Grand Itasca Clinic and Hospital
Community Health Needs Assessment Implementation Plan

Grand Itasca Clinic and Hospital is a non-profit, integrated delivery system that employs over 600 people. The integrated clinic and hospital, described as a "modern expression of hospitality and healing," is home to over 60 physicians and other care providers including specialists in Family Medicine, Internal Medicine, Orthopedics, Ob/Gyn, Pediatrics, Oncology, ENT, General and Reconstructive Surgery and Podiatry.

This implementation plan summarizes the process to date and priorities established for Grand Itasca Clinic and Hospital to sustain and develop community benefit programs that: 1) address prioritized need from the 2012-13 Community Health Needs Assessment (CHNA) conducted by Grand Itasca Clinic and Hospital Health Needs Assessment Steering Committee with assistance from the Rural Health Resource Center and 2) respond to additional community health needs.

Target Areas and Populations

Grand Itasca Clinic and Hospital identified the community and assessment area as the population within the zip codes that compromise the primary service area for Grand Itasca Clinic and Hospital. The entire population within this area is included in the assessment, not only Grand Itasca Clinic and Hospital patients.

See Appendix A for a map of the assessment area.

Implementation Strategy Methodology

Grand Itasca Clinic and Hospital Implementation Strategy was developed based on findings and priorities established by the Grand Itasca Clinic and Hospital CHNA Steering Committee.

Early in 2012, Grand Itasca Clinic and Hospital leadership established a Community Health Needs Assessment Steering Committee made up of a diverse group of community leaders that represented the community. The Steering Committee includes the following members:

- Sue Erzar, Itasca County Public Health Division Manager
- Betsy Johnson, Extension Education, Health and Nutrition & NEP Supervisor
- Jim Woerhle, Executive Director, Kootasca Community Action Partnership
- Marcia Erickson, Itasca Medical Care, IMC
- Kimberly Brink- Smith, Executive Director, United Way of 1000 Lakes
- Chris Fulton, Executive Director, Grand Rapids Community Foundation
- Melanie DeBay, Director, Community Education, District #318
- Jaci David, Program Associate - Public Policy/Engagement, Blandin Foundation
- Sarah Gustafson, Finance Director, Grand Itasca Clinic and Hospital
- Kelly Kirwin, Director, Grand Itasca Foundation
- Colleen Swanson, Community Relations and Volunteer Services, Grand Itasca Clinic and Hospital

Major Needs and How Priorities Were Established

Both qualitative and quantitative data were gathered in the assessment process. The qualitative data included:

- Key stakeholder dialogue and discussion during participation in a community meeting on May 1, 2013.

Quantitative data was gathered and included:

- Mortality and Morbidity data
- Hospital and Emergency Room utilization data
- Census data
- County Health Statistics included in Minnesota County-level Indicators for Community Health Assessment
    - Minnesota County Health Tables (MCHT)
    - Minnesota Student Surveys of 9th and 12th grade student
    - Minnesota Vital Statistics State, County and Community Health Board Trends (VS Trends)
    - Local Surveys -Bridge to Health – 2010 data for Itasca County
- 2012 Community Report
- Community Need Index (CNI) scores, which are based on underlying socio-economic indicators of health. Causation has been shown between high CNI scores and inappropriate emergency room admission for ambulatory sensitive conditions.

The evaluation of this data resulted in seven groupings of data that identified opportunities to maintain or improve the health needs within our community. These groupings include:

- People and Place
- Healthy Living and Wellness
- Opportunity and Access
- Disease and Conditions
- Leading Causes of Death
- Hospital and ER Admissions
- Injury and Violence

The data was evaluated, discussed and prioritized by the Steering Committee. Prioritization was determined utilizing a Need Prioritization Worksheet and Criteria. To further establish the top health needs in our community and determine future action plans, the list of needs was reviewed and discussed at the Community Meeting. Attendees at the meeting included an invited panel of key stakeholders from the community, Grand Itasca Board, Grand Itasca Foundation Board and members of the CHNA Steering Committee.

See Appendix B for the Need Prioritization Worksheet and Criteria.

The prioritization by these groups resulted in the following top health needs for the community:

1. **Health Need:** Prevention of Chronic Diseases Including Heart Disease, Stroke, and Cancer
2. **Health Need:** Management of Chronic Diseases Including Heart Disease, Stroke, and Cancer
3. **Health Need:** Prevention and Reduction in Alcohol and Drug Use
4. **Health Need:** Reduction in the Uninsured Rate in Itasca County
5. **Health Need:** Reduction of Teen Pregnancy and Births to Unmarried Women
6. **Health Need:** Mental Health Management
7. **Health Need:** Transportation Assistance to Medical Appointments Both Locally and Out-of-the-Area – including Nursing Homes and Mental Health Transports

A review of current community benefit programs found the hospital is meeting existing community needs through provision of charity care, Medicaid services, health professional education programs, volunteer donations of time and resources to Project Care (free clinic), MyPlate and other healthy eating initiatives for children. These activities were determined to be valuable priorities for the hospital's implementation strategies.

Action Plans:

Grand Itasca has elected to target the following three identified health needs in our community.

Prevention of Chronic Disease including Heart Disease, Stroke, and Cancer

The traditional medical model of caring for people with chronic conditions—which focuses more on the illness than on the patient—is expensive and often ineffective.

The Healthy Communities Partnership was developed to promote health through prevention and wellness programs in primary care settings such as Grand Itasca. The partnership was developed in response to recognition that at least 40 percent of deaths in the U.S. are attributed to four behaviors: poor nutrition, inadequate exercise, smoking, and hazardous drinking. About 95 percent of the population lives with an identifiable risk factor; thus, making it an important component of chronic disease management to educate individuals about their health and how their behaviors have led to their current health status.

Grand Itasca became a member of the Healthy Communities Partnership in 2013. Healthy Communities Partnership is a regional health improvement partnership involving 13 health care organizations in communities across Greater Minnesota and Western Wisconsin including

Grand Itasca Clinic and Hospital. Developed by Allina Health and George Family Foundation, the Partnership promotes health through prevention and wellness programs in primary care settings.

Activities will include:

- Conducting free biometric and follow-up testing to identified community business partners and their employees, community groups and individuals.
- Enrolling participants in an online assessment tool that considers the impacts of lifestyle choices on the individual's health.
- Providing a health coach who can support participants in reaching their health goals and connect them with available community nutrition, health, tobacco cessation, alcohol awareness and cessation programs, and fitness resources.
- Review, update, and recreate patient education materials, class offerings, and community initiatives to stress the importance of healthy eating, adequate exercise, tobacco cessation and reduction in alcohol consumption in managing chronic illness.
- Grand Itasca will identify and seek community partners to offer evidence-based chronic disease management programs in our community.
- Development of a community health index that can track and document improvements for Heart Disease, Stroke, and Cancer for the sampled population participating in the health screening and lifestyle assessment tool, Family Health Manager.
- Partner with Itasca County YMCA and Elder Circle to establish a Community Active Living Center that combines health care, a health and fitness hub and a center for the community's aging population at the YMCA.
- In collaboration with the Minneapolis Heart Institute and the American Heart Association, Grand Itasca will provide a series of community educational programs focused on the prevention and management of heart disease.
- In collaboration with the Minnesota Stroke Association, local Emergency Services - Meds 1 Ambulance Service, Nashwauk Ambulance Service and the regional Emergency Services Board, Grand Itasca will provide Community Education at community events using the Stroke – ACT FAST campaign. In addition, Grand Itasca will provide brochures, posters and other media to promote stroke awareness and treatment to patients and families that visit our waiting areas in the emergency, surgical and clinic departments.

Management of Chronic Disease including Heart Disease, Stroke, and Cancer.
Recent data show that more than 145 million people, or almost half of all Americans, live with a chronic condition. That number is projected to increase by more than one percent per year by 2030, resulting in an estimated chronically ill population of 171 million.

Similar to the nation as a whole, Itasca County shows a high incidence of chronic disease including heart disease, stroke and cancer. As the numbers continue to rise in Itasca County, practitioners, patients and our community will be required to be involved in the care and management of these chronic conditions.

Activities will include:

- Increase available resources for persons seeking medical care for heart, stroke and cancer care;

Cardiac Care and Management

- In partnership with Minneapolis Heart, Grand Itasca will expand its clinical services for persons with heart disease by extending the availability of an experienced cardiologist from 2 days a week to 4 days a week.
- To increase general cardiology services available to the patients within our service area, Grand Itasca will add a full-time cardiologist by year-end 2014.
- In collaboration with Minneapolis Heart Institute and the American Heart Association, Grand Itasca will provide a series of community educational programs focused on the prevention and management of heart disease.

Stroke Care and Management

- Beginning in 2011, Grand Itasca began actively participating in Minnesota Stroke registry. To assure that our patients receive the highest level of quality care, Grand Itasca and its collaborative partners will continue active participation in this program.
    - Targeted projects as part of this program will include:
        - Working with local Emergency Services and the Regional EMS to develop stroke protocols
        - Achieving door to CT times that are less than 20 minutes
        - Provide stroke prevention and management education to the local ElderCare staff and area Emergency Services in Grand Rapids, Coleraine and Nashwauk.

Cancer Care and Management

- To increase general oncology care and services available to the patients within our service area, Grand Itasca will add a full-time oncologist by year-end 2014.
- Additional clinical services such as chemotherapy, medication management and available clinic time will be also be expanded to accommodate the needs of cancer patients.
- Implement the recommendations of Grand Itasca's Breast Task Force committee who are currently reviewing the possibilities of establishing a breast-imaging center that would utilize a team approach to assist the patient through the diagnostic and treatment process once breast cancer has been established. The team would include a nurse navigator, imaging personnel, general surgeon, plastic surgeon and pathologist.

Prevention and Reduction in Alcohol and Drug Use in Itasca County

The Healthy Communities Partnership focuses on increasing an individual's awareness of how lifestyle choices such as how alcohol and drug use impact their health. The Healthy Communities Partnership will be used as a framework to prevent and reduce alcohol and drug use in Itasca County.

Activities will include:

- Provide a health coach who can support participants in reaching their health goals and connect them with available community nutrition, health, tobacco cessation, alcohol awareness and cessation programs, and fitness resources.
- Review, update, and recreate patient education materials, class offerings, and community initiatives to stress the importance of healthy eating, adequate exercise, tobacco cessation, and reduction in alcohol consumption.

Next Steps for Priorities

For each of the priority health needs identified above, Grand Itasca Clinic and Hospital will work with community partners to:

- Strengthen community connections, outreach and support for initiatives identified above
- Reduce risky behaviors
- Develop measurable goals and objectives utilizing biometric screening and rescreening data collected from Healthy Communities Partnership participants
- Develop detailed work plans.

Needs Not Being Addressed

While identified by the Steering Committee as probable health needs in Itasca County, Grand Itasca feels that these needs require further evaluation.

Transportation

Although a topic of discussion at both the Steering Committee and Community Meetings, transportation data in rural areas is not readily available; thus, making it difficult to pinpoint the number and types of health care transportation that may be needed. The Steering Committee concluded that this issue would require further research and better suited to a point of discussion at the city and county government level.

Reducing Uninsured Rate in Itasca County

Providing convenient access to necessary medical care regardless of one's ability to pay is important to Grand Itasca. Currently Grand Itasca assists those persons with insurance and financial counseling on as-needed basis. Due to the expansion of affordable insurance options that will become available to all Minnesota residents in late 2013 the uninsured rate in Itasca County is expected to go down.

Mental Health Management

Several mental health issues were identified as part of the MN Student Survey but because of the limited demographic segment of respondents, additional information is needed to clarify the extent of the need. To obtain this necessary information, Itasca County will be conducting

a series of Community Conversations on Mental Health in the fall of 2013. A representative of the Grand Itasca Board is currently participating in this process.

Dissemination

Grand Itasca Clinic and Hospital posted a summary of the community health needs assessment findings and implementation strategy online at www.granditasca.org.
Grand Itasca Clinic and Hospital released the attached press release to the Grand Rapids Herald Review.

Resources

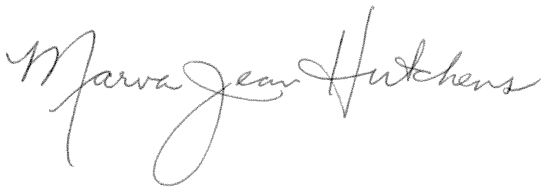
A 1.0 FTE Community Wellness Coordinator will support the implementation of these needs with additional support from a .5 Community Relations employee.

The work action plans will be approved by Grand Itasca leadership team.

Approval

Each year at December meeting, the Grand Itasca Clinic and Hospital Board will review the prior year's Community Benefit Report and approve the Community Benefit Implementation Strategy for addressing priorities identified in the most resent Community Health Needs Assessment and other plans for community benefit.

Grand Itasca Board Approval:



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Grand Itasca Clinic and Hospital Board Chair

12/12/13
Date

Index Blog Feedback

Select Zip Codes by a Radius or Modified Polygon

Address: GRAND RAPIDS, MN

Radius: 40 Miles

Process Clear Radius

Get Zip Codes

Polygon Coordinates:
(47.215837,-93.026733),
(47.424371,-93.03772),(47.646887,-93.120117),(47.815498,-93.530214),
(47.738016,-93.956106),
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(46.987747,-93.070679),
(47.215837,-93.026733)

Appendix A

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Need Priorization Worksheet
Criterion and Considerations Guide

Criteria #1: Is the need health related?

Considerations:
- To what degree is the need health related?

Criteria #2: Is the need tied to Community Need Index (CNI) scores or similar measure of vulnerability?

Considerations:
- To what degree is the need tied to CNI scores or other measures such as the percentage of school Free and Reduced lunches (FRL) participants, e.g. A community may have a low CNI score, but a school within that community may have a high percentage of students who qualify for FRL.
- The Community Need Index (CNI) scores were developed by Catholic Health Care West and Thompson-Reuters. Their underlying data is used to create an objective measure of socio-economic barriers to health care access among populations and their effect on hospital admissions. CNI scores range from a 5 (highest health disparity/highest community need) to a 1 (lowest health disparity/lowest community need). CNI scores provide a high level of community need and allow for comprehensive analysis to be made on many levels ranging from individual zip code comparison to regional or multi-state comparisons.

Criteria #3: Is the need tied to assessment or otherwise documented?

Considerations:
- To what degree is the need tied to assessment (i.e. where did the need fall on our list or priorities)?
- Are there contributing factors that may indicate the need for more immediate intervention (i.e. the need may fall lower on the assessment, but there are additional considerations that may make it a higher priority)?

Criteria #4: What is the magnitude of the need?

Considerations:
- How many persons does the need affect, either actually or potentially?

Criteria #5: What is seriousness of the consequences?

Considerations:
- What degree of disability or premature death occurs?
- What are the potential burdens to our community such as economic or social burdens?
- What happens if we don't respond?

Criteria #6: What is the feasibility of addressing?

Considerations:
- Is it amenable to intervention? Is the problem preventable?
- Are there specifically feasible (evidence based interventions) available?
- Is intervention acceptable to the community (i.e. are there economic, social, cultural, or political issues that may influence the communities ability to address the health need)?
- Does intervention have the potential to address the health need?
- Are there adequate technology, knowledge, human and financial resources to effect change?

Appendix B