Rainy Lake Medical Center

International Falls, Minnesota

Community Health Needs Assessment
and Implementation Strategy

Adopted by Board Resolution December 19, 2019

[1]Response to Schedule H (Form 990) Part V B 4 & Schedule H (Form 990) Part V B 9

Dear Community Member:

At Rainy Lake Medical Center, we have spent more than 70 years providing high-quality compassionate healthcare to the greater Koochiching community. The “2019 Community Health Needs Assessment” identifies local health and medical needs and provides a plan of how Rainy Lake Medical Center (RLMC) will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs.

RLMC will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Because this report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit they provide in responding to documented community need, footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

Robert Pastor
Chief Executive Officer
Rainy Lake Medical Center

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EXECUTIVE SUMMARY

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Rainy Lake Medical Center ("RLMC" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The 2019 Significant Health Needs identified for Koochiching County are:

1. Mental Health
2. Affordability/Accessibility – 2016 Significant Need
3. Education/Prevention
4. Emergency Room Services – 2016 Significant Need
5. Drug/Substance Abuse
6. Obesity/Overweight
7. Alcohol Abuse

The Hospital has developed implementation strategies for three of the seven needs (Affordability/Accessibility, Education/Prevention, and Emergency Room Services) including activities to continue/pursue, community partners to work alongside, and measures to track progress.

APPROACH

APPROACH

Rainy Lake Medical Center ("RLMC" or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA helps the hospital identify and respond to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital.[2] Tax reporting citations in this report are superseded by the most recent Schedule H (Form 990) filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.[3]

Project Objectives

RLMC partnered with Quorum Health Resources (Quorum) to:[4]

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

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[2] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602

[3] As of the date of this report all tax questions and suggested answers relate to 2017 Draft Federal 990 Schedule H instructions i990sh—dft(2) and tax form

[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule H (Form 990) V B 6 b

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years, and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.[5]

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

> *"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*

[5] Section 6652

(1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;

(2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and

(3) written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.[6]

…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must ''solicit'' input from these categories and take into account the input ''received.'' The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

(1) A definition of the community served by the hospital facility and a description of how the community was determined;

(2) a description of the process and methods used to conduct the CHNA;

(3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

(5) a description of resources potentially available to address the significant health needs identified through the CHNA.

… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the

[6] Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602 P. 78963 and 78964

assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."[7]

Additionally, all CHNAs developed after the very first CHNA must consider written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."[8]

The methodology takes a comprehensive approach to the solicitation of written comments. As previously cited, input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

(1) Public Health – Persons with special knowledge of or expertise in public health

(2) Departments and Agencies – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

(3) Priority Populations – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition

(4) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

(5) Broad Interest of the Community – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs. Perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor[9] opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources

[7] Federal Register Op. cit. P 78966 As previously noted the Hospital collaborated and obtained assistance in conducting this CHNA from Quorum Health Resources. Response to Schedule H (Form 990) B 6 b

[8] Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) B 3 h

[9] "Local Expert" is an advisory group of at least 15 local residents, inclusive of at least one member self-identifying with each of the five Quorum written comment solicitation classifications, with whom the Hospital solicited to participate in the Quorum/Hospital CHNA process. Response to Schedule H (Form 990) V B 3 h

existed in their portion of the county.[10]

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources include:[11]

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Koochiching County compared to all Minnesota counties	September 19, 2019	2012-2018
IBM Watson Health (formerly known as Truven Health Analytics)	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics	September 18, 2019	2019
http://svi.cdc.gov	To identify the Social Vulnerability Index value	September 19, 2019	2012-2016
http://www.healthdata.org/us-county-profiles	To look at trends of key health metrics over time	September 18, 2019	2014
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	September 18, 2019	2017

Federal regulations surrounding CHNA require local input from representatives of particular demographic sectors. For this reason, a standard process of gathering community input was developed. In addition to gathering data from the above sources:

[10] Response to Schedule H (Form 990) Part V B 3 i

[11] The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the ''methods of collecting'' the data. Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) Part V B 3 d

- A CHNA survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 25 Local Expert Advisors was received. Survey responses started September 22nd, 2019 and ended on October 14th, 2019.
- Information analysis augmented by local opinions showed how Koochiching County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.[12] [13]
- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following "take-away" bulleted comments
    - The top three priority populations identified by the local experts are residents of rural areas, older adults and low-income groups
    - There should be a focus on providing affordable and accessible healthcare to the community

Having taken steps to identify potential community needs, the Local Experts then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.[14]

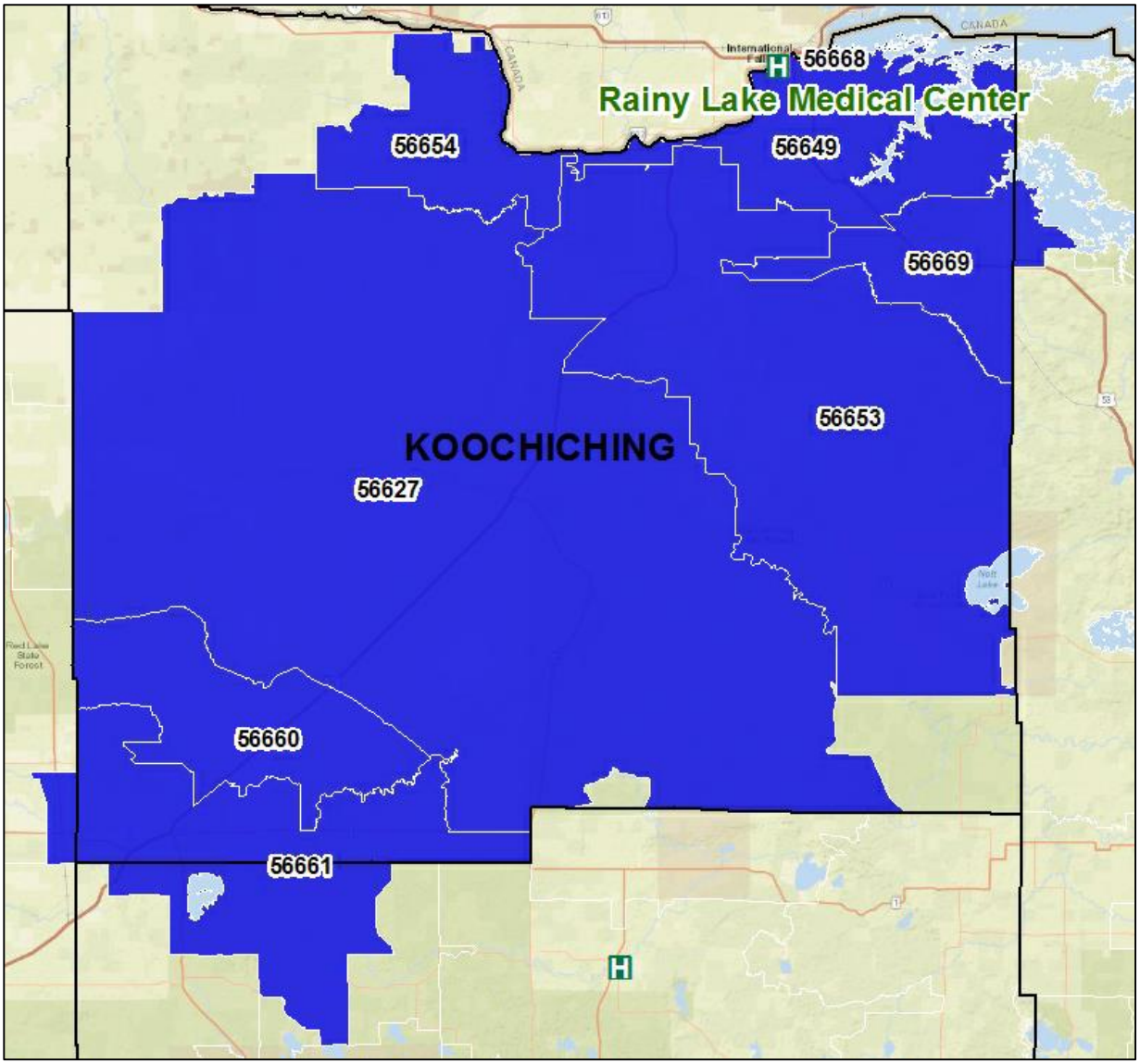
In the RLMC process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The Local Experts then allocated 100 points among the list of health needs, including the opportunity to list additional needs that were not identified from the data.

The ranked needs were divided into two groups: "Significant" and "Other Identified Needs." The Significant Needs were prioritized based on total points cast by the Local Experts in descending order, further ranked by the number of local experts casting any points for the need. By definition, a Significant Need had to include all rank ordered needs until at least fifty percent (60%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred.[15]

[12] Response to Schedule H (Form 990) Part V B 3 f
[13] Response to Schedule H (Form 990) Part V B 3 h
[14] Response to Schedule H (Form 990) Part V B 5
[15] Response to Schedule H (Form 990) Part V B 3 g

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital[16]



For the purposes of this study, Rainy Lake Medical Center defines its service area as Koochiching County in Minnesota, which includes the following ZIP codes:[17]

56627 – Big Falls	56649 – International Falls	56653 – Littlefork	56654 – Loman	56660 – Mizpah
56661 – Northome	56668 – Ranier	56669 - Kabetogama		

During 2017, the Hospital received 94.0% of its Medicare inpatients from this area.[18]

[16] Responds to IRS Schedule H (Form 990) Part V B 3 a
[17] The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below
[18] IBM Watson Health MEDPAR patient origin data for the hospital; Responds to IRS Schedule H (Form 990) Part V B 3 a

Demographics of the Community[19] [20]

Variable	Koochiching County 2019	2024	%Change	Minnesota 2019	2024	%Change	United States 2019	2024	%Change
DEMOGRAPHIC CHARACTERISTICS									
Total Population	12,702	12,520	-1.4%	5,639,987	5,847,994	3.7%	329,236,175	340,950,067	3.6%
Total Male Population	6,400	6,289	-1.7%	2,806,911	2,909,452	3.7%	162,097,263	167,921,866	3.6%
Total Female Population	6,302	6,231	-1.1%	2,833,076	2,938,542	3.7%	167,138,912	173,028,201	3.5%
Females, Child Bearing Age (15-44)	1,877	1,861	-0.9%	1,075,601	1,102,332	2.5%	64,251,309	65,231,610	1.5%
Average Household Income	$68,132			$95,562			$89,646		
POPULATION DISTRIBUTION									
Age Distribution									
0-14	1,811	1,666	-8.0%	1,085,349	1,101,840	1.5%	61,258,096	61,645,382	0.6%
15-17	456	425	-6.8%	219,789	234,200	6.6%	12,813,020	13,319,388	4.0%
18-24	970	982	1.2%	525,274	550,500	4.8%	31,474,821	32,296,411	2.6%
25-34	1,172	1,244	6.1%	734,934	718,578	-2.2%	44,370,805	43,645,423	-1.6%
35-54	2,816	2,493	-11.5%	1,408,607	1,417,295	0.6%	83,304,733	84,255,193	1.1%
55-64	2,320	2,262	-2.5%	759,124	757,124	-0.3%	42,525,512	43,333,585	1.9%
65+	3,157	3,448	9.2%	906,910	1,068,457	17.8%	53,489,188	62,454,685	16.8%
HOUSEHOLD INCOME DISTRIBUTION									
Total Households	5,717	5,679	-0.7%	2,250,502	2,344,545	4.2%	125,018,838	129,683,911	3.7%
2019 Household Income									
<$15K	808			177,651			13,139,420		
$15-25K	627			173,644			11,333,086		
$25-50K	1,417			440,478			26,888,001		
$50-75K	988			391,981			21,157,116		
$75-100K	639			308,340			15,409,735		
Over $100K	1,238			758,408			37,091,480		
EDUCATION LEVEL									
Pop Age 25+	9,465			3,809,575			223,690,238		
2019 Adult Education Level Distribution									
Less than High School	313			114,115			12,173,720		
Some High School	512			158,521			16,245,471		
High School Degree	3,523			964,112			61,068,735		
Some College/Assoc. Degree	3,386			1,250,692			64,945,355		
Bachelor's Degree or Greater	1,731			1,322,135			69,256,957		
RACE/ETHNICITY									
2019 Race/Ethnicity Distribution									
White Non-Hispanic	11,682			4,476,819			197,594,684		
Black Non-Hispanic	80			357,387			40,877,627		
Hispanic	229			312,665			60,675,779		
Asian & Pacific Is. Non-Hispanic	44			292,344			19,327,168		
All Others	667			200,772			10,760,917		

[19] Responds to IRS Schedule H (Form 990) Part V B 3 b
[20] Claritas (accessed through IBM Watson Health)

Consumer Health Service Behavior[21]

Key health services topics for the service area population are presented in the table below. In the second column of the chart, the national average is 100%, so the 'Demand as % of National' shows a community's likelihood of exhibiting a certain health behavior more or less than the national average. The next column shows the percentage of the population that is likely to exhibit those behaviors.

Where Koochiching County varies more than 5% above or below the national average (that is, less than 95% or greater than 105%), it is considered noteworthy. Items in the table with **red text** are viewed as **adverse** findings. Items with **blue text** are viewed as **beneficial** findings. Items with black text are neither a favorable nor unfavorable finding.

Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle		
BMI: Morbid/Obese	115.8%	35.4%
Vigorous Exercise	94.5%	54.0%
Chronic Diabetes	110.6%	17.3%
Healthy Eating Habits	100.9%	23.5%
Ate Breakfast Yesterday	97.9%	77.4%
Slept Less Than 6 Hours	108.7%	14.8%
Consumed Alcohol in the Past 30 Days	82.8%	44.5%
Consumed 3+ Drinks Per Session	104.0%	29.3%
Behavior		
Search for Pricing Info	88.5%	23.8%
I am Responsible for My Health	99.0%	89.6%
I Follow Treatment Recommendations	99.2%	76.6%
Pulmonary		
Chronic COPD	129.0%	7.0%
Chronic Asthma	100.7%	11.9%
Heart		
Chronic High Cholesterol	115.4%	28.2%
Routine Cholesterol Screening	94.1%	41.7%
Chronic Heart Failure	153.0%	6.2%

Health Service Topic	Demand as % of National	% of Population Affected
Cancer		
Cancer Screen: Skin 2 yr	86.5%	9.3%
Cancer Screen: Colorectal 2 yr	95.7%	19.7%
Cancer Screen: Pap/Cerv Test 2 yr	85.5%	41.2%
Routine Screen: Prostate 2 yr	92.6%	26.3%
Orthopedic		
Chronic Lower Back Pain	108.1%	33.4%
Chronic Osteoporosis	128.9%	13.1%
Routine Services		
FP/GP: 1+ Visit	104.2%	84.7%
NP/PA Last 6 Months	107.0%	44.4%
OB/Gyn 1+ Visit	87.7%	33.6%
Medication: Received Prescription	106.7%	64.7%
Internet Usage		
Use Internet to Look for Provider Info	78.9%	31.5%
Facebook Opinions	74.3%	7.5%
Looked for Provider Rating	81.2%	19.1%
Emergency Services		
Emergency Room Use	102.5%	35.6%
Urgent Care Use	92.2%	30.4%

[21] Claritas (accessed through IBM Watson Health)

Conclusions from Demographic Analysis Compared to National Averages

The following areas were identified from a comparison of Koochiching County to national averages. **Adverse** metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 15.8% more likely to have a **BMI of Morbid/Obese**, affecting 35.4%
- 5.5% less likely to **Vigorously Exercise**, affecting 54.0%
- 5.9% less likely to receive **Routine Cholesterol Screenings**, affecting 41.7%
- 14.5% less likely to receive **Cervical Cancer Screening every 2 years**, affecting 41.2%
- 8.1% more likely have **Chronic Lower Back Pain**, affecting 33.4%
- 12.3% less likely to receive **Routine OB/Gyn Visit**, affecting 33.6%

Beneficial metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 17.2% less likely to have **Consumed Alcohol in the Past 30 Days**, affecting 44.5%
- 7.0% more likely to receive **NP/PA Visit in Last 6 Months**, affecting 44.4%

Leading Causes of Death[22]

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. Minnesota's Top 15 Leading Causes of Death are listed in the table below in Koochiching County's rank order. Koochiching County was compared to all other Minnesota counties, Minnesota state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in MN (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Koochiching County Compared to U.S.)
MN Rank	Koochiching County Rank	Condition		MN	Koochiching County	
1	1	Cancer	3 of 87	146.7	193.1	Higher than expected
2	2	Heat Disease	17 of 87	119.1	172.8	Higher than expected
6	3	Stroke	9 of 87	32.6	50.3	Higher than expected
3	4	Accidents	21 of 87	44.6	48.8	As expected
5	5	Lung Disease	42 of 87	36.3	36.3	As expected
4	6	Alzheimer's	31 of 87	34.9	24.3	Lower than expected
7	7	Diabetes	25 of 87	19.2	24.1	As expected
9	8	Flu-Pneumonia	15 of 87	9.9	17.6	As expected
13	9	Nephritis/Kidney	8 of 87	7.7	16.1	As expected
8	10	Suicide	28 of 87	12.8	14.0	As expected
10	11	Parkinson's	27 of 87	10.1	8.7	As expected
12	12	Liver Disease	18 of 87	8.6	8.1	As expected
14	13	Blood Poisoning	44 of 87	5.9	5.0	Lower than expected
11	14	Hypertension/Renal	81 of 87	8.2	3.9	Lower than expected
15	15	Homicide	68 of 80	2.2	0.8	Lower than expected

[22] www.worldlifeexpectancy.com/usa-health-rankings

Priority Populations[23]

Information about Priority Populations in the service area of the Hospital is difficult to encounter if it exists. The Hospital's approach is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

Begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of the Hospital's health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: **access to healthcare**, **quality of healthcare**, and **priorities of the National Quality Strategy** (NQS). The complete report is provided in Appendix C.

A specific question was asked to the Hospital's Local Expert Advisors about unique needs of Priority Populations, and their responses were reviewed to identify if there were any report trends in the service area. Accordingly, the Hospital places a great reliance on the commentary received from the Hospital's Local Expert Advisors to identify unique population needs to which the Hospital should respond. Specific opinions from the Local Expert Advisors are summarized below:[24]

- The top three priority populations identified by the local experts are residents of rural areas, older adults and low-income groups
- There should be a focus on providing affordable and accessible healthcare to the community

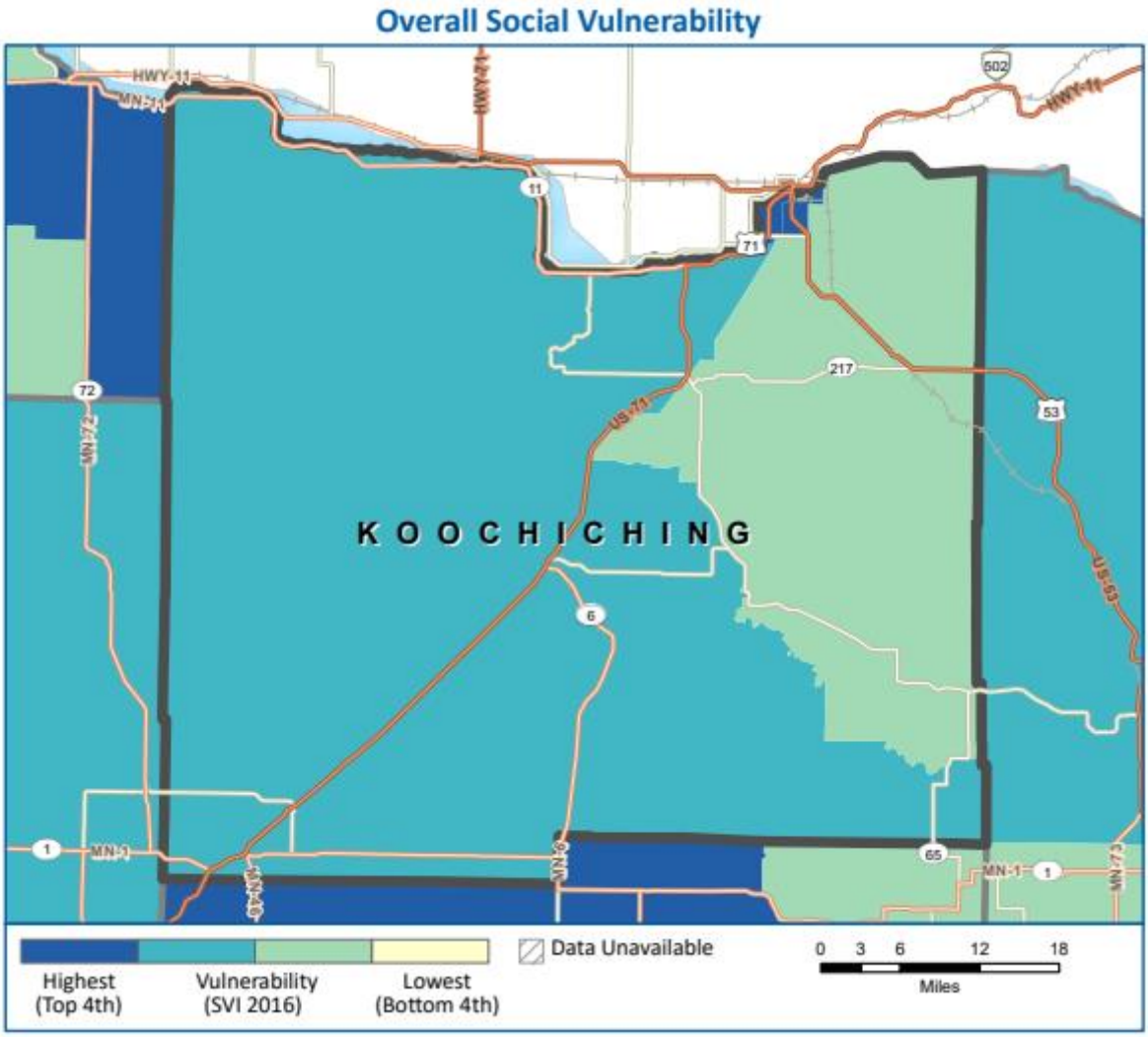
[23] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i
[24] All comments and the analytical framework behind developing this summary appear in Appendix A

Social Vulnerability[25]

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. The Social Vulnerability Index uses U.S. census variables at tract level to help local officials identify communities that may need support in preparing for hazards, or recovering from disaster.

Social Vulnerability ranks an area's ability to prepare for and respond to disasters. Measures of socioeconomic status, household composition, race/ethnicity/language, and housing/transportation are layered to determine an area's overall vulnerability.

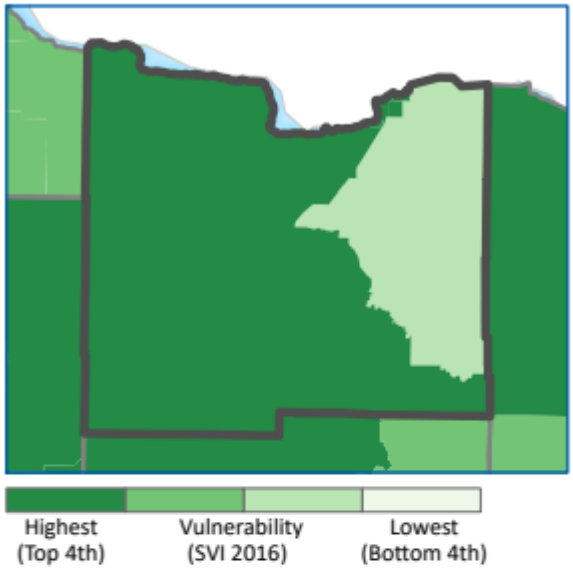
Based on the overall social vulnerability, Koochiching County falls into the second (light green) and third quartiles (light blue). The lower the vulnerability the better.



[25] http://svi.cdc.gov

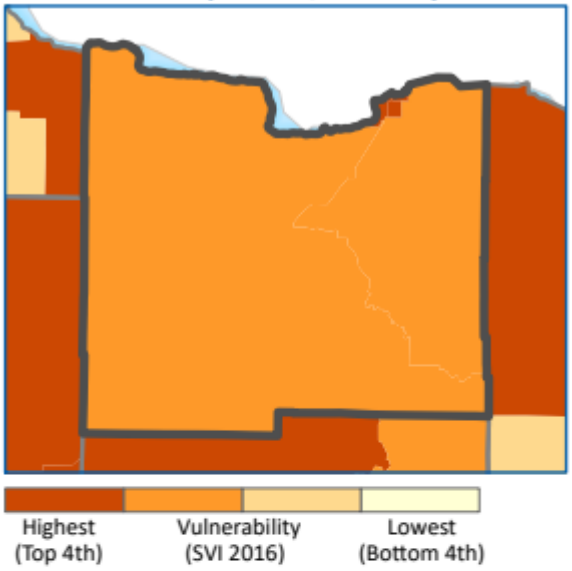
SVI Themes

Socioeconomic Status



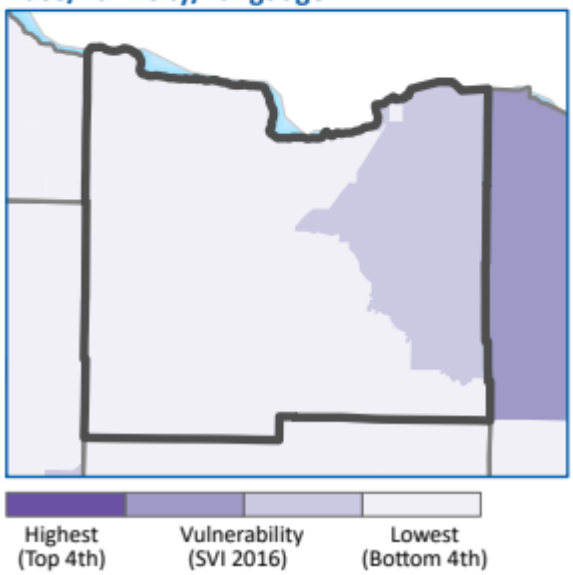
Highest (Top 4th) | Vulnerability (SVI 2016) | Lowest (Bottom 4th)

Household Composition/Disability



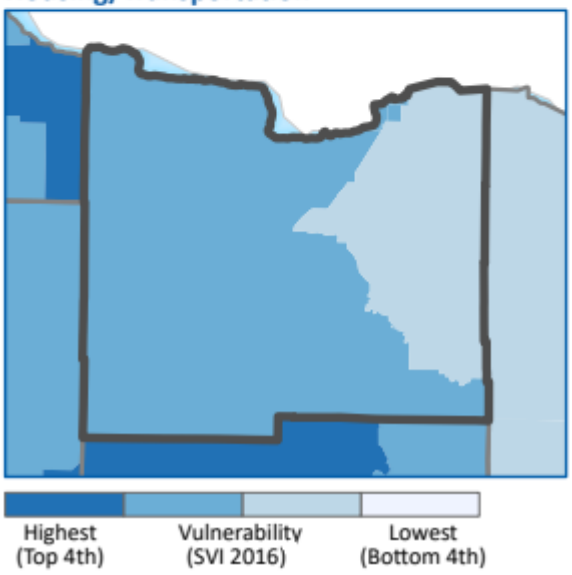
Highest (Top 4th) | Vulnerability (SVI 2016) | Lowest (Bottom 4th)

Race/Ethnicity/Language



Highest (Top 4th) | Vulnerability (SVI 2016) | Lowest (Bottom 4th)

Housing/Transportation



Highest (Top 4th) | Vulnerability (SVI 2016) | Lowest (Bottom 4th)

Comparison to Other State Counties[26]

To better understand the community, Koochiching County has been compared to all 87 counties in the state of Minnesota across six areas: Length of Life, Quality of Life, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment.

In the chart below, the county's rank compared to all counties is listed along with measures in each area compared to the state average and U.S. Median.

	Koochiching County	Minnesota	U.S. Median
Length of Life			
Overall Rank *(best being #1)*	**40/87**		
- Premature Death*	5,700	5,300	8,100
Quality of Life			
Overall Rank *(best being #1)*	**83/87**		
- Poor or Fair Health	14%	12%	17%
- Poor Physical Health Reported in 30 Days	3.4	3.0	3.9
- Poor Mental Health Reported in 30 Days	3.3	3.2	3.9
Health Behaviors			
Overall Rank *(best being #1)*	**62/87**		
- Adult Smoking	17%	15%	17%
- Adult Obesity	29%	26%	32%
- Physical Inactivity	23%	19%	26%
- Access to Exercise Opportunities	72%	87%	66%
- Excessive Drinking	21%	23%	17%
- Alcohol-Impaired Driving Deaths	14%	29%	28%
- Sexually Transmitted Infections*	85.7	413.2	321.7
- Teen Births*	17	16	31
Clinical Care			
Overall Rank *(best being #1)*	**70/87**		
- Uninsured	7%	5%	10%
- Population to Primary Care Provider Ratio	2,100:1	1,120:1	2,050:1
- Population to Dentist Ratio	2,090:1	1,410:1	2,450:1
- Population to Mental Health Provider Ratio	840:1	430:1	970:1
- Preventable Hospital Stays	5,759	5,703	4,648
- Mammography Screening	43%	46%	40%
- Flu Vaccinations	42%	49%	42%
Social & Economic Factors			
Overall Rank *(best being #1)*	**83/87**		
- Unemployment	7.0%	3.5%	4.4%
- Children in Poverty	20%	12%	21%
- Children in Single-Parent Households	39%	28%	32%
- Violent Crime*	127	236	205
- Injury Deaths*	91	64	82
Physical Environment			
Overall Rank *(best being #1)*	**5/87**		
- Air Pollution - Particulate Matter	6.1 $\mu g/m^3$	6.9 $\mu g/m^3$	9.2 $\mu g/m^3$
- Severe Housing Problems	12%	14%	14%

Per 100,000 Population

[26] www.countyhealthrankings.org

Conclusions from Other Statistical Data[27]

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 U.S. counties or equivalents applying small area estimation techniques to the most recent county information. The below chart compares Koochiching County statistics to the U.S. average, as well as the trend in each measure over a 34-year span.

Koochiching, MN	Current Statistic (2014)	Percent Change (1980-2014)
UNFAVORABLE Koochiching County measures that are WORSE than the U.S. average and had an UNFAVORABLE		
- Female Tracheal, Bronchus, and Lung Cancer*	59.5	65.9%
- Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	68.0	81.7%
UNFAVORABLE Koochiching County measures that are WORSE than the U.S. average and had a FAVORABLE		
- Female Transport Injuries Related Deaths*	12.0	-24.0%
- Male Transport Injuries Related Deaths*	26.2	-41.7%
DESIRABLE Koochiching County measures that are BETTER than the US average and had a FAVORABLE change		
- Female Heart Disease*	91.2	-63.2%
- Male Heart Disease*	158.0	-70.1%
- Female Breast Cancer*	21.7	-40.4%
DESIRABLE Koochiching County measures that are BETTER than the US average and had an UNFAVORABLE change		
- Male Mental and Substance Use Related Deaths*	14.7	102.8%
- Male Liver Disease Related Deaths*	17.5	0.1%
AVERAGE Koochiching County measures that are EQUAL to the US average and had a FAVORABLE change		
- Female Life Expectancy	81.5	4.7%
- Male Life Expectancy	77.2	8.7%
- Female Stroke*	45.1	-49.6%
- Male Stroke*	50.5	-52.2%
- Male Tracheal, Bronchus, and Lung Cancer*	66.6	-21.0%
- Male Breast Cancer*	0.3	-12.8%
- Female Skin Cancer*	1.9	-1.8%
AVERAGE Koochiching County measures that are EQUAL to the US average and had an UNFAVORABLE change		
- Male Skin Cancer*	3.8	38.0%
- Female Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	50.6	64.0%
- Female Self-Harm and Interpersonal Violence Related Deaths*	8.4	39.8%
- Male Self-Harm and Interpersonal Violence Related Deaths*	32.6	16.0%
- Female Mental and Substance Use Related Deaths*	6.4	419.9%
- Female Liver Disease Related Deaths*	11.3	7.1%

**rate per 100,000 population, age-standardized*

[27] http://www.healthdata.org/us-county-profiles

Community Benefit

Worksheet 4 of Form 990 h can be used to report the net cost of community health improvement services and community benefit operations.

> *"Community health improvement services" means activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services.*
>
> *"Community benefit operations" means:*
>
> - *activities associated with community health needs assessments, administration, and*
> - *the organization's activities associated with fundraising or grant-writing for community benefit programs.*

Activities or programs cannot be reported if they are provided primarily for marketing purposes or if they are more beneficial to the organization than to the community. For example, the activity or program may not be reported if it is designed primarily to increase referrals of patients with third-party coverage, required for licensure or accreditation, or restricted to individuals affiliated with the organization (employees and physicians of the organization).

To be reported, community need for the activity or program must be established. Community need can be demonstrated through the following:

- A CHNA conducted or accessed by the organization.
- Documentation that demonstrated community need or a request from a public health agency or community group was the basis for initiating or continuing the activity or program.
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or program carried out for the express purpose of improving community health.

Community benefit activities or programs also seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).
- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.
- Leverage or enhance public health department activities such as childhood immunization efforts.
- Otherwise would become the responsibility of government or another tax-exempt organization.
- Advance increased general knowledge through education or research that benefits the public.

Activities valued at $994,241 and reported by the Hospital in its implementation efforts and/or its prior year tax reporting (FY2018) included:

- RRCC Healthcare Partnership Contribution;
- A number of disaster readiness activities;
- Environmental activities related to community infectious and hazardous waste management;
- Community education and classes, examples include childbirth, infection control, arthritis management, injury prevention, flu shots, etc.;
- A number of financial and in-kind contributions to various community service clubs.

IMPLEMENTATION STRATEGY

Significant Health Needs

The methodology used the priority ranking of area health needs by the Local Expert Advisors to organize the search for locally available resources as well as the response to the needs by RLMC.[28] The following list:

- Identifies the rank order of each identified Significant Need
- Presents the factors considered in developing the ranking
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term
- Identifies RLMC current efforts responding to the need including any written comments received regarding prior RLMC implementation actions
- Establishes the Implementation Strategy programs and resources RLMC will devote to attempt to achieve improvements
- Documents the Leading Indicators RLMC will use to measure progress
- Presents the Lagging Indicators RLMC believes the Leading Indicators will influence in a positive fashion, and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, RLMC is the major hospital in the service area. RLMC is a 25-bed, critical access hospital located in International Falls, Minnesota. The next closest facilities are outside the service area and include:

- CHI Lakewood Health Center, Baudette, MN; 68 miles (72 minutes)
- Cook Hospital, Cook, MN; 73 miles (80 minutes)
- Bigfork Valley Hospital, Bigfork, MN; 78 miles (83 minutes)
- Essentia Health, Virginia, MN; 100 miles (100 minutes)
- Fairview Range Medical Center, Hibbing, MN; 104 miles (119 minutes)
- Sanford Health, Bemidji, MN; 110 miles (110 minutes)
- LifeCare Medical Center, Roseau, MN; 126 miles (134 minutes)
- Essentia Health, Duluth, MN; 164 miles (173 minutes)
- St. Luke's Hospital, Duluth, MN; 165 miles (175 minutes)

All statistics analyzed to determine significant needs are "Lagging Indicators," measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast, the RLMC Implementation Strategy uses "Leading Indicators." Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application, Leading Indicators also must be within the ability of the hospital to influence and measure.

[28] Response to IRS Schedule H (Form 990) Part V B 3 e

1. **MENTAL HEALTH – Local expert concern; Koochiching County's number of poor mental health days is worse than the state average; Koochiching County's population to mental health provider ratio is worse than the state average; Suicide is the #10 leading cause of death in Koochiching County; Koochiching County's self-harm and interpersonal violence related deaths and mental and substance use related deaths increased from 1980-2014**

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2016, so no comments were solicited.

RLMC services, programs, and resources available to respond to this need include:[29]

- Developed policies and procedures to work with Mobile Mental Health Crisis Team (Northland Counseling) to bring in team for assessments in the ER
- Provide staff training on de-escalation for patients presenting with mental health issues, and ensure new staff are trained as they come on board
- Provide telehealth services in ER to perform mental health assessments with a counselor for placement purposes
- Continuing to advocate for additional mental health beds in Northern Minnesota
- Participate in a quarterly mental health forum with local mental health crisis team
- Participate in monthly regional discussions on mental health issues with Integrated Health Partners (IHP)
- Conduct PHQ9 depression screenings in family practice clinics at annual visits and physicals
- Conduct suicide risk assessments in the emergency department when patients present with mental health issues
- Recently developed a ligature risk assessment to ensure patients in need are provided a safe area until they can be transferred to appropriate mental health services

Additionally, RLMC plans to take the following steps to address this need:

- Supporting one of the providers in developing enhanced knowledge of psychiatry medication management

RLMC does not intend to develop an implementation strategy for this Significant Need

Due to resource constraints and other resources available in the community, RLMC is choosing not to develop an implementation strategy for this need at this time. RLMC can have a greater impact by putting attention and resources toward other significant needs for which RLMC is better qualified to serve.

Federal classification of reasons why a hospital may cite for not developing an Implementation Strategy for a

[29] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V Section B 3 c

defined Significant Need	
1. Resource Constraints	**X**
2. Relative lack of expertise or competency to effectively address the need	
3. A relatively low priority assigned to the need	
4. A lack of identified effective interventions to address the need	
5. Need is addressed by other facilities or organizations in the community	**X**

RLMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Northland Counseling Center (Mobile Health Crisis Team)	Dr. Allison O'Hara, PsyD	900 5th St. #305, International Falls, MN 56649 (218) 283-3406 www.northlandcounselingifalls.org

Other local resources identified during the CHNA process that are believed available to respond to this need:[30]

Organization	Contact Name	Contact Information
Essentia Health – International Falls Clinic	Robyn Pelowski, Administrator	2501 Keenan Dr International Falls, MN 56649 (218) 283-9431 www.essentiahealth.org
Hardwig House		803 9th St, International Falls, MN 56649 (218) 283-5571

[30] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

2. **AFFORDABILITY/ACCESSIBILITY – 2016 Significant Need; Koochiching County's population to primary care provider ratio is worse than the state average and U.S. median; Koochiching County's population to dentist ratio and population to mental health provider ratio are worse than the state average; Koochiching County's uninsured rate is worse than the state average; Koochiching County's unemployment rate is worse than the state average and U.S. median**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

RLMC services, programs, and resources available to respond to this need include:

- Specialty services offered through specialty clinic: rheumatology, surgery, orthopedics, OB/GYN; lease space for ophthalmology, optometry, retail optical shop, audiology, oncology, cardiology, sleep studies, urology, and neurology EMG services
- Offer interventional radiology
- RLMC operates Littlefork Rural Health clinic services
- Provide free baseline concussion screenings for local student athletes
- RLMC has financial assistance policy including self-insured discount
- Telehealth services available in ER to provide consultations
- Provide space and facilitate luncheon to raise money for gas cards to assist with transportation
- Free labor and delivery classes provided in conjunction with Koochiching County Health
- Partner with Koochiching County Health to put on annual Community Baby Shower to collect needed supplies distributed to all babies born in the county
- Hospital employs two MNCAA-certified (Minnesota Community Application Agent) counselors to help people sign up for Minnesota Care and health insurance exchange
- Financial counselors on staff to help people understand their bills and manage payment plans/options
- Provide health education, and free screenings for blood pressure and blood glucose
- Discounted flu shot clinics set up around the community
- Providers and staff speak at local organization meetings and schools to provide health and wellness education
- Summer intern program for local students who are interested in pursuing a career in healthcare
- Working with Rainy River Community College to promote careers in healthcare
- Provide generous tuition reimbursement program to staff and providers to further healthcare education
- Provide chemotherapy and infusion therapy services on site
- CT scanner, nuclear medicine available on-site

- Tomography available on-site
- MRI available on-site
- EMG available on-site
- Support SAGE Screening Program to provide mammography and pap testing for low income women
- Rural Health Clinic operates on a sliding fee scale, and offers morning hours for additional appointment slots
- Therapy services (PT, OT, Speech, cardiac rehab and stress testing) and outreach treat inpatients as well as provide services in schools and nursing homes across the region
- Outreach medical and therapy services to Koochiching Health Services
- National Health Service Corp designation to assist with recruitment of nurses and doctors
- Newly renovated building that offers patient-centered care with up-to-date, comfortable, and private spaces
    - Medical/surgical facility with birthing suite
    - Therapy and wellness space
    - Emergency department
    - Surgical suite
    - Lab facilities and technology
    - Infusion Center
- Decreased average age of plant by replacing emergency generators and heating/cooling system in 2016
- Upgraded IT systems, infrastructure, and security in 2016
- Make donations to the food shelf

Additionally, RLMC plans to take the following steps to address this need:

- Offer patients with continuous high blood pressure the option to check out blood pressure monitors free of charge
- Offer diabetes education free of charge

RLMC evaluation of impact of actions taken since the immediately preceding CHNA:

- RLMC is actively recruiting (in partnership) with outside recruitment agencies as well as actively working through Medical Schools and Universities to recruit Physician graduates or students entering their 3rd year of residency.
- Diagnostic Neurology testing (EMG) is available as an RLMC Specialty Service on a monthly basis.
- Grant funding in the amount of $52,000.00 and community donations through the foundation in the amount of $20,100.00 were secured to relocate pharmacy and renovate infusion and chemotherapy service area, project was completed 2018.

- USDA grant that was submitted 07/17/17 requesting $81,538 to help fund equipment: eHospitalist; Clinical Distance Learning; eConsult; and expanded eEmergency was not funded. RLMC funded eHospitalist on its own – currently in operation.
- In January '17, RLMC signed a contract with Shared Medical Services to bring PET/CT to RLMC – the first patients were seen in March of 2017.
- Purchased a C-arm to facilitate in-house fracture care, thus preventing out of town travel for this service (depending upon the type of fracture and other variables) which is now in use. Three orthopedic surgeons are available to provide weekly surgical services, including total knee replacements and a fourth surgeon is being added the spring of 2019. RLMC's orthopedic PA follows the knee patients after their surgery. This ortho PA also assists in the Emergency Department with fractures, dislocations etc.
- Agreement to implement Athena was terminated. Explored pricing for EPIC and Meditech. Worked with CPSI to improve utilization of current system – onsite team visit 09/13 & 09/14. Installed the CPSI MUE bundle in 2018. Developed EMR partnership with Sanford Health with a 2019 installation of EPIC at RLMC.
- In February '17, RLMC acquired a C-Arm from GE Healthcare. After training and testing, the Radiologist began using the C-Arm to guide pain injections and the Surgery Department has also used the C-Arm for orthopedics.
- Secured grant funding in the amount of $87,000 that facilitated replacement of aging portable xray equipment in 2019.
- Explored ability to meet quality measures for a Stroke Ready Hospital. RLMC scored as follows for 2nd & 3rd quarter 2018:
    - Door to imaging performed = 60%
    - Door to image read 62.5%
    - Door to needle = 0
    - Advanced notification by EMS = 100%
    - Documentation of last known well = 100%
    - N = 1 or 2 patients per quarter.

Anticipated results from RLMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate RLMC intended actions is to monitor change in the following Leading Indicator:

- # of people seen by financial counselors (*Charity Care & MNSure)
    - 2015 - 285
    - 2016 – 398*
    - 2017- 290*
    - 2018- 397*
- # of people signed up on MN Care or Health Exchange who qualified
    - 2015 - 89
    - 2016 – 86
    - 2017 - 82
    - 2018 - 89

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Uninsured Rate
    - 2013
        - Koochiching County – 12%
        - MN – 9%
        - U.S. Best – 11%
- Uninsured Under 65
    - 2016
        - Koochiching County – 12%
        - MN – 9%
        - U.S. Best – 11%
    - 2017
        - Koochiching County – 9%

- MN – 7%
- U.S. Best – 8%

- 2018
  - Koochiching County – 7%
  - MN – 5%
  - U.S. Best – 6%

RLMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Sandford Health – Bemidji	Sally Corser, Director of Outreach Services	1233 34th St NW, Bemidji, MN 56601 (218) 333-5000 www.sanfordhealth.org/locations/ sanford-bemidji-main-clinic
Renaissance Hearing	Nathan Voss, President	1400 US-71, International Falls, MN 56649 (218) 444-4444 www.renaissancehearingcenters.com
Orthopedic Associates – Duluth	Dr. Joel Zamzow, MD	1000 E 1st St #404, Duluth, MN 55805 (218) 722-5513 www.oaduluth.com
Other healthcare providers		
Koochiching County Health	Derek Foss	1000 5th St, International Falls, MN 56649 (218) 283-7070 www.co.koochiching.mn.us/163/Public-Health
Essentia Health – International Falls Clinic	Robyn Pelowski, Administrator	2501 Keenan Dr International Falls, MN 56649 (218) 283-9431 www.essentiahealth.org
Other school districts		
Wilderness Health	Cassandra Beardsley	wildernesshealthmn.org

Organization	Contact Name	Contact Information
Good Samaritan Society – International Falls	Zachary Schmitz, Administrator	2201 Keenan Dr, International Falls, MN 56649 (218) 283-8313 https://www.good-sam.com/locations/international-falls

Other local resources identified during the CHNA process that are believed available to respond to this need:[31]

Organization	Contact Name	Contact Information
Arrowhead Transit		1200 Riverside Dr, International Falls, MN 56649 (800) 862-0175 arrowheadtransit.com/services/koochiching-county

[31] This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

3. **EDUCATION/PREVENTION – Local expert concern; Koochiching County's mammography screening rate and flu vaccination rate are worse than the state average; Koochiching County's preventable hospital stays is worse than the state average and U.S. median; Residents of Koochiching County are less likely to receive routine cholesterol screenings and routine cervical cancer screenings compared to the U.S. average**

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2016, so no comments were solicited.

RLMC services, programs, and resources available to respond to this need include:

- Participate in a quarterly mental health forum with local mental health crisis team
- Participate in monthly regional discussions on mental health issues with Integrated Health Partners (IHP)
- Conduct PHQ9 depression screenings in family practice clinics at annual visits and physicals
- Conduct suicide risk assessments in the emergency department when patients present with mental health issues
- Provide free baseline concussion screenings for local student athletes
- Free labor and delivery classes provided in conjunction with Koochiching County Health
- Partner with Koochiching County Health to put on annual Community Baby Shower to collect needed supplies distributed to all babies born in the county
- Hospital employs two MNCAA-certified (Minnesota Community Application Agent) counselors to help people sign up for Minnesota Care and health insurance exchange
- Financial counselors on staff to help people understand their bills and manage payment plans/options
- Provide health education, and free screenings for blood pressure and blood glucose
- Discounted flu shot clinics set up around the community
- Providers and staff speak at local organization meetings and schools to provide health and wellness education
- Summer intern program for local students who are interested in pursuing a career in healthcare
- Working with Rainy River Community College to promote careers in healthcare
- Provide generous tuition reimbursement program to staff and providers to further healthcare education
- MRI available on-site
- Support SAGE Screening Program to provide mammography and pap testing for low income women
- Offer diabetes education
- Infection prevention provides educations to local schools
- Advanced directive education provided in the community
- New focus on annual wellness visits for Medicare patients to ensure they are up to date on all their screenings

- Chronic care management services provided by population health nurse
- Promotes breast cancer awareness month and the importance of breast cancer screenings through the hospital website, PSAs, social media sites, newspapers, and radio
- Launched a men's health ad campaign in November 2019 promoting mental health and cancer screenings
- Patient and Family Advisory Council services offer advice, information and recommendations to support patient care, planning, policies and procedures; Information provided by this group provides leaders and staff with a better understanding of how to improve quality, program development, service excellence, communications, patient safety, facility design, patient and family education, staff orientation and education and patient/family satisfaction and loyalty
- Offer flu vaccine clinics throughout the county
- Family practice clinic stays open later for sports physicals; Provider reviews medical and immunization history to ensure the appropriate vaccines are given
- Actively participate in community preparedness
- Participate in adult and child protection meetings that are led by the county social services
- Make donations to the food shelf
- Physical therapist provides education around concussion prevention

Additionally, RLMC plans to take the following steps to address this need:

- Begin promoting colon cancer prevention through quality measure on colon cancer screenings in the clinic
    - Goal is to increase colon cancer screenings
- Explore ways to revamp process in offering the community in house health fairs again
- Begin quarterly emergency department staff training on high risk low volume OB scenarios
- Through the community benefits program the lab department is looking into offering a community sharps exchanged program – the hospital to potentially provide the patient with the container and then dispose of it once the patient has filled it and returned it to the hospital

Anticipated results from RLMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate RLMC intended actions is to monitor change in the following Leading Indicator:

- Number of colorectal screening provided =
- Enrollees into the chronic care management programs =

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Cancer death rate = 193.1 per 100,000 population (Koochiching County)[32]
- Diabetes death rate = 24.1 per 100,000 population (Koochiching County)[33]

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Essentia Health – International Falls Clinic	Robyn Pelowski, Administrator	2501 Keenan Dr International Falls, MN 56649 (218) 283-9431 www.essentiahealth.org
Koochiching County Health	Derek Foss	1000 5th St, International Falls, MN 56649 (218) 283-7070 www.co.koochiching.mn.us/163/Public-Health

[32] Worldlifeexpectancy.com. Age-adjusted. 2017.
[33] Worldlifeexpectancy.com. Age-adjusted.2017.

4. EMERGENCY ROOM SERVICES – 2016 Significant Need

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

RLMC services, programs, and resources available to respond to this need include:

- Telehealth services available in ER for consultations
- Rural Health Clinic operates on a sliding fee scale, and offers morning hours for additional appointment slots
- Throughput assessment performed that resulted in Leaner, customer-friendly processes
- Patient Satisfaction Committee review survey results and take action as necessary
- Individual departments review survey results and take action as necessary
- Enhanced patient and family-centered care model to increase customer satisfaction
- Enhanced customer feedback process and response
- CNA rounds in ER, in addition to inpatients
- RLMC operates Littlefork Rural Health clinic services
- Newly renovated building that offers patient-centered care with up-to-date, comfortable, and private spaces
    - Medical/surgical facility with birthing suite
    - Therapy and wellness space
    - Emergency department
    - Surgical suite
    - Lab facilities and technology
    - Infusion Center
- PVAC developed a community based brochure on what to expect when coming to the emergency department and given at each admit

Additionally, RLMC plans to take the following steps to address this need:

- Considering contracting with a new emergency department provider company
- Explore staffing the emergency department with local providers
- Locum company will have providers go through patient satisfaction training

RLMC evaluation of impact of actions taken since the immediately preceding CHNA:

- Exploring ability to meet quality measures for a Stroke Ready Hospital. RLMC scored as follows for 2nd & 3rd quarter 2018:
    - Door to imaging performed = 60%
    - Door to image read 62.5%
    - Door to needle = 0
    - Advanced notification by EMS = 100%
    - Documentation of last known well = 100%
    - N = 1 or 2 patients per quarter.
- USDA grant submitted 07/17/17 requesting $81,538 to fund the purchase of telemedicine equipment including equipment to outfit the board room for clinical distance learning. Not funded.
- Nursing department introduced monthly 2-hour mandatory, competency-based nursing skills training and education sessions.
- Agreements and processes established between Essentia and RLMC to ensure mutual access to EMRs.
- Developed a Nurse Practitioner Hospitalist program thus relieving ER physicians of the dual role and improving RLMC's admit vs transfer rate.
- Worked with Acute Care to achieve a desirable roster of dedicated physicians.
- Upgraded portal X-ray equipment
- Hired a new emergency department director, medical director, and nursing director
- RLMC became a level 4 trauma center

Anticipated results from RLMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities		X
5. Improves ability to withstand public health emergency	X	

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
6. Otherwise would become responsibility of government or another tax-exempt organization		X
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate RLMC intended actions is to monitor change in the following Leading Indicator:

- % of people of who leave the ER after triage but before being seen by a physician:
    - 2015 - 1.8%
    - 2016 - 1.22%
    - 2017- 1.03%
    - 2018- 1.25%
- Annual number of admit vs transfer:
    - '16-420 admit/374 transfers
    - '17-411 admit/378 transfers
    - '18-406 admit/453 transfers

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- NRC Overall Rating of ER
    - 2015 – 46.4/NRC avg 64.9
    - 2016-53.0/NRC avg 64.9
    - 2017 – 54.6/NRC avg 65.8
    - 2018 – 63.1/NRC avg 66.3

RLMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Avera Health	John Porter, President/CEO	3900 West Avera Drive, Sioux Falls, SD 57108 www.avera.org
Essentia Health – International Falls Clinic	Robyn Pelowski, Administrator	2501 Keenan Dr International Falls, MN 56649 (218) 283-9431 www.essentiahealth.org

Organization	Contact Name	Contact Information
International Falls Ambulance Service	Adam Mannausau, EMS Director	600 4th St, International Falls, MN 56649 (218) 283-0706 http://www.ci.international-falls.mn.us/index.aspx?NID=120
Littlefork Ambulance Service	Chief Tom Donahou	901 Main St, Littlefork, MN 56653 (218) 278-4870 http://www.cityoflittlefork.com/index.asp?Type=B_BASIC&SEC=%7B8881982B-06E1-4C8B-9D1D-DC9B372F403C%7D
Regional air ambulance services		
Acute Care physician services (locum ER coverage)	Mark Menadue, President/CEO	P.O. Box 3288, Des Moines, IA 50316
Northland Counseling Center	Dr. Allison O'Hara, PsyD	900 5th St #305, International Falls, MN 56649 (218) 283-3406 www.northlandcounselingifalls.org

5. **DRUG/SUBSTANCE ABUSE – Local expert concern; Koochiching County's mental and substance use related deaths increased from 1980-2014**
7. **ALCOHOL ABUSE – Local expert concern; Koochiching County's excessive drinking rate is worse than U.S. median; Liver disease is the #12 leading cause of death in Koochiching County**

Due to the similar services, programs, and resources available to address these three needs, RLMC grouped them together.

Public comments received on previously adopted implementation strategy:

Neither of these were a significant health need in 2016, so no comments were solicited.

RLMC services, programs, and resources available to respond to these needs include:

- Providers require narcotics contracts with patients to manage opioid prescription use/abuse
- Working with Wilderness Coalition Quality Committee to share information on management of opioid use and addiction
- Looking into additional training/CME for providers
- Provide ongoing information for our providers – make sure they are connected with appropriate care
    - Providers participate in state-wide report card program opioid prescription

Additionally, RLMC plans to take the following steps to address these needs:

- Supporting one of the providers in developing in enhanced psychiatry medication management

RLMC does not intend to develop an implementation strategy for these Significant Needs

Due to resource constraints and other resources available in the community, RLMC is choosing not to develop an implementation strategy for this need at this time. RLMC can have a greater impact by putting attention and resources toward other significant needs for which RLMC is better qualified to serve.

Federal classification of reasons why a hospital may cite for not developing an Implementation Strategy for a defined Significant Need	
1. Resource Constraints	**X**
2. Relative lack of expertise or competency to effectively address the need	
3. A relatively low priority assigned to the need	

4. A lack of identified effective interventions to address the need	
5. Need is addressed by other facilities or organizations in the community	**X**

RLMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Northland Recovery Pineview Center	Dr. Allison O'Hara, PsyD	2000 Spruce Street, International Falls, MN 56649 (218) 540-0142 http://northlandpineview.com/
Burntside Consultants (suboxone clinic)		911 3rd Ave, International Falls, MN 56649 (218) 283-2010
Koochiching County Public Health	Derek Foss	1000 5th St, International Falls, MN 56649 (218) 283-7070 http://www.co.koochiching.mn.us/163/Public-Health
Wilderness Coalition Quality Committee	Cassandra Beardsley, Executive Director	http://wildernesshealthmn.org/about/quality-committee/

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Local NA Groups		http://www.naminnesota.org/index.php/meeting-list-pdf/localnacommunities/voyageurs-area
Local AA Groups		http://www.area35.org/
Borderland Alano Club		410 5th Ave, International Falls, MN 56649 (218) 283-2537

Organization	Contact Name	Contact Information
Rational Alternatives/Rainy River Recovery		900 5th St #301, International Falls, MN 56649 (218) 285-7029

6. **OBESITY/OVERWEIGHT – Local expert concern; Koochiching County's adult obesity rate is worse than the state average; Koochiching County's physical inactivity rate is worse than the U.S. median; Koochiching County's access to exercise opportunities is worse than the state average; Diabetes is the #7 leading cause of death in Koochiching County**

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2016, so no comments were solicited.

RLMC services, programs, and resources available to respond to this need include:

- Actively monitor patients BMIs
- Offer diabetes education
- Offer community wide arthritis exercise program on an ongoing basis

RLMC does not intend to develop an implementation strategy for this Significant Need

Due to resource constraints and other resources available in the community, RLMC is choosing not to develop an implementation strategy for this need at this time. RLMC can have a greater impact by putting attention and resources toward other significant needs for which RLMC is better qualified to serve.

Federal classification of reasons why a hospital may cite for not developing an Implementation Strategy for a defined Significant Need	
1. Resource Constraints	**X**
2. Relative lack of expertise or competency to effectively address the need	
3. A relatively low priority assigned to the need	**X**
4. A lack of identified effective interventions to address the need	
5. Need is addressed by other facilities or organizations in the community	**X**

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Local public health department		

Other Needs Identified During CHNA Process

7. **Women's Health**

8. **Alzheimer's**

9. **Chronic Pain Management**

10. **Pre-existing Conditions – 2016 Significant Need**

    - Nephrology services have been established through a collaborative agreement with a regional provider. A Nephrologist sees patients on campus through an outreach clinic every other month. Options such as home dialysis and dialysis at a regional center are explored with the patient and supported. There is a strong focus on preventative kidney care to postpone the need for such measures. The Nephrologist participated in an educational luncheon open to the public on these areas of care and shared with the public his local availability.

    - Diabetic Education is available free of charge (relates to affordability as well) through the RLMC Population Health Nurse. Patients are referred for this service by their primary care provider or hospital. Using tools and printed educational materials patients are taught the importance of dietary and glucose monitoring. Healthy lifestyles are encouraged.

    - Rainy Lake Clinic staff participated in motivational interviewing training to gain skills in encouraging healthy lifestyle changes. Pre-diabetic screening questionnaires are provided to all adult patients presenting for an annual visit with their provider. Results of these screenings are reviewed by the nurse in order to identify undiagnosed diabetes. If indicated the provider orders appropriate lab testing and follows up positive results with medications as necessary and referral to Population Health Nurse.

11. **Write-in: Out-county access**

12. **Cancer**

13. **Heart Disease**

14. **Stroke**

15. **Diabetes**

16. **Smoking/Tobacco Use**

17. **Suicide**

18. **Kidney Disease**

19. **Physical Inactivity**

20. **Hypertension**

21. **Write-in: Retail pharmacy**

22. **Dental**

23. **Flu/Pneumonia**

24. **Liver Disease**

25. **Lung Disease**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility[34]

1. Affordability/Accessibility – 2016 Significant Need
2. Education/Prevention
3. Emergency Room Services – 2016 Significant Need

Significant needs where hospital did not develop implementation strategy[35]

1. Mental Health
2. Drug/Substance Abuse
3. Obesity/Overweight
4. Alcohol Abuse

Other needs where hospital developed implementation strategy

1. N/A

Other needs where hospital did not develop implementation strategy

1. N/A

[34] Responds to Schedule h (Form 990) Part V B 8
[35] Responds to Schedule h (Form 990) Part V Section B 8

APPENDIX

Appendix A – Written Commentary on Prior CHNA (Local Expert Survey)

Hospital solicited written comments about its 2016 CHNA.[36] 25 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, please give a description of your role in the community.

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	8	12	20
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	8	12	20
3) **Priority Populations**	12	10	22
4) Representative/Member of **Chronic Disease Group** or Organization	3	16	19
5) Represents the **Broad Interest of the Community**	21	1	22
Other			3
Answered Question			25
Skipped Question			0

Congress defines "Priority Populations" to include:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children
- Older Adults
- Residents of rural areas
- Individuals with special needs including those with disabilities, in need of chronic care, or in need of end-of-life care
- Lesbian Gay Bisexual Transsexual (LGBT)
- People with major comorbidity and complications

2. Do any of these populations exist in your community, and if so, do they have any unique needs that should be addressed?

- *Lack of access to services due to short staffing, e.g. birthing diversion, chemical dependency treatment, mental health treatment*
- *low-income elderly seeking treatment outside of international falls - transportation barriers*

[36] Responds to IRS Schedule H (Form 990) Part V B 5

- *Small, shrinking town that is 2-3 hours from major health facilities. Growing population of older residents that have difficulty accessing these facilities. Our small hospital needs to address all health issues for all age groups - a difficult task.*
- *Access to primary care, health education*
- *Transportation, housing, mental health*
- *Access to needed services locally - travel (time and money) is an issue*
- *Older adults living in remote rural areas (those areas without medical access on a 24 hour basis, no public transportation. limited shopping) are usually low income and have little or no extended family left to care for them consistently. Isolation, health care, and home maintenance are problematic.*
- *Affordable health care*
- *We have all of the above named groups of people in our area. All have ongoing needs that are difficult to treat at any given time. It may be anything from labor and delivery, urgent care, dialysis, radiation treatments, mental health stabilization, psychiatric services, detox and critical care treatment to name a few needs.*
- *Safe and affordable housing.*
- *From the perspective of an organization serving older adults, we expect to see increasing pressures on providers due to a shrinking, aging and isolated (rural) population.*

In the 2016 CHNA, there were three health needs identified as "significant" or most important:

1. **Accessibility/Affordability**
2. **Pre-existing Conditions**
3. **Emergency Room Services**

3. Should the hospital continue to consider and allocate resources to help improve the needs identified in the 2016 CHNA?

	Yes	No	Response Count
Accessibility/Affordability	23	0	23
Pre-existing Conditions	23	0	23
Emergency Room Services	23	0	23

Comments:

- *Our needs echo the needs of all small, rural communities and we have the additional problem of driving 2-3 hours to access a major health hub. We must rely on our local hospital to meet as many of our needs as possible.*
- *I want RLMC to offer more urgent care hours. This community is already underserved medically and ER visits are EXPENSIVE!*
- *I believe that Emergency Room services are good to excellent up here currently. However, if it doesn't remain a focus I worry that we will lose ground.*
- *We are an isolated community on the border with Ontario and 100 miles from the next largest city.*

- *Two current issues are: Labor and delivery of babies especially on the weekends. Stabilization of mental health patients adult and children.*
- *Provide access to retail prescription fulfillment*
- *I consider pregnancy a "pre-existing condition".*
- *Not aware of progress made in these areas - which are of importance. Caregiver support, respite and dementia services might be mentioned.*
- *Lack of medicine needed to reverse blood thinning for Eliquis.*

4. **Please share comments or observations about the actions RLMC has taken to address <u>ACCESSIBILITY/AFFORDABILITY.</u>**
   - *Have seen significant advertisement and recruitment information for providers.*
   - *will infusion therapy include dialysis?*
   - *RLMC has taken action on all areas with excellent results but we still need to work further and continue to improve our services and meet the community's needs. Good job - RLMC.*
   - *You took away urgent care hours during the week which completely goes against the concept of affordability!! You need to bring more urgent care hours back.*
   - *Many of these actions have been completed. Would like to see more telemedicine due to difficulty of recruiting physicians.*
   - *Added clinic appts and providers to make same day appts available most days.*
   - *Definitely are better than 3 years ago, still room for improvement, definitely in terms of affordability*
   - *Your outreach needs to go beyond the borders of International Falls. We are a large county. These to do not address the transportation issue of those in out county areas.*
   - *Expansion of our facility and the addition of a clinic.*
   - *the infusion therapy services have improved greatly and look great.*
   - *I would like to see 24/7 services for expecting mothers.*

5. **Please share comments or observations about the actions RLMC has taken to address <u>PRE-EXISTING CONDITIONS</u>.**
   - *Greatly enhanced the therapy facility and staff, as well as providing home based therapy as needed.*
   - *not sure what steps have been taken but believe that this is still a strong need*
   - *proactive health care is always better than retro active*
   - *Improving but continue to require further action.*
   - *NEW PHYSICANS*

- *I'm not aware of a program that is in place as described, nor have I heard about one being planned.*
- *healthy lifestyles program and community nursing position are excellent*
- *There are other pre-existing conditions besides obesity. Very one track minded.*
- *Support of the ACA*
- *This is only valuable if the "product" (class or support group) is effective.*
- *Encourage working with community agencies in addressing this area.*

6. Please share comments or observations about the actions RLMC has taken to address <u>EMERGENCY ROOM SERVICES</u>.

- *Initiated a nurse practitioner rotation program that has resulted in improved care and more consistent application.*
- *sharing patient records with Essentia is a vital resource for community members*
- *Emergency room services are doing an excellent job of meeting our needs but need continued support as it is not easy to recruit staff and keep it in a rural community.*
- *New rooms*
- *There have been improvements to ER satisfaction and a new EMR has been contracted. These have been met.*
- *The emergency staff is attentive and knowledgeable.*
- *haven't used ERS, but hearing good things*
- *Making it possible for patients to rate the services and addressing any negative experiences.*
- *I believe that enhancing nurse education is difficult because of staff turnover. The revolving doctors that come in are not familiar with what our area has available and having the nurses well trained to help facilitate that information is very important.*
- *This is essential to our community.*
- *Glad to see work with Essentia Health.*
- *No observation other than ambulance entrance*

Appendix B – Identification & Prioritization of Community Needs (Local Expert Survey Results)

Need Topic	Total Votes	Number of Local Experts Voting for Needs	Percent of Votes	Cumulative Votes	Need Determination
Mental Health	185	10	13.2%	13.2%	Significant Needs
Affordability/Accessibility*	170	10	12.1%	25.4%	
Education/Prevention	125	7	8.9%	34.3%	
Emergency Room Services*	120	8	8.6%	42.9%	
Drug/Substance Abuse	110	8	7.9%	50.7%	
Obesity/Overweight	70	8	5.0%	55.7%	
Alcohol Abuse	60	6	4.3%	60.0%	
Women's Health	55	5	3.9%	63.9%	Other Identified Needs
Alzheimer's	50	4	3.6%	67.5%	
Chronic Pain Management	50	5	3.6%	71.1%	
Pre-existing Conditions*	50	4	3.6%	74.6%	
Write-in: Out-county access	50	1	3.6%	78.2%	
Cancer	45	5	3.2%	81.4%	
Heart Disease	40	6	2.9%	84.3%	
Stroke	40	4	2.9%	87.1%	
Diabetes	35	4	2.5%	89.6%	
Smoking/Tobacco Use	30	4	2.1%	91.8%	
Suicide	30	3	2.1%	93.9%	
Kidney Disease	25	2	1.8%	95.7%	
Physical Inactivity	20	1	1.4%	97.1%	
Hypertension	10	2	0.7%	97.9%	
Write-in: Retail pharmacy	10	1	0.7%	98.6%	
Dental	5	1	0.4%	98.9%	
Flu/Pneumonia	5	1	0.4%	99.3%	
Liver Disease	5	1	0.4%	99.6%	
Lung Disease	5	1	0.4%	100.0%	
Accidents	0	0	0.0%	100.0%	
Respiratory Infections	0	0	0.0%	100.0%	

**= 2016 Significant Needs*

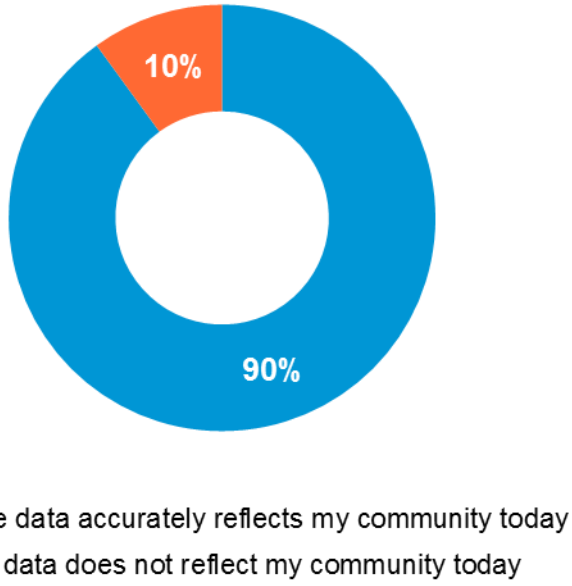
Individuals Participating as Local Expert Advisors[37]

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	8	12	20
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	8	12	20
3) **Priority Populations**	12	10	22
4) Representative/Member of **Chronic Disease Group** or Organization	3	16	19
5) Represents the **Broad Interest of the Community**	21	1	22
Other			3
Answered Question			25
Skipped Question			0

[37] Responds to IRS Schedule H (Form 990) Part V B 3 g

Advice Received from Local Expert Advisors

Question: Do you agree with the comparison of Koochiching County to all other Minnesota counties?



Comments:

- *severe housing problems seems lower than I would have expected it to be*
- *We continue to need more doctors, dentists and mental health providers. Again, it is difficult to attract and keep these professionals because we are a small, shrinking community. Overall, I think that this is a great place to live but our physical location makes it a challenge.*
- *I do believe this data does represent our area accurately.*
- *Community mental health provider retired on Friday. We no longer have someone with his level of education in our community.*
- *Probably does which is disturbing*

Question: Do you agree with the demographics and common health behaviors of Koochiching County?

Comments:

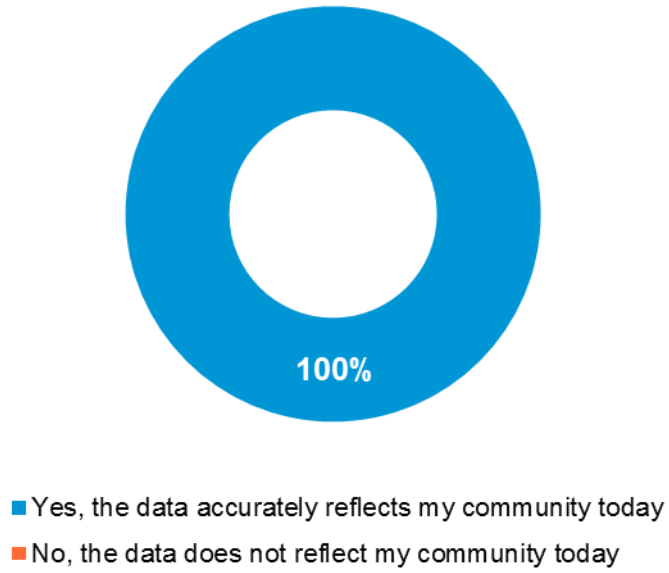
- *Data correctly reflects our community but we do have new exercise facilities and programs, are targeting older citizens to monitor and encourage healthy lifestyle changes, an OB M.D. and visiting oncology services, etc. We are taking positive steps to improve our health behaviors and it shows.*
- *Obesity seems to be an issue in our community and county.*
- *I do believe this data is correct.*

Question: Do you agree with the overall social vulnerability index for Koochiching County?

Comments:

- *Much of the housing in our area is very old and older adults cannot afford the repairs. Rental are scarce, at least those of quality. The poor job market makes any changes unlikely.*

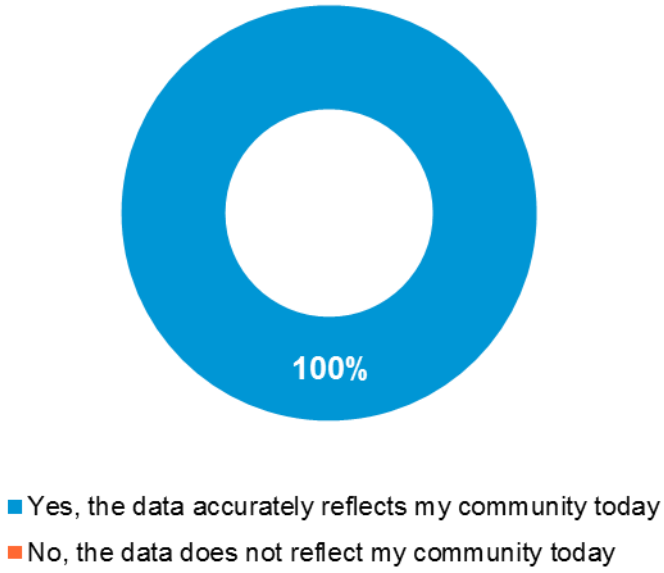
Question: Do you agree with the national rankings and leading causes of death?



Comments:

- *N/A*

Question: Do you agree with the health trends in Koochiching County?



Comments:

- *N/A*

Appendix C – National Healthcare Quality and Disparities Report[38]

The National Healthcare Quality and Disparities Reports (QDR; annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129)) are based on more than 300 healthcare process, outcome, and access measures, covering a wide variety of conditions and settings. Data years vary across measures; most trend analyses include data points from 2000-2002 to 2012-2015. An exception is rates of uninsured, which we are able to track through 2017. The reports are produced with the support of an HHS Interagency Work Group (IWG) and guided by input from AHRQ's National Advisory Council and the Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academies of Sciences, Medicine, and Engineering.

For the 15th year in a row, the Agency for Healthcare Research and Quality (AHRQ) has reported on progress and opportunities for improving healthcare quality and reducing healthcare disparities. As mandated by the U.S. Congress, the report focuses on "national trends in the quality of health care provided to the American people" (42 U.S.C. 299b-2(b)(2)) and "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations" (42 U.S.C. 299a-1(a)(6)).

The 2017 report and chartbooks are organized around the concepts of access to care, quality of care, disparities in care, and six priority areas—including patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. Summaries of the status of access, quality, and disparities can be found in the report.

The report presents information on trends, disparities, and changes in disparities over time, as well as federal initiatives to improve quality and reduce disparities. It includes the following:

- **Overview of Quality and Access in the U.S. Healthcare System** that describes the healthcare systems, encounters, and workers; disease burden; and healthcare costs.
- **Variation in Health Care Quality and Disparities** that presents state differences in quality and disparities.
- **Access and Disparities in Access to Healthcare** that tracks progress on making healthcare available to all Americans.
- **Trends in Quality of Healthcare** that tracks progress on ensuring that all Americans receive appropriate services.
- **Trends in Disparities** that tracks progress in closing the gap between minority racial and ethnic groups and Whites, as well as income and geographic location gaps (e.g., rural/suburban disparities).
- **Looking Forward** that summarizes future directions for healthcare quality initiatives.

Key Findings

Access: An estimated 43% of access measures showed improvement (2000-2016), 43% did not show improvement, and 14% showed worsening. For example, from 2000 to 2017, there were significant gains in the percentage of people who reported having health insurance.

[38] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html Responds to IRS Schedule H (Form 990) Part V B 3 i

Quality: Quality of healthcare improved overall from 2000 through 2014-2015, but the pace of improvement varied by priority area:

- Person-Centered Care: Almost 70% of person-centered care measures were improving overall.
- Patient Safety: More than two-thirds of patient safety measures were improving overall.
- Healthy Living: More than half of healthy living measures were improving overall.
- Effective Treatment: More than half of effective treatment measures were improving overall.
- Care Coordination: Half of care coordination measures were improving overall.
- Care Affordability: Eighty percent of care affordability measures *did not* change overall.

Disparities: Overall, some disparities were getting smaller from 2000 through 2014-2015; but disparities persist, especially for poor and uninsured populations in all priority areas.

Trends

- Trends show that about 55% percent of quality measures are improving overall for Blacks.[39] However, most recent data in 2014-2015 show that about 40% of quality measures were worse for Blacks compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Asians. However, most recent data in 2014-2015 show that 20% of quality measures were worse for Asians compared with Whites.
- Trends show that almost 35% of quality measures are improving overall for American Indians/Alaska Natives (AI/ANs). However, most recent data in 2014-2015 show that about 30% of quality measures were worse for AI/ANs compared with Whites.
- Trends show that approximately 25% of quality measures are improving overall for Native Hawaiians/Pacific Islanders (NHPIs). However, most recent data in 2014-2015 show that nearly 33% of quality measures were worse for NHPIs compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Hispanics, but in 2014-2015, nearly 33% of quality measures were worse for Hispanics compared with non-Hispanic Whites.
- Variation in care persisted across the urban-rural continuum in 2014-2016, especially in access to care and care coordination.

Looking Forward

The National Healthcare Quality and Disparities Report (QDR) continues to track the nation's performance on healthcare access, quality, and disparities. The QDR data demonstrate significant progress in some areas and identify other areas that merit more attention where wide variations persist. The number of measures in each priority area varies, and some measures carry more significance than others as they affect more people or have more significant consequences. The summary charts are a way to quantify and illustrate progress toward achieving accessible, high-quality, and affordable

[39] Throughout this report and its appendixes, "Blacks" refers to Blacks or African Americans, and "Hispanics" refers to Hispanics or Latinos. More information is available in the Reporting Conventions section of the Introduction and Methods.

care at the national level using available nationally representative data. The summary charts are accessible via the link below.

This report shows that while performance for most access measures did not change significantly over time (2000-2014), insurance coverage rates did improve (2000-2016). Quality of healthcare improved in most areas but some disparities persist, especially for poor and low-income households and those without health insurance.

U.S. Department of Health and Human Services (HHS) agencies are working on research and conducting programs in many of the priority areas—most notably opioid misuse, patient safety, effective treatment, and health disparities.

Link to the full report:

https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf

Appendix D – Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule h Part V Section B (Form 990)[40]

Community Health Need Assessment Illustrative Answers

1. **Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?**

   No

2. **Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C**

   No

3. **During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply)**

   a. **A definition of the community served by the hospital facility**

      See footnote 16 on page 11

   b. **Demographics of the community**

      See footnote 19 on page 12

   c. **Existing health care facilities and resources within the community that are available to respond to the health needs of the community**

      See footnote 29 on page 25 and footnote 30 on page 26

   d. **How data was obtained**

      See footnote 11 on page 8

   e. **The significant health needs of the community**

      See footnote 28 on page 24

   f. **Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups**

      See footnote 12 on page 9

   g. **The process for identifying and prioritizing community health needs and services to meet the community health needs**

      See footnote 15 on page 9

   h. **The process for consulting with persons representing the community's interests**

[40] Questions are drawn from 2014 Federal 990 schedule H.pdf and may change when the hospital is to make its 990 H filing

See footnotes 13 on page 9

i. **Information gaps that limit the hospital facility's ability to assess the community's health needs**

See footnote 10 on page 8, footnotes 14 on page 9, and footnote 23 on page 16

j. **Other (describe in Section C)**

N/A

4. **Indicate the tax year the hospital facility last conducted a CHNA: 20__**

2016

5. **In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted**

Yes, see footnote 14 on page 9 and footnote 37 on page 53

6. **a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C**

No

b. Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C

See footnote 4 on page 4 and footnote 7 on page 7

7. **Did the hospital facility make its CHNA report widely available to the public?**

Yes

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

a. **Hospital facility's website (list URL)**

https://www.rainylakemedical.com/

b. **Other website (list URL)**

No other website

c. **Made a paper copy available for public inspection without charge at the hospital facility**

Yes

d. **Other (describe in Section C)**

8. **Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11**

Yes

9. **Indicate the tax year the hospital facility last adopted an implementation strategy: 20__**

   2016

10. **Is the hospital facility's most recently adopted implementation strategy posted on a website?**

    a. **If "Yes," (list url):**

       https://www.rainylakemedical.com/wp-content/uploads/2016/12/2016-Health-Needs_Assessment.pdf

    b. **If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?**

11. **Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed**

    See footnote 28 on page 24

12. **a. Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r) (3)?**

    None incurred

    b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

    Nothing to report

    c. If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?

    Nothing to report