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 Osling, Director of Development, Deer River Area Health Care Foundation
Jean Rodvold, Community Health Intervention Specialist, East Region

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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

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Obesity, physical inactivity and poor nutrition as risk factors for chronic diseases such as Type 2 diabetes.</th>
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<tbody>
<tr>
<td>Target Population</td>
<td>Adults, ages 18 and over, who are currently prediabetic or possess risk factors for developing Type 2 diabetes</td>
</tr>
<tr>
<td>Goal</td>
<td>Reduce body weight and increase physical activity in program participants, thereby reducing their risk for Type 2 diabetes.</td>
</tr>
</tbody>
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Performance Measures

- Participants will lose weight; program goal is 5-7 percent of body weight.
  - Baseline and post-course (1 year) weight will be tracked
- Participants will increase physical activity; program goal is 150 minutes/week.
  - 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:
- 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

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

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.

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 Health\(^3\), 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.

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%. 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. 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. 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.

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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.
ASSESS (April - October 2015)
- Define Service Area
- Service Area Demographics
- Analyze Secondary Data
- Gather Community Input
- Conduct Asset Mapping of Available Community Resources
- Evaluate Progress on 2013 CHNA Priorities

PRIORITIZE (December 2015 - March 2016)
- Set Criteria for Prioritized Needs
- Choose Prioritization Method
- Choose Needs to Address

DESIGN (March - April 2016)
- Goal Setting
- Identify the "team" for each strategy
- Determine strategy options
- Choose Strategies/Programs
- Set SMART Objectives
- Design Implementation Plan and Evaluation Framework

FINALIZE (May 2016)
- Review with key stakeholders for final feedback
- Present to Hospital Board for Approval
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](http://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?
Key Findings

What in our community supports health?

When asked what supports health in the community, participants responded with a wide range of answers, which reflects the diverse group that was interviewed. Top answers were the Fitness Center at Deer River High School, Bone Builders, Essentia Health, and the Step Coalition/Movement as illustrated in the picture. While many identified the fitness center as supporting health in the community, it was frequently noted that access was limited and not adequate for them to utilize it.

In order to make optimal use of resources while having the greatest impact, the assessment process included an analysis of community assets and activities currently taking place to improve the health of the community. This process of asset mapping identified opportunities for partnership and collaboration, as well as where significant efforts were already taking place. Talking to the community about what they perceived as strengths was one way of gathering this information. In addition to the findings from community conversations, the following is a short list of some of the more pertinent findings:

- Get Fit Itasca
- Itasca County Public Health
- Cass County Public Health
- Deer River Area Health Care Foundation Community Fitness Center project

What keeps people in the community from being healthier?

1. Lack of access to exercise equipment
2. Prevalence/availability of unhealthy foods
3. Lack of access to healthy foods
4. Maslow’s hierarchy of needs (basic needs are not being met)

As noted above, it was interesting to find that participants identified the Fitness Center as the top supporter of health in the community, but also indicated a lack of exercise equipment as a barrier to becoming healthier. Many community members stated
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, dream big?

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.
How do you think we can be most successful in promoting the health of the community?

The main take-away from participants was to go to the communities, don’t expect people to come to you, and to continue to work collaboratively. Respondents shared that they appreciated the approach that was used for the 2016 CHNA, and encouraged the partnership and hospital to continue reaching out into the community as well as continue the collaboration.

The community conversations ended with time to allow participants to share any final thoughts. Many shared that before working on health, trust must be rebuilt and positive relationships established across cultures and socio-economic groups. This reflects the cultural dynamics present in the community and will be a key consideration moving forward with implementation planning.

No written comments were received from the 2013 CHNA. Any comments would have been taken into consideration in this report.

Limitations

In 2015, several methodological changes occurred with the Bridge to Health Survey that impact the 2015 survey results and the ability to trend the survey results over time. The survey changed from telephone to mail for budgetary reasons. Additionally, a new process was used for data-weighting. There are also several sources of bias that can affect data collected via survey, including non-response and factors related to respondents.

Limitations exist in reviewing health outcomes of specific sub-populations (low-income, people of color, American Indian) due to the region’s rural nature and the data for populations smaller than county level is frequently unavailable or of limited value. Additionally, there could have been greater representation
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

**Number in parenthesis indicates County Health Rankings & Roadmaps ranking for named health outcome or factor for Itasca County out of 87 counties in Minnesota.**

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<tr>
<td>Tobacco use</td>
<td>Adult smoking (%) (2012)[^3]</td>
<td>17.5</td>
<td>17.1</td>
<td>18.8</td>
<td>25.5</td>
</tr>
<tr>
<td></td>
<td>Mothers who smoked during pregnancy (%) (2009-2013)</td>
<td>23.9</td>
<td>35.4</td>
<td>10.8</td>
<td>NA</td>
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<tr>
<td>Diet and exercise</td>
<td>Physical inactivity/no exercise (%) (2012)[^3]</td>
<td>18.6</td>
<td>18.8</td>
<td>17.4</td>
<td>21.2</td>
</tr>
<tr>
<td></td>
<td>Access to exercise opportunities (%)[^4]</td>
<td>63</td>
<td>68</td>
<td>84</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Percent adults who consumed 5 or more servings of fruits and vegetables yesterday[^3]</td>
<td>NA</td>
<td>NA</td>
<td>21.9</td>
<td>28.4</td>
</tr>
<tr>
<td></td>
<td>Adult obesity (%) (2012)[^3]</td>
<td>26.7</td>
<td>27</td>
<td>25.9</td>
<td>38</td>
</tr>
<tr>
<td>Alcohol and drug use</td>
<td>Binge drinking (%)[^4]</td>
<td>22</td>
<td>18</td>
<td>21</td>
<td>30.8</td>
</tr>
<tr>
<td></td>
<td>Alcohol-related motor vehicle fatalities (%) (2012)</td>
<td>62.5</td>
<td>50</td>
<td>33.2</td>
<td>NA</td>
</tr>
<tr>
<td>Sexual activity</td>
<td>Teen birth rate, 18-19 years per 1,000 female population (2012-2014)[^3]</td>
<td>55</td>
<td>96.4</td>
<td>30.7</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Rate per 100,000 of chlamydia (2015)[^5]</td>
<td>242</td>
<td>382</td>
<td>400</td>
<td>NA</td>
</tr>
<tr>
<td>Health Care (44)</td>
<td>Adults without health insurance, under age 65 (%) (2013)</td>
<td>12.7</td>
<td>15.6</td>
<td>9.5</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>Primary care physicians[^4]</td>
<td>970:1</td>
<td>3,710:1</td>
<td>1,100:1</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Mental health providers[^4]</td>
<td>500:1</td>
<td>1,300:1</td>
<td>490:1</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Licensed and practicing dentists (per capita) (2013)[^3]</td>
<td>48.3</td>
<td>17.5</td>
<td>55.6</td>
<td>NA</td>
</tr>
<tr>
<td>Quality care</td>
<td>COPD hospitalizations (per 10,000, ages 45+, age-adjusted) (2011-2013)²</td>
<td>49.4</td>
<td>51.8</td>
<td>28</td>
<td>NA</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------------------------------------------</td>
<td>------</td>
<td>------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td></td>
<td>Heart attack hospitalizations (per 10,000, ages 35+, age-adjusted) (2011-2013)²</td>
<td>43.3</td>
<td>55.2</td>
<td>29.2</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Diabetic monitoring (%)⁴</td>
<td>85</td>
<td>68</td>
<td>89</td>
<td>NA</td>
</tr>
<tr>
<td>Quality care</td>
<td>Heart attack hospitalizations (per 10,000, ages 35+, age-adjusted) (2011-2013)²</td>
<td>43.3</td>
<td>55.2</td>
<td>29.2</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Diabetic monitoring (%)⁴</td>
<td>85</td>
<td>68</td>
<td>89</td>
<td>NA</td>
</tr>
<tr>
<td>Education</td>
<td>Four-year graduation rate per 100 (2012-2013)¹</td>
<td>81.3</td>
<td>65.7</td>
<td>78.4</td>
<td>NA</td>
</tr>
<tr>
<td>Employment</td>
<td>Unemployed (annual average) (%) (2013)¹</td>
<td>7.5</td>
<td>8.1</td>
<td>5.1</td>
<td>NA</td>
</tr>
<tr>
<td>Family and social support</td>
<td>Children in single-parent households (%) (2010-2014)³</td>
<td>27.4</td>
<td>33.3</td>
<td>26.1</td>
<td>NA</td>
</tr>
<tr>
<td>Income</td>
<td>Median household income (2010-2014)²</td>
<td>$47,122</td>
<td>$45,567</td>
<td>$61,481</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Children in poverty (%) (2010-2014)²</td>
<td>20.1</td>
<td>28.7</td>
<td>14.9</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>People of all ages living at or below 200% of poverty (%) (2010-2014)³</td>
<td>13.1</td>
<td>17</td>
<td>27.1</td>
<td>37.6</td>
</tr>
<tr>
<td></td>
<td>Children eligible for free/reduced price lunch (%) (2013-2014)¹</td>
<td>48.5</td>
<td>64.9</td>
<td>38.5</td>
<td>NA</td>
</tr>
<tr>
<td>Social &amp; Economic Factors (79)</td>
<td>Unintentional injury, age-adjusted premature death rate (2009-2013)¹</td>
<td>58.2</td>
<td>64.1</td>
<td>38.6</td>
<td>NA</td>
</tr>
<tr>
<td>Community safety</td>
<td>Assaults ED Visits (age-adjusted rate per 100,000) (2008-2012)³</td>
<td>326.2</td>
<td>458.5</td>
<td>264.9</td>
<td>NA</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>Private well with &gt; 2 micrograms/L* (%) (2008-2013)²</td>
<td>47.5</td>
<td>37.9</td>
<td>46</td>
<td>NA</td>
</tr>
<tr>
<td>Air and water quality</td>
<td>Fine particles, average annual concentration (2011)²</td>
<td>7.8</td>
<td>8.5</td>
<td>12**</td>
<td>NA</td>
</tr>
<tr>
<td>Housing and transit</td>
<td>Severe housing problems (%)⁴</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>NA</td>
</tr>
<tr>
<td>Long commute - driving alone (%)⁴</td>
<td>24</td>
<td>30</td>
<td>30</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Sources and notes:

4 Healthy People 2020, https://www.healthypeople.gov/2020/topics-objectives
Bride to Health Survey, Rural St. Louis County data,
6 http://www.bridgetohealthsurvey.org/index.php/reports
  '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