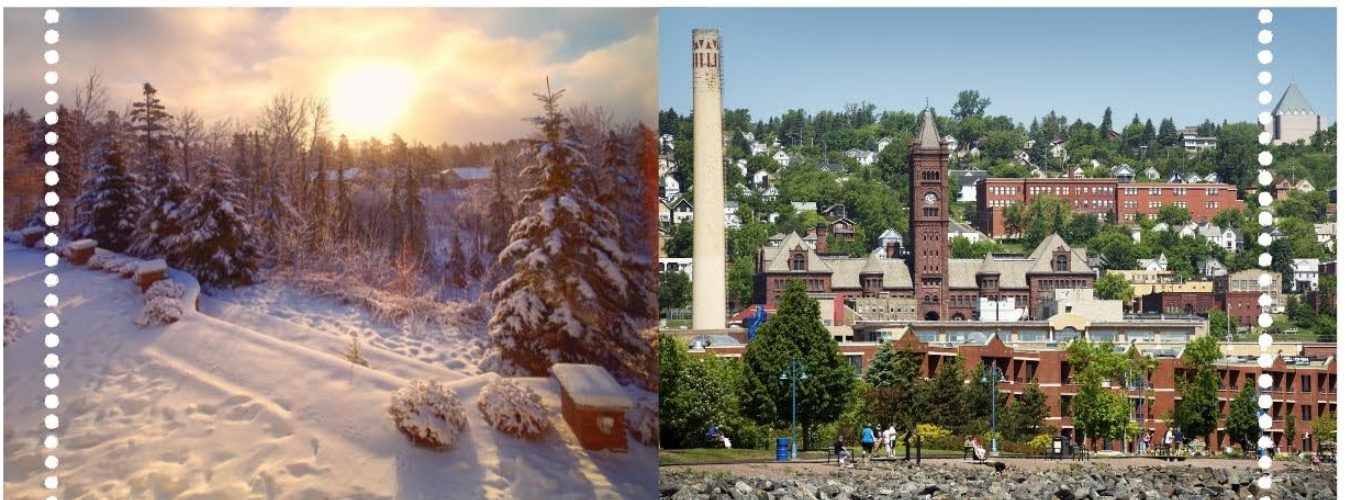


# BRIDGING HEALTH DULUTH

IMPROVING HEALTH IN THE NORTHLAND



WORKING TOGETHER FOR A HEALTHY DULUTH:  
2023–2025 Community Health  
Needs Assessment



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# ACKNOWLEDGEMENTS

This report is based on a collaborative process with leadership from the following community members and organizations.

## **Bridging Health Duluth Steering Committee Member Organizations**

- Duluth Branch NAACP
- Essentia Health
- Generations Health Care Initiatives
- Health Equity Northland
- Lake Superior Community Health Center
- National Rural Health Resource Center
- St. Louis County Public Health
- St. Luke's Hospital
- Wilderness Health
- Zeitgeist Center for Arts & Community

## **Community Health Needs Assessment Action Team Members**

- Jazmin Wong, American Indian Community Housing Organization (AICHO)
- Georgia Lane and Gina Marsalla, Arrowhead Area Agency on Aging
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- Chaquana McEntyre and Jaime Krupa, Family Rise Together
- Sarah Nelson, Generations Health Care Initiatives
- Tiffany Fenner, Zeitgeist's Healthy Hillside Team and First Ladies of the Hillside
- Lee Homan and Will Wilson, Lake Superior Community Health Center
- Nik Allen, Lincoln Park Children and Families Collaborative
- Kim Nordin, National Rural Health Resource Center
- Jenny Swanson and Beth Elstad, Recovery Alliance Duluth
- Josh Gorham, St. Louis County Public Health
- Mary Parsatoon, University of Minnesota Duluth Public Health student
- Heather Snesrud, University of Minnesota Extension
- Cassandra Beardsley, Wilderness Health

Bridging Health Duluth would like to express our gratitude to the many individuals who contributed to the Community Health Needs Assessment. We would like to thank our partners for offering their time and valuable insights to analyze and prioritize data, develop implementation plans, and provide knowledge and expertise during this process.

**The Community Health Needs Assessment and Implementation Plan were adopted by the Bridging Health Duluth Steering Committee on April 12, 2022. It was approved by Essentia Health-Duluth and Essentia Health-St. Mary's Medical Center Board of Directors on May 5, 2022, and St. Luke's Hospital Board of Directors on May 23, 2022.**

# INTRODUCTION

## Bridging Health Duluth

To facilitate true collaboration in our community among healthcare systems, public health, human services and the nonprofit sector, Bridging Health Duluth created a joint community health needs assessment and implementation planning process. Bridging Health Duluth seeks out and brings together individuals and organizations who are interested in positively impacting the health of the community. We believe we will have the greatest positive impact on the health of Duluthians through collaboration and complementary initiatives. The steering committee organizations have aligned their resources, skills, expertise and interests to collaborate towards a healthier Duluth.

*Supporting a healthier community for all.*

## Community Health Needs Assessment Overview

Every three years, Bridging Health Duluth conducts a community health needs assessment (CHNA) to systematically identify, analyze and prioritize community health needs.

The process is conducted in collaboration with many community partners, including other healthcare systems, local public health departments, and organizations and individuals that represent the broad interests in the community. This includes members of medically underserved communities, low-income individuals and populations with higher health risks. Once the priority health needs are identified, Bridging Health Duluth works with partners to design an implementation plan to leverage existing community strengths and resources to improve community health.

## Assessment Partners

This is a joint CHNA and joint implementation plan for three hospitals: Essentia Health-Duluth (Miller Dwan Building), Essentia Health-St. Mary's Medical Center and St. Luke's Hospital. It is also used to inform the St. Louis County Public Health community health assessment. The assessment partners also includes many community organizations working to improve health outcomes and reduce inequities. These partners worked together to develop a community-centered process. All three hospitals also partnered with Generations Health Care Initiatives and many other stakeholders across northeast Minnesota and northwest Wisconsin to conduct the Bridge to Health Survey in 2020, which provides local and regional data that was used in this assessment.

# HOSPITAL DESCRIPTION AND SERVICE AREA

**Essentia Health-St. Mary's Medical Center** in Duluth, Minnesota, is northern Minnesota's largest hospital with 380 beds. St. Mary's Medical Center provides compassionate, specialized care and holistic healing for all. **Essentia Health-Duluth (Miller Dwan Building)** is known for rehabilitation and burn care, as well as inpatient and same-day surgery. The 165-bed hospital is here to support people on their journey to recovery. Both hospitals are part of an integrated health system serving patients in Minnesota, Wisconsin and North Dakota. Essentia Health's mission guides our work: We are called to make a healthy difference in people's lives.

**St. Luke's Hospital** is part of a nonprofit health care system based in Duluth, Minnesota. Founded as Duluth's first hospital in 1881, St. Luke's Hospital is now a tertiary care, multi-specialty center with 267 beds. St. Luke's Hospital uses a unique combination of expertise, technology and compassion to provide cost-effective, accessible medical care as the healthcare team lives out its mission every day: The Patient. Above All Else.

## **Service Area:**

For the purposes of the joint CHNA and Implementation Plan, the service area is defined as the city of Duluth. A special emphasis is placed on populations facing the highest disparities in health outcomes. Bridging Health Duluth is committed to building and sustaining partnerships to improve the health of all Duluthians.

# DEMOGRAPHICS AND SOCIOECONOMIC FACTORS

**Table A. Overall Demographics (2018-2019)**

Source: U.S. Census Bureau, American Community Survey

BLACK = 2019 ACS 5-Year Estimates data, GRAY = 2018 ACS 5-Year Estimates data

Total Population	St. Louis County	Duluth	Minnesota
Population	199,070 200,353	85,617 86,164	5,639,632 5,611,179
Population under 5 years	5.1% 5.0%	5.9% 5.8%	6.2% 6.5%
Population under 18 years	18.9% 19.13%	17.2% 19.1%	23.1% 23.9%
Population 65 years and over	20.15% 17.3%	15.6% 14.3%	16.3% 14.4%
<b>Population Characteristics</b>			
Veterans	7.7% 9.94%	5.6% 7.4%	6.4% 6.8%
Speak a language other than English	4.5% 3.3%	3.2% 3.6%	12.3% 12.2%
With health insurance coverage	97.0% 94.6%	96.3% 95.0%	95.1% 95.6%
<b>Poverty</b>			
Median household income	\$60,434 \$49,395	\$55,819 \$45,950	\$74,593 \$70,315
People of all ages living in poverty	12.8% 15.5%	16.8% 21.0%	9.0% 9.6%
People under 18 years living in poverty	12.3% 17.6%	10.5% 21.3%	11.2% 11.7%
<b>Employment Status</b>			
Unemployment rate	3.2% 5.8%	3.4% 5.6%	3.2% 3.4%
<b>Educational Attainment</b>			
Population ages 25+ with high school graduation or higher	94.8% 93.60%	97.5% 93.3%	93.6% 93.4%
Population ages 25+ with bachelor's degree or higher	30.0% 27.8%	32.8% 35.4%	37.3% 36.7%
<b>Housing</b>			
Percent of owner-occupied homes	72.2% 70.7%	59.6% 60.1%	71.9% 71.5%
Population spending more than 30% of income on rent	56.10% 52.1%	52% 55.4%	44.0% 46.2%
<b>Transportation</b>			
Households with no motor vehicle available	3.8% 9.3%	9.8% 12.6%	6.6% 6.8%

**Table B. Race/Ethnicity Distribution (2018-2019)**

Source: U.S. Census Bureau, American Community Survey

BLACK = 2019 ACS 5-Year Estimates data | GRAY = 2018 ACS 5-Year Estimates data

Race	Duluth, MN	Percent
Total population	85,915 85,884	100% 100%
One race	82,431 81,891	95.9% 95.4%
White	77,067 76,848	89.7% 89.5%
Black or African American	1,959 1,581	2.3% 1.8%
American Indian and Alaska Native	1,565 1,728	1.8% 2.0%
Asian	1,354 1,231	1.6% 1.4%
Native Hawaiian/Pacific Islander	34 36	0.0% 0.0%
Other race	443 467	0.5% 0.5%
Two or more races	3,484 3,993	4.1% 4.6%
Hispanic or Latino	1,981 2,352	2.3% 2.7%

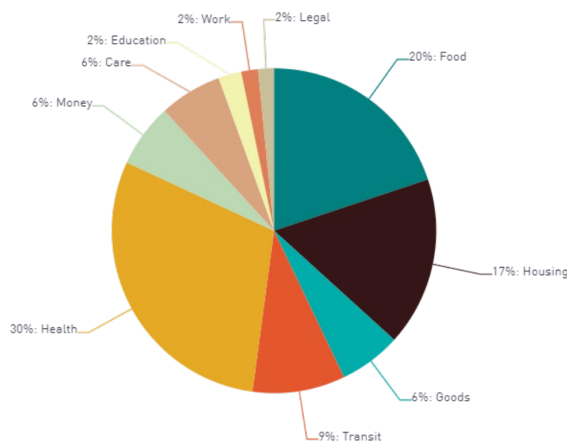
The City of Duluth, located in northeastern Minnesota on Lake Superior, has a total population of 85,617. 15.6% of the population is aged 65 and older. The city has a median household income of \$55,819 with 52% of the population spending more than 30% of their income on rent.

Duluth is predominantly white, with 89.7% of the residents identifying as such. 2.3% of the population is Black or African American, 1.8% is American Indian and Alaska Native, 1.6% is Asian, and 2.3% is Hispanic or Latino. 4.1% of Duluthians identify as two or more races and 0.5% identify as something other than those listed. 3.2% of the populace speaks a language other than English.

# EVALUATION OF 2020-2022 IMPLEMENTATION PLAN

## Food Access

- The Farm to School Action Team** supported the Duluth Farm to School program, which teaches kids gardening and healthy eating. In 2021, 1,550 pounds of produce were grown in nine school gardens. This team worked to develop a sustainable funding plan for the program, including applying for funding from the USDA.
- The Breastfeeding Action Team** worked with organizations to adopt workplace policies that support breastfeeding mothers. St. Louis County Public Health's WIC clinic was honored by receiving the Gold Premiere 2021 Breastfeeding Award for Excellence for its support of breastfeeding.
- The Lincoln Park Middle School Action Team** worked to open a school pantry for all Lincoln Park Middle School students and families. The pantry has met 100% of requests for food. Additionally, the pantry expanded and enriched learning opportunities by integrating gardening and nutrition education with healthy food access efforts. Students, including those who have experienced food insecurity, have been engaged as leaders in developing this project.
- The Resourceful Action Team** collaborated on the development and promotion of the Resourceful platform ([www.WeAreResourceful.org](http://www.WeAreResourceful.org)). This website connects people to support and resources in the community. Essentia Health integrated Resourceful into their social needs screening process during primary care and pediatric clinic visits. During the program's first year, more than 4,000 programs have been added to the directory. Most of the 8,000 searches in Duluth have been focused on food access, housing and healthcare resources. Over 1,000 referrals to connect people with programs have been placed using Resourceful.



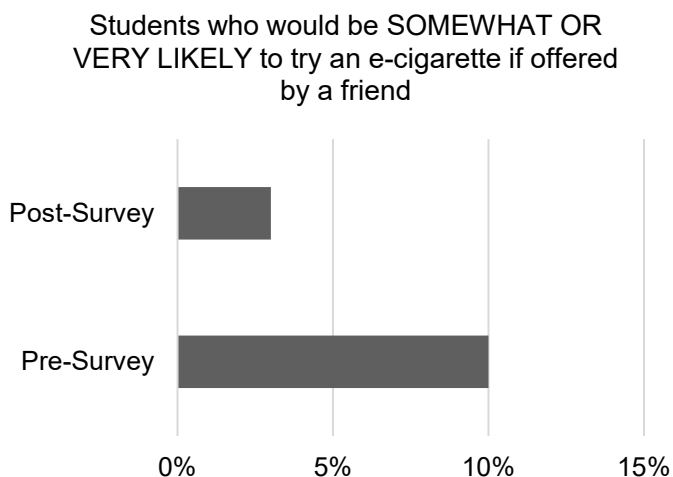


## Mental Health

- **The Mental Health PSA Action Team** partnered with a local media station (KBJR), Northland Healthy Minds and Recovery Alliance Duluth to develop and air a public service announcement encouraging people to reach out for mental health support in response to the growing need during the COVID-19 pandemic. The PSA aired 305 times from May through June 2020 and had 35,000 digital impressions.
- **The Trauma Informed Action Team** was developed in the fall of 2020. Four action team meetings with 14 community partners were held before pausing due to the pandemic. The objective of the team was to create a plan of action to educate Duluth-area agencies and organizations on trauma-informed, culturally appropriate practices.

## Youth Substance Use

- **The Vaping PSA Action Team** designed a public service announcement, in partnership with KBJR and the American Lung Association, to increase awareness among parents and guardians about the prevalence of youth vaping. The PSA aired over 500 times and had 129,000 digital impressions.
- **The Vaping Action Team (teen vaping and e-cigarette education)** worked to reduce vaping and e-cigarette use among teens through sharing information about tobacco cessation options through community events, billboards and school welcome baskets. The team also partnered with the American Lung Association and Essentia Health on the creation of “Don’t Blow It,” a 10-minute video that uses a peer-to-peer education model by featuring only youth voices. It has been viewed more than 8,000 times. To evaluate the impact of the program, 748 high school students took pre- and post-surveys. The surveys show a decrease in the percent of students who would be somewhat or very likely to try an e-cigarette after completing the program. The program materials are available at: <https://www.essentiahealth.org/dontblowitteacherguide/>.



# PROCESS AND TIMELINE

## Process

Bridging Health Duluth utilized the County Health Rankings and Roadmaps action cycle as a pathway for conducting the CHNA. This systematic process involved assessing needs and resources, focusing on what's important, choosing effective policies and programs, acting on what's important, and evaluating actions. Community members were at the center of each step, with a focus on working together and communicating across sectors.



To develop the implementation plan, a Results Based Accountability (RBA) framework was used. RBA uses a data-driven, decision-making process to help communities and organizations go beyond talking about problems to take action to solve problems. Community members and partners were actively involved, not just in setting priorities, but also in designing solutions.

## Guiding Principles



Collaborate with community stakeholders to implement solutions to improve community health.



Build trust through community engagement and transparency.



Prioritize strategies that advance health equity, including addressing structural barriers.



Utilize sustainable, evidence-based and community-centered approaches.



Create specific, realistic, action-oriented, measurable, inclusive and equitable goals.

**Timeline:** From March to November 2021, Bridging Health Duluth and its partners completed the community health needs assessment (CHNA). The implementation plan was developed December 2021 to April 2022.

# DATA COLLECTION AND ANALYSIS

The Bridging Health Duluth CHNA Action Team met from April to August 2021 to select health status indicators and analyze data – including comparing indicators to state, national or regional values and reviewing trends over time. Each indicator was also compared by income for a sense of health disparities. The table below includes the data sources utilized in the assessment.

Data Source	Years	Geography
Bridge to Health Survey	2010, 2015, 2020	Duluth
Minnesota Student Survey	2013, 2016, 2019	Duluth School District
Power Health Community Survey	2020	Lincoln Park neighborhood
An Environmental Scan and System Analysis of the Homeless Response System	2021	St. Louis County
US Census Bureau	2020	Duluth
Home and Community Based Services Outcome Measurement, U of MN	2019	Arrowhead Region

During the fall of 2021, the CHNA Action Team conducted a community input survey to gather feedback on the most important health issues in the community. The process was chosen as an alternative to formal in-person focus groups due to the ongoing COVID-19 pandemic. Increasing the diverse demographic makeup of the survey respondents was a key priority for this CHNA process. Additionally, a virtual meeting was held to review the health data and invite people to provide feedback on the priorities. Ninety-two individuals attended the virtual meeting, representing healthcare, school districts, city and county governments, non-profit organizations, policy makers, and other community stakeholders.



340 community members completed the survey.



128 community members shared personal experiences and stories related to health needs.



92 individuals representing 41 organizations attended the virtual meeting.

# PRIORITIZATION PROCESS

After reviewing community input data and secondary data, CHNA Action Team members developed the following criteria to prioritize key health needs:

- Clear: Does it make sense? Is the strategy we're developing specific enough?
- Feasible: Can we do something about it with available time and resources?
- Impact: Will it affect those with the highest disparities? Will it move the needle?
- Value: Does the community find it important?

The CHNA Steering Committee identified four final priorities. The Bridging Health Duluth Steering Committee approved the final priorities in December 2021.



## Needs Not Addressed in the CHNA

Many community residents and stakeholders identified economic opportunity, chronic conditions and healthcare access as important health issues. After thorough and thoughtful discussion, it was noted all issues reviewed are intertwined and will in some way be impacted by the work that we do in the other four approved priority areas. Given limited resources, it is not possible to address every need in the community. Economic opportunity, chronic conditions and healthcare access are all being address through community initiatives outside of Bridging Health Duluth.

## Community Input on Prioritized Needs

Community members who completed the survey were asked to share personal experiences regarding the priority areas if comfortable. One-hundred-twenty-eight community members shared their anecdotal feedback, including how to address the identified priority areas and identifying community resources that are available. Additional community members were invited to participate in the community health improvement planning process.



## KEY FINDINGS: MENTAL AND SOCIAL WELLBEING

Mental and social wellbeing is a state of being in which someone knows their own abilities, can cope with normal stress, can work effectively, and is able to contribute to their community.

- The 2020 Bridge to Health Survey shows that people living at two times the federal poverty level (2xFPL) or less in Duluth are more likely to have been diagnosed with a mental health condition and are over two times more likely (30% versus 15%) to have had 14 or more poor mental health days in the prior 30 days.
- In 2020, 13% of Duluth adults reported feeling loneliness and isolation always or often, according to the Bridge to Health Survey.
- The 2019 Minnesota Student Survey found that 14.2% of Duluth ninth grade students felt the community does not care about them and 21.2% felt the community only cares a little about them.

### Community Strengths and Resources Available:

- Crisis services
- Mental health providers
- Green space and parks
- Community centers
- Services for older adults and care givers
- Schools
- Support groups

### Community Input

“In my experience, if you do not have good mental health, all of the other health issues listed become larger and unmanageable.”

“As someone diagnosed with General Anxiety Disorder for almost 15 years, I’ve directly experienced the stigma and misunderstanding surrounding mental illness.”

“I have friends that are struggling with their mental health and do not know how to help themselves and who to go to.”

“Everything is affected by your mental health: jobs, families, health, EVERYTHING.”

“As a childcare provider, I have noticed a great need for mental health support even in toddler and preschool age children due to the pandemic.”

# KEY FINDINGS: FOOD SECURITY

Food security means having reliable access to enough affordable, nutritious and culturally appropriate food.

- The 2020 Bridge to Health Survey shows that people living at 2xFPL or less in Duluth are twice as likely to have barriers to accessing healthy food (48% versus 22%).
- Over one in three students in the Duluth School District received free and reduced cost lunches, according to the 2019 Minnesota Student Survey.
- The Lincoln Park Power Community Survey found that the number one issue facing Lincoln Park residents is access to healthy foods.
- Students who are experiencing adverse childhood experiences are more likely to skip a meal because their family did not have enough money to buy food, according to the 2019 Minnesota Student Survey.

## Community Strengths and Resources Available:

- Food banks, food shelves and free congregate dining
- Farmers' markets
- WIC and SNAP programs
- School meal programs
- Resourceful (community resource guide)
- Many more

## Community Input

"I work downtown and get to know the people who are struggling with housing, food, substance use and mental health issues. These issues are around us every day, but I feel that a lot of Duluth residents choose not to see them."

"Farmers' markets, mobile markets, and EBT discounts have allowed me to afford nutritious foods that I would not be able to afford on my income."

"Getting around is hard to do if you have a baby or toddler on the bus and paying for a cab is expensive. You could use that money for food for your kids instead."

"Food security is a huge issue. I live in Lincoln Park and we don't have a grocery store. We do have a bunch of fancy new restaurants that people who live in the neighborhood can't afford."

## KEY FINDINGS: SUBSTANCE USE

Substance use includes substance misuse, abuse and addiction. Substances can include nicotine products, alcohol, drugs (prescription and illicit), inhalants and solvents.

- The 2020 Bridge to Health Survey shows that people living at 2xFPL or less in Duluth are more likely to smoke (27% vs. 16%) and are more likely to have tried cigarettes (24% vs. 20%).
- The Minnesota Student Survey shows that e-cigarette use increased for eighth, ninth and eleventh grade students in Duluth area schools from 2016 to 2019. Thirty percent of eleventh grade students reported using an e-cigarette in 2019.
- The prevalence of marijuana use increased in eleventh grade students in Duluth area schools from 2016 to 2019. Twenty-eight percent of eleventh grade students reported marijuana use during the prior 30 days, according to the 2019 Minnesota Student Survey.

### Community Strengths and Resources Available:

- Recovery support groups and organizations
- Treatment services
- Community Solutions for Substance Use and Recovery Coalition (CSSUR)
- Harm reduction and prevention partners
- Many more!

### Community Input

“I have substance use disorder. Not a lot of treatment options specifically for women or sober housing for women.”

“Mental well-being and substance abuse are related. Self-medicating and trauma go hand-in-hand.”

“I’ve had a horrible experience trying to find resources and navigate the system for a family member who is addicted to alcohol. There are few options, long lag times, cumbersome assessments, etc.”

“There is stigma around addiction. We need to enhance harm reduction services.”

## KEY FINDINGS: HOUSING

Housing stability means having reliable access to safe, personal housing.

Challenges may come from overcrowding, high housing costs (compared to income), unsafe neighborhoods, poor quality homes, and may or may not include homelessness.

The St. Louis County Point in Time Count showed:

- An increase in the total homeless population, including total unsheltered and sheltered individuals in 2018, 2019 and 2020.
- American Indian people and people of color represent 8% of people in St. Louis County, 18% of people in poverty, 39% of people who are unsheltered and 42% of people in the county's homeless programs (2020).

### Community Strengths and Resources available:

- American Indian Community Housing Organization
- CHUM
- City of Duluth
- Local Initiatives Support Corp (LISC)
- Life House
- One Roof Housing
- St. Louis County
- Many more

### Community Input

“As a social worker, I see a large shortage of affordable housing and access. This impacts peoples’ substance use, food access and mental well-being.”

“I am a recovering addict. I believe that to recover from any addiction one must have a safe place to recover in a healthy environment, like transitional housing.”

“My son is a felon and has extreme difficulty finding safe, affordable housing.”

“It is nearly impossible to maintain stability in terms of work, school, mental and physical health without a home.”

“Once I had housing, everything else seemed to fall into place easily. It is the base of what you need to start building.”



# CHNA 2023-2025 IMPLEMENTATION PLAN

Bridging Health Duluth worked with several stakeholders and community partners in the Duluth area to design strategies that address three of the priority community health needs identified in the CHNA. The strategies outline actions that will be taken to respond to the identified needs. To best meet the needs of our community, Bridging Health Duluth decided that creating a joint implementation plan will best support a cohesive, collective impact model with shared data, best practice sharing, and the opportunity to avoid duplication of efforts while filling gaps.

The resulting implementation plan is a three-year plan to address **food security**, **mental and social wellbeing**, and **substance use** in the community and will be reviewed annually with progress shared with hospital leadership and the Board of Directors on an annual basis. Additionally, Bridging Health Duluth will continue hosting an annual community event to ensure transparency and accountability around addressing community health needs. During the fiscal years 2023-2025 CHNA implementation cycle, some activities will be led by the individual organizations, while others will be coordinated across Bridging Health Duluth.

Any comments received during the most recent CHNA implementation cycle inform development of the next implementation plan. No written comments were received from the FY 2020-2022 CHNA for the Duluth area. Comments are welcome throughout the implementation of the FY 2023 – 2025 plan and can be directed to: [chna.comments@essentiahealth.org](mailto:chna.comments@essentiahealth.org).

**A Note on Housing:** Bridging Health Duluth recognizes that stable housing is foundational to the health and well-being of the entire community. Housing stability is impacted by many factors, including income, structural racism, incarceration, public policy, and particularly mental health and substance use disorders. Housing is a haven for children to grow and learn, people to recover from illness, rest, and safety, and is a place to belong. Housing is a basic human dignity, required to support optimal health and well-being. Bridging Health Duluth has identified a lack of affordable housing and housing stability in Duluth as primary threats to health and health equity and is committed to engaging with housing stakeholders in Duluth to promote housing stability. Bridging Health Duluth will not develop its own implementation plan to address housing, but the Steering Committee organizations will continue to participate in, collaborate with, and support strategies led by the many committed partners and collaboratives already working on this issue in Duluth.

## Desired Results and Data Indicators

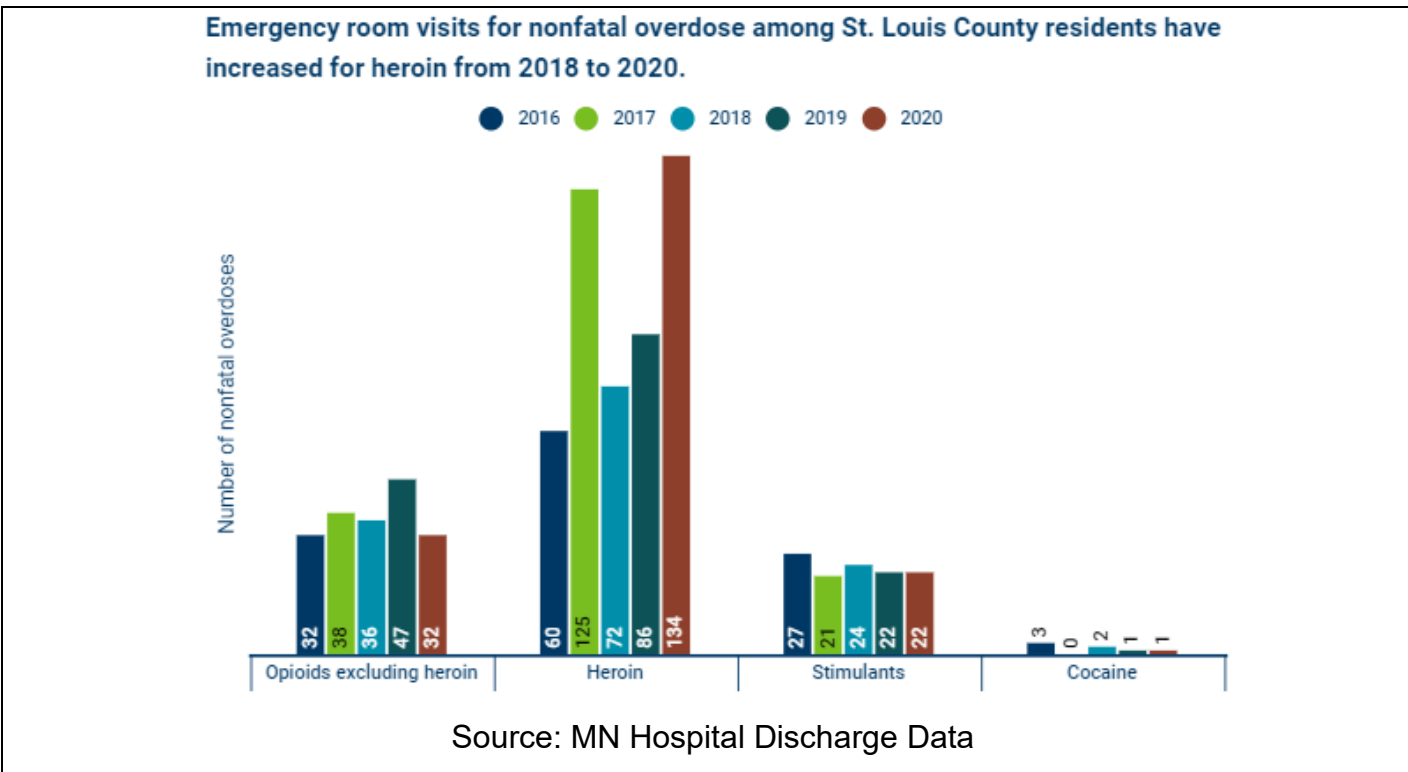
The results and indicators listed below are a response to community health needs identified in the CHNA. They outline the desired results of community action and data points to help indicate progress. Bridging Health Duluth uses Results-Based Accountability to frame and implement this plan.

- **Result:** A community where everyone has access to substance use recovery, health, and wellbeing
  - **Indicator:** Emergency room visits from nonfatal overdose among St. Louis County residents (Source: MN Hospital Discharge Data)
- **Result:** A community where everyone can achieve a state of wellbeing in which they know their own abilities, can cope with normal stress, can work effectively, and are able to contribute to their community.
  - **Indicator:** Adults reporting 14 or more poor mental health days in the last 30 days (Source: Bridge to Health Survey)
- **Result:** A community where everyone has access to enough affordable, nutritious, culturally appropriate food.
  - **Indicator:** Adults with food access barriers (Source: Bridge to Health Survey)

# Substance Use

**Result: A community where everyone has access to substance use recovery, health and wellbeing.**

## Baseline – What is the history and forecast of the issue?



## Story behind the baseline – What are root causes of the issue?

*What is currently contributing to worsening?*

- Limited treatment options
- Trauma and stress
- Hard to navigate the system and get needed resources quickly
- Stigma around addiction

*What is currently contributing to improvements?*

- Enhanced harm reduction services
- Naloxone distribution
- Community events and support for recovery
- Peer recovery specialists
- Supportive housing

## Partners – Who are the partners who have a role to play?

- Carlton-Cook-Lake-St. Louis Community Health Board
- Center for Alcohol and Drug Treatment
- CHUM
- City of Duluth
- Damiano Center
- Duluth Bethel
- Duluth Family Medicine Clinic
- Duluth Public Schools
- Duluth Superior Area Foundation
- Harm Reduction Sisters
- Life House
- Recovery Alliance Duluth
- Full List of Partners: [www.cssur.org](http://www.cssur.org)

## Strategies – What works to do better?

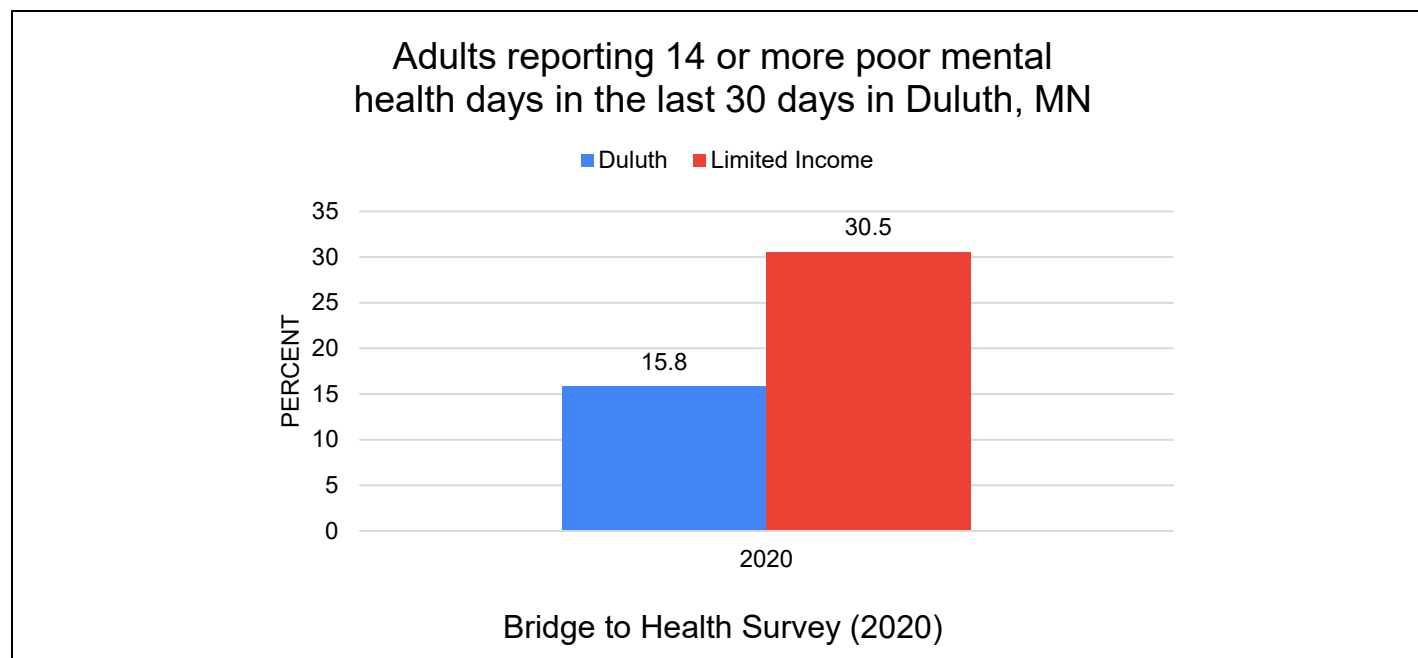
Bridging Health Duluth will work with the Community Solutions for Substance Use and Recovery (CSSUR) coalition to reduce harm, increase safety, and support recovery through community-based solutions for those impacted by substance use. Specifically, we will partner on the following strategies.

- **Engage the community to create and highlight solutions to positively support individuals, organizations and communities impacted by substance use (Community Awareness workgroup)**
- **Address stigma, increase advocacy and develop connections within the community to support individuals impacted by substance use (Recovery Community Workgroup)**
- **Monitor opportunities for policy/advocacy to support increase access and support for substance use recovery**

## Mental and Social Wellbeing

**Result: A community where everyone can achieve a state of well-being in which they know their own abilities, can cope with normal stress, can work effectively, and are able to contribute to their community.**

### Baseline – What is the history and forecast of the issue?



### Story behind the baseline – What are root causes of the issue?

#### What is currently contributing to worsening?

- Stigma and misunderstanding around mental illness
- Stress: pandemic, income, discrimination
- Poverty: debt, economy, housing security
- Isolation
- Access to technology
- Racism

#### What is currently contributing to improvements?

- Access to support
- Telehealth
- Senior and youth programs
- Neighbors/community
- Opportunities to volunteer and give back to the community

### Partners – Who are the partners who have a role to play?

- AICHO
- Arrowhead Behavioral Health Initiative
- Boys & Girls Club
- Center for American Indian Health
- Clarity Project
- Duluth ACEs
- Duluth Aging Support
- Duluth Community Schools Collaborative
- Family Freedom Center
- First Ladies of the Hillside
- Health Equity Northland
- Health POWER Initiative
- ISD 709
- Life House
- LNPK 156
- Mental health providers
- Recovery Alliance Duluth
- UMD, St. Scholastica and Lake Superior College
- YMCA
- Zeitgeist Center for Arts and Community
- Community Funders (e.g., foundations)
- Additional partners at: <https://www.health.state.mn.us/communities/mentalhealth/mnthrives.html>

### Strategies – What works to do better?

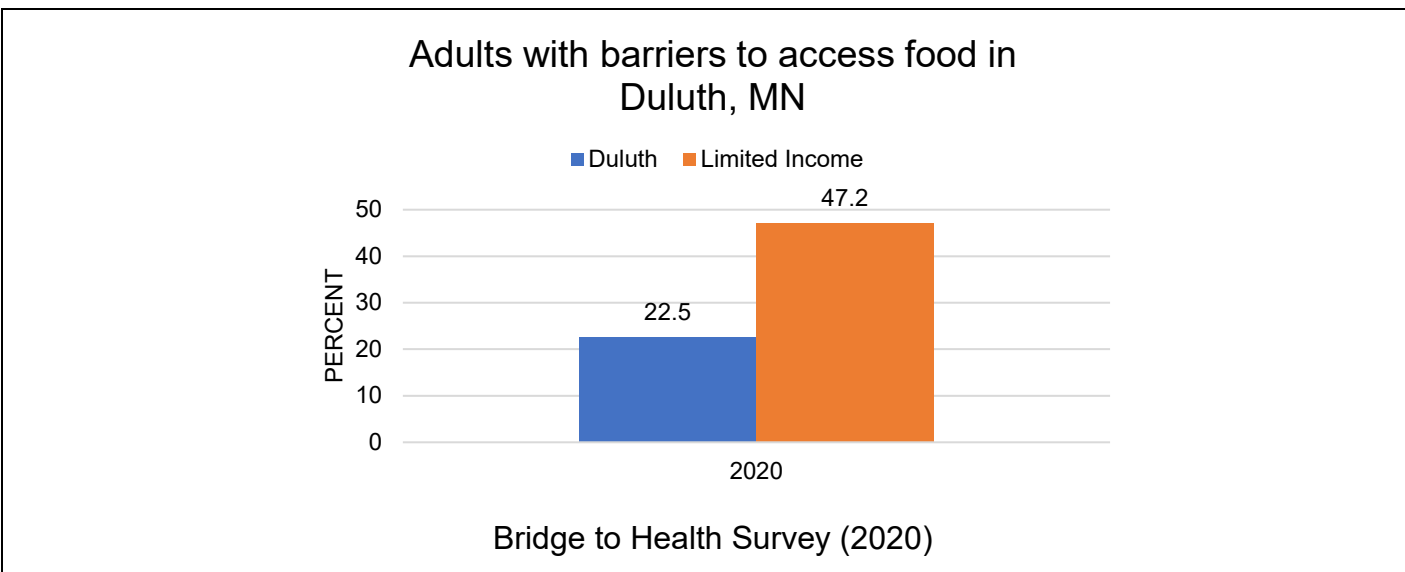
- **Support neighborhood initiatives that foster connection and belonging in the community with activities (e.g., community art projects, potlucks, yoga in the park, walking clubs or other healthy activities.)**
- **Increase community awareness of existing community efforts (e.g., Duluth ACEs, United Way volunteer opportunities platform, mental health crisis line), resources and promising practices (e.g., learning community on social connectedness)**



# Food Access

**Result: A community where everyone has access to enough affordable, nutritious, culturally appropriate food.**

## Baseline – What is the history and forecast of the issue?



## Story behind the baseline – What are root causes of the issue?

### What is currently contributing to worsening?

- Limited access to grocery stores, transportation barriers
- Reduced senior dining sites
- Job loss, sub-living wage, benefit ineligibility, inflation
- Stigma and challenges related to accessing benefits
- Short growing season
- Mainly processed foods available at food distribution sites

### What is currently contributing to improvements?

- Community food distributions
- Efforts that increase awareness of resources
- Education/events around culturally appropriate foods
- Federal programs (SNAP/WIC), senior dining sites
- Food pantries, food shelves, mobile markets
- Relationship building and food sovereignty – strength-based, trauma-informed and culturally-responsive approaches
- Partnerships with local growers/farmers

## Partners – Who are the partners who have a role to play?

- American Indian Community Housing Organization
- Damiano Center
- Duluth Community Garden Program
- Duluth Community Schools Collaborative
- Farmers Markets
- Food shelves
- Grocers
- Local farmers
- Second Harvest Northern Lakes Food Bank
- Transportation systems

## Strategies – What works to do better

- **Participate in community efforts to make nutritious and culturally appropriate food more affordable and accessible (e.g., increase utilization of market bucks, power of produce club, and access discounts)**
- **Continue to build a community approach to screening for food insecurity and connecting people facing food insecurity with resources (e.g., grow utilization and effectiveness of Resourceful in community based and healthcare settings)**
- **Support school-based programs that increase access to nutritious and culturally appropriate food (e.g., Duluth Farm to School Program, and Lincoln Park Middle School food shelf)**
- **Provide and support community-led partnerships that focus on culturally appropriate solutions for food access and education as opportunities arise (e.g., AICHO's food sovereignty programs and events, Giving Garden, and Freedom Farm)**

# CONCLUSION

For questions or comments about the community health needs assessment, please contact: [chna.comments@essentiahealth.org](mailto:chna.comments@essentiahealth.org).

Copies of this plan can be downloaded from each hospital's website and Bridging Health Duluth's website:

- <https://www.essentiahealth.org/about/chna/>
- <http://www.slhduluth.com/chna>
- <https://bridginghealthduluth.org/>

Hard copies are available upon request at no charge.

# APPENDIX A: CHNA PARTNER INVENTORY

Organization	Representing medically underserved, low income, or minority community	Representing state, local, tribal or governmental public health	Steering Committee Member	Action Team Member	Focus group or interview participant
Duluth Branch NAACP			X		
Essentia Health			X	X	X
Generations Healthcare Initiatives			X	X	
Lake Superior Community Health Center			X	X	
National Rural Health Resource Center			X	X	
St. Louis County Public Health		X	X	X	X
St. Luke's Hospital			X		
Wilderness Health			X	X	X
Health Equity Northland			X		X
Zeitgeist Center for Arts & Community			X		X
American Indian Community Housing Organization	X			X	X
Arrowhead Area Agency on Aging				X	X
Duluth Community Schools Collaborative	X			X	
Family Rise Together	X			X	X
Healthy Hillside	X			X	X
First Ladies of the Hillside	X			X	X
Lincoln Park Children and	X			X	

<b>Organization</b>	<b>Representing medically underserved, low income, or minority community</b>	<b>Representing state, local, tribal or governmental public health</b>	<b>Steering Committee Member</b>	<b>Action Team Member</b>	<b>Focus group or interview participant</b>
Families Collaborative					
Recovery Alliance Duluth				X	X
University of MN Duluth - public health student				X	
University of MN Extension	X			X	X
Duluth Farm to School					X
CHUM	X				X
Second Harvest Northern Lakes Food Bank	X				X
Community Action Duluth	X				X
Lincoln Park Middle School	X				X
UMD Land Lab					X
Ecolibrium 3					X
Fond du Lac	X				X
Duluth Housing and Redevelopment Authority					X
Life House	X				X
Center for Alcohol and Drug Treatment					X
Steve O'Neil Apartment residents	X				X
One Roof Community Housing					X
Duluth Community Garden Program					X