policy and funding climate for health care in our state.

- **Data Sources and Gathering Methods**

-A **data sources list** was handed out. The team will be adding to this list as the process moves forward.



[Key Data Sources for Needs Assessment](#)

-**Key stakeholder interviews** will be conducted with people who have key information for the Assessment. Team members will be asked to identify those stakeholders, contribute questions for interviews, request information from stakeholders, and possibly accompany the coordinator at stakeholder interviews.

-**Focus groups** will be conducted to gather qualitative data. Discussed possibly holding focus groups with: Head Start, a private business where employees do not have health insurance, and Beltrami Works. Other ideas will be generated at future meetings.

-**Surveys** could be used to gather data. Will be discussed at future meetings.

-**Other methods:** Team will be called upon to find other sources and methods for gathering data and background information.

- **Who is missing?** The team engaged in brainstorming a list of who else needs to be involved with the Needs Assessment—either at the meetings or as a key resource. (Note: That list was sent to all team members as an attachment to the meeting notes distribution email.) The team discussed that American Indian cultural and health interests must be represented. They want to connect with mental health professionals in private practice, law enforcement, Veterans Services, Parks and Recreation, Upper Mississippi Mental Health, senior citizen reps, Diabetes Resource Centers, professionals who work with transportation, Head Start programs, DUI evaluators, physicians, and professionals who serve and understand the needs of those that live in remote parts of the Service Area.

- **Team Assignment** The team was asked to brainstorm a list of topics that should be explored for the Assessment. For each topic, they were asked to list resources and resource people that could provide data or key information. **We will discuss these ideas at our next meeting.** Team members should feel free to forward their ideas to Wendy at any time. (Note: A document outlining this assignment was sent to all team members as an attachment to the meeting notes distribution email. )

- The next meeting will be held on **Tuesday, January 10** from **1:00 – 3:00** p.m. in Prime West Health's conference room, 3124 Hannah Ave NW. Please note other meeting dates and times:



[Assessment Team Meeting Schedule](#)

**END OF Community Health Needs Assessment Team MEETING NOTES - December 16, 2011**

*Submitted by: Wendy Thompson*