Essentia Health-Northern Pines
5211 Highway 110
Aurora, MN 55705

Essentia Health-Northern Pines 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.

Essentia Health-Northern Pines is a 16-bed Critical Access hospital that serves the communities of Aurora, Babbitt, Biwabik, Embarrass, Gilbert, Hoyt Lakes and Makinen, which are considered the “East Range” of Minnesota’s Iron Range. Established in 1959, the hospital has an adjacent primary care clinic and 50-bed long-term care facility.

The hospital’s Emergency Department offers care 24 hours a day, seven days a week. Essentia Health Northern Pines is a Level IV Trauma Center and Acute Stroke Ready Hospital. The hospital and its clinic use telehealth technology for emergency medicine and some other medical specialties, including medical weight management.

LEAD PARTIES ON THE ASSESSMENT

Laura Ackman, President and Chief Operating Officer
Jean Rodvold, Community Health Intervention Specialist

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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>
</tr>
</thead>
<tbody>
<tr>
<td>Target Population</td>
<td>Adults, ages 18 and older, 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>
</table>

**Performance Measures**

- Participants will lose weight; program goal is 5-7% of body weight.
  - Baseline and post-course (1-year) weight will be tracked.
- Participants will increase physical activity; program goal is 150 minutes per 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 (NDPP), to address the hospital’s highest priority health need as identified by the 2013 Community Health Needs Assessment.**

**Accomplishments to Date:**

- 14 participants have completed the program.
- Participants lost an average of 12.9 pounds, which translates to a 6.1% decrease in body weight.
- Participants recorded an average of 148 minutes per week of physical activity at the completion of the program.

*Physical activity minutes are tracked beginning at the seventh week of the NDPP.

Essentia Health-Northern Pines continues to offer the National Diabetes Prevention Program based on available resources and staffing. Community-wide marketing through newspaper advertisements brought in some individuals, but additional opportunities could be considered for FY 2016.

**Additional Accomplishments:**

**Aging Population**

Essentia Health-Northern Pines has been working collaboratively with many community partners and stakeholders, such as the Arrowhead Agency on Aging, Alzheimer’s Association, Senior Linkage Line, government offices, police department, fire department, emergency medical services, clergy and the school district to increase awareness and provide education on Alzheimer’s disease and dementia by becoming an “Act on Alzheimer’s” community. Essentia Health-Northern Pines has written and obtained
a grant to fund Phase IV of the initiative and has completed the “East Range Act on Alzheimer’s” through the United Way of the Twin Cities Program. This program focuses on best practices to engage the hospital’s service area to become dementia-capable.

The hospital participated in the 2015 Senior Health Fair, which drew about 200 community members.

**Health Care Access**

In order to better serve the community, Essentia Health-Northern Pines has increased its ability to provide care by adding one physician and one nurse practitioner to its staff. It has also increased telehealth availability and patient access to weight management, psychiatry, dermatology, a dietitian and allergy care. There are plans to add more telehealth services. The hospital has also added an integrative behavioral health model into its primary care clinic.

**Tobacco Use**

The hospital is working with its primary care clinic to hardwire a smoking-cessation workflow into clinic visits, ultimately increasing the number of referrals to Minnesota’s Quit Plan. This also directly relates to preventative care. In 2016, a registered nurse will be trained as a certified smoking-cessation coach.

**Preventative Care**

Essentia Health-Northern Pines has continued to promote annual Medicare Wellness Visits.

The hospital is piloting the STRIDE (Strategies to Reduce Injuries and Develop Confidence in Elders) program, an evidence-based falls prevention program. Across the nation each year, 1 out of 3 adults age 65 and older falls. A third of those falls result in moderate to severe injuries that can lead to further declines in health and loss of independence. Essentia Health-Northern Pines is working to identify patients who are at risk for falls, implementing the best practices from the STRIDE program, and reviewing risk factors and opportunities for patients.

**Immunizations**

The hospital and its primary care clinic continue to promote immunizations at appointments, even if the patient is not in for a wellness check. Pediatric immunization rates continue to perform well.

**Secondary Prevention/Screening**

The hospital has promoted colorectal screenings (FIT tests) for all patients over the age of 50.

**Promoting Wellness**

White Community Hospital Foundation, which supports Essentia Health-Northern Pines, continues to be an integral partner in the promotion of health and wellness in the community of Aurora and the surrounding service area. This includes the organization and promotion of the “Act on Alzheimer’s” program.
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-Northern Pine’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-Northern Pines**

Essentia Health-Northern Pines is located in Aurora, Minnesota, a community with a population of 1,682 (2010 Census) in central St. Louis County just off Minnesota Highway 135. Aurora is in the heart of a collection of communities known as the East Range of the Iron Range region. For the purposes of this assessment, the community defined as Essentia Health-Northern Pines’ service area includes these ZIP code areas: 55705 (Aurora); 55706 (Babbitt); 55708 (Biwabik); 55732 (Embarrass); 55741 (Gilbert); 55750 (Hoyt Lakes); and 55763 (Makinen). The community was defined based on the hospital’s ability to have the greatest impact with available resources. The hospital is committed to building and sustaining partnerships with area organizations in order to extend its reach to all areas of this region.

The nearest hospital is its affiliate, Essentia Health-Virginia, approximately 20 miles west. There are no other hospitals within 35 miles. Residents of the hospital’s service area who require services not available in either Aurora or Virginia typically travel to Duluth, which is 60 miles south.

Due to the region’s rural nature, data for populations smaller than county level are frequently unavailable or of limited value. Therefore, the following assessment data are presented at the county and state level to ensure stability of the estimates. When available, ZIP code or U.S. 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 description

<table>
<thead>
<tr>
<th>Description</th>
<th>St. Louis County</th>
<th>Minnesota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>200,431</td>
<td>5,489,594</td>
</tr>
<tr>
<td>Population age 65 or older (%)</td>
<td>17.2</td>
<td>14.3</td>
</tr>
<tr>
<td>White alone (%)</td>
<td>92.6</td>
<td>85.7</td>
</tr>
<tr>
<td>American Indian or Alaska Native (%)</td>
<td>2.3</td>
<td>1.3</td>
</tr>
<tr>
<td>Black or African-American (%)</td>
<td>1.6</td>
<td>5.9</td>
</tr>
<tr>
<td>Hispanic or Latino (%)</td>
<td>1.5</td>
<td>5.1</td>
</tr>
<tr>
<td>Median household income ($47,138)</td>
<td></td>
<td>$60,828</td>
</tr>
<tr>
<td>People of all ages living in poverty (%)</td>
<td>17.0</td>
<td>11.5</td>
</tr>
<tr>
<td>People under 18 years living in poverty (%)</td>
<td>20.6</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>36.6</td>
<td>34.1</td>
</tr>
</tbody>
</table>

When looking at the demographics of St. Louis County, it is necessary to look at the stark disparities that exist between ZIP codes. It has been said, as based on the social determinants of health, that one’s ZIP

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code is more important than one’s genetic code as a predictor of health and life expectancy. That rings true in St. Louis County.

This is clearly illustrated in findings from the 2015 St. Louis County Health Status Report. Projected life expectancy for Virginia, in the northern county, varies by 8.65 years from Duluth. It varies by 5.7 years from Virginia to Ely. The hospital’s defined community is mostly within Zone E, which has a life expectancy of 78.25 years, about six years lower than Duluth (55812).  

- ZIP codes with the lowest median household income ($35,810 in Zone E) have the lowest projected life expectancy as compared to those with the highest median household income (over $50,000 in Zip Code 55803) who have the highest projected life expectancy.
- Chronic stress experienced by people of color in St. Louis County has negatively impacted their projected life expectancy, lowering it by 2.31 years compared to the white population.
- Mining is one of the major industries in this area, which has a number of well-known associated health risks, including shift work and lung disease, which may negatively impact life expectancy.

Poverty, education, age and race are all factors contributing to the inequitable health outcomes in St. Louis County. According to the Minnesota Department of Health’s White Paper on Income and Health, “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.”

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

St. Louis County also has a higher percentage of American Indian or Alaskan Native population. The Bois Forte Reservation is located within the

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4 St. Louis County Health Status Report, January 2016
community served. The Reservation has three parts and the Vermilion Reservation is just 30 miles from Aurora. The Vermilion Reservation is home to the Vermilion Family Wellness Center and the Vermilion Community Center and Health/Dental Clinics. The health needs of the American Indian population are an important aspect of this assessment due to 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.

- 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.”

Essentia Health-Northern Pines’ community is significantly older than the entire county. With 30 percent of the population in Babbitt age 65 and older, it is nearly double the state and county rate. Aurora and Hoyt Lakes follow closely at 24 percent and 23 percent respectively. Older adults are among the fastest growing age groups in the nation. According to the 2010 Census, the number of Minnesotans age 65 and older increased 15 percent while those over age 85 increased almost 25 percent since the 2000 Census. Older adults are at high risk for developing chronic illnesses and related disabilities. About 60 percent of those ages 65 and older 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 so 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 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 described above.

Process Overview
Essentia Health’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. 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. Focus groups were conducted in conjunction with a local social services agency and public health department to gather more information about the health needs of low-income, minority and underserved populations. The information was shared at a multi-sector community meeting, where the group identified and prioritized significant health needs. A CHNA committee was convened within the hospital to review the data and make final recommendations on priorities.

The Essentia Health-Northern Pines’ 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-Northern Pines being presented and approved by hospital 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-Northern Pines 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 were 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 the key findings section. See Appendix A for the full list of indicators and secondary data sources.

Community input was gathered through focus groups and community meetings. Focus groups were conducted in conjunction with the Arrowhead Economic Opportunity Agency and St. Louis County Public Health and Human Services to gather more information about the health needs of low-income, minority and underserved populations. Community input received was collated and analyzed for key themes as described under the key findings section. Additionally, a multi-sector community meeting was held to identify and prioritize significant health needs. This group represented the broad interests of the community and included representatives with expertise in public health from St. Louis County Public Health and Human Services, as well as 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.

A CHNA committee was convened within the hospital to review health data and make final recommendations on priorities. After the recommendations were finalized, the results were shared with the community in order to validate them and begin conversations on strategies for the implementation plan.

Key Findings

A number of overarching themes arose from community input. A common thread throughout this process was the social and economic conditions of the Iron Range, with many citizens experiencing hardship and loss of income due to recent layoffs in the local industry. The most prevalent issues brought up by the community were abundant mental health issues and lack of mental health care, illegal drug and alcohol use, and lack of providers. The aging population was often described as a key driver impacting the needs of the community.
The natural environment and outdoor recreational resources were often cited as significant strengths in the community, including the local bike trails, hiking, lakes, and other outdoor amenities. In the East Range, the school fitness center was highlighted as an exceptional resource for indoor physical activity. The community also saw the local healthcare campus, consisting of hospital, clinic, therapy and nursing home, as an asset to their community’s health and well-being.

**Community Input Themes**

**Mental health**
- Lack of mental health care providers, crisis care, and local treatment options.
- Stigma surrounding mental health was a definite theme from every source of input.
- A link between mental health problems and substance abuse was often made.

**Illegal drugs and alcohol**
- High use and abuse of illegal drugs in the community, which is causing increased violence and safety concerns for many, both young and old.
- The local culture of drinking alcohol was brought up in every focus group and meeting.
- Prescription pain medications and addiction were emphasized as an issue facing the community, and was of specific concern to seniors.

**Access to health care**
- There is a lack of providers in the area, for primary care and specialty needs.
- Transportation to appointments, especially when being sent to Duluth for specialty services, is too costly or inaccessible.
- Cost of care is too high, even with insurance.
- Navigation of healthcare system, insurance, and social services is difficult.
- It is physically difficult for seniors to go to the clinic, hospital, rehab, pharmacy, etc.
- It was often noted that there are helpful services available, but there is a lack of awareness of what exists.

**Provider and patient relationships**
- Having a relationship with your provider was described as very important.
- There is a perception that medications are over-prescribed and there is a lack of alternative treatments or options.

**Affordability**
- Ability to access affordable and healthy foods was emphasized as a value.
- Gyms are too expensive, and individuals are looking for more local access to activity.
- Cost of medications, health care and transportation were all barriers to obtaining care.
- Those experiencing poverty and homelessness are food insecure and state that they “live on donations.”

**Transportation**
• Transportation was an issue found across cultures, incomes and ages.
• The community infrastructure does not promote walking and biking as a safe form of transportation.
• Cost of transportation is high due to rural nature of the communities and distances to travel.
• Public transportation system is either too expensive or unavailable for basic needs like food and health care.

Interest in healthy food
• Concern over local, small-town grocery stores closing, resulting in limited to no healthy food options within town, particularly for those with limited transportation.
• People are seeking more information and access to healthy and fresh foods.
• Community gardens were desired by many participants.

In order to make optimal use of limited resources, the assessment process included 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, and was used to guide the selection of the 2016 CHNA priorities as community collaboration was a key criteria. The following is a short list of some of the more pertinent findings:

• The hospital has a tobacco treatment specialist available for consultations to patients.
• Hospital is looking at a collaboration to provide mental health and chemical dependency services a few days per week on campus.
• The hospital recently received a grant from the Office of Rural Health and Primary Care for integrated behavioral health work.
• Funding has recently been increased in the county for the mobile crisis unit that serves all of northern St. Louis County.
• Carlton-Cook-Lake-St. Louis Community Health Board’s 2012 Community Health Assessment (CHA) priority areas include: obesity; mental health; alcohol, tobacco and drug use; poverty; adolescent sexual activity; access to dental care; uninsured and underinsured; lack of preventive services; lack of physical activity; and food insecurity.
• There are regional prevention coordinators available who support local communities in the prevention of alcohol, tobacco and other drug abuse.

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 in the assessment process included minimal representation of the American Indian population and homebound older adults in community input. Further exploration of existing health data for this population is needed as well as continued conversations with Native people and the local reservation. In the implementation planning process and throughout the three-year CHNA cycle, the hospital plans to work on continuing these conversations with members of the Bois Forte Reservation and towards culturally sensitive initiatives focused on improving health inequities among this population. Since this community has a higher percentage of those over the age of 65, it is important to recognize that there may be many underserved, homebound individuals who have high healthcare needs but are not represented in this assessment.

Phase 2: Prioritization

Needs were prioritized based on the following criteria as set by the multi-sector community meeting participants:

- Feasibility of intervention
- Importance of problem to community

The multi-sector community meeting attendees participated in a dot voting activity to identify and prioritize health needs. Each member was asked to write down the top two health needs in the community based on presented assessment results. These were then categorized based on common themes into the areas of alcohol, tobacco and other drugs; healthy food; mental health; obesity and physical activity; access to health care; and transportation. Participants were given the opportunity to add any categories they felt might be missing from the list. Each member was then able to vote for the top two health needs based on the identified prioritization criteria listed above. After the vote, dots were tallied to rank the top health needs. Results were as follows:

1. Alcohol, tobacco and other drugs
2. Mental health
3. Obesity and physical activity
4. Access to health care

Essentia Health-Northern Pines chose to address behavioral health, obesity and access to health care as its top priorities for the 2016 Community Health Needs Assessment. The category of alcohol, tobacco and other drugs was combined with mental health under the umbrella term “behavioral health” because implementation plans will address the spectrum of mental health and substance-related needs in the community. The second priority, obesity, also includes the components of nutrition and physical activity as the underlying behavioral factors to address.

2016 Community Health Needs Assessment Priorities:

1. Behavioral health (alcohol, tobacco and other drugs)
2. Obesity (nutrition and physical activity)
3. Access to mental health care
Phase 3: Design of Strategy and Implementation Plan
The hospital 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 identified health needs of the community. 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 its 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-Northern Pines is called to make a healthy difference in people’s lives. This needs assessment and implementation plan 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-Northern Pines 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.
APPENDIX

A. Community Health Status Indicators for Essentia Health-Northern Pines
B. Community Meeting Attendees
## APPENDIX A
**Community Health Status Indicators for Essentia Health-Northern Pines**

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

<table>
<thead>
<tr>
<th>Health Outcomes (76)</th>
<th>Length of Life (67)</th>
<th>Premature death</th>
<th>Premature deaths (under 75 years) age adjusted (2013)³</th>
<th>353.4</th>
<th>268.2</th>
<th>NA</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cancer, age adjusted death rate (2009-2013)¹</td>
<td>184.8</td>
<td>161.3</td>
<td>NA</td>
<td>161.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Heart disease, age adjusted death rate (2009-2013)¹</td>
<td>153.6</td>
<td>118.9</td>
<td>NA</td>
<td>103.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Outcomes (76)</td>
<td>Low birth weight</td>
<td>Percent low birth weight (%) (2014)³</td>
<td>4.9</td>
<td>4.9</td>
<td>NA</td>
<td>7.8</td>
<td></td>
</tr>
<tr>
<td>Quality of Life (78)</td>
<td>Poor or fair health</td>
<td>Health status fair or poor (%) (2012)¹</td>
<td>12.1</td>
<td>11.8</td>
<td>12.4</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor mental health days</td>
<td>Poor mental health days⁴</td>
<td>3.1</td>
<td>2.9</td>
<td>5.24</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Health Factors (77)</td>
<td>Tobacco Use</td>
<td>Adult smoking (%) (2012)³</td>
<td>18.3</td>
<td>18.8</td>
<td>17.3</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mothers who smoked during pregnancy (%) (2009-2013)¹</td>
<td>20.3</td>
<td>10.8</td>
<td>NA</td>
<td>1.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diet and exercise</td>
<td>Physical inactivity/no exercise (%) (2012)³</td>
<td>17.6</td>
<td>17.4</td>
<td>15.9</td>
<td>32.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Access to exercise opportunities (%)⁴</td>
<td>75</td>
<td>84</td>
<td>NA</td>
<td>NA</td>
<td></td>
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<tr>
<td></td>
<td>Percent adults who consumed 5 or more servings of fruits and vegetables yesterday⁷</td>
<td>NA</td>
<td>21.9</td>
<td>31.4</td>
<td>NA</td>
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<tr>
<td></td>
<td>Adult obesity (%) (2012)³</td>
<td>25.5</td>
<td>25.9</td>
<td>27.9</td>
<td>30.5</td>
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<tr>
<td>Health Behaviors (78)</td>
<td>Alcohol and drug use</td>
<td>Binge drinking (%)⁴</td>
<td>23</td>
<td>21</td>
<td>33.7</td>
<td>24.4</td>
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<td></td>
<td>Alcohol-related motor vehicle fatalities (%) (2012)³</td>
<td>27.3</td>
<td>33.2</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td></td>
<td>Drug overdose deaths⁴</td>
<td>13</td>
<td>9</td>
<td>NA</td>
<td>11.3</td>
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<td></td>
<td>Sexual Activity</td>
<td>Teen birth rate, 18-19 years (2012-2014)³</td>
<td>22</td>
<td>30.7</td>
<td>NA</td>
<td>NA</td>
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<td></td>
<td>Rate per 100,000 of chlamydia (2015)⁵</td>
<td>370</td>
<td>400</td>
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<td>Clinical Care (13)</td>
<td>Access to care</td>
<td>Adults without health insurance, under age 65 (%) (2013)²</td>
<td>10.8</td>
<td>9.5</td>
<td>96.4</td>
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<td></td>
<td>Primary care physicians⁴</td>
<td>800:1</td>
<td>1,100:1</td>
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<td></td>
<td>Mental health providers⁴</td>
<td>510:1</td>
<td>490:1</td>
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<tr>
<td></td>
<td>Licensed and practicing</td>
<td>66.8</td>
<td>55.6</td>
<td>NA</td>
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<td>Social &amp; Economic Factors (73)</td>
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<tr>
<td>Quality care</td>
<td>COPD hospitalizations (per 10,000, ages 45+, age-adjusted) (2011-2013)²</td>
<td>35.6</td>
<td>28</td>
<td>NA</td>
<td>50.1</td>
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<td></td>
<td>Heart attack hospitalizations (per 10,000, ages 35+, age-adjusted) (2011-2013)³</td>
<td>41.4</td>
<td>29.2</td>
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<td>Diabetic monitoring (%)⁴</td>
<td>90</td>
<td>89</td>
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<td>71.1</td>
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<td>Education</td>
<td>Four-year graduation rate per 100 (2012-2013)¹</td>
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<td>78.4</td>
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<td>82.4</td>
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<tr>
<td>Employmen t</td>
<td>Unemployed (annual average) (%) (2013)¹</td>
<td>6.3</td>
<td>5.1</td>
<td>2.7</td>
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<td>Family and social support</td>
<td>Children in single-parent households (%) (2010-2014)³</td>
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<td>26.1</td>
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<tr>
<td>Income</td>
<td>Median household income (2010-2014)² ($)</td>
<td>47,138</td>
<td>61,481</td>
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<td></td>
<td>Children in poverty (%) (2010-2014)²</td>
<td>19</td>
<td>14.9</td>
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<td></td>
<td>People of all ages living at or below 200% of poverty (%) (2010-2014)³</td>
<td>34.7</td>
<td>27.1</td>
<td>28.4</td>
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<td></td>
<td>Children eligible for free/reduced price lunch (%) (2013-2014)¹</td>
<td>42.8</td>
<td>38.5</td>
<td>NA</td>
<td>NA</td>
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<td>Community safety</td>
<td>Unintentional injury, age-adjusted premature death rate (2009-2013)¹</td>
<td>44</td>
<td>38.6</td>
<td>NA</td>
<td>36.4</td>
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<tr>
<td></td>
<td>Assaul ts ED visits (age adjusted rate per 100,000) (2008-2012)³</td>
<td>433</td>
<td>264.9</td>
<td>NA</td>
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<td>Physical Environment (32)</td>
<td>Air and water quality</td>
<td>Private well with &gt; 2 micrograms/L* (%) (2008-2013)²</td>
<td>40.7</td>
<td>46</td>
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<td></td>
<td>Fine particles, average annual concentration (2011)³</td>
<td>8.7</td>
<td>12**</td>
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<td>Housing and transit</td>
<td>Severe housing problems (%)⁴</td>
<td>15</td>
<td>14</td>
<td>NA</td>
<td>NA</td>
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<td></td>
<td>Long commute - driving alone (%)⁴</td>
<td>19</td>
<td>30</td>
<td>NA</td>
<td>NA</td>
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</tbody>
</table>

Sources and notes:


Minnesota Department of Health, Minnesota County Health Tables.  
County Health Rankings, http://www.countyhealthrankings.org/ Accessed April 26 2016 Minnesota  
Department of Health, 2015 Minnesota Sexually Transmitted Disease Statistics.  
4 Healthy People 2020, https://www.healthypeople.gov/2020/topics-objectives  
Bride to Health Survey, Rural St. Louis County data,  
7 http://www.bridgetohealthsurvey.org/index.php/reports  
1 HP 2020 target to increase abstinence from cigarette smoking among pregnant women to 98.6%

*micrograms per cubic meter
**standard
## APPENDIX B

<table>
<thead>
<tr>
<th>CHNA Community Meeting Attendees*</th>
<th>Who they represent</th>
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</thead>
<tbody>
<tr>
<td>Essentia Health-Northern Pines (Hoyt Lakes community member)</td>
<td>Health care</td>
</tr>
<tr>
<td>Essentia Health-Northern Pines (Gilbert community member)</td>
<td>Health care</td>
</tr>
<tr>
<td>Essentia Health-Northern Pines (Aurora community member)</td>
<td>Health care</td>
</tr>
<tr>
<td>WCH Foundation (Aurora community member)</td>
<td>Underserved populations</td>
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<tr>
<td>Mesabi East Schools</td>
<td>Education, youth</td>
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<tr>
<td>City of Hoyt Lakes</td>
<td>Government</td>
</tr>
<tr>
<td>Arrowhead Economic Opportunity Agency</td>
<td>Low-income, minority, underserved populations</td>
</tr>
<tr>
<td>Aurora community member</td>
<td>Community</td>
</tr>
<tr>
<td>St. Louis County Public Health and Human Services</td>
<td>Public health</td>
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<tr>
<td>Hoyt Lakes community member</td>
<td>Community</td>
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<td>Aurora community member</td>
<td>Community</td>
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<tr>
<td>Aurora community member</td>
<td>Community</td>
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<tr>
<td>Essentia Health-Northern Pines</td>
<td>Health care</td>
</tr>
<tr>
<td>Spectrum Community Health, Inc</td>
<td>Seniors, health care</td>
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</tbody>
</table>

*names available upon request