

2016

COMMUNITY HEALTH NEEDS ASSESSMENT



Essentia Health-Deer River



Essentia Health

Here with you

Overview

Essentia Health-Deer River
115 10th Avenue N.E.
Deer River, MN 56636

Essentia Health-Deer River is part of Essentia Health, a nonprofit, integrated health system caring for patients in Minnesota, Wisconsin, North Dakota and Idaho. Headquartered in Duluth, Minn., Essentia Health combines the strengths and talents of 14,000 employees, who serve our patients and communities through the mission of being called to make a healthy difference in people’s lives.

Established in 1959, the 20-bed Critical Access hospital serves Itasca County and northeastern Cass County. There are Essentia Health clinics in Deer River, Grand Rapids, Remer and an employee wellness clinic at the UPM paper mill in Grand Rapids. Essentia Health-Comstock is a skilled nursing facility and Essentia Health-Comstock offers senior living apartments.

Essentia Health-Deer River is a Level 4 Trauma Center and an Acute Stroke Ready Hospital. It offers emergency care 24 hours a day, seven days a week. It has an intensive care unit and offers obstetrics and birthing services.

LEAD PARTIES ON THE ASSESSMENT

Marsha Green, Chief Operating Officer and Administrator

Kacey Holt, Administrative Assistant

Leah Oslin, Director of Development, Deer River Area Health Care Foundation

Jean Rodvold, Community Health Intervention Specialist, East Region

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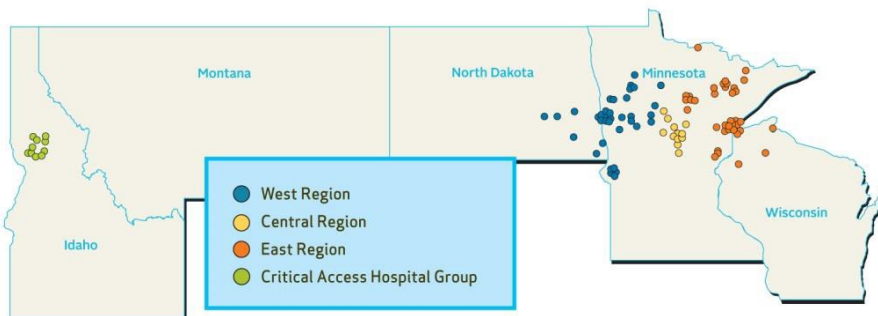
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Essentia Health at a Glance



Essentia Health

together as one—
for the needs of all



14,079 total employees
907 physicians
920 advanced practitioners
12,252 other staff

68 clinics
15 hospitals
7 long-term care facilities
5 ambulance services
2 assisted living facilities
4 independent living facilities
1 research & education institute

Essentia Health: Here With You

At Essentia, our mission and values guide us every day. Together, we deliver on our promise to be here with our patients and members of our communities from the beginning to the end of life, both in our facilities and where they live, work and play.

Mission

We are called to make a healthy difference in people's lives.

Vision

Essentia Health will be a national leader in providing high quality, cost effective, integrated health care services.

Values

- Quality
- Hospitality
- Respect
- Justice
- Stewardship
- Teamwork

Belief Statements

- Our highest priority is the people we serve.
- We believe that the highest quality health care requires a regard for both the soul and science of healing and a focus on continuous improvement.
- We believe in the synergy of sponsorship among faith-based and secular organizations.
- We believe in the value of integrated health care services.
- We believe in having a meaningful presence in the communities we serve.

Caring for our Community

Our commitment to community health and wellness goes well beyond the work of the Community Health Needs Assessment. Through donations of funds, along with employees' time and talents, Essentia Health invests in a variety of programs and outreach efforts. Across the organization, we support community coalitions, housing, food shelves, mental health, congregational outreach, community infrastructure, public health, education, safety and other nonprofit organizations. These investments are designed to promote better health, help lessen inequities in our communities, improve access to health care and strengthen relationships with those we serve.

Progress to Date on 2013 Community Health Needs Assessment

Priority Area	Obesity, physical inactivity and poor nutrition as risk factors for chronic diseases such as Type 2 diabetes.
Target Population	Adults, ages 18 and over, who are currently prediabetic or possess risk factors for developing Type 2 diabetes
Goal	Reduce body weight and increase physical activity in program participants, thereby reducing their risk for Type 2 diabetes.
Performance Measures	
<ul style="list-style-type: none">• Participants will lose weight; program goal is 5-7 percent of body weight.<ul style="list-style-type: none">○ Baseline and post-course (1 year) weight will be tracked• Participants will increase physical activity; program goal is 150 minutes/week.<ul style="list-style-type: none">○ Baseline* and post-course (1 year) progress for physical activity minutes will be tracked.	
Objective 1: Implementation of a community wide intervention, the National Diabetes Prevention Program, to address the hospital facility's highest priority health need as identified by the 2013 Community Health Needs Assessment.	
Accomplishments to Date: <ul style="list-style-type: none">• Three lifestyle coaches have been trained by Essentia Health's master trainer	

Essentia Health-Deer River has two current NDPP classes. At the time of this report, the Essentia Institute of Rural Health did not have any information on completed NDPP courses. This course has been marketed to participants through provider referrals, family and friend referrals, and flyers throughout the community.

Associated with the primary priority of reducing obesity, Essentia Health-Deer River is working with the University of Minnesota Extension Services to offer a six-week healthy eating course. The course is open to any patient and providers can also make referrals. The course includes training in the kitchen and grocery store and incorporates physical activity.

The hospital is also offering "Living Well with Chronic Disease" courses for patients. The six-week program is led by a registered dietitian, respiratory therapist, bariatric coordinator, and two other support staff. The hospital has offered four groups.

Additional Accomplishments:

Immunizations

Essentia Health-Deer River offered flu vaccine clinics in fall 2014 and has utilized the Minnesota Immunization Information Connection (MIIC) to keep all patients up to date on vaccines. When a patient is overdue for a vaccine, Essentia Health-Deer River calls them to schedule an appointment. There is also a focus at ancillary appointments for missed vaccinations and keeping all patients current on vaccines.

Access to Health Care

The Essentia Health clinic in Grand Rapids, Minnesota, within the service area of Essentia Health-Deer River, now offers Urgent Care on Mondays, Tuesdays and Saturdays. Triage nurses are now available 24 hours a day. Essentia Health Deer-River has expanded telehealth services to offer 13 specialties. The hospital is also working to provide community paramedic services. The hospital is also expanding its services to Remer, Minnesota, with a registered nurse, telemedicine cart and video-conferencing capabilities.

Tobacco Use Primary Prevention/Cessation

Essentia Health-Deer River has a tobacco-cessation specialist on weekdays and also utilizes a referral system to Minnesota's Quit Plan Program. The tobacco-cessation specialist provides coaching, prescribes medication and works with patients to assist with tobacco cessation. Grant dollars will pay for two additional registered nurses to be trained and certified in 2016. The hospital is also partnering with the Statewide Health Improvement Program (SHIP) on tobacco cessation.

Reduction of Excessive/Binge Drinking

Essentia Health-Deer River has partnered with community members in "The Movement," a grant-funded program to reduce drinking and drug use in its community. This includes participation in the S.T.E.P. Coalition (Standing Together Embracing Prevention) that targets teen drinking and drug use.

Preventative Care

Through a grant from the Association of State and Territorial Health Officials (ASTHO), Essentia Health-Deer River has instituted a home blood pressure monitoring program in Grand Rapids, Remer and Deer River. The grant has allowed for 20 monitors to be utilized to check and diagnose hypertension and adjust medication doses accordingly. This program also offers patients lifestyle change-coaching from a registered nurse. This program has been presented to clinics in the surrounding area and throughout Minnesota and North Dakota. ASTHO grant also provided funds to train a registered nurse to become a certified health coach. The grant also will provide training for two additional registered nurses.

The hospital is launching the STRIDE Study in June 2015. This three-year study focuses on reducing falls through fall assessments, protocols and follow-ups with a registered nurse.

The hospital is also working to integrate baby-friendly initiatives within the hospital and clinic to promote skin-to-skin time, the "golden hour" and the importance of breast feeding. The hospital and

clinic have two dedicated lactation consultants providing services in Deer River and Grand Rapids. These consultants work with both breastfed and formula-fed babies and their parents to ensure they are on a healthy path from the start.

2016 Community Health Needs Assessment

Objectives

Essentia Health is called to make a healthy difference in people's lives. To fulfill that mission, we seek opportunities to both enhance the care we provide and improve the health of our communities. In conducting the Community Health Needs Assessment, Essentia Health has collaborated with community partners to embrace these guiding principles:

- *Seek to create and sustain a united approach to improving health and wellness in our community and surrounding area;*
- *Seek collaboration towards solutions with multiple stakeholders (e.g. schools, work sites, medical centers, public health) to improve engagement and commitment focused on improving community health; and*
- *Seek to prioritize evidence-based efforts around the greatest community good that can be achieved through our available resources.*

The goals of the 2016 Community Health Needs Assessment were to:

1. Assess the health needs, disparities, assets and forces of change in Essentia Health-Deer River's service area.
2. Prioritize health needs based on community input and feedback.
3. Design an implementation strategy to reflect the optimal usage of resources in our community.
4. Engage our community partners and stakeholders in all aspects of the Community Health Needs Assessment process.

Description of Community Served by Essentia Health-Deer River

Essentia Health-Deer River has facilities in Deer River and Grand Rapids, which are in Itasca County, as well as in Remer, which is in Cass County. For the purposes of this assessment, community is defined as the Essentia Health-Deer River planning area combined with the ZIP codes where 80 percent of inpatients resided for fiscal year 2015. This includes the ZIP codes of 56626 (Bena), 56631 (Bowstring), 56632 (Boy River), 55721 (Cohasset), 56636 and 56637 (Deer River), 56641 (Federal Dam), 55744 (Grand Rapids), 56659 (Max), 56672 (Remer), 56680 (Spring Lake), and 56681 (Squaw Lake). The community was defined based on the hospital’s ability to have the greatest impact with the available resources. The hospital is committed to building and sustaining partnerships with area organizations in order to extend its reach to all areas within this region.

Existing healthcare facilities within the region include hospitals in Grand Rapids, Bigfork, Cass Lake, and Hibbing. The closest facility is about 17 miles away in Grand Rapids.

Due to the region’s rural nature, data for populations smaller than county level are frequently unavailable or of limited value. Therefore, in the following assessment, data are presented at the county and state level to ensure stability of the estimates. When available, ZIP code or census tract level data will supplement the county level information to provide a deeper understanding of the health needs of the community.

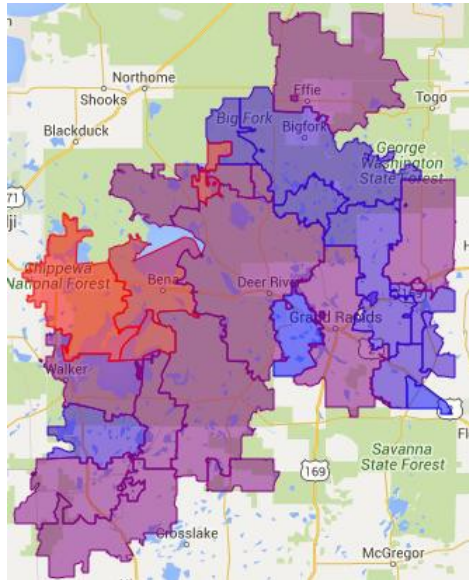
Table A: Overall demographics

	Itasca County	Cass County	MN
Population¹	45,435	28,706	5,489,594
Population age 65 or over (%)¹	21.0	23.8	14.3
American Indian or Alaska Native (%)¹	3.8	12.0	1.3
White alone (%)¹	93.0	85.0	85.7
Median household income¹	\$47,122	\$45,567	\$60,828
People of all ages living in poverty (%)²	13.1	17.0	11.5
People under 18 years living in poverty (%)²	20.1	28.7	14.9
Population ages 25 and older with less than or equal to high school education or equivalent (%)²	41.2	45.0	34.1

Residents of this county are increasingly older, have lower incomes, experience higher poverty rates, lower education levels, and face higher rates of obesity, heart disease and other chronic conditions. The region’s rural nature makes transportation and isolation two barriers to accessing care. Additionally, the region borders the Leech Lake Band of Ojibwe Reservation, whose population faces disproportionately higher rates of diabetes and lower health status.

¹ U.S. Census Bureau, Population Estimates Program (PEP), Updated annually. U.S. Census Bureau, 2010 Census of Population, P94-171 Redistricting Data File. Accessed April 25, 2016.

² Minnesota Department of Health, Minnesota County Health Tables. <http://www.health.state.mn.us/divs/chs/countytables/>. Accessed April 21, 2016



Geographic areas of highest need

The Community Health Need Index (CNI) was utilized to reveal areas of higher need. The CNI identifies the severity of health disparity for every ZIP code in the U.S. and demonstrates the link between community need, access to care and preventable hospitalizations. CNI scores range from 5 (highest health disparity/red) to a 1 (lowest health disparity/blue). The highest CNI scores in Itasca County are located in Max (3.4), Deer River (3.2), and Squaw Lake (3.2). In Cass County, the highest CNI scores are in Cass Lake (4.2), Bena (3.8), and Federal Dam (3.4). All of these ZIP codes of greatest need fall within Essentia Health-Deer River’s defined community.

Poverty, education, age and race are all factors contributing to the inequitable health outcomes in Itasca and Cass counties. Poverty in Minnesota is not evenly distributed across racial/ethnic groups, ages or educational levels. Poverty is concentrated among populations of color, children, people with less education, female-headed households and rural Minnesotans. According to the Minnesota Department of Health’s White Paper on Income and Health³, people in Minnesota with lower incomes are more likely to:

- Have an infant die in the first year of life
- Report that their health is fair or poor
- Report having diabetes
- Report having seriously considered attempting suicide

Itasca and Cass counties also have a higher percentage of American Indian or Alaskan Native population. The Leech Lake Indian Reservation is found in both counties, with eleven communities making up the reservation. These include Cass Lake (Tribal Headquarters), Ball Club, Bena, Cass River, Inger, Onigum, Mission, Smokey Point (Boy Lake), Sugar Point, Oak Point, and S. Lake. Cass Lake Indian Health Services is about 40 miles from Deer River and includes a Critical Access Hospital and Outpatient Ambulatory Care Clinic for Band members. The Leech Lake Band of Ojibwe manages Behavioral Health programs, Substance Abuse programs, a Diabetes Center and Public Health Nursing at six community-based clinics on the reservation.

The health needs of the American Indian population are an important aspect of this assessment due to the existing inequities. As reported by the Indian Health Service, “The American Indian and Alaska Native people have long experienced lower health status when compared with other Americans. Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity and poor social conditions.

³ Minnesota Department of Health, White Paper on Income and Health, March 3, 2014
<https://www.health.state.mn.us/data/legislative/docs/2014incomeandhealth.pdf>

- Diseases of the heart, malignant neoplasm, unintentional injuries, and diabetes are leading causes of American Indian and Alaska Native deaths (2007-2009).
- American Indians and Alaska Natives born today have a life expectancy that is 4.4 years less than the all-races population (73.7 years to 78.1 years, respectively).
- American Indians and Alaska Natives continue to die at higher rates than other Americans in many categories, including chronic liver disease and cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases.”⁴

Itasca and Cass counties also have a significantly higher older adult population, with 21% and 23.8% over the age of 65 years respectively compared to the state rate of 14.3%.⁵ Older adults are among the fastest growing age groups in the nation. According to the 2010 Census, the number of Minnesotan age 65 and older increased 15% while the number of those over age 85 increased almost 25% since the 2000 Census.⁶ Older adults are at high risk for developing chronic illnesses and related disabilities, about 60% of those over age 65 will manage more than one chronic condition by 2030. These chronic conditions include diabetes mellitus, arthritis, congestive heart failure, and dementia. Chronic conditions impact older adults in a multitude of ways and are the leading cause of death. In addition, caregivers for older adults living at home are typically unpaid family members, for which caregiver stress can become an issue in the community.⁷ This shift in demographics will have widespread impact on the economy, workforce, housing, healthcare system, social services and civic institutions of our communities.

Thanks to our mission and our Benedictine roots, Essentia Health addresses the health needs of the area’s most underserved populations; this dedication will be echoed in the implementation strategy for the Community Health Needs Assessment to ensure a special emphasis is placed on populations facing the highest disparities in health outcomes as identified above.

⁴ U.S. Department of Health and Human Services, Indian Health Service, Indian Health Disparities <https://www.ihs.gov/newsroom/factsheets/disparities/> Accessed April 19, 2016.

⁵ U.S. Census Bureau, Population Estimates Program (PEP), Updated annually. U.S. Census Bureau, 2010 Census of Population, P94-171 Redistricting Data File. Accessed April 25, 2016.

⁶ Healthy People 2020, www.healthypeople.gov/2020/topics-objectives/topic/older-adults Accessed May 2, 2016

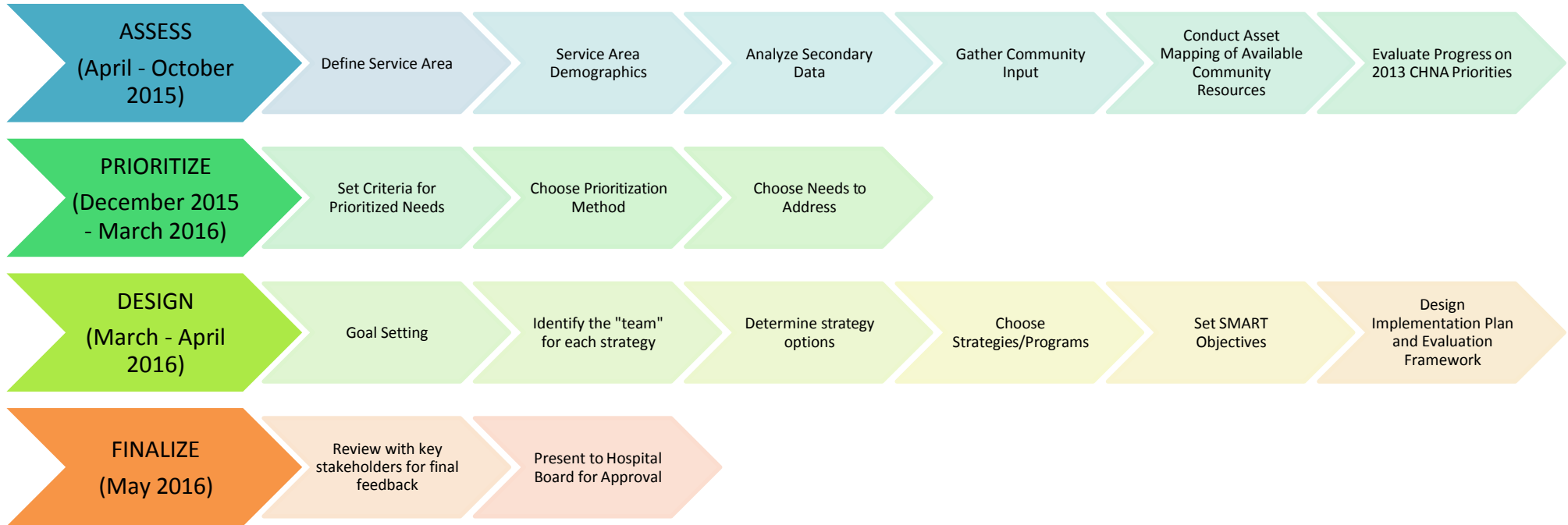
Process Overview

Essentia's Community Health Committee developed a shared plan for the 15 hospitals within the system to conduct their 2016 Community Health Needs Assessments (CHNA). This plan was based on best practices from the Catholic Health Association and lessons learned from the completion of Essentia's first CHNAs in 2013. This process was designed to:

- Incorporate community surveys and existing public data
- Directly engage community stakeholders
- Collaborate with local public health and other healthcare providers

From there, each of Essentia's three regions was responsible for adapting and carrying out the plan within their communities and hospital service areas. Essentia Health-Deer River joined forces with the Deer River Area Health Care Foundation, Get Fit Itasca, and Healthy Northland to form the Deer River Community Health Partnership. The partnership worked together throughout the assessment process to facilitate dialogues about community health and collect community input. Focus groups and key stakeholder interviews were conducted to gather more information about the health needs of the community, including low-income, minority and underserved populations. The Bridge to Health Survey, along with gathered secondary data from local, state and national sources, was paired with community conversations to paint a picture of the community's health and help identify priority health needs. The partnership convened a multi-sector community meeting to prioritize the significant health needs. A CHNA work group was convened within the hospital to guide the assessment process, review the data and make final recommendations on priorities.

The Essentia Health-Deer River assessment was conducted in four stages: assessment, prioritization, design and finalization. The process began in October 2015 and was completed in May 2016 with the final presentation of the Community Health Needs Assessment for Essentia Health-Deer River being presented and approved by leadership and the Board of Directors on June 13, 2016. The East Region Board of Directors accepted and approved this report on June 8, 2016. The following describes the assessment steps and timeline.



Assessment Process

Phase 1: Assessment

Essentia Health-Deer River did not directly collect primary health information, but instead collaborated with a group of health-related organizations for The Bridge to Health Survey, a multi-county mailed survey conducted in northeastern Minnesota and Douglas County in Wisconsin. The Bridge to Health Survey was used as the primary data source for the CHNA. The full report, including survey methodology can be found online at www.bridgetohealthsurvey.org. Secondary data was gathered from county, state and national sources and were used to validate primary data as well as identify trends, make comparisons and track benchmarks. Geographic location, special sub-populations, health disparities and inequities were key considerations taken in reviewing the data. In order to understand the health of the community and facilitate the identification of community health needs, a set of indicators were identified. This list includes data on both health outcomes as well as the social, environmental, and behavioral drivers of health. A summary can be found under *key findings* section. See Appendix A for the full list of indicators and secondary data sources.



Essentia Health Deer River joined forces with the Deer River Area Health Care Foundation, Get Fit Itasca, and Healthy Northland to form the Deer River Community Health Partnership. Throughout the course of several months, Essentia Health in collaboration with the Deer River Community Health Partnership conducted one-on-one interviews and group conversations, allowing more than 100 community members to provide input on the health concerns in their community. The goal was to talk with a wide variety of individuals representing all aspects of the community, with concerted effort to reach those facing health disparities.

Five key questions were asked to discern community strengths, health issues, barriers, and desires for their community's future. Community input received was collated and analyzed for key themes by the partnership as described under the *key findings* section.

In May 2016, a multi-sector community meeting was held to share the data collected and prioritize the identified health needs of the community. This group and the community input participants represented the broad interests of the community and included representatives from Public Health, members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations. See Appendix B for a complete list of participants and who they represent.

Community Conversation Questions:

1. What in your community supports health?
2. What major health concerns do you notice within the community?
3. What keeps people in the community from being healthier?
4. What would you change in Deer River to make people healthier, dream big?
5. How do you think we can be most successful in promoting the health of this community?

that they would love to use the fitness center, but time, space, and equipment are not available. A second barrier to health included the availability of unhealthy food and lack of access to healthy foods. In particular, it was brought up that existing efforts to promote healthy eating, such as the schools' fresh fruits and vegetables grant that allows students healthy options for snacking during the school day, are not reinforced in the local grocery stores where the junk food is more plentiful and less expensive than the nutritious foods.

Many community members were also concerned about how poverty affects health, and many are struggling to meet basic needs such as shelter, food, and transportation. They stated that it is nearly impossible for those who are struggling to meet basic needs to think about making healthy choices.

What major health concerns do you notice within the community?

The key themes for the major health concerns include:

1. Obesity
2. Mental health
3. Parental (adult) substance abuse
4. Lack of access to healthy food
5. Transportation/isolation
6. Inactivity of youth

Obesity was a concern that nearly all participants expressed, with key concerns about the associated chronic diseases and shortened life expectancies. In addition, mental health concerns were mentioned in nearly every conversation. It was found that the extreme shortage of healthcare facilities that will treat mental illness locally has led to patients not receiving treatment or being treated hundreds of miles from home, straining law enforcement, and increasing prison population due to incarcerations for individuals who need treatment but have nowhere to receive it. Contributing factors, such as poverty, were also noted by many of our participants as major concerns within the community.

What would you change in the Deer River area to make people healthier, dreambig?

Again, a wide range of responses were given depending on the area represented within our community. Each of the small communities within the larger community context has a distinct identity and needs. Popular responses included closing the high school campus for the safety of the students, a community garden, group fitness classes, a biking/walking trail system, and gardening classes.

The biggest finding through this is that there is not a one-size-fits-all solution, and what works for one segment of the community may not work for all. This finding will be taken into consideration when developing the implementation plan.

of specific sub-populations in the prioritization process by including the voices of the underserved at the prioritizing meeting instead of those who represent them.

Phase 2: Prioritization

Needs were prioritized based on the following criteria:

- *Importance of problem to community*
- *Existing resources and programs to address problem*

During the Deer River Community Health Partnership conversations, participants were asked to identify the major health concerns in the community. Responses were grouped into common categories and results were tallied to rank the top six priorities as follows:

1. Obesity
2. Mental health
3. Adult substance abuse
4. Lack of access to healthy food
5. Transportation/isolation
6. Inactivity of youth

The Deer River Community Health Partnership convened a multi-sector community meeting where participants were given an opportunity to review and discuss the data collected. Using the data as a benchmark of the importance of the problems to the community, the group came to a consensus on which priorities to address and how to define them.

The resulting final priorities were identified as:

- 1. Obesity, physical inactivity and lack of healthy food**
- 2. Mental health and substance abuse**

The category of obesity was combined with lack of access to healthy food and physical inactivity because of the interrelation of the areas and the opportunity to focus on preventive efforts. Inactivity of youth and adult substance abuse were both broadened to include all ages because it was important to have cross-generation support for healthy behaviors. Mental health was combined with substance abuse due to the intersection of these issues in the community.

Transportation/isolation will not be directly addressed as a priority due to available time and resources, but will be a key driver when creating the implementation strategy.

Phase 3: Design of Strategy and Implementation Plan

Essentia Health-Deer River will work to design an implementation strategy with internal stakeholders as well as external partners and stakeholders who represent the existing healthcare facilities and resources within the community that are available to respond to the health needs of the community as identified

in this assessment. This implementation strategy will be reviewed and approved by the hospital board of directors prior to November 15, 2016.

Essentia Health has incorporated Community Health and Wellness into the FY 2016-2018 System Strategic Plan under “Building Healthy Communities.” The system has also outlined an allocation of resources available to each hospital as a percentage of net revenue less bad debt to address the priorities set forth in the Community Health Needs Assessments.

Conclusion

As part of a nonprofit health system, Essentia Health-Deer River is called to make a healthy difference in people’s lives. This needs assessment illustrates the importance of collaboration between our hospital and its community partners. By working collaboratively, we can have a positive impact on the identified health needs of our community during Fiscal Years 2017-2019. There are other ways in which Essentia Health-Deer River will indirectly address local health needs, including the provision of charity care, the support of Medicare and Medicaid programs, discounts to the uninsured and others. A detailed implementation plan to address the identified health needs will be finalized and available in the fall of 2016. Over the next three years, Essentia Health-Deer River will continue to work with the community to ensure that the implementation plan is relevant and effective and to make modifications as needed.

APPENDIX

- A. Community Health Status Indicators
- B. Community Input Participants

APPENDIX A: Community Health Status Indicators

<i>Number in parenthesis indicates County Health Rankings & Roadmaps ranking for named health outcome or factor for Itasca County out of 87 counties in Minnesota.</i>			Itasca County	Cass County	MN	Bridge to Health (Itasca 2015) ⁸	Healthy People 2020 ⁶	
Health Outcomes (75)	Length of Life	Premature death	Premature deaths (under 75 years) age-adjusted (2013) ³	368.2	356.2	268.2	NA	NA
			Cancer, age-adjusted death rate (2009-2013) ¹	180.7	171.6	161.3	NA	161.4
			Heart Disease, age adjusted death rate (2009-2013) ¹	146.1	128.8	118.9	NA	103.4
	Quality of Life (70)	Premature birth	Percent preterm births (2013) ³	8	10.2	8.2	NA	11.4
		Low birth weight	Percent low birth weight (%) (2014) ³	4.8	7	4.9	NA	7.8
		Poor or fair health	Health status fair or poor (%) (2012) ³	13.1	13.3	11.8	12.5	NA
		Poor mental health days	Poor mental health days ⁴	3	3.3	2.9	4.4	NA
	Health Behaviors (79)	Tobacco use	Adult smoking (%) (2012) ³	17.5	17.1	18.8	25.5	12
			Mothers who smoked during pregnancy (%) (2009-2013) ¹	23.9	35.4	10.8	NA	1.4*
		Diet and exercise	Physical inactivity/no exercise (%) (2012) ³	18.6	18.8	17.4	21.2	32.6
Access to exercise opportunities (%) ⁴			63	68	84	NA	NA	
Percent adults who consumed 5 or more servings of fruits and vegetables yesterday ⁷			NA	NA	21.9	28.4	NA	
Adult obesity (%) (2012) ³			26.7	27	25.9	38	30.5	
Alcohol and drug use		Binge drinking (%) ⁴	22	18	21	30.8	24.4	
		Alcohol-related motor vehicle fatalities (%) (2012) ³	62.5	50	33.2	NA	NA	
		Drug overdose deaths ⁴	12	19	9	NA	11.3	
Sexual activity		Teen birth rate, 18-19 years per 1,000 female population (2012-2014) ³	55	96.4	30.7	NA	105.9	
		Rate per 100,000 of chlamydia (2015) ⁵	242	382	400	NA	NA	
Clinical Care (44)		Access to care	Adults without health insurance, under age 65 (%) (2013) ²	12.7	15.6	9.5	2.5	0
			Primary care physicians ⁴	970:1	3,710:1	1,100:1	NA	NA
			Mental health providers ⁴	500:1	1,300:1	490:1	NA	NA
	Licensed and practicing dentists (per capita) (2013) ³		48.3	17.5	55.6	NA	NA	

	Quality care	COPD hospitalizations (per 10,000, ages 45+, age-adjusted) (2011-2013) ²	49.4	51.8	28	NA	50.1
		Heart attack hospitalizations (per 10,000, ages 35+, age-adjusted) (2011-2013) ²	43.3	55.2	29.2	NA	NA
		Diabetic monitoring (%) ⁴	85	68	89	NA	71.1
Social & Economic Factors (79)	Education	Four-year graduation rate per 100 (2012-2013) ¹	81.3	65.7	78.4	NA	82.4
	Employment	Unemployed (annual average) (%) (2013) ¹	7.5	8.1	5.1	NA	NA
	Family and social support	Children in single-parent households (%) (2010-2014) ³	27.4	33.3	26.1	NA	NA
	Income	Median household income (2010-2014) ²	\$47,122	\$45,567	\$61,481	NA	NA
		Children in poverty (%) (2010-2014) ²	20.1	28.7	14.9	NA	NA
		People of all ages living at or below 200% of poverty (%) (2010-2014) ³	13.1	17	27.1	37.6	NA
		Children eligible for free/reduced price lunch (%) (2013-2014) ¹	48.5	64.9	38.5	NA	NA
	Community safety	Unintentional injury, age-adjusted premature death rate (2009-2013) ¹	58.2	64.1	38.6	NA	36.4
		Assaults ED Visits (age-adjusted rate per 100,000) (2008-2012) ³	326.2	458.5	264.9	NA	NA
	Physical Environment	Air and water quality	Private well with > 2 micrograms/L* (%) (2008-2013) ²	47.5	37.9	46	NA
Fine particles, average annual concentration (2011) ²			7.8	8.5	12**	NA	NA
Housing and transit		Severe housing problems (%) ⁴	14	14	14	NA	NA
		Long commute - driving alone (%) ⁴	24	30	30	NA	NA

Sources and notes:

- Minnesota Department of Health, Minnesota State, County, and Community Health Board Vital Statistics Trend Report, 1994-2013. <http://www.health.state.mn.us/divs/chs/trends/index.html>
- Minnesota Department of Health, Minnesota Public Health Data Access. <https://apps.health.state.mn.us/mndata/>. April 21, 2016.
- Minnesota Department of Health, Minnesota County Health Tables. <http://www.health.state.mn.us/divs/chs/countyttables/>. April 21, 2016.
- County Health Rankings, <http://www.countyhealthrankings.org/> Accessed April 26 2016 Minnesota Department of Health, 2015 Minnesota Sexually Transmitted Disease Statistics. <https://www.health.state.mn.us/diseases/stds/stats/2015/stdreport2015.pdf> April 21, 2016

- 4 Healthy People 2020, <https://www.healthypeople.gov/2020/topics-objectives>
- 5 Behavioral Risk Factor Surveillance System, <http://www.cdc.gov/brfss/> Accessed April 29 2016
Bride to Health Survey, Rural St. Louis County data,
- 6 <http://www.bridgetohealthsurvey.org/index.php/reports>
ⁱ HP 2020 target to increase abstinence from cigarette smoking among pregnant women to 98.6%

*micrograms per cubic meter

**standard

APPENDIX B: Community Input Participants

Community Prioritizing Meeting Attendees *	Who they represent
Essentia Health-Deer River (5)	Health care
Public School District ISD 317	Youth
Itasca County Public Health	Public health, low-income, minority
Newberg Accounting	Business
Community Members (3)	Community
The Movement	Youth
Police Department/City of Deer River	Community
Deer River Area Healthcare Foundation	Health care

Community Input Participants*	Who they represent
Deer River Chamber of Commerce	Business
Inger Tribal Council	Minority
STEP Coalition	Youth
Bone Builders	Seniors
Lions Club	Community
Deer River High School students	Youth
ISD 317	Youth
Deer River high school student on meal assistance	Youth, low-income
Deer River law enforcement officer	Community
ISD 317 School Board Member	Youth
City Council	Government
Community Café participants	Low-income
Food shelf participants	Low-income
Boys and Girls Club	Low-income
Bowstring Area	Community
Senior Center	Seniors
Vets Club	Underserved
Fire Department	Community
Leech Lake Band of Ojibwe	Minority
Community Members	Community

*names available upon request

