We are of this place, not just from it.

COMMUNITY HEALTH NEEDS ASSESSMENT
FY 2020-2022
Essentia Health-Virginia
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Appendix A – Secondary Data Presentation
Appendix B – Focus Group Survey Questions
Lead Parties on the Assessment

Jenna Ballinger, Community Health Specialist

Acknowledgements

This report is based on a collaborative process with the following community members and organizations. Essentia Health would like to express our gratitude to the many steering committee members and community members for their contribution to planning, development, and analysis of community health needs. Additional thanks to the community members who shared their expertise and helped us include the voices of diverse sectors of our community.

- Virginia Public School District
- St. Louis County Public Health*
- Mesabi YMCA*
- City of Virginia*
- Fairview Range*
- Virginia Police Department*
- Arrowhead Economic Opportunity Agency*
- University of Minnesota Extension*
- Range Mental Health*
- Arrowhead Center Inc.
- Family Services Collaborative*
- Rutabaga Project*
- Northland Learning Center/Alternative Learning Center
- Northwoods School
- Virginia Public Library
- Virginia Fire Department*

*Steering Committee Members
Executive Summary

Essentia Health-Virginia is part of Essentia Health, a nonprofit, integrated health system caring for patients in Minnesota, Wisconsin, North Dakota and Idaho. 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.

Every three years, each Essentia Health hospital 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 health care systems, local public health departments, and organizations or individuals that represent broad interests in the community, including members of medically underserved, low-income, and populations at higher health risk.

Once priority health needs are identified, Essentia Health-Virginia designed an implementation strategy to address the needs with internal stakeholders and community partners. The plan is designed to leverage existing community strengths and resources available to improve health.

From July 2018 to January 2019, Essentia Health-Virginia analyzed data, convened community partners, sought input from community members, and led a process to identify the following priority areas for the 2020-2022 Community Health Needs Assessment:

1. Mental health
2. Nutrition and food access
3. Youth substance abuse

The 2020-2022 Implementation Plan outlines the multiple objectives, activities and strategies to address each priority area.

**Mental health goals:** The community is resilient and free of mental health stigma.

**Nutrition and food access goals:** Community has access to healthy eating and active living opportunities.

**Youth substance abuse goals:** Youth are drug-free, by focusing on the family unit and school initiatives.
Introduction

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:
Headquartered in Duluth, Minnesota, Essentia Health combines the strengths and talents of 14,400 employees, who serve our patients and communities through the mission of being called to make a healthy difference in people’s lives.

Essentia Health-Virginia is part of Essentia Health. The hospital serves Northeastern Minnesota from International Falls to Cotton and from Ely to Hibbing. Established in 1936, the hospital’s medical campus includes two clinics, Essentia Health-Virginia Clinic and the Essentia Health-Virginia Medical Arts Clinic, as well as a long-term care facility. The Iron Range Rehabilitation Center is also found on campus.

Essentia Health-Virginia is a Level IV Trauma Center. It has a 24-hour emergency room and birthing center.

Caring for our community: Our commitment to our community’s health and wellness goes well beyond the work of the Community Health Needs Assessment. Through contributions of over $1 million annually to numerous community organizations, we’re working together with our communities to improve the health and vitality of our neighborhoods. In addition, we’re proud to say our employees donated more than 22,000 hours of their time and talents to a variety of programs and outreach efforts. Our community investments are designed to promote better health, help lessen inequities in our communities, improve access to health care and strengthen the fabric of our communities.
Essentia Health-Virginia has facilities in Virginia, Chisholm, Hibbing, and Aurora. The community defined in this assessment is made up of the ZIP codes where 80 percent of inpatients resided in the fiscal year of 2018 and surrounding cities. This includes ZIP codes 55792 (Virginia), 55734 (Eveleth), 55741 (Gilbert), 55768 (Mountain Iron), 55705 (Aurora), 55790 (Tower), 55746 (Hibbing), 55732 (Embarrass), 55750 (Hoyt Lakes), and 55710 (Britt). The community was defined based on the hospital’s ability to have the greatest impact with the available resources. This hospital is committed to building and sustaining partnerships with the area organizations to extend its reach to all areas within the region.

Existing health care facilities within the region include hospitals in Aurora, Cook, Hibbing, and Ely. Project Care Free clinic provides outpatient health care access to people who are uninsured and underinsured and has locations in Virginia, Hibbing, and Grand Rapids. Pertinent to this health needs assessment, there also are three main behavioral health providers in the area, the Arrowhead Center, Range Mental Health Center, and Lakeview Behavioral Health.
### Demographics & Socioeconomic Factors

#### Table A. Overall demographics (2016)

<table>
<thead>
<tr>
<th>Total Population</th>
<th>County</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>200,353</td>
<td>8,594</td>
<td>5,450,868</td>
</tr>
<tr>
<td>Population age 65 and over (%)</td>
<td>17.3%</td>
<td>18.2%</td>
<td>14.29%</td>
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**Poverty**

<table>
<thead>
<tr>
<th></th>
<th>County</th>
<th>City</th>
<th>State</th>
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<tbody>
<tr>
<td>Median household income</td>
<td>$49,935</td>
<td>$35,150</td>
<td>$63,217</td>
</tr>
<tr>
<td>People of all ages living in poverty (%)</td>
<td>15.5%</td>
<td>24.1%</td>
<td>10.8%</td>
</tr>
<tr>
<td>People under 18 years living in poverty (%)</td>
<td>17.6%</td>
<td>35.9%</td>
<td>13.69%</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>5.8%</td>
<td>4.1%</td>
<td>3.4%</td>
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**Educational Attainment**

<table>
<thead>
<tr>
<th>Population ages 25+ with less than or equal to high school education (%)</th>
<th>County</th>
<th>City</th>
<th>State</th>
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<tbody>
<tr>
<td>35.7%</td>
<td>36.7%</td>
<td>33.1%</td>
<td></td>
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<table>
<thead>
<tr>
<th>Population ages 25+ with bachelor’s degree or higher</th>
<th>County</th>
<th>City</th>
<th>State</th>
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<tr>
<td>27.8%</td>
<td>18.9%</td>
<td>34.3%</td>
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**Housing**

<table>
<thead>
<tr>
<th>Percent of owner-occupied homes (%)</th>
<th>County</th>
<th>City</th>
<th>State</th>
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<tbody>
<tr>
<td>70.7%</td>
<td>55.2%</td>
<td>71.4%</td>
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<table>
<thead>
<tr>
<th>Population spending more than 30% of income on rent (%)</th>
<th>County</th>
<th>City</th>
<th>State</th>
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<tr>
<td>52.1%</td>
<td>57.7%</td>
<td>47.3%</td>
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**Transportation**

<table>
<thead>
<tr>
<th>Households with no motor vehicle available (%)</th>
<th>County</th>
<th>City</th>
<th>State</th>
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<tr>
<td>9.3%</td>
<td>19%</td>
<td>7%</td>
<td></td>
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</table>

*Source: U.S. Census Bureau 2016, American Community Survey*

#### Table B. Race/Ethnicity Distribution (2016)

<table>
<thead>
<tr>
<th>Race Distribution</th>
<th>2016</th>
<th>Percent</th>
<th>2015</th>
<th>Percent</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>8,594</td>
<td>100.00%</td>
<td>8,658</td>
<td>100.00%</td>
<td>-0.74%</td>
</tr>
<tr>
<td>One Race</td>
<td>8,271</td>
<td>96.20%</td>
<td>8,436</td>
<td>97.40%</td>
<td>-1.96%</td>
</tr>
<tr>
<td>White</td>
<td>7,724</td>
<td>89.90%</td>
<td>7,866</td>
<td>90.90%</td>
<td>-1.81%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>75</td>
<td>0.90%</td>
<td>69</td>
<td>0.80%</td>
<td>8.70%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>428</td>
<td>5.00%</td>
<td>482</td>
<td>5.60%</td>
<td>-11.20%</td>
</tr>
<tr>
<td>Asian</td>
<td>29</td>
<td>0.30%</td>
<td>13</td>
<td>0.20%</td>
<td>123.07%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>0</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other Race</td>
<td>15</td>
<td>0.20%</td>
<td>6</td>
<td>0.10%</td>
<td>150.00%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>323</td>
<td>3.80%</td>
<td>222</td>
<td>2.60%</td>
<td>45.50%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>72</td>
<td>0.80%</td>
<td>41</td>
<td>0.50%</td>
<td>75.61%</td>
</tr>
</tbody>
</table>

*Source: U.S. Census Bureau 2014-2016, American Community Survey*

The residents of this service area have lower incomes, experience higher rates of poverty and lower education levels, and have increased rates of single-parent households. The region’s rural nature makes transportation and isolation two barriers to accessing care. There is also a higher rate of disabled residents across every age range and over half live in poverty.
Evaluation of 2016–2019 Implementation Plan

During 2016–2019, Essentia Health-Virginia addressed significant needs identified in the 2016 assessment: behavioral health and social and economic barriers to health and wellness. Some activities were led by the hospital, while others were part of larger collaborative efforts with local partners. The following describes significant accomplishments and outcomes.

Priority Area #1: Behavioral Health

Essentia Health-Virginia partnered with NAMI to provide “Question Persuade Refer” and “Safe Talk” for the public as well as on the Bois Forte Reservation in 2017. The hospital supported mental health trainings at Vermillion Country School and the Tower Area. The hospital also provided a matching grant to support Lutheran Social Services Range Together for Youth program, a support and resource group for LGBTQIA+ youth.

During the 2016-2019 assessment period, Essentia Health expanded Tobacco Cessation Services into the clinic and hospital by training a full-time respiratory therapist to provide cessation counseling. The respiratory therapist also works with the community health specialist, the American Lung Association, and St. Louis County Public Health and Human Services to provide education for parents and school staff about e-cigarettes.

Essentia Health-Virginia partners with local schools through their REACH program. REACH is a program that helps students experience success by learning new life skills to overcome barriers and/or challenges present in their lives. It stands for relationships, education, accountability, character, and hard work. In 2017, Essentia Health funded two REACH teachers to attend Mind-Body training. In 2018, as REACH expanded to new schools in the region, Essentia Health partially funded a Mind-Body training for all REACH faculty in northern Minnesota and over 30 people were trained over the course of a week. Mind-Body training focuses on social-emotional learning skills including breathing techniques, calming exercises, and expressive drawing. REACH teachers handle heavy subject matter with students, therefore the Mind-Body training fit a need around self-care for faculty. Those skills also benefit students in the classroom. Some teachers implemented yoga as part of the curriculum. Others used the breathing exercises and creative skills in their classrooms.

In 2018, Essentia Health, St. Louis County Public Health, and Fairview Range worked together to start the Northern St. Louis County Northland Healthy Minds Group and focus on ending stigma of mental illness. Currently over 25 individuals from different organizations and businesses attend monthly meetings.

Essentia Health-Virginia also participates in the Opioid Abuse Response Strategies Workgroup in Virginia. In 2018, Essentia Health-Virginia supported a Mental Health and Substance Abuse community series through this workgroup.
Priority Area #2 Economic Barriers to Health and Wellness

Essentia Health-Virginia is a collaborative partner on the Rutabaga Project, which aims to address food insecurity experienced by many residents of Virginia, Minnesota. The hospital supported efforts to build community gardens and put permanent nutrition cupboards in the area. From 2016-2018, the hospital granted $75,000 to the Rutabaga Project.

The hospital has also provided support for the local farmers markets by helping them be able to accept Supplemental Nutrition Assistance Program (SNAP) through Electronic Benefit Transfer (EBT) machines. Matching SNAP dollars are provided through Essentia Health and Hunger Solutions. From 2017-2018, the Virginia Market Square distributed $2,080 in Essentia Health matching SNAP dollars.

In recent years, Essentia Health has funded the Power of Produce (PoP) club that gives kids $2 in tokens to spend on fresh produce at the farmers market on fresh produce. PoP also provides over 50 tools, guides and templates to help communities engage younger customers in the farmers market experience. In 2017, the Hibbing Farmers Market reimbursed $1,560 to vendors through the PoP club and the Virginia Market Square reimbursed $798. Over 520 kids used PoP at those markets in 2017 and they visited a total of 1,235 times. In 2018, 751 kids used PoP at markets in Cook, Virginia, and Hibbing. They visited a total of 1,385 times. In 2017 and 2018, Essentia Health-Virginia also handed out over 200 bike helmets to kids and adults at the Virginia Market Square.

Essentia Health-Virginia participates in the Northland Food Network, whose mission is to support regional food production, access, and education to improve health and resiliency of the Northland’s people, economy, and environment. This group allows people from across Northeast Minnesota to connect and share information regarding this mission.

Essentia Health-Virginia is part of a planning group that is working to expand healthy options in convenience stores and grocery stores. The group includes participants from St. Louis County Public Health and Human Services, the University of Minnesota Extension SNAP Education program, and the Rutabaga Project. Another focus is highlighting locally grown produce and local products in stores.

In 2019, Essentia Health-Virginia provided partial funding for client food purchases at the Quad City Food Shelf. The food shelf is moving to a larger facility in a more populated part of the Iron Range and will likely serve more residents. Therefore, there was a need to increase funding from local organizations to support the food shelf.
Essentia Health’s Community Health Advisory Committee developed a shared plan for the 15 hospitals within the system. The plan was based on best practices from the Catholic Hospital Association and lessons learned from the 2016-2019 CHNA process. The process was designed to:

- Incorporate input from persons representing broad interests of the community
- Collaborate with local public health and other health care providers
- Utilize multiple sources of public health data to make data-driven decisions

Each individual hospital worked with community partners to carry out the plan in their service area. Aspects of the plan were adapted to meet the unique needs of each location. Hospital leadership teams and local hospital boards received and approved each implementation plan, followed by final approval by the Essentia Health Board of Directors. The following visual describes the assessment steps and timeline.

**Timeline**

**ASSESS**
- Define Service Area
- Service Area Demographics
- Select Health Status Indicators
- Analyze Data & Inventory available resources

**PRIORITIZE**
- Choose Prioritization Process
- Prioritize Issues
- Justify needs that will not be addressed and provide reasoning why
- Gather Community Input on Priority Issues

**DESIGN**
- Develop Goals and Measurable Objectives
- Choose Strategies and Tactics
- Identify the “team” and resources for each strategy
- Identify Performance Indicators

**FINALIZE**
- Prepare reports, and review with key stakeholders for final feedback
- Present to Hospital Board for Approval
- Share results and action plans with key stakeholders and leaders systemwide
- Post to website, and share plan with the broader community

**Adoption of implementation strategy:** The Community Health Needs Assessment was approved by the Essentia Health East Region Board of Directors on May 2, 2019.
Assess

Secondary data was collected and analyzed through www.bridginghealthnorth.org, a web-based community health data platform developed by Conduent Healthy Communities Institute. The site brings non-biased data, local resources, and reporting tools to one accessible, user-friendly location. The site includes a comprehensive dashboard of over 100 community indicators covering over 20 topics in the areas of health, determinants of health, and quality of life. The data is primarily derived from state and national data sources including: Bridge to Health Survey, Minnesota Department of Health, Minnesota Student Survey, County Health Rankings. A full listing of indicators is included in Appendix A.

Due to the rural nature of the community, data for populations smaller than county level are frequently unavailable or of limited value. In the assessment, data are presented at the county and state level, and when available, ZIP code or census tract.

Data was reviewed and discussed with the Essentia Health-Virginia Steering Committee representing the broad interests of the community. Agencies represented on the steering committee included: St. Louis County Public Health and Human Services, Mesabi YMCA, City of Virginia, Fairview Range, Virginia Police Department, Arrowhead Economic Opportunity Agency, University of Minnesota Extension, Range Mental Health, Family Services Collaborative, Rutabaga Project, Virginia Fire Department, and Natural Harvest Food Co-op.

Prioritize

The prioritization process was done via a survey completed by the Essentia Health-Virginia Steering Committee that took into consideration the most pressing issues in the community based on data and collective knowledge about the community.

Through this process, three priorities were identified for action.

1. Mental health
2. Youth substance abuse
3. Nutrition and food access

Significant needs not addressed in the CHNA: Other issues identified through the process but not included among the top three priorities included transportation, social connectedness, and high turnover of primary care providers. These needs will be addressed in part through the selected priorities as they are interrelated. Additionally, Essentia Health already collaborates with local partners to address these specific issues in the communities.
Community Input

After priority issues were identified through reviewing data and the formal prioritization process, Essentia Health solicited broad feedback from the community on the priorities chosen and how to address the needs.

Community input was primarily gathered through focus groups and key informant interviews. Over the course of two months, more than 80 community members provided input on the priority issues in their community.

A list of questions was asked to discern community strengths, health issues and barriers.

1. Do you confirm the top three priorities?
2. What are the strengths and weaknesses in this community related to those priorities?
3. Out of the weaknesses listed, which ones do you think are the most important to address?
4. What do you think our community should do differently or support in the future to address these issues?

The room was split up into smaller groups that discussed the priorities and strengths in the community. Participants wrote comments on Post-it notes, and each small group shared their discussion with the full group.

Participants in focus groups or key informant interviews came from the following areas:

- Essentia Health-Virginia staff
- Essentia Health-Virginia Clinic staff
- Virginia Public Library
- Alternative Learning Center
- Bill’s House
- St. Louis County Public Health and Human Services
- Opioid Abuse Response Strategies (OARS) North Group
- Supporting Allies, Families, Friends LGBTQ+ for Equality (S.A.F.E)
- North Woods School
- Mesabi East Secondary School
Key Findings

Priority #1 Mental Health

Supporting Data:

- Adults in Virginia who have depression is over 30%, compared to 25.8% in St. Louis County overall. (Bridge to Health Survey 2015)
- Adults in Virginia who considered suicide is almost 10%, compared to 9.1% in St. Louis County. (Bridge to Health Survey 2015)
- Virginia residents who delayed seeking mental health help is 15%, compared to 18% in St. Louis County overall. (Bridge to Health Survey 2015)
- According to the Minnesota Student Survey in 2016, 11.6% of Virginia High School 9th grade students reported feeling down, depressed or hopeless nearly every day, compared to 8.2% statewide.

Community Input:

- When talking with students at several schools they felt like there wasn’t enough mental health resources for them. Many only have one counselor to cover over 300 students. One student said, “The Iron Range doesn’t seem supportive of mental health.” Some kids also felt isolated and didn’t know how to reach out for help.
- There was a consensus that there aren’t enough resources for parents to understand mental health. What resources are available are either hard to find or hard to access.
- Stigma was a common theme among all groups. There were students who wanted to talk about their mental health but were ashamed. Education about mental illness in the community was wanted by all groups.
- There is a perception that current resources in the area are booked out for months and some aren’t even taking patients.

Community Strengths and Resources Available:

This community is fortunate to have several mental health resources. Range Mental Health Center runs several locations for out-patient treatment. There are also some in-patient programs and a crisis center. They also house the Mobile Crisis Team. There are a few private psychologists spread out in Virginia and Hibbing. Fairview Range has a Partial Hospitalization Program in Hibbing.

Many of the schools have the REACH program which focuses on social-emotional learning and skills. Participation varies by school, with some schools having over 50 students involved.

For LGBTQIA+ residents there are a few support groups in Virginia for adults. There is also a youth group called Together for Youth that is run by Lutheran Social Services.
Priority #2 Food Access & Obesity

Supporting Data:

- There are parts of the East Iron Range that have no grocery stores, making it more difficult to obtain healthy foods.
- 7.5% of adults in Virginia have pre-diabetes. In St. Louis County overall, it’s 10.3%. (Bridge to Health Survey 2015)
- 23.6% of adults in Virginia are food insecure, compared to 17.2% in St. Louis County. (Bridge to Health Survey 2015)
- Over 30% of Virginia High School 9th grade students are overweight or obese, compared to 23.3% in St. Louis County. (Minnesota Student Survey 2016)
- 71.7% of Virginia High School 9th grade students are physically active 5+ days a week. In St. Louis County it’s 55.8%. (Minnesota Student Survey 2016)

Community Input:

- When talking to students at a local school they mentioned they don’t want to use parks in Virginia because they are dirty. Students in Aurora weren’t aware of the existing outdoor opportunities for physical activity.
- “I’m expecting fresh vegetables when I get to school, and I see them open a can of vegetables. We need fresher food. Food has a big impact on mental health,” said a local high school student. This was reiterated by several students in area schools.
- Across the board there was a lot of discussion about bad diet habits like eating fast food often. Though there was also discussion about feeling like there isn’t enough time to cook nutritious meals.
- A common thread among all ages was the thought that there isn’t enough to do in the area. Some focus group participants said there are things to do but they aren’t well advertised. Others mentioned the barrier of price for events and transportation to events.

Community Strengths and Resources Available:

Virginia has several local parks that are available to everyone. There is one in almost every neighborhood. There are several walking paths in Virginia, including one in Olcott Park. There is an extensive trail system in the area called the Mesabi Trail. In the winter, several cities on the Iron Range have outdoor skating rinks and sliding hills. Some of the trails get used for cross-country skiing and snowshoeing. There are indoor ice arenas, most with open skating at least once a week. Giants Ridge is a facility that offers ski hills during the winter and biking opportunities in the summer.

Virginia has a greenhouse that can be used by community members, usually with a fee. There are several food shelves spread across the region. There is a buddy backpack program through United Way of Northeastern Minnesota that gives kids food for the weekend. The Rutabaga Project manages community garden plots. Several farmers markets are available during the summer.
Priority #3 Substance Use

Supporting Data:

- Virginia Police Department received 142 behavioral health and overdose 9-1-1 calls from January-August 2018 in Essentia Health-Virginia’s 80% service area. About 37% of those were ETOH (ethanol or alcohol) abuse and about 49% were a behavioral/psychiatric disorder. These are determined by provider impression.
- 35% of 9th grade students said they felt such a strong urge to drink alcohol or use drugs that they couldn’t resist or could not think of anything else, compared to 21.1% in St. Louis County. (Minnesota Student Survey 2016).
- 15% of 9th grade students said they used an e-cigarette in the last 30 days prior to the survey, compared to 10.5% in St. Louis County. (Minnesota Student Survey 2016)

Community Input:

- A librarian talked about her experience with people coming in to the library who appeared under the influence of drugs or alcohol. She wanted more education for people who work with the public around substance use disorder.
- County employees were concerned with the lack of resources in the area and that current resources for substance abuse help were struggling with funding.
- Many of the students in focus groups mentioned high use of alcohol among parents, and they know it affects them as well.
- Vaping was by far the biggest concern among youth and adults alike. School resource officers showed drawers and bags of e-cigarettes and e-liquid.

Community Strengths and Resources Available:

There are a few resources for substance abuse disorder in the area. Arrowhead Center, located in Virginia, provides an adolescent (ages 13-18) outpatient treatment program focused on chemical dependency. It also provides chemical dependency programming for adolescents who are involved in the criminal justice system. It also offers treatment for Northland Learning Center/Alternative Learning Center students who can earn a class credit. Arrowhead Center has an adult outpatient treatment program.

Range Treatment Center provides treatment for chemically dependent individuals and their families. Range Detoxification Service is a 24-hour medically monitored short-term stabilization program for acutely intoxicated individuals.

Essentia Health-Virginia has a certified tobacco treatment specialist available in both the clinic and hospital.
Design

Essentia Health worked with internal stakeholders as well as community partners to design a strategy to address each of the priority needs identified in the CHNA process. The plan outlines actions that will be taken to respond to the identified community needs including goals and measurable objectives, strategies, tactics, and performance indicators.

The implementation plan is a three-year plan to address priority needs. The implementation plan will be reviewed annually, with progress shared with hospital leadership and the Board of Directors on an annual basis.

Additionally, the following three priorities were determined by the Community Health Advisory Committee (CHAC) at a retreat in January 2019. The retreat included input from Community Health staff from across the Essentia Health system. Prioritization was based on common themes from the 15 Community Health Needs Assessments.

- Mental health and wellness
- Substance use
- Nutrition and physical activity

During the FY 2020-FY2022 assessment cycle, some activities will be led by the individual hospitals/markets, while others will be coordinated across the health system. This will help Essentia Health make the greatest impact with available resources

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

Conclusion

As a nonprofit health system, Essentia Health is called to make a healthy difference in people’s lives. This needs assessment illustrates the importance of collaboration between our hospitals and community partners. By working collaboratively, we can have a positive impact on the identified health needs in our community in FY 2020-2022.

For questions or comments about the community health needs assessment, please contact: chna.comments@essentiahealth.org

Copies of this plan can be downloaded from our website: https://www.essentiahealth.org/about/chna/
Virginia CHNA Steering Committee

Our Mission: Support a healthier community for all

The Virginia CHNA Steering Committee is committed to working together to make our community healthier. With a strong belief in collaboration and being action oriented we know we can make a difference. The Essentia Health system has outlined an allocation of resources available to each hospital as a percentage of net revenue to address the priorities set forth in the Community Health Needs Assessments. Progress on goals will be monitored and reported to hospital leaders routinely.

Our Results

Youth are drug-free

Community is resilient and free of mental health stigma

Community has access to healthy eating and active living opportunities

Our Indicators

- Number of drug overdose deaths in St. Louis County
- Percentage of Virginia High School 9th grade students who use tobacco in a 30-day period
- Percentage of Virginia residents who delayed seeking mental health help
- Percentage of Virginia High School 9th grade students who have seriously thought about suicide
- Percentage of Virginia residents who are overweight or obese
- Percentage of Virginia students who are overweight or obese
## CHNA 2020-2022 Implementation Plan

### Result: Youth Are Drug Free

**Indicators**

<table>
<thead>
<tr>
<th>Partners who can help</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Virginia, Fairview Range, Police Department, Fire Department, YMCA, policy makers, American Lung Association, St. Louis County, Juniper, Arrowhead Center, Range Mental Health, Family Services Collaborative, local coalitions, OARS, AEOA, local school districts, court system and probation, Iron Range Youth in Action, Lutheran Social Services, tobacco treatment specialists</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minnesota Department of Health</th>
<th>Minnesota Student Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Overdose Deaths in St. Louis County</td>
<td>Virginia 9th Grade - Tobacco Use in Last 30 Days</td>
</tr>
</tbody>
</table>

### Story behind the data

**Factors that have contributed to improvements:**
- Substance abuse/mental health education (E.g. Substance abuse counselor at the Alternative Learning Center)
- Medication disposal sites
- Increasing cessation resources
- Needle exchange

**Limiting factors:**
- Feeling like there is a lack of resources
- Easy access to certain substances
- Hard to tackle the disease of addiction
- Adverse childhood experiences (ACES)
- Stigma about addiction
- Increase in teen tobacco use due to e-cigarettes
- Current resources are hard to identify without help

### What we are going to do

**Strategy #1: Expand programming for families affected by substance abuse that will work to build resiliency and understanding**

*Action Steps:*
- Work with local partners to help with recruitment and expansion of programming that gives families skills to handle stress that may lead to relapse (E.g. self-care classes, basic life skills classes, practicing goal setting, teaching resilience, meditation or yoga)

**Strategy #2: Adopt trauma-specific interventions and educate the community about adverse childhood experiences (ACES)**

*Action Steps:*
- Encourage and support K-12 schools to implement trauma-specific interventions with cultural integration (E.g., Cognitive BehaVioral Intervention for Trauma in Schools, UCSF Hearts, Alternatives to Seclusion and Restraint)
- Expand awareness of adverse childhood experiences with presentations

**Strategy #3: Support local policy, system, and environment changes to restrict youth access to tobacco products**

*Action Steps:*
- Work with American Lung Association to educate and present Tobacco-21 policy idea to the Range Association of Municipalities and Schools
- Work with local substance abuse prevention coalitions on messaging to the community
### Result: Community is resilient and free of mental health stigma

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Partners who can help</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minnesota Department of Health</strong></td>
<td>City of Virginia, Fairview Range, Police Department, Fire Department, YMCA, Policy Makers, American Lung Association, St. Louis County, Juniper, nursing homes, assisted living homes, AEOA, Range Transitional Housing, Range Mental Health, Arrowhead Center, Lakeview Behavioral, Northland Healthy Minds – Northern SLC, Family Services Collaborative, local school districts, Youth in Action, Together for Youth, Lutheran Social Services, student groups, Iron Range Youth in Action, NAMI, LGBTQIA+ groups</td>
</tr>
<tr>
<td><strong>Minnesota Student Survey</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Story behind the data

**Factors that have contributed to improvements:**
- Mental health education (E.g. Mental Health First Aid, Adverse Childhood Experiences presentations)
- Support groups at Range Mental Health and Essentia Health
- Activities/programs available to kids (E.g. Meet up and Chow Down)

**Limiting factors:**
- Mental health stigma
- Reactive vs. proactive approach
- Limited crisis resources in the region

#### What we are going to do

**Strategy #1: Launch a mental health anti-stigma campaign in Northern St. Louis County**

**Action Steps:**
- Work with Northland Healthy Minds – Northern St. Louis County group and the Early Childhood Mental Health Initiative to develop a mental health anti-stigma campaign
- Provide Mental Health First Aid Trainings to the community

**Strategy #2: Encourage and support social-emotional learning for all youth to increase resiliency**

**Action Steps:**
- Support the capacity of REACH classes in schools (E.g. Supplies for classrooms, training for faculty). REACH Stands for Relationships, Education, Accountability, Character, and Hard Work.
- Research social-emotional learning skills and programs for K-6
## Result: Community has access to healthy eating and active living opportunities

### Indicators

<table>
<thead>
<tr>
<th>Partners who can help</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Virginia, Fairview Range, Parks and Rec, United Way, AEOA, school districts, Family Services Collaborative, Rutabaga Project, farmers markets, Iron Range Partnership for Sustainability, insurance providers, St. Louis County Public Health and Human Services, REACH regional coordinator, YMCA, Healthy Northland</td>
</tr>
</tbody>
</table>

### Partners who can help

<table>
<thead>
<tr>
<th>Bridge to Health Survey</th>
<th>Minnesota Student Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia Residents 18 and Over Who are Overweight or Obese</td>
<td>Virginia 9th Grade Students who are Overweight or Obese</td>
</tr>
</tbody>
</table>

### Story behind the data

#### Factors that have contributed to improvements:
- Community gardens
- Farmers markets
- Increased cooking knowledge
- Buddy Backpack Program
- Meet up and Chow Down

### Limiting factors:
- Not enough time or bad time management
- Low priority in school and at home
- Perception that fast food is cheaper
- Mental health decline
- Harder to get out during the winter

### What we are going to do

#### Strategy #1: Expand programs that encourage physical activity

**Action Steps:**
- Expand Meet Up and Chow Down into new neighborhoods and cities
- Develop a social norms campaign around physical activity
- Utilize current city spaces and buildings to have more opportunities to be active during the winter months (E.g. outdoor skating events, rentable sleds, walkable paths)

#### Strategy #2: Expand healthy food access

**Action Steps:**
- Expand options for healthy food choices (E.g. Farm to School, healthy snacks in classrooms, school gardens)
- Support local farmers markets through EBT match and Power of Produce program

#### Strategy #3: Build and strengthen efforts to have clean and welcome outdoor community spaces

- Help plan community clean-up events during spring, summer, and fall
- Support efforts that currently use outdoor spaces (E.g. community gardens, community food forest)
Health Indicator Data

Essentia Health – Virginia Service Area
DEMOGRAPHICS
Percent of People in Each Age Group (Virginia)

- Under 5
- 5 to 19
- 20 to 44
- 45 to 59
- 60+

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
Population by Race in Tower (2016)

- White: 64%
- White and American Indian: 36%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
SOCIOECONOMICS
Families Living Below Poverty Level

- Virginia: 18%
- Tower: 11%
- Aurora: 10%
- Eveleth: 18%
- Gilbert: 4%
- Mountain Iron: 15%
- Hibbing: 17%
- Hoyt Lakes: 5%

MN Value: 6.9%

Source: American Community Survey, 5-year estimates 2012-2016
SINGLE-PARENT HOUSEHOLDS

Source: American Community Survey, 5-year estimates 2012-2016
Appendix A

Adults with Food Insecurity

Source: Bridge to Health Survey (2015)

Adults who have used a Food Shelf Program

Source: Bridge to Health Survey (2015)
6.8% of adults over 18 often do not have access to transportation to get groceries.
Virginia has had a small drop in people 65+ living alone but it is still 20% over the Minnesota value.
DISABILITIES
40.2% of adults 65+ have a disability in Virginia. In Gilbert it’s 47.3%.

The MN value is 31.7%
Persons with a Disability (5 years old and over)

- Virginia: 21%
- Eveleth: 13%
- Gilbert: 17%
- Mountain Iron: 12%

MN Value 10.6%

Source: American Community Survey
53.9% OF PERSONS WITH A DISABILITY IN VIRGINIA OVER 5 YEARS OLD LIVES IN POVERTY
ACCESS TO HEALTHCARE
Adults with Medicare

Bridge to Health Survey Regional Value: 24.7

Source: Bridge to Health Survey (2015)
HPSA – Health Professional Shortage Areas (Dental)

Source: MDH Office of Rural Health and Primary Care
MATERNAL HEALTH & NATALITY
Appendix A

 Mothers who Smoked During Pregnancy  
 County: St. Louis, MN

[Graph showing percentage of mothers who smoked during pregnancy from 2012 to 2016.]

Source: Minnesota Department of Health (2016)

 Mothers who Smoked During Pregnancy

[Bar graph comparing smoking rates across different counties in Wisconsin and Minnesota.]

Source: Wisconsin Department of Health Services, Minnesota Department of Health (2016)

COMPARED TO

- MN Counties
- MN Value (8.8%)
- US Value (7.2%)
- Prior Value (17.9%)
EATING HABITS, PHYSICAL ACTIVITY & CHRONIC CONDITIONS
IN VIRGINIA 27.4% OF ADULTS EAT 5+ SERVINGS OF FRUITS AND VEGETABLES A DAY
10.1% OF ADULTS HAVE DIABETES IN VIRGINIA
Adults who are Obese

MN State Value: 26.1

Source: Bridge to Health Survey (2015)
30.9% of 9th grade students in the Virginia Public School District are obese or overweight.
9th Grade Students who are Physically Active 5+ Days per Week

Source: Minnesota Student Survey (2016)
SUBSTANCE USE/ABUSE
Drug Overdose Deaths in St. Louis County

Source: MDH Drug Overdose Deaths Report
911 Calls, Runs by City

Source: Virginia Fire Department Calls Data
911 Calls, Runs by Provider Impression (Jan. 1 - Aug. 24, 2018)

- Behavioral/Psychiatric Disorder: 49%
- ETOH Abuse: 37%
- Poisoning/Drug Ingestion: 9%
- Substance/Drug Abuse: 5%

Source: Virginia Fire Department Calls Data
Source: 2015 Bridging Health Survey
Adults Who Attempted to Quit Smoking

Bridge to Health Survey Regional Value: 43.0

Source: Bridge to Health Survey (2015)
Amount of days 9th grade students consumed alcohol in the past 30 days

- 0 Days: 81% (2013), 86% (2016)
- 1 or 2 days: 10% (2013), 10% (2016)
- 3 to 5 days: 6% (2013), 4% (2016)

Source: 2013 & 2016 Minnesota Student Surveys (Virginia Public School District)
9th Grade Students use of Tobacco

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>78%</td>
</tr>
<tr>
<td>Once or Twice</td>
<td>8%</td>
</tr>
<tr>
<td>Once a week</td>
<td>4%</td>
</tr>
<tr>
<td>Daily</td>
<td>4%</td>
</tr>
</tbody>
</table>

9th Grade Students Perception of Tobacco Use

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>13%</td>
</tr>
<tr>
<td>Once or Twice</td>
<td>23%</td>
</tr>
<tr>
<td>Once a week</td>
<td>17%</td>
</tr>
<tr>
<td>Daily</td>
<td>24%</td>
</tr>
</tbody>
</table>

Source: 2016 Minnesota Student Survey (Virginia Public School District)
Appendix A

9th Grade Use of Marijuana

NEVER: 82%
Once or Twice: 3%
Once or Twice a Year: 3%
Once a Month: 5%
Twice a Month: 4%
Once a Week: 0%
Daily: 3%

9th Grade Perception of Marijuana Use

NEVER: 16%
Once or Twice: 18%
Once or Twice a Year: 8%
Once a Month: 10%
Twice a Month: 17%
Once a Week: 22%
Daily: 13%

Source: 2016 Minnesota Student Survey
35% of 9th grade students said they felt such a strong urge to drink alcohol or use drugs that they couldn’t resist or could not think of anything else.

Source: 2016 Minnesota Student Survey (Virginia Public School District)
MENTAL HEALTH
Adults with Depression

MN State Value: 18.9

Source: Bridge to Health Survey (2015)
Adults with Other Mental Health Problems

Source: Bridge to Health Survey (2015)
How Often Students Feel Down, Depressed, or Hopeless

Source: 2016 Minnesota Student Survey (Virginia Public School District)
9th Grade Students, Seriously Considered Attempting Suicide

- **Virginia Public School District**: 72% No, 32% Yes
- **Mountain Iron Buhl**: 80% No, 24% Yes
- **Mesabi East**: 77% No, 28% Yes

Source: 2016 Minnesota Student Survey (Virginia Public School District)
CAUSES OF DEATH
Top 10 leading causes of death in St. Louis County

<table>
<thead>
<tr>
<th>Cause</th>
<th>Rank</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>1</td>
<td>475</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>2</td>
<td>377</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Dis.</td>
<td>3</td>
<td>152</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>4</td>
<td>133</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>5</td>
<td>122</td>
</tr>
<tr>
<td>Stroke</td>
<td>6</td>
<td>105</td>
</tr>
<tr>
<td>Diabetes</td>
<td>7</td>
<td>66</td>
</tr>
<tr>
<td>Suicide</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>9</td>
<td>35</td>
</tr>
<tr>
<td>Pneumonia and Influenza</td>
<td>10</td>
<td>31</td>
</tr>
</tbody>
</table>

Source: MDH County Health Tables
**Age-Adjusted Death Rate due to Unintentional Injuries**

- **County: St. Louis, MN**

**51.9**

Deaths/100,000 population

**COMPARSED TO**

- MN Counties
- U.S. Counties
- MN Value (41.0)
- US Value (43.2)
- Prior Value (49.8)

*Source: Centers for Disease Control and Prevention*
Focus Group Script

Time: 5min

Hello Everyone,

I/We would like to thank all of you for coming today. My name is (name here), and I work for (organization here). Essentia Health – Virginia is currently working on its Community Health Needs Assessment, or CHNA for short. A CHNA is an assessment required by the Affordable Care Act. We access an area using data and focus groups to create our priorities and goals for a three-year span of time.

Our CHNA Steering Committee identified these top 3 priorities: Mental Health, Substance Abuse/Use, and Food & Nutrition. Our goal with this focus group today is to better understand where our strengths and weaknesses are related to these priorities.

First, we would like your feedback on what you think of the priorities we chose. Do you feel these are the most pressing health issues in our community? Why or why not?

_____________________________________________________________________________________

Time: 3min to explain, 10min for the exercise

We have the following categories written on the sheet beside me:

- Employment (job training, available jobs)
- Substance Abuse/Use (rehab, education, other services)
- Medical (Dental, Primary Care/Urgent Care/ER)
- Mental Health (cognitive, behavioral, and emotional)
- Community (are we fostering a sense of community)
- Environment (water quality, air quality, pollution) (parks, trails)
- Food & Nutrition (farming, local sourcing, healthy, access to food)

Come up with one strength and one weakness for each category, individually.

When thinking about strengths and weaknesses consider: what programs are available now? what resources are readily available? when it comes to your friends, family, and community what are your concerns for them related to these categories? where have you seen positive changes? where do you think there could be improvements?

Think about your own life and those that surround you every day. You all have opinions and concerns about these topics. We want to hear them so we can better address them. You have about 10 minutes to write down those strengths and weaknesses on separate post-it notes. It's ok if you don't have an answer for every category.

_____________________________________________________________________________________

Time: 2min to explain, 15min for the exercise
Please get into groups of (divide room equally). Read your post-it’s to the group. Once you are finished, you will decide as a group where the post-its for each category rank in importance. Once you have them ranked we will move on to the next step.

_____________________________________________________________________________________

**Time: Total 25min**

On the sheets, we have the categories listed. Pick someone from your group to bring up the top two weakness post-its for each category and place them on the sheet.

*Read the strengths and the weaknesses to the room

Now let’s open the room to discussion. What are your thoughts on the weaknesses and strengths that were chosen? Do you think they fit under the priorities we discussed at the beginning of the session? What do you think our community should do differently or support in the future to address these issues?

Thank you everyone for participating today!