2018 Community Health Needs Assessment & 2019–2021 Implementation Strategy

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2018
Community Health Needs
Assessment Report

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Clinic & Hospital

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Health Services

Executive summary

Assessing the health needs of our community is critically important to carrying out Grand Itasca Clinic & Hospital's mission: patient-centered excellence. In order to achieve optimal health for our community, we must reach beyond the walls of our medical center and clinic to understand the health of our community where they live.

Grand Itasca has conducted a community health needs assessment (CHNA), every three years since 2013, to systematically identify, analyze, and prioritize the critical health needs of the community and to develop strategies to address those needs. The 2018 CHNA builds upon previous assessments and was developed in partnership with community members, organizations, and local public health agencies. In addition to fulfilling the IRS requirements for CHNA and Implementation Strategies pursuant to the Affordable Care Act of 2010, which requires 501(c)(3) nonprofit hospitals to conduct an assessment at least every three years, the CHNA will also serve to inform organizational strategies.

Process and methods

The CHNA process was designed to gather current demographic and health data from a variety of sources in order to understand the needs of the Grand Itasca community. The report contains a description of the process used for the assessment, a discussion of the types of information collected, and a summary of the results. The 2018 CHNA process took place between March 2018 and October 2018 and was led by the Fairview community benefit team.

Secondary data describing the demographic, social, and economic characteristics of residents Grand Itasca serves was obtained from a variety of sources, including the U.S. Census Bureau American Community Survey, Minnesota Department of Health, Minnesota Student Survey, Behavioral Risk Factor Surveillance System, State Cancer Profiles, and Community Need Index scores.

Primary data collection included a series of community conversations, facilitated discussions, focus groups, and key informant interviews on key issues impacting health and well-being. The community conversations were conducted in partnership with Itasca County Public Health staff. The data was collected and analyzed by Fairview's community benefit team.

Identification of priority health needs

The Grand Itasca Community Health Steering Committee comprised of local public health, community partners, and local officials, met in June 2018 to lend their voices to help us better understand the health needs of the community. The steering committee members met again in September 2018, to identify and prioritize emerging health issues affecting the community. The steering committee reviewed primary and secondary data collected and compiled as part of this needs assessment. Additionally, the steering committee reviewed the health priorities identified in the 2016 CHNA process, mental wellness and healthy living.

The Grand Itasca Community Health Steering Committee, in collaboration with the Fairview teams, used the following weighted criteria to prioritize the significant health needs identified: 2016 CHNA priority needs, community priority, Grand Itasca/resources/feasibility, evidence of disparities, magnitude/scale of need, and need present in all 11 Fairview communities.

Through a voting process, the steering committee recommended the following as Grand Itasca's 2018 CHNA priority needs:

- Mental health and well-being
- Healthy lifestyles
- Access to care and services

The priorities were intentionally chosen at broad level because they encompass much of what was heard from the community and found in the secondary data. Other significant needs identified in the process that will not be addressed in the next three year Implementation Strategy include: affordable, healthy, and safe housing, asthma, chronic lower respiratory disease, clinic hours, cost associated with care, patient advocacy/navigator, stroke, transportation, and wait times to appointment date.

On October 17, 2018, the Grand Itasca Clinic & Hospital Board of Directors formally adopted the 2018 CHNA and the priority health needs.

The 2018 CHNA report was posted on the Grand Itasca Clinic & Hospital website on December 31, 2018. Paper copies are available through Fairview's community benefit department.

Next steps

Beginning in late 2018, the Grand Itasca team will develop a written Implementation Strategy to address the three priority health needs identified during the assessment process. This plan will be created in partnership with the Grand Itasca Community Health Steering Committee, public health, and other community members, to be adopted by the Grand Itasca Board of Directors by May 15, 2019, and executed during years 2019-2021.

Acknowledgements

This report is the result of contributions from many individuals and organizations. We would first like to give special recognition to individuals who gave their time and experience working with and living in the local community.

- Angie Dixon, Community Conversation Facilitator
- Daniel Schriemer, Community Conversation Facilitator
- Kelly Chandler, Itasca County Public Health – Community Conversation Note-taker
- Linsey Savage, Itasca County Public Health – Community Conversation Note-taker
- Maggie Rothstein, Itasca County Public Health – Community Conversation Note-taker
- Murayo Nur, Community Conversation Note-taker
- Naesa Myers, Itasca County Public Health – Community Conversation Note-taker
- Roberta Morrow, Community Conversation Note-taker

We would also like to recognize the CHNA team who worked diligently to complete the community health needs assessment process for all 11 Fairview hospitals and medical centers. We also thank our Fairview Community Advancement leaders and other Fairview colleagues who played important roles in the process.

Community Health Needs Assessment Team
- Jennifer Morman, Manager Community Benefit
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- Mee Cheng, Data Analyst Associate
- Megan Chacon, Community Impact Manager
- Mohammed Selim, Community Benefit Analyst
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- Yuko Ekyalongo, Community Conversation Note-taker, Key Stakeholder Interviewer

Other Fairview Staff
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- John Swanholm, Vice President, Community Advancement and President, Foundation, Fairview
- Kara Rose, Senior Grant Writer
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- Laura Fangel, Multidisciplinary Coordinator, M Health Oncology Service Line, University of Minnesota Physicians
- Pa Chia Vue, Community Engagement Manager
- Pat Peterson, Faith Community Outreach Manager

Introduction and background

Grand Itasca Clinic & Hospital has conducted community health needs assessments (CHNA) since 2013 to systematically identify, analyze, and prioritize the critical needs of the community and address those needs. The 2018 CHNA builds upon previous assessments and was developed in partnership with community members and organizations, local public health agencies, and other hospitals and health systems. It serves as a tool for guiding policy, advocacy, and program planning. It also fulfills IRS requirements for CHNA and Implementation Strategies pursuant to the Affordable Care Act of 2010, which requires 501(c)(3) nonprofit hospitals to conduct an assessment at least every three years and provide an annual evaluation of impact of the previous Implementation Strategy. For additional detail, see section titled, Evaluation of impact, 2017-2018 CHNA Implementation Strategy.

Through this process, Grand Itasca aims to:

- Understand the health status and needs of the community it serves by analyzing current demographics, health data, and by collecting direct input from community members and organizations.

- Identify the strengths, assets, and resources available in the community to support health and well-being.

- Address significant health needs through partnerships with community members and organizations, public health agencies, and other hospitals and health systems.

- Create a Strategic Implementation Plan reflective of the data collected through the CHNA process.

- Inform Grand Itasca's community benefit activities.

Definition of health

For the purposes of this assessment, health is not limited to traditional measures of physical health. It includes spiritual health, as well as social and economic factors relating to quality of life such as income, education, employment status, transportation, and housing.

Grand Itasca Clinic & Hospital believes that health and well-being starts where we live, learn, work, play, and pray. This philosophy is consistent with the duel definitions of health and social determinants of health, taken from the World Health Organization, which were enhanced and ultimately adopted by the Grand Itasca Community Health Steering Committee, which are:

- **Health** is a state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity.

- **Social determinants of health** are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.

About Fairview Health Services

Fairview Health Services (fairview.org) is a Minneapolis-based nonprofit health system driven to heal, discover, and educate for longer, healthier lives. Founded in 1906, Fairview provides exceptional care to patients and communities as one of the most comprehensive and geographically accessible systems in Minnesota, serving the greater Twin Cities metro area and north-central Minnesota. Through a close relationship with the University of Minnesota, Fairview offers access to breakthrough medical research and specialty expertise as part of a continuum of care that reaches all ages and health needs.

Our mission
Fairview is driven to heal, discover, and educate for longer, healthier lives.

Our vision
Fairview is driving a healthier future.

Our values
Dignity
Integrity
Service
Compassion
Innovation

Fairview at a glance
33,000+ employees
5,000+ system providers
11 hospitals and medical centers
2,177 staffed beds
56+ primary care clinics
55+ specialty clinics
70+ senior housing locations
40+ retail and specialty pharmacies

Fairview has the following hospitals and medical centers

- Bethesda Hospital (St. Paul)

- Fairview Lakes Medical Center (Wyoming)

- Fairview Northland Medical Center (Princeton)

- Fairview Range Medical Center (Hibbing)

- Fairview Ridges Hospital (Burnsville)

- Fairview Southdale Hospital (Edina)

- Grand Itasca Clinic & Hospital (Grand Rapids)

- St. John's Hospital (Maplewood)

- St. Joseph's Hospital (St. Paul)

- University of Minnesota Medical Center and University of Minnesota Masonic Children's Hospital (Minneapolis)

- Woodwinds Health Campus (Woodbury)

In addition to hospitals, clinics, and medical centers, Fairview provides services across our continuum including adult day programs, home care and hospice, home infusion, foundations, community health and well-being programs, medical transportation, sports and orthopedic care, and much more.

Fairview's communities

For the purposes of the CHNA, Fairview's communities are defined as the population of the combined zip codes for Fairview's hospitals and medical center's primary service areas. These are comprised of 161 zip codes, nine Minnesota counties (Chisago, Dakota, Hennepin, Itasca, Mille Lacs, Ramsey, Sherburne, St. Louis and Washington) and an area of Wisconsin. All told, Fairview's communities represent a population of 2,645,690 people and covers 6,969 square miles. These zip codes are home to approximately 84 percent of Fairview's patients.

This definition of community was selected to:

- Provide continuity of definition with previous CHNAs.

- Provide balance between the micro view of community (e.g. zip code, neighborhood) and a macro view (e.g. county, state) in data collection and health need identification.

- Align with business development definitions of community (e.g. the combined zip codes that comprise the primary service areas).

- Ensure alignment of priorities and existing relationships with county public health departments that intersect with the defined community.

2018 Fairview Health Services community
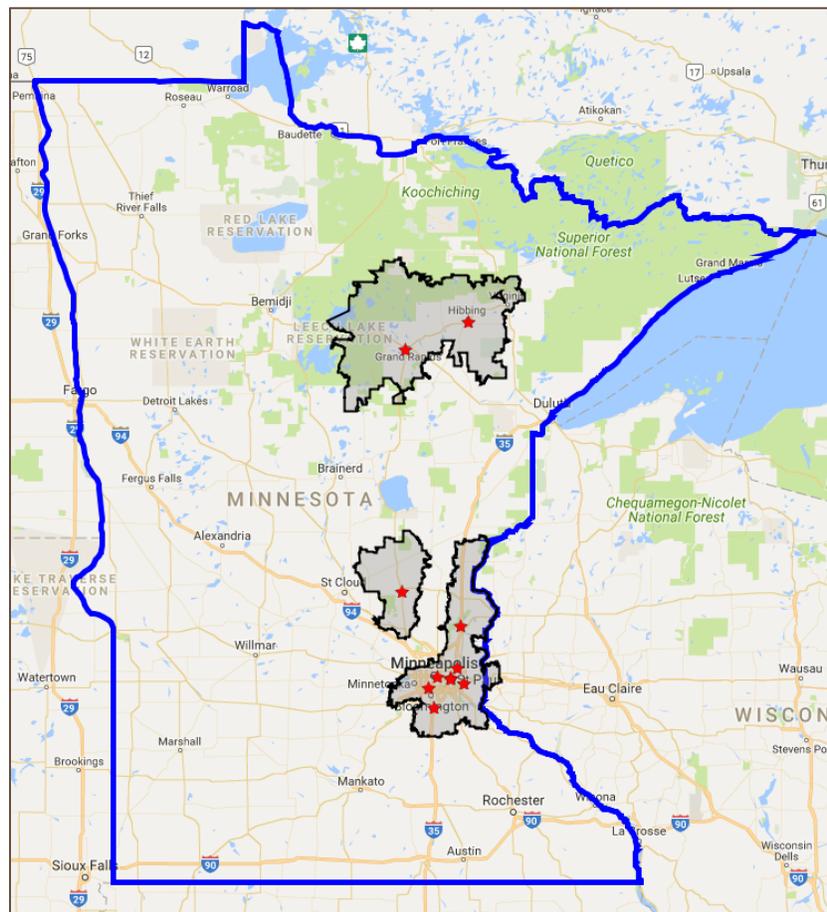
Key components of our community commitment

Each of Fairview's hospitals and medical centers are committed to improving the health and well-being of the communities we serve. We fulfill our responsibility through a variety of efforts including:

- A CHNA and Implementation Strategy that places community first and targets the most critical health needs in our communities.

- A sustainable funding structure that supports innovative and collaborative health projects that have measurably improved health outcomes and earned national recognition.

- Policies and billing practices that support appropriate financial assistance for those in need.

While Fairview's community health programs address the needs of the whole community, our efforts are focused on seniors, people experiencing poverty, persons of color, and indigenous people.

Organizational support

Fairview is governed by a **Board of Directors** that come from a variety of professional backgrounds — including medicine, business, theology, government, and academia. Their expertise supports our commitment to improving the health of the communities we serve. See appendix A for roster.

The **Grand Itasca Clinic & Hospital** is governed by a **Board of Directors** that is comprised of a variety of professional and community members. The Board of Directors approves the CHNA and Implementation Strategies. See appendix B for the roster.

The **Community Advisory Council** is comprised of Fairview's President and Chief Executive Officer, staff from Ebenezer – Fairview's senior services division – and local community leaders from business, education, public health, philanthropy, faith communities, and nonprofit organizations. See appendix C for roster. These leaders select issues to study, to gain in-depth understanding, and collaborate in problem solving initiatives. This results in sustainable, effective community-based solutions to systemic health issues.

Fairview employs a team of **community benefit staff** dedicated to researching and assessing community health needs, as well as implementing strategies to improve them. Each fall, this team reports key strategies and outcomes to the Community Advisory Council and local community health steering committees. See appendix D for rosters.

Community Health Steering Committees are the primary resources that Fairview uses to engage the community in better understanding local health needs and to develop plans for action. Each local steering committee has members who serve on the system Community Advisory Council.

Each steering committee is comprised of local community leaders from business, education, public health, faith communities, nonprofit organizations, and Fairview hospital leadership, staff, and physicians See appendix E for roster. These members advise on the CHNA and Implementation Strategy processes providing in-depth understanding of needs, assets, and barriers, and collaborate in problem-solving initiatives. This results in sustainable, effective community-based solutions to systemic health issues.

Fairview providers and staff are integrated into a wide variety of these initiatives as appropriate.

About Grand Itasca Clinic & Hospital

Grand Itasca Clinic & Hospital, a part of Fairview Health Services, is a community hospital in Grand Rapids, Minnesota. The hospital was originally built in 1918 to bring care to the logging camps and paper mill in the area. Today it serves as the leading employer and a powerful economic engine in greater Itasca County. Grand Itasca employs more than 50 providers and partners with University of Minnesota Health specialists to bring advanced, high-quality care directly to the surrounding community. The hospital is a Level III Trauma Center and Acute Stroke Ready Hospital, designated by the Minnesota Department of Health.

Key services

- Cancer care
- Chiropractic
- General surgery
- Heart care
- OB-GYN

- Orthopedics
- Pharmacy
- Primary care
- Rehabilitation
- Urology

Grand Itasca's community

Grand Itasca Clinic & Hospital defines its community as a sub-set of Fairview's defined communities. The community includes 15 zip codes where approximately 80 percent of its patients live, the city where the hospital resides, Grand Rapids, MN, and the county where the hospital resides, Itasca County. Ninety-four percent of Grand Itasca employees live within the defined community. The total population of this geographic community is 41,413 people, covers 2,220 square miles, and there is a median household income of $52,580. See appendix F for list of cities and zip codes

For the remainder of this report when "community" is referred to, it is defined according to the above paragraph.

2018 Grand Itasca Clinic & Hospital Community
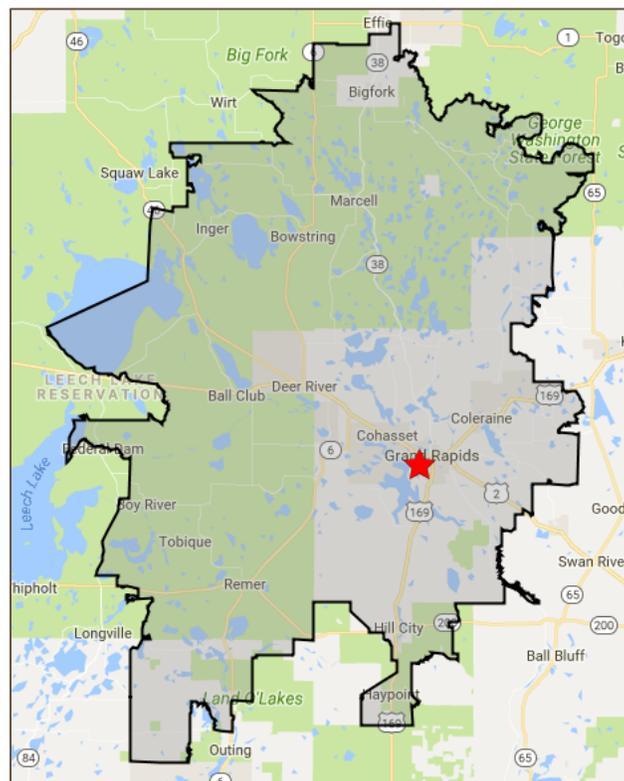
□ Grand Itasca Clinic & Hospital community ★ Grand Itasca Clinic & Hospital

The proportion of Grand Itasca community residents age 65 and older is projected to increase by 2.2 percent, from 22.9 percent to 25.1 percent over the next five years. The population of residents ages 18-44 is also projected to increase over the next five years, while the population of residents ages 45-64 is projected to decrease.

Grand Itasca Clinic & Hospital community – Age				
Year	2018		2023	
Total Population	41,413		41,974	
Ages 0 – 17	8,625	20.8%	8,490	20.2%
Ages 18 – 44	11,500	27.8%	11,845	28.2%
Ages 45 – 64	11,839	28.6%	11,095	26.4%
Ages 65 and older	9,449	22.9%	10,544	25.1%

Source: Claritas 2018

In 2018, 91.7 percent of the Grand Itasca community identified as white, with American Indian/Alaskan Native residents making up the second largest group at 4.2 percent. Residents of color make up 8.3 percent of the overall population. Over the next five years, the number of residents of color is projected to increase to 9.4 percent of the overall population.

Grand Itasca Clinic & Hospital community – Race				
Year	2018		2023	
Total Population	41,413		41,974	
White	37,982	91.7%	38,026	90.6%
Black / African American	225	0.5%	292	0.7%
American Indian / Alaskan Native	1,720	4.2%	1,899	4.5%
Asian	166	0.4%	195	0.5%
Native Hawaiian / Pacific Islander	13	0.0%	14	0.0%
Some Other Race Alone	116	0.3%	145	0.3%
Two or More Races	1,191	2.9%	1,403	3.3%

Source: Claritas 2018

Ethnicities, including Hispanic/Latino, can be any race and are included in the race categories above.

Community Health Needs Assessment

Fairview uses two key resources to frame its CHNAs and Implementation Strategies: The Catholic Health Association framework and the University of Wisconsin Population Health Institute model.

The Catholic Health Association framework describes the processes used to identify, prioritize, act on, and evaluate the health needs and assets of our communities in collaboration with community partners. The Fairview process is based on this model, and is as follows.

Our process

The CHNA process was designed to gather current demographic and health data from a variety of sources in order to understand the needs of the Grand Itasca community. The report contains a description of the process used for the assessment, a description of the types of information collected and a summary of the results. The 2018 CHNA process took place between March 2018 and October 2018 led by the Fairview community benefit team.

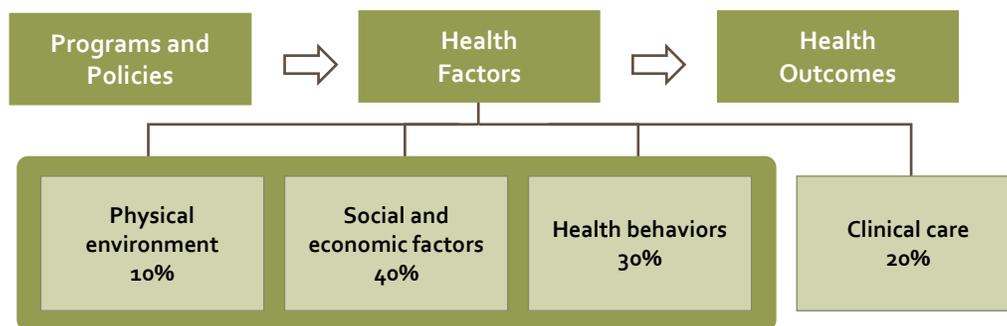| Primary and secondary data collection and analysis	Community Health Steering Committee validate priority health needs	Grand Itasca Clinic and Hospital Board of Directors adoption of CHNA
March – August 2018	September 2018	October 2018

When the Community Health Needs Assessment process began in early 2018 the path to adoption of the CHNA reports included three additional steps after adoption by the Grand Itasca Clinic and Hospital Board of Directors. The additional steps were: formal recommendation of all 11 Fairview hospital and medical center reports by the Fairview Community Advisory Council to the Fairview Patient Care and Experience Committee of the Corporate Board followed by the Fairview Patient Care and Experience Committee of the Corporate Board's formal recommendation for adoption of all 11 reports to the Fairview Board of Directors, ultimately ending with the Fairview Board of Directors adopting all 11 reports. In late 2018 the path to adoption of the Grand Itasca Clinic and Hospital's Community Health Needs Assessment was streamlined and is as represented in the process arrow above.

Fairview Community Advancement used the University of Wisconsin Population Health Institute model below to understand the factors that influence health outcomes and to classify health needs and opportunities. According to this model, only about 20 percent of health is determined by clinical care. The CHNA helps to identify the other 80 percent of health influencers that occur outside of clinics and hospitals. These factors combined are called social determinants of health.

Social determinants of health are the conditions in which people are born, grow, work, live, and age, plus the wider set of forces and systems shaping the conditions of daily life.[1]

Inequitable social determinants of health often lead to health disparities — the unfair or avoidable differences in health status seen between groups of people. Social determinants, such as socioeconomic status, geography, and housing, affect opportunities for health and influence health behaviors and underlying conditions contributing to health.

Programs and Policies	⇒	Health Factors	⇒	Health Outcomes

Physical environment 10%	Social and economic factors 40%	Health behaviors 30%	Clinical care 20%

Source: University of Wisconsin Population Health Institute

Collaborations and consultants

Collaborations
Grand Itasca collaborated with Itasca County Public Health staff to conduct community conversations and focus groups. Itasca County Public Health staff reviewed and provided feedback on the primary data collection tools and co-led both the community conversations and focus groups.

Consultants
Wilder Research, a division of the Amherst H. Wilder Foundation in St. Paul, Minnesota, is one of the nation's largest nonprofit research and evaluation groups dedicated to the field of human services. Wilder Research conducts research for more than 100 nonprofit and government organizations whose sphere of influence ranges from the neighborhood to the national or international level.

Data sources
The community benefit staff used a variety of data sources to gain a comprehensive understanding of the health needs of people throughout the community.

Primary data
To ensure the CHNA had broad community representation, key populations — seniors, people experiencing poverty, persons of color, and indigenous people — were invited to participate in a series of community conversations, key stakeholder interviews, focus groups, and facilitated discussions.

Questions were designed to help the team understand community identified top health needs, barriers to care, barriers to maintaining and improving health, and community assets. All primary data was collected between May and August of 2018.

Secondary data
Secondary data were gathered from several online resources housing a variety of indicators that have been collected, analyzed, and displayed by governmental and other agencies through surveys and surveillance systems. Additional data was gathered through purchased data sources including Claritas and Wilder Research.

Wilder Research compiled and synthesized publicly available data and research studies to create issue briefs on the leading causes of death/premature death and the social determinants of health for Itasca County. They reviewed multiple time-point indicators related to the following social determinants of health: socioeconomic status, education, employment, housing and transportation. The final issue briefs highlight disparities by race, ethnicity, age, gender, and other factors.

The following criteria were used to identify the quantitative data sources:

- Publicly available

- Availability of data by zip code, county, state, and U.S. levels

- Existence of benchmarks (e.g. Healthy People 2020)

- Ability to trend (e.g. updated on a regular basis)

- Informs understanding of health disparities

Claritas is a widely used national demographic estimate tool. Estimates and projections are provided at a zip code level including, but not limited to population based on age, sex, ethnicity, and income. Estimates are data prepared for the current year, and projections are prepared for dates five years in the future based on U.S. Census, American Community Survey, and other data sources. This demographic data is used across various industries to understand population trend implications on business strategies and initiatives.

Community Commons provides a single location for a number of data sources available at the state, county, national, and often zip code level. It is managed by the Institute for People, Place and Possibility, and the Center for Applied Research and Environmental Systems. Major funders and partners include the Center for Disease Control and Prevention, Robert Wood Johnson Foundation, and the American Heart Association.

The **American Community Survey** is an ongoing survey by the U.S. Census Bureau designed to provide information about how communities are changing. It annually gathers information previously contained only in the long form of the decennial U.S. Census such as ancestry, educational attainment, income, language proficiency, and housing characteristics.

Community Need Index developed by Catholic Healthcare West and Truven Health Analytics combine publically available and proprietary data to create an objective measure of socio-economic barriers to health care access and their effect on inappropriate hospital re-admissions for ambulatory sensitive conditions.

Data methods and analysis

Primary data
Fairview's community benefit team developed standardized tools, processes, instructions, and facilitator, interviewer, and note-taker training. The team also gathered, cleaned, analyzed, and presented all primary data. Community conversations and focus groups lasted 90 minutes. Key stakeholder interviews were conducted over the phone and lasted 30 minutes or less.

Secondary data
Fairview's community benefit team provided oversight, standardized tools, processes, and instructions for data gathering, cleaning, analysis, and presentation of most secondary data. Wilder Research performed this role with data related to the social determinants of health and leading causes of death for Itasca County.

Data limitations
While the team made every effort to gather appropriate volume and variety of data to support the CHNA, they identified several information gaps and limitations.

Primary data
Several limitations are inherent in the primary data collection. These include:

- Information gathered from key stakeholder interviews often represents the perspectives and biases of the organization, agencies, and groups with which the stakeholders are associated.

- Because few people can sense all the needs and concerns of their community, the perspectives of those who are less visible may be overlooked.

- Several key populations were not well represented in primary data collection. These include children and adolescents, men, young adults, and members of the LGBTQ community.

To minimize the above limitations, the team reviewed and analyzed all primary data within the context of the overall CHNA findings and secondary data sources.

Secondary data

Two key limitations are inherent in the collected secondary data:

- The reporting of race and ethnicity data is often suppressed due to larger margins of error and/or small population sizes. Information for populations such as East African, Hmong, American Indian, and black are largely unavailable, or suppressed, especially at the local level.

- The majority of captured data is deficient-based thereby making the focus of the summary deficient within the community.

To minimize secondary data limitations, the team was intentional about speaking with seniors, persons experiencing poverty, people of color, and indigenous people.

Understanding the health needs of our community

Grand Rapids is the county seat of Itasca County, Minnesota. It is named for the three and a half mile-long local rapids in the Mississippi River, which was the uppermost limit of practical steamboat travel during the late 19th century. Today, those rapids are hidden underneath the dam of the Blandin Paper Mill. The community identifies with a strong sense of community, small town living and values, and being a wonderful place to live, raise a family, work, and enjoy the outdoors.[2]

Itasca County demographics

Itasca County's population has risen only slightly, with nearly all residents identifying as white. In 2017, 92 percent of Itasca County residents identified as white, with American Indian residents making up the second largest group at four percent. Residents of color make up eight percent of the overall population. Given the rural location of this hospital and its distance from other facilities, it is important to serve all residents by providing culturally relevant services to the extent possible.

The proportion of Itasca County residents age 65 and older has increased, with the county having a larger percentage of older adults than the state overall.[3] Currently, nearly one-quarter of Itasca County residents are age 65 and older, compared to 17 percent in 2000. A growing aging population also has potential benefits, as people in this age group are more likely to volunteer their time than younger adults.

Social determinants of health and health disparities

The World Health Organization defines social determinants of health as the conditions in which people are born, grow, work, live, and age, plus the wider set of forces and systems shaping the conditions of daily life.[4]

The Centers for Disease Control and Prevention on their Healthy People 2020 webpage explain that the social determinants of health have a greater influence on health outcomes than clinical care and that they are also largely responsible for health inequities – the unfair or unavoidable differences in health status seen between groups of people. Social determinants such as socioeconomic status, geography or housing, can limit or increase opportunities for health, which influences health behaviors and underlying social determinants.[5]

Community Need Index scores

A Community Need Index score is a tool to identify the severity of health disparities by zip code. Community need index scores are available for every populated zip code in the United States and updated annually.[6] Community Need Index scores are based upon five prominent socio-economic barriers to healthcare access and range by zip code from a score of one (lowest need) to five (highest need). Zip codes with high Community Need Index scores show a strong correlation to inappropriate 30-day readmissions.

Socio-economic barriers considered in the Community Need Index score are:

- Income barriers (percent of elderly, children and single mothers in poverty)

- Cultural/language barriers (percent of Caucasian and non-Caucasian and percent of adults over the age of 25 with limited English proficiency)

- Educational barriers (percent without high school diploma)

- Insurance barriers (percent uninsured and percent unemployed)

- Housing barriers (percent renting houses)

Community Need Index scoring

Highest Quintile	4.2 – 5.0
2nd Highest Quintile	3.4 – 4.1
Mid Quintile	2.6 – 3.3
2nd Lowest Quintile	1.8 – 2.5
Lowest Quintile	1.0 – 1.7

Between 2012 and 2016, 20 percent (2) of the zip codes with recorded scores in both years, experienced an increase in their Community Need Index score. Fifty percent (5) of these zip codes remained the same and thirty percent (3) of these zip codes saw a decrease in their Community Need Index score. The cities of Deer River (zip code 55636), Spring Lake (zip code 56680, Remer (zip code 56672), and Grand Rapids (zip code 55744) have the highest 2016 Community Need Index scores. See appendix G for a list of trended Community Need Index scores for years 2012 – 2016.

While Community Need Index scores do not provide information on specific health needs in the community, they do provide context and information about specific zip codes in which greater health disparities may be expected and where implementation strategies could be targeted.

2016 Community Need Index scores for Grand Itasca Clinic & Hospital community
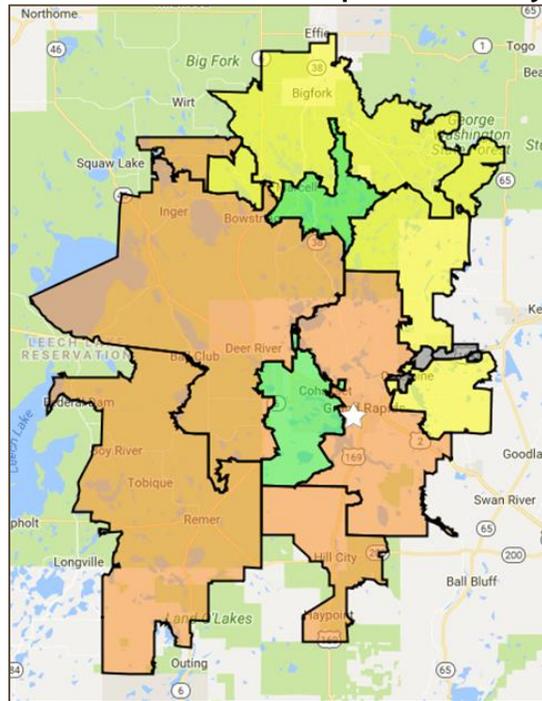
Source: Truven Health Analytics

🟩 1.0 – 1.7 🟨 1.8 – 2.5 🟧 2.6 – 3.3 🟥 3.4 – 4.1 🟥 4.2 – 5.0 ⬜ No Score

☆ Grand Itasca Clinic & Hospital

Socioeconomic factors

Fairview contracted with Wilder Research to research the social determinants of health for Itasca County. The determinants reviewed were – socioeconomic status, education, employment, housing, and transportation. This summary includes data at multiple time points and highlights disparities by race, ethnicity, age, gender, and other factors when available.

Socioeconomic status, a person's standing related to income, employment, and education, can impact health in many ways.[7] Residents with lower incomes may find it more difficult to purchase healthy food, pay for gym memberships, or cover the costs of health care visits or medication. In addition, financial instability or living in poverty can increase stress, impacting physical and mental health, as well as overall quality of life.

Median household income in Itasca County is lower than the state average[8] for all groups, but disparities exist by race, gender, and age. The current median household income in Itasca County is $49,507, which is a slight decrease from 2000.

Itasca County - Median income by race / ethnicity
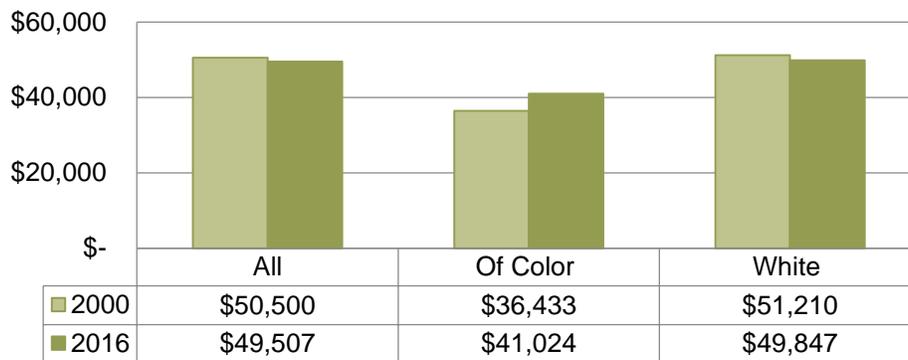
	All	Of Color	White
2000	$50,500	$36,433	$51,210
2016	$49,507	$41,024	$49,847

Source: 2000 Decennial Census, 2012-2016 5-yr American Community Survey
Data compiled by Wilder Research

Itasca County - Median income by gender

	All	Male (single)	Female (single)
2000	$50,500	$42,571	$28,484
2016	$49,507	$41,957	$22,924

Source: 2000 Decennial Census, 2012-2016 5-yr American Community Survey
Data compiled by Wilder Research

Poverty

There is a strong association between income and health. Across multiple indicators, people with lower incomes tend to have poorer health outcomes. Lower-income communities may lack the resources and amenities that support health.

Poverty guidelines are issued each year in the Office of the Federal Register by the Department of Health and Human Services. The guidelines are a simplification of the poverty thresholds for use for administrative purposes — for instance, determining financial eligibility for certain federal programs.

2016

100% of the Federal Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family/household	Poverty guideline
1	$11,880
2	$16,020
3	$20,160
4	$24,300

Source: Office of the Federal Register;
https://www.federalregister.gov/d/2016-01450/p-14

Nearly all populations in Itasca County saw an increase in poverty between 2000 and 2016, with notable disparities in rates by race and age. Residents age 65 and older and white residents had the lowest poverty rates with only eight and 12 percent respectively living at or below 100 percent of the Federal Poverty Level ($24,300 for a family of four), while 37 percent of residents identifying as two or more races and 25 percent of American Indian residents were living in poverty. Children age 0-17 also had poverty rates (at or below 100 percent of the Federal Poverty Level) above the overall county rate.

Itasca County – Population living at or below 100% Federal Poverty Level by race / ethnicity		
Year	2000	2016
Total Population	43,992	45,137
All Itasca County Residents <100% the Federal Poverty Level	10%	13%
American Indian	27%	25%
Asian	*	*
Black	*	*
Hispanic	*	*
Two or more races	*	37%
White	10%	12%
Of color	*	*

Source: 2000 Decennial Census, 2012-2016 5-yr American Community Survey, Small Area Income and Poverty Estimates (SAIPE) Program 2000 and 2016; Data are suppressed, indicated by an asterisks (*), when it is unreliable due to small populations and high margins of error.
Note: All race/ethnicity, nativity, and age group poverty data are based upon the <100% Federal Poverty threshold.
Data compiled by Wilder Research.

Itasca County – Population living at or below 100% of the Federal Poverty Level by age		
Year	2000	2016
Total Population	43,992	45,137
Children 0 – 17	14%	19%
Adults 65 and older	9%	8%

Source: 2000 Decennial Census, 2012-2016 5-yr American Community Survey, Small Area Income and Poverty Estimates (SAIPE) Program 2000 and 2016. U.S. Census Bureau 2017 Population Estimates
Data compiled by Wilder Research.

Housing affordability and transportation

Housing affordability impacts an individual's or family's economic stability. When a household is cost-burdened — paying more than 30 percent of their income on housing — there is less income to pay for basic needs, including health care costs. The number of cost-burdened households rose slightly between 2000 and 2016, with renters being far more likely to be cost-burdened than homeowners. The percentage of owner cost-burdened households increased between 2000 and 2016 and there was a 13 percent increase in renter cost-burdened households.

Itasca County – Housing affordability		
Year	2000	2016
Cost burdened households	21%	28%
Owner cost-burdened households	17%	23%
Renter cost-burdened households	36%	49%

Source: 2000 Decennial Census, 2016 1-yr American Community Survey;
Note: Cost-burdened households pay 30 percent or more of their gross income on housing
Data compiled by Wilder Research.

Access to reliable transportation, regardless of the mode, helps ensure residents can travel to work, purchase healthy foods, access health care services and other supports, and socialize with others, which all are necessary for health and a high quality of life. Few households in Itasca County were without a vehicle. Itasca County is geographically the third largest county in the state, so having at least one vehicle for the household can be very important.[9] There was a slight increase in the use of alternate forms of transportation to get to work.

Itasca County – Transportation		
Year	2000	2016
Household with no vehicle	7%	6%
Used alternate transportation to get to work*	8%	9%

Source: 2000 Decennial Census, 2016 1-yr American Community Survey; Itasca County Area Transportation Study, 2009.
Data compiled by Wilder Research.
*This includes any worker over 16 years old in a household who did not commute by car/carpool.

Employment

Employment is an individual's pathway to income and assets. Employment supports basic needs, and often provides access to affordable health insurance. Overall employment rates for Itasca County residents increased slightly between 2000 and 2016, but rates for most racial groups were still below the state rate of 78 percent.[10] Residents of each racial group saw increases in employment by 2016. There was a 10 percent increase for American Indian residents, a two percent increase for white residents, and a six percent increase for the broader group of residents identifying as persons of color. Rates for key working age populations (25-34, 35-44, and 45-64) varied considerably; people age 35-44 had the highest employment rate at 82 percent, while the employment rate declined between 2000 and 2016 for those age 25-34 and age 45-64.

Itasca County – Employment by race / ethnicity		
Year	2000	2016
Total Population	43,992	45,137
American Indian	52%	62%
Asian	*	*
Black	*	*
Hispanic	*	*
Two or more races	*	50%
White	69%	71%
Of color	51%	57%

Source: 2000 Decennial Census, 2012-2016 5-yr American Community Survey; Data are suppressed, indicated by an asterisks (*), when it is unreliable due to small populations and high margins of error.
Data compiled by Wilder Research.

Itasca County – Employment by age		
Year	2000	2016
Total Population	43,992	45,137
Ages 16 – 64	68%	70%
Ages 16 – 24	54%	61%
Ages 25 – 34	75%	74%
Ages 35 – 44	80%	82%
Ages 45 – 64	71%	67%
Ages 65 and older	7%	11%

Source: 2000 Decennial Census, 2012-2016 5-yr American Community Survey
Data compiled by Wilder Research.

Education

Addressing disparities in educational attainment is important because individuals who earn a bachelor's degree or higher are more likely to secure full-time employment and higher earnings. A college education is a pathway to acquiring income, benefits, and assets, all of which are strongly associated with better health. There is a lower percentage of Itasca County residents who have received their bachelor's degree or higher, compared to the state of Minnesota overall (35 percentage).[11]

Itasca County – Educational attainment of a bachelor's degree or higher by age		
Year	2000	2016
Total Population	43,992	45,137
Ages 18 – 24	3%	8%
Ages 25 – 34	17%	25%
Ages 35 – 44	18%	28%
Ages 45 – 64	21%	21%
Ages 65 and older	12%	20%

Source: 2000 Decennial Census, 2012-2016 5-yr American Community Survey
Data compiled by Wilder Research.

In Itasca County, 22 percent of residents age 25 and older have received at least a bachelor's degree. Slightly more white residents and slightly fewer residents identifying as two or more races have at least a bachelor's degree. There is a nine percentage point gap between Itasca County rate and that of American Indian residents. From the available data, overall educational attainment appears to have increased from 2000 to 2016.

Itasca County – Educational attainment of a bachelor's degree or higher by race / ethnicity		
Year	2000	2016
Total Population	43,992	45,137
American Indian	*	13%
Asian	*	*
Black	*	*
Hispanic	*	*
Two or more races	*	20%
White	18%	23%
Of color	*	*

Source: 2000 Decennial Census, 2012-2016 5-yr American Community Survey; Data are suppressed, indicated by an asterisks (*), when it is unreliable due to small populations and high margins of error.
Data compiled by Wilder Research.

Leading causes of death, premature death, and contributing factors

Fairview contracted with Wilder Research to research the leading causes of death, premature death, and their contributing factors. The table below shows the top five leading causes of death (all ages) and premature death (before age 75) for Itasca County and for Minnesota.

For all Minnesota counties, cancer is the leading cause of death, with breast cancer incidence and mortality the highest, followed by lung and colorectal cancers. Heart disease, while the leading cause of deaths in many states, is second in Minnesota and Itasca County. In both Itasca County and the state, Alzheimer's disease is one of the top five leading causes of death, but is not one of the top leading causes of premature death.

2016 Leading cause of death and premature death in Itasca County and Minnesota

Rank	Itasca County		Minnesota	
	Leading Causes of Death	Leading Causes of Premature Death	Leading Causes of Death	Leading Causes of Premature Death
1	Cancer	Cancer	Cancer	Cancer
2	Heart disease	Heart disease	Heart disease	Heart disease
3	Unintentional injury	Unintentional injury	Unintentional injury	Unintentional injury
4	Chronic lower respiratory disease	Suicide	Chronic lower respiratory disease	Suicide
5	Alzheimer's disease	Chronic lower respiratory disease	Alzheimer's disease	Chronic lower respiratory disease

Source: Minnesota Department of Health, Center for Vital Statistics, retrieved September 2018

Itasca County has higher rates of death than the state and exceeds the national Healthy People 2020 goals for the leading causes noted below in red.

Itasca County – Leading causes of death, 2012 – 2016 Mortality rates per 100,000 – Age-adjusted			
	Itasca County	Minnesota	Healthy People 2020 goal
Cancer	178.4	153.1	161.4
Heart disease	149.7	117.3	n/a
Unintentional injury	63.8	40.9	36.4
Chronic lower respiratory disease	48.1	36.1	n/a
Alzheimer's disease	25.4	25.2	n/a

Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.

Contributing factors of premature death

Although the leading causes of premature death are complex and there is no known single cause, certain risk factors can increase a person's chance of developing a disease or condition. Among the key risk factors for each leading cause, several are common across all and many are related to social determinants of health.

Below are examples of contributing factors of the leading causes of premature death in Itasca County:

- **Cancer:** Poverty, limited access to care for screening, obesity, tobacco use, poor diet, physical inactivity, environmental exposure.

- **Heart disease**: Diabetes, obesity, poor diet, physical inactivity, smoking.

- **Unintentional injuries:** Falls, motor vehicle accidents, poisoning.

- **Chronic lower respiratory disease**: Lack of access to prevention and care, tobacco use, environmental exposure/air quality.

Many of the leading causes of premature death can be prevented by changes in health behavior. Residents who follow a healthy diet, maintain a healthy weight, exercise regularly, and avoid tobacco products are at a lower risk of many chronic health conditions.

Other trends

Drug overdose deaths continue to increase in Minnesota. In 2016, death certificates indicated that 675 deaths were a result of drug overdose, compared to 538 in 2015. Drug overdose deaths include accidental poisoning by drugs, intentional self-poisoning by drugs, assault by drug poisoning, or drug poisoning of undetermined intent.[12]

Statewide opioid-involved deaths increased by 18 percent from 2015 to 2016. Deaths from overdose involving methadone and prescribed opioids, such as codeine, oxycodone, or hydrocodone remained stable; however, there was an increase in deaths involving heroin and other synthetic opioids. See below for Itasca County specific numbers.

Itasca County - Number of overdose deaths
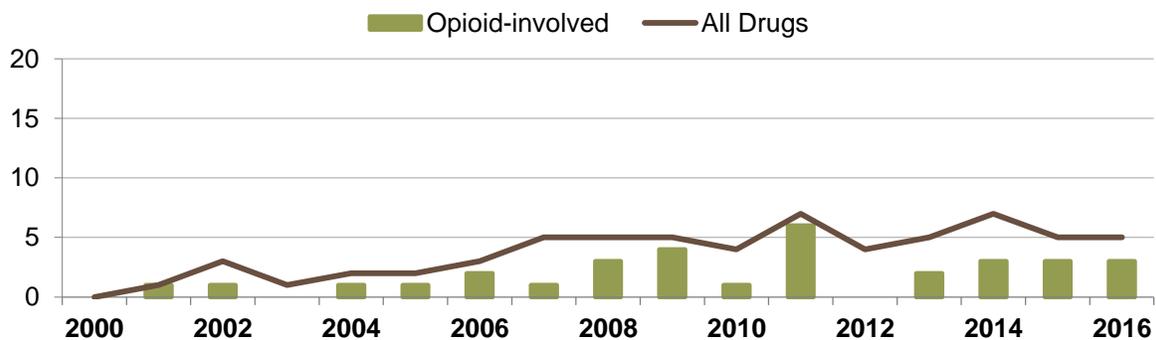
Source: Minnesota Department of Health, Injury and Violence Prevention Section. Wright, N. & Roesler, J. (2017)
Data compiled by Wilder Research

Health disparities and priority populations

Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.[13]

Each of the leading causes of death is related to unique health disparities, but also shows several general similarities. For example, health disparities adversely affect people of color and indigenous people for cancer, heart disease, unintentional injury, and chronic lower respiratory disease. Health disparities exist between those with the highest income levels and the lowest, as well as between the insured and uninsured. Those in the lowest income level without insurance have the greatest health needs and are most challenged in gaining access to high-quality affordable healthcare.

As a result of the demographic findings during the CHNA process in addition to needs of the broader community there was an intentional focus on members of the following priority populations:

- Seniors

- People experiencing poverty

- Persons of color and indigenous people

These priority populations were also the primary focus when collecting primary data for the purposes of this CHNA. See the following section for additional details about the primary data collection process.

Community voice

Primary data collection occurred between May and August of 2018 and included facilitated discussions, community conversations, and key stakeholder interviews. These gave content experts, community members, local business, nonprofits, and government leaders' voice around the health needs, barriers, resources, and assets in their community. See appendix H for a complete list of primary data sources.

Facilitated discussion
The Grand Itasca Clinic & Hospital's Community Health Steering Committee played a critical role in directing the focus of the hospital's primary data collection. The steering committee members are a diverse, cross section of area community leaders and key internal staff.

Sectors	Organizations Represented
Education Funder Healthcare Local Public Health Social Services	Arrowhead Agency on Aging Blandin Foundation City of Grand Rapids ElderCircle GetFit Itasca Grand Itasca Clinic & Hospital Grand Rapids Area Community Foundation Independent School District 318 Itasca County Public Health Itasca County YMCA Keisler Wellness Center United Way of 1,000 Lakes

The steering committee held discussions to identify health needs in the community, determine gaps in the primary data collection, and provide feedback and guidance on need prioritization and local emerging health needs. See appendix I for questions asked during the facilitated discussion questions.

Community Conversations
Community conversations increased understanding of health needs, barriers, and assets amongst specific community populations. The clinic and hospital steering committee helped to determine who should be included in these conversations.

Two community conversations were conducted in the Grand Itasca Clinic and Hospital community in partnership with Itasca County Public Health. See appendix J for questions asked during the community conversations.

Focus groups
A non-physician provider focus group helped to inform the focus and guide the CHNA by increasing the understanding of health needs, barriers, and assets among patients/populations served by the non-physician providers. The focus group was conducted in partnership with Itasca County Public Health. See appendix K for the questions asked during the focus groups.

Key stakeholder interviews
Community input was supplemented by key stakeholder interviews with local officials, leaders of non-profit organizations, public health leaders, content experts, and others who understand the needs of the community, as well as the unique needs of seniors, people experiencing poverty, persons of color, and indigenous people in the community. See appendix L for questions asked during the key stakeholder interviews.

Key findings: primary data collection

In order to better understand the health needs of the community beyond the secondary data, the Fairview community benefit team gathered input from individuals representing the broad as well as unique interests of the community. These individuals included local public health departments, those who are medically underserved, people experiencing poverty, persons of color, indigenous people, and professionals whose organizations serve or represent the interests of these populations. The various methods used are described on pages 14 – 16. The results were compiled, analyzed, and synthesized.

Guided by direction from the clinic and hospital's Community Health Steering Committee to build and expand upon the previous CHNA priority needs, findings from the primary data were first analyzed by previous Fairview and HealthEast system CHNA priority needs. See table below to see details provided by the community:

Primary data findings analyzed by previous CHNA priority needs		
Access to care and resources	**Mental health and well-being**	**Healthy lifestyles**
• Awareness and access to resources • Can't afford care and co-payments • Patient navigators • Lack of healthy and affordable food • Transportation • Poverty • Need extended clinic and urgent care hours • Care not integrated	• Adverse childhood experiences (ACES) / childhood trauma • High prevalence of substance use • Links between parental addiction and adverse childhood experiences (ACES) • Addition care and treatment • Social isolation • Lack of coping skills • Suicide • Shortage of psychiatrists	• Lack of healthy and affordable food • Weather and fear of falls in the winter • Root causes of leading causes of death including: physical inactivity, obesity, poor nutrition, smoking, substance use and environmental toxins

Everything included in the table on the previous page was mentioned more than once and was listed as voiced by the community. Throughout the key stakeholder interviews, the top needs identified fell within the mental health and well-being and access to care and resources categories, with an emphasis on the connection between mental health and substance use as well as barriers to care for people living in poverty. The top needs identified during the community conversations fell within the access to care and resources category and focused on the access to affordable services and resources and awareness of resources.

Next, the primary data was further analyzed to determine if any new or emerging needs were identified by the community. See the table below for a summary of the types of needs and barriers expressed by the community.

Primary data findings

Access to Care	Access to Resources	Cost of Care	Healthy Lifestyles and Chronic Conditions	Mental Health

• Coordination of care (internal and external)
• Workforce shortage
• Clinic hours
• Wait times to appointment date
• Overcoming barriers presented by being in a rural community
• Access to mental health
• Weather
• Access to healthcare/ dental insurance
• Psychiatrist shortage
• Local specialty care
• Difficult to schedule appointments – seniors
• Patient advocate/ navigator
	• Access to healthy food
	• Lack of awareness of resources available in the community
	• Affordable good food
	• Resources for substance use
	• Access to help or treatment for substance use
	• Awareness of resources
		• Poverty
		• Transportation
		  o No vehicle
		  o Limited bus system
		  o Asking for rides
		  o Cost of taxis
		• Affordability of medications
		• Access to healthcare/ dental insurance
		• Cost of care
		• Affordability of health insurance
			• Access to healthy food
			• Screenings
			• Lack of access to fitness facilities
			• Healthy eating
			• Physical activity
			• Nutrition education
			• Affordable healthy food
			• Growing senior population
			• Obesity
			• Diabetes
				• Suicide
				• Access to mental health services
				• Stigma – mental health
				• ACES
				• Adolescent mental health
				• Lack of coping skills
				• Trauma
				• Self-esteem and its affect on cycle of poverty
				• Negative patterns of behavior- hard to break
				• Social isolation
				• Untreated mental health concerns
				• Mental health care not connected with primary care
				• Psychiatry shortage
				• Inpatient beds for youth
				• Abusing chemical and neglecting children due to unmet mental health needs
				• Providers who are knowledgeable about side effects of mental health medications

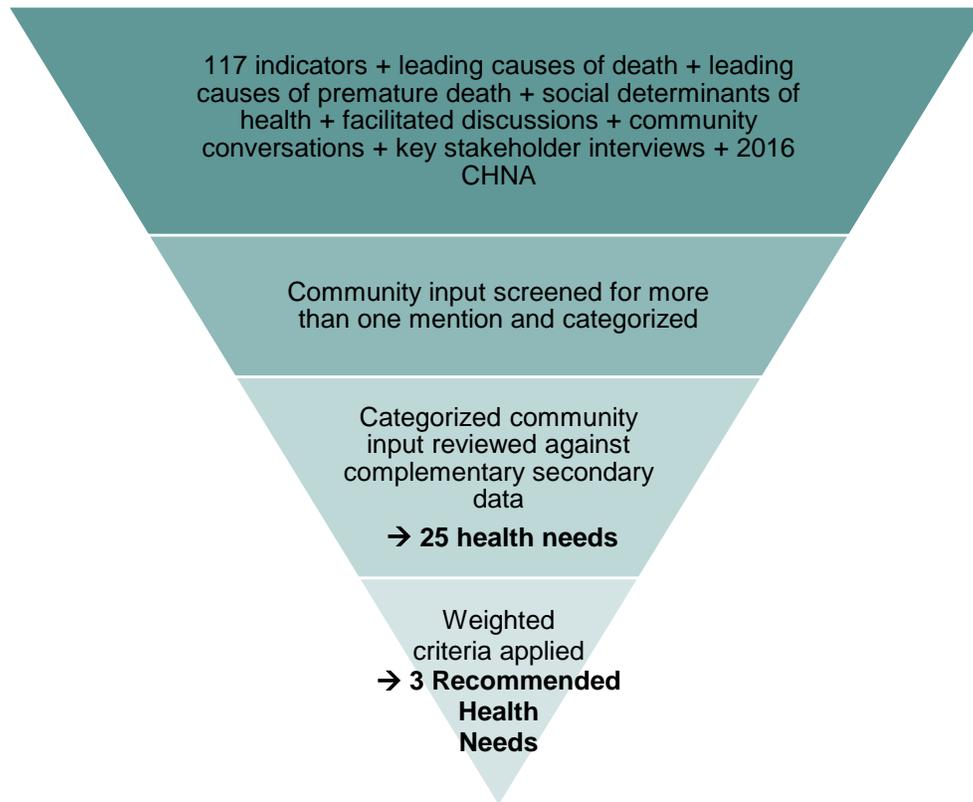| Social Determinants of Health	Substance Use	Children and Families	Aging Population	

• Poverty
  o Working poverty
  o Generational poverty
• Stress of poverty and living in constant survival mode
• Non-livable wages
• Transportation
  o No vehicle
  o Limited bus system
  o Asking for rides
  o Cost of taxis
  o Wheelchair friendly vehicle
• Access to healthy foods
• Affordable healthy food
• Housing
  o Seniors
	• Substance use
	• Addiction – hopelessness that comes with chemical dependency
	• Opioid crisis
	• Tobacco use
	• Chemical use in the family
	• Community education on drug trends
	• Abusing chemical and neglecting children due to unmet mental health needs
	• Parental drug use
	• Resources for substance use
	• Access to help or treatment for substance use
	• Alcohol use
		• Access to mental health services for youth
		• ACES
		• Families living in poverty
		• Transportation
		• Dental care for children
		• Clinic hours
		• Vulnerable children and families
		• Adolescent mental health
		• Families with young kids are disconnected
		• Inpatient beds for youth
		• Safe and healthy home atmosphere
		• Hectic home lives affect work and school
		• Abusing chemical and neglecting children due to unmet mental health needs
		• Parental drug use
		• Stable housing for children
			• Poverty-fixed income
			• Transportation
			  o Wheelchair friendly vehicle
			  o No vehicle
			  o Don't drive
			  o Limited bus system
			• Dental health
			• Unintentional injury
			• Growing senior population
			• Caregivers
			• Overmedication of senior population
			• Coordinate with other external services/agencies upon hospital discharge of vulnerable adults
			• Housing for seniors – long wait lists
			• Difficult to schedule appointments	

Other				
• Access to healthcare/ dental insurance • Dental care				

There were several findings from the primary data that were unique to the clinic and hospital's community, including:

- Identified connections between substance abuse and mental health, including out of home placements for children, chaotic home environments, poor coping skills and the breakdown of families

- The link between mental health and substance use

- Needs are compounded by poverty and the stress of poverty combined with living in constant survival mode

Prioritization of health needs

In order to determine the top health needs in the community indicators from secondary data; data from Wilder Research on the leading causes of death and premature death, and the social determinants of health; and primary data that met two pieces of criteria: (1) a need and/or barrier that was said more than one time, and (2) a need and/or barrier that was repeated in at least two of the groups (e.g. both a stakeholder interview and a community conversation) were used. See graphic below for a description of this process.

Prioritization process and need identification

117 indicators + leading causes of death + leading causes of premature death + social determinants of health + facilitated discussions + community conversations + key stakeholder interviews + 2016 CHNA

Community input screened for more than one mention and categorized

Categorized community input reviewed against complementary secondary data
→ **25 health needs**

Weighted criteria applied
→ **3 Recommended Health Needs**

Grand Itasca's Community Health Steering Committee reviewed and validated findings from the primary and secondary data and recommended three health needs to be adopted for the clinic and hospital. The three health needs are consistent across all 11 Fairview hospitals and medical centers and are intentionally broad to allow for local variation during the implementation planning process.

The following weighted criteria were used to prioritize health needs. A maximum of 20 points were possible. Highest weight was given to the two criterion deemed most important by the steering committee – continuing work in the 2016 CHNA priority areas and ensuring future priorities aligned with what the community identified as top needs.

Weight	Criteria
6 points	2016 CHNA priority need
5 points	Community priority
3 points	Grand Itasca expertise / resources / feasibility
3 points	Disparities exist
2 points	Magnitude / scale of need
1 point	Need is present in all 11 Fairview communities

The prioritization criteria was applied to the top 25 health needs identified in the Grand Itasca community. The top 10 health needs include:

1. Mental health
2. Adolescent mental health
3. Adverse childhood experiences (ACES)
4. Access to healthy foods
5. Cancer
6. Heart disease
7. Stigma – mental health
8. Workforce shortage
9. Suicide
10. Tied for tenth (1) Transportation (2) Growing senior population

Our 2018 priority health needs

Through a voting process, the Grand Itasca Clinic & Hospital Community Health Steering Committee validated the following health needs:

- Mental health and well-being
- Healthy lifestyles
- Access to care and resources

These three priorities are consistent across all 11 Fairview hospitals and medical centers and are intentionally broad to allow for local variation during the implementation planning process.

Needs identified but not addressed

Although the following health needs were not selected as priority needs, Grand Itasca Clinic & Hospital will continue to support work aligned with addressing these needs as appropriate particularly when doing so would address the social determinants of health and/or the leading causes of premature death.

Community Need	Reasons Not Addressed
Affordable, healthy, and safe housing	This issue is beyond what Grand Itasca Clinic & Hospital resources can support at this time.
Asthma	This issue will be addressed as part of patient care but falls outside the scope of the community-based CHNA Implementation Strategy.
Chronic lower respiratory disease	This issue will be addressed as part of patient care but falls outside the scope of the community-based CHNA Implementation Strategy.
Clinic hours	This issue will be addressed as part of patient care but falls outside the scope of the community-based CHNA Implementation Strategy.
Cost associated with care	This issue will be addressed as part of patient care but falls outside the scope of the community-based CHNA Implementation Strategy.
Patient advocate/navigator	This issue will be addressed as part of patient care but falls outside the scope of the community-based CHNA Implementation Strategy.
Stroke	This issue will be addressed as part of patient care but falls outside the scope of the community-based CHNA Implementation Strategy.
Transportation	This issue is beyond what Grand Itasca Clinic & Hospital resources can support at this time.
Wait times to appointment date	This issue will be addressed as part of patient care but falls outside the scope of the community-based CHNA Implementation Strategy.

Available resources to address priority health needs

As Grand Itasca develops its CHNA Implementation Strategy, it will look to both internal and external resources to address the significant health needs identified through the CHNA process described in this report.

External resources include community initiatives in partnership with numerous community stakeholders including, but not limited to, Itasca County YMCA, Elders Circle, and GetFit Itasca. These initiatives, programs, and relationships are the foundation from which the Implementation Strategy will be built.

Conclusion and next steps

Adoption by the Grand Itasca Clinic & Hospital Board of Directors

The Grand Itasca Clinic & Hospital Board of Directors adopted the 2018 CHNA report on October 17, 2018. This report is available to the general public on the Grand Itasca Clinic & Hospital website, www.granditasca.org, on December 31, 2018.

Implementation Strategy

In late 2018, Grand Itasca Clinic & Hospital will conduct the final steps in the assessment process by developing a written CHNA Implementation Strategy to address the identified priority health needs – mental health and well-being, healthy lifestyles, and access to care and resources. The local steering committees and the Community Advisory Council will review the Implementation Strategies in early 2019.

The Grand Itasca Clinic & Hospital Board of Directors will be asked to adopt the implementation strategy on March 2, 2019. The document will be publicly available on the respective websites, www.granditasca.org and www.fairview.org, by May 15, 2019 and executed during fiscal years 2019-2021.

Evaluation of impact, 2017-2018 CHNA Implementation Strategy

Priority area #1: Healthy living

Programs	Outcomes
Program 1: Living Well *Living Well: Chronic Disease Self-Management Program* is an evidence-based program developed by Stanford University's Patient Education Research Center. It is a workshop given 2.5 hours once a week, for six weeks. Grand Itasca Clinic & Hospital partnered with ElderCircle, Arrowhead Area Agency on Aging and Juniper to offer the Living Well workshop in community settings in Grand Rapids.	The anticipated impacts for the Living Well program are to: 1. Increase participant knowledge of techniques to deal with problems such as frustration, fatigue, pain and isolation 2. Increase participant knowledge of appropriate exercise for maintaining and improving strength, flexibility, and endurance 3. Increase participant knowledge of appropriate use of medications 4. Increase participant ability to communicate effectively with family, friends and health professionals 5. Increase participants' decision-making ability 6. Increase participants' ability to evaluate new treatments The anticipated impacts were measured with participant surveys that were administered at the beginning of the first class (pre), at the end of the last class (post) and six months after the end of the workshop (6 month follow-up). **2017:** 1 workshop; 11 participants • 90% of participants reported the workshop helped them cope with feelings such as anger, sadness, frustration, and fear. • 80% of participants reported the workshop helped them do more walking or other physical activities. • There was a 69% decrease in the percent of participants who stated they forget to take their medicine (pre to post). • There was a 65% increase in percent of participants who state they always or very often ask questions about the things they want to know and things they don't understand about their treatment when they visit their doctor (pre to post). • 100% of participants reported the workshop helped them make action plans. • 100% of participants reported the workshop helped them to make informed treatment decisions. **2018:** 1 workshop; 10 participants • 75% of participants reported the workshop helped them cope with feelings such as anger, sadness, frustration, and fear. • 92% of participants reported the workshop helped them do more walking or other physical activities. • There was a 22% decrease in the percent of participants who stated they forget to take their medicine (pre to post). • There was a 57% increase in percent of participants who state they always or very often ask questions about the things they want to know and things they don't understand about their treatment when they visit their doctor (pre to post).

	• 100% of participants reported the workshop helped them make action plans. • 92% of participants reported the workshop helped them to make informed treatment decisions.

Program 2: ReThink Your Drink The *ReThink Your Drink* campaign is an initiative that educates community residents, Grand Itasca patients, patients' families and employees on the health risks associated with drinking sugar-sweetened beverages. Activities conducted under the ReThink Your Drink campaign include raising awareness at community events and implementing policy change at the system level.	The anticipated impacts for the Rethink Your Drink campaign are to: • Increase awareness of the risks associated with drinking sugar-sweetened beverages amongst community residents, Fairview patients and employees • Review existing vending contracts to bring them in alignment with Partnership for Healthier America's goal of less than 20 percent of vending beverages are sugar-sweetened The anticipated impacts were measured through participation in an employee wellness campaign, vendor contract changes, participation at community events, and by participant surveys that were administered before and after presentations. **2017** • 393 pledge cards were signed by participants at community events, pledging to drink more water and to read beverage labels to know how much sugar is included in a beverage. Participants were also provided with information about the amount of sugar in sugar-sweetened beverages and the risks associated with drinking them. • 100% of vending options were sugar-sweetened beverage free as of April 3, 2017. **2018** • 1 presentations; 5 participants • 0% increase in the percent of participants who were able to identify the risks associated with drinking sugar-sweetened beverages (pre to post). • 295 pledge cards were signed by participants at community events. Participants were also provided with information about the amount of sugar in sugar-sweetened beverages and the risks associated with drinking them.

Program 3: Drug Disposal Program The *Drug Disposal Program* helps to prevent unnecessary deaths due to accidental medication exposure, and in diverting medicines from entering the environment via household trash or flushing, by raising awareness of the negative impacts of improper drug disposal and reducing the	The anticipated impacts for the Drug Disposal Program are to: 1. Increase awareness of the negative impacts associated with improper drug disposal including drug abuse, accidental overdose and environmental damage amongst community residents, Grand Itasca patients and employees 2. Reduce the amount of unwanted or unused medications in households in Itasca County 3. Collaborate with Itasca County Sheriff Department to create shared practices and guidelines for ongoing drug collection and targeted disposal events semi-annually and an ongoing basis 4. Educate providers, pharmacy staff and interns on the dangers of improper drug disposal The anticipated impacts were measured through raising awareness at community

	amount of unwanted or unused medications in households in Itasca County by installing a safe drug disposal box in the Grand Itasca Clinic & Hospital pharmacy.	events, installing the box, measuring the amount of drug disposed of in the box, holding events with the Itasca County Sheriff Department, and sending out messaging to clinic and hospital staff.

2017
- The Drug Disposal Box was installed in the retail pharmacy in February 2017.
- 300 people interacted with the Drug Disposal Program information booth at one community event.
- 117 pounds of medication were disposed of in the Drug Disposal Box.
- Grand Itasca Clinic & Hospital collaborated with the Itasca County Sheriff's Department in hosting two drug take-back events; 157 pounds of medication were collected during the two events.
- All Grand Itasca Clinic & Hospital staff were educated about the addition of the Drug Disposal Box in the retail pharmacy and the importance of safe drug disposal.

2018
- 516 pounds of medication were disposed of in the Drug Disposal Box.
- Grand Itasca Clinic & Hospital collaborated with the Itasca County Sheriff's Department in hosting one drug take-back event; 41 pounds of medication were collected during the two events.

Priority area #2: Mental wellness

Programs	Outcomes
Program 1: Mental Health First Aid *Mental Health First Aid* is an internationally recognized evidence-based program that was created and is managed by the National Council for Behavioral Health. It is an eight-hour class that introduces participants to risk factors and warning signs of mental illnesses, builds understanding of their impact, and overviews common supports. There is also a Youth Mental Health First Aid that focuses on adults working with adolescents.	The anticipated impacts for the Mental Health First Aid programs are to: 1. Increase knowledge of the signs, symptoms and risk factors of mental illnesses 2. Increase knowledge of the impact of mental and substance use disorders in participants 3. Increase awareness of local resources and where to turn for help 4. Build capacity to assess a situation and help an individual in distress. The anticipated impacts were measured with participant surveys that were collected at the beginning of the class (pre), at the end of the class (post) and six months after class (6 month follow-up). **2017:** 2 adult classes with 28 participants; 1 youth class with 20 participants - 56% (adult) and 73% (youth) increase in the percent of participants between pre and post who recognize the signs that someone may be dealing with a mental health problem or crisis. - 27% (adult) and 25% (youth) increase in the percent of participants between pre and post who are aware of their own views and feelings about mental health problems and disorders. - 42% (adult) and 260% (youth) increase in the percent of participants between pre and post who could assist a person who may be dealing with a mental health problem or crisis to seek professional help.

	- 117%(adult) and 233% (youth) increase in the percent of participants between pre and post who could reach out to someone who may be dealing with a mental health problem or crisis **2018**: 2 adult classes with 41 participants; 1 youth class with 17 participants - 33% (adult) and 37% (youth) increase in the percent of participants between pre and post who recognize the signs that someone may be dealing with a mental health problem or crisis. - 9% (adult) and 7% (youth) increase in the percent of participants between pre and post who are aware of their own views and feelings about mental health problems and disorders. - 30% (adult) and 37% (youth) increase in the percent of participants between pre and post who could assist a person who may be dealing with a mental health problem or crisis to seek professional help. - 12% (adult) and 60% (youth) increase in the percent of participants between pre and post who could reach out to someone who may be dealing with a mental health problem or crisis.

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2019–2021 Implementation Strategy Report

granditasca®
Clinic & Hospital

Part of Fairview Health Services

Grand Itasca Clinic & Hospital – Community Health Implementation Strategy

The following is the Grand Itasca Clinic & Hospital Community Health Implementation Strategy to address the needs of the communities it serves for the years 2019-2021. This plan was developed with significant contributions from Fairview Health Services and Grand Itasca Clinic & Hospital staff and providers, Grand Itasca Community Health Steering Committee members, and other community members and leaders.

The Grand Itasca steering committee reviewed and gave input to the Implementation Strategy, validated the development process, and recommended adoption of the Implementation Strategy and Community Health Improvement Plan by the Board of Directors. See appendix E for a list of steering committee members.

Collaboration with community is the cornerstone of our work and Implementation Strategy process. While there are some elements of the strategy that are solely implemented by Grand Itasca Clinic & Hospital, most will be executed in partnership with public health, businesses, nonprofits, faith organizations, educational institutions, health organizations, other community partners, and individuals to form sustainable solutions that go to the heart of local health assets, barriers, and needs.

Community Health Improvement Plan 2019 – 2021

This plan will guide Fairview in bridging community and clinical care to improve health, address the root cause and contributing factors of health conditions, address priority populations, and catalyze Fairview's anchor mission.

All programs and initiatives will focus on the identified priority needs of mental health and well-being, healthy lifestyles, and access to care and services, and will take into consideration our identified priority populations that include seniors, persons experiencing poverty, people of color and indigenous people.

Priority: Mental health and well-being

Tactics	Hospital resources	Partners	Anticipated impacts
Offer evidence-based Mental Health First Aid training (adult and youth)	Behavioral health staff Communications staff Community health and innovation staff Security staff	Fairview Range Medical Center Kiesler Wellness Center	Increase in participants' ability to recognize and correct misconceptions about mental health and mental illness

Priority: Healthy lifestyles

Tactics	Hospital resources	Partners	Anticipated impacts
Offer evidence-based Living Well Suite of programs • Chronic Disease Self-Management • Chronic Pain Self-Management • Diabetes Self-Management	Communications staff Community health and innovation staff	Arrowhead Area Agency on Aging EldersCircle Juniper Kiesler Wellness Center	Increase participants' confidence to manage a chronic condition

Priority: Access to care and resources

Tactics	Hospital resources	Partners	Anticipated impacts
Offer evidence-based Living Well Suite of programs • Chronic Disease Self-Management • Chronic Pain Self-Management • Diabetes Self-Management	Communications staff Community health and innovation staff	Arrowhead Area Agency on Aging EldersCircle Juniper Kiesler Wellness Center	Increase in participants who agree that the program helps them work with their health care providers
Offer evidence-based Mental Health First Aid training (adult and youth)	Behavioral health staff Communications staff Community health and innovation staff Security staff	Fairview Range Medical Center	Increase participants' confidence in assisting someone to connect with professional resources

Adoption by Board of Directors and next steps

The Grand Itasca Clinic & Hospital Board of Directors adopted the 2019-2021 Implementation Strategy on February 27, 2019. This report is available to the general public on the Grand Itasca Clinic & Hospital website, www.granditasca.org on May 15, 2019.

Finally, program staff will conduct programming 2019 through 2021, measuring outcomes for each program. Over the three years, staff will conduct continuous improvement through weekly, monthly, and annual impact measurement and will continually seek new community partners and audiences for the programming. An evaluation of impact report will be given to the steering committee and the Board of Directors annually at the end of the year. At that time, changes or improvements to the plan will be made and approved.

Citations

[1] http://www.who.int/social_determinants/en/

[2] https://www.cityofgrandrapidsmn.com/visitors/history

[3] 15% of all Minnesotans are 65 or older. http://www.mncompass.org/trends/insights/2017-05-30-older-adults

[4] http://www.who.int/social_determinants/en/

[5] https://www.healthpeople.gov/2020/about/foundation-health-measures/Disparities

[6] http://cni.chw-interactive.org/

[7] American Psychological Association. http://www.apa.org/topics/socioeconomic-status/

[8] Minnesota's median household income was $65,599 in 2016. https://www.mncompass.org/economy/median-income#1-6799-g

[9] Itasca County Area Transportation Study, 2009. http://www.cts.umn.edu/Publications/ResearchReports/reportdetail.html?id=1840

[10] Minnesota Compass. http://www.mncompass.org/workforce/proportion-of-adults-working#1-6783-d

[11] https://www.mncompass.org/workforce/educational-attainment#1-6803-g

[12] Wright, N., & Roesler, J. (2017). Drug overdose deaths among Minnesota residents, 2000-2016. Saint Paul: Minnesota Department of Health. http://www.health.state.mn.us/divs/healthimprovement/content/documents-opioid/2016DrugOverdoseDeathReport_Final.pdf

[13] U.S. Department of Health and Human Services. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020 [Internet]. Section IV: Advisory Committee findings and recommendations [cited 2010 January 6]. Available from: http://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf.

Appendices

- Appendix A: Fairview Board of Directors

- Appendix B: Grand Itasca Clinic & Hospital Board of Directors

- Appendix C: Community Advisory Council

- Appendix D: Fairview Community Benefit Staff

- Appendix E: Grand Itasca Clinic & Hospital Community Health Steering Committee

- Appendix F: Grand Itasca Clinic & Hospital cities and zip codes

- Appendix G: List of trended Community Need Index scores

- Appendix H: List of primary data sources

- Appendix I: Facilitated discussion questions

- Appendix J: Community conversation questions

- Appendix K: Focus group questions

- Appendix L: Key stakeholder interview questions

Appendix A

Fairview Board of Directors

- Ann Hengel (Chair), Retired Executive Vice President and Chief Risk Officer, Bremer Financial Corporation

- Ann Lowry, MD (Second Vice Chair), Colon Rectal Surgery Associates, LTD

- Betsy L. Wergin, Former Minnesota Public Utilities Commissioner

- Brad Wallin, Business owner

- Brian Burnett, PhD, Senior Vice President, Finance and Operations, University of Minnesota

- Carol Ley, MD, Retired Vice President and Corporate Medical Director, 3M

- Jakub Tolar, MD, Dean of the Medical School, University of Minnesota

- James Hereford, President and Chief Executive Officer, Fairview

- John Heinmiller, Independent Investor and Consultant

- Julie S. Causey, Chairman Emeritus, Western Bank

- Karen Grabow (Secretary), Retired Senior Vice President, Human Resources, Land O'Lakes

- Kenneth Roering, Professor Emeritus, University of Minnesota

- Kevin Roberg, Founder and Principal, Kelsey Capital Management

- Michael Connly, Chief Information Officer, Optum

- Rich Ostlund (First Vice Chair), Partner, Anthony Ostlund Baer & Louwagie P.A.

- Rich Thompson, MD, Suburban Radiologic Consultants, Ltd.

- Sophia Vinogradov, Professor and Department Head, Department of Psychiatry, University of Minnesota

- Tim Marx, President and Chief Executive Officer, Catholic Charities

Appendix B

Grand Itasca Clinic & Hospital Board of Directors

- Amanda Okech, Grand Itasca Foundation Board Representative, Associate Director of Special Projects, Journey Mental Health Center

- Beth Bily, Publisher, BusinessNorth and Scenic Range NewsForum

- Beth Thomas, DO, Chief Quality and Patient Safety Officer

- Colleen Nardone (Chair), Retired

- Dale Adams (Vice Chair), Mayor, Grand Rapids Minnesota

- Denny Roy (Secretary), Retired

- Elizabeth Miskovich, Retired

- Jamie Harker, MD, Hospitalist, Grand Itasca Clinic & Hospital

- Jan Rourk, MD, Pediatrician, Grand Itasca Clinic & Hospital

- Josh Skelton, Vice President Generation Operations, Minnesota Power

- Kent Koerbitz, Program Manager, ICS Consulting

- Kevin Nelson, MD, President, Fairview Physician Associates

- Laura Reed, RN, DNP, Chief Nursing Executive and Chief Operating Officer, Fairview

- Steve Burggraf, Business Owner, Burggraf's Ace Hardware

Appendix C

Community Advisory Council

- Alfred Babington-Johnson, Founder and Chief Executive Officer, Stairstep Foundation

- Bob Vogel, Banker, New Market Bank

- Dave Oswald, Realtor, Coldwell Banker

- Dave Purdy, Founder and Chief Executive Officer, Wealth Management Midwest

- David Holm, Director of Spiritual Services, Senior Care Communities

- Diane Tran, Senior Director Community Engagement, Fairview

- Ellen Grimsby, Owner, Premier Foods Brokerage

- James Hereford, President and Chief Executive Officer, Fairview

- Joanne Ploetz, Administrative, Recreational Supply Corporation

- John Swanholm, Vice President, Community Advancement and President, Foundation, Fairview

- Kathy Sterk, Educational Consultant

- Linda Madsen, Retired Superintendent, Forest Lake Area Schools

- Maggie Collins, Ebenezer Foundation

- Mai Moua, Chief Operating Officer, Hmong American Partnership

- Mark Oleen, Branch Manager, Bremer Bank

- Mary Kosak, Retired Program Officer, Blandin Foundation

- Michael Raich, Provost, Hibbing Community College

- Paul Pribbenow, President, Augsburg College

- Paul Mooty, Attorney

- Peggy Johnson, Community Relations Director, Dakota Electric Association

- Ruby Lee, President, Comunidades Latinas Unidas En Servicio (CLUES)

- Scott Berry, Attorney, Berry Law Offices

- Sondra Weinzierl, Faith Community Nurse, Peace Lutheran and Messiah United Methodist

Appendix D

Fairview Community Benefit Staff

- Jennifer Morman, Manager Community Benefit
- Joan Pennington, Senior Director Community Benefit and Measurement
- Mee Cheng, Data Analyst Associate
- Megan Chacon, Community Impact Manager
- Mohammed Selim, Community Benefit Contract Staff
- Tiffany Hoffman, Community Benefit Analyst

Appendix E

Grand Itasca Clinic & Hospital Community Health Steering Committee

- Betsy Johnson, Health and Nutrition Educator, University of Minnesota Extension
- Cassi Chrzanowski, Marketing and Communications Manager, Grand Itasca Clinic & Hospital
- Dan Soular, MD, VPMA and Family Medicine Physician, Grand Itasca Clinic & Hospital
- Jaci David, Public Policy Program Officer, Blandin Foundation
- Jean MacDonell, VP, Clinic Services and Compliance, Grand Itasca Clinic & Hospital
- Joni Olson, Superintendent, Independent School District 318
- Kelly Chandler, Public Health Division Manager, Itasca County Public Health
- Kelly Kirwin, Community Relations and Foundation Director, Grand Itasca Clinic & Hospital
- Kris Bolin, Director of Healthy Living, Itasca County Family YMCA
- Melanie DeBay, Community Education Director, Independent School District 318
- Michelle Ingle, Education Director, Kootasca Community Action
- Molly McCann, SHIP Coordinator, Itasca County Public Health and Get Fit Itasca
- Renee Bymark, Executive Director, ElderCircle
- Sara Citrine, Community Health Worker, Kiesler Wellness Center
- Sarah Brubaker, Community Health Worker, Kiesler Wellness Center
- Steve Loney, Director, Kiesler Wellness Center
- Toni Youngdahl, MD, Family Medicine Physician, Grand Itasca Clinic & Hospital

Appendix F

Grand Itasca Clinic & Hospital cities and zip codes

Grand Itasca Clinic & Hospital		
Located in the city of Grand Rapids		
Located in Itasca County		
Zip	City	County
55709	Bovey	Itasca
55716	Calum	Itasca
55721	Cohasset	Itasca
55722	Coleraine	Itasca
55744	Grand Rapids	Itasca
55748	Hill City	Aitkin
55764	Marble	Itasca
55786	Taconite	Itasca
56628	Bigfork	Itasca
56631	Bowstring	Itasca
56636	Deer River	Itasca
56637	Talmoon	Itasca
56657	Marcell	Itasca
56672	Remer	Cass
56680	Spring Lake	Itasca

Appendix G

Trended Community Need Index scores for Grand Itasca Clinic & Hospital community

Zip	City	2012	2013	2014	2015	2016
55709	Bovey	2.4	1.8	2.2	2.4	2.4
55716	Calum	*	*	*	*	*
55721	Cohasset	1.6	1.4	1.6	1.6	1.4
55722	Coleraine	*	*	*	*	*
55744	Grand Rapids	2.6	2.6	2.6	2.6	3.0
55748	Hill City	2.6	2.8	2.8	3.0	2.6
55764	Marble	*	*	*	*	*
55786	Taconite	*	*	*	*	*
56628	Bigfork	2.4	2.2	2.4	2.4	2.2
56631	Bowstring	*	*	*	*	*
56636	Deer River	3.4	3.2	3.2	3.4	3.2
56637	Talmoon	2.0	1.8	2.6	2.8	2.2
56657	Marcell	1.6	2.2	2.0	1.6	1.6
56672	Remer	3.0	3.0	3.2	3.0	3.0
56680	Spring Lake	3.0	2.8	3.0	3.2	3.0

*Community Need Index score not available due to low population

Appendix H: List of primary data sources

Key stakeholder interviews

#	Organization	Role	Sector	Expertise	Date Consulted (2018)
1	Itasca County Truancy Prevention Program, Ross Resources	Itasca County Family Services Coordinator	Government	Adolescents	July 19
2	Grand Itasca Clinic and Hospital	Senior Director of Ancillary Services (pharmacist)	Healthcare	Patient and family	July 20
3	Grand Village	Executive Director	Social Services	Seniors	July 20
4	Itasca Community College	Provost	Education	Secondary education	July 23
5	Circles of Support (Kootasca program)	Director	Social Services	Social assets	July 24
6	Grand Itasca Foundation Board of Directors	Member	Foundation	Broad community	July 25
7	Itasca County Health & Human Services	Director	Local Public Health	Local health needs	July 31
8	Invest Early (early childhood education)	Executive Director	Education	Early childhood education	August 1
9	North Homes Children and Family Services	Chief Operations Officer	Healthcare	Mental Health	August 2

Community conversations, focus groups, and facilitated discussions

#	Host Organization	Group Represented	Consultation Method	Date Consulted (2018)
1	Grand Itasca Clinic & Hospital	Community Health Steering Committee	Facilitated discussion	June 4
2	Grand Itasca Clinic & Hospital	Non-Physician Providers	Focus Group	August 13
3	EldersCircle	Seniors	Community conversation	August 14
4	Kiesler Wellness Center	People experiencing poverty	Community conversation	August 14

Appendix I

Facilitated discussion questions

- What are the most important issues impacting the health and well-being of residents in your community?

- What key health trends or emerging health concerns are impacting your community?

- In your experience who (populations, communities, groups or individuals) should be brought into the conversations?

- How should we prioritize community conversations and interviews?

Appendix J

Community conversation questions

- What does "being healthy" mean to you and your family?

- What are the top health needs in your community?

- Whom do you turn to or where do you go when you need help with being healthy?

- What difficulties, barriers, or roadblocks do you experience when you are working to manage your physical or mental health?

- What difficulties, barriers, or roadblocks do you experience when seeking or receiving health services? By health services, we mean any care related to your health such as medical care, counseling, physical therapy, etc.

- What do you think is needed in the community to help you, your family and your community to be healthy?

- What do you see as the role of the clinic or hospital to help you, your family, and your community to be healthy?

- Let's revisit the top health needs we identified at the beginning of our conversation. Should anything new be added to this list?

Appendix K

Focus group questions

- What does "being healthy" mean to you and the people/patients you serve?

- In thinking about the people/patients you serve, what are the top health needs?

- Where do the people/patients you serve turn to or where do they go when they need help with being healthy?

- What difficulties or barriers do the people/patients you serve experience when they are working to manage their physical or mental health?

- What difficulties or barriers do they experience when they are seeking or receiving health services? By health services, we mean any care related to health such as medical care, counseling, physical therapy, etc.

- What do you think is needed in the community to help the people/patients you serve to be healthy?

- What do you see as the role of the clinic or hospital to help people and communities to be healthy?

- Let's revisit the top health needs we identified at the beginning of our conversation. Should anything new be added to this list?

Appendix L

Key stakeholder interview questions

- In thinking about the people and communities you serve, what are the top health needs?

- Which health needs do you believe are the most important to address among the people that you serve – the needs that are not being met very well right now?

- Are there any specific groups that have greater health needs, or special health needs?

- Where do the people you serve turn to or where do they go when they need help with being healthy?

- What difficulties or barriers do the people you serve experience when they are working to manage their physical or mental health?

- What difficulties or barriers do they experience when seeking or receiving health services? By health services, we mean any care related to health such as medical care, counseling, physical therapy, etc.

- What do you think is needed in the community to help the people you serve to be healthy?

- What are the strengths or assets in the community?

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