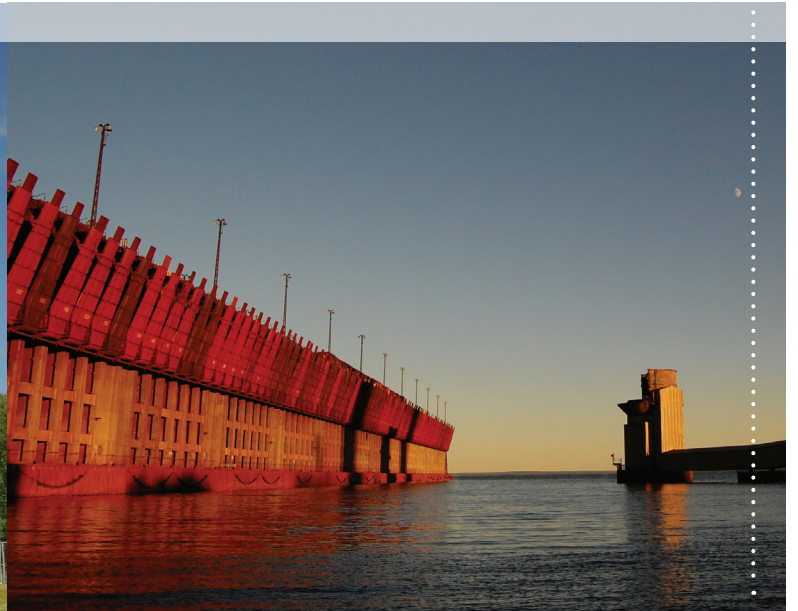




2019

Lake View Community Health Needs Assessment



To facilitate true collaboration among health care systems, public health, human services and the nonprofit sector in our community, a community health needs assessment process was developed and conducted within Lake County. These organizations have aligned their resources, skills, expertise and interests to collaborate towards a healthier Lake County.

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Lake View Memorial Hospital, Inc. (Lake View) is part of the St. Luke's system, a comprehensive regional health care system. The St. Luke's system offers a comprehensive continuum of care serving the 17-county region of northeastern Minnesota, northwestern Wisconsin and the Upper Peninsula of Michigan. The system includes St. Luke's Hospital in Duluth, Minnesota, Lake View Hospital, Clinic and Urgent Care in Two Harbors, Minnesota, plus 14 primary and 29 specialty clinics, six urgent care locations and three retail express care clinics. Primary care clinics are located in Duluth, Hermantown, Hibbing, Two Harbors, Mountain Iron and Silver Bay, Minnesota, and Ashland and Superior, Wisconsin. In addition, Urgent Care and Q Care express medical services are available. St. Luke's is verified by the American College of Surgeons and the state of Minnesota Department of Health as a Level II trauma center.

In addition to family medicine, other specialties include cardiology, cardiac surgery, oncology, OB/GYN, plastic surgery, pulmonary medicine, allergy, neurosurgery, dermatology, endocrinology, gastroenterology, infectious disease, internal medicine, surgery, occupational health, orthopedics & sports medicine, pediatrics, physical medicine and rehab, rheumatology, psychiatry and urology. St. Luke's Home Care and Hospice Duluth provide services to patients within a 30-mile radius of Lake View Hospital.

Also, in collaboration with the University of Minnesota Medical School, Duluth campus, St. Luke's is involved with clinical research activities in the areas of cancer, lung and heart disease through the Whiteside Institute for Clinical Research.



Acknowledgements

This report is based on a collaborative process with many community members and organizations. Lake View would like to express our gratitude to the many community members for their contribution to planning, development and analysis of community health needs. Additional thanks to the community members who shared their expertise and helped us include the voices of diverse sectors of our community. A special thank you to the organizations who participated in community focus groups. Please see Appendix A for the full list of organizations.

Executive Summary

Every three years, Lake View conducts a Community Health Needs Assessment (CHNA) to systematically identify, analyze and prioritize community health needs. Lake View seeks out and brings together individuals and organizations who are interested in positively impacting the priority areas identified in the CHNA. We believe through collaboration and complementary initiatives, we will have the greatest positive impact on the health of Lake County. The process was also conducted in collaboration with many partners including organizations or individuals that represent broad interests in the community, including those members of medically underserved, low-income, and populations that are at higher risk for ill health.

From May 2019 to October 2019, Lake View analyzed data, convened community partners, sought input from community members, and led a process to identify the following priority areas for the 2020 – 2022 Community Health Needs Assessment:

1. Mental Health
2. Alcohol, tobacco and other drugs
3. Socio-economic disparities based on race and neighborhood
4. Obesity, including lack of access to healthy foods and physical inactivity

Introduction

Lake View supports a healthier community for all. To fulfill that mission, we seek opportunities to both enhance the care we provide and improve the health of our communities. In conducting the Community Health Needs Assessment, Lake View has collaborated with community partners to embrace these guiding principles:

- Collaborate towards solutions with multiple stakeholders (e.g. schools, worksites, medical centers, public health) to improve community health
- Build trust through collaboration with community members experiencing health disparities
- Prioritize sustainable evidence-based efforts around the greatest community good
- Create clear, specific, realistic, and action-oriented goals to improve priority health indicators

The goals of the 2019 Community Health Needs Assessment were to:

1. Assess the health needs, disparities, assets and forces of change in Lake County
2. Prioritize health needs based on community input and feedback

3. Design an implementation strategy to reflect the optimal usage of resources in our community
4. Engage our community partners and stakeholders in all aspects of the community health needs assessment process, including data collection, data analysis, issue prioritization, implementation plan creation, and monitoring of results.

Lake View Service Area

For the purposes of the Lake View assessment, the service area is defined as Lake County. A special emphasis is placed on populations facing the highest disparities in health outcomes. Lake View is committed to building and sustaining partnerships to improve the health of all residents of Lake County.

County and state level data was provided for a deeper understanding of the health needs of the community. The table below shows the zip codes that make up Lake County.

| City | Zip Code |
|-------------|----------|
| Beaver Bay | 55601 |
| Finland | 55603 |
| Isabella | 55607 |
| Knife River | 55609 |
| Silver Bay | 55614 |
| Two Harbors | 55616 |

Demographics & Socioeconomic Factors

| Population Characteristics | | |
|---|-------------|-----------|
| | Lake County | Minnesota |
| Population | 10,658 | 5,303,925 |
| Median household income | \$56,078 | \$65,699 |
| Persons in poverty | 8.4% | 9.5% |
| High School Graduate (or GED) | 95.8% | 92.8% |
| Persons 65 years and over | 26.0% | 15.9% |
| Female persons | 48.5% | 50.2% |
| Persons white alone | 96.5% | 84.1% |
| Persons black or African American alone | 0.8% | 6.8% |
| Persons American Indian or Alaska Native alone | 0.7% | 1.4% |
| <i>Data Source: U.S. Census Bureau, Quick Facts (based on v2018 Census)</i> | | |

Evaluation of 2016 – 2019 Implementation Plan

Lake View’s 2016 Community Health Needs Assessment included these top priorities:

| | |
|-------------------|--|
| Priority 1 | Mental Health |
| Priority 2 | Alcohol, tobacco and other drugs |
| Priority 3 | Socio-economic disparities based on race and neighborhood |
| Priority 4 | Obesity, including lack of access to healthy foods and physical inactivity |

During 2016 – 2019, Lake View addressed significant needs identified in the 2016 assessment: mental health, alcohol, tobacco and other drugs, socio-economic disparities, and obesity. Activities were led by Lake View and a larger collaborative effort with local partners. The following describes significant accomplishments and outcomes.

Priority Area #1: Mental Health:

- Human Development Center partnership on site (Psychiatry access, mobile Crisis Response Team contract, curbside consults with our primary care physicians, education events)
- Telehealth contract with St. Luke’s Psychiatry to improve access and convenience for our local patients
- Vidyo (telehealth) connection to Birch Tree Center in Duluth
- Lake View Clinic screening of patients for mental health conditions
- Quarterly meetings with local law enforcement, human services, EMS, and local group homes to collaborate on mental health challenges
- Integrated a behavioral health nurse practitioner into primary care to increase access to services
- Lake View partnered with the Lake County Mental Health Task Force to advocate for education and resources

Priority Area #2: Alcohol, Tobacco and other drugs:

- Participation on the Toward Zero Deaths (TZD) initiative
- Screenings at Lake View Clinic
- Collaboration with the Community Health Board
- Lake View nurse practitioner provided education on physical effects of vaping to Two Harbors & Silver Bay high schools

Priority Area #3: Socio-economic disparities based on race and neighborhood

Lake View did not directly address socioeconomic disparities, but indirectly addressed this priority area by the efforts directed at the other identified priority areas.

Priority Area #4: Obesity, including lack of access to healthy foods and physical inactivity:

- Lease with the TH Soccer Club for property next to the clinic for soccer field development
- Fitness Centers in TH and Silver Bay with waivers for low income individuals
- SHIP grant efforts to promote walking, biking, exercise
- Presentations/collaboration with the Aging Mastery Program (guest speakers from pharmacy, dietitian, rehab)
- Considering partnership with a local bike trail initiative
- Meals on Wheels and Senior Dining contract to provide healthy meals (AEOA)
- Lake View physician became certified in medical management of obesity with program development to follow

2020-2022 CHNA Process and Timeline

Lake View developed a plan based on best practices from the Catholic Hospital Association and lessons learned from the 2016-2019 CHNA process. The process was designed to:

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

Lake View worked with community partners to carry out the plan in Lake County. The following describes the assessment steps and timeline.

Timeline

Assess (May - October 2019)

- Define service area
- Service area demographics
- Select health status indicators
- Analyze data and inventory available resources

Prioritize (August – September 2019)

- Choose prioritization process
- Prioritize issues
- Justify needs that will not be addressed and provide reasoning why
- Gather community input on priority issues

Design (September 2019 – April 2020)

- Develop goals and measurable objectives
- Choose strategies and tactics
- Identify the "team" and resources for each strategy
- Identify performance indicators

Finalize (September 2019 - April 2020)

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

Approval of community health needs assessment:

Lake View’s Board of Directors approved the CHNA on November 20, 2019.

Adoption of implementation plan:

Lake View will work together to design an implementation strategy with internal stakeholders as well as external partners and stakeholders who represent the existing healthcare facilities and resources within the community that are available to respond to the health needs of the community as identified in this assessment. This implementation strategy will be reviewed and approved by Lake View’s Board of Directors prior to April 15, 2020.

Lake View and St. Luke’s continually review how the resources are best allocated to address the priorities identified in the community health needs assessment.

Assess

Secondary data was collected and analyzed from a number of sources including: Bridge to Health Survey, Minnesota Department of Health, Minnesota Student Survey, and County Health Rankings. In the assessment data was presented at the county and state level.

On September 6, 2019, Lake View hosted community stakeholders representing diverse perspectives to review and discuss the needs of the community. Participants weighed in on the most pressing health issues facing Lake County based on the health indicators presented. Please see Appendix A for the full list of organizations. Please see Appendix B for the full Data Presentation PowerPoint.

Community Input and Prioritization

A community focus group provided the opportunity for community members, business leaders, healthcare professionals, public health professionals, minority groups, teachers and community-based organizations to share their input on the overarching health needs of the community. Lake View compiled the feedback to discussion questions and the results of prioritization and reviewed to determine if the needs that emerged aligned with Lake View’s mission. The needs were prioritized as follows:

1. Mental Health
2. Alcohol, Tobacco, and Other Drugs
 - a. Vaping
 - b. Opioid Use
3. Healthy Lifestyle
 - a. Food Access
 - b. Physical Activity

Each priority area has multiple aspects in which the hospital will work with community partners and stakeholders to address. By adopting a collective impact model to improve overall health and wellness in our community, not all issues will be directly addressed by the hospital, but through a multi-sector coalition-based approach.

While social determinants of health were frequently discussed topics at the community focus groups, based on resources available the hospital will not be directly addressing this area. Instead it was decided to tie social determinants of health into the other priority areas.

Lake View will work to bring visibility to these issues and share findings with local subject matter experts.

Design

Lake View will work with community partners to design a strategy to address each of the priority needs identified in the CHNA process. The plan will outline actions that will be taken to respond to the identified community needs including goals and measurable objectives, strategies, tactics, and performance indicators.

The implementation plan is a three-year plan to address priority needs. The implementation plan will be reviewed annually, with progress shared with partners and community members. Lake View will also share progress with their leadership and/or Board of Directors annually.

Conclusion

As part of a nonprofit health system, Lake View is committed to improving the health of our community. This needs assessment and implementation plan illustrate the importance of collaboration between our hospital and our community partners. By working collaboratively, we can have a positive impact on the identified health needs of our community during each hospital's individual Fiscal Years 2020-2022. There are other ways in which the hospitals will indirectly address local health needs, including the provision of charity care, the support of Medicare and Medicaid programs, discounts to the uninsured and others.

Over the next three years, this collaboration will continue to work with the community to ensure that this implementation plan is relevant and effective and will make modifications as needed.

Appendix A

Community Organizations Represented in Focus Groups

| Organization Name | Area of Focus |
|--|-------------------|
| Bay Area Medical Clinic | Health Care |
| Carlton-Cook-Lake-St. Louis Community Health Board | Public Health |
| Community Partners | Senior Care |
| Human Development Center | Behavioral Health |
| Lake County Chamber | Business |
| Lake County Public Health | Public Health |
| Lake Superior School District | Education |
| Lake View | Health Care |
| St. Luke's | Health Care |

Appendix B



COMMUNITY HEALTH NEEDS ASSESSMENT

PREVIOUS PRIORITIES

2013 Priorities

- ❖ Obesity, Physical Activity, and Nutrition
- ❖ Smoking Cessation

2016 Priorities

- ❖ Mental Health
- ❖ Alcohol, Tobacco, and Other Drugs
- ❖ Socio-economic Disparities Based on Race and Neighborhood
- ❖ Obesity, Including Lack of Access to Healthy Foods and Physical Inactivity

Appendix B

DIET AND NUTRITION

| Health Measure | BTH Region 2015 | Lake County 2015 | Minnesota BRFSS |
|------------------------------------|-----------------|------------------|-----------------|
| Overweight (BMI 25 - 29.9) | 36.4% | 31.3% | 35.6% |
| Obese (BMI 30+) | 30.8% | 32.1% | 25.5% |
| No Physical Activity in Past Month | 19.3% | 22.7% | 23.5% |

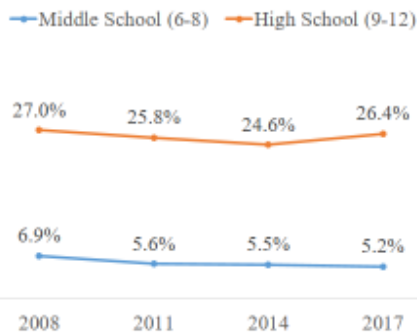
TOBACCO USE

| Adult Tobacco Use | BTH Region 2015 | Lake County 2015 | Minnesota |
|-------------------------------|-----------------|------------------|-----------|
| Current Smokers | 18.8% | 13.1% | 14.4% |
| Current Smokeless Tobacco Use | 5.0% | 3.5% | 3.6% |
| Ever Used E-cigarettes | 17.2% | 14.8% | 17.8% |

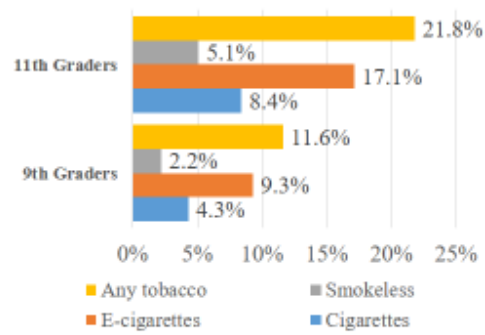
Appendix B

YOUTH TOBACCO USE

Percent of students who used a tobacco product in the past 30 days

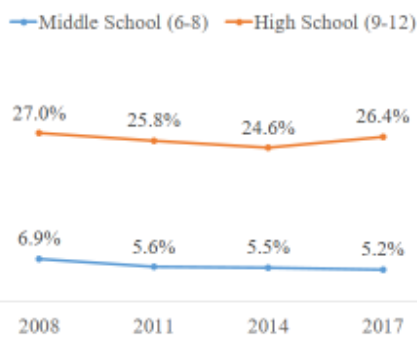


Tobacco use among Minnesota's 9th and 11th grade students, 2016

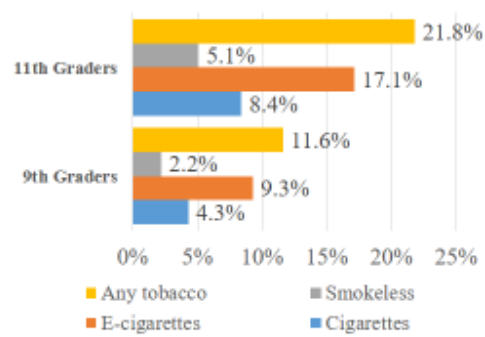


YOUTH TOBACCO USE

Percent of students who used a tobacco product in the past 30 days



Tobacco use among Minnesota's 9th and 11th grade students, 2016



Appendix B

DISCUSSION

- ❖ Progress on previous priorities
- ❖ Additional areas
- ❖ Future priorities

PERCEIVED HEALTH STATUS

| Perceived Health Status | BTH Region 2015 | Lake County 2015 | Minnesota BRFS |
|-------------------------|-----------------|------------------|----------------|
| Excellent | 14.5% | 11.0% | 22.4% |
| Fair/Poor | 12.4% | 13.1% | 12.4% |