Community Health Needs Assessment

Rainy Lake Medical Center
International Falls, MN
December 2013

Rainy Lake
MEDICAL CENTER

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Executive Summary

International Falls Memorial Hospital Association doing business and hereafter referred to as Rainy Lake Medical Center, operates a charitable hospital facility and as such is required by the 2010 Affordable Care Act under section 501(r) of the Internal Revenue Code to conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years to maintain its 501(c) (3) tax exempt status[1].

Since 1945 the International Falls Memorial Hospital Association has had a strong commitment to Koochiching County and has performed many charitable acts for and on behalf of the community. Rainy Lake Medical Center welcomes the requirements of the Affordable Care Act, anticipating that the process of performing a CHNA will bring more organization and better outcomes for the good deeds it has and continues to perform.

The CHNA process must identify and prioritize the health needs of the community served by the organization conducting the assessment[2]. According to the Oklahoma State University and the Oklahoma Office of Rural Health, "the overarching view of the community assessment must be health needs from the perspective of the community, not the perspective of the health providers within the community"[3]. "Input from persons who represent the interests of the community served, including those with special knowledge or expertise in public health"[4] is necessary to accurately and adequately identify and prioritize the significant health needs of the community.

Since this document describes Rainy Lake Medical Center's first CHNA, written comments related to the organization's prior CHNA cannot be consulted as required by Proposed Regulation 1.501(r)-3(b)(5)(iii), but a process for capturing comments on this CHNA for future reference and consideration will be explained in this document.

Rainy Lake Medical Center began the process for this CHNA in August of 2012 by forging a strong partnership with Koochiching County Public Health, working collaboratively to define the community served by the respective organizations and cooperatively establishing a timeline for completion of the assessment. The assessment phase including identification and prioritization of the following community health needs was completed in August of 2013:

- Access to care;
- Chemical dependency;
- Absence of healthy behaviors.

An implementation plan will be included in the distribution of this CHNA as a companion document.

1. Introduction

Rainy Lake Medical Center (RLMC), located in International Falls, Minnesota, is a 25 bed Critical Access Hospital with a mission to serve patients and promote wellness and a vision to be the community's trusted choice for healthcare by:

- Placing patients first;
- Promoting wellness;
- Embracing change; and
- Facilitating a seamless continuum of care.

The community as defined for the purposes of this community health needs assessment is the population of Koochiching County, a large frontier county located on the state's northern border. This definition of community was adopted because the vast majority of RLMC's patients live within the boundaries of Koochiching County and RLMC has historically defined the County of Koochiching as its service area.

This report will provide background information regarding Rainy Lake Medical Center and the community of Koochiching County. The process and methods used to conduct the assessment will be described as well as the health needs that were identified by the community. The process used to prioritize the needs will be explained and the existing resources within the community that are available to meet the community health needs will be identified. The goals and objectives of RLMC's implementation strategy will be outlined in a companion document.

The International Falls Memorial Hospital Association has a long history in Koochiching County, originally incorporated on September 13, 1945.

The Association broke ground on a new three story, 62 bed Falls Memorial Hospital on April 25, 1947, dedicated to "the men who served, suffered and died". This facility was described as 'state of the art' with a push button elevator and nurse call system. Funds for the $350,000 building came from a three-way financing deal in which the Minnesota and Ontario Paper Company (Mando) donated 7 ½ blocks on 2nd Street

for the building site as well as $125,000 toward construction costs while the municipality matched Mando's financial contribution and the public donated the remaining funds.

Prior to the new Falls Memorial Hospital that opened for business in 1948, area residents were served by the 15 bed Northern Minnesota Hospital (pictured right), built for $8000.00 by Dr. Osborne and Dr. Monahan, Sr. in 1908-09 on the bank of the Rainy River at Second Street and Eighth Avenue.

The Craig Hospital, located on Fifth Avenue between seventh and eighth streets, provided care to area residents for ten to fifteen years during the 1920's and 1930's. This facility had two patient rooms, an office, an operating room, a family dining room and a kitchen on the first floor. It was staffed by Dr. Craig and three nurses.

The present International Falls hospital was completed in 1970 on land donated by Koochiching County and located on Highway 11-71 next to what was then the County Nursing Home. The city of International Falls sold bonds to cover a major portion of the construction costs and the remainder of the capital financing came from a federal grant and from private donations. When built, the building contained 22 semi-private rooms, 19 private rooms and was licensed for 64 beds and 11 bassinets.

The International Falls Memorial Hospital Association has a long history of providing safe, quality care. The hospital was first accredited by The Joint Commission on August 11th of 1964. Hospital staff voluntarily relinquished this accreditation status in 1981, concerned about the increasing costs of accreditation. The hospital achieved accreditation with The Joint Commission again on May 30th of 1997 and continues to maintain this status.

In 2001 Falls Memorial Hospital became a 25 bed Critical Access Hospital. In July of 2009 the International Falls Memorial Hospital Association became associated with Essentia Health and assumed ownership of the Duluth Clinic - I'Falls. The new organization began

doing business as Rainy Lake Medical Center. In 2010, the hospital became a level four trauma center and presently offers the following services:

a. Critical Care and Level IV Emergency Room Services.
b. Family Practice (including general medicine, pediatrics, and OB/GYN)
c. General Surgery
d. Obstetrics, Level 1 Nursery
e. Mental Health services.
f. Ophthalmology.
g. Orthopedics.
h. Pediatric Physiatry.
i. Chemotherapy.
j. Clinical Laboratory, Blood Bank and Pathology.
k. Diagnostic and Interventional Radiology, Mammography, CT, MRI, Bone Densitometry and Ultrasonography.
l. Inpatient, Outpatient and Ambulatory Surgery.
m. Physical, Occupational, and Speech Therapy.
n. On site Audiology Services.

During the summer of 2013, International Falls Memorial Hospital gave notice to end its association with Essentia Health and as a result, return ownership of the RLMC clinic to Essentia Health.

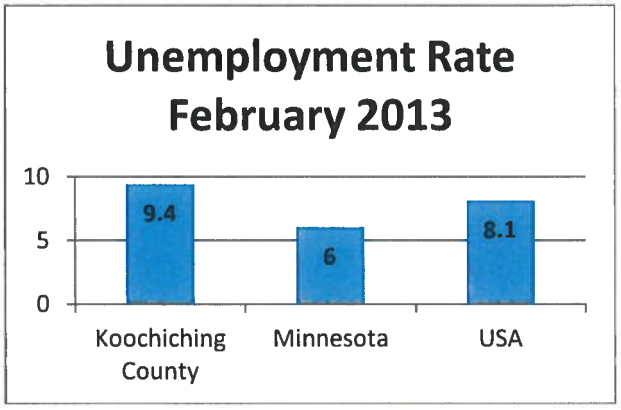
2. Identified Geographic Areas and Populations

Koochiching County is an isolated county with a declining birth rate and population, whose northern border edges Canada. According to the US Census Bureau statistics, the Koochiching County population growth percentage from 2000 to 2010 was -7.3% (or from 14,355 people to 13,311 people).

Koochiching is a rural county, with 4.3 persons per square mile compared to 66.6 persons per square mile in the state of Minnesota. 48% of the county's population resides in the community of International Falls. The remaining residents live primarily in small isolated communities scattered throughout the county with Littlefork, Big Falls, Margie, Gemmel, Mizpah, and Northhome to the south of International Falls on Highway 71; Ericsburg and Ray to the south of International Falls on Highway 53; Ranier to the east of International Falls on Highway 11 East; and Indus, Loman, Birchdale and Clemetson to the west of International Falls on Highway 11-71.

The 2010 U.S. Census revealed that 19.5% of the population of Koochiching County was over the age of 65, compared to 13.1% for the state of Minnesota. The Minnesota State Demographic Center predicts the over 65 population group will comprise 30% of the total Koochiching County population by the year 2020[5].

The County is poor, with a median household income between the years of 2006 and 2010 of $39,571 compared to a median household income of $57,243 for Minnesotans in general during the same time frame. 12.4% of Koochiching county residents were living below the poverty level between 2006 and 2010 compared to 10.6% of Minnesotans.



The February 2013 unemployment rate for Koochiching County was 9.4 and the rate fluctuates with the seasons, registering lower during the summer months. Seasonal work is typically lower paying, indicating Koochiching County has a sizeable population of working poor.

Boise Paper, the area's largest employer, had a layoff of 265 workers in October of 2013. As a result, indirect job loss is expected in the area's retail and service industry.

3. Process and Methods Used to Conduct the Assessment

3 a) Coordination and Collaboration

Provisions of the Affordable Care Act stipulate that hospitals must take into account input from one or more public health departments with knowledge, information, or expertise relevant to the health needs of the community being assessed[6]. Rainy Lake Medical Center forged and maintained a close working relationship with the Koochiching County Public Health Department throughout this process. Attachment 1 describes the procedure used collaboratively by both organizations in approaching the assessment process. The Rainy Lake Medical Center Chief Compliance Officer (RLMC - CCO) and the Director of Koochiching County Public Health worked together to identify the data groupings and indicators that could be studied and to oversee the process that would be used to create data tables comparing Koochiching County to neighboring counties and state and national averages. The RLMC - CCO and the Director of Koochiching County Public Health (KCPH Director) met collaboratively with the Koochiching County Public Health Department to identify and prioritize the data that had been collected, focusing attention on the data that indicated potential community health needs. Both also met with each other's organizations to study this data, seek validation of the data and identify the community needs that each organization perceived to exist. The RLMC-CCO and the KCPH Director along with the Koochiching County Public Health Department Educator met with

community groups and conducted key stakeholder interviews to solicit the input and opinions of the citizens of Koochiching County in determining the health needs of the community. The RLMC - CCO, the KCHP Director and the Koochiching County Public Health Department Educator met to apply the criteria described in Appendix 13 to prioritize the health needs that had been identified by all of the groups consulted. Going forward both organizations intend to work together with the community to implement plans to address those health needs that fall within the mission and scope of RLMC and/or the Koochiching County Health Department.

3 b) Sources of Data and Other Information

Comparison data was collected from many sources to assist in the identification and final selection of the health needs of Koochiching County. Appendix 2 provides a complete list of those sources.

3 c) Assessment Methodology

The Rainy Lake Medical Center Chief Compliance Officer (RLMC - CCO) met with the staff and Director of the Koochiching County Health Department as well as representatives from the MN Department of Health on February 21st of 2013 to examine data tables that had been compiled by the District Epidemiologist and a Public Health Nursing Consultant from the Minnesota Department of Health. These data tables compared Koochiching County to its neighboring counties of Itasca and Aitkin. The data had been organized into four categories: People and Place, Healthy Living, Opportunities for Health, and Disease and Injury. The group was presented with questions to consider for each category to provoke thought and encourage discussion (see Appendix 3). The comparison data revealed many differences between Koochiching County and its neighboring counties, and/or the State of MN and/or the nation. Some of these differences were positive in nature, some were insignificant and some were negative, indicating Koochiching had some health needs. The assembled group was most concerned about what the data showed for the following issues:

1. Obesity rates and low rates of physical activity.
2. Cancer screening and death rates.
3. Access to care, and lack of providers.
4. Smoking rates among teens.
5. Delayed prenatal care.

Additionally the group felt the development of a visual display of the data rather than data tables would be a more effective way of presenting the comparison data to the public when asking for its input in future meetings. It was also decided that it would be more effective to reduce the amount of information that would be presented by focusing on those areas of data that demonstrated concern. As a result, four power point presentations were developed and are attached as Appendices 4 through 7, focusing on the data categories of: People and Place, Healthy Living, Opportunities for Health, and Disease and Injury.

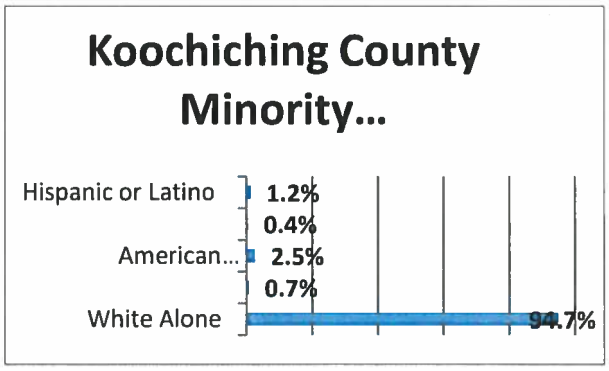
The RLMC - CCO and the Director of the Koochiching County Health Department met with the Executive Staff of Rainy Lake Medical Center on May 30, 2013 and presented community assessment data in the form of the four power point presentations included as Appendices 4 through 7. The participants of this group were asked to consider the following questions:

- What do you see as issues?
- What Are We Currently Doing to Address This Issue?
- What Could We Do to Address This Issue?

After considering the data, this group felt the following issues constituted health needs for the community (shown in no particular order):

1. Lack of providers including dentists/delayed access to care.
2. Cancer death rates/low cancer screening rates.
3. Obesity/low rates of physical activity.
4. Chemical dependency: smoking among teens and overuse of alcohol.

On June 19th the RLMC-CCO and the Director of the Koochiching County Health Department met with key community stakeholders in a conference room at the AmericInn in International Falls (see Appendix 8 for a description of the meeting agenda). Thirty four participants were in attendance representing a broad section of the community including local service providers, members of the religious community, business owners, and citizens from International Falls and the greater County. When completing a Community Health Needs Assessment, Hospitals must take into account input from members of the medically underserved, low-income and minority populations in their community or individuals or organizations serving or representing the interests of such populations[7]. The agencies represented included those serving the medically underserved and low-income populations of International Falls and Koochiching County (see Appendix 9 for a complete listing of agencies represented).



Koochiching County's minority populations are diverse and in total, comprise less than 5.3% of the population. These groups are therefore difficult to target.

The RLMC-CCO and a representative of the Koochiching County Health Department presented community assessment data in the form of the four power point presentations included as Appendices 4 through 7. The Director of the Koochiching County Health Department led a discussion encouraging the participants to consider the data presented and give both professional and personal opinions as to what they saw as health needs and suggestions they had for intervention (See Appendix 10 for a listing of the questions the group was asked to consider).

After considering the data, the group has identified a very lengthy list of community health needs, some more significant than others, that had been broken into the categories of Healthy Living, Opportunities for Health, Disease and Injury, and People and Place. The participants were then asked to vote for an item in each category based on their perceptions of need. The scores for each item were tallied and the following items in order of priority far outranked competing health needs to receive the highest scores:

1. Obesity/lack of physical activity.
2. Chemical dependency.
3. Lack of providers/underserved.
4. Mental health issues across the age spectrum.

In an effort to ensure voices of the citizenry throughout the county of Koochiching were heard, key interviews were conducted by a representative of the Koochiching County Health Department throughout the month of July, 2013. A phone interview was conducted with a citizen of Big Falls on July 3, 2013 and with a citizen of Littlefork on July 9, 2013. A group of five citizens from the Northome area were interviewed on July 8, 2013 at the Northhome VFW and on that same date a group of two citizens from the western part of Koochiching County was interviewed at the Indus School. A group of four citizens from the Big Falls area were interviewed on July 10th of 2013 at the Big Falls Community

Building, and two citizens from the Littlefork area were interviewed on that same date. During each of these individual and group interviews, the participants were asked to consider and respond to a list of questions included as Appendix 11. Some of the participants in these interviews were older adults and most of the interviewees would be considered medically underserved simply because of their geographic isolation. In fact, the impact of geographic isolation on health opportunities was a common barrier identified by many of the greater County interviewees. Interviewees cited geographic isolation as impacting the following:

- Travel to primary care, mental health providers and out of town specialty care;
- Availability of services such as home health aides, homemaking services, visiting nurses, hospice and meal programs;
- Local medical service (Big Falls has access to local dental care only two days per month);
- Access to fresh foods (small local grocery stores with less variety and higher cost);
- Lack of support for those suffering from Alzheimer's Disease and those who care for them;
- Isolated communities receive mobile services from a variety of healthcare organizations who do not coordinate with each other resulting in disjointed care.

Other concerns mentioned during the greater County interviews were:

- Substance abuse issues: alcohol and drugs;
- Low screening rates for diabetes, cancer and heart disease because of cost and travel distance (visits to a provider are limited to when a problem exists) or because of a lack of knowledge (some asked, "Why go looking for a problem?").

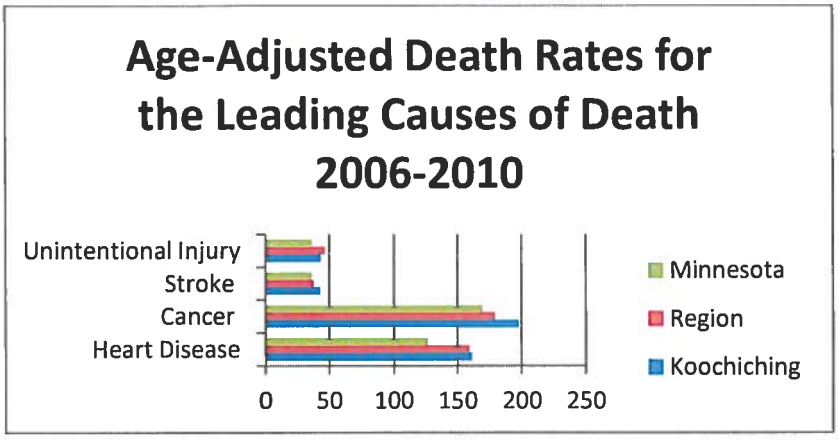
All of the opinions from the various meetings and interviews with service providers and citizens were compiled for consideration. The regulations addressing community health needs assessments specify that an assessment report does not need to name or otherwise individually identify any individuals participating in community forums, focus groups, survey samples, or similar groups[8]. The names and titles of individuals providing

input in Rainy Lake Medical Center's Community Health Needs Assessment have therefore been suppressed but names and titles will be made available upon request.

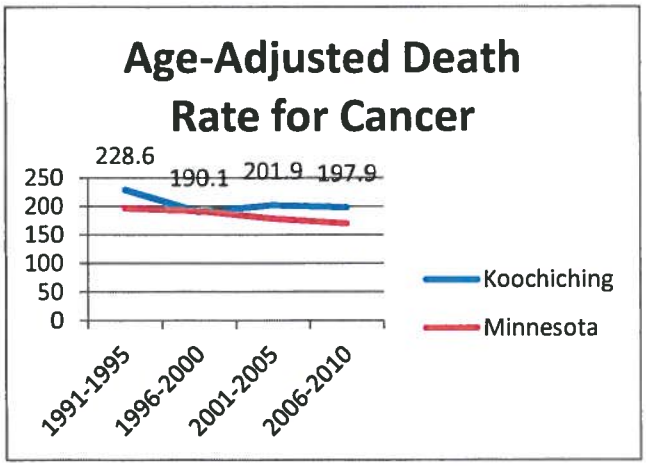
4. Community Health Profile

4 a) County Health Rankings

Out of 87 counties in the state of Minnesota, Koochiching County ranks 42nd in health outcomes, 49th in health behaviors, 49th in clinical care, 76th in social and economic factors, and 11th in physical environment (see Appendix 12: County Health Rankings Table). The leading causes of death in Koochiching County are the same as the region and the state.



Although the age-adjusted death rate for Koochiching County has declined by 20% during the past 20 years, it has been between 7% and 15% higher than the Minnesota age-adjusted death rate. Obesity, hypertension, and diabetes are ongoing health concerns for our population.



The Koochiching County age-adjusted death rate for cancer is higher than the state and has not been declining at the same pace. Colorectal cancer deaths in women and prostate cancer deaths in men are double the rates found in the state of MN. Lower than expected screening rates account for some, but not all of the differences in cancer death rates.

5. Community Health Needs Identified

The following health needs were identified as health needs during the Koochiching County Public Health Meeting held February 21st, 2013:

1. Obesity rates and low rates of physical activity.
2. Cancer screening and death rates.
3. Access to care, and lack of providers.
4. Smoking rates among teens.
5. Delayed prenatal care.

The following health needs were identified during the Rainy Lake Medical Center Executive Staff Meeting held May 30th, 2013:

1. Lack of providers including dentists/delayed access to care.
2. Cancer death rates/low cancer screening rates.
3. Obesity/low rates of physical activity.
4. Chemical dependency: smoking among teens and overuse of alcohol.

The following health needs were prioritized during the Key Stakeholder Meeting held at the AmericInn on June 19th, 2013:

1. Obesity/lack of physical activity.
2. Chemical dependency.
3. Lack of providers/underserved.
4. Mental health issues across the age spectrum.

The following health needs were identified during the Key Stakeholder Interviews with greater County residents held during the month of July, 2013:

1. Access to care/lack of providers/lack of coordinated care.
2. Availability of health-related support services.
3. Physical activity, nutrition and other lifestyle factors.
4. Mental health providers and programs (Alzheimer's, PTSD, other mental health needs).
5. Substance abuse (alcohol and drugs).

5 a) Process and Criteria Used in Prioritizing the Needs

The RLMC - CCO, the Koochiching County Public Health Director and the Koochiching County Public Health Department Educator met to review the community needs that each group had identified. Using the criteria described in Appendix 13, the following health needs were identified as priorities:

1. Access to Care.
   During the CHNA process area residents identified access to care and a lack of providers as a priority need. A greater

percentage of adults delay or fail to access healthcare in Koochiching County than in the state of Minnesota and the percentage has been increasing dramatically. County residents also identified cost and lack of insurance as primary reasons for delaying or failing to access medical care in the 2010 Bridge to Health Survey. Koochiching County is designated as a shortage area for mental health practitioners and International Falls was designated as a medically underserved area, effective April of 2013. Access concerns also included transportation, especially for those more rural county residents and those referred to follow-up care in other communities. When discussing access to providers, difficulty in scheduling appointments with both physicians and dentists were identified. Other concerns in this area focused on access to health-related services such as meal programs, home care and Alzheimer Support programs.

It is important to note that although Koochiching County ranked 49th out of 87 counties in the category of clinical care with 1 being best and 87 being worst (see Appendix 12). According to the University of Wisconsin's research regarding the Social Determinants of Health[9], access to care and quality of care collectively account for only 20% of the overall impact social determinants have on the health of a population. In contrast, socio-economic factors such as education, income, employment, family/social support and community safety have a far greater impact (40%) on the overall health of the population and Koochiching County ranked 76th out of 87 counties in this area. Therefore although a lot of discussion regarding the health need of increased access to care focused on the difficulties of obtaining appointments and traveling to see specialists, the biggest barrier to health and receiving clinical care in Koochiching County can probably be traced to the socioeconomic factors of high unemployment, lower than average household income and the high rates of uninsured.

2. Absence of Healthy Behaviors.

   Various aspects of healthy behaviors were identified as health needs such as:

   - smoking rates among teens;
   - overuse of alcohol;
   - drug abuse;
   - lack of physical activity;

- nutrition as it relates to access to fresh fruits and vegetables;
- numbers of obese and overweight residents;
- lower than average disease screening rates;
- the impact of geographic isolation on mental health and the desire to be healthy.

Koochiching County ranked 49th out of 87 counties in the category of health behaviors. This category examines tobacco use, diet & exercise, alcohol use and sexual activity (see Appendix 12). According to the University of Wisconsin's research regarding the Social Determinants of Health[10], healthy behaviors account for 30% of the overall impact social determinants have on the health of a population. Often respondents cited the lack of a physical site such as a walking trail or a building as the reason that healthy behaviors are occurring less often in Koochiching County. Although the absence of affordable exercise facilities may hinder physical activity, the absence of a desire to be healthy may be a far greater hindrance. Antoine de Saint-Exupery said, "If you want to build a ship, don't drum up people to collect wood and don't assign them tasks and work, but rather teach them to long for the endless immensity of the sea"[11]. Empowering a population to feel they have the right to demand health and encouraging this population to seek health in all that they do is a worthwhile challenge. A population who longs for the endless immensity of good health will be healthy.

3. Coordination of and access to mental health care.
   Concerns in this area centered not only on access to local providers and regional treatment facilities but also a perceived lack of coordination among both local and regional providers.

6. **Existing Community Resources Available to Meet Identified Needs**
   Information will be added in this section after the Implementation Plan has been developed.

7. **Implementation Strategy**

It is Rainy Lake Medical Center's (RLMC's) intent to continue a close partnership with the Koochiching County Public Health Department (as described in Appendix 1) in working with the community to put into action the strategies described in RLMC's Implementation Plan.

This CHNA document, including the companion Implementation Plan will be available to the public on Rainy Lake Medical Center's website www.rainylakemedical.com as well as in hard copy, upon request.

Proposed Regulation 1.501(r)-3(b)(5)(iii) requires that Rainy Lake Medical Center consider input from written comments received on RLMC's most recently conducted CHNA and most recently adopted implementation plan. Therefore, comments on this CHNA and accompanying implementation strategy can be emailed to the Chief Compliance Officer of Rainy Lake Medical Center at ltrautlein@rainylakemedical.com .

Acknowledgements

Rainy Lake Medical Center wishes to thank all who participated in Key Stakeholder Meetings and Key Stakeholder Interviews, as well as the staff of the Koochiching County Public Health Department for their input and assistance during this process. Rainy Lake Medical Center would especially like to acknowledge and thank the following individuals:

Susan Congrave, Director, Koochiching County Public Health

Lindsi Barnhart, Koochiching County Public Health Educator

Amy Westbrook, District Epidemiologist, Minnesota Department of Health

Marie Margitan, Public Health Nursing Consultant, Minnesota Department of Health

References

[1] 26 U.S.C.§ 501(r) (2010).

[2] Centers for Disease Control and Prevention. Summary of the Internal Revenue Service's April 5, 2013, Notice of Proposed Rulemaking on Community Needs Assessments for Charitable Hospitals. Accessible at: http://www.cdc.gov/policy/chna .

[3] National Center for Rural Health Works Oklahoma State University and Center for Rural Health and Oklahoma Office of Rural Health. Template for Community Health Needs Assessment (December 2011). Accessible at: http://www.ruralhealthworks.org.

[4] Centers for Disease Control and Prevention. Summary of the Internal Revenue Service's April 5, 2013, Notice of Proposed Rulemaking on Community Needs Assessments for Charitable Hospitals. Accessible at: http://www.cdc.gov/policy/chna .

[5] Minnesota State Demographic Center. Minnesota Population Projections by Age, Sex and County, 2015-2040. Accessible at: www.demography.state.mn.us/projections2015-2040

[6] Minnesota Department of Health Office of Performance Improvement. IRS Proposed Rulemaking: Hospital Community Health Needs Assessments. May 14, 2013. Accessible at: http://www.health.state.mn.us/divs/opi/resources/ .

[7] Centers for Disease Control and Prevention. Summary of the Internal Revenue Service's April 5, 2013, Notice of Proposed Rulemaking on Community Needs Assessments for Charitable Hospitals. Accessible at: http://www.cdc.gov/policy/chna .

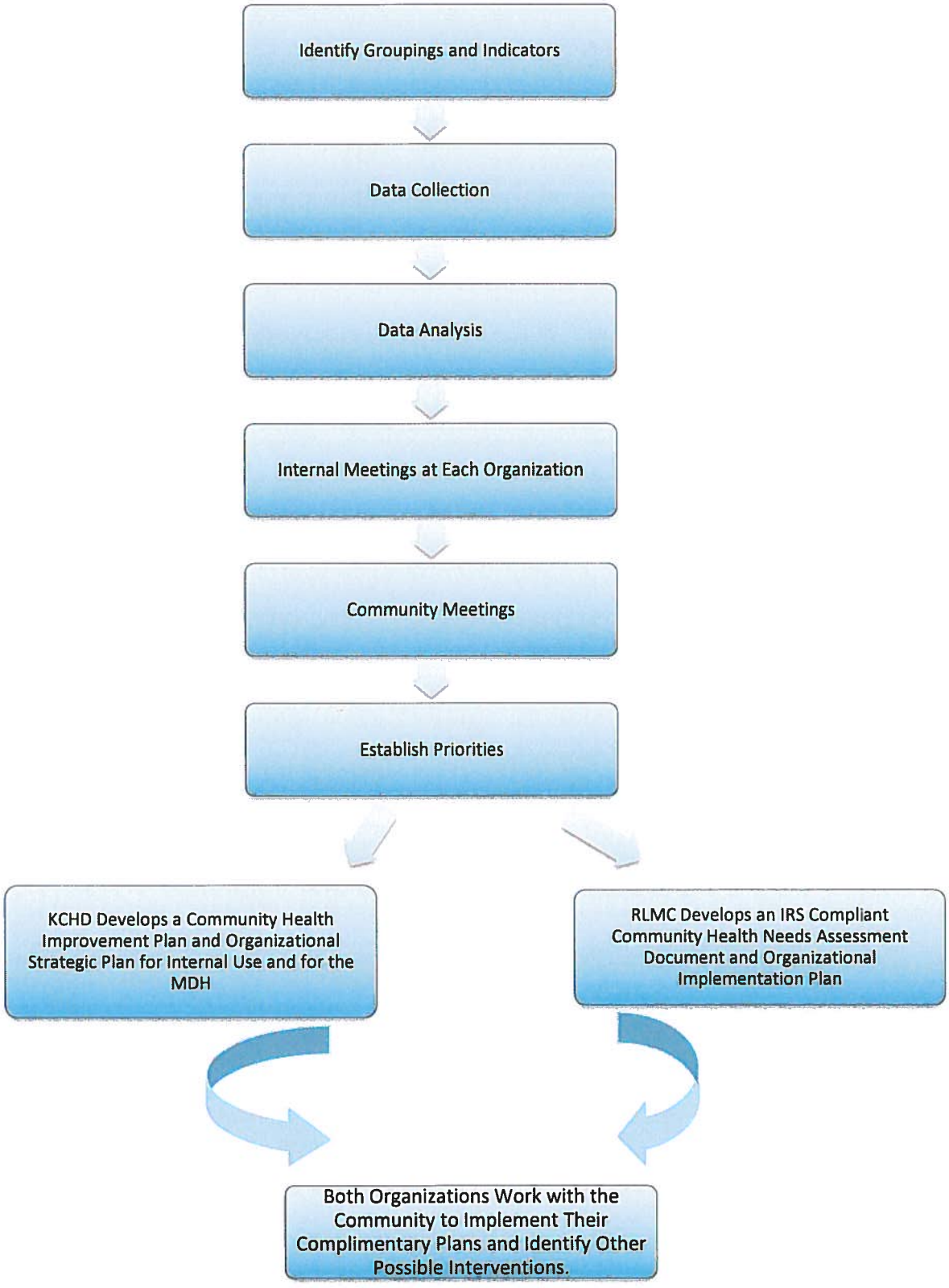
[8] REG-106499-12. Department of Treasury Internal Revenue Service. Community Health Needs Assessments for Charitable Hospitals. 78 FR 205623. 2013. Accessible at: https://federalregister.gov/a/2013-07959

[9] University of Wisconsin Population Health Institute. County Health Rankings Model (2010). Accessible at: http://uwphi.pophealth.wisc.edu.

[10] University of Wisconsin Population Health Institute. County Health Rankings Model (2010). Accessible at: http://uwphi.pophealth.wisc.edu.

[11] Antoine de Saint-Exupery (June 29, 1900 to July 31, 1944). Accessible at: www.brainyquote.com/quotes/authors/a/antoine_de_saintexupery.html

APPENDIX 1: Community Health Needs Assessment Process



APPENDIX 2
Data Sources

2010 Bridge to Health Survey. A Regional Health Status Survey for Northeastern Minnesota & Northwestern Wisconson.

U.S. Census Bureau Statistics.

2013 Minnesota Counties Health Rankings & Roadmaps. Koochiching County.

Rainy Lake Medical Center Patient Utilization Data.

Minnesota Student Survey. Koochiching County.

Minnesota Office of Rural Health and Primary Care.

Minnesota Center for Rural Policy and Development.

WIC data.

Minnesota County Health Tables & Roadmaps: Koochiching County.

MDH Center for Health Statistics, Minnesota State, County, and Community Health Board Vital Statistics Trend Report 1991-2010.

MN State Epidemiological Outcomes Workgroup, Koochiching County Substance Use and Consequences, 2009.

Cancer in Minnesota, 1998-2009.

MDH: Rural Health Advisory Committee. Health Status of Rural Minnesotans. 2011: November.

APPENDIX 3

Koochiching County Public Health Meeting Questions

February 21, 2013

Category: Disease and Injury

What are the leading causes of death? Have these remained constant? How does this compare to other counties?
What conditions are improving? What conditions are getting worse?
What is happening to your population regarding diabetes?
What is happening to your population regarding anxiety / depression?
What does the data imply about 9th graders mental health?
What is happening to your population regarding asthma? (for both adults and 9th graders)
What is happening regarding obesity for both adults and children?
How do the trends for the above conditions compare to other counties? The state?
What are the trends regarding child maltreatment for your county? How do they compare to other counties and the state?
What do the data say about violence in families of 9th graders?

Summary Questions:
What are the highlights of the data?
What trends are you seeing in the data?
Do you see this data reflected in your practice?
What questions do the data raise for you?
What more do you want to know about this area?

Category: People and Place

What is the county's largest age group?
Re: age and race, how does your county compare to other counties? The state?
Is the birth rate increasing or decreasing?
What is happening to the death rate over time?
Re: the factors listed, what can you say about the area you live in?
Do people feel safe where they live and play?
What can you say about the health risks associated with where people live?

Summary Questions:
What are the highlights of this data?
Do you see this data reflected in your practice?
What questions do the data raise for you?
What do you want to know from the community about this data?

Category: Healthy Living

Are mothers receiving prenatal care? Has this changed over time?
Are infants born at a healthy weight? Are they born to mothers that smoke?
What is the percentage of infants ever breastfed?
Are infants getting a healthy start in your county?

What can you say about the number of infant deaths in your county?
Are adults physically active? Are they eating fruits and veggies?
How do your county's percent of motor vehicle fatalities compare to other counties and the state?
What is happening regarding sexually transmitted infections for adults in your county?
What percentage of adults smoke/use tobacco? Report binge drinking?
What healthy life style behaviors do adults have?
What are the biggest health risk factors for adults? Are they changing?
What chronic diseases are adults at risk for due to their life style choices?
How do the health behaviors of adults compare to teens?
What is happening regarding the teen birth rate & teen's sexual activity?
Are teens physically active? Are they eating fruits and veggies? What about their pop consumption?
Do they feel adults care about them?
What is happening to the alcohol, tobacco and other drug use of 9th graders in your county? How does it compare to other counties and the state?
What healthy life style behaviors do teen have?
What factors seem to be negatively influencing the health of teens?

Summary Questions:
What are the highlights of the data?
What trends are you seeing in the data?
Do you see this data reflected in your practice?
What questions do the data raise for you?
What do you want to know from the community about this data?

Category: Opportunities for Health

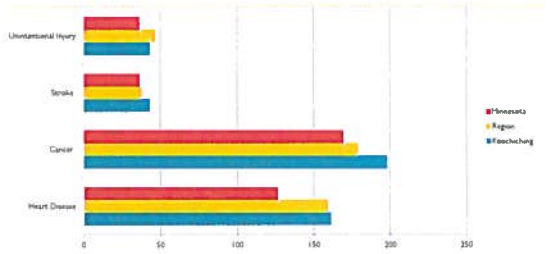
How does use of food support programs compare by county and state?
Is the need for food support ↑ or ↓?
What might you say about the possibility of adults being hungry?
What might you say about the possibility of children being hungry?
What is the overall educational level of you population?
How does the educational level compare to other counties? State?
Is the HS graduation rate ↑ or ↓?
What is happening regarding the graduation rate for all population subgroups?
What is happening to the poverty rate?
How does income compare to other counties? The State of MN?
What can you say about children receiving health care based on immunization rates?
Are people getting recommended health screens? ---50 years and over?
What percentages of people have health insurance? Is this ↑ or ↓?
What can you say about the ratios of the various health care practitioners to your population?
Is health care available to your population?
Summary Questions:
What are the highlights of the data?
What trends are you seeing in the data?
Do you see this data reflected in your practice?
What questions do the data raise for you?
What more do you want to know about this?

APPENDIX 4

Disease and Injury

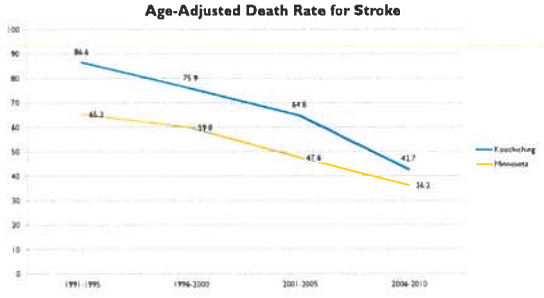
Community Health Needs Assessment
May 2013

Age-Adjusted Death Rates for the Leading Causes of Death 2006-2010



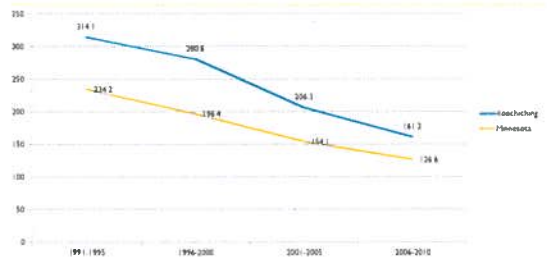
The age-adjusted death rates for cancer, heart disease and stroke in Koochiching County exceed both the regional and state rates. The highest age-adjusted death rate in Koochiching is for cancer.

Age-Adjusted Death Rate for Stroke



The age-adjusted death rate for stroke has been steadily declining since 1991 and the gap between Koochiching's rate and the state's rate has narrowed significantly.

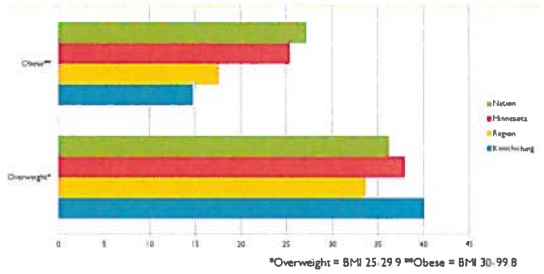
Age-Adjusted Death Rate for Heart Disease



The age-adjusted death rate for heart disease has been steadily declining since 1991 and the gap between Koochiching's rate and the state's rate has narrowed significantly. Koochiching data related to the precursors of heart disease may threaten this gain.

APPENDIX 4

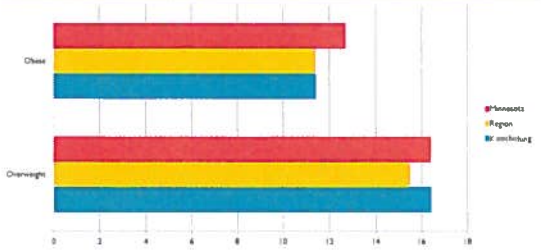
Weight Status: % of Adults Overweight or Obese 2009-2010



*Overweight = BMI 25-29 9 **Obese = BMI 30-99 8

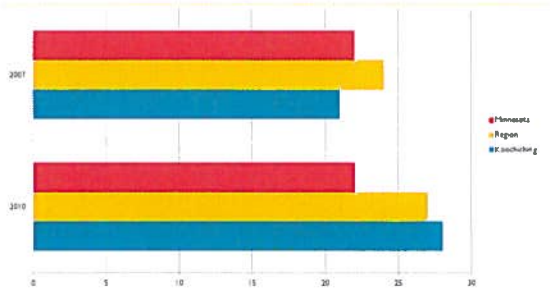
Although Koochiching County currently trails the region and the state in rates of obesity, the percentage of adults who are overweight in our county exceeds both the region, state and nation.

% Overweight or Obese 2010
WIC population, children 2-5 years



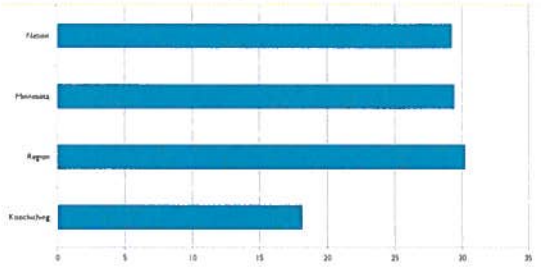
The percentage of overweight children aged 2-5 is higher than the region and equivalent to the state.

% of Overweight/Obese 9th Graders (Based on BMI)



The percentage of overweight 9th graders increased between 2007 and 2010 and rose above both the region and the state percentages.

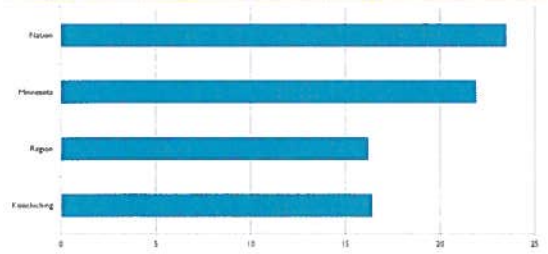
Adults Self-Report 20+ minutes of vigorous activity 3+ days/week 2009-2010



The percentage of adults in Koochiching County who report vigorous activity is far below the region, state and nation.

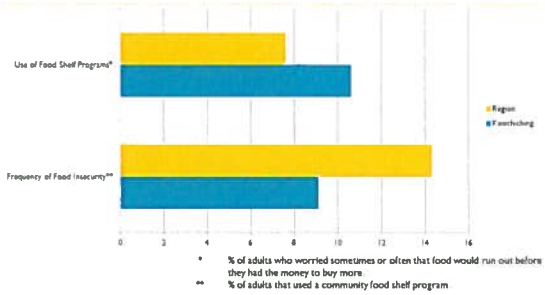
APPENDIX 4

Adults Self-Reporting Consumption of Fruits/Vegetables 5+Times/Day 2009-2010



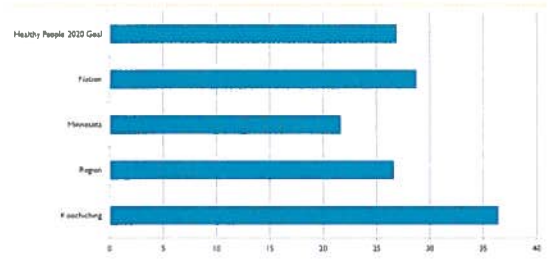
The percentage of adults in Koochiching County who report a healthy consumption of fruits and vegetables is equivalent to the region but less than the state and the nation.

Food Insecurity



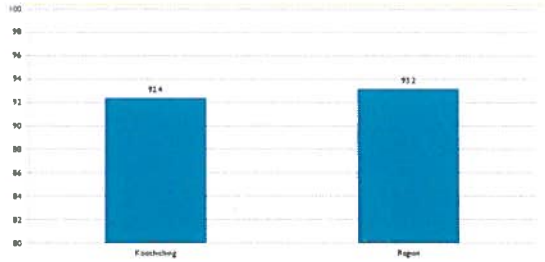
Koochiching adults report using a community food shelf program more often than adults within the region and experienced feelings of food insecurity less often.

% Hypertension in Adults 2009-2010



The prevalence of hypertension among the adults of Koochiching County exceeds all groups including the Healthy People 2020 goal.

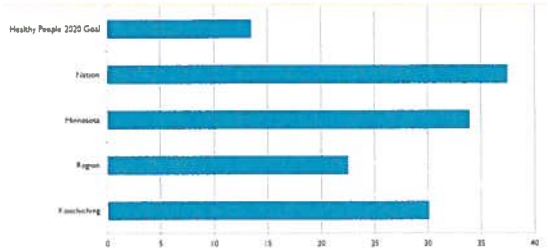
% Reporting a Blood Pressure Check Within the Past Two Years



The percentage of adults reporting a blood pressure check within the past two years is high and equal to the region.

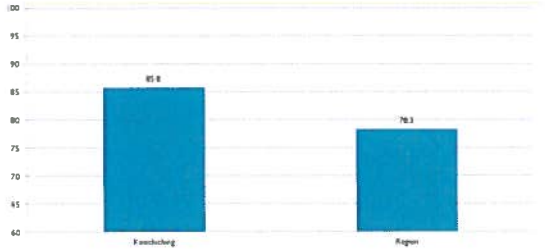
APPENDIX 4

% of High Cholesterol in Adults 2009-2010



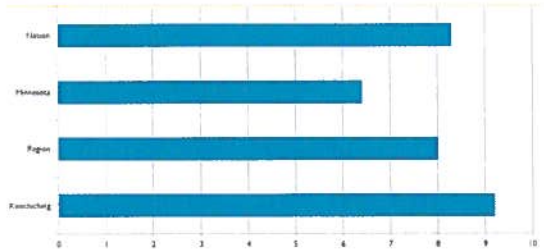
The percentage of adults in Koochiching County with high cholesterol is more than the region but less than the state and nation. All groups are higher than the Healthy People 2020 goal.

% Adults Reporting a Blood Cholesterol Check Within Past 5 Years



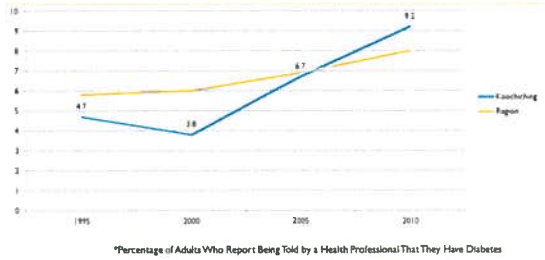
The percentage of adults in Koochiching County who had a blood cholesterol check within the past 5 years exceeds the region.

% of Adults with Diabetes 2009-2010



The percentage of adults in Koochiching County with diabetes exceeds all other groups.

Diabetes Prevalence Among Adults*

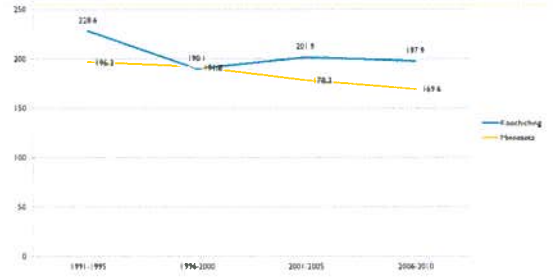


*Percentage of Adults Who Report Being Told by a Health Professional That They Have Diabetes

The self-reported prevalence of diabetes is rising at a faster rate than in the region and more men than women report having been diagnosed with diabetes. In Koochiching County diabetes is more common among those with less than a high school diploma and among those living below the poverty line.

APPENDIX 4

Age-Adjusted Death Rate for Cancer



The Koochiching County age-adjusted death rate for cancer is higher than the state and is not declining at the same pace as the state. The gap between the two rates have remained fairly constant.

The most commonly diagnosed cancers from highest to lowest Koochiching County, 2005 to 2009

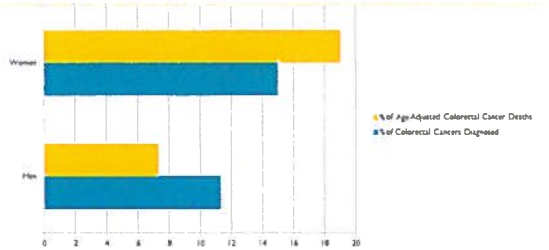
1. Prostate (lower than state incidence rate);
2. Breast (lower than state incidence rate);
3. Lung and bronchus (male) (27% higher than state incidence rate);
4. Colon and rectum (male)(19% higher than state incidence rate);
5. Lung and bronchus (female)(27% higher than state incidence rate);
6. Colon and rectum (female) (32% higher than state incidence rate).

Women 2006 to 2008

Type	% of Cancer Cases Diagnosed		% of Cancer Deaths	
	Koochiching	State of MN	Koochiching	State of MN
Lung Cancer	16.5%	11.9%	25.9%	24.7%
Colon and Rectum	15.0%	10.2%	19.0%**	9.3%
Breast	25.2%	30.6%	6.9%	14.3%
Other	41.1%	45.8%	48.3%	51.7%

Compared to the state of MN, the women of Koochiching County are:
- more often diagnosed with lung cancer or colorectal cancer;
- less often diagnosed with breast cancer;
- less likely to die from a breast cancer diagnosis;
- more likely to die from a lung cancer diagnosis;
- **much** more likely to die from a colorectal cancer diagnosis.

Prevalence and Age-Adjusted Death Rate for Colorectal Cancer in Koochiching County 2006 to 2008



Between the years of 2006 and 2008, the women of Koochiching Country were more likely than men to be diagnosed with colorectal cancer and more than twice as likely to die from a colorectal cancer diagnosis.

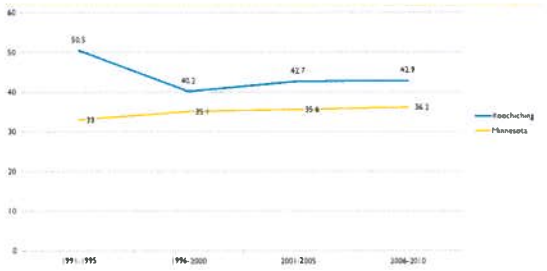
APPENDIX 4

Men 2006 to 2008

Type	% of Cancer Cases Diagnosed		% of Age- Adjusted Cancer Deaths	
	Koochiching	State of MN	Koochiching	State of MN
Lung Cancer	15.6%	11.3%	28.0%	27.2%
Colon and Rectum	11.3%	9.1%	7.3%	9.0%
Prostate	31.9%	33.5%	19.5%**	10.7%
Other	41.1%	45.8%	45.1%	53.0%

Even though the percentage of prostate cancers diagnosed in Koochiching County is less than in the state of MN, the percentage of age-adjusted deaths from prostate cancer in Koochiching County is almost double that of Minnesota.

Age-Adjusted Death Rate for Unintentional Injury



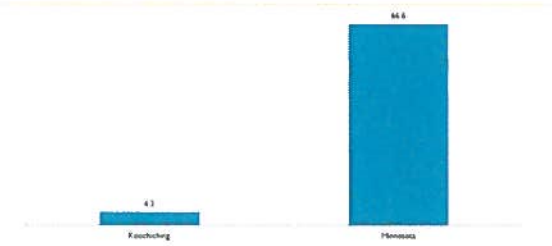
The Koochiching County age-adjusted death rate for unintentional injury declined in the past 20 years but remains above the state rate.

APPENDIX 5

People and Place

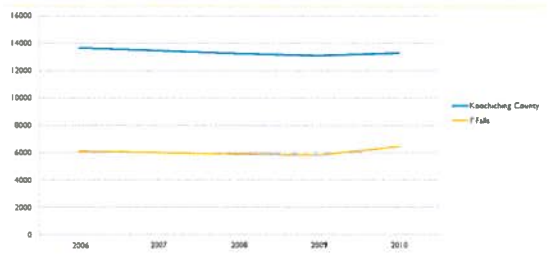
Community Health Needs Assessment
May 2013

of Persons Per Square Mile



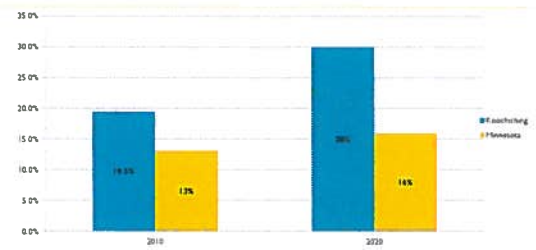
Koochiching is a rural county, with 4.3 persons per square mile compared to 66.6 persons per square mile in the state of Minnesota.

Population Over Time



Between 1990 and 2006, the population of Koochiching County declined by 18% and the population of International Falls declined by 28%. Both populations have remained relatively stable since 2006.

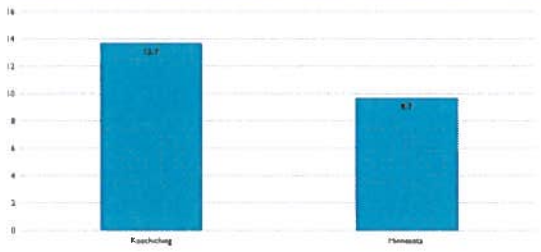
% of the Population Over 65



The 2010 U.S. Census indicates 19.5% of Koochiching County residents are over the age of 65, compared to only 13.1% of the residents of the state of Minnesota. The over 65 year population group is predicted to comprise approximately 30% of the population of Koochiching County by the year 2020, indicating continued out-migration of the younger population with the remaining older adults 'aging in place'.

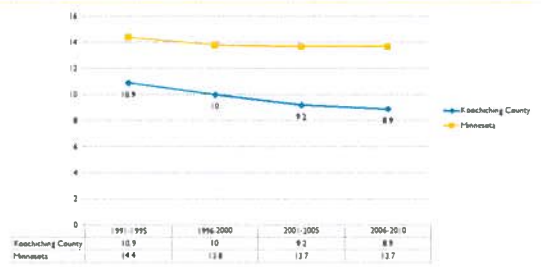
APPENDIX 5

% of Households Where Resident is 65 or Older and Living Alone



There are more residents over the age of 65 living alone in Koochiching County than in the state of Minnesota.

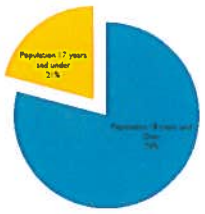
Birth Rate



	1991-1995	1996-2000	2001-2005	2006-2010
Koochiching County	10.9	10	9.2	8.9
Minnesota	14.4	13.8	13.7	13.7

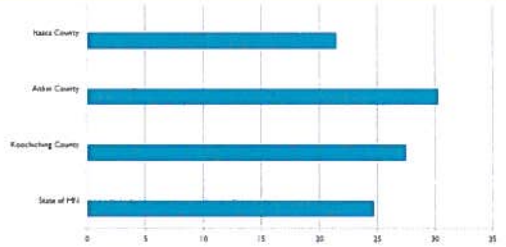
The birth rate in Koochiching County is lower than the State of Minnesota and continues to decline. Approximately 85% of the County's births occur at Rainy Lake Medical Center.

Koochiching County 2010



Approximately 21% of Koochiching County's population was 17 years of age or younger at the time of the 2010 U.S. Census.

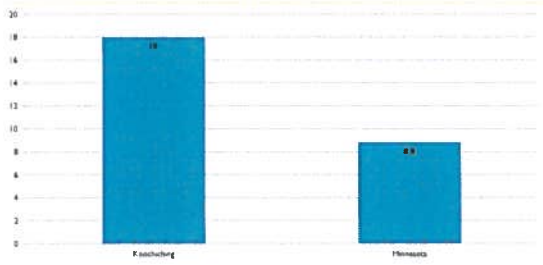
% of Children < 18 Living in Single Parent Households 2006 - 2010



The percentage of children under 18 years of age who were living in a single parent household between 2006 and 2010 is similar to the region and the state of MN.

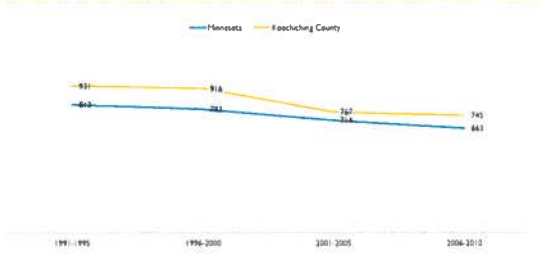
APPENDIX 5

Children in Out of Home Care per 1000 Children in 2010



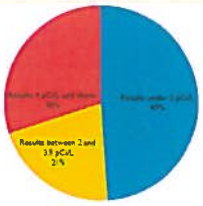
The number of Koochiching County children per 1000 who live in 'out of home care' is more than double that of the state of Minnesota.

Age-Adjusted Death Rate per 100,000 Population



Although the age-adjusted death rate for Koochiching County has declined by 20% over the past 20 years, it has been consistently higher than the age-adjusted death rate for the state of Minnesota, ranging from 7% to 15% higher.

Average Indoor Radon Levels for Koochiching County



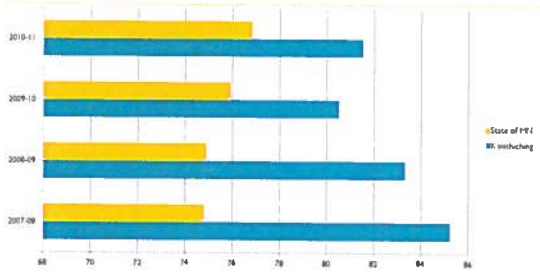
Although Koochiching County is in a moderate risk radon zone of Minnesota, approximately 30% of indoor spaces in Koochiching County have tested at 4 pCi/L or higher. The average national radon level is 1.3 pCi/L and the EPA has established the "action level" for deciding when you need to "do something" at 4 pCi/L. Similar or higher results can be found throughout the Minnesota counties.
There are no documented short-term radon exposure symptoms but according to the Surgeon General's office, radon is the 2nd leading cause of lung cancer.

APPENDIX 6

Opportunities for Health

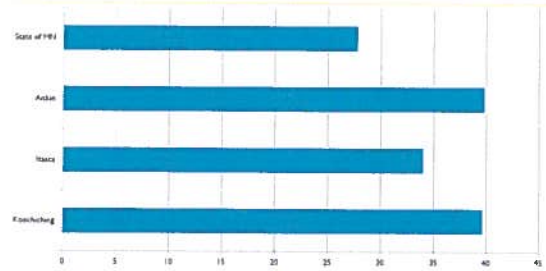
Community Health Needs Assessment
May 2013

# of Graduations per 100 Students



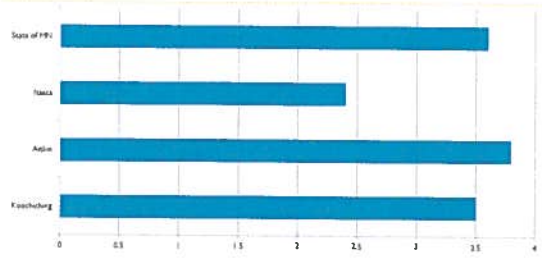
Koochiching County's high school graduation rate has consistently surpassed the rate for the state of Minnesota.

% of Population Over the Age of 25 Years with a High School Education



There is a higher percentage of high school graduates in Koochiching County than in the state of Minnesota and the percentage of Koochiching County graduates is equal to or better than the region.

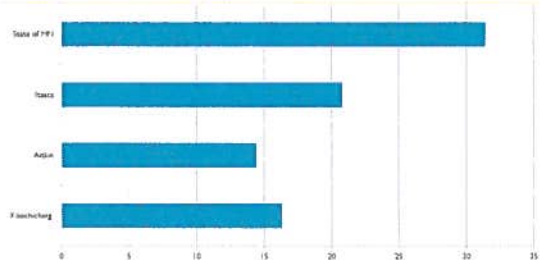
% of Population Over 25 Years of Age with Less Than 9th Grade Education



3.5% of Koochiching County adults have less than a grade 9 education. This percentage is slightly lower than in the state of Minnesota.

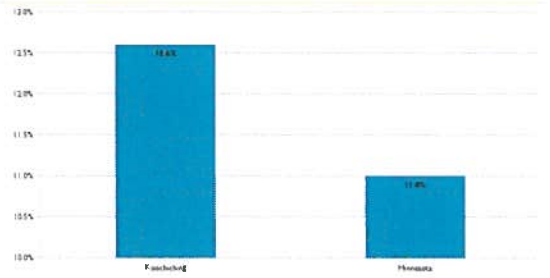
APPENDIX 6

% of Population Aged 25 and Older with a Bachelor's Degree or Higher



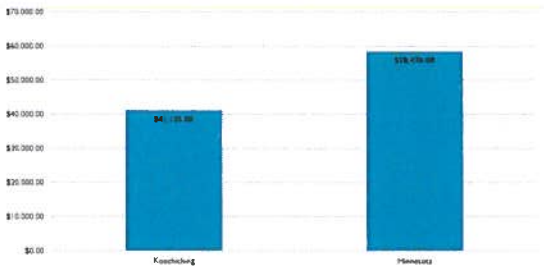
The percentage of adults with a bachelor's degree or higher in Koochiching County is approximately half the state of Minnesota percentage.

% of Residents Living Below the Poverty Line 2007 - 2011



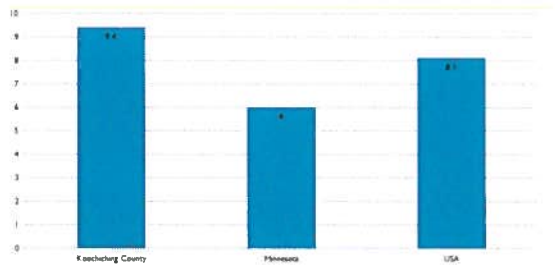
The population percentage living below the poverty line is1.6% higher in Koochiching County.

Median Household Income Between 2006 and 2011



The median household income in Koochiching County is lower than in the state.

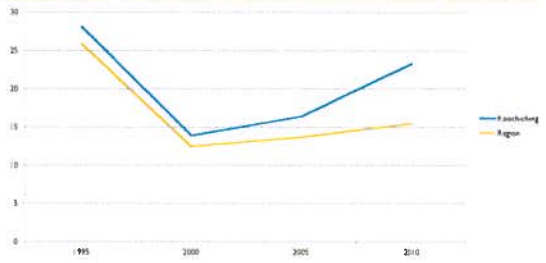
Unemployment Rate February 2013



The February 2013 unemployment rate was higher in Koochiching County than in the state or country.The unemployment rate in Koochiching County fluctuates by season, increasing during the winter months.

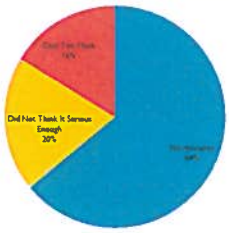
APPENDIX 6

% of Adults Who Delayed or Didn't Access Medical Care In The Past Year Despite Needing It



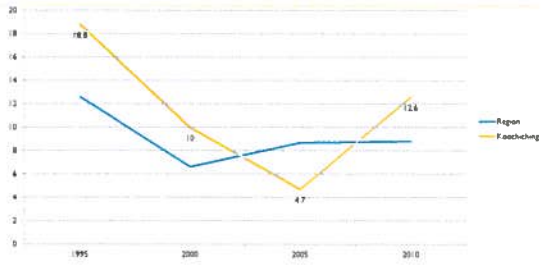
More adults delay or fail to access healthcare in Koochiching County than in the state of Minnesota and the percentage has been increasing since a dramatic decline between 1995 and 2000.

Top 3 Reasons for Delaying/Failing to Access Medical Care - 2010 BTH Survey



Postponement or failure to access healthcare is most frequently related to a lack of insurance or cost.

% of Uninsured Adults Self-Report (Bridge to Health Survey)



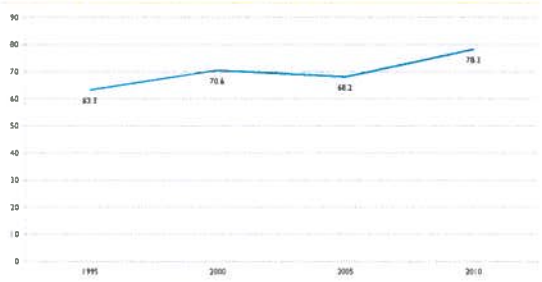
The percentage of uninsured adults has declined but appears most often to be greater than in the state of Minnesota.

Koochiching County Providers

- Koochiching County has 3 dentists or less per 10,000 residents - few counties in Minnesota have the same or fewer;
- Koochiching County is currently designated as a shortage area for Mental Health Practitioners;
- International Falls has been designated as a medically underserved area, effective April 2013.

APPENDIX 6

% of Koochiching Adults Who Have Had a Cholesterol Screening In The Past Five Years

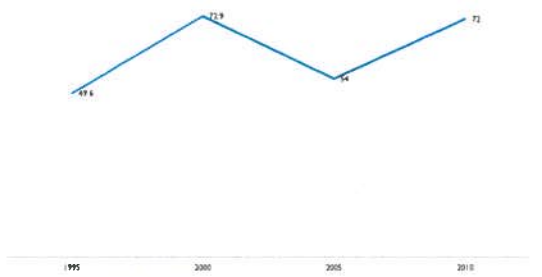


The percentage of Koochiching County adults who have had a cholesterol screening is increasing.

% in 2010 Who Reported a Cholesterol Screening in the Past Five Years

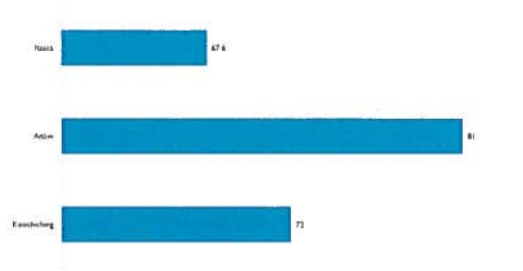
The percentage of adults who have had a cholesterol screening in the past 5 years is comparable to the region. The Healthy People 2020 goal is 82.1%.

% of Mammograms (females 40+ years) Within the Past Two Years



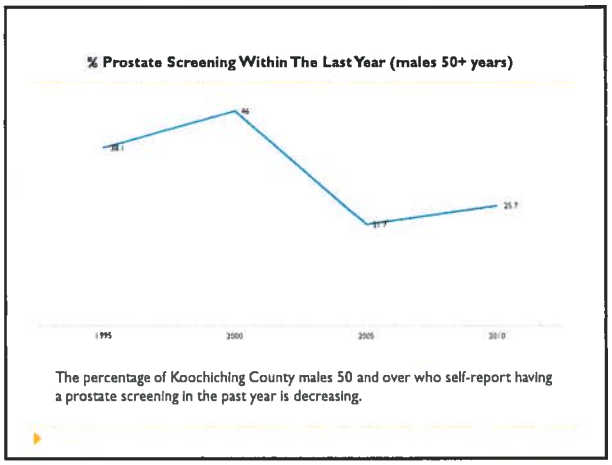
The percentage of Koochiching females who self-report having a mammogram within the past two years fluctuates over time.

% of Mammograms (Females 40+ years) in 2010

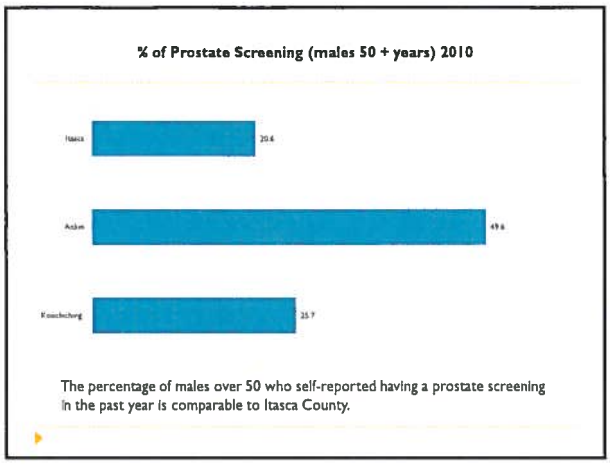


The percentage of females over 40 who have had a mammogram in the past two years is comparable to the region. The Healthy People 2020 goal is 81.1%.

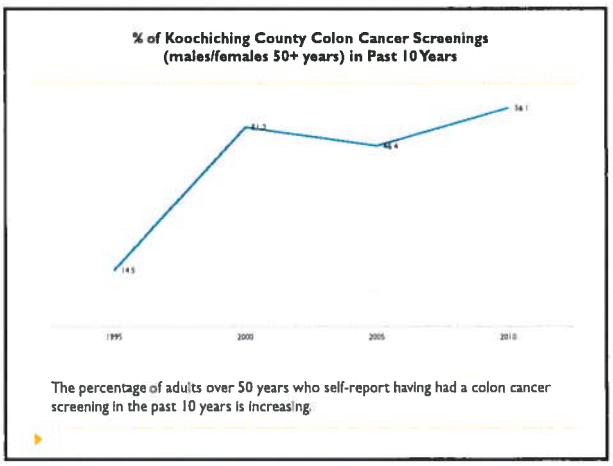
APPENDIX 6



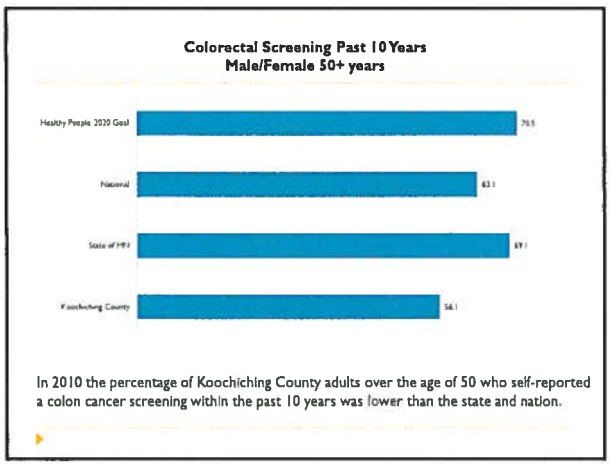
The percentage of Koochiching County males 50 and over who self-report having a prostate screening in the past year is decreasing.



The percentage of males over 50 who self-reported having a prostate screening in the past year is comparable to Itasca County.



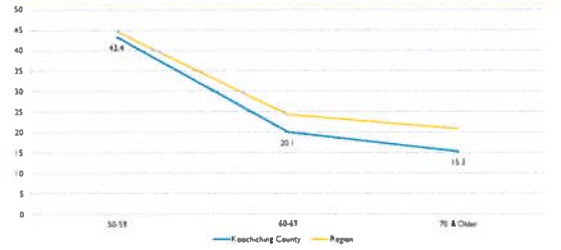
The percentage of adults over 50 years who self-report having had a colon cancer screening in the past 10 years is increasing.



In 2010 the percentage of Koochiching County adults over the age of 50 who self-reported a colon cancer screening within the past 10 years was lower than the state and nation.

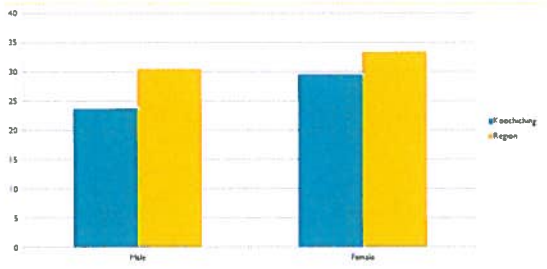
APPENDIX 6

% Never Had Colon Cancer Screening
Males/Females Age 50 & Older



There are fewer adults in Koochiching County than in the region who have never had a colon cancer screening. Although the percentage declines dramatically between the 50th and 60th decade, there are still 20.1% of 60+ year old adults who self-report never having had a screening.

Never Had a Colon Cancer Screening
Male/Female 50 & Over



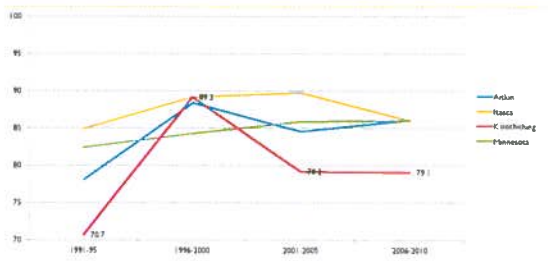
There are more women than men over 50 years in Koochiching County who haven't had a colon cancer screening. This disparity is also evident in regional statistics.

APPENDIX 7

Healthy Living

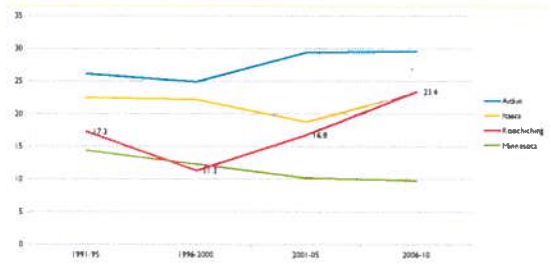
Community Health Needs Assessment
May 2013

% of Mothers Receiving Prenatal Care in 1st Trimester



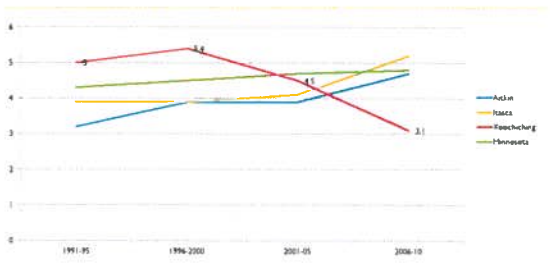
Fewer mothers in Koochiching County are receiving prenatal care during the 1st trimester than in the region or state.

% of Mothers Who Smoked During Pregnancy



The percentage of mothers in Koochiching County who smoked during pregnancy is higher than the state but comparable to the region.

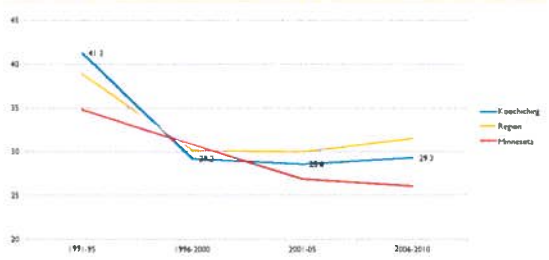
% Low-Birth-Weight Infants



The percentage of low-birth-weight infants in Koochiching County has declined and is lower that the region and state.

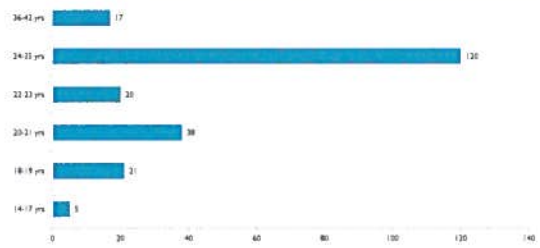
APPENDIX 7

Teen Birth Rate (per 1,000)
15-19 Year Old Females



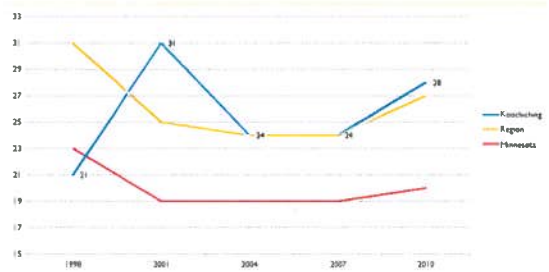
The teen birth rate per 1,000 in Koochiching County is higher than the state but lower than the regional rate.

Number of Deliveries at RLMC By Age Group 2010 to 2012



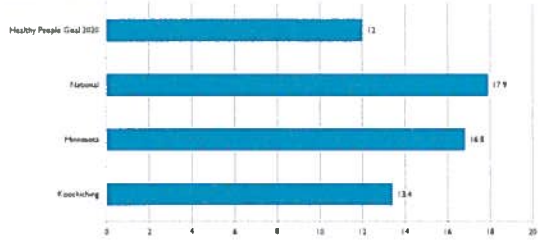
There are few births at Rainy Lake Medical Center to teens 17 years and younger. The typical age of mothers delivering at RLMC is between 24 and 35.

% of 9th Graders Sexually Active Once or More



Sexual activity in 9th graders appears to be more prevalent in Koochiching County than in the state but is generally comparable to the region.

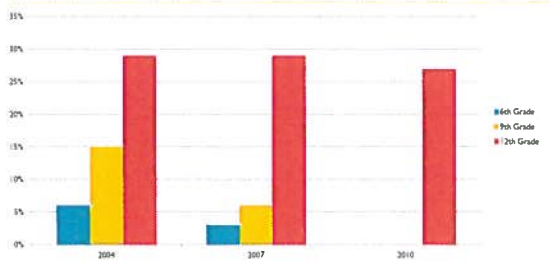
% of Current Smokers (Adults)
2009-2010



The percentage of adult smokers in Koochiching County is lower than the state and nation and is slightly above the Healthy People Goal 2020.

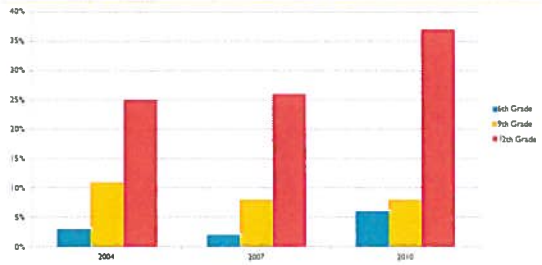
APPENDIX 7

Frequent Use of Any Tobacco Product in Female Students During the Past 30 Days



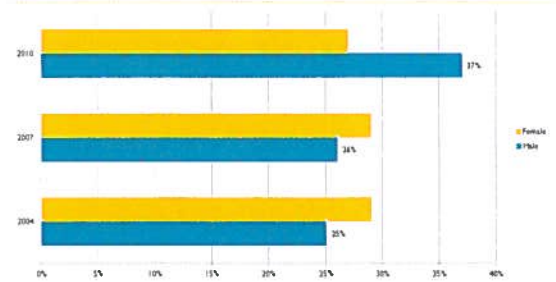
Frequent use of tobacco products by female students in the 6th, 9th, and 12th grades have declined. Frequent use of tobacco products by female students increases dramatically between the 9th and 12th grade.

Frequent Use of Any Tobacco Product in Male Students During the Past 30 Days



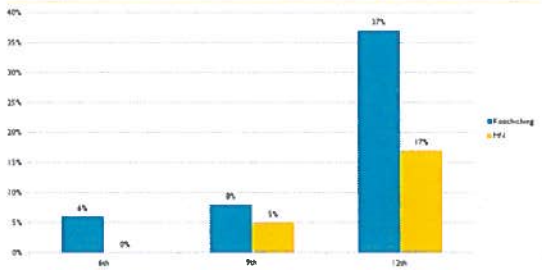
Frequent use of tobacco products by male students in the 6th grade is increasing. Frequent use of tobacco products by male students increases dramatically between the 9th and 12th grade. Frequent use of tobacco products by male 12th graders is steadily increasing.

Frequent Use of Any Tobacco Product in the Past 30 Days in 12th Graders



The percentage of male 12th graders who reported frequent use of tobacco products within the past 30 days increased by 10% between 2007 and 2010.

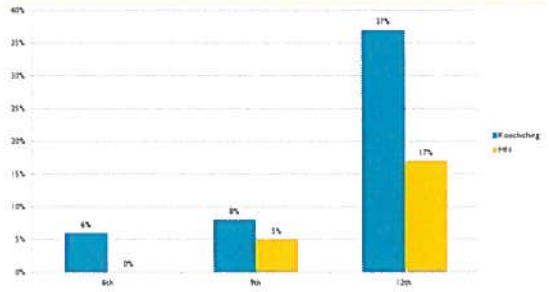
Frequent Use of Any Tobacco Product in Female Students During the Past 30 Days in 2010



Frequent tobacco use among female students in 2010 was much more prevalent in Koochiching County compared to the state of Minnesota.

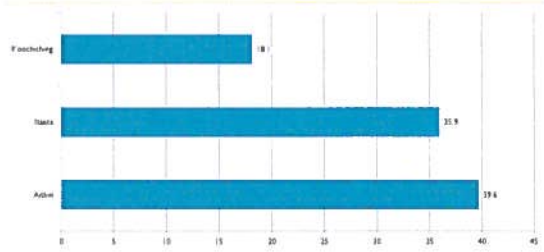
APPENDIX 7

Frequent Use of Any Tobacco Product in Male Students During the Past 30 Days in 2010



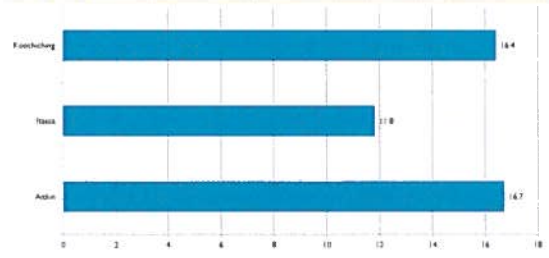
Frequent tobacco use among male students in 2010 was much more prevalent in Koochiching County compared to the state of Minnesota.

% of Adults Self-Reporting Vigorous Physical Activity 3 or † Times per Week



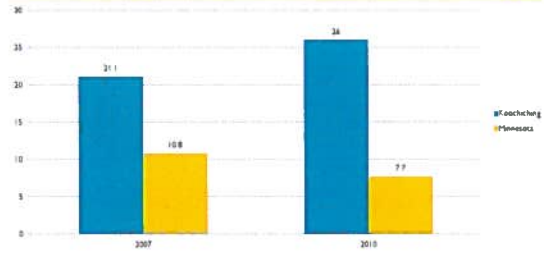
The adults of Koochiching County appear to be less active than adults in the region.

% of Adults Self-Reporting Consumption of 5 or † Servings of Fruits/Vegetables Yesterday



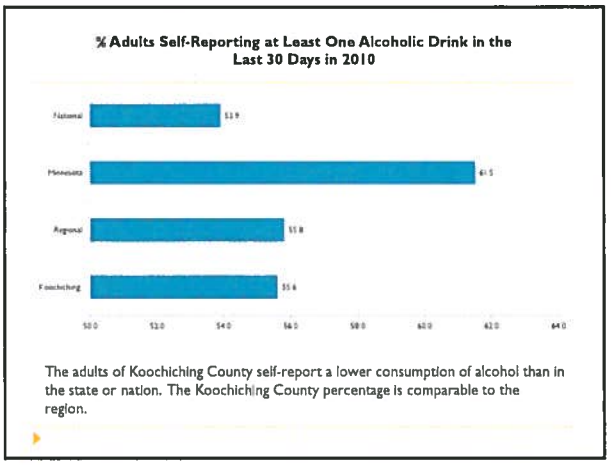
The daily consumption of fruits and vegetables by the adults of Koochiching County appears to be equal to or better than the region.

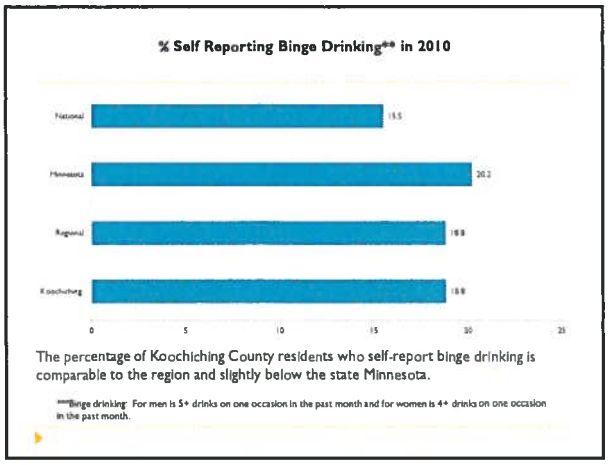
% of Motor Vehicle Accidents Where Vehicle Occupant is Killed or Injured While Not Wearing A Seatbelt

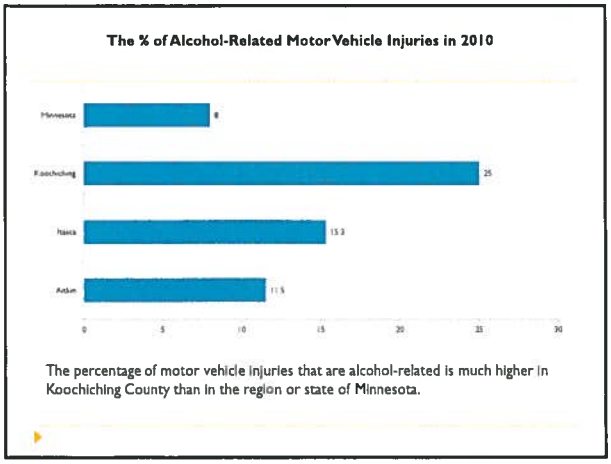


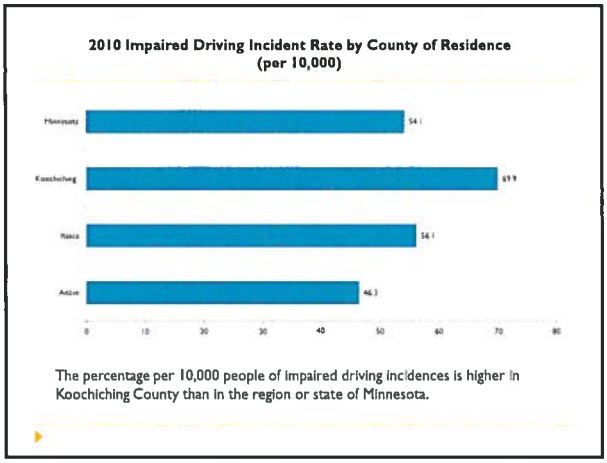
A higher percentage motor vehicle injuries or deaths in Koochiching County are associated with a failure to wear seatbelts than in the state of Minnesota and the percentage increased slightly between 2007 and 2010 while the percentage in the state of Minnesota declined.

APPENDIX 7

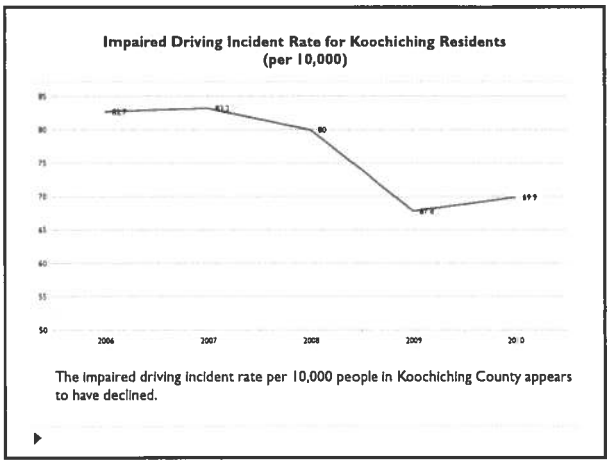

% Adults Self-Reporting at Least One Alcoholic Drink in the Last 30 Days in 2010
The adults of Koochiching County self-report a lower consumption of alcohol than in the state or nation. The Koochiching County percentage is comparable to the region.


% Self Reporting Binge Drinking** in 2010
The percentage of Koochiching County residents who self-report binge drinking is comparable to the region and slightly below the state Minnesota.
**Binge drinking: For men is 5+ drinks on one occasion in the past month and for women is 4+ drinks on one occasion in the past month.


The % of Alcohol-Related Motor Vehicle Injuries in 2010
The percentage of motor vehicle injuries that are alcohol-related is much higher in Koochiching County than in the region or state of Minnesota.


2010 Impaired Driving Incident Rate by County of Residence (per 10,000)
The percentage per 10,000 people of impaired driving incidences is higher in Koochiching County than in the region or state of Minnesota.

APPENDIX 7


Impaired Driving Incident Rate for Koochiching Residents
(per 10,000)
85
80
75
70
65
60
55
50
2006
2007
2008
2009
2010
80
69.9
The impaired driving incident rate per 10,000 people in Koochiching County appears to have declined.

APPENDIX 8

KOOCHICHING COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT
Koochiching County Health Department (KCHD) And
Rainy Lake Medical Center (RLMC)
June 19, 2013, 11:30 a.m. – 3 p.m.
AmericInn, International Falls, MN

11:30	I.	Buffet Lunch
11:45	II.	Welcome and Introductions (Susan Congrave, KCHD)
11:55	III.	Overview of the Assessment Process (Susan Congrave, KCHD)
12:05	IV.	People and Place (Lindsi Barnhart, KCHD) "What data is particularly important to keep in mind as a Backdrop to our task today of determining our communities top ten priorities? "
12:15	V.	Healthy Living (Lindsi Barnhart, KCHD) 10 min. presentation/small group: 15 min. discussion/10 min. prioritization
12:50	VI.	Opportunities for Health (Laurie Whitfield-Trautlein, RLMC) 10 min. presentation/small group: 15 min. discussion/10 min. prioritization
1:25	VII.	Break
1:35	VIII.	Chronic Disease and Conditions/Injury/Violence (Laurie Whitfield-Trautlein, RLMC) 10 min. presentation/Small group: 15 min. discussion/10 min. prioritization
2:10	IX.	Prioritization Process (Susan Congrave, KCHD) "What are the top health issues in Koochiching County?"
2:55	X.	Closing Comments/Next Steps (Susan Congrave, KCHD & Laurie Whitfield-Trautlein, RLMC)

APPENDIX 9

Listing of Agencies/Groups Present at AmericInn meeting

1. Koochiching County Public Health (8 representatives).
2. Rainy Lake Medical Center (4 representatives).
3. Falls Hunger Coalition (1 representative).
4. Koochiching County Aging Options (2 representatives).
5. First Lutheran Church (1 representative).
6. Aitkin, Itasca and Koochiching Community Health Board (2 representatives).
7. Fairview Healthline Hospice (2 representatives).
8. Rule 25 Assessor.
8. Arrowhead Economic Opportunity Agency-Cap /Transportation (1 representative).
11. Backus Community Center (1 representative).
12. Arrowhead Area Agency on Aging (1 representative).
13. Koochiching County Community Services (1 representative).
14. International Falls City Counsel (1 representative)
15. Koochiching County Board (1 representative)
16. University of MN Extension Office Community Nutrition Educator (1 representative).
17. Minnesota Department of Health (1 representative).
18. Retired Citizens (2 representatives)
21. University of Minnesota Duluth Medical School (1 representative).
22. International Falls Public Library (1 representative).
23. Falls Good Samaritan Society Nursing Home (1 representative).
24. Northland Counseling (1 representative).

APPENDIX 10

AmericInn Community Group Meeting - Questions to Consider

June 19, 2013

Please consider the following questions as data is presented in the following areas: People and Place, Healthy Living, Opportunities for Health, and Disease and Injury.

- ✓ What jumps out at you?
- ✓ What are you concerned about based on the data?
- ✓ What are the top issues for your community in this section?

Please consider the following questions when determining the community health priorities:

- ✓ What can we impact?
- ✓ Is there energy around the issue?
- ✓ Will addressing the issue improve the health of all?

Please consider the following questions when ranking the identified priorities in order of importance:

- ✓ What strikes you about this ranking?
- ✓ Are there overlapping issues?
- ✓ What role does your organization have in addressing one of the listed priorities?
- ✓ What priorities may require partnerships to effectively address?

APPENDIX 11

Greater Koochiching County

Key Stakeholder Interviews

1. What do you think are the three most significant health-related concerns in your community and why?

2. Please prioritize these top three issues and explain why you put them in that order.

3. Please share any ideas you have to address your top three health-related issues.

4. Obesity is an issue that has been identified as a significant local health concern. What ideas do you have for addressing this issue?

5. Mental health issues for all age groups have also been identified as a significant local health concern. What ideas do you have for addressing this issue?

6. Early detection and management of cancer was also identified as a significant local health concern. What ideas do you have for addressing this issue?

7. Do you feel you are a healthy individual? If so or not, what do you see as the biggest contributing factor?

8. If I gave you $100,000 right now to spend on improving the overall health of the people of your community, what would you do with the money?

APPENDIX 12

County Health Ranking

	Koochiching County	Error Margin	Minnesota	National Benchmark*	Rank (of 87)
Health Outcomes					42
Mortality					47
Premature death	5,455	3,969-6,940	5,126	5,317	
Morbidity					40
Poor or fair health	12%	8-18%	11%	10%	
Poor physical health days	3.8	2.5-5.1	2.9	2.6	
Poor mental health days	3.2	1.8-4.6	2.7	2.3	
Low birth weight	5.1%	3.6-6.6%	6.5%	6.0%	
Health Factors					70
Health Behaviors					49
Adult smoking	17%	11-27%	17%	13%	
Adult obesity	30%	24-35%	26%	25%	
Physical inactivity	22%	17-27%	19%	21%	
Excessive drinking	17%	10-27%	20%	7%	
Motor vehicle crash death rate	15	8-25	10	10	
Sexually transmitted infections	98		276	92	
Teen birth rate	28	22-35	26	21	
Clinical Care					49
Uninsured	11%	10-13%	10%	11%	
Primary care physicians**	2,221:1		1,140:1	1,067:1	
Dentists**	2,713:1		1,660:1	1,516:1	

	Koochiching County	Error Margin	Minnesota	National Benchmark*	Rank (of 87)
Preventable hospital stays	47	37-57	51	47	
Diabetic screening	88%	71-100%	88%	90%	
Mammography screening	69%	52-87%	73%	73%	
Social & Economic Factors					76
High school graduation**	82%		77%		
Some college	66%	56-75%	72%	70%	
Unemployment	8.3%		6.4%	5.0%	
Children in poverty	22%	15-28%	15%	14%	
Inadequate social support	15%	9-23%	14%	14%	
Children in single-parent households	28%	17-39%	27%	20%	
Violent crime rate	156		248	66	
Physical Environment					11
Daily fine particulate matter	8.9	8.8-9.0	10.0	8.8	
Drinking water safety	3%		1%	0%	
Access to recreational facilities	23		11	16	
Limited access to healthy foods**	17%		6%	1%	
Fast food restaurants	32%		47%	27%	

APPENDIX 13

Method Used to Select Significant Priorities

How important is this problem for our community?

1) Number of persons who might be affected by the problem or the potential problem (estimate only).
2) The number of persons actually affected?
3) Premature death (years of potential life lost) (death before 65).
4) Extent to which the problem limits an individual's ability to live the way they want (maintain their quality of life).
5) Actual or economic burden to the community (productivity, health care, taxes, costs of providing services)?
6) Extent of public concern (public's perception):
   A. Community buy in / engagement?
   B. How important is this problem for our community?
7) Ability of the public health system to prevent the problem from occurring.
8) Size of the gap between community resources and need:
   A. Are other agencies addressing the problem?
   B. Could we complement what is being done by others?
   C. The money available to address problem, sustainability of funding?
9) Other considerations.