

Initial Range CHNA Meeting --- February 27, 2017

IRRRB (Eveleth) 1 – 3pm

IRRRB
4261 US-53
Eveleth, MN 55734

Join by Phone option: Call: 218-720-1556 Participant Code: 7745328

Introductions

Agenda Additions?

Goals

1. Agreement on Process and Report format
2. Decide about assessment methodology
3. Begin developing questions for each priority group
4. Discuss work assignments

Updates

Bois Forte

Fond du Lac

Floodwood

Assessment process (diagram)

Report format (draft)

Focus Groups vs Surveys

Develop questions

Discuss assignments/participation

Timeline (draft):

Next Steps:

Next Meeting(s):

Community Health Needs Assessment Process





St Louis County Public Health

Community Health Needs Assessment

Final Report

2017



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Healthcare – Community Health Needs Assessment

February 27th, 2017

IRRRB

1:00 p.m. – 3:00 p.m.

In Attendance: Jim Gangl, Sara Ferkul, Steve Leslie, Lorrie Janatopoulos, Jean Larson and Cheryl Bisping

Jim gave a quick recap of the last meeting.

Discussed the process that should be used. The MAPP process is the most commonly used throughout hospitals in the nation. Jim provided a sample process for our group, because we are already in the midst of the assessment, the process needs to be modified. Data collection is different for each community. Some communities focus more on completion of surveys, while others conduct open forums for community members.

Jim brought an example of what the structure of the community health needs assessment could be. ***He did ask for photos that could represent St. Louis County.*** There was discussion about how the communities would be listed. The group decided that listing it by region would be best, East Range, West Range, and Quad Cities etc. Underneath the region there will be a list of the areas that are included in that region. Will need to get a list of zip codes that each hospital services. Also reached out to Floodwood to see if they would like to be a part of this assessment as well. The tribes, at this time, do not want to be a part of the assessment itself, but they would like to have a section in the assessment. There will be an area for each community to list “who they are.” There will also be an area that will list the strengths of each region. As well as programs that are available. And agencies that can be partnered with. This will be an asset map of sorts. In the past the summary of the assessment has been split by north and south St. Louis County, for this assessment, we will be separating it by region (regions listed above). The end of the report will have a summary of the entire report.

When the discussion began about how we should be reaching out to people it was also discussed that we hold a key informant meeting first. Having focused conversations with representatives from AEOA, Project Care, Salvation Army, a Veterans Group, United Way and similar organizations. The discussion would be approximately 2 ½ hours long. The first half hour would be about why we brought them together. Then we would have four tables, each representing the focuses of the assessment: Mental Health, Obesity, Substance Abuse and Disparities. After a half hour at a table the group would rotate to a new table. We would look at past questions asked to develop questions. The organization representatives may be able to offer insight about who to speak with within the community. Suggested that there would be a neutral party that facilitates the key informant conversation. Following the key informant meeting, we will create a summary of the findings and that will be given to the communities. This will help the communities be able to prioritize where resources should be focused.

Moving forward, once the informant meeting has taken place, survey and focus group questions will be developed. Each community will be able to add questions that may pertain more to their community. By being able to adjust the questions it will give each community more ownership in the assessment.

Timeline and Duties:

Cheryl will be speaking with a representative from the cities about what the metro area is doing and if they have any questions they currently use. Maybe we can build from that.

At the next meeting bring past assessments and questions, to begin to build questions.

Choose a date, make an invite list and build an agenda for the key informant discussion. Conduct the key informant meeting sometime in April.

Following the informant meeting create survey and focus group questions. Begin having these meetings and sending out surveys in May.

Once meetings are completed and surveys are sent back begin to evaluate the findings and start the summary in the fall.

Next Meeting:

Jim will be sending out a poll to choose the next date.



Northern St. Louis County

Community Health Assessment 2012-2013

Purpose

The purpose of the community health assessment is to convene a diverse stakeholder group to identify what factors affect the health of its population and what resources are available within the community to address these factors. Completing a Community Health Assessment is a core function of local public health.

Data Sources

- Bridge to Health – (BTH) (2000, 2005, 2010)
- Minnesota Student Survey (MSS) (2004, 2007, 2010)
- Minnesota Department of Health
- Minnesota Department of Human Services
- U.S. Census Data

Process

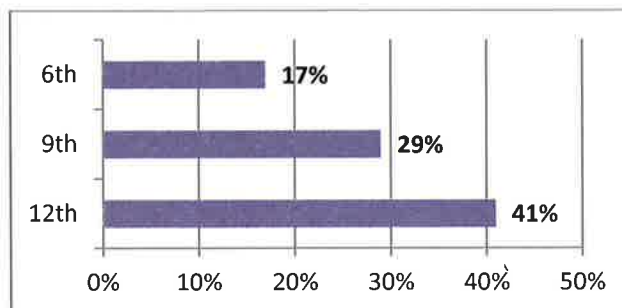
- Highlighted data sets from the above sources were compiled into a Community Health Assessment Data Profile Document. The Profile is posted online at www.communityhealthboard.org (Health Data tab)
- An opinion survey was distributed and completed by 109 St. Louis County residents.
- Community stakeholders met during 2012- 2013 to review data and identify top health issues.

Partners Involved:

- Fairview Range Hospital
- Northern St. Louis Family Services Collaborative
- Salvation Army
- AEOA Planning
- AEOA HeadStart
- Laurentian Clinic
- Virginia Medical Center
- Ely Community Member
- Ely Community Resource Agency
- School Nurse

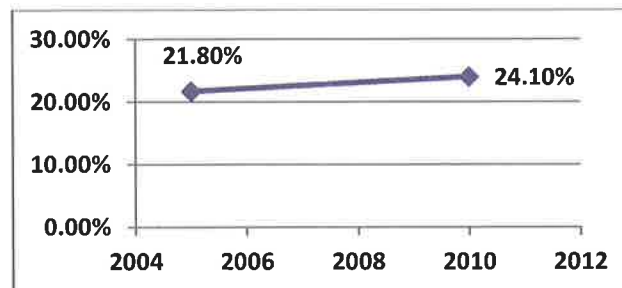
Priority: Mental Health

The percentages of adolescents who reported feeling under great pressure in the last 30 days (2010) are 12th graders - 41%, 9th graders 29%, 6th graders – 17% (MSS).



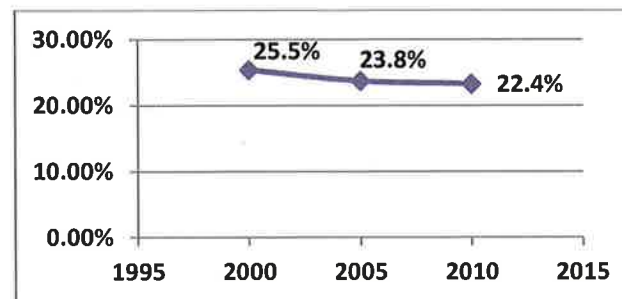
Priority: Obesity

According to data from the Bridge To Health survey, from 2005 to 2010, percentage of adults reported as obese increased from 21.8% to 24.1% (BTH).



Priority: Access to Dental Care

Percentage of adults who reported as postponing dental work in the past year were in 2000- 25.5%, 2005- 23.8%, 2010- 22.4% (BTH).



Priority: Percentage of Female Head of Household in Poverty

According to the Minnesota Department of Health, percentages of single females with children under 18 living in poverty 2006-2010 were 44.3% (MDH).

Priority: Substance Abuse

The percentages of adolescents who reported as using marijuana on one or more days in the last two months (2010) were 6th graders- 2%, 9th graders- 20%, and 12th graders- 38% (MSS).

Priority: Uninsured/Underinsured

Percentages of adults who reported as uninsured were 2000 – 4.8%, 2005- 9.1% and 2010- 8.3% (BTH).

Priority: STD'S – STI's – Sexual Activity

According to the Bridge to Health survey results, the percentage of Sexually Transmitted Diseases (STD's) in St. Louis County is 3% (2010)

Priority: Childhood Vaccination – Pertussis

According to the Minnesota Department of Health, percentage of childhood immunization vaccine series completed in 2010- 53% and 2011- 60.3% (MDH).

Priority: Health Screenings (e.g. Prenatal and Colon)

According to the Bridge to Health survey results, in 2010, % of adults who have never had screening were for blood cholesterol- 12.9%, blood pressure- 3.7%, colon- 30.9% and mammogram- 10.3% (BTH).

Priority: Smoking in Pregnancy

*Percentage of mothers who smoked during pregnancy
1996-2000 – 22%
2001-2005- 22.6%
2006-2010- 20.3%*



Southern St. Louis County

Community Health Assessment 2012 - 2013

Purpose

The purpose of the community health assessment is to convene a diverse stakeholder group to identify what factors affect the health of its population and what resources are available within the community to address these factors. Completing a Community Health Assessment is a core function of local public health.

Data Sources

- Bridge to Health - BTH (2000, 2005, 2010)
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Process

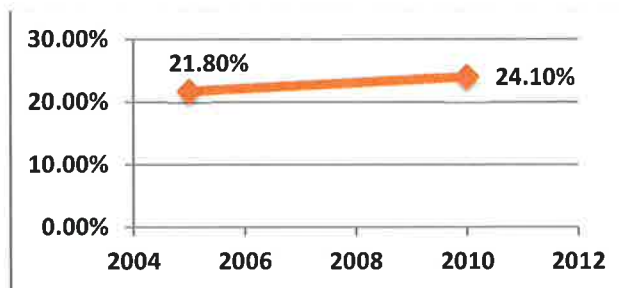
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- An opinion survey was distributed and completed by 109 St. Louis County residents.
- Community stakeholders met during 2012- 2013 to review data and identify top health issues.

Partners Involved:

- Lake Superior College – Nursing Program
- Arrowhead Parish Nurse Association
- Healthcare Systems -Essentia Health & St. Luke's
- American Lung Association
- Integrity Health
- Lake Superior Healthcare Center
- Arrowhead Area Agency on Aging
- Community Action Duluth
- Institute of Sustainable Futures
- CHUM Agency
- LISC Director
- Gloria Dei Lutheran Church
- United Way
- UMD Medical School
- Ely Bloomenson Hospital

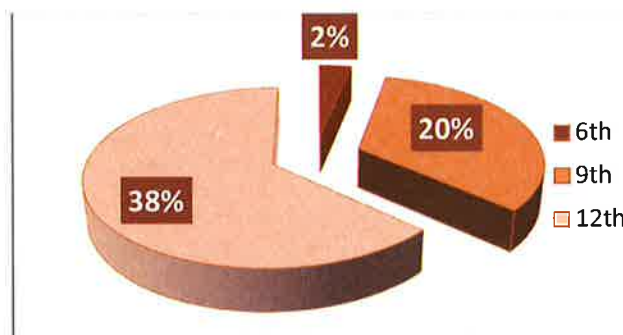
Priority: Obesity

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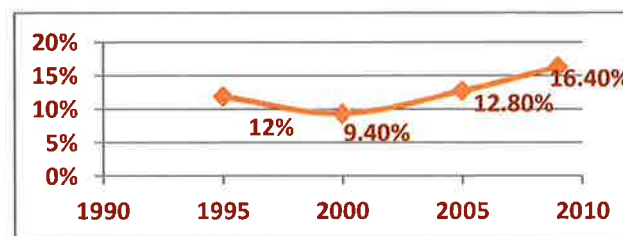
Priority: Alcohol, Tobacco and other Drug use in Children and Adolescents

The percentages of adolescents who reported as using marijuana on one or more days in the last two months (2010) were 6th graders- 2%, 9th graders- 20%, and 12th graders- 38% (MSS).



Priority: Disparity and Inequity related to Poverty

According to the Minnesota Department of Health, percentages of people reported as living in poverty were in 1995- 12%, 2000- 9.4%, 2005- 12.8%, 2009- 16.4% (MDH).





Priority: High number of single parent households in poverty

According to the Minnesota Department of Health, percentages of single females with children under 18 living in poverty 2006-2010 were 44.3% (MDH).

Priority: High Smoking rate in Pregnancy

Percentage of mothers who smoked during pregnancy
1996-2000 – 22%
2001-2005- 22.6%
2006-2010- 20.3%

Priority: Poor Dental Access

Percentage of adults who reported as postponing dental work in the past year were in 2000- 25.5%, 2005- 23.8%, 2010- 22.4% (BTH).

Priority: Lack of Exercise

According to the Bridge to Health survey results, percentage of adults who reported as engaging in moderate activity 3 or more days a week for at least 30 minutes decrease from 2005- 69.2% to 2010- 40.7% (BTH).

Priority: Uninsured/Under-insured

Percentages of adults who reported as uninsured were 2000 – 4.8%, 2005- 9.1% and 2010- 8.3% (BTH).

Priority: High Incidence of Heart Disease

According to the Bridge to Health survey, percentages of adults reported with heart trouble or angina were in 200- 8.1%, 2005- 9.3% and 2010-8.8% (BTH).

Priority: High rates of Anxiety and Depression

According to the Bridge to Health survey, percentages of adults reported with anxiety were in 2000- 5.1%, 2005- 6.5% and 2010- 8.6 % . According to the Bridge to Health survey, percentages of adults reported with depression were in 2000- 7.8%, 2005- 13.3% and 2010- 12.5% (BTH).

Priority: Unprotected Sex in Adolescents

Priority: Healthcare needs to integrate public health and mental health

The percentages of adolescents who reported feeling under great pressure in the last 30 days (2010) are 12th graders - 41%, 9th graders 29%, 6th graders – 17% (MSS).