Community Health Needs Assessment
June 27, 2017
IRRR – Mesabi II Conference Room
9:00 a.m. – 11:00 a.m.

In Attendance: Jim Gangl, Lorrie Janatopoulos, Justin Skalko, Beth Peterson, David Hohl and Sara Ferkul

Jim gave a quick recap as to how and why this group was formed.

Public Health is required to submit a process. We discussed the process example and how it may need to be adjusted to fit our needs.

For many years the same four priorities have been in the report for the different hospitals and service providers assessments. It was decided that we should focus on mental health, obesity, and substance abuse and then see how socioeconomics plays a part in all of them instead of having that be its own focus.

We then reviewed the handouts that Jim provided. He had a brainstorming session with his staff to see what their thoughts were about the four priority areas. The questions for each were:

What activities do we already do in this priority area?
What other activities/interventions does your program population need?
What community organizations do we currently partner with?
With which organizations could we expand our partnerships and how?

Based on the information given for each question it was then prioritized.

Since schools are an area that were prioritized as an area to expand, the group decided that we should possibly have a focus group within schools so we can fill the gaps in the student surveys.

AEOA has a goal of 500 conversations to complete their assessment.
In the past they have conducted surveys, focus groups and interviews. They had between 40-80 participants in the focus groups. The interviews typically last between 30-60 minutes.

The group has partnered with Lynn Geordt on a mental health assessment. She completed one in 2010 and she plans on updating the information this year. Certain data from that assessment will be used for our assessment.

In the past Fairview has conducted random telephone surveys. However, they are usually conducted by the corporate office and the local hospital doesn't have much input in the questions that are asked.

The long term plan is to be able to bring the health organizations together to build programs to help in these 4 priority areas instead of all of them implementing their own programs. However, when we look at the data we should be trying to learn why these areas are issues, then we can learn better ways to assist these people.

Moving forward:
AEOA may have questions that related to substance abuse and obesity but are not directly related. May be able to adjust the questions.

Reaching out to Iron Range Youth in Action to see if we could have a session or breakout at their summit. Have the session lead by the students. Lorrie will be reaching out to them. We also need to figure out a way to reach out to alternative schools. Possibly working with NLC to speak with students that are participating in the REACH program.

How to engage the substance abuse side? Can we speak with different treatment centers? Or possibly working with the court system to have people who are in drug court complete surveys or participate in a focus group. Will need to reach out to different providers in the criminal justice systems as well to conduct an informant interview.

Jim will be speaking with his director to see if St. Louis County staff will be able assist AEOA in conducting interviews. AEOA's assessment needs to be completed summer 2018. Will be starting to build groups now.

Beth will be getting the health assessment from Essentia Health-Northern Pines, Aurora and send to Jim.

Lorrie will also be sending the Blandin Student Success Assessment to Jim.

Next Meeting:
July 25th, 2017
9:00 a.m. – 11:00 a.m.
IRRR - Eveleth

Range CHNA Meeting --- June 27, 2017

IRRRB (Eveleth) 9am – 11am

IRRRB
4261 US-53
Eveleth, MN 55734

Join by Phone option: Call: 218-720-1556 Participant Code: 3542441

Previous notes and handouts are available at: http://rechargetherange.org/wp-content/uploads/2017/02/Community-Health-Needs-Assessment-Agenda-Handouts-and-Notes-2.27.17.pdf

Introductions

Project recap and review

Goals for this meeting

1. Decide on assessment methodology (survey, focused conversations, key informant interviews)
2. Identify target groups within our defined areas
3. Develop questions for each priority area
4. Make work assignments

Updates

SLC PH staff assessment (handout)

Mental Health Assessment partnership

Data review workgroup report (CHB data indicators, Bridge to Health survey, Minnesota Student Survey, other)

Assessment methodology

Assessment methodology

Assessment strategy

Assessment areas (map)

Develop questions

Decide on assignments/participation

Next Steps:

Next Meeting(s):

Steps in the Mobilizing for Action through Planning and Partnerships (MAPP) Process:

Step 1: Organize for Success/ Partnership Development

- Organize leaders in the community to prepare to implement MAPP.
- Understand why MAPP is needed.
- Outline process.
- Identify resources.

Step 2: Visioning

- Determine what you want the community to look like.
- Ask "what would we like our community to look like in 10 years?"

Complete Four MAPP Assessments: List the challenges and opportunities from each of the four assessments.

Step 3: Community Health Status Assessment (CHSA)

- Gather and analyze information on priority community health, quality of life issues, and risk factors (data)

How healthy are our residents?

What does the health status of our community look like?

Step 3: Community Themes & Strengths Assessment (CTSA)

- Understanding the issues residents feel are important (surveys, focus groups, asset mapping)

What is important to our community?

How is the quality of life perceived in our community?

Step 3: Local Public Health System Assessment (LPHSA)

- A comprehensive assessment that includes all the organizations and entities that contribute to the delivery of public health.

What are the activities, competencies, and capacities of our local public health system?

How are the 10 Essential Public Health Services being provided in our community?

Step 3: Forces of Change Assessment (FOCA)

- Legislation, technology, trends, changes, etc. that affect how the community and public health system operates

What is occurring or might occur that affects the health of our community or the public health system?

What specific threats or opportunities are generated by these occurrences?

Step 4: Identify Strategic Issues

- Use the findings from the four assessments to determine what the critical issues are.
- Determine what specific issues need to be addressed to achieve the vision.

Step 5: Formulate Goals and Strategies

- Develop goals and strategies for attaining the vision, addressing the strategic issues identified in the prior stage.
- Strategies are the direction (or means) of obtaining our goals.

Step 6: Action Cycle

Plan to:

- Act
- Implement
- Evaluate

All Staff Community Health Needs Assessment

Step 1. Staff brainstorming session

	Mental Health	Obesity	Substance Abuse	Social Determinants
Q1: What activities do we already do in this priority area?	Assessments Screenings Referrals Resource lists Counseling Case management Education Stress management Authorize servcs (PCA) OBRA Community Health teams ECMRT Together for Health ADAPT Northern Family Service Collaborative Suicide prevention / Text for Life WIC SAPII Thrive	Assessments Screenings Data collection Transportation (Active transportation & Safe routes to school) In-home exercise items Some ALP offer exercise groups Fitness Center discounts Education (PCS, WIC, HV) Monitoring Goal setting Identify resources Referrals Promote & support Breastfeeding Promote pre-natal weight gain Promote PMAP incentives Parent's roles Encourage physical activity Worksite wellness Environmental strategies Community connections Access to healthy food Community Gardens Work with food retailers SHIP schools Farm to School Walk & Roll (activity school) C&TC Decrease screen time	Establish client relationships Assessments Screening Intervention Referrals Superior Babies SCRIPT Education Rule 25s Hibbing Community Chemical Abuse Committee Mesabi Safe Community Collaboration (Cheryl Buspong) Research PMAP incentives TWEAK screen SAPII-PH & HS model OARS (north & south) Drug Court HS multidisciplinary team (Paula Stocke)	Assessment Education Info & Referral Together for Health NFP SHIP Enrollment procedures WIC locations C&TC Myers Wilkens Health Fair Back to School backpacks Steve O'Neill apartments Rutabaga Project Section 8 housing Pine Mill Court Youth Foyer Bill's House Influenza vaccines (UUAV & MnVFC eligible clients) Offer services to all community members (regardless of income)

Q2: What other activities/interventions does your program population need?	Transportation Companion volunteers Behavioral aides Office hours Office locations Lack of Providers Lack of Follow-up Access Crisis Intervention & Care Support Groups Education Early intervention Family support Internet resources Local treatment More inpatient beds Reduce diagnosis time (i.e. Autism) Nurse of the Day Community approach More resources (children) Reduce wait time	Transportation Companion volunteers Supervised exercise programs Personal training Increase Gym memberships Dietary assessment Supervised shopping Meal prep Education (postpartum weight loss, gardening & healthy cooking) Motivation (how to) Physician partnerships Access to healthy food (more stores) Free activities (organized) EFNEP type programs (cooking) Community Gardens (more & more access) Health Care access	Additional resources Specialized treatment (dual diagnoses) Companion volunteers Education Prevention Brochures American Lung Association Toward Zero Deaths Laura Bennett Treatment programs More treatment beds Plies After Care Adolescent treatment programs After care Rule 25 assessments (more Social Workers)	Housing availability Volunteers Access to transportation Access to providers (healthcare/dental) Same day health coverage Holistic approach (MW school) Wrap around services Staff education (insurance & programs) Access to healthy food Opportunity (education, employment, housing) Community school Moving assistance Assistance from Tribes System-level change (no reduction in benefits when working)

Q3: What community organizations do we currently partner with?	ACT team MH CM (adult & child) RMHC Physicians MH clinics Infant MH consultant (Marlys Johnson) ASCEND services Senior Linkage Line Local treatment resources In-home companions & services HDC (Duluth & Range) Northwoods Children's Home IEIC (LHMG) FAP Social workers Help Me Grow (schools) Women's Care Center Superior Babies Nurse Family Partnership HFA Advocate 4 Peace ECFE & Head Start Parents Fond du Lac Special education Nystrom & Associates Neighborhood Youth Services Duluth Counseling Center ECMRT Dr. Baldwin & Amy Tuthill Range Mental Health NHS RSI HOC	Meals on Wheels Mom's Meals Silver Sneakers (YMCA) WIC Women's Care Center (cooking classes) Dr. Sara M. (Essentia) Dr. Nancy Monahan (children) AEOA IRPS (Iron Range Partnership for Sustainability) Generations Healthcare Initiatives ISD 706 National Diabetes Prevention Program (Essentia) Friends of the Greenhouse (city of Virginia) Food shelves Salvation Army SNAP education (Kaisha Brown) Cherly Bisby (community worker)	Arrowhead Treatment Center Alcohol & Drug Treatment Center Child protection Superior Babies Social Workers Home visiting Physicians SAPI Dr. Beth Bilden (Rx naloxone) Hibbing Medical Use Marijuana Program Community Events Nonprofits Court systems Schools Laura Bennett Fairview Community Health Teen Child Adult & Teen Challenge T-ACT Probation officers	Long-term care facilities (assisted living, nursing homes) HRA Section 8 Shelters AEOA Food shelf CHUM Food kitchens Smiles Across MN Community Action Duluth Whole Foods Coop ECFE CTTC CWG 4 Hope Program SOAR Career Solutions Lead testing (Leady Eddy) Head Start Salvation Army Legal Aid Habitat for Humanity Lake Superior Health Services 211 Access North

Q4: With which organizations could we expand our partnerships and how?	Lutheran Social Services Nystrom & Associates Church service groups Neighborhood Youth Services Together for Health Birch Tree Center Medical partnerships Day treatment (youth) Schools RMHC (more collaboration) Fond du Lac AEOA Woodland Hills Northwoods Childrens Home Special Education Range Youth Shelter	Hospitals Healthcare providers Dieticians YMCA Farmer's markets SNAP (Kaisha Brown) Extension office Foster Care Dr. ? (illegible) (childhood obesity) PMAPS Whole Foods Coop Faith communities Fond du Lac & Bois Forte Schools (public & private) Boys and Girls Club PCA agencies Community Action Duluth Ruby's Pantry FNIP WIC MN Extension Cooking classes (our staff?) Health Plans (WIC & PMAPS)	More client contact (daily) Contact-companion services Treatment centers (CADT, Marty Mann) Teen Challenge Arrowhead Center Schools/Colleges Community partnerships (active) Rural AIDS Network More awareness (naloxone & methadone clinics) Lake Superior Drug Task Force SLC Substance Abuse Team ACT Life Penemal (illegible)	Hospital supportive services Home-based services AEOA PMAPS ECFE YMCA After School programs U of M Extension Faith communities Legal Aid Nonprofits (low income) Tribal partners Higher education Partner with Human Services Community Action Lake Superior Community Health Center More community involvement

Step 2. Prioritization of needs

Prioritization of Mental Health Survey results

Q2. What other activities/interventions does your program population need?

	SLC	Duluth	Range
Lack of Providers	1	1	1
Local Treatment	2		2
More Resources (children)	3	2	
Reduce wait times		3	
Transportation			3

Q4. With which organizations could we expand our partnerships?

	SLC	Duluth	Range
Schools	1	1	1
Medical partnerships	2	2	2
Day treatment (youth)		3	
Special education	3		3

Prioritization of Obesity Survey results

Q2. What other activities/interventions does your program population need?

	SLC	Duluth	Range
Transportation	1	1	1
Motivation (how to ...)	2	2	2
Access to healthy food (more stores)	3	3	
Dietary assessment			3

Q4. With which organizations could we expand our partnerships?

	SLC	Duluth	Range
Schools (public & private)	1	1	1
Healthcare providers	2	2	
YMCA	3	3	2
Dieticians			3

Prioritization of Substance Abuse Survey results

What other activities/interventions does your program population need?	SLC	Duluth	Range
Prevention/Early intervention	1	1	1
More treatment beds & programs	2	2	2
Specialized treatment (dual diagnoses)	3	3	3

With which organizations could we expand our partnerships?	SLC	Duluth	Range
Treatment Centers (CADT, Marty Mann)	1	1	1
Schools/Colleges	2		2
SLC Substance Abuse Team	3	2	
Teen Challenge/Arrowhead Center		3	3

Prioritization of Socioeconomic Disparities Survey results

To be completed in July.

Community Assessment Zones-2017