



WORKING TOGETHER FOR A HEALTHY DULUTH:
**2020–2022 Community Health
Needs Assessment**



Table of Contents

Lead Organizations on the Assessment	2
Acknowledgements, Bridging Health Duluth & Executive Summary	3
Introduction	4
Bridging Health Duluth Service Area	5
Demographics & Socioeconomic Factors	6
Community Description	7
Evaluation of 2016-2019 Implementation Plan	7-11
2020 – 2021 CHNA Process & Timeline	12
Assess & Prioritize	13
Community Input	14
Key Findings	15-17
Design & Conclusion	18
Implementation Plan	19-22
<hr/>	
Appendix A – Community Representation List	
Appendix B – Bridging Health Duluth Data Presentation	
Appendix C – Data Presentation Handout	
Appendix D – Data Presentation Results	
Appendix E – Focus Group Demographics	
Appendix F – Focus Group Script	

Lead Organizations on the Assessment

St. Mary's Medical Center and Essentia Health-Duluth are part of Essentia Health, a nonprofit, integrated health system caring for patients in Minnesota, Wisconsin, North Dakota and Idaho. Headquartered in Duluth, Minn., Essentia Health combines the strengths and talents of 14,000 employees, who serve patients and communities through the mission of being called to make a healthy difference in people's lives.

St. Luke's, a comprehensive regional health care system, offers a comprehensive continuum of care serving the 17-county region of northeastern Minnesota, northwestern Wisconsin and the Upper Peninsula of Michigan. The system includes St. Luke's Hospital in Duluth, Minnesota; Lake View Hospital and Clinic in Two Harbors, Minnesota; 14 primary and 29 specialty clinics; six urgent care locations and two retail express care clinics.

St. Louis County Public Health Division works to promote and protect the health of all residents in St. Louis County. Its practice is guided by the on-going assessment of community needs, and by maintaining internal and external partnerships. St. Louis County Public Health's work is done to assure that all residents of St. Louis County have the opportunity to live in a healthy, equitable and safe community.

Generations Health Care Initiatives is a private foundation that "engages the community to improve health for all, especially the underserved." It serves as a backbone organization to several health improvement initiatives in the greater Duluth area. Generations' current priorities are: connecting health and communities, access to care, and providing leadership for broader health improvement.

Zeitgeist Center for Arts & Community practices the art of growing a connected, healthy community empowered to create and thrive. They understand creativity and collaboration are linked and use both as the seeds that inspire and nourish their efforts. A healthy community means people feel connected to their culture without the divisions or prejudices that often separate us. It means the air and water are clean, and the residents' whole spectrum of wellness is accounted for. It means people aren't just getting by but are participating in a vibrancy that makes community life worth living.

Lake Superior Community Health Center is a Federally Qualified Health Care Center (FQHC) with locations in Duluth, Minnesota, and Superior, Wisconsin. Since its inception in 1972, LSCHC has grown and expanded while remaining firmly rooted in the community, always working to meet the mission of increasing access to quality health care for all. Today, LSCHC offers integrated medical, dental, behavioral health, substance abuse, and health care access services to all patients, regardless of insurance or ability to pay. In 2018 LSCHC served nearly 11,000 patients in the Twin Ports.

Acknowledgements

This report is based on a collaborative process with many community members and organizations. Bridging Health Duluth would like to express our gratitude to the many community members for their contribution to planning, development and analysis of community health needs. Additional thanks to the community members who shared their expertise and helped us include the voices of diverse sectors of our community. A special thank you to the 40 organizations who participated in the Bridging Health Duluth event called Shaping a Healthier Community in October 2018 and the 50 organizations who participated in community focus groups. Please see Appendix A for the full list of organizations.

Bridging Health Duluth

The Community Health Needs Assessment (CHNA) was conducted in partnership by Essentia Health-Duluth, Essentia Health-St. Mary's Medical Center, St. Luke's Hospital, St. Louis County Public Health, Lake Superior Community Health Center, Generations Health Care Initiatives and the Zeitgeist Center for Arts and Community. This collaboration is known as Bridging Health Duluth. Bridging Health Duluth partners developed a community-centered process, including focus groups and community dialogues which served to prioritize community needs and build the implementation plan through a collective impact model.

Executive Summary

Every three years, Bridging Health Duluth conducts a Community Health Needs Assessment (CHNA) to systematically identify, analyze and prioritize community health needs. The mission of Bridging Health Duluth is to support a healthier community for all. Bridging Health Duluth seeks out and brings together individuals and organizations who are interested in positively impacting the priority areas identified in the CHNA. We believe through collaboration and complementary initiatives, we will have the greatest positive impact on the health of Duluthians. The implementation planning process was also conducted in collaboration with many partners including organizations or individuals that represent broad interests in the community, including those members of medically underserved, low-income, and populations that are at higher risk for ill health.

Once priority health needs were identified, Bridging Health Duluth designed an implementation strategy to address the needs with internal stakeholders and community partners. The plan is designed to leverage existing community strengths and resources available to improve health for Duluthians.

From July 2018 to May 2019, Bridging Health Duluth analyzed data, convened community partners, sought input from community members, and led a process to identify the following priority areas for the 2020–2022 Community Health Needs Assessment:

1. Mental health
2. Youth substance use
3. Food insecurity

Introduction

Bridging Health Duluth supports a healthier community for all. To fulfill that mission, we seek opportunities to both enhance the care we provide and improve the health of our communities. In conducting the Community Health Needs Assessment, Bridging Health Duluth has collaborated with community partners to embrace these guiding principles:

- *Collaborate towards solutions with multiple stakeholders (e.g. schools, worksites, medical centers, public health) to improve community health*
- *Build trust through collaboration with community members experiencing health disparities*
- *Prioritize sustainable evidence-based efforts around the greatest community good*
- *Create clear, specific, realistic, and action-oriented goals to improve priority health indicators*

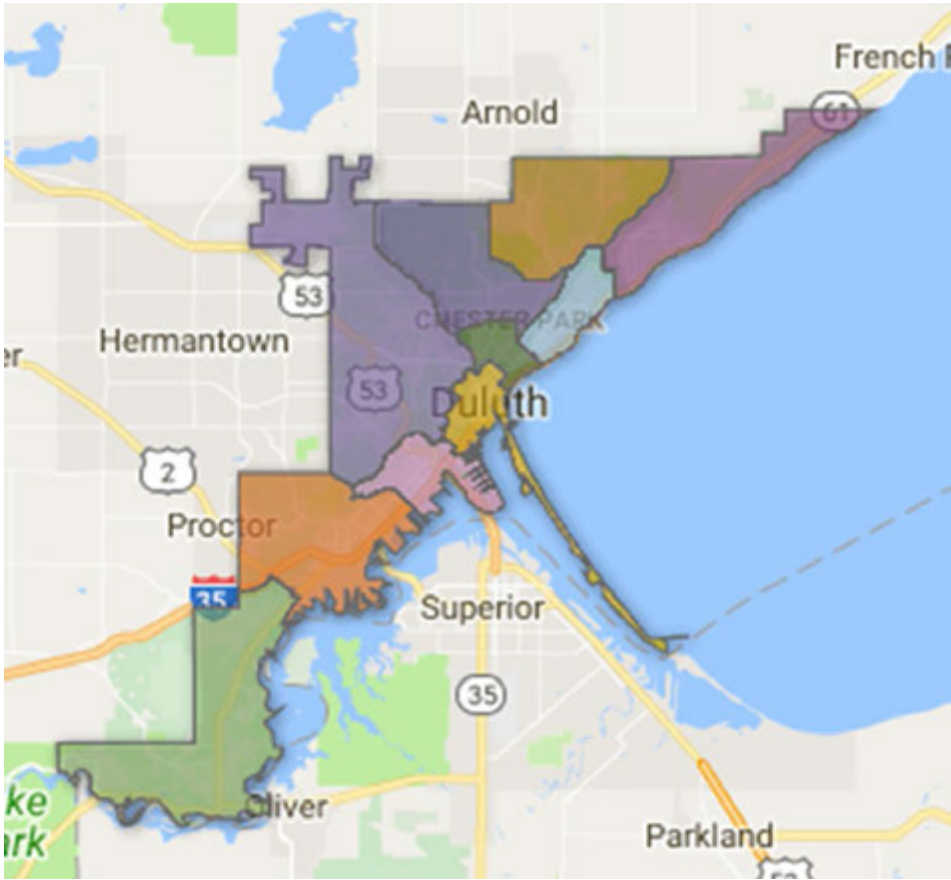
The goals of the 2019 Community Health Needs Assessment were to:

1. Assess the health needs, disparities, assets and forces of change in Duluth
2. Prioritize health needs based on community input and feedback
3. Design an implementation strategy to reflect the optimal usage of resources in our community
4. Engage our community partners and stakeholders in all aspects of the community health needs assessment process, including data collection, data analysis, issue prioritization, implementation plan creation, and monitoring of results.

Bridging Health Duluth Service Area

For the purposes of the Bridging Health Duluth assessment, the service area is defined as the City of Duluth. A special emphasis is placed on populations facing the highest disparities in health outcomes. Bridging Health Duluth is committed to building and sustaining partnerships to improve the health of all Duluthians.

Due to Duluth’s urban nature, data at the local level was used when available. County and state level data was provided for a deeper understanding of the health needs of the community. The picture below shows the City of Duluth by Zip codes.



Demographics & Socioeconomic Factors

Table A. Overall demographics (2016)

Total Population	Duluth	St. Louis County	Minnesota
Population	86,164	200,353	5,450,868
Population age 65 and over (%)	14.70%	17.30%	14.29%
Poverty			
Median household income	\$45,950	\$49,395	\$63,217
People of all ages living in poverty (%)	21.00%	15.50%	10.80%
People under 18 years living in poverty (%)	21.30%	17.60%	13.69%
Unemployment rate	5.60%	5.80%	3.40%
Educational Attainment			
High school graduate or higher, person's age 25 years (%)	93.30%	93.60%	92.80%
Population ages 25+ with bachelor's degree or higher	35.40%	27.80%	34.30%
Housing			
Percent of owner-occupied homes (%)	60.10%	70.70%	71.40%
Population spending more than 30% of income on rent (%)	55.30%	52.10%	47.30%
Transportation			
Households with no motor vehicle available (%)	12.60%	9.30%	7.00%
<i>Source: U.S. Census Bureau 2016, American Community Survey</i>			

Table B. Race/Ethnicity Distribution (2016)

Race Distribution – City of Duluth					
Race	2016	Percent	2015	Percent	% Change
Total Population	86,164	100.00%	86,178	100.00%	-0.02%
One Race	83,287	96.70%	83,402	96.80%	-0.14%
White	77,528	90.00%	78,034	90.50%	-0.65%
Black or African American	2,341	2.70%	2,321	2.70%	0.86%
American Indian and Alaska Native	1,701	2.00%	1,465	1.70%	16.11%
Asian	1,463	1.70%	1,376	1.60%	6.32%
Native Hawaiian/Pacific Islander	46	0.10%	47	0.10%	-2.13%
Other Race	208	0.20%	279	0.20%	-25.45%
Two or More Races	2,877	3.30%	2,512	3.20%	14.53%
Hispanic or Latino	1,733	2.00%	1,613	1.90%	7.44%
<i>Source: U.S. Census Bureau 2014-2016, American Community Survey</i>					

Community Description:

The City of Duluth offers a wide variety of amenities to include city life, lake access, trails and wildlife. Duluth's population has stayed stable over the last 10 years. Most of the population in Duluth is white. The African-American, Asian, and Latino populations have seen some growth over the last 16 years. Most neighborhoods in Duluth show renters spending more than 30% of their income on rent. The Duluth Zip codes median household income ranges from \$25,892 to \$72,434. Life expectancy in Duluth is 83.96 years. The life expectancy in the Central Hillside, Lincoln Park and West Duluth neighborhood ranges from 72 to 79 years. It has been said that one's Zip code is more important than one's genetic code as a predictor of health and life expectancy. Poverty, education, age and race are all factors contributing to inequitable health outcomes. Poverty is not evenly distributed across racial/ethnic groups, ages or educational levels.

Evaluation of 2016 – 2019 Implementation Plan

During 2016–2019, Bridging Health Duluth addressed significant needs identified in the 2016 assessment: mental health; alcohol, tobacco and other drugs; socio-economic disparities; and obesity. Activities were led by Bridging Health Duluth and a larger collaborative effort with local partners. The following describes significant accomplishments and outcomes.

Priority Area #1: Mental Health

Members of Bridging Health Duluth along with organizations across the Northland formed Northland Healthy Minds in 2017 to address mental health stigma with a vision of a world where anyone can receive the support and assistance they deserve for their mental illness without fear of discrimination. This coalition has grown to more than 50 organizations in Northeast Minnesota and Douglas County, Wisconsin. Public, private, non-profit and faith-based organizations comprise this coalition. A few accomplishments in the first year include:



- Created a series of community events in May 2018, reaching over 1,200 people
- Created a *Make it OK* implementation guide for employers
- Held eight *Make it OK* employer orientations, educating more than 50 local employers, and reaching 26,000 employees
- Trained more than 30 community members as ambassadors for *Make it OK*
- Created a mental health care resource wallet card
- Conducted three Mental Health First Aid classes
- Sponsored *Fidgety Fairy Tales* in eight elementary schools
- Coordinated a mental health resources fair with more than 30 local agencies

- Garnered significant local media attention with more than 12 news features
- Organized a proclamation with the City of Duluth, City of Superior, and St. Louis County to declare May Mental Health Month
- Second highest web traffic on the national website MakeitOK.org came from the Duluth-Superior Community in May 2018
- Similar efforts are underway for 2019 and it is anticipated that participation and reach will exceed last year's numbers

Additionally, Bridging Health Duluth participates in the Clarity Project, a community-based initiative to address gaps in the mental health continuum with a goal to improve individuals' access to quality and appropriate mental health and substance use care at the right time and place and in so doing decrease crisis recidivism. The group works to enhance the behavioral health crisis program through researching other communities, cities and states with a successful mental health “hub” model to reduce emergency department visits. Local data was collected to inventory mental health resources and assess the possibility of establishing a crisis center hub in Duluth.

Priority Area #2: Alcohol, Tobacco and other drugs

St. Louis County is the 13th most deadly county in Minnesota for alcohol-impaired driving deaths. Bridging Health Duluth partnered with local bars, cab companies, and several other partners through the Driving for Safe Communities Coalition's Joyride program. Joyride is a program to lower the cases of impaired driving crashes, injuries, deaths, and arrests with reduced cab vouchers. Joyride has reported offering more than 550 rides to keep people who are unable to drive safely off the streets.

Bridging Health Duluth participated in the American Lung Associations' Lethal Lure Campaign to support the Duluth City Council ordinance restricting the sale of menthol and other flavored tobacco products to adult-only stores within Duluth. Bridging Health Duluth along with other community organizations provided letters of support and public testimony in support of



the ordinance. The Duluth City Council passed the ordinance in February 2018 and was the first city in Minnesota to implement a flavored tobacco and menthol restriction policy in June 2018.

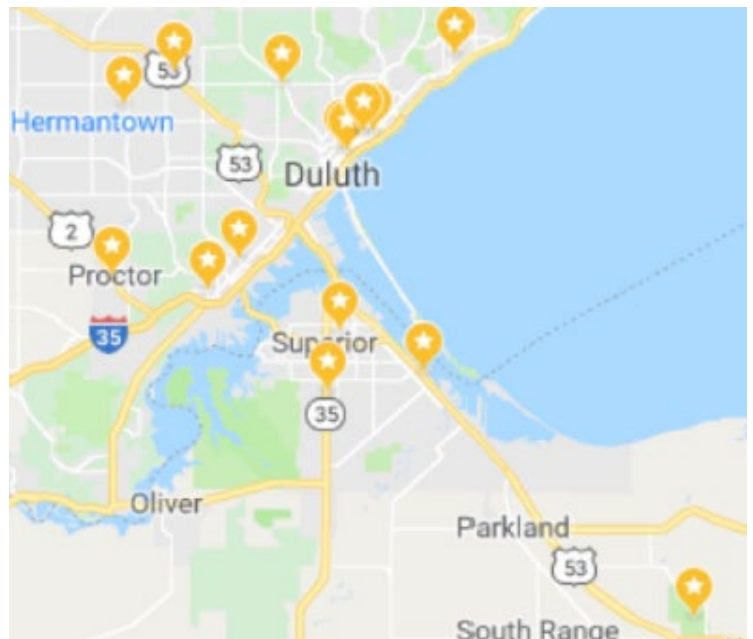
Bridging Health Duluth participated in the American Lung Associations' Tobacco 21 Campaign to support the Duluth City Council ordinance raising the minimum age for tobacco-related sales to the age of 21. Bridging Health Duluth along with other community organizations weighed in on this policy and testified

at the Duluth City Council meeting in January 2019. Just behind Hermantown passing Tobacco 21, Duluth is the second city in the Northland and among a steadily growing list of cities and counties in the state passing the ordinance.

Tobacco use is the most common preventable cause of death. The tobacco use rate is much higher in this region in comparison to the state of Minnesota average. In September 2017, Essentia Health brought the Mayo Nicotine Dependence Center’s Tobacco Treatment Specialist certification course to the Twin Ports. The goal was to have smoking cessation resources on-site in locations where patients/residents/community members are already receiving services.

As a result, our community now has 19 additional certified tobacco treatment specialists. St. Luke’s, Lake Superior Community Health Center, and Essentia Health were among the community partners who had staffed trained. Other community members who participated in the training include Itasca County Public Health, Community Action Duluth, UMD Health Services, Genesis CD Treatment Program, Halvor Lines, Fond du Lac Reservation, Duluth YMCA, and the Human Development Center. Just 30 days after the training, 55% of community partners had already started seeing patients and 100% felt they had all the necessary materials for implementing Tobacco Treatment Services into their organization.

Bridging Health Duluth partnered with the Western Lake Superior Sanitary District to promote the new locations of medicine drop-box location in the Twin Ports. The groups are hoping to keep unused or expired drugs out of the wrong hands, prevent accidental poisoning and drug abuse, keep them out of landfills, and out of rivers and streams. In the Twin Ports there are now 17 locations (pictured here) to safely and easily drop-off unused medications. Drop-boxes can be found at Essentia Health pharmacies, Walgreens and CVS Pharmacies near Leif Erikson Park, the Duluth, Hermantown, Proctor and Superior Police Departments, and at St. Luke’s pharmacies.



Priority Area #3: Socio-economic disparities based on race and neighborhood

Bridging Health Duluth member organizations participate in the Quality of Life Neighborhood Collective, working together in partnership with Hillside and Lincoln Park neighborhood residents, businesses and community partners to create neighborhoods where people prosper. The collaborative has a cross sector, collective impact approach to address poverty, improve quality of life, and address the 11-year life expectancy disparity that currently exists.

Additionally, Bridging Health Duluth member organizations serve on the leadership team Together for Health initiative, an innovative, collaborative approach to improving the health and well-being of the students, families, and community members in Myers-Wilkins Elementary School, Lincoln Park Middle School and Denfeld High School. The initiative builds on strengths and diversity in the community to share resources and expertise to address needs and develop prevention and wellness initiatives. Through a community-based care coordination approach students and neighborhood residents have received assistance to address health and social service needs. Individuals' needs and barriers to health are assessed and addressed through assistance from a community health worker and have included: clothing, social service referrals, health insurance, behavioral health, food, housing and others.



Members of Bridging Health Duluth worked with The City of Duluth to create two new principles in their 20-year comprehensive plan. The City of Duluth has agreed to "Develop a Healthy Community," by declaring, "The City will actively promote access for all to health resources, quality food, recreation,

social and economic opportunities, and a clean and secure environment." Additionally, the city has agreed to "Integrate Fairness into the Fabric of Our Community," by ensuring "All people will have equitable access to resources and opportunities that stabilize and enhance their lives." Ensuring more partners are engaged in actively promoting healthy communities and working to eliminate socio-economic disparities based on race and neighborhood is an important part of Bridging Health Duluth's work.

Priority Area #4: Obesity, including lack of access to healthy foods and physical inactivity:

Members of Bridging Health Duluth partnered with the Community Health Board to support the Farm to School Program within ISD 709 – Duluth Public Schools to continue to address the priority of obesity, physical inactivity and access to healthy foods. This partnership allows for the continuation of the USDA Farm to School program and targets schools experiencing a higher rate of free and reduced lunches. The Duluth School District current free and reduced lunch eligibility is 42.8% or 3,621 students according to the Minnesota Department of Health. Much of the Farm to School success and momentum gained is due

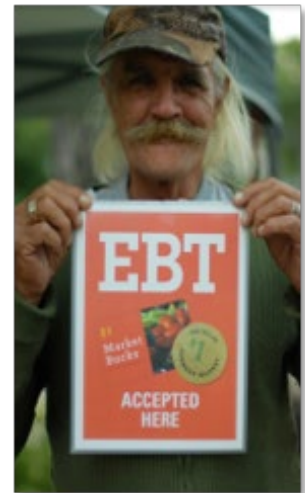
to having a dedicated Farm to School education coordinator. Not only do students learn content, but also gain healthy, active lifestyle skills.

Bridging Health Duluth supported the Bus-Bike-Walk Month, a one-of-a-kind month-long event to promote health and wellness through the use of people-powered modes of transportation. This is a Duluth-wide event bringing together bicyclists, businesses, art hounds, outdoor enthusiasts, active commuters and families.

In July 2018, the American Indian Community Housing Organization (AICHO) purchased the Niiwin Indigenous Food Market formerly known as the 4th Street Market. Located in the Duluth Central Hillside neighborhood, the market will serve a diverse population offering healthy indigenous foods while increasing food access for those in the neighborhood. This will also be the region's first indigenous food market offering native food producers an opportunity to sell their products directly to consumers providing for economic equity as part of the market's design. Bridging Health Duluth partners supported AICHO's amazing efforts to fill the gap in the Central Hillside neighborhood.

To encourage youth and families to play outside, three neighborhood maps were created. These maps referred to as *Places To Play*, highlighted parks, walking trails, biking trails, and included interactive activities on the back of the map for youth. The *Places to Play* maps were created for the neighborhoods of Lincoln Park, Hillside, and Western Duluth and have been widely shared with a variety of partners.

The Hillside Farmers Market located on the Duluth's Hillside Essentia Health Campus had a successful first year in 2018. The market was open from June through October 2018 with a goal to increase access to fresh healthy foods and to develop an understanding that the market is a place to grow healthy communities. Through the Power of Produce (PoP) Club, kids received a \$2 token to spend on fresh fruits and vegetables at the market. The PoP Club encouraged youth to make independent healthy food choices and gain money management skills when grocery shopping. At the Hillside Farmers Market, 268 youth signed up for the PoP Club and 60% of those youth were from families with food assistance. The Hillside Farmers market encouraged the use of the Supplemental Nutrition Program (SNAP) benefits. Overall, there were 130 SNAP transactions. The market is expected to grow each year.



Essentia Health and St. Luke's have launched the food insecurity screening pilot in local areas. The launch of this pilot project aims at identifying patients who may struggle with food insecurity and guide them to community resources for help.

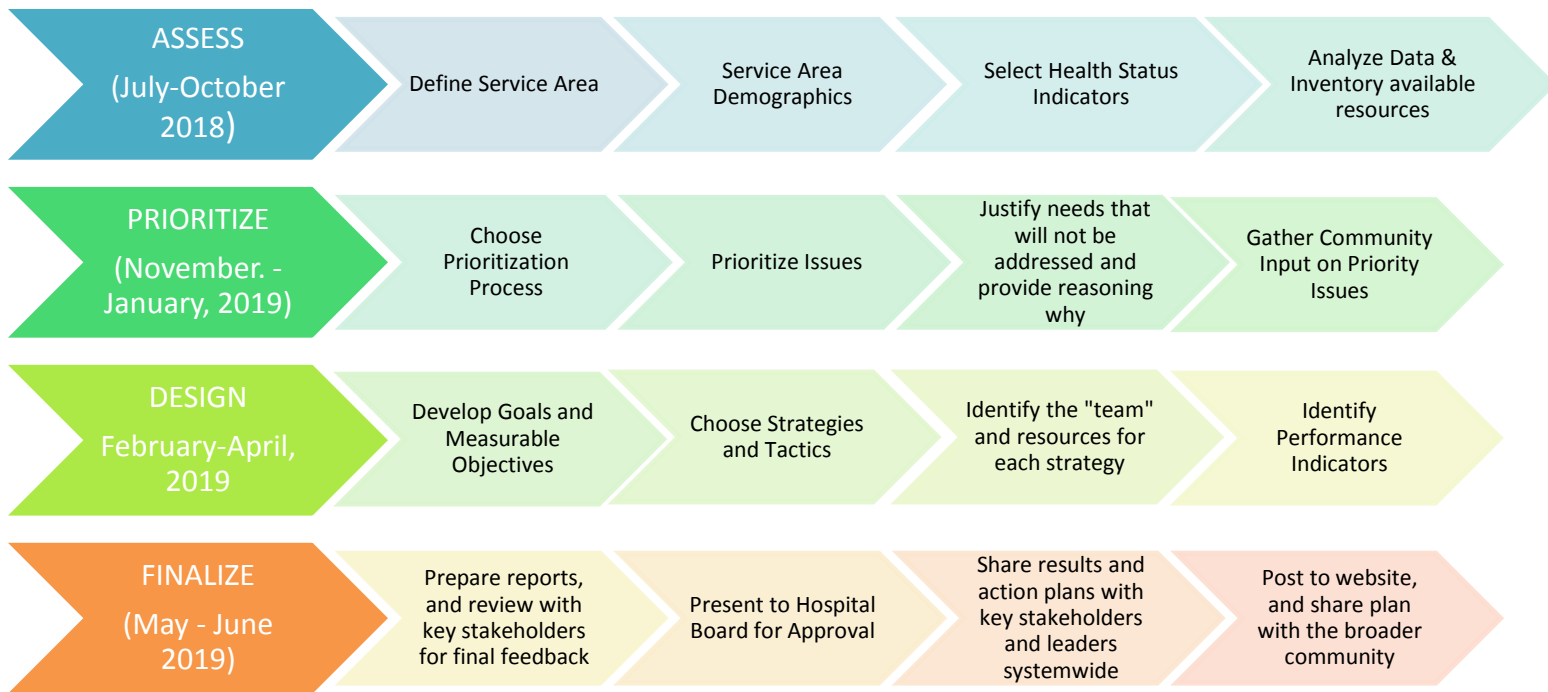
2020-2022 CHNA Process and Timeline

Bridging Health Duluth developed a plan based on best practices from the Catholic Hospital Association and lessons learned from the 2016-2019 CHNA process. The process was designed to:

- Incorporate input from persons representing broad interests of the community
- Collaborate with local public health and other health care providers
- Utilize multiple sources of public health data to make data-driven decisions

Bridging Health Duluth worked with community partners to carry out the plan in Duluth. The following visual describes the assessment steps and timeline.

Timeline



Adoption of implementation strategy: The Community Health Needs Assessment and implementation strategy were approved by the Essentia Health East Region Board of Directors on May 2, 2019 and the St. Luke’s Board of Directors approved on May 20, 2019.

Assess

Secondary data was collected and analyzed through www.bridginghealthnorth.org, a web-based community health data platform developed by Conduent Healthy Communities Institute. The site brings non-biased data, local resources, and reporting tools to one accessible, user-friendly location. The site includes comprehensive dashboard of over 100 community indicators covering over 20 topics in the areas of health, determinants of health, and quality of life. The data is primarily derived from state and national data sources including: Bridge to Health Survey, Minnesota Department of Health, Minnesota Student Survey, County Health Rankings. Please see Appendix B for the full Data Presentation PowerPoint.

The Bridging Health North website offered data at the neighborhood level. This level of data helped assess common trends among neighborhoods in Duluth. In the assessment, when neighborhood, ZIP code or census tract level data was not available, data was presented at the county and state level.

On October 16, 2018, Bridging Health Duluth hosted the *Shaping a Healthier Community* event with over 100 stakeholders representing diverse perspectives to review and discuss the needs of the community. Participants weighed in on the most pressing health issues facing the Duluth community based on the health indicators presented. Please see Appendix A for the full list of organizations. Please see Appendix B for the full Data Presentation PowerPoint. For the event handout and results see Appendix C and D respectively.

Prioritize

The data review process included a robust discussion among Bridging Health Duluth members. The committee reviewed the findings from the *Shaping a Healthier Community* event in October, 2018 and unanimously agreed on the three priorities based on the data presentation and community input.

Through this process, three priorities were identified for action:

1. Mental health
2. Youth substance use
3. Food insecurity

Significant needs not addressed in the CHNA: Other issues identified through the process but not included among the top three priorities included disability, maternal health, access to health care, heart conditions, diabetes, and cancer. These needs will be addressed in part through the selected priorities as they are interrelated. Additionally, Bridging Health Duluth will continue to focus efforts on the highest needs and collaborate with local partners to address other issues not included in the top three priorities.

Community Input

After priority issues were identified through reviewing data and the prioritization process, Bridging Health Duluth solicited broad feedback from the community on the priorities chosen and how to address the needs.

Community input was primarily gathered through focus groups, key informant interviews, and online surveys. Over the course of two months, more than 300 community members provided input on the priority issues in their community.

Four key questions were asked to discern community strengths, health issues and barriers.

1. Do you confirm the top 3 priorities?
2. What are the strengths and weaknesses in this community related to those priorities?
3. What partners should be involved to help address the priorities?
4. What are some solutions?

Bridging Health Duluth identified a broad representation of the community to conduct focus groups and gather more information on the strengths and barriers related to health. Representation came from the local health department, members of medically underserved, low-income and minority populations, high school and college students, young professionals, and senior citizens. To see a full set of the demographic data collected from the focus groups see Appendix E.

The focus groups used the Results Based Accountability format to get feedback from the community on the root causes of the three priority areas. Each focus group was presented with an indicator or data set to clearly understand the current conditions and where improvements needed to be. This approach helped identify root causes, partners who could be involved and solutions to the three health priority areas. Focus groups were limited to an hour and held in a safe space to have an open dialogue. Please see Appendix F for the Focus Group Script.

Bridging Health Duluth members led focus groups in pairs to ensure the conversations and feedback was captured. Most focus groups looked at just one of the three health priority areas to create a well-rounded discussion on the strengths and barriers related to that specific priority area. Some focus groups looked at more than one health priority. There were nine focus groups on mental health, seven focus groups on youth substance use and nine focus groups on food insecurity. Participants in the focus groups were recruited through a variety of messaging. One way to keep those who attended the *Shaping a Healthier Community* event in October involved was to invite them to attend focus groups. Some focus groups met at schools, organizations, or community meetings to get more feedback. Messaging included email, flyers, word of mouth, and outreach to existing groups.

After the qualitative data was collected, a list of strategies was created as potential ways to address each priority area. Subject matter experts attended a meeting to determine the top strategies to be implemented over the next three years. Results Based Accountability was used again to determine the top three strategies for each health priority based on the leverage, specificity, feasibility and value alignment of each strategy.

Key Findings

Priority #1 Mental Health

Supporting Data:

- Suicide rates in Duluth have increased from a rate of 11.2 per 100,000 in 2011 to 11.8 per 100,000 in 2016, which is a 5.4% increase. In males, the rate per 100,000 stayed the same. Among females there was a 24% increase per 100,000 population (Minnesota Department of Health Vital Statistics, 2016).
- In Duluth, 24.6% of adults reported having depression compared to the Minnesota state value of 18.9% (Bridge to Health Survey, 2015).
- In Duluth, 10.6% of adults reported that their mental health has not been good for fourteen or more days in the past thirty days (Bridge to Health Survey, 2015).
- In the Duluth School District, 13.9% of 9th graders reported seriously considering suicide compared to the Minnesota state value of 11.8% (Minnesota Student Survey, 2016).

Community Input:

Bridging Health Duluth found many common themes from the community focus groups. The community reported a lack of access to behavioral health and substance abuse providers, services and resources. Limited culturally sensitive care and a lack of knowledge of available resources was noted. The community voiced concerns of the efficacy of the depression screening tool and a need for more follow-up care. A correlation of substance abuse and poverty to mental health was reported. Other findings included the high stress people experience daily from work environments, minority stress, the breakdown of family units, social stress among teens, chronic pain, lack of sleep, and trauma. A need to reduce mental health stigma was also discussed.

Community Strengths and Resources Available:

Resources for mental health in Duluth reported from the community focus groups include Text 4 Life/Crisis Line, Mental Health Court, Diversion Programs, group therapy, and follow-up care through technology. There is increased recognition of trauma and adverse childhood experiences (ACES) through screening tools and trainings. Many Duluth workplaces offer employee assistance programs helping to support employee wellness. Schools in the Duluth School District are implementing the Sources of Strength program. Social media is being utilized to raise awareness and reduce the stigma of mental health. A variety of mental health mindfulness and cultural practices are offered. There are a many coalitions supporting mental health initiatives including the Clarity Project, Northland Healthy Minds and the Children's Mental Health Initiative.

Priority #2 Youth Substance Use

Supporting Data:

- In 2010, tobacco product use in 9th grade was at almost 12% which dropped to almost 9% in 2016. When combining conventional tobacco and e-cigarette use in 2016 the rate increased to almost 15% among 9th graders in Duluth (Minnesota Student Survey, 2016).
- In the Duluth Public School District, 1 out of every 3 students in 11th grade reported smoking e-cigarettes and 23% of 8th graders believe there is little or no health risk in smoking (Minnesota Student Survey, 2016).

Community Input:

Focus groups for the youth substance use health priority focused on youth tobacco use. The root causes of youth tobacco use and e-cigarettes included low perception of harm and strategic marketing of the tobacco industry to youth through social marketing which normalizes appeal and increases curiosity. The accessibility of the e-cigarettes with the ability to purchase devices online and easily hide the smell also contributes to increased use among youth. More education is needed for both youth and adults on the negative health effects of using e-cigarettes. Currently, there is a lack of long-term research on the negative health effects of e-cigarettes.

Community Strengths and Resources Available:

More education is being delivered to schools to raise awareness of tobacco products and e-cigarettes. Peer groups in schools are taking a stance against tobacco. The cost of using e-cigarettes compared to conventional tobacco is higher and may deter youth from purchasing these devices. Hermantown and Duluth passed Tobacco 21 which increased the age to purchase any tobacco products in those communities to 21 years old. Evidence suggests Tobacco 21 decreases youth access to tobacco products.

Priority #3 Food Insecurity

Supporting Data:

- In St. Louis County, 44.6% of households with children under the age of 18 report participating in the Supplemental Nutrition Assistance Program (American Community Survey, 2016)
- In St. Louis County, 12.1% of adults reported often feeling worried about running out of food. This rate has not changed from 2012 (Feeding America, 2016).
- In Duluth, 17.5% of adults report often feeling worried about running out of food (Bridge to Health Survey, 2015).
- In the Hillside neighborhood, 41.6% of adults reported often feeling worried about running out of food (Bridge to Health Survey, 2015).

Community Input:

The root causes identified from the focus groups on food insecurity centered around limited income, lack of access to nutritious foods, lack of transportation and inadequate knowledge of accessing the Supplemental Nutrition Assistance Program and WIC. Duluth also experiences environmental factors that impact food insecurity like long winters and a shorter growing season for local foods. Cost of housing and inadequate income along with substance use also factor into the Duluth area food insecurity rates.

Community Strengths and Resources Available:

Duluth offers several farmers markets that accept EBT and bring local produce to youth and adults. Several Duluth schools have active school gardens, and some participate in Farm to School programs. Community organizations are addressing transportation barriers so residents can get to and from grocery stores and local markets. Kwik Trip offers a food retail option in underserved areas. Food shelves are increasing in Western Duluth. Organizations donate produce to local food shelves and other organizations serving people with low-income. Bike or bus routes are increasing which offers a multi-modal way of transportation. Tribal communities are engaging in gardening and cooking activities using traditional foods. Many community members knew about the strong community-led efforts and teamwork currently in place to address and invest in reducing food insecurity.

Design

Bridging Health Duluth worked with community partners to design a strategy to address each of the priority needs identified in the CHNA process. The plan outlines actions that will be taken to respond to the identified community needs including goals and measurable objectives, strategies, tactics, and performance indicators.

The implementation plan is a three-year plan to address priority needs. The implementation plan will be reviewed annually, with progress shared with partners and community members. Bridging Health Duluth member organizations will also share progress with their leadership and/or Board of Directors annually.

No written comments were received from the 2013 CHNA. Any comments would have been taken into consideration in this report.

Conclusion

Bridging Health Duluth's mission is to support a healthier community for all. This needs assessment illustrates the importance of collaboration between our hospitals and community partners. By working collaboratively, we can have a positive impact on the identified health needs in our community for the next three years of the 2020-2022 fiscal year.

For questions or comments about the community health needs assessment, please contact:
chna.comments@essentiahealth.org

The full Community Health Needs Assessment conducted collaboratively by Essentia Health-Duluth, Essentia Health-St. Mary's Medical Center, St. Luke's and St. Louis County Public Health alongside Generations Healthcare Initiatives and the Zeitgeist Center for Arts & Community can be found online at <https://www.essentiahealth.org/about/chna/>, <http://www.bridginghealthnorth.org/>, and <http://www.slhduluth.com/About-Us/Community-Health-Needs-Assessment.aspx>

Bridging Health Duluth

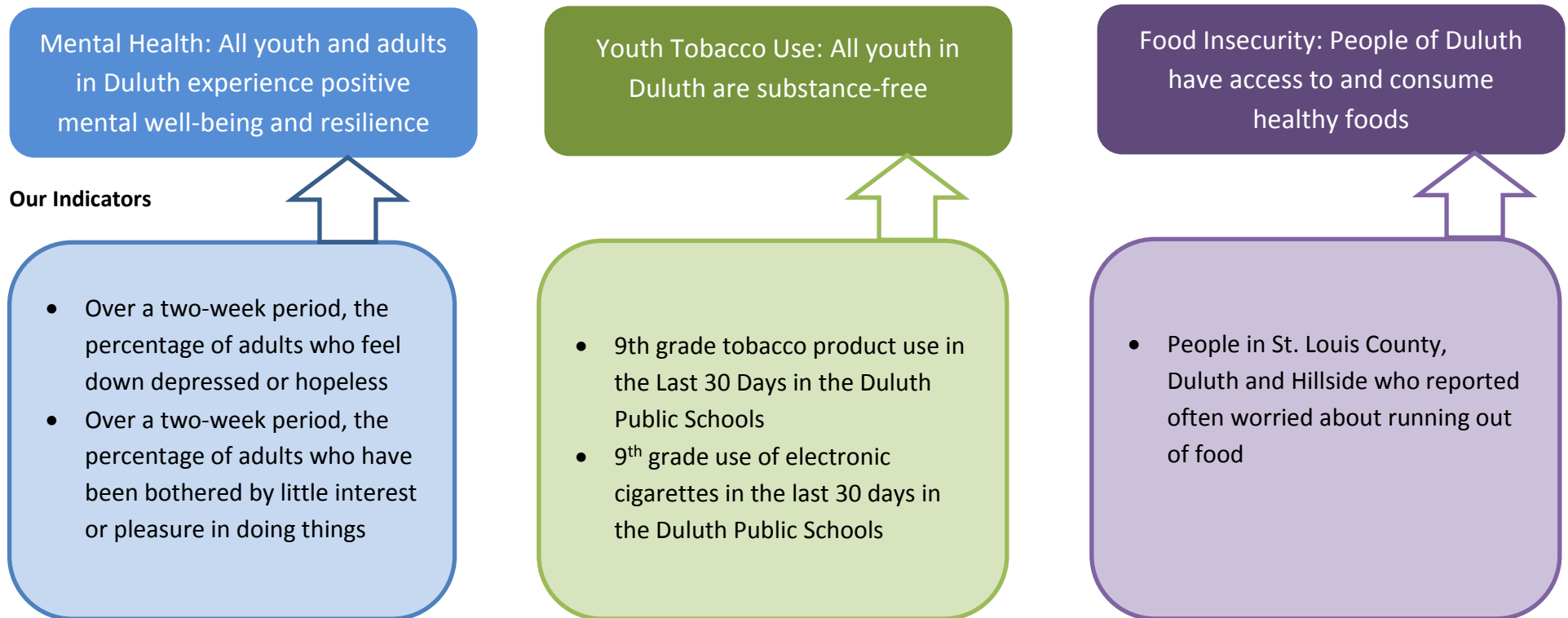
Our Mission: Support a healthier community for all

Bridging Health Duluth includes the collaboration of Essentia Health-Duluth, Essentia Health-St. Mary's Medical Center, St. Luke's Hospital, St. Louis County Public Health, Lake Superior Community Health Center, Generations Healthcare Initiatives and the Zeitgeist Center for Arts and Community.

The mission of Bridging Health Duluth is to support a healthier community for all. Bridging Health Duluth will seek out and bring together other individuals and organizations who are interested in positively impacting the priority areas identified in the Community Health Needs Assessment. We believe through collaboration and complementary initiatives, we will have the greatest positive impact on the health of Duluthians.

Bridging Health Duluth will continue to work together to design the implementation strategies with the intention to engage communities most impacted by mental health, substance abuse, and or food insecurity.

Our Results



Mental Health: Youth and adults in Duluth experience mental wellbeing and resilience	
Indicators	Partners who can help
<ul style="list-style-type: none"> • Over a two-week period, the percent of adults who feel down depressed or hopeless from 2014-2016 • Over a two-week period, the percent of adults who have been bothered by little interest or pleasure in doing things from 2014-2016 <p>Source: St. Luke’s, Essentia Health, Minnesota Student Survey</p>	<p>Amberwing, Birch Tree, Human Development Center (HDC), Nystrom & Associates, Accend Services, Miller-Dwan, Mental Health Providers, Chemical Health Providers, University of Minnesota-Duluth, Lake Superior College, College of St. Scholastica, ISD 709, Other public/private schools, Local Foundations, CHUM, Arrowhead Parish Nurses, Faith Based Organizations, Loaves and Fishes, Union Gospel Mission, Salvation Army, Bethany Crisis Shelter, Alcoholics Anonymous, Narcotics Anonymous, Animal Allies, Life House, Meals on Wheels, American Indian Community Housing Organization, Damiano Center, One Roof, Steve-O’Neil Apartments, Duluth Area Family YMCA, Police Department, Postal Workers Local Foundations, Duluth Transit Authority, Parks and Recreation, Mental Health Court, Veterans Affairs, Tribal Governments, Probation system/staff, Athletic Coaches, Art organizations, Youth Agencies, Safe Places, Lutheran Social Services Center for Changing Lives, Restaurants and Bars, Salons and Barber Shops, Community Centers, Libraries, Food Shelves, Public Figures, Neighbors, Pets, cultural awareness trainers, Duluth Branch of the NAACP, Long-Term Care Communities, Senior Linkage Line, Assisted Living Facilities, American Automobile Association (AAA)</p>
Story behind the data	What we are going to do
<p>Factors that have contributed to improvements:</p> <ul style="list-style-type: none"> • Increased access to care • Universal screening • Awareness campaigns (stigma) • Lower stress via social support, family knowledge/educations, medication/therapy combination <p>Limiting factors:</p> <ul style="list-style-type: none"> • Limited access • Higher stress <ul style="list-style-type: none"> ○ Work (social service/health care, public safety, veterans) ○ Minority stress <ul style="list-style-type: none"> ▪ LGBTQ ▪ Racism • Poverty (debt, economy, housing, limited resources) • Youth <ul style="list-style-type: none"> ○ Social pressures ○ Awareness ○ Bullying (social media) 	<p><u>Strategy #1: Support safe care transitions and create organizational linkages (formal referral protocol, rapid referrals, interagency agreements, follow-up contacts)</u></p> <p>Action Steps:</p> <ol style="list-style-type: none"> 1. Support the Clarity Project – service integration workgroup 2. Explore, define, and support senior companion programs <p><u>Strategy #2: Improve response to individuals in crisis (hotlines, mobile crisis teams, walk in crisis clinics, peer-support programs)</u></p> <p>Action Steps:</p> <ol style="list-style-type: none"> 1. Support the Clarity Project 2. Implement mental health first aid training through Northland Healthy Minds 3. Promoting the crisis lines through social media 4. Utilize the Bridging Health North website to disseminate free mental health resources 5. Promote and organize programs that reduce stigma in a culturally sensitive manner <p><u>Strategy #3: Adopt trauma-informed care models in schools and health care</u></p> <p>Action Steps:</p> <ol style="list-style-type: none"> 1. Engage and support ISD 709 and other schools about their work, plans, and needs. 2. Catalog resources and make available to interested organizations 3. Network and connect interested organizations with resources

Youth Substance Use: All Youth in Duluth are substance free																									
Indicators	Partners who can help																								
<div style="display: flex; justify-content: space-around;"> <div style="width: 45%;"> <p style="text-align: center;">9th Grade Tobacco Product Use in the Last 30 Days</p> <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>9th Grade Tobacco Product Use in the Last 30 Days</caption> <thead> <tr> <th>Year</th> <th>Conventional (%)</th> <th>Conventional + E-Cigarettes (%)</th> </tr> </thead> <tbody> <tr> <td>2010</td> <td>11.9%</td> <td>0%</td> </tr> <tr> <td>2013</td> <td>12.8%</td> <td>0%</td> </tr> <tr> <td>2016</td> <td>8.9%</td> <td>14.9%</td> </tr> </tbody> </table> </div> <div style="width: 45%;"> <p style="text-align: center;">9th Grade us of electronic cigarettes (e-cigarette, e-hookah, vaping pen) in the last 30 days</p> <table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>9th Grade use of electronic cigarettes in the last 30 days</caption> <thead> <tr> <th>Frequency</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>0 Days</td> <td>88.8%</td> </tr> <tr> <td>1 or 2 Days</td> <td>7.9%</td> </tr> <tr> <td>3 to 9 Days</td> <td>1.0%</td> </tr> <tr> <td>10-29 Days</td> <td>1.6%</td> </tr> <tr> <td>All 30 Days</td> <td>0.7%</td> </tr> </tbody> </table> </div> </div> <p style="text-align: center; margin-top: 10px;">Minnesota Student Survey, Duluth Public School District, 2016</p>	Year	Conventional (%)	Conventional + E-Cigarettes (%)	2010	11.9%	0%	2013	12.8%	0%	2016	8.9%	14.9%	Frequency	Percentage (%)	0 Days	88.8%	1 or 2 Days	7.9%	3 to 9 Days	1.0%	10-29 Days	1.6%	All 30 Days	0.7%	<p>Teachers/Health Teachers, Research Institutes (FDA), Higher Ed., Athletic Clubs, Coaches, Youth Associations, Essentia Health, St. Luke’s, St. Louis County, American Lung Association, Anti-Tobacco Groups (ex. Clearway, Answer), American Heart Association, Local/State/Tribal/Federal Government, Law Enforcement, Fire Departments, Local Tribal Leaders, Influencers/Role Models, Church leaders (ex. Pastors), American Indian Community Housing Organization (AICHO), Center for American Indian Resources (CAIR), Duluth Area Family YMCA, Lutheran Social Services, Mentor Duluth, Boy/Girl Scouts, College Campus clubs</p>
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Story behind the data	What we are going to do																								
<p>Factors that have contributed to improvements:</p> <ul style="list-style-type: none"> Policy change – Tobacco 21 Awareness: education in schools, marketing for anti-tobacco lifestyles Peer advocated anti-tobacco pledges Deterrents: cost, smell, personal experiences, physical impacts Starting to make it more detectable Alternative coping methods Peer-to-peer support <p>Limiting factors:</p> <ul style="list-style-type: none"> Marketing, social media, peer influence Disconnect between the look and the product harm Use of tobacco products becoming more socially acceptable Low perception of harm Curiosity for both teens and adults Normalization of marijuana Lack of education and family support High exposure to tobacco products 	<p>Strategy #1: Share evidence-based, factual information with community stakeholders that informs public policy decisions at the state and local level (may include topics such as T21, flavored tobacco, smoke-free environments, etc.)</p> <p>Action Steps:</p> <ol style="list-style-type: none"> 1. Coalition-building and engagement of new partners 2. Implementation and enforcement of local and state level policies <p>Strategy #2: Implement a broad-based education campaign including mass media, school-based, and peer-based education</p> <p>Action Steps:</p> <ol style="list-style-type: none"> 1. Engage and train partners to expand reach (athletic directors, teachers, landlords, youth leaders etc.) 2. Create educational materials to include videos, print documents and podcasts etc. <p>Strategy #3: Promote/enhance youth-based tobacco cessation interventions and resources</p> <p>Action Steps:</p> <ol style="list-style-type: none"> 1. Develop treatment guidelines for pediatric patients 2. Promoting youth-based resources through the community partners 																								

Food Insecurity: People of Duluth have access to and consume healthy foods	
Indicators	Partners who can help
<p>Often Worried About Running Out of Food</p> <p>Percent</p> <p>2012 2013 2014 2015 2016</p> <p>— SLC Food Insecurity</p> <p>Often Worried About Running Out of Food</p> <p>Percent</p> <p>2015</p> <p>■ Duluth ■ Limited Income ■ Hillside</p> <p>Feeding America, 2016, Bridge to Health Survey, 2015</p>	<p>Aldi, American Indian Community Housing Organization (AICHO), Arrowhead Economic Opportunity Agency (AEOA), Arrowhead Transit, Benevolent and Protective Order of Elks, Bethany Crisis Shelter, Champs Cupboard, CHUM, Faith Based Organizations, City of Duluth, Civic Groups, Community Action Duluth, Community Centers, Cub Scouts/Boys and Girl Scouts, Damiano Center, Duluth Area Family YMCA, Duluth Community Garden Program, Duluth Entertainment Convention Center, Duluth Local Businesses, Duluth Transit Authority, Electronic Health Records, Farm to School, Farmers Markets, Farmers, Glensheen, Granite Works, Head Start, Health Care Facilities, Iron Mug Coffee House, Lutheran Social Services, Media/News, Minors Corp, Morgan Park Garden Club, Morgan Park Community Club, Myers-Wilkins Elementary, Duluth Branch NAACP, National Night Out, Parish Nurses, Public Health, Restaurants, Riverfront Community Development, Ruby's Pantry, Rutabaga Project, Salvation Army, Second Harvest, Senior Centers, Senior Linkage Line, Shriners Hospitals, University of Minnesota Extension, Statewide Health Improvement Partnership (SHIP), Steve O'Neil Apartments, SuperOne Foods, Sustainably Farming Access, Thunderbird House, Tribal partners, Union Gospel Mission, United Way, Veterans of Foreign Wars, Vision Duluth, Whole Foods Coop, YWCA Duluth</p>
Story behind the data	What we are going to do
<p>Factors that have contributed to improvements:</p> <ul style="list-style-type: none"> Overall, there are small improvements happening to increase access <ul style="list-style-type: none"> Farmers markets, school-based food programs, food shelves, etc. Addressing transportation barriers through public transit, community events, delivery options, increased number of bike routes, etc., Strong community-led efforts for change Hosting regular community meals Increased education through classes, school, CHUM, and awareness Connection with public health for ongoing care (building relationships) <p>Limiting factors:</p> <ul style="list-style-type: none"> Overall cost of food is high Jobs/wages/income inadequate Lack of access, geographic access Lack of knowledge about resources, how to produce food, where to buy Transportation barriers Long winters, decreased growing season SNAP funding affected by government shutdown 	<p>Strategy #1: Make food more affordable and accessible (short-range)</p> <p>Action Steps:</p> <ol style="list-style-type: none"> Expand the use of market bucks, POP Club, access discounts Increase the reach of food shelves through mobile, pop-up, or satellite options Increase the supply to food shelves: expand food shelf partnerships and food waste reduction programs Increase enrollment in evidence-based WIC And SNAP programs by expanding access and removing barriers including online and satellite opportunities <p>Strategy #2: Develop a community approach to screening for food security, connecting people facing food insecurity with the resources and supports necessary (mid-range)</p> <p>Action Steps:</p> <ol style="list-style-type: none"> Health care and Public Health collaborate on Social Determinants of Health screening tools and process Research and raise funds for shared community resource development Develop referral resources to support people facing food insecurity (community health workers) <p>Strategy #3: Increase healthy food consumption of the youngest (mid-range)</p> <p>Action Steps:</p> <ol style="list-style-type: none"> Bridging Health Duluth (BHD) members adopted evidence-based breastfeeding friendly policies Promote breastfeeding policies through BHD organizations and partners Utilize website to promote breast feeding (all strategies) and raise awareness Continue to support Farm to School (Renee Willemon) Partner with Farm to Childcare (Born to Thrive Network) <p>Strategy #4: Increase access to fresh/ healthy food by increasing availability of healthy food retail in underserved areas and improving transportation equity and connectivity to retail (long-range)</p> <p>Action Steps:</p> <ol style="list-style-type: none"> Collaborate with Together for Health Fair Food Access, Duluth Transit Authority (DTA), Lincoln Park: Expand grocery bus routes city wide Collaborate with city partners to create multimodal transportation opportunities Support the American Indian Community Housing Organizations (AICHO) efforts with the 4th Street Market

Community Representation

**Community Organizations Who Attended the October 16th, 2018 Bridging Health Duluth Event:
Shaping a Healthier Community**

- American Heart Association
- American Indian Community Housing Organization
- Arc Northland
- Arrowhead Area Agency on Aging
- Arrowhead Regional Development Commission
- Center for Alcohol and Drug Treatment
- CHUM
- City of Duluth Americorps
- City of Duluth Parks and Recreation
- Community Action Duluth
- Duluth Area Family YMCA
- Duluth City Major
- Duluth Community Garden Program
- Duluth Community School Collaborative
- Ecolibrium3
- Ecumen Lakeshore
- Fond Du Lac Behavioral Health
- Fond Du Lac- Center for American Indian Resources
- Gary Rec Center
- Generations Health Care Initiatives
- Head of the Lakes-United Way
- Healthy Alliances Matter
- Healthy Northland
- Integrative Resources
- Lake Superior Community Health Center
- Life House
- Lincoln Park Community and Family Collaborative
- Local Initiatives Support Corporation
- Lutheran Social Services
- Men As Peacemakers
- Miller-Dwan Foundation
- Minnesota Communities Caring for Children
- NAMI Duluth Board
- Natural Rural Health Resource Center
- SOAR Career Solutions
- St. Louis Public Health and Human Services
- St. Luke's
- The College of St. Scholastica
- The Hills Youth and Family Services
- University of Minnesota College of Pharmacy
- University of Minnesota- Duluth
- Valley Youth Center

Community Representation

Community Organizations Who Participated in Focus Groups:

- 1st Covenant Church
- American Indian Community Housing Organization
- American Lung Association
- Auto's for Autism
- Center of American Indian and Minority Health
- CHUM
- City of Duluth
- Community Action Duluth
- Cullen Custom Finish
- Damiano Center
- Denfeld High School
- Denton Law Office
- Duluth Area Family YMCA
- Duluth Chamber of Commerce
- Duluth Community School Collaborative
- Duluth Police Department
- Duluth Public Schools
- Ecolibrium3
- Emmanuel Lutheran Church
- Essentia Health
- First Lutheran Church
- Gardner Builders
- Generations Health Care Initiatives
- Glensheen
- Gloria Dei Lutheran Church
- Hamlin Music
- Health In All Policies
- Immanuel Lutheran Church
- Lake Superior and Mississippi Railroad
- Lake Superior Community Health Center
- Lakeview Covenant Church
- Lincoln Park Middle School
- Members Cooperative Credit Union
- Minnesota Citizens Federation
- Northland Consulting Engineers
- Northwestern Mutual
- Oak Lake Lutheran Church
- Our Savior's Lutheran Church
- PeopleReady
- Real Living Messina and Associates
- Republic Bank
- River Front Community Development
- St. Luke's
- State Farm
- Symphonic Financial
- Visit Duluth
- Vista Fleet
- WDSE-Public Broadcasting
- West Duluth Sewing Design
- Wilderness Health
- Youth In Action
- ZMC Hotels

The logo features the text "BRIDGING HEALTH" in large, bold, orange letters, with "IMPROVING HEALTH IN THE NORTHLAND" in smaller, blue, all-caps letters below it. The background is a stylized illustration of a forest with various green trees and a blue sky with white clouds. The entire scene is reflected in a light blue water surface at the bottom.

BRIDGING HEALTH
IMPROVING HEALTH IN THE NORTHLAND

Duluth Community Health Needs Assessment

JESSICA STAUBER

DIRECTOR OF MARKETING & BUSINESS PLANNING

ST. LUKE'S

CHNA History

2013: First CHNAs completed by Essentia Health Duluth and St. Luke's, per the Affordable Care Act

2015: Bridge to Health Survey

2016: First joint CHNA completed by Bridging Health Duluth

Bridging Health Duluth

Mission: Supporting a healthier community for all.



Bridging Health Duluth

Purpose:

- BHD leads the development of a CHNA and implementation plan.
- We will seek out individuals and organizations who are interested in positively impacting CHNA priority areas.
- Through collaboration and complementary initiatives, we will have the greatest positive impact.

2016 CHNA Data Sources

- Bridge to Health survey
- U.S. Census Bureau
- Minnesota county-level indicators
- CDC Behavioral Risk Factor Surveillance System (BRFSS)
- 12 community focus groups, made up of 300+ individuals
 - Representing business leaders, minority groups, healthcare professionals, teachers, and community-based organizations
- St. Louis County focus group, with 35 staff representing broad range of public health experts

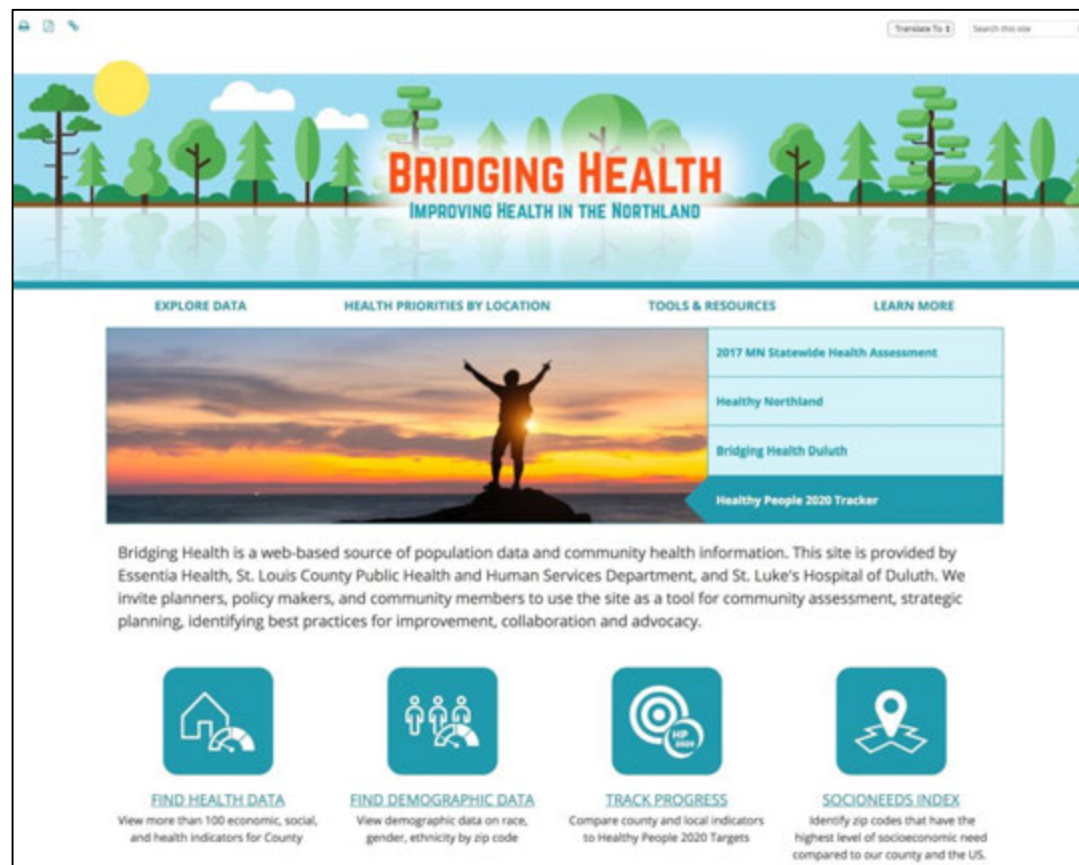
2017-2019 Priority Areas

1. Reduce stigma around mental health and raise awareness of resources.
2. Reduce the negative impacts of alcohol, tobacco, and other drug use.
3. Reduce socio-economic disparities based on race and neighborhood.
4. Reduce obesity and the associated negative health impacts.

CHNA available: www.BridgingHealthNorth.org

2017-2019 Action Items

www.BridgingHealthNorth.org



The screenshot shows the homepage of the Bridging Health website. At the top, there is a navigation bar with the following links: [EXPLORE DATA](#), [HEALTH PRIORITIES BY LOCATION](#), [TOOLS & RESOURCES](#), and [LEARN MORE](#). The main header features a stylized landscape with trees and a sun, with the text "BRIDGING HEALTH" in large orange letters and "IMPROVING HEALTH IN THE NORTHLAND" in smaller blue letters below it. Below the header is a large image of a person standing on a rock with arms raised against a sunset. To the right of this image is a vertical list of links: [2017 MN Statewide Health Assessment](#), [Healthy Northland](#), [Bridging Health Duluth](#), and [Healthy People 2020 Tracker](#). Below the image and links is a paragraph of text: "Bridging Health is a web-based source of population data and community health information. This site is provided by Essentia Health, St. Louis County Public Health and Human Services Department, and St. Luke's Hospital of Duluth. We invite planners, policy makers, and community members to use the site as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy." At the bottom, there are four icons representing different data categories: a house for "FIND HEALTH DATA", a group of people for "FIND DEMOGRAPHIC DATA", a target for "TRACK PROGRESS", and a location pin for "SOCIO NEEDS INDEX". Each icon has a corresponding title and a brief description of the data available.

[EXPLORE DATA](#) [HEALTH PRIORITIES BY LOCATION](#) [TOOLS & RESOURCES](#) [LEARN MORE](#)

[2017 MN Statewide Health Assessment](#)
[Healthy Northland](#)
[Bridging Health Duluth](#)
[Healthy People 2020 Tracker](#)

Bridging Health is a web-based source of population data and community health information. This site is provided by Essentia Health, St. Louis County Public Health and Human Services Department, and St. Luke's Hospital of Duluth. We invite planners, policy makers, and community members to use the site as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

FIND HEALTH DATA
View more than 100 economic, social, and health indicators for County

FIND DEMOGRAPHIC DATA
View demographic data on race, gender, ethnicity by zip code

TRACK PROGRESS
Compare county and local indicators to Healthy People 2020 Targets

SOCIO NEEDS INDEX
Identify zip codes that have the highest level of socioeconomic need compared to our county and the US.

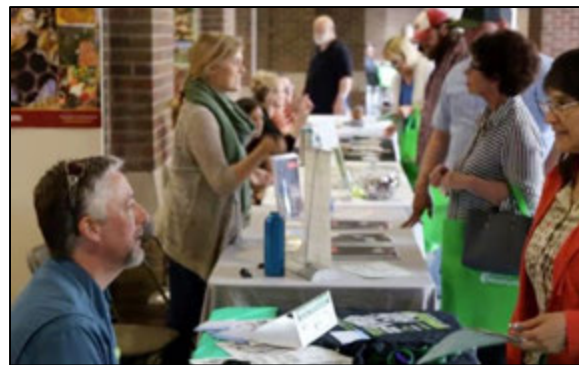
2017-2019 Action Items

Website launch



2017-2019 Action Items

Northland Healthy Minds – Events During May 2018



2017-2019 Action Items

Advocating for mental health triage center funding

DHS is seeking proposals for state bonding funds to design, construct or rehabilitate, furnish facilities for regional behavioral health crisis centers.

Information due: December 14, 2018

| [Grant, RFP](#)

DHS is seeking proposals for state bonding funds to design, construct or rehabilitate, furnish facilities for regional behavioral health crisis centers.

2017-2019 Action Items

Expand and promote drug take-back box locations



2017-2019 Action Items

Opiate Abuse Response Strategies (OARS) Workgroup

Tobacco-related advocacy

- Supported menthol and flavored tobacco ordinance in Duluth to restrict sales to tobacco-only stores
- Advocating for T21 in Duluth and Hermantown
- Tobacco cessation counselor training

2017-2019 Action Items

- Farmers' Markets – EBT match
- Free yoga
- National Diabetes Prevention Program
- Nearly doubled breakfast participation through grab-and-go breakfast initiative at Lincoln Park
- Offered “Train the Trainer” program for SBIRT intervention, an evidence-based tool for clinicians to reduce substance abuse and risky behaviors
- Established a full-time Public Health Nurse to focus on community mental health in southern St. Louis County

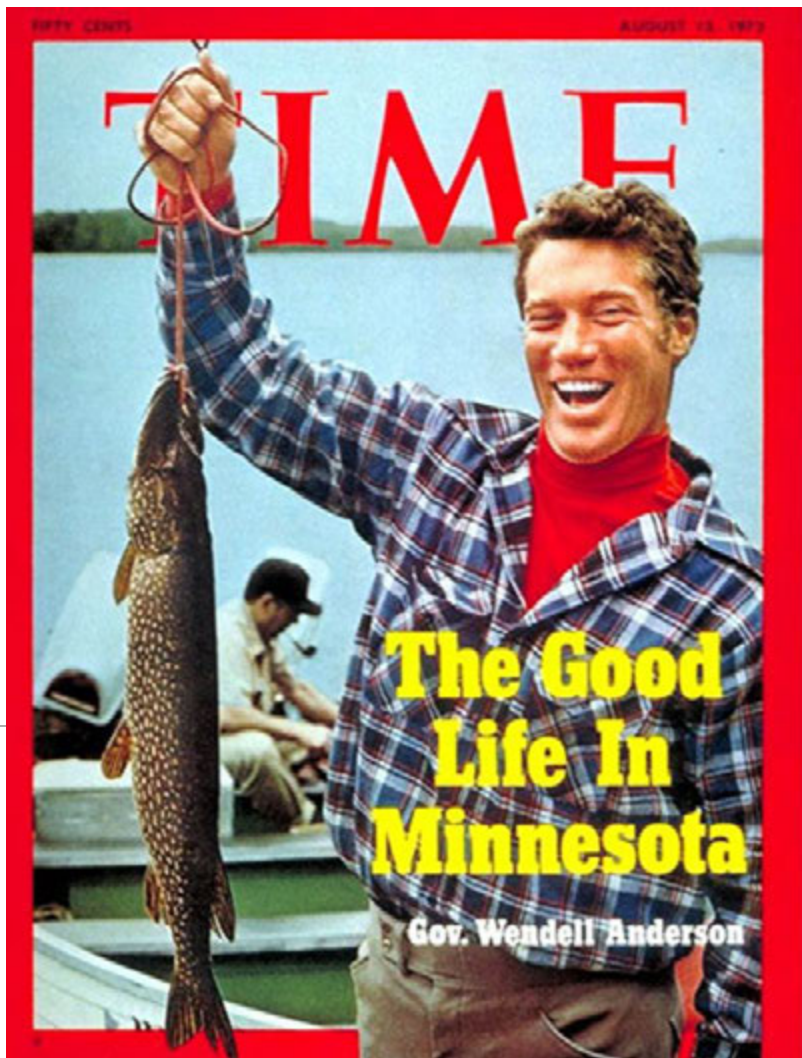
Questions?



BRIDGING HEALTH
IMPROVING HEALTH IN THE NORTHLAND

Health Equity

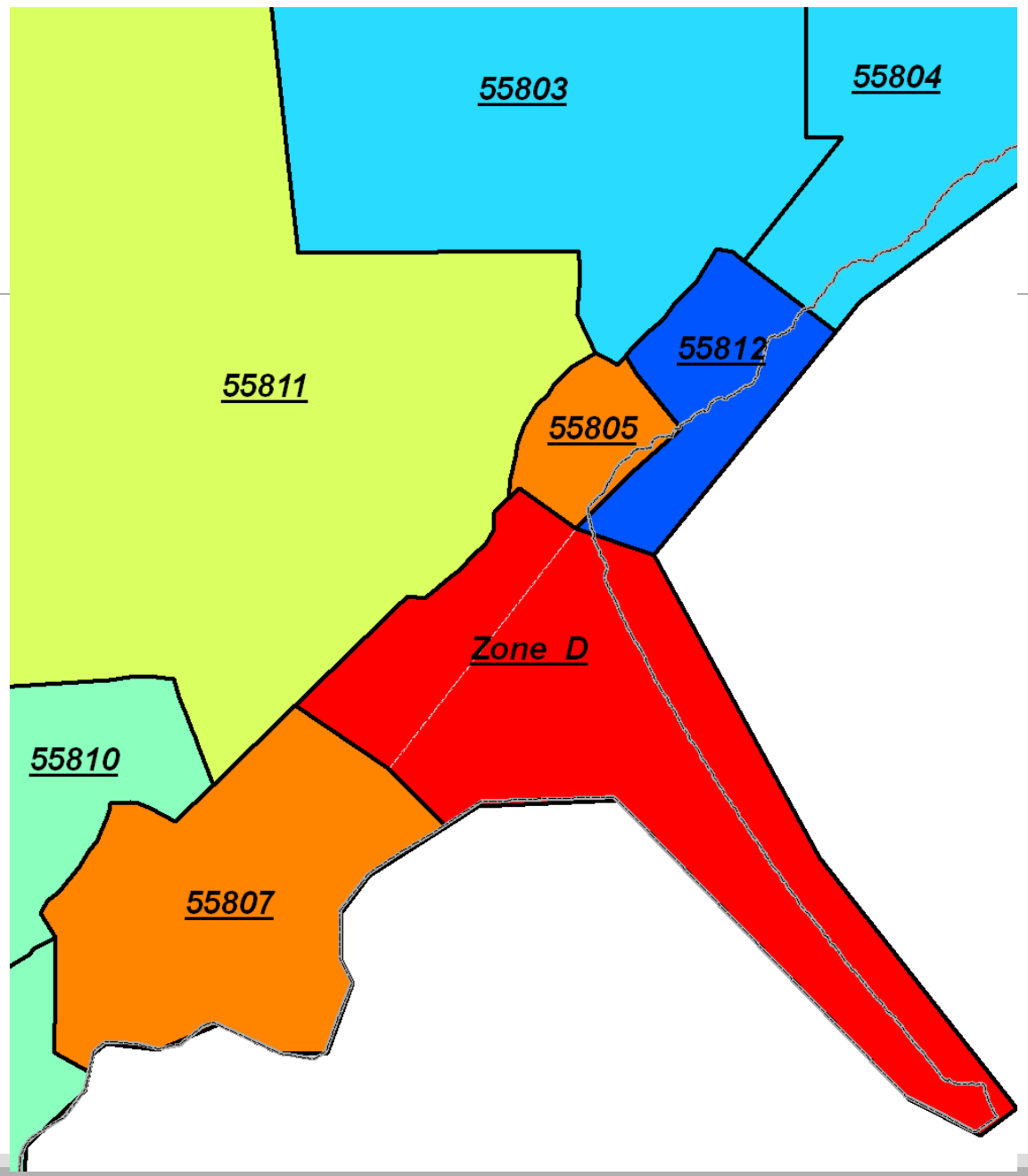
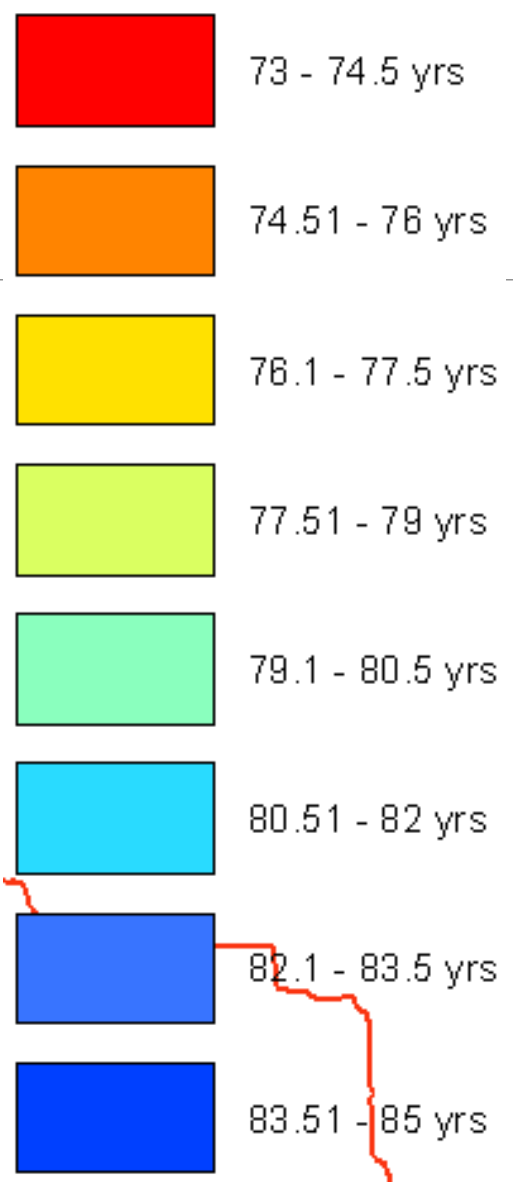
JOSH GORHAM
PROGRAM COORDINATOR
PUBLIC HEALTH DIVISION



“Health is more than healthcare.”

2013 SLC Health Status Report

- Examined data at the zip code level
 - 11 year difference in life expectancy between zip codes
 - Lowest median household incomes had the lowest projected life expectancy
 - Chronic stress experienced by people of color negatively impact life expectancy



Life expectancy, 2013 St. Louis County Health Status Report

2018 SLC Health Status Report Update

Dr. Tracy Bibelnieks, Assistant Professor of Mathematics, tbibelni@d.umn.edu

- Examined data at the census tract level
- Allows us to talk about neighborhoods

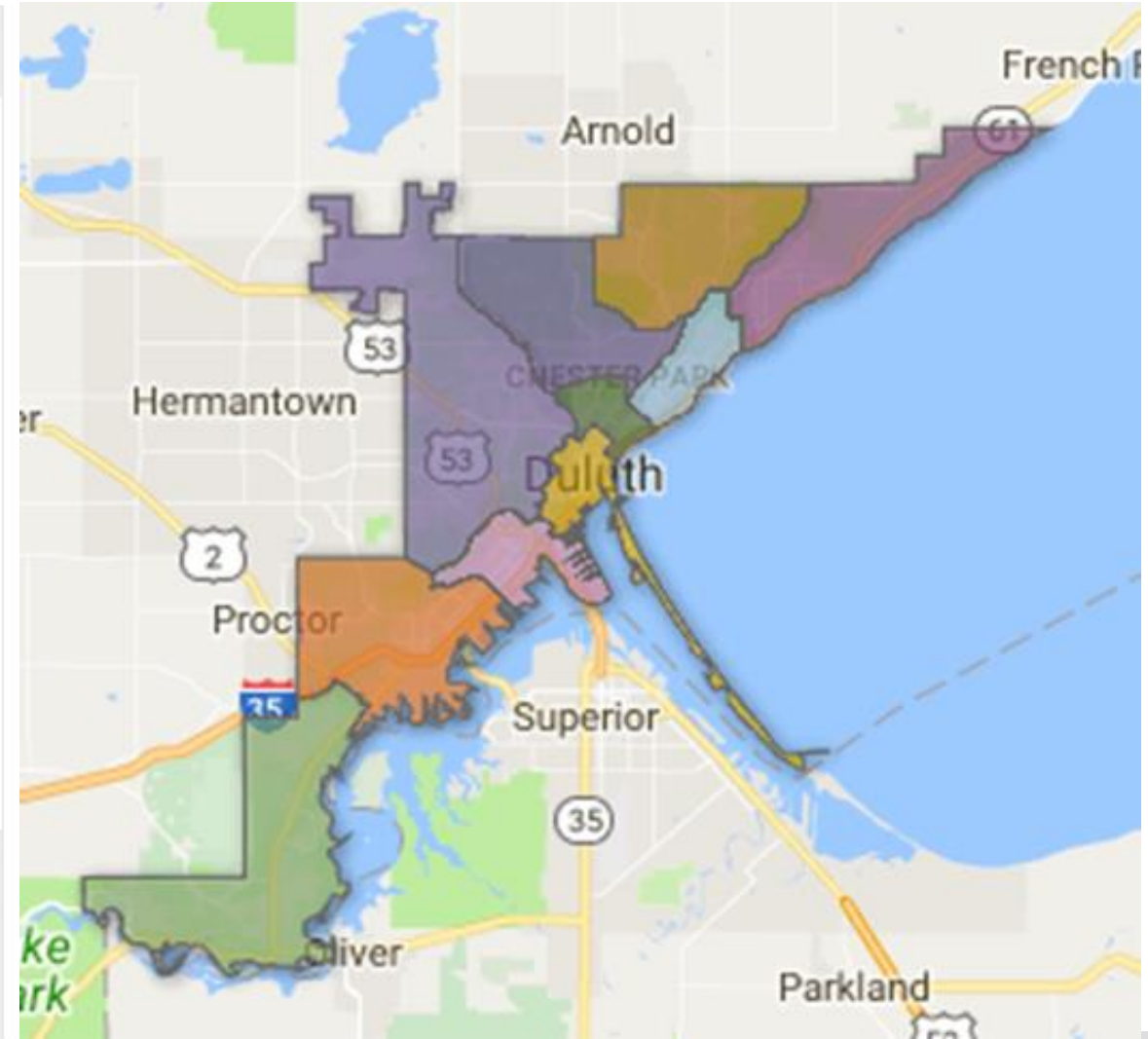
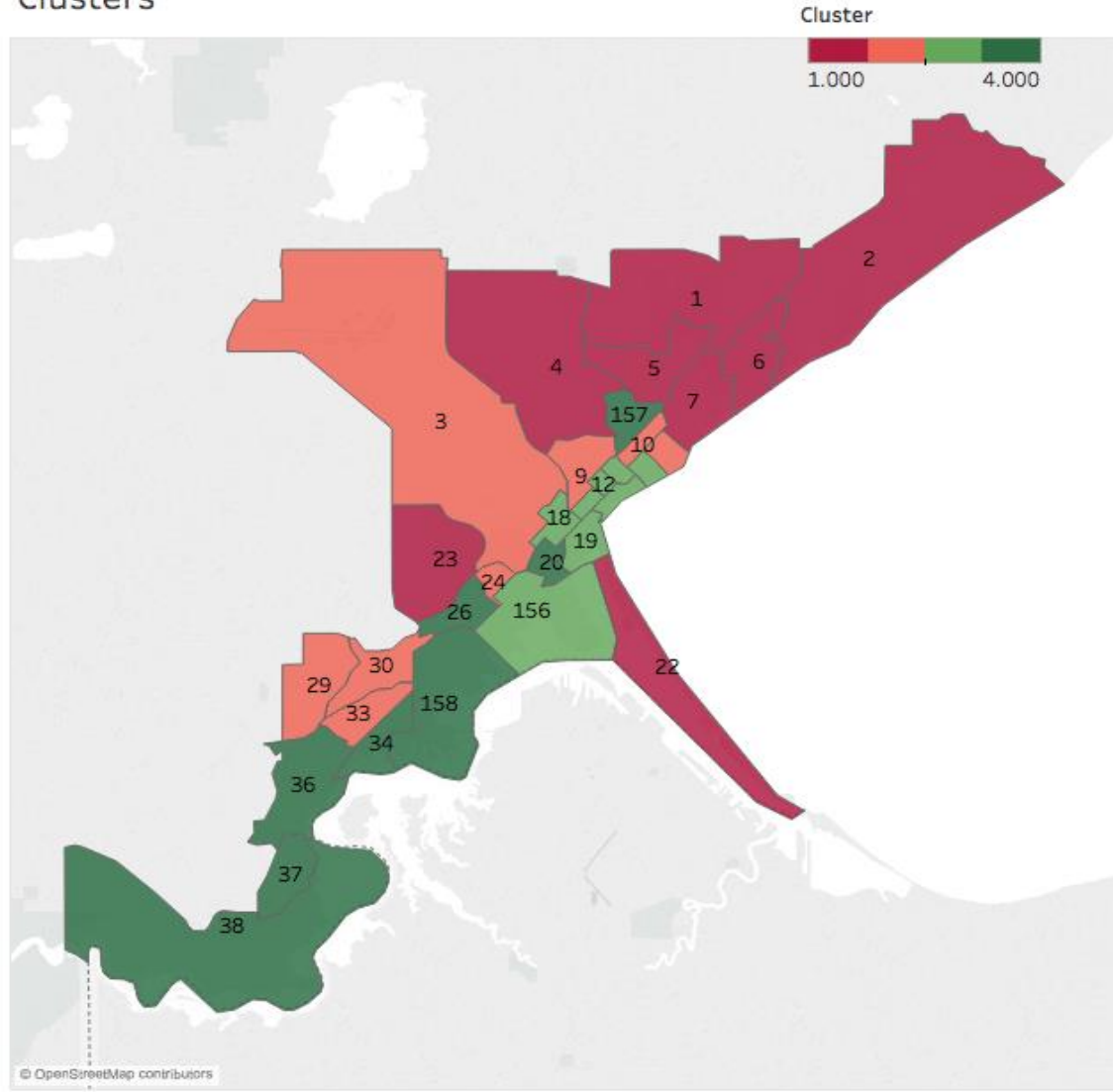
Geography	Life Expectancy	Range of Life Expectancy		Mortality**
		Lower	Upper	
St. Louis County	81.81	81.09	82.53	7.59
Duluth	83.96	82.65	85.28	6.93
Outcity	80.81	79.93	81.69	8.17
Central Hillside*	72.24	67.13	77.34	11.98
Lincoln Park*	74.68	69.2	80.15	12.36
West Duluth*	79.22	75.98	82.47	8.84

*Communities where the upper end of the life expectancy range is *less* than the lowest life expectancy in Duluth (82.65 yrs).

**Age-adjusted Mortality per 1000 based on ACS 2015 population distribution of St. Louis County
For comparison, the ACS 2015 Age-adjusted mortality for the entire state of MN is per 1000 = 7.8.

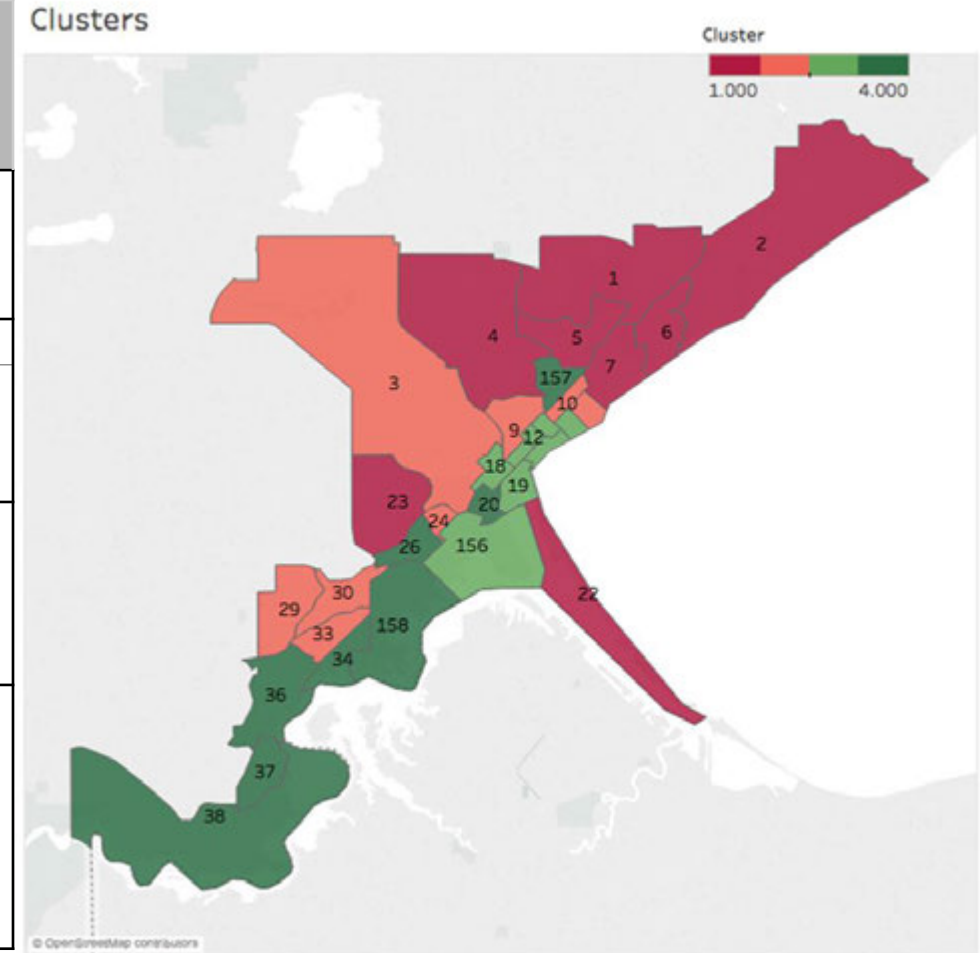
Another approach: Cluster census tracts by demographics/variables indicative of disparity in health resources/access. This is preliminary research that is ongoing

Clusters



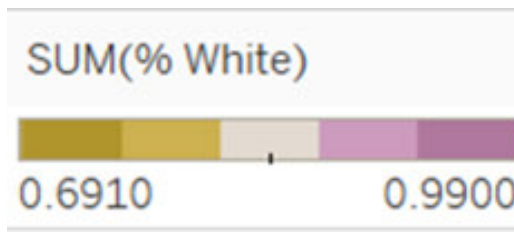
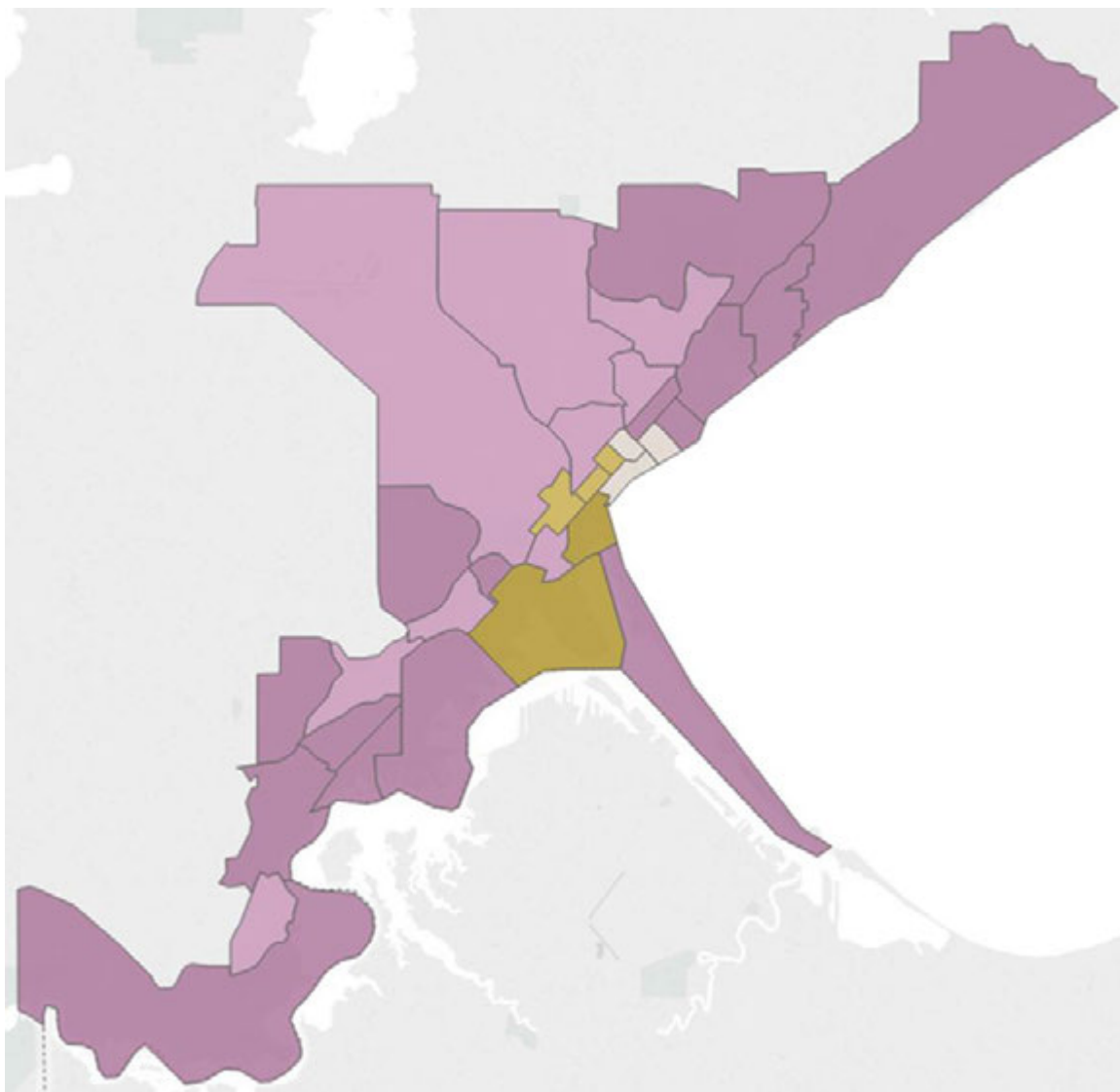
Variables used for clustering: Median Income, % Poverty, % Rental properties, % Vacant properties, % Family households, and % Cost burdened households.

Cluster	Life Expectancy	Range of Life Expectancy		Age Adjusted Mortality
		Lower	Upper	
1	88.76	86.80	90.72	5.58
2	76.88	72.45	81.31	10.36
3	84.08	81.69	86.47	7.00
4	80.22	77.39	83.06	7.77



Variables used for clustering: Median Income, % Poverty, % Rental properties, % Vacant properties, % Family households, and % Cost burdened households.

For comparison: The range of life expectancy for all of Duluth was 82.65 to 85.28 years.



Note: Yellow represents diverse areas and purple represents less diverse areas.



BRIDGING HEALTH
IMPROVING HEALTH IN THE NORTHLAND

Service Area: Duluth, MN

HEALTH INDICATOR DATA

MARTINA MELLANG, MPH, CHES
COMMUNITY HEALTH SPECIALIST

The differences between Indigenous and not Indigenous Australians can be easily attributed not to differences in their genes but to differences in the conditions in which they're born, grow, live, work and age - in other words, to the social determinants of health.

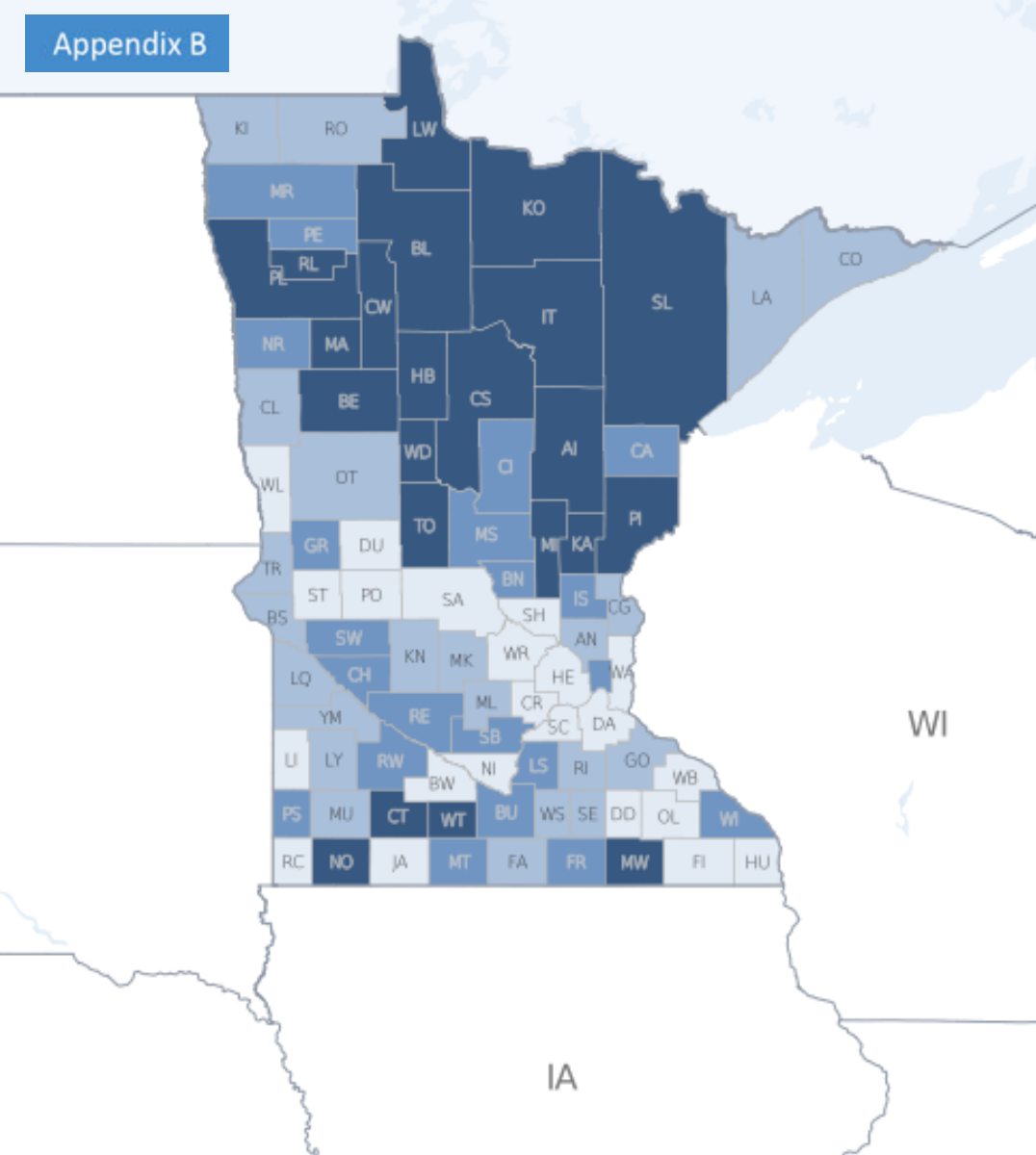
Michael Marmot

LIKESUCCESS.com

Demographics

Out of 87 County's in Minnesota, where #1 is ranked the highest, what is St. Louis County's rank in terms of health factors?

- a) Top 10
- b) 20-50
- c) Over 65



St. Louis County's Overall Rankings in Health Factors is 69 out of 87.

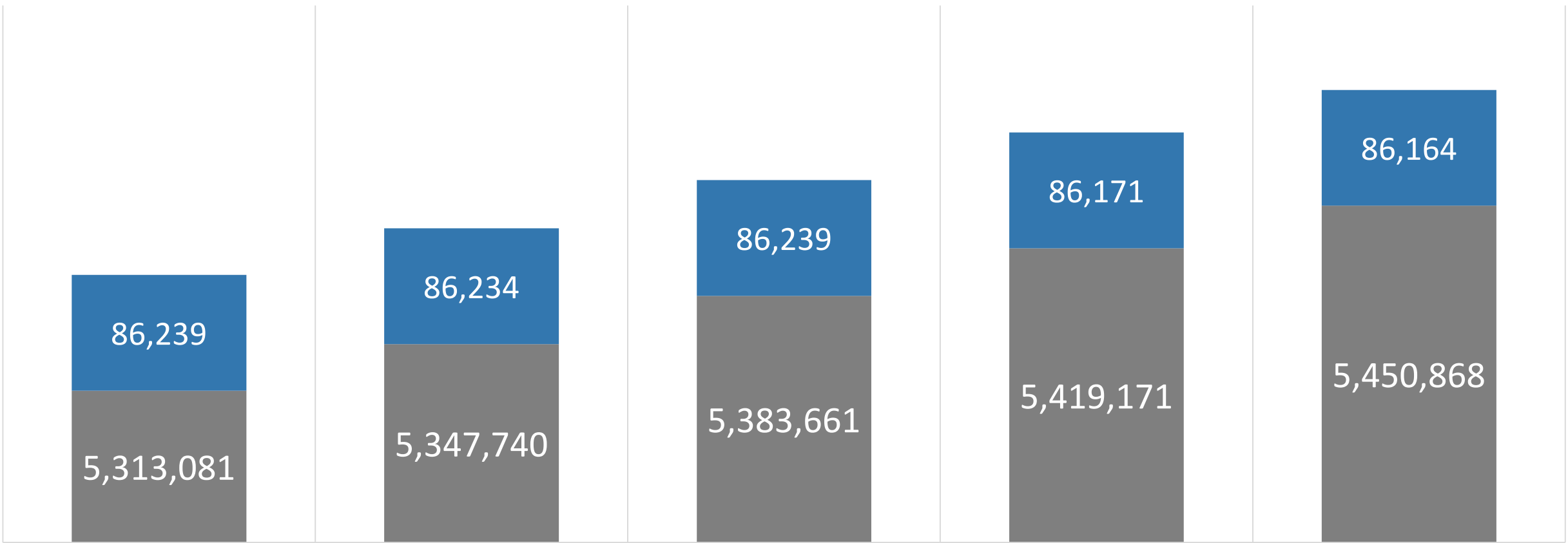
- This map represents what influences the health of a county.
- The healthiest county is ranked #1.
- The ranking is based on
 - Health behaviors
 - Clinical care
 - Social and economic
 - Physical environment factors.

Source: Robert Wood Johnson Foundation, 2018

RANK 1 - 22 23 - 44 45 - 65 66 - 87 NOT RANKED (NR)

TOTAL POPULATION

■ State of Minnesota ■ City of Duluth



2012

2013

2014

2015

2016

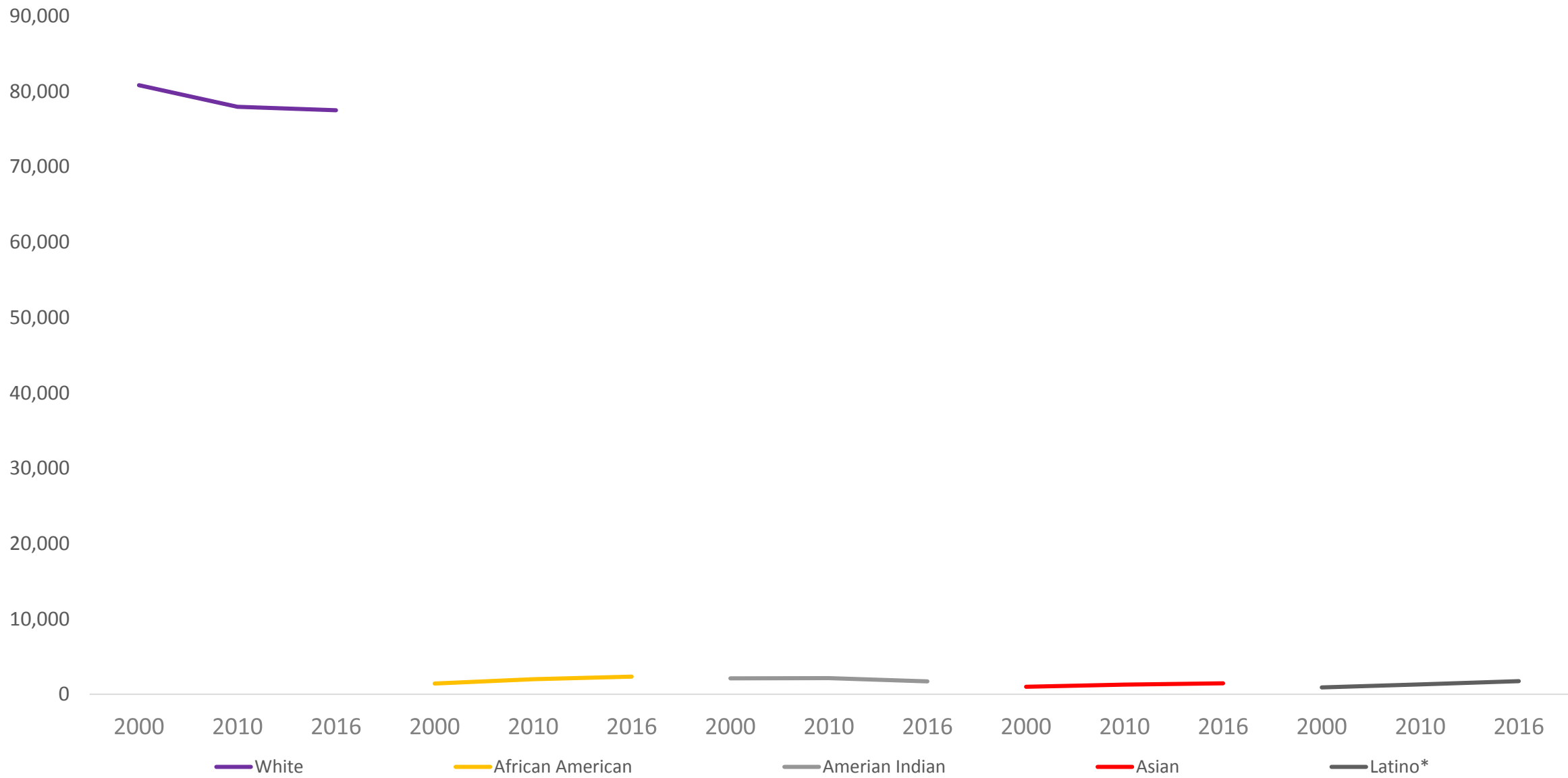
Source: United States Census. American Fact Finder

People 65 Years and Older

State/County	Number	Percent
State of Minnesota	832,228	15.1
St. Louis County	36,309	17.6

Source: Minnesota County Health Tables – MDH, 2016

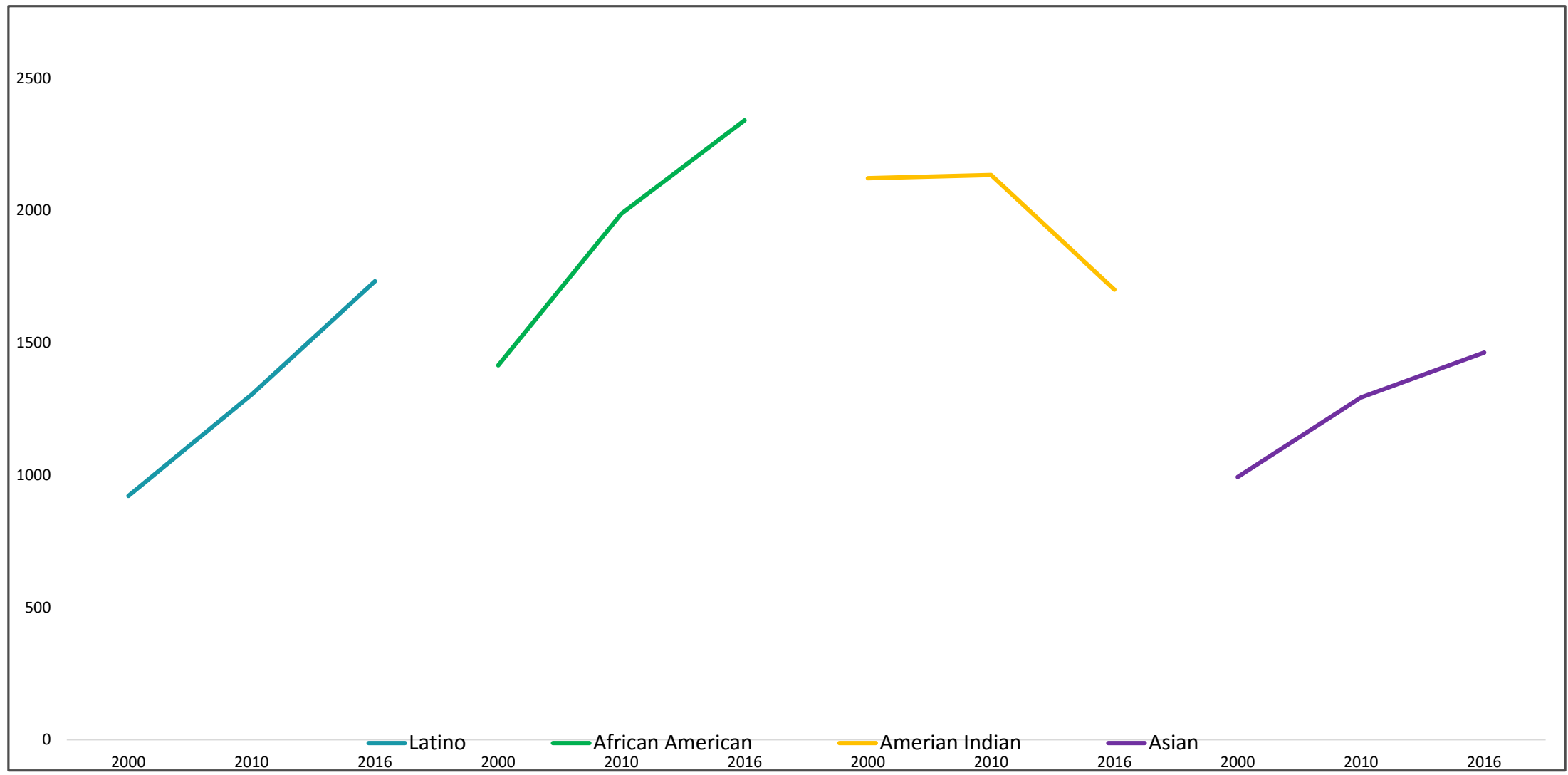
Duluth Population by race/ethnicity year 2000, 2010, 2016



Source: United States Census. American Fact Finder

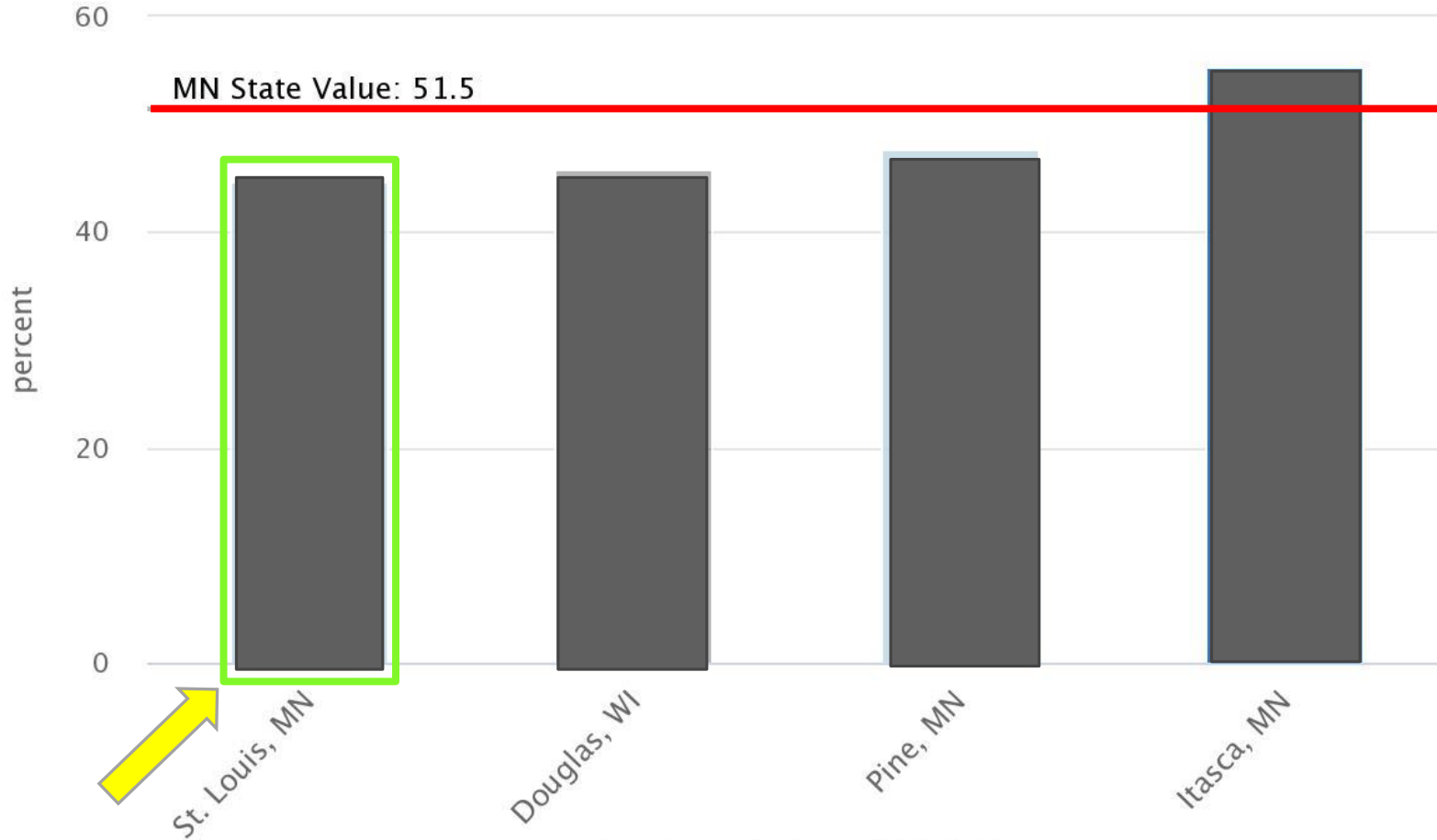
Duluth Population by race/ethnicity year 2000, 2010, 2016

*Same as previous slide without the white population



Socioeconomics

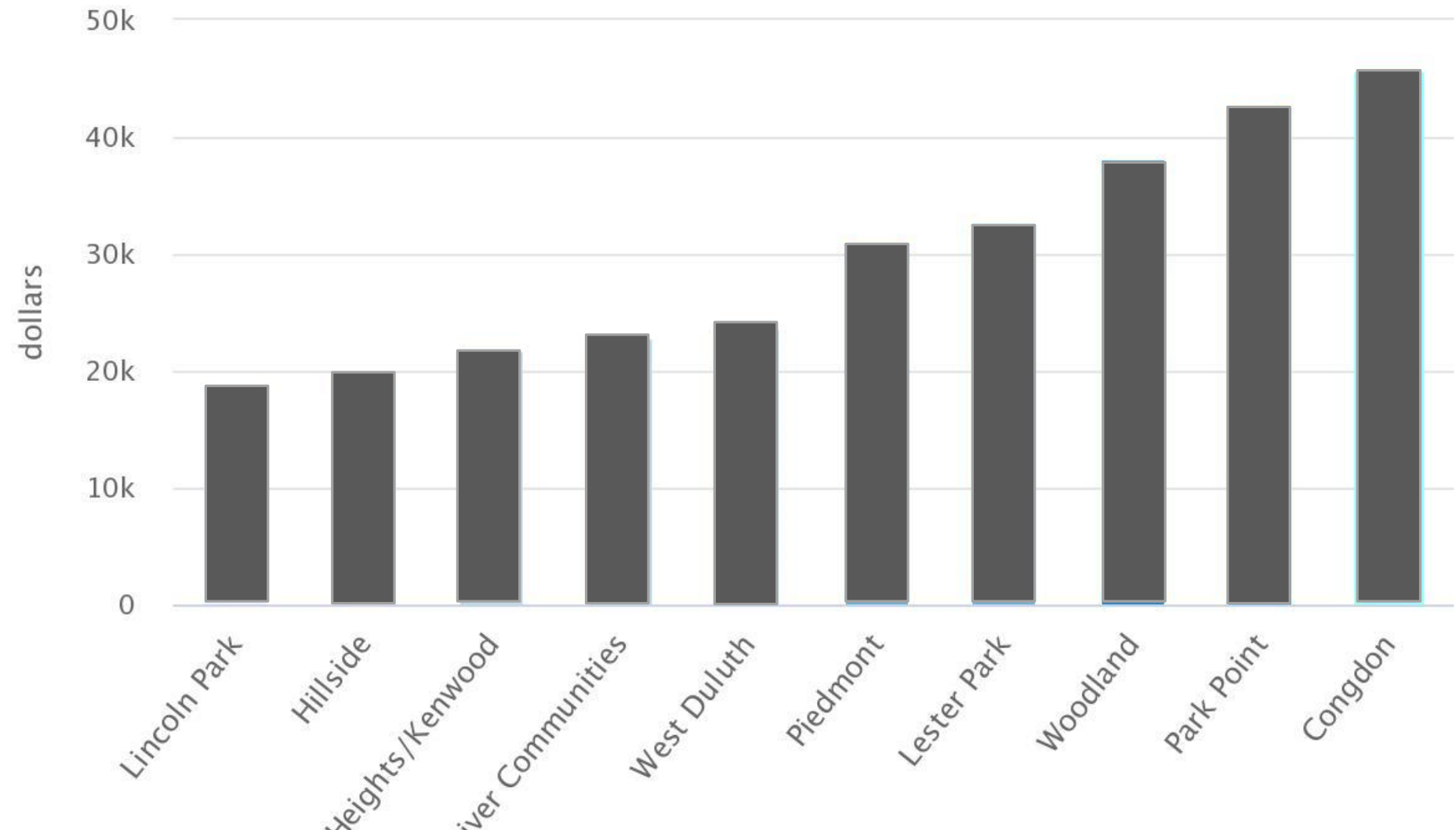
Households with Children Receiving SNAP



Source: American Community Survey (2012-2016)

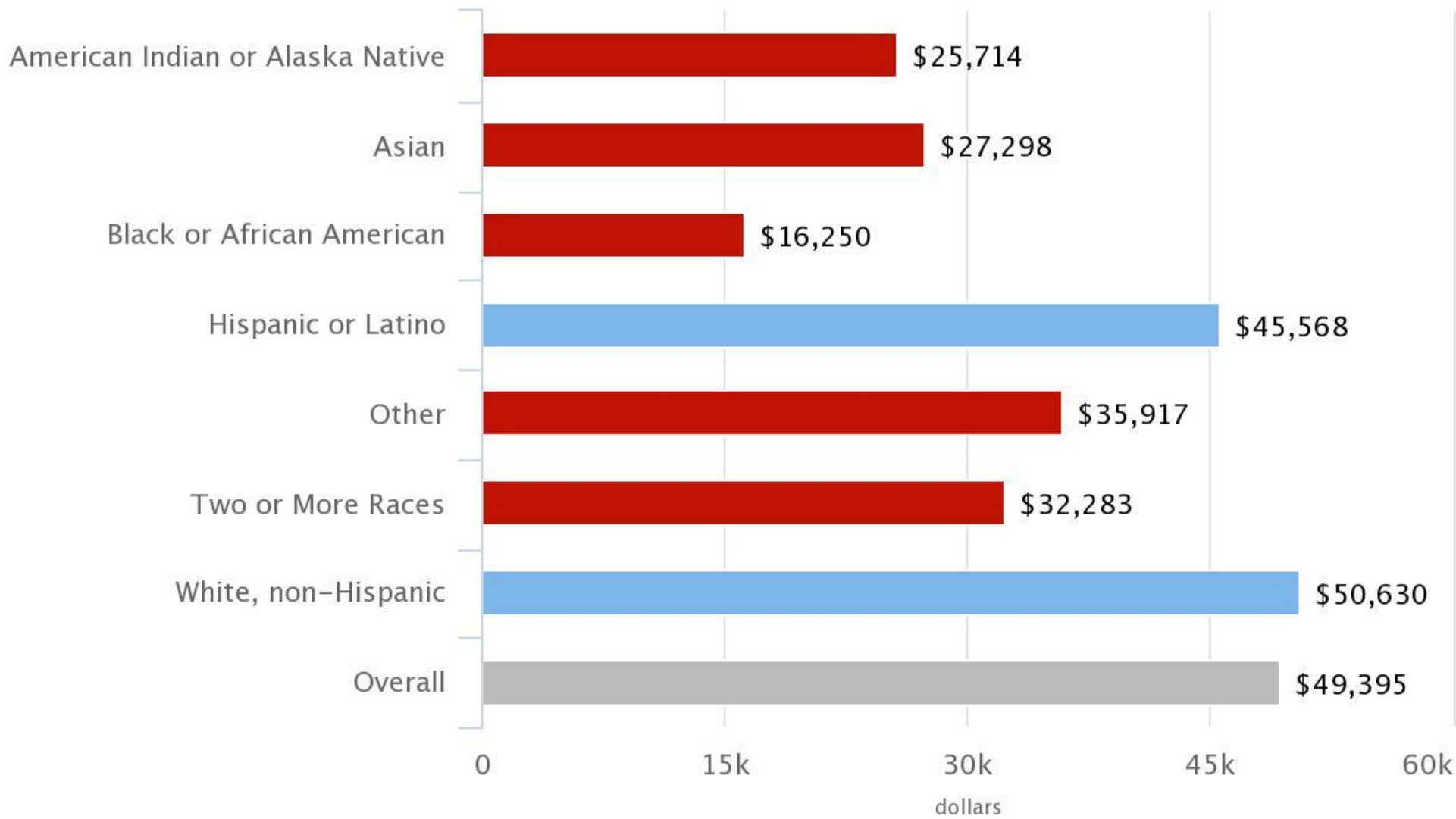
44.6% households in St. Louis County with children under the age of 18 participated in SNAP.

Per Capita Income



Source: American Community Survey (2012-2016)

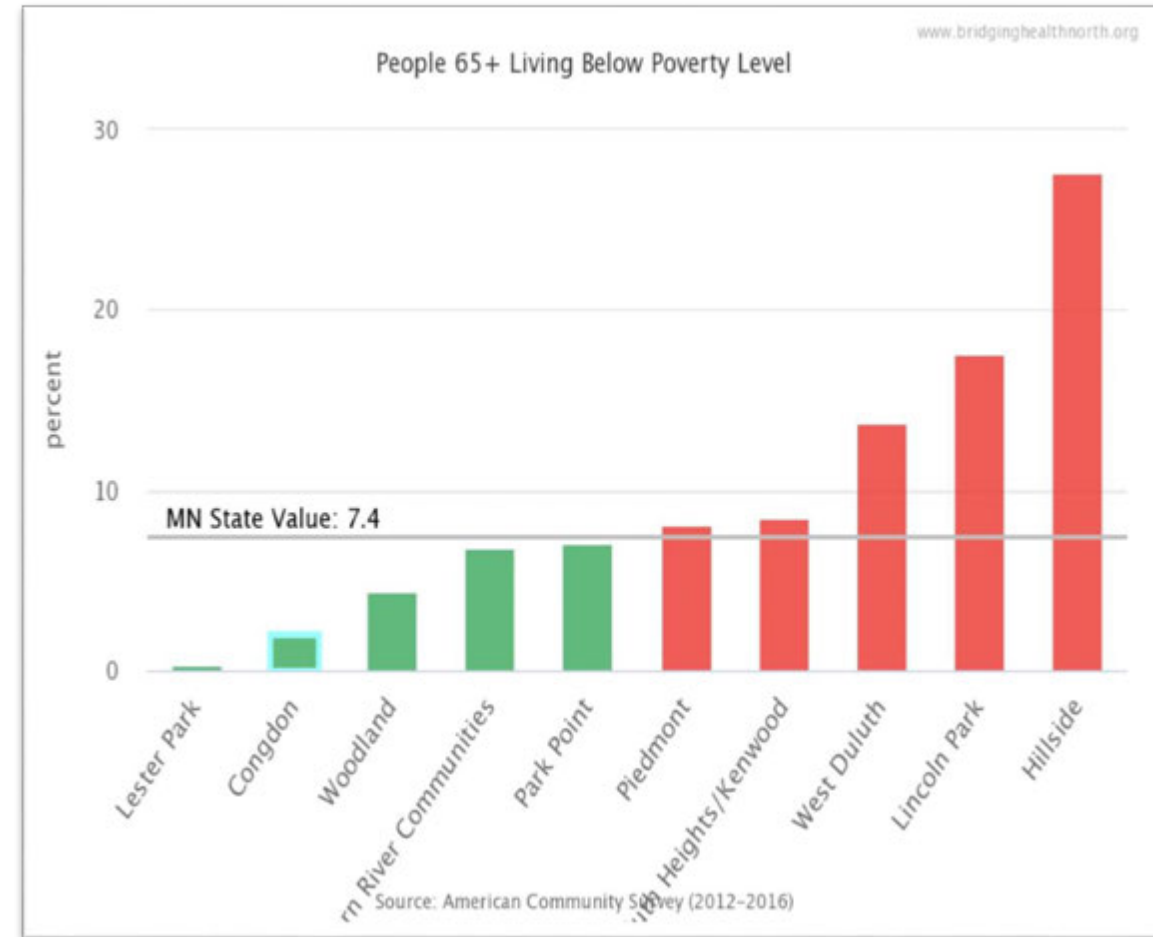
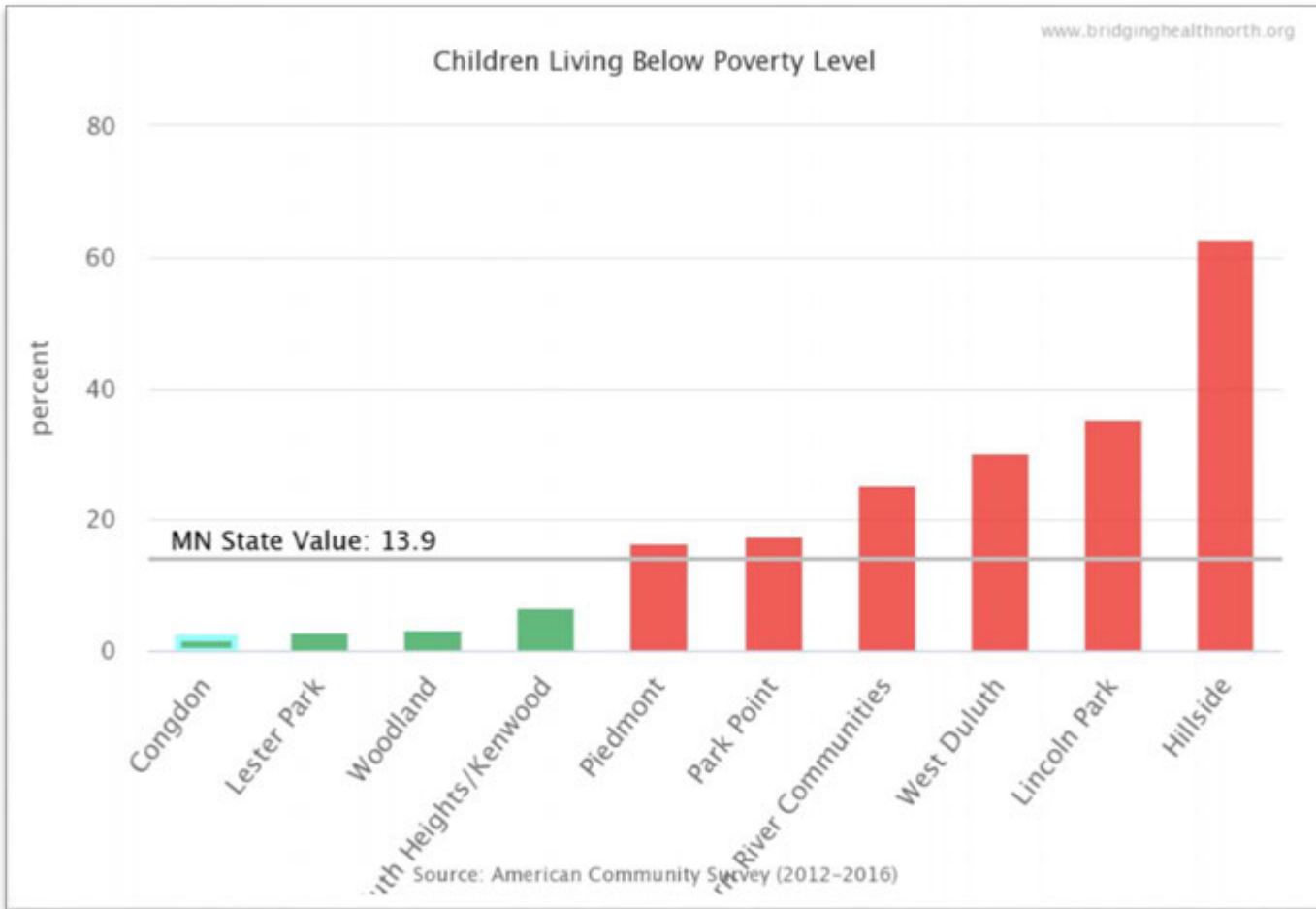
Median Household Income by Race/Ethnicity County: St. Louis, MN



Source: American Community Survey (2012-2016)

www.bridginghealthnorth.org

Children & People 65+ Living Below the Poverty Level



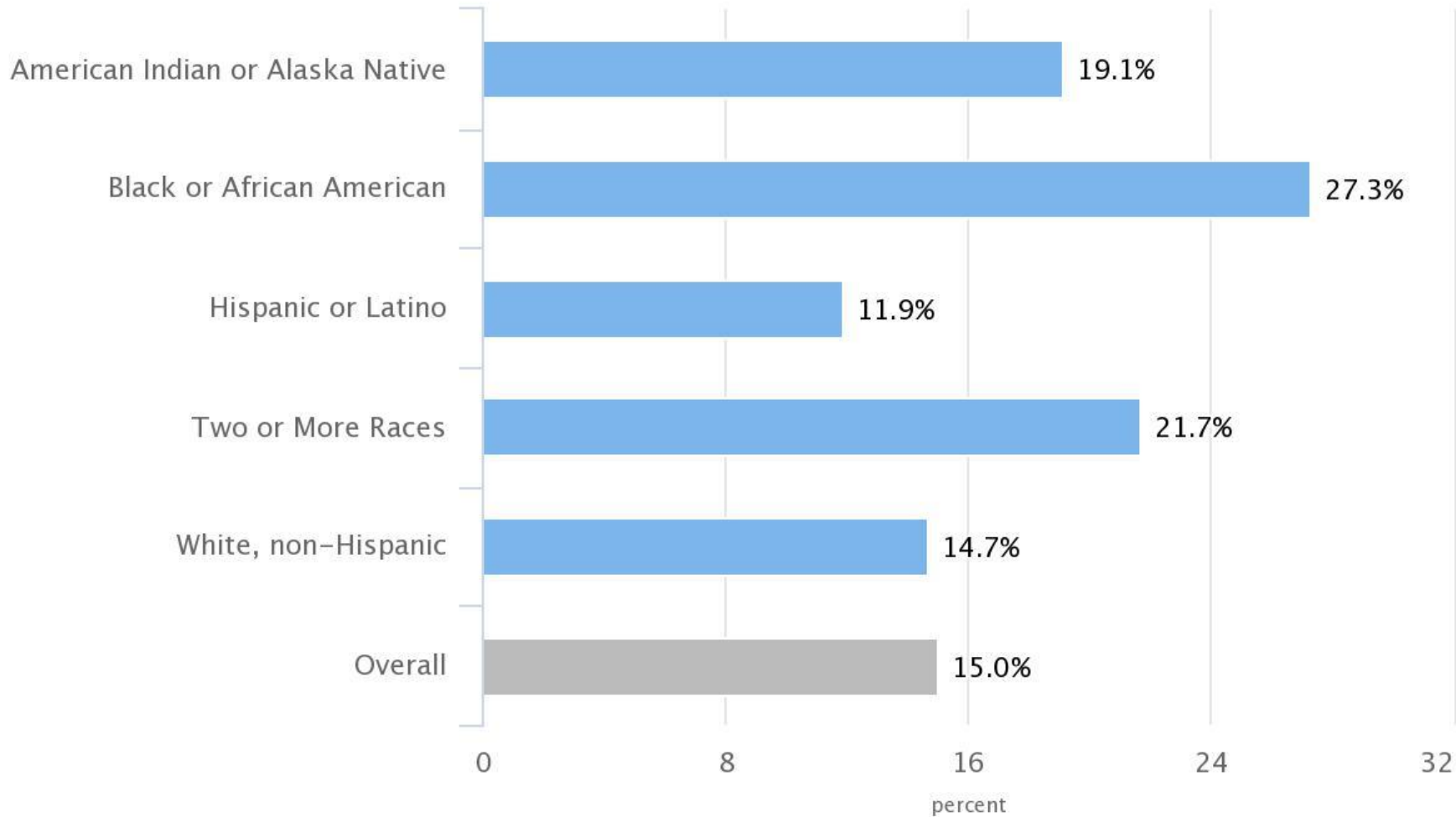
Duluth: Disability Rates

	2015	2016	MN Value	US Value
Persons with a Disability Living in Poverty	39.1%	37.1%	24.6%	26.6%
Persons with a Disability	12.5%	13.3%	11%	12.8%

Source: American Community Survey

Persons with a Disability by Race/Ethnicity

Location: St. Louis County

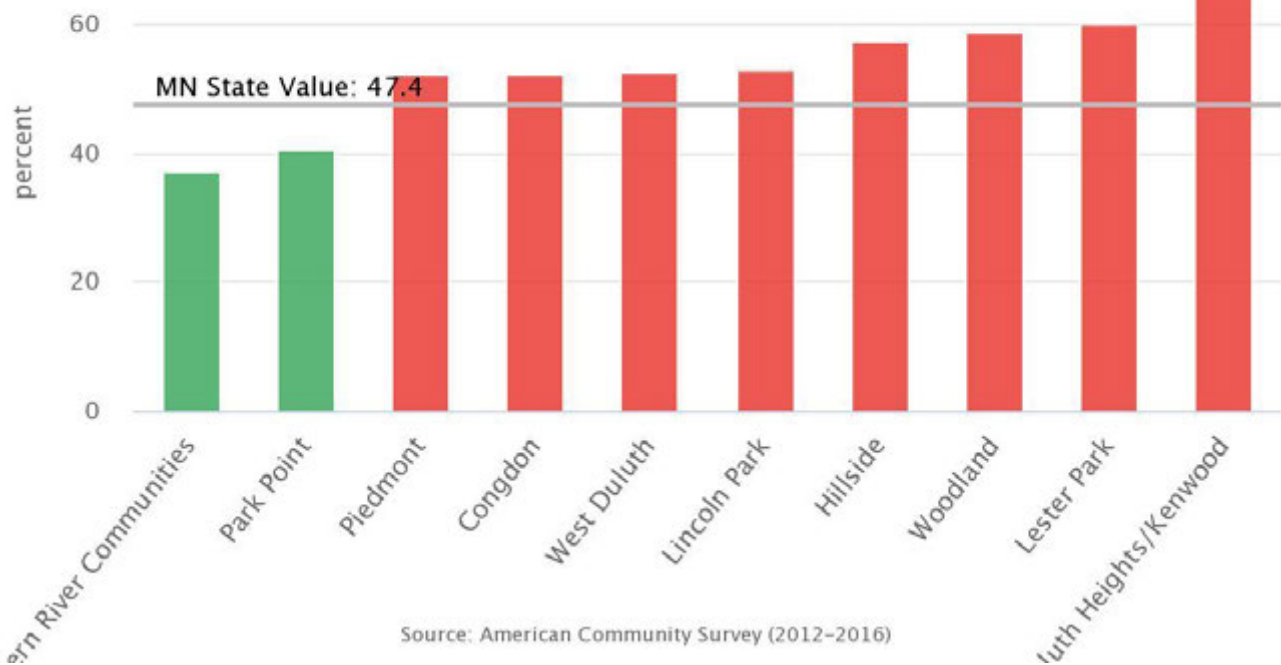


This indicator shows the percentage of the population that are limited in any activities because of physical, mental, or emotional problems.

Source: American Community Survey (2016)

www.bridginghealthnorth.org

Renters Spending 30% or More of Household Income on Rent



Renters Spending 30% or More of Household Income on Rent by Age County: St. Louis, MN

www.bridginghealthnorth.org

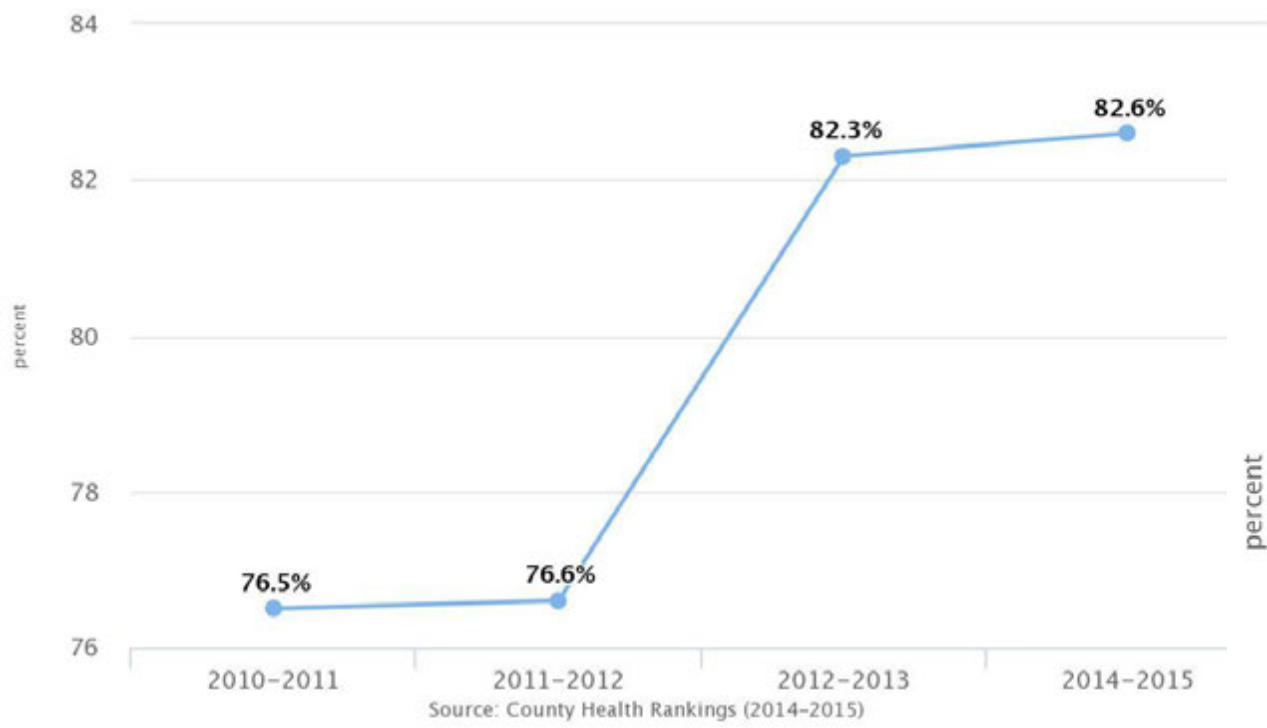


Source: American Community Survey, 2012-2016

Education- High School

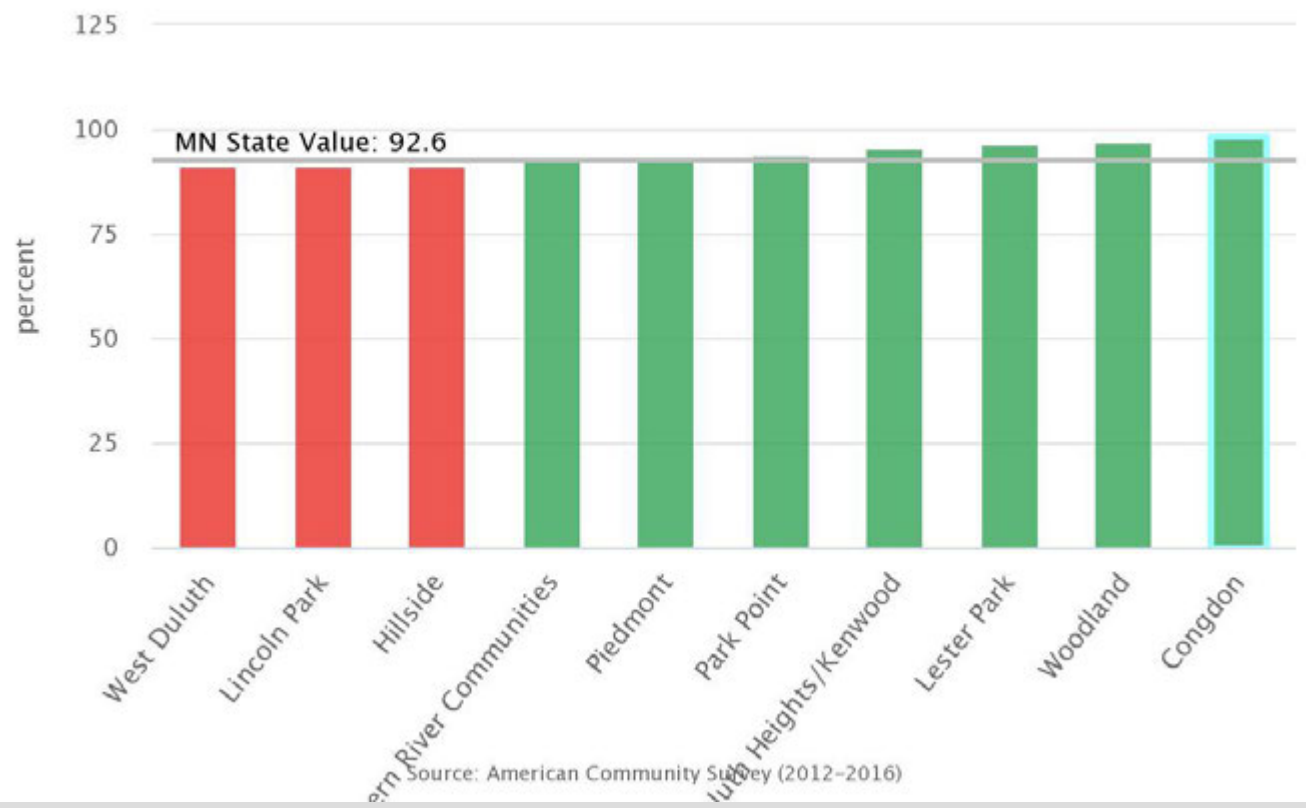
High School Graduation
County: St. Louis, MN

www.bridginghealthnorth.org

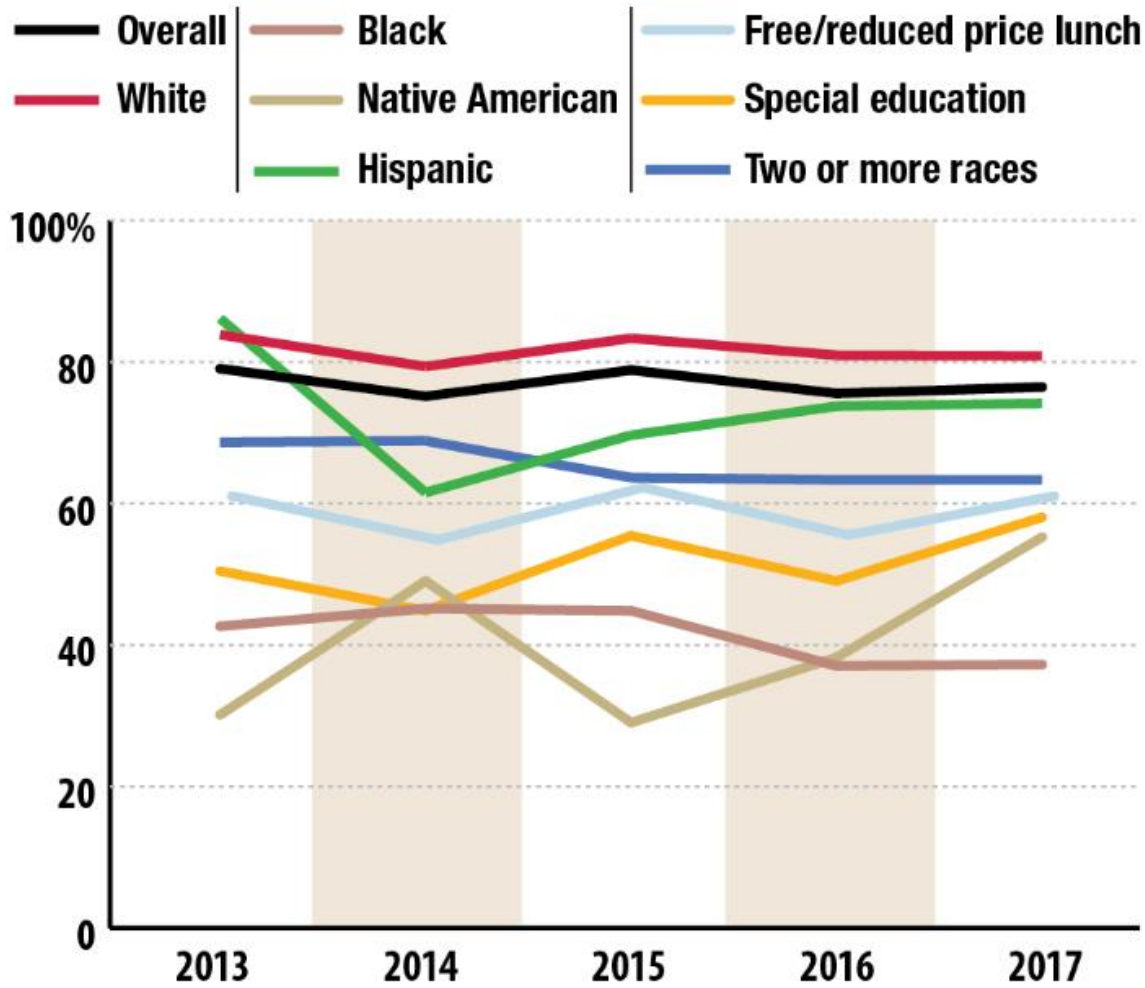


People 25+ with a High School Degree or Higher

www.bridginghealthnorth.org



Graduation rates over time, Duluth school district 2013-17



SOURCE: Minnesota Department of Education

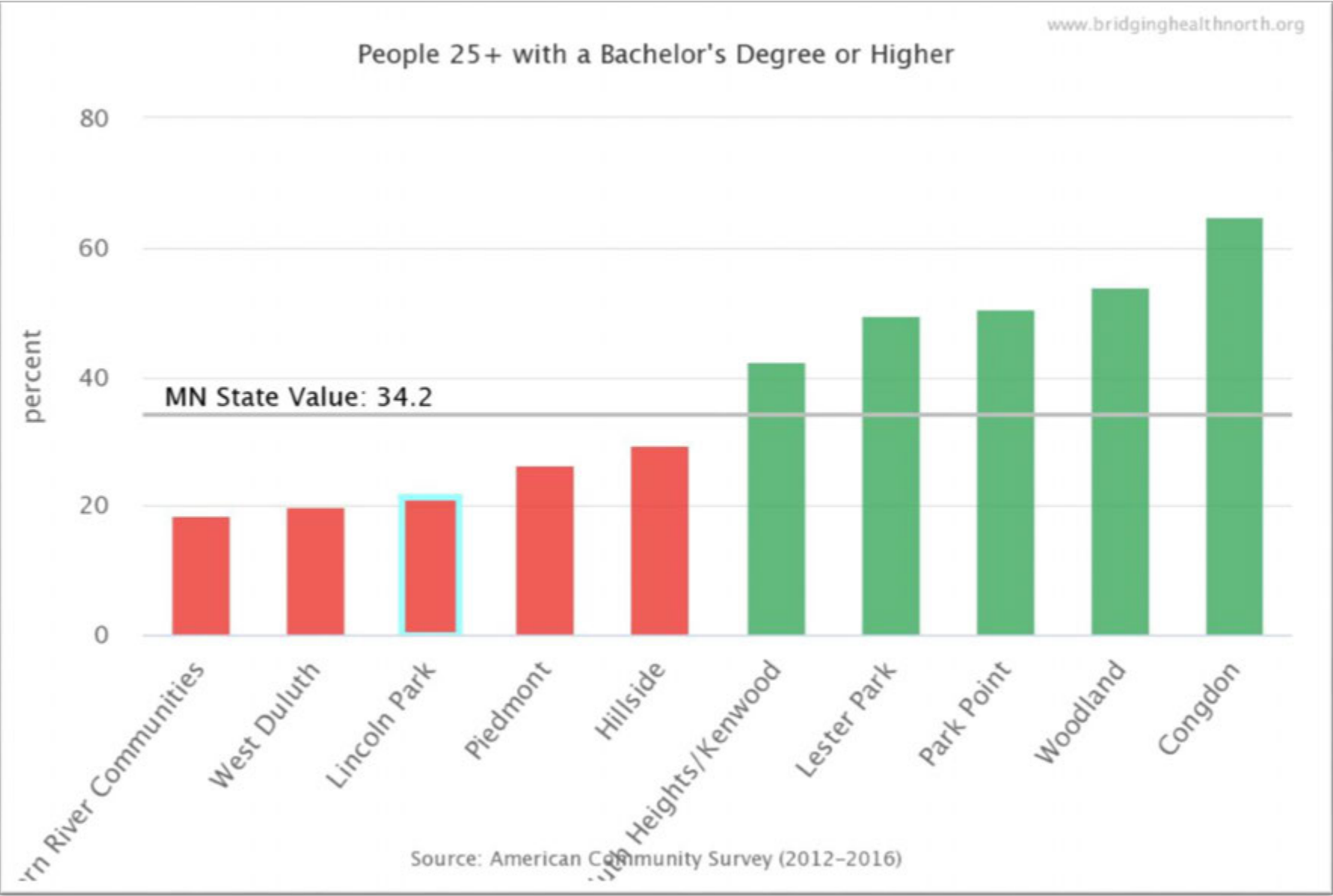
NEWS TRIBUNE GRAPHICS

Education- High School

In Duluth, Native American graduation rates have increased to 55%.

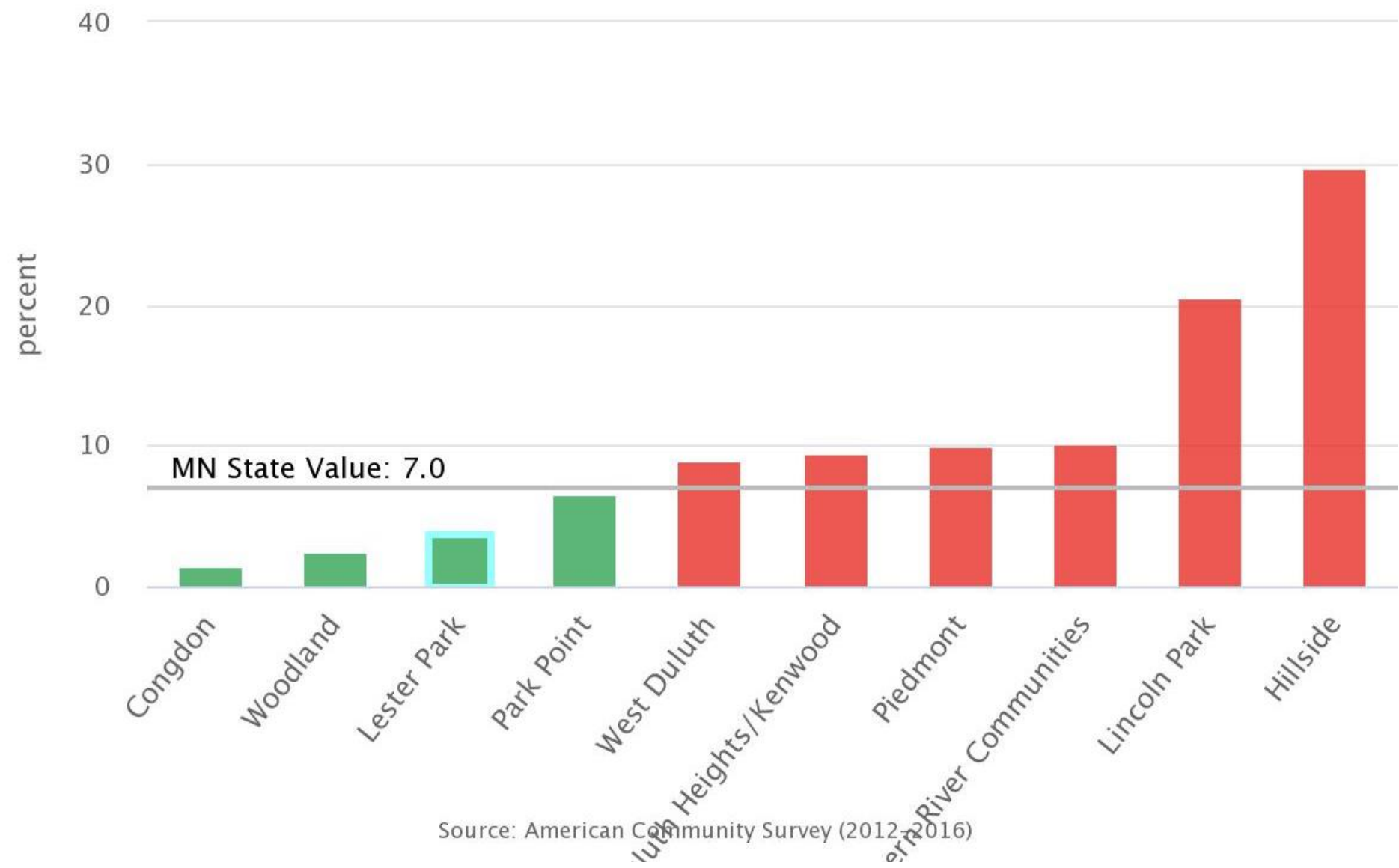
Other groups remain steady.

Education- Bachelor's Degree or Higher



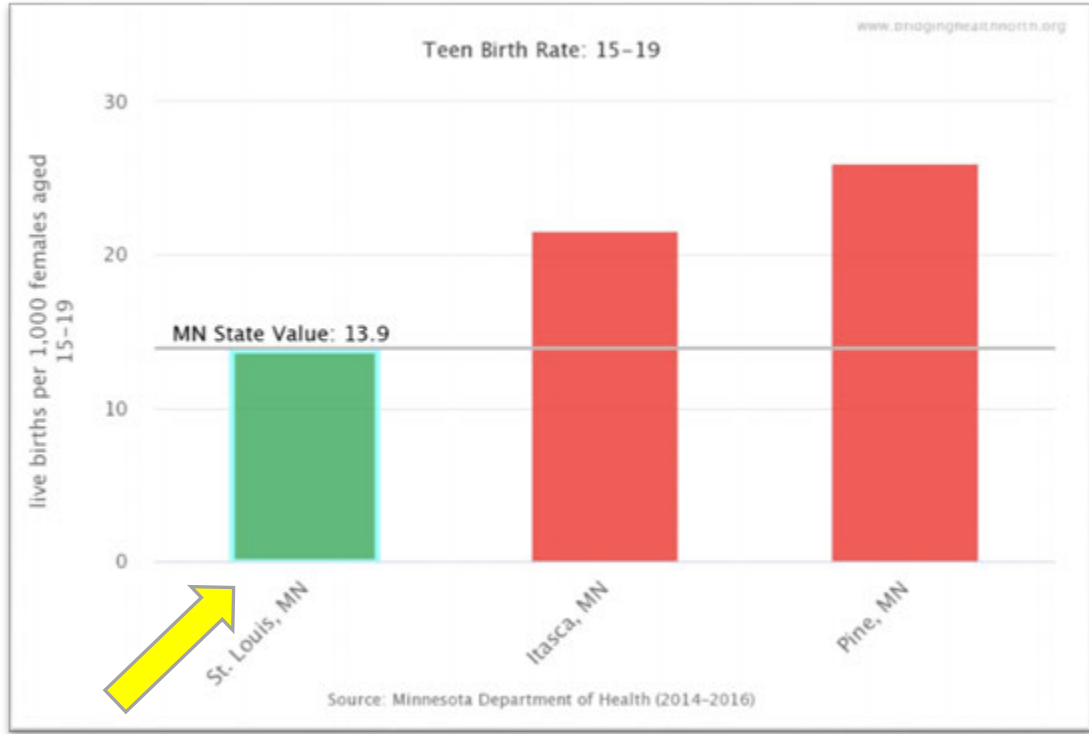
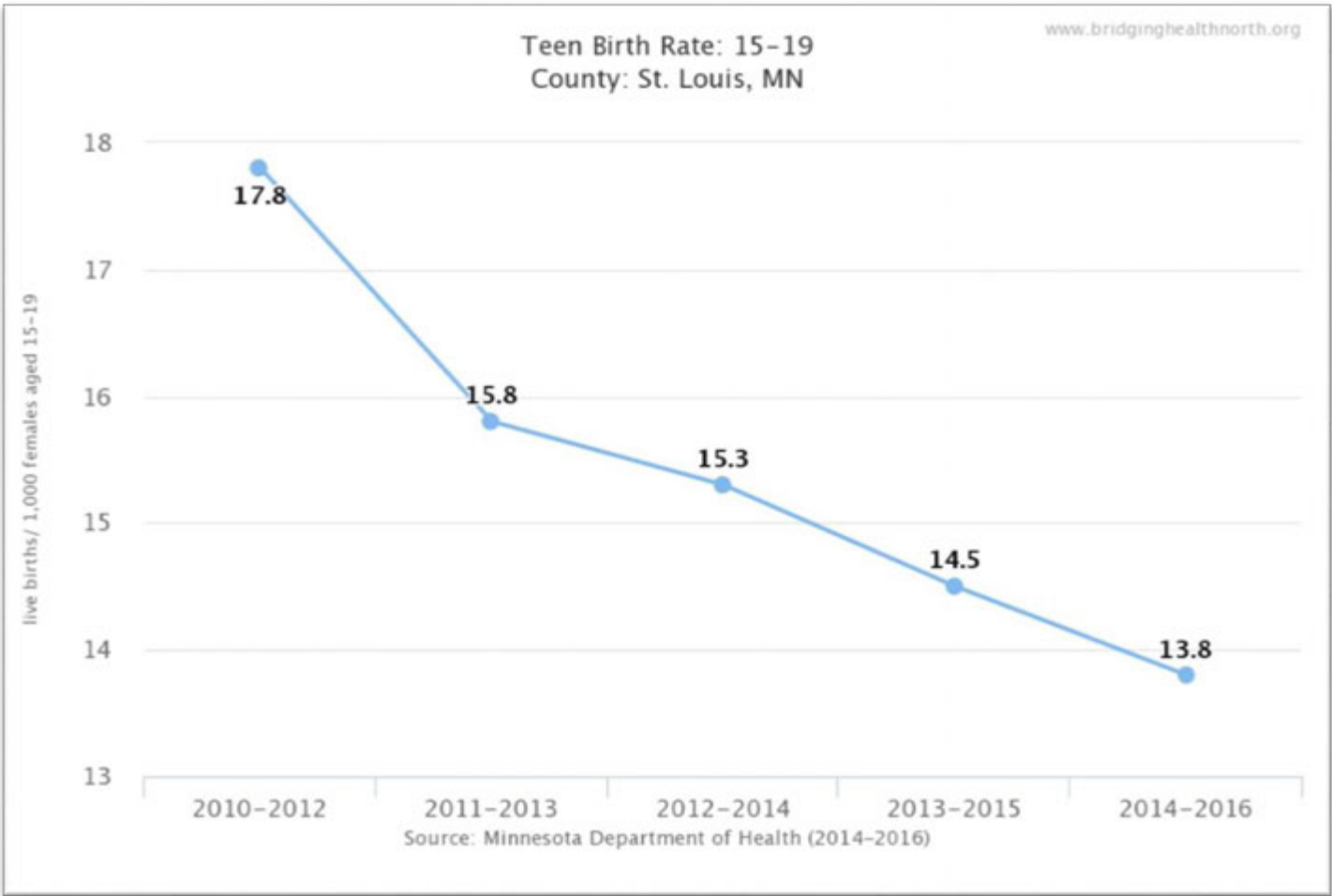
College graduates earn an estimated **\$1 million** more per lifetime than their non-graduate peers.

Households without a Vehicle



Maternal Health

Teen Birth Rate





What percent of teen mothers receive a high school diploma by 22 years old?

a) 25%

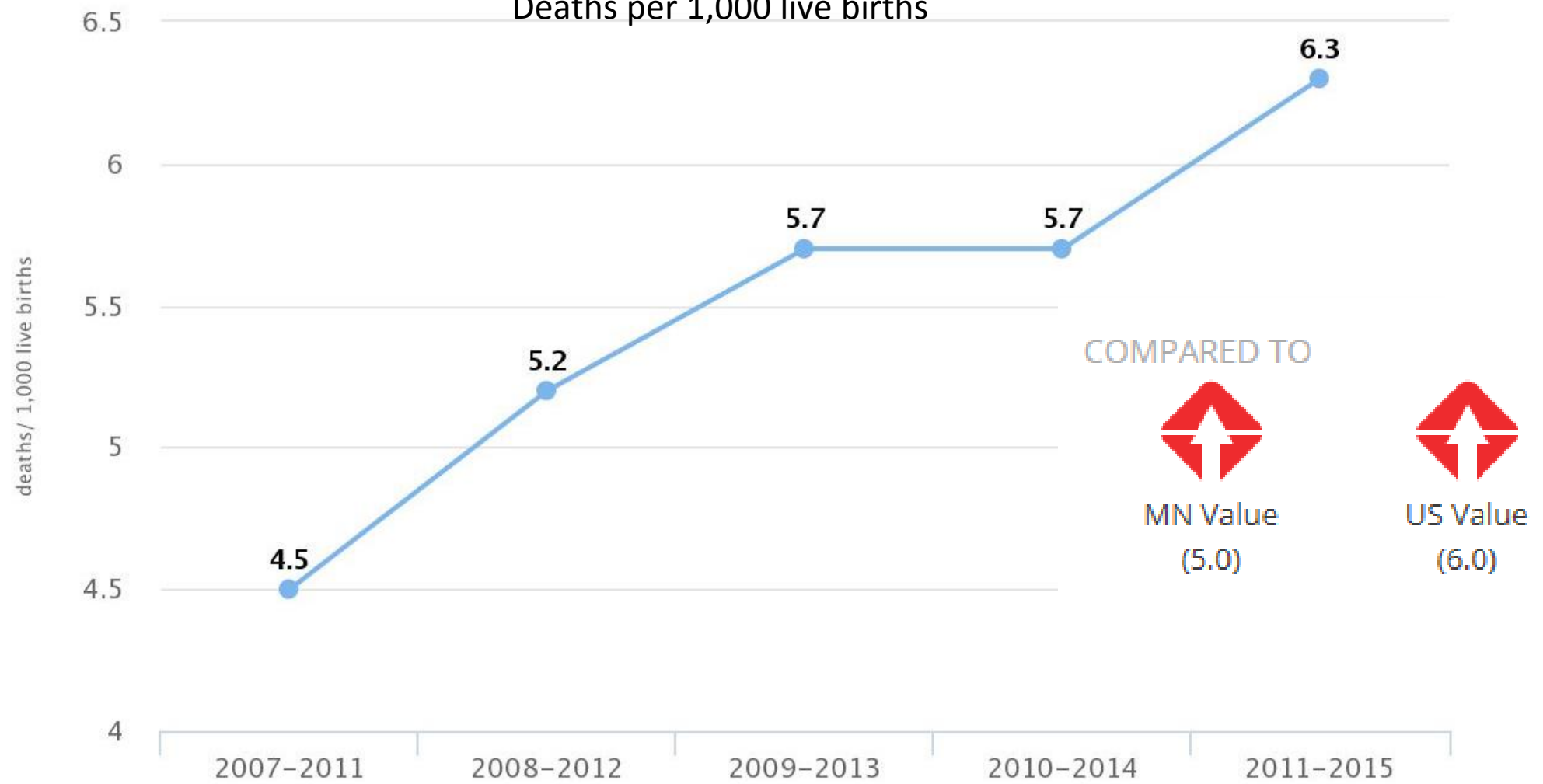
b) 50%

c) 75%

This is compared to 90% of women who are not teen mothers.

Infant Mortality Rate

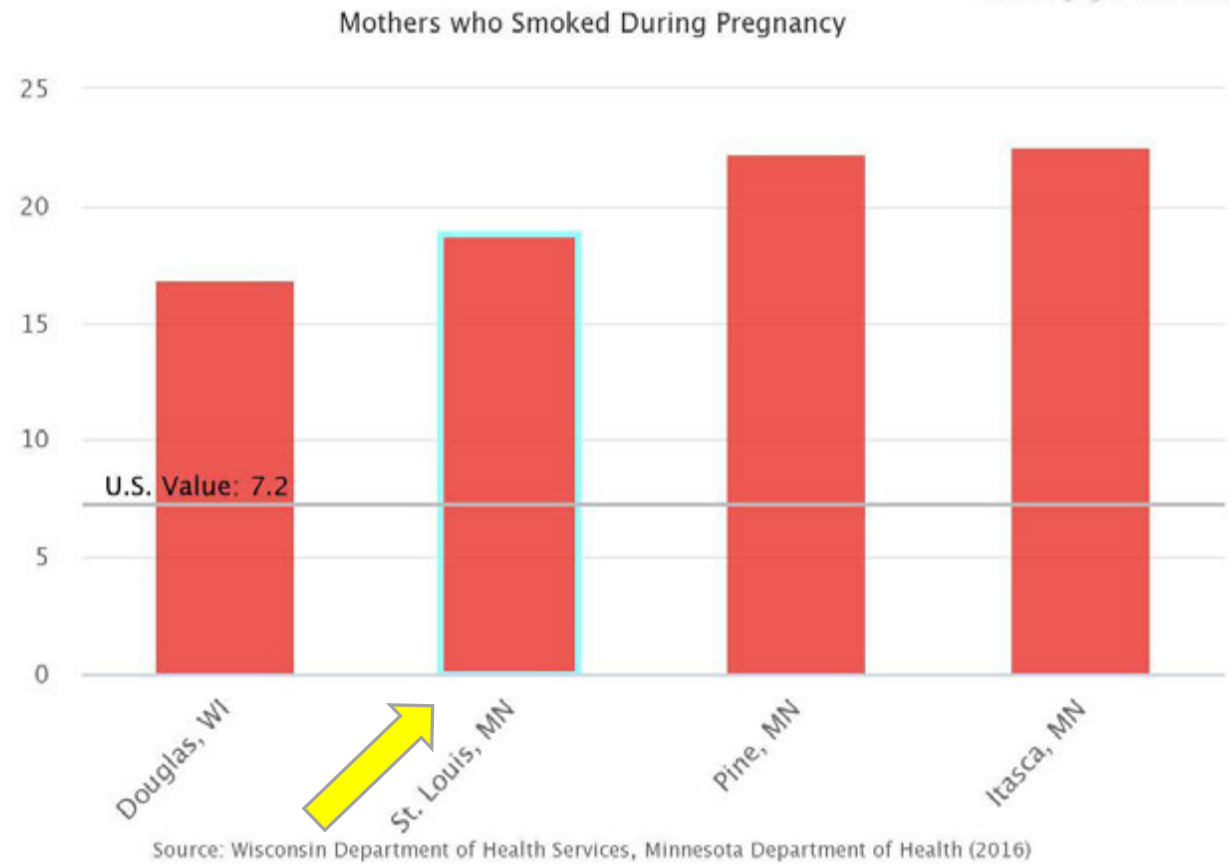
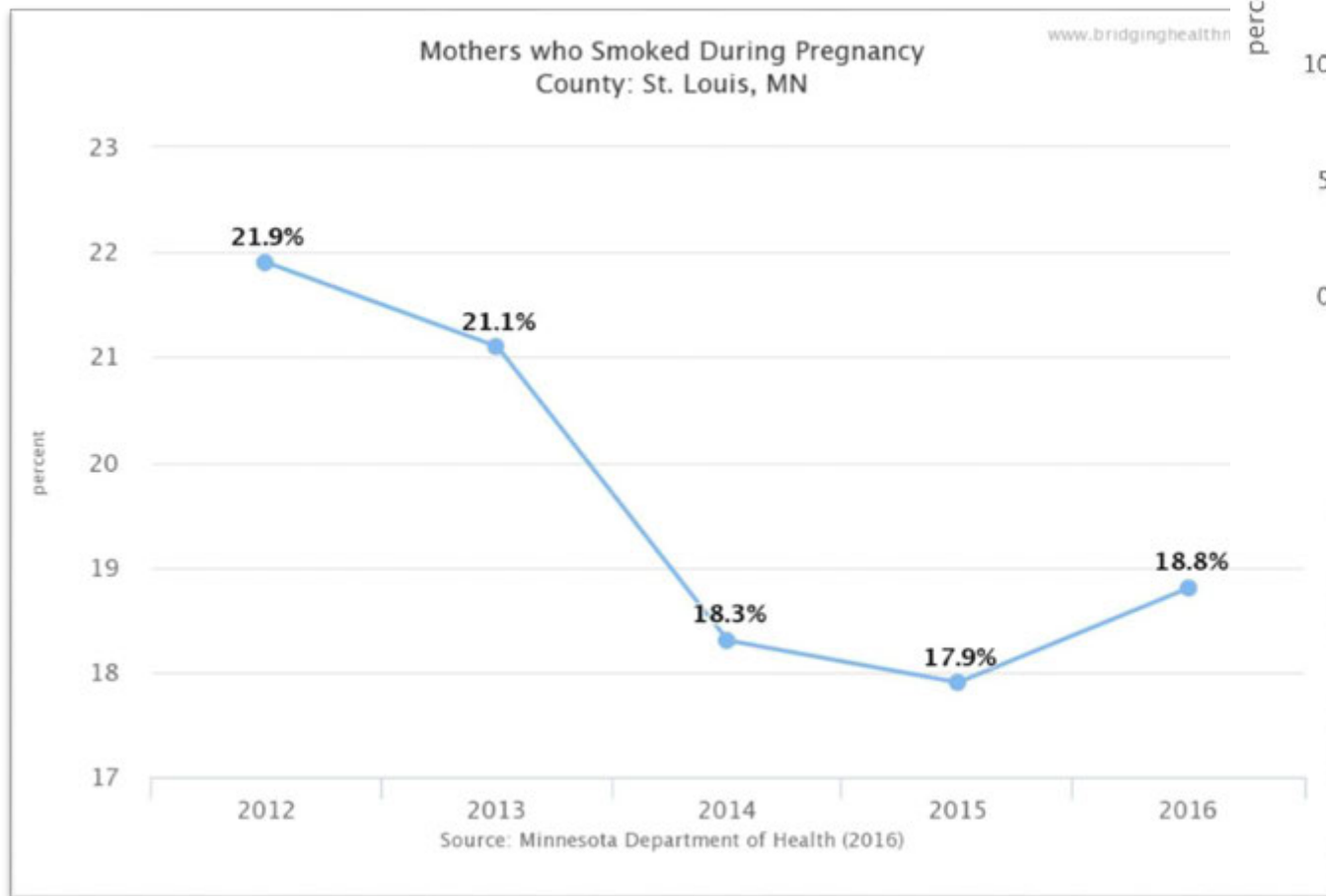
St. Louis County, MN
Deaths per 1,000 live births



Source: Minnesota Department of Health (2011-2015)

Mothers who Smoke During Pregnancy

18.8% of mothers smoke during pregnancy

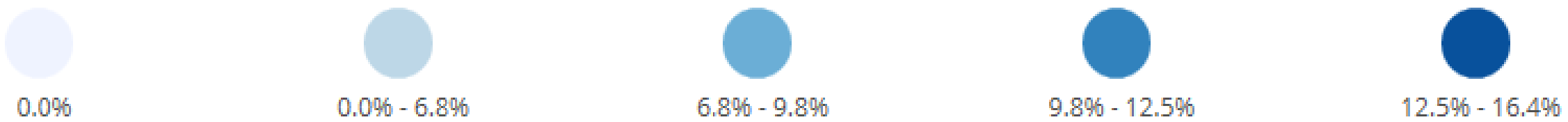
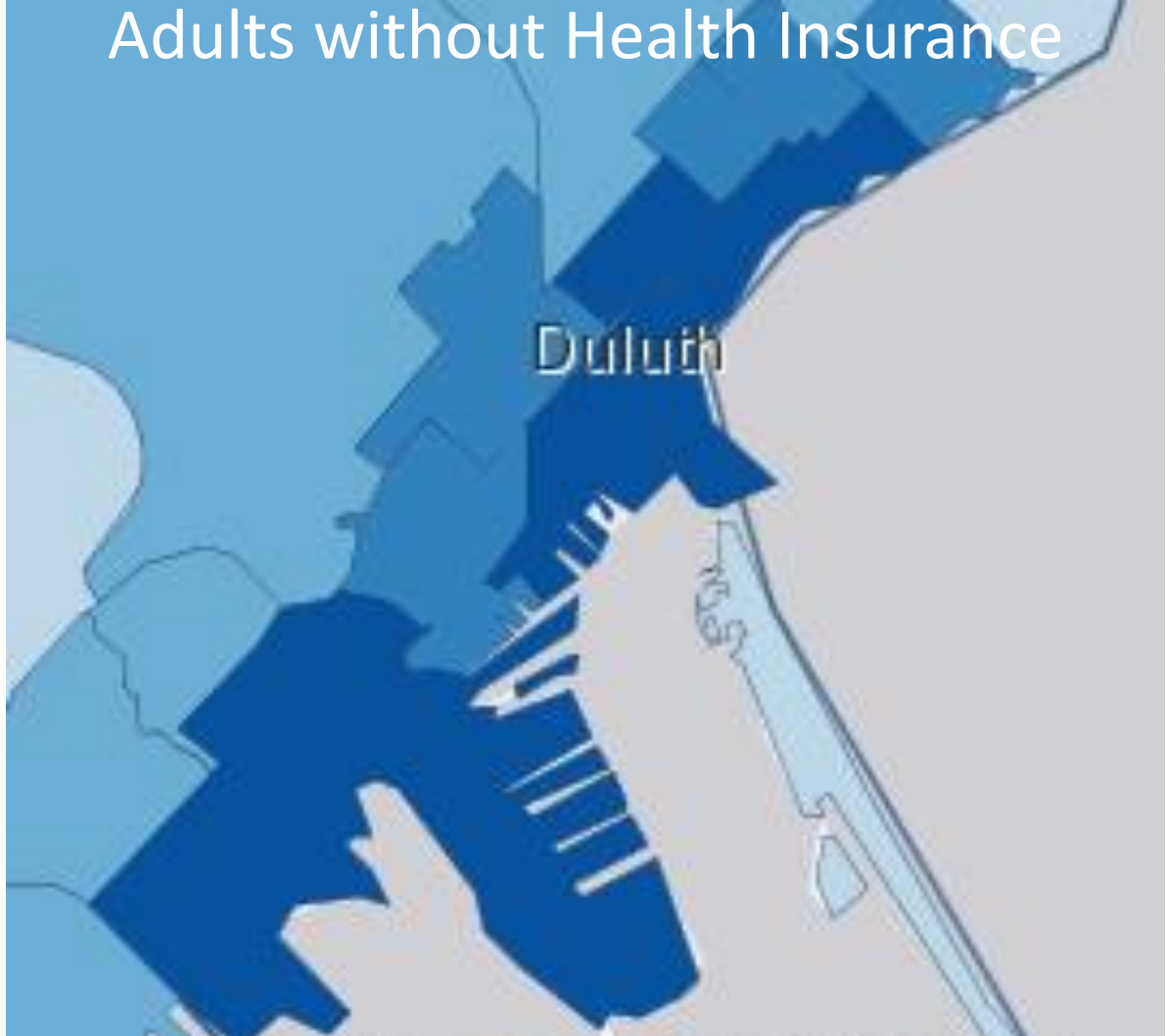


Access to Health Care

Adults without Health Insurance

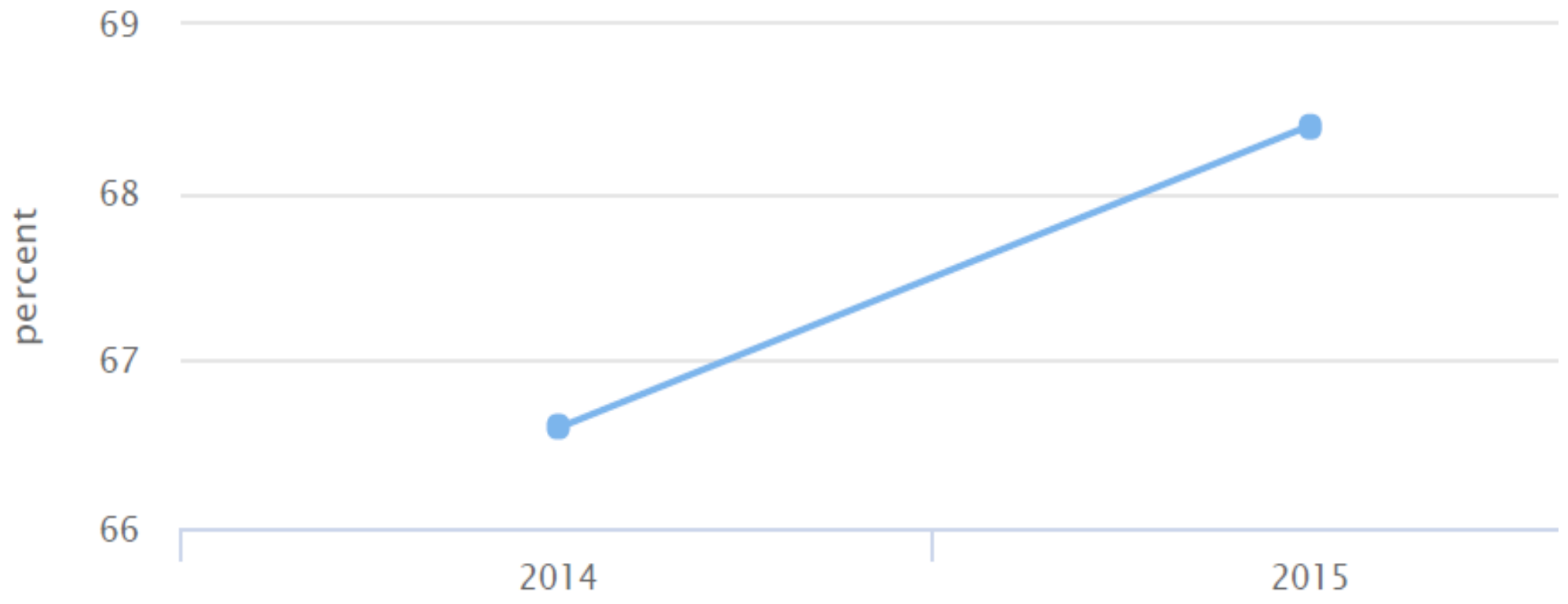
8.9% of adults in Duluth do not have any kind of health insurance coverage

The US Value is 14.8%



Source: CDC - 500 Cities Project, 2015

Adults Who Have Had a Routine Checkup



Current value in Duluth is **68.4%**.

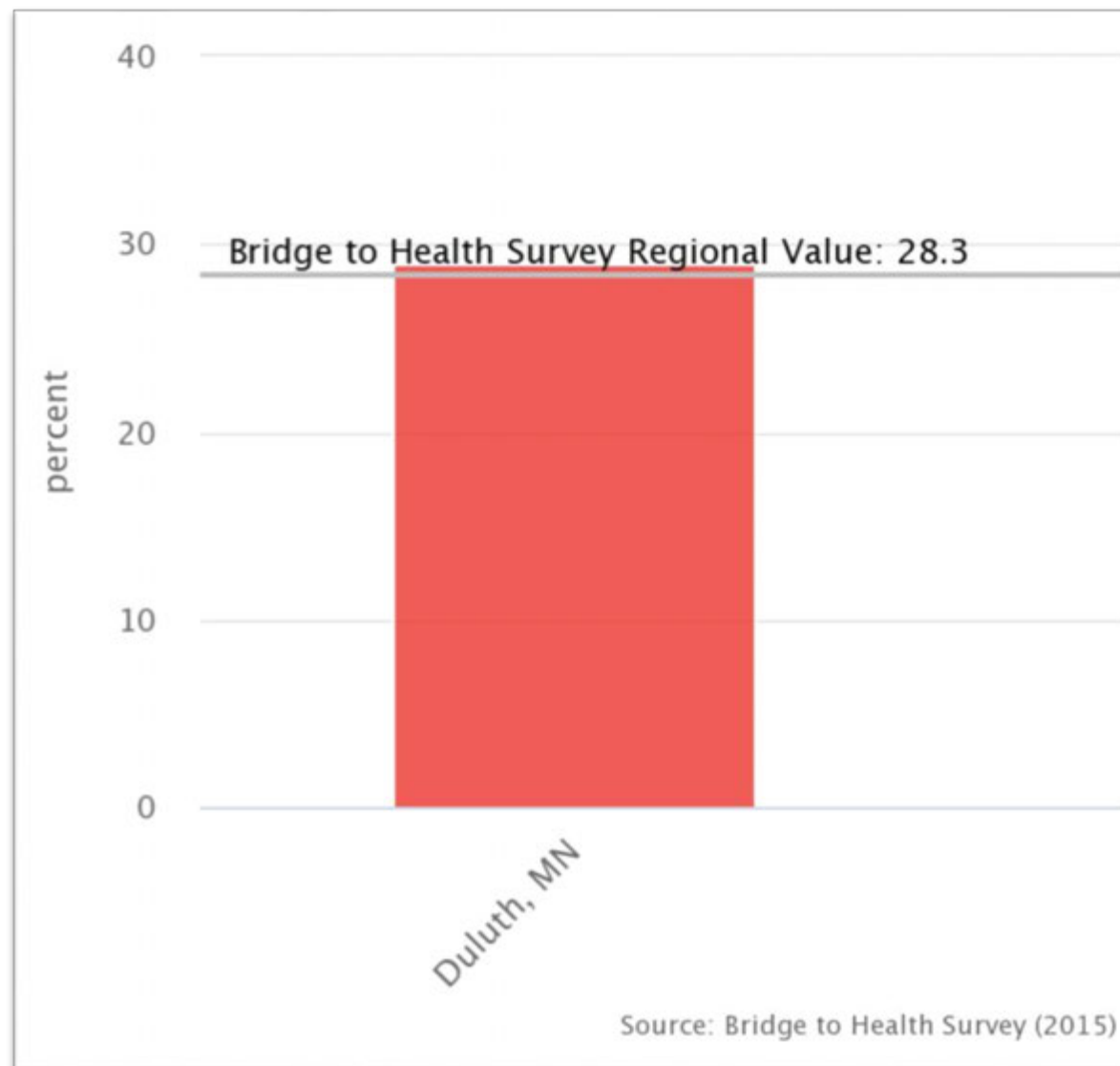
US Value is **70%**.

Source: CDC-500 Cities Project

Adults Who Delayed or Failed to Seek Dental Care

Almost **29%** of adults delayed to seek dental care even though they felt they needed it.

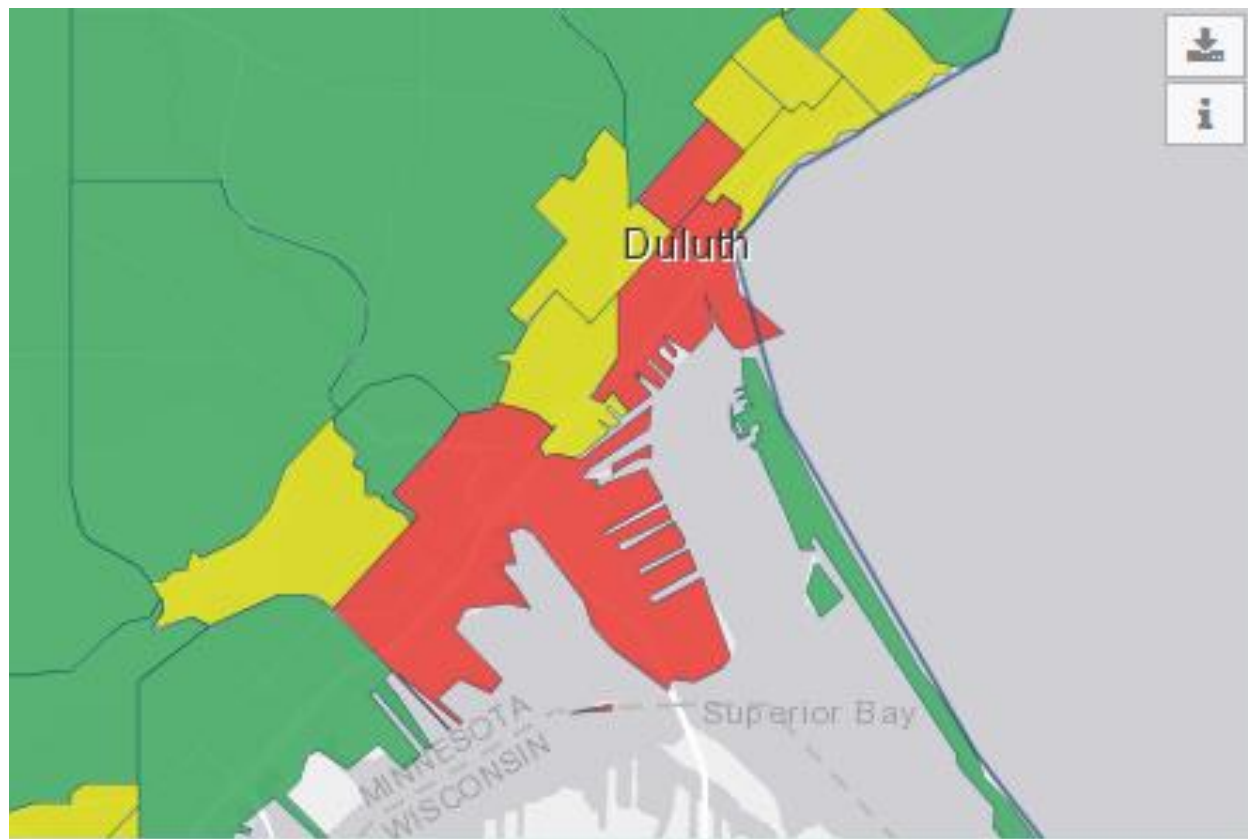
Bridge to Health Survey Value: **28.3%**





Adults 65+ with Total Tooth Loss


13.4% of adults in Duluth aged 65+ have total tooth loss.

14.9% is the US Value.




Best 50th Percentile
< 14.3%


50th to 75th Quartile
14.3% - 21.3%


Worst 25th Quartile
> 21.3%

Causes of Death

Top 10 Leading Causes of Death

St. Louis County

Cancer and Heart Disease rank #1 and #2 for both the state of Minnesota and St. Louis County.

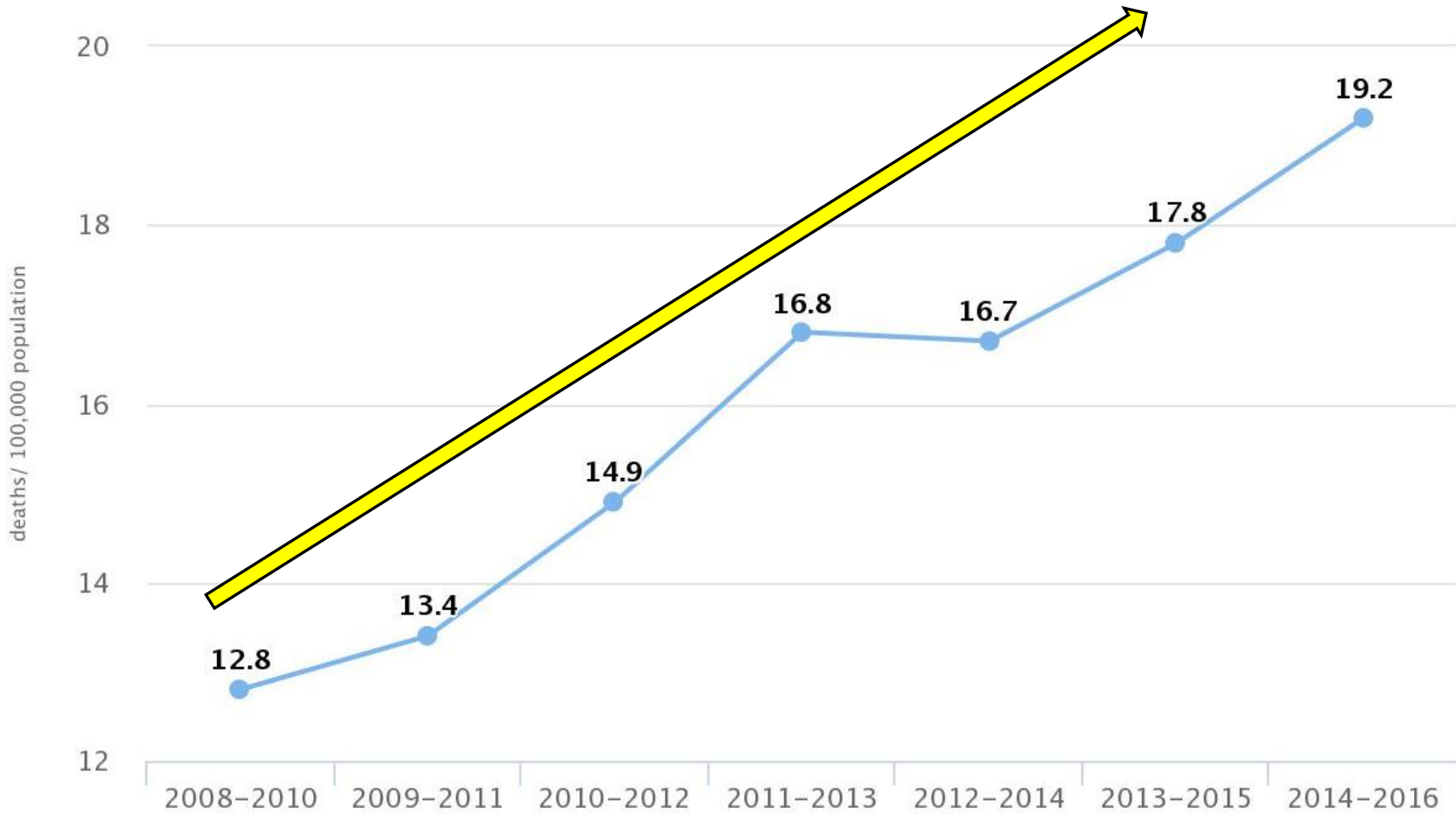
Cause	Rank	Number
Cancer	1	475
Heart Disease	2	377
Chronic Lower Respiratory Dis.	3	152
Alzheimer's Disease	4	133
Unintentional Injury	5	122
Stroke	6	105
Diabetes	7	66
Suicide	8	40
Cirrhosis	9	35
Pneumonia and Influenza	10	31

Source: Minnesota Department of Health, Center for Health Statistics

Age-Adjusted Death Rate due to Suicide

19.2 deaths per 100,000 population due to suicide in St. Louis County.

 MN Value (12.9)  US Value (13.2)  HP 2020 Target (10.2)



Source: Centers for Disease Control and Prevention (2014-2016)

Source: Centers for Disease Control and Prevention, 2014-2016

Eating Habits, Physical Activity & Chronic Conditions

Food Insecurity Rate

St. Louis County



12.1% of the St. Louis County population report having a food insecurity.

This is about 24,250 individuals.

This rate has decreased but is still above the MN Value of 9.2%.

Source: Feeding America, 2016

Adults Who are Sedentary

DULUTH

24.4% report not participating in any leisure activities.

This includes any physical activity other than their regular job.

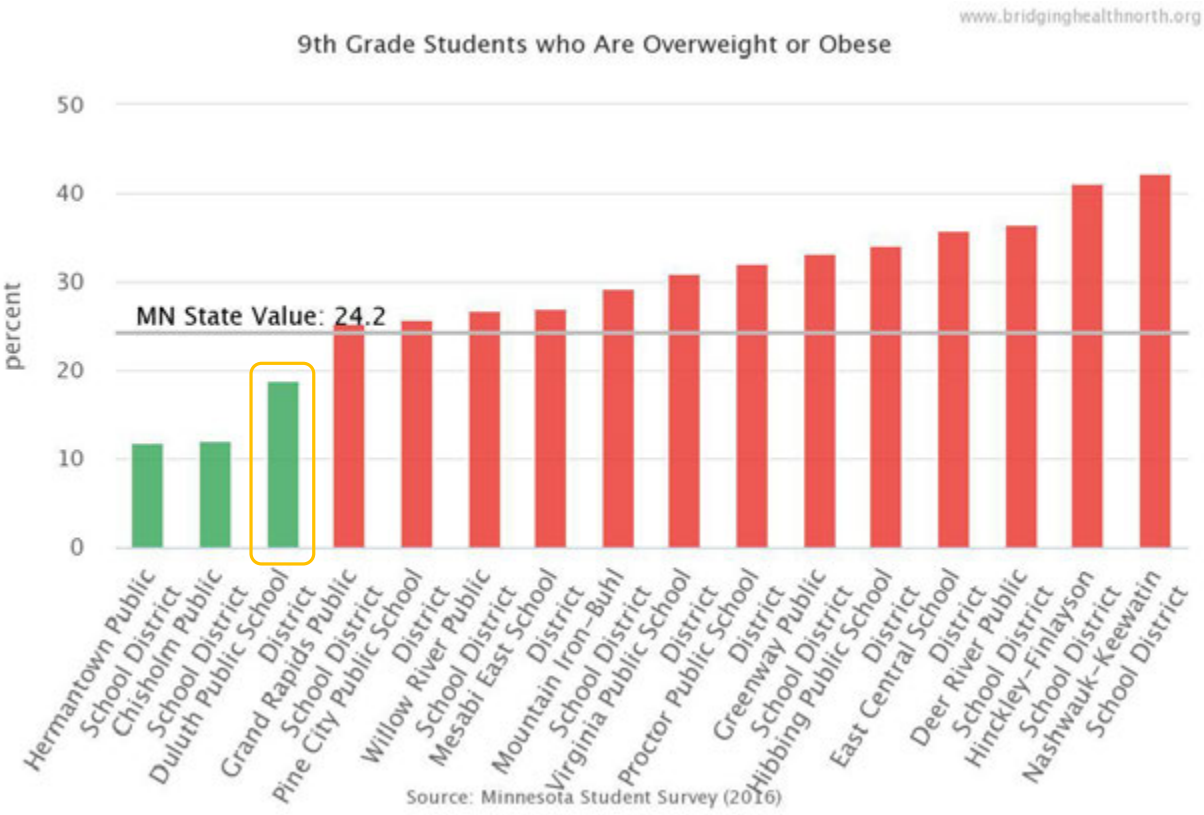
This increases the risk of many serious health conditions.

25.9% is the US Value



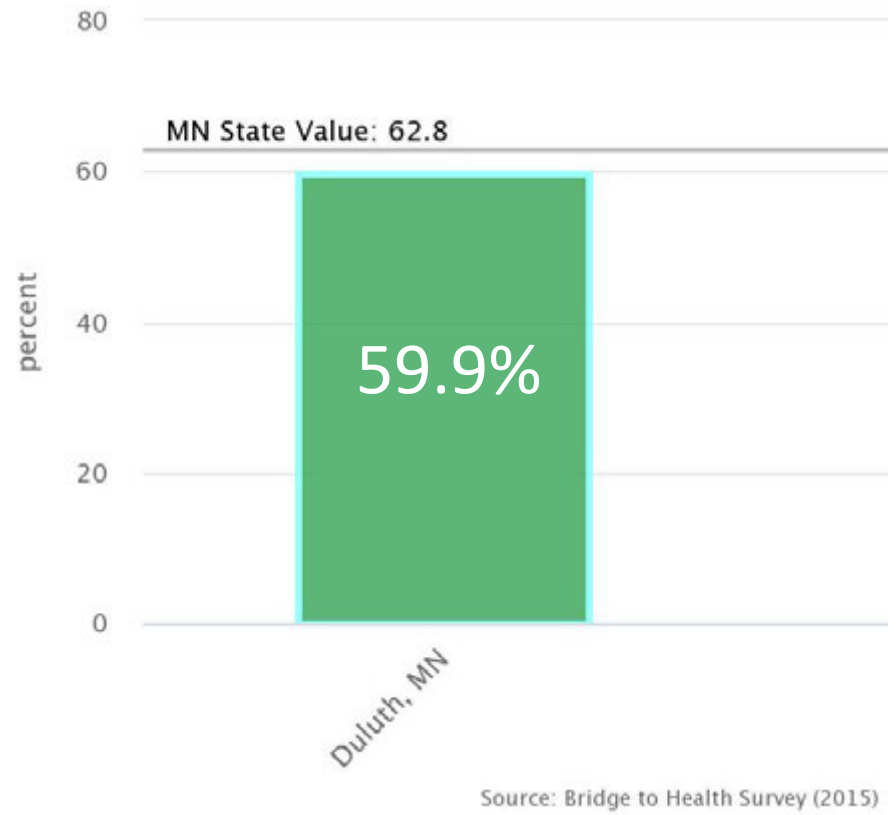
Overweight or Obese

9th Grade



18.9% of 9th graders in the Duluth School District are overweight or obese.

Adults



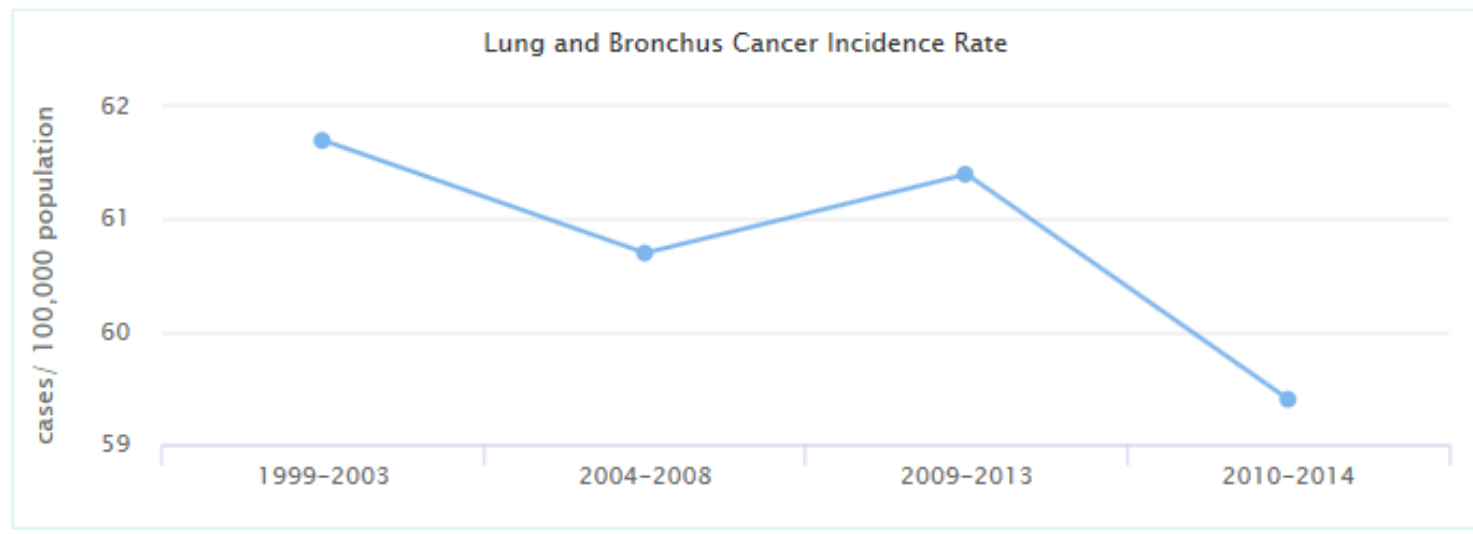
59.9% of Adults in Duluth are overweight or obese. The MN Values is **62.8%**.


Lung and Bronchus Cancer Incidence Rate

County: St. Louis, MN 


59.4
cases/ 100,000 population

Source: [Minnesota Department of Health](#) 

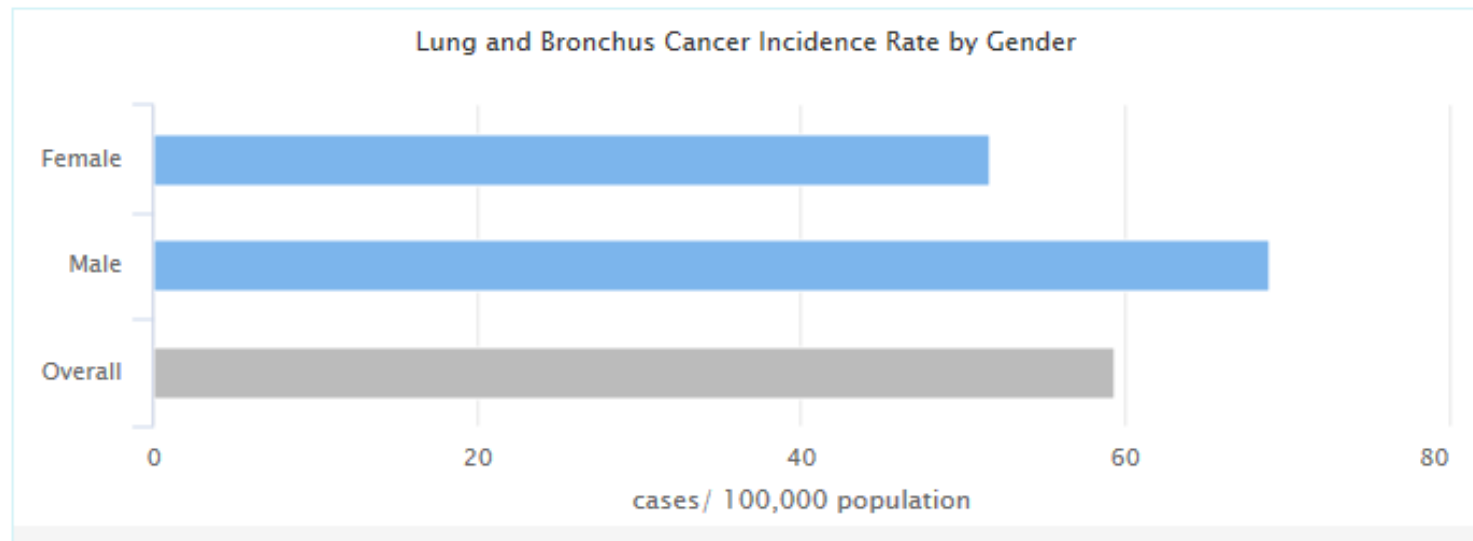




MN Value
(55.0)



US Value
(61.2)



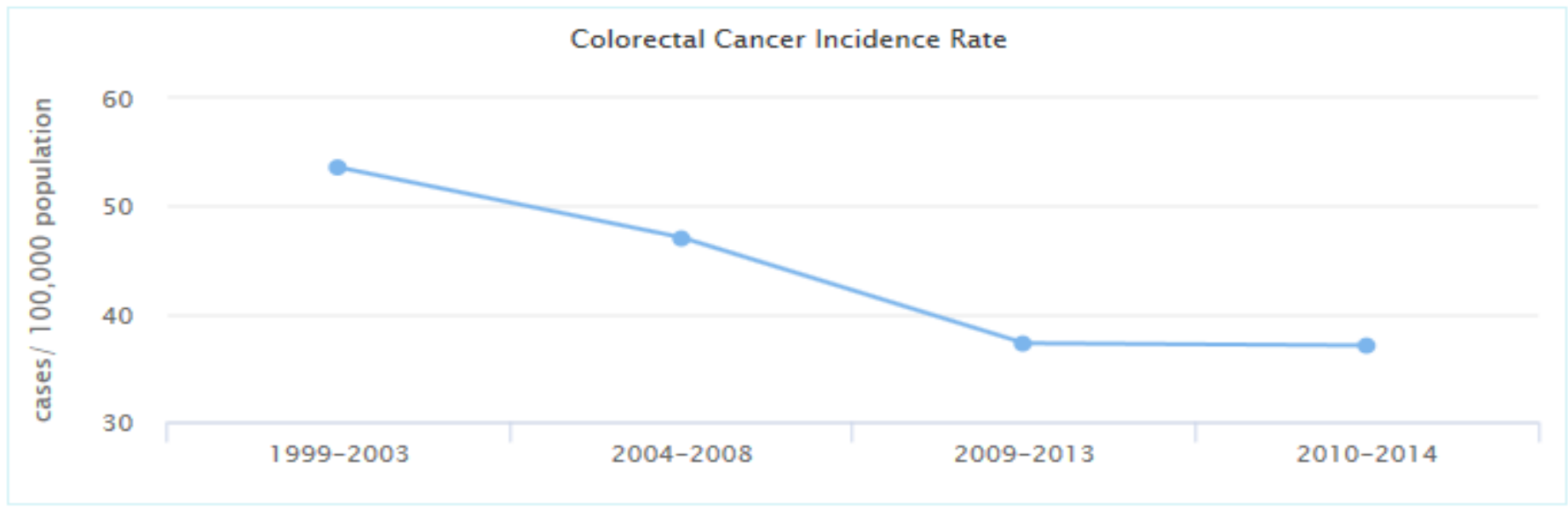
Colorectal Cancer Incidence

County: St. Louis, MN

37.1
cases/ 100,000 population

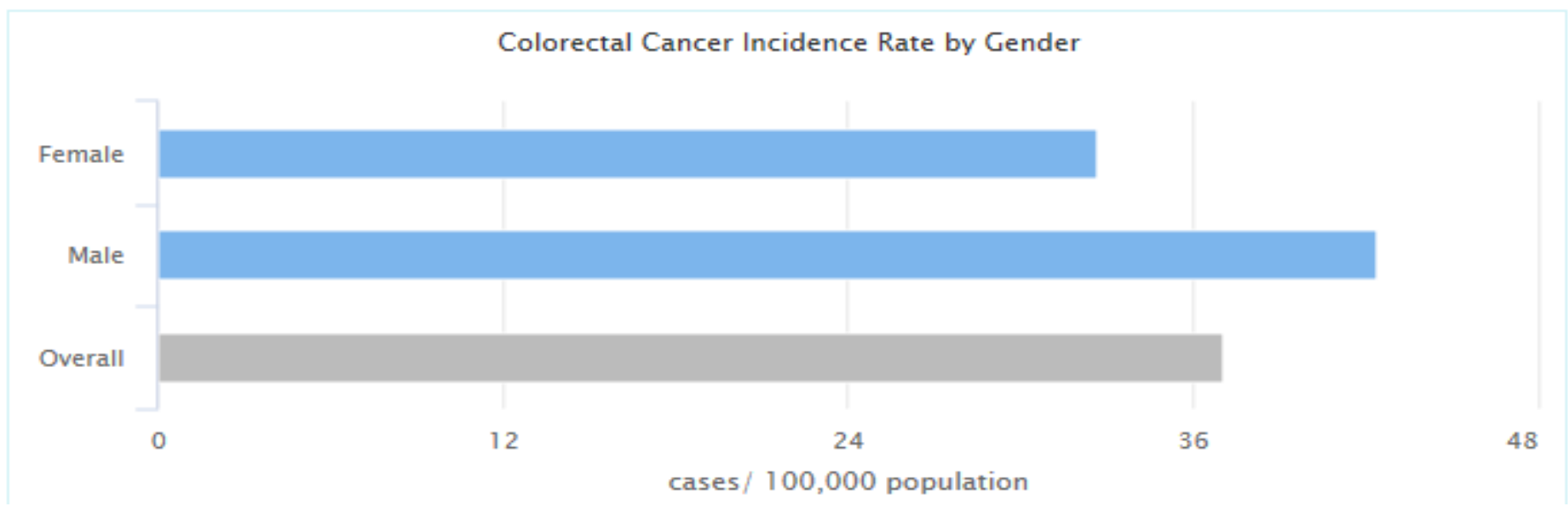
Source: [Minnesota Department of Health](#)

Measurement period: 2010-2014



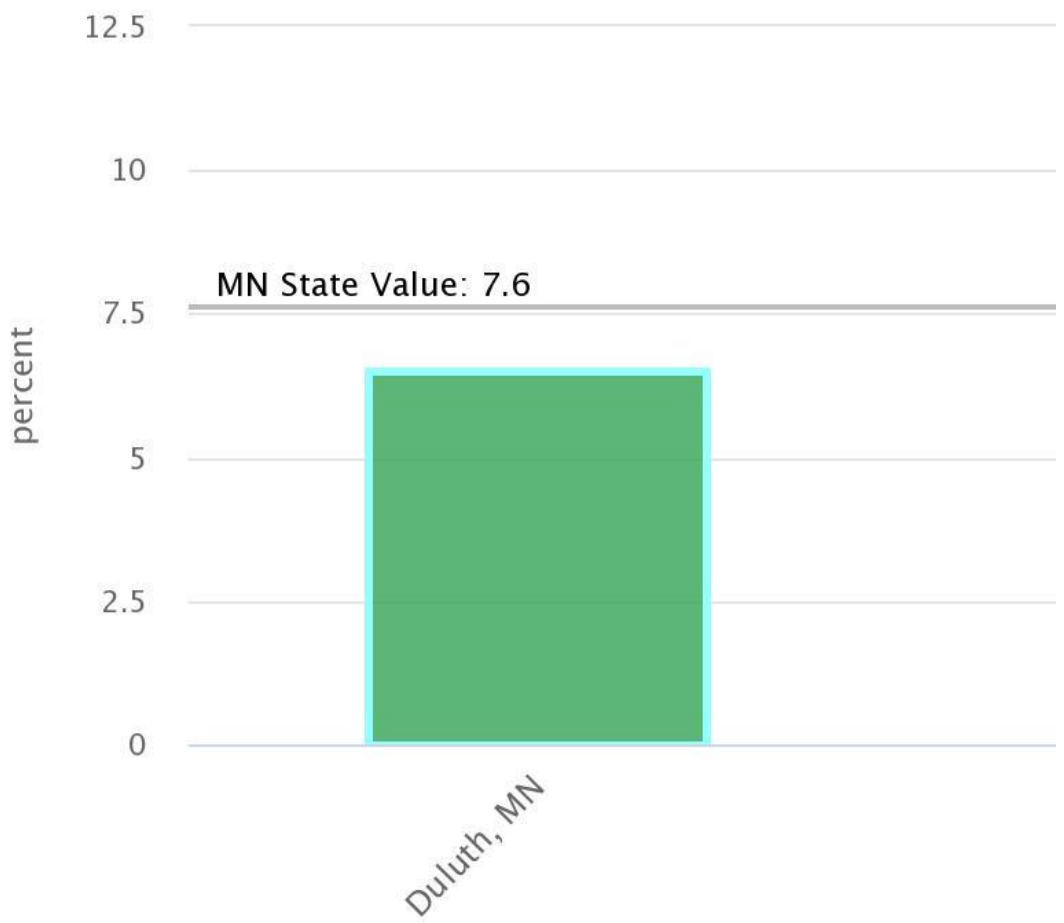
MN Value (39.0)

US Value (39.8)



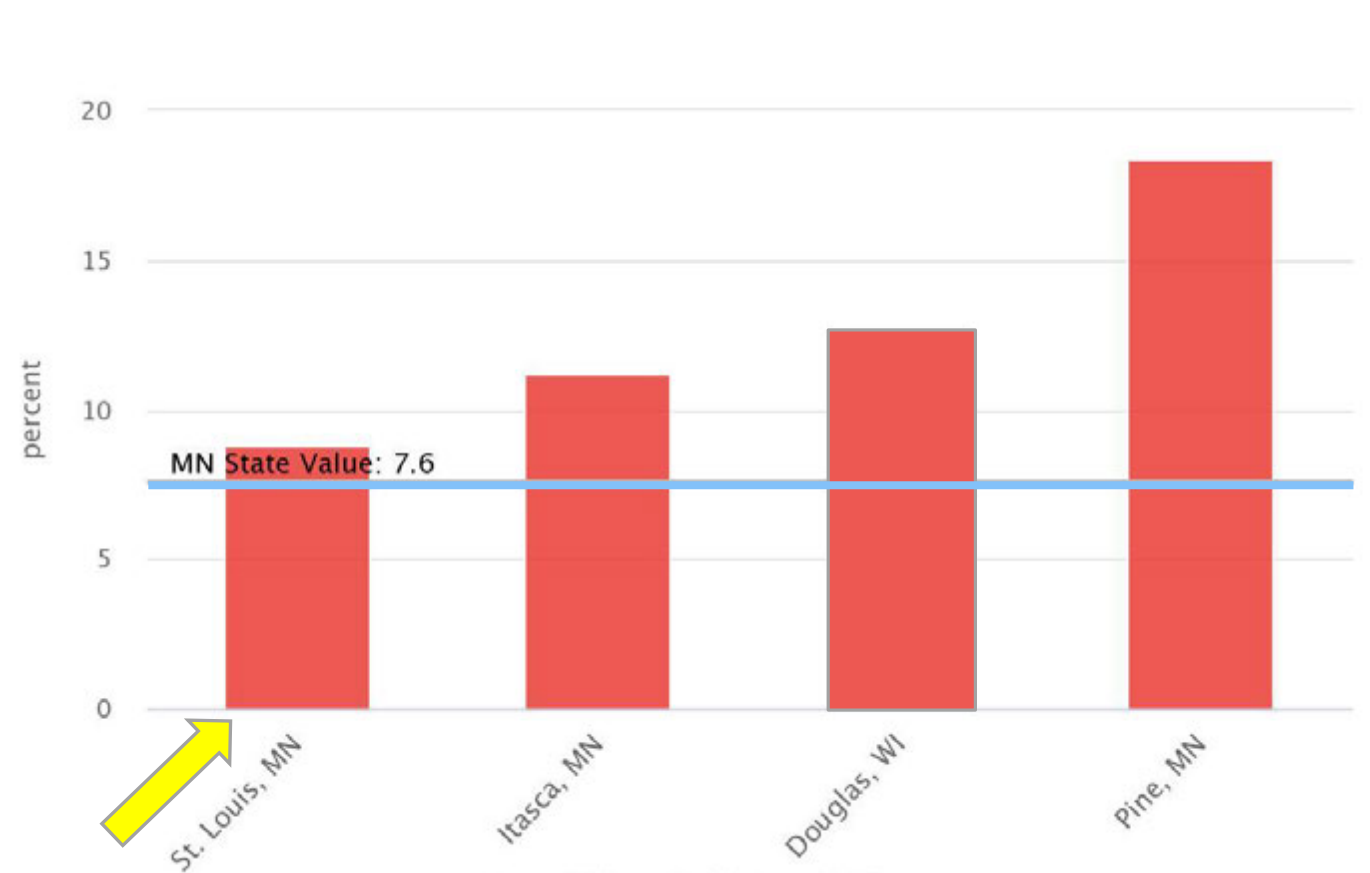
Adults with Diabetes

6.5% of adults have diabetes in Duluth.



Source: Bridge to Health Survey (2015)

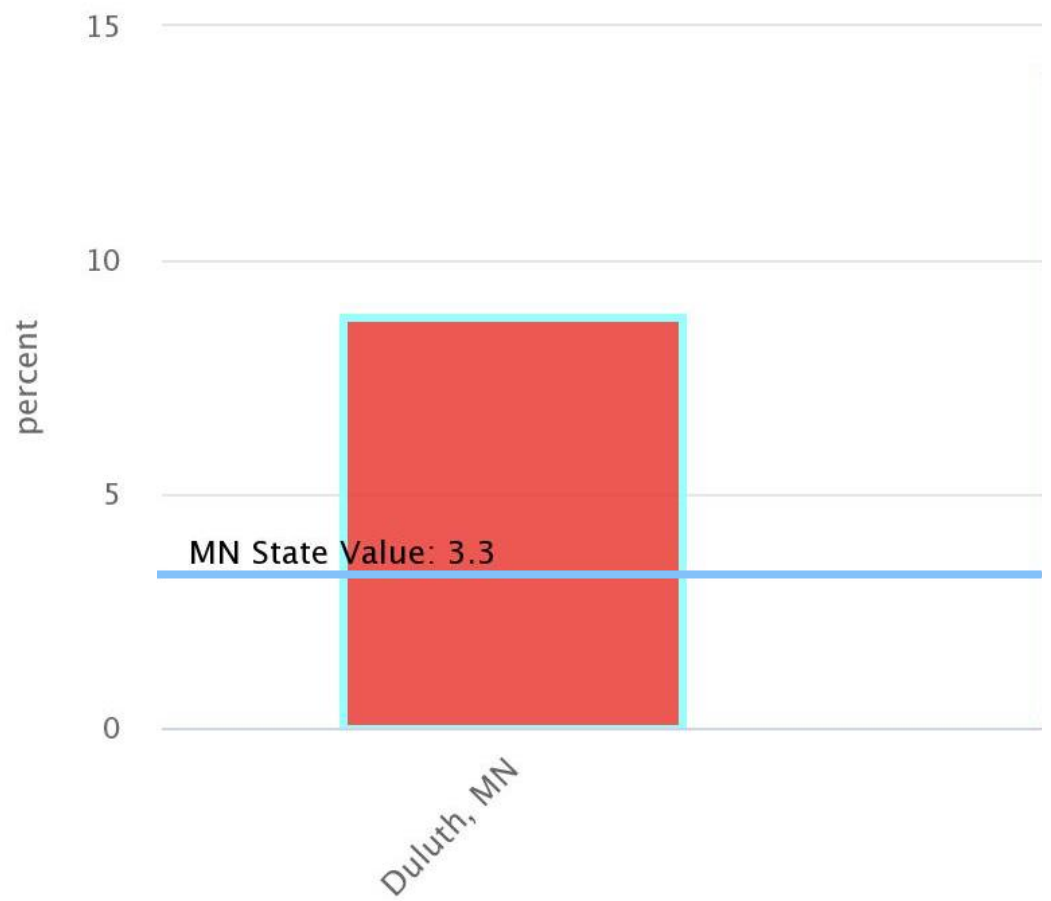
8.8% of adults have diabetes in St. Louis County.



Source: Bridge to Health Survey (2015)

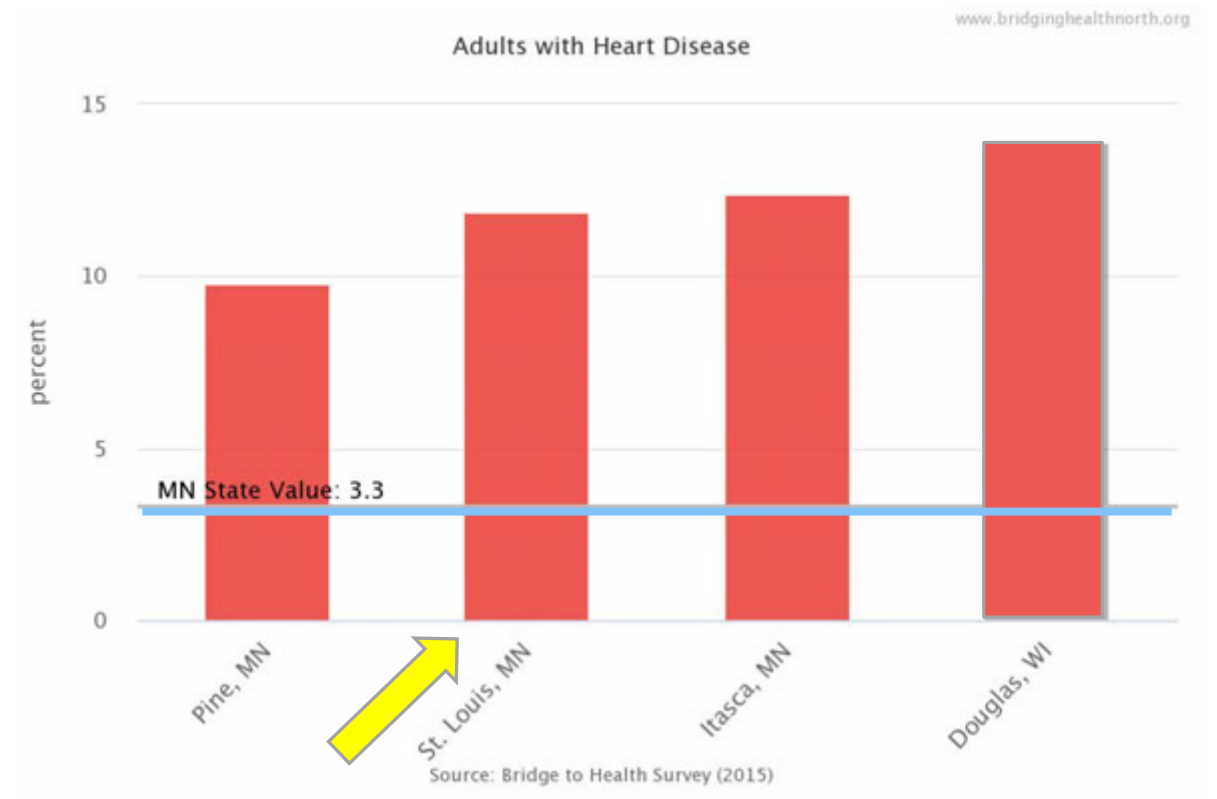
Adults with Heart Disease

8.8% of adults have heart disease in Duluth.



Source: Bridge to Health Survey (2015)

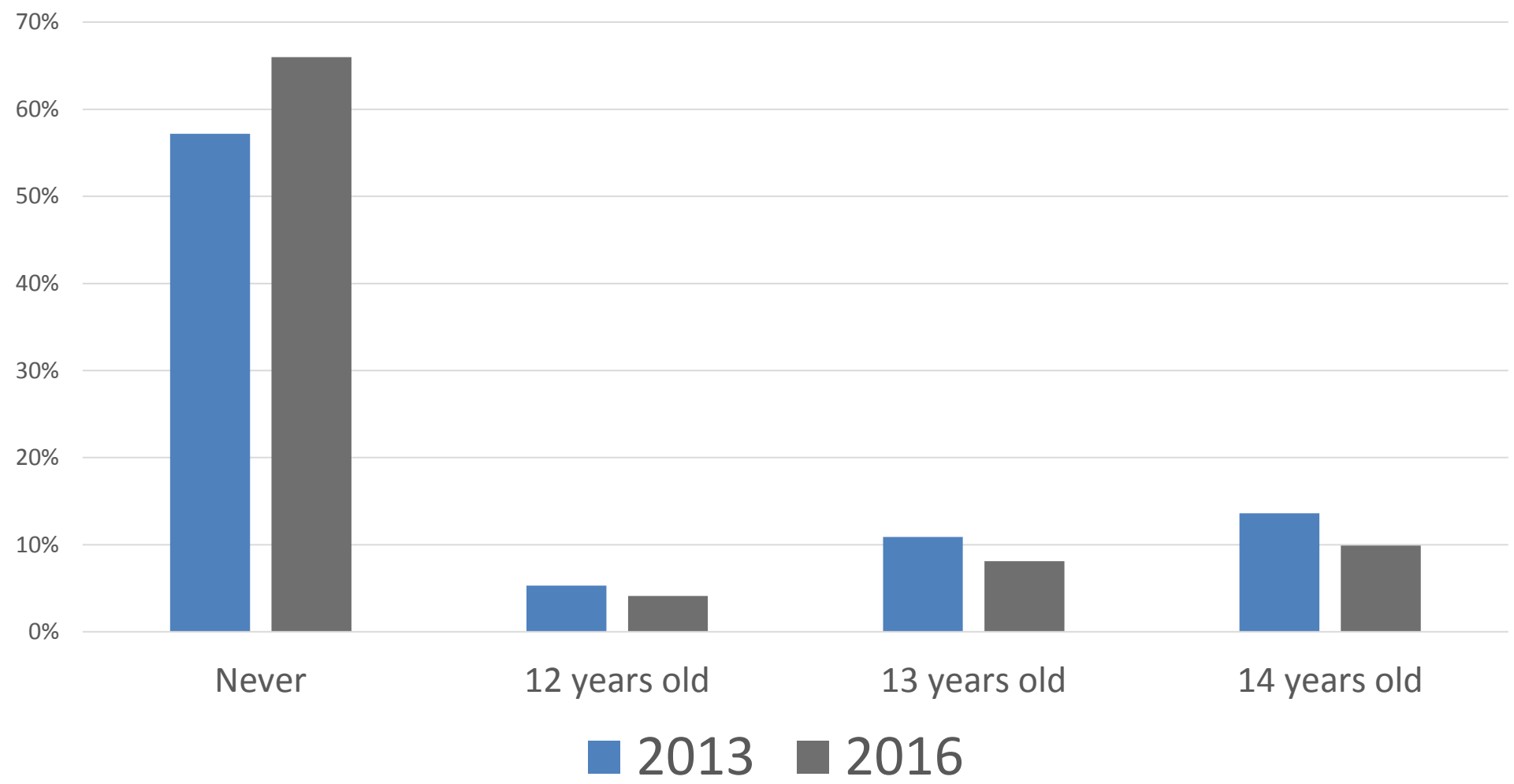
11.9% of adults have heart disease in St. Louis County



Source: Bridge to Health Survey (2015)

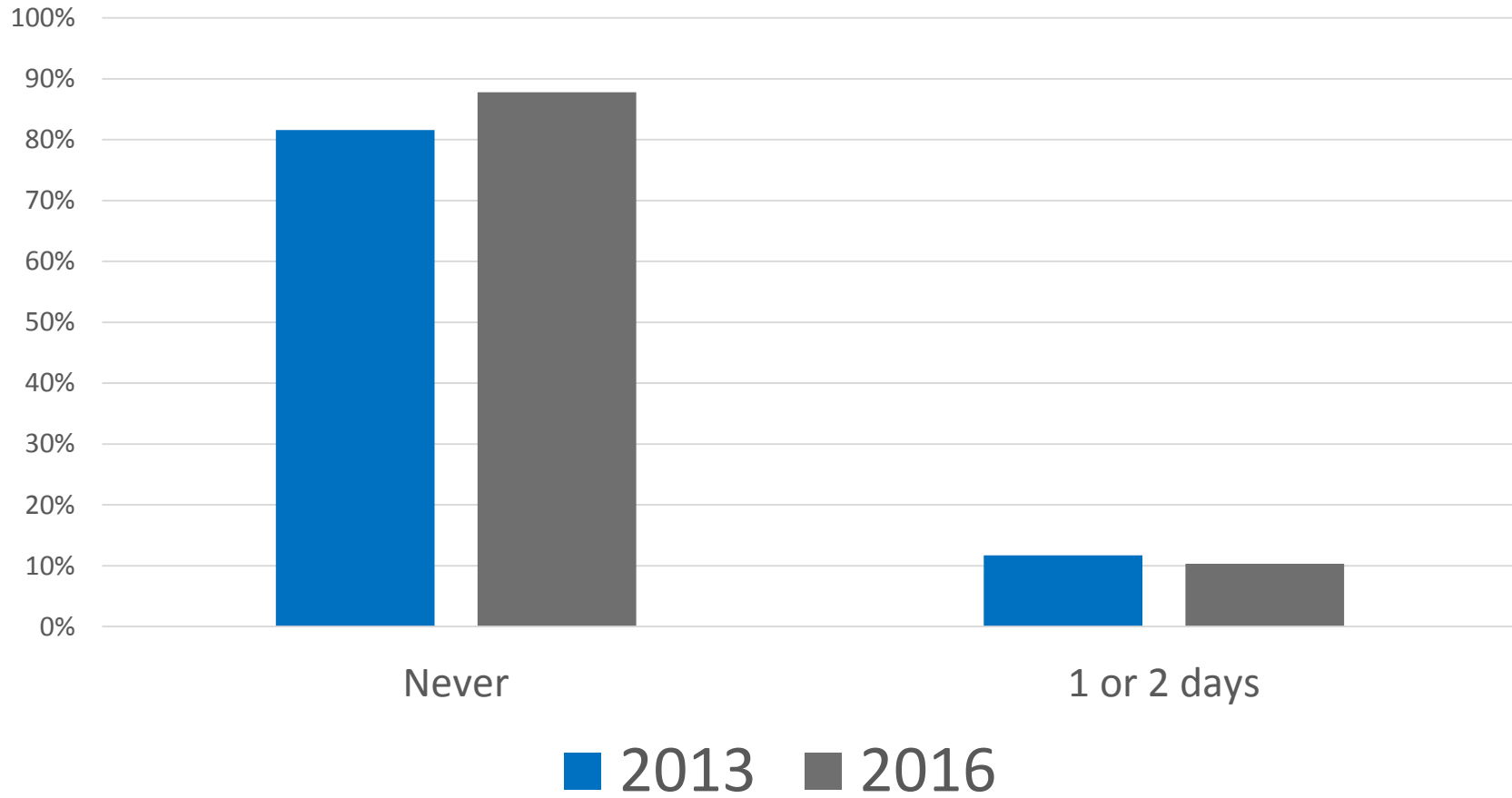
Youth Substance Use

9th Grade: Age when first tried alcohol Duluth Public School District

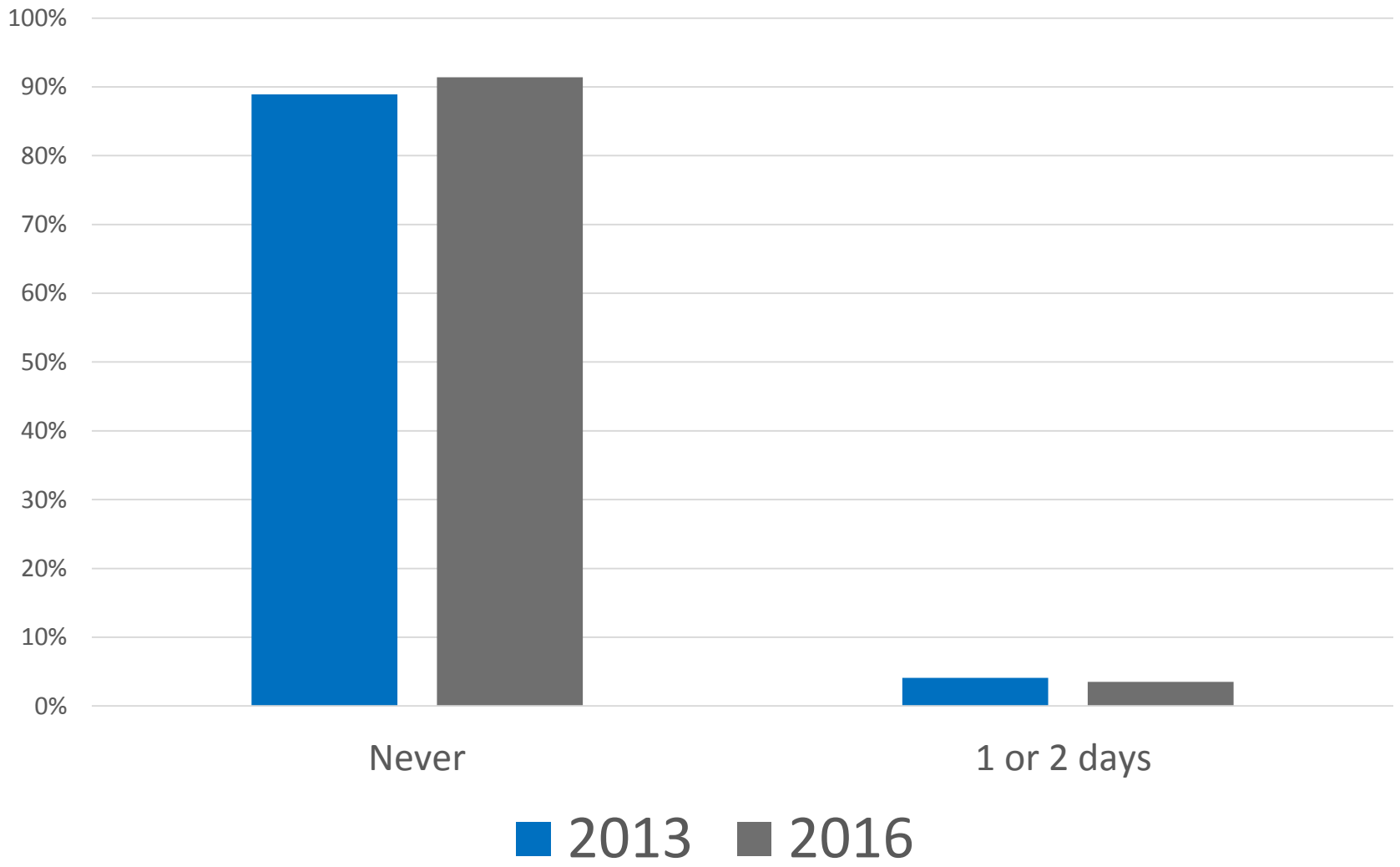


Minnesota Student Survey Reports: 2013-2016

9th Grade: 'In the last 30 days, how many days did you have alcoholic beverages?' Duluth Public School District



9th Graders: 'During the last 30 days, how many days did you use marijuana?' Duluth Public School District



Minnesota Student Survey Reports: 2013-2016

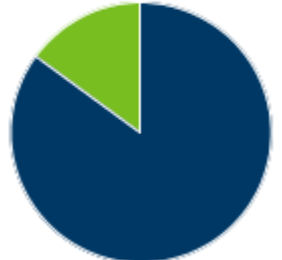


2016 Duluth Public School District Use of Tobacco, e-cigarettes, or hookah

9th Graders

Use of any tobacco, including e-cigarettes and hookah, in the past 30 days


	<u>Count</u>	<u>%</u>
 No	487	85.1
 Yes	85	14.9



14.9% of 9th graders and 28% of 11th graders used tobacco, e-cigarettes, or hookah

11th Graders

Use of any tobacco, including e-cigarettes and hookah, in the past 30 days

	<u>Count</u>	<u>%</u>
 No	283	72.0
 Yes	110	28.0



The Minnesota Student Survey is an anonymous SELF REPORTED survey.

Source: Minnesota Student survey

2016 Duluth Public School District Use of Tobacco, e-cigarettes, or hookah

1 out of 3 11th graders are using
e-cigarettes

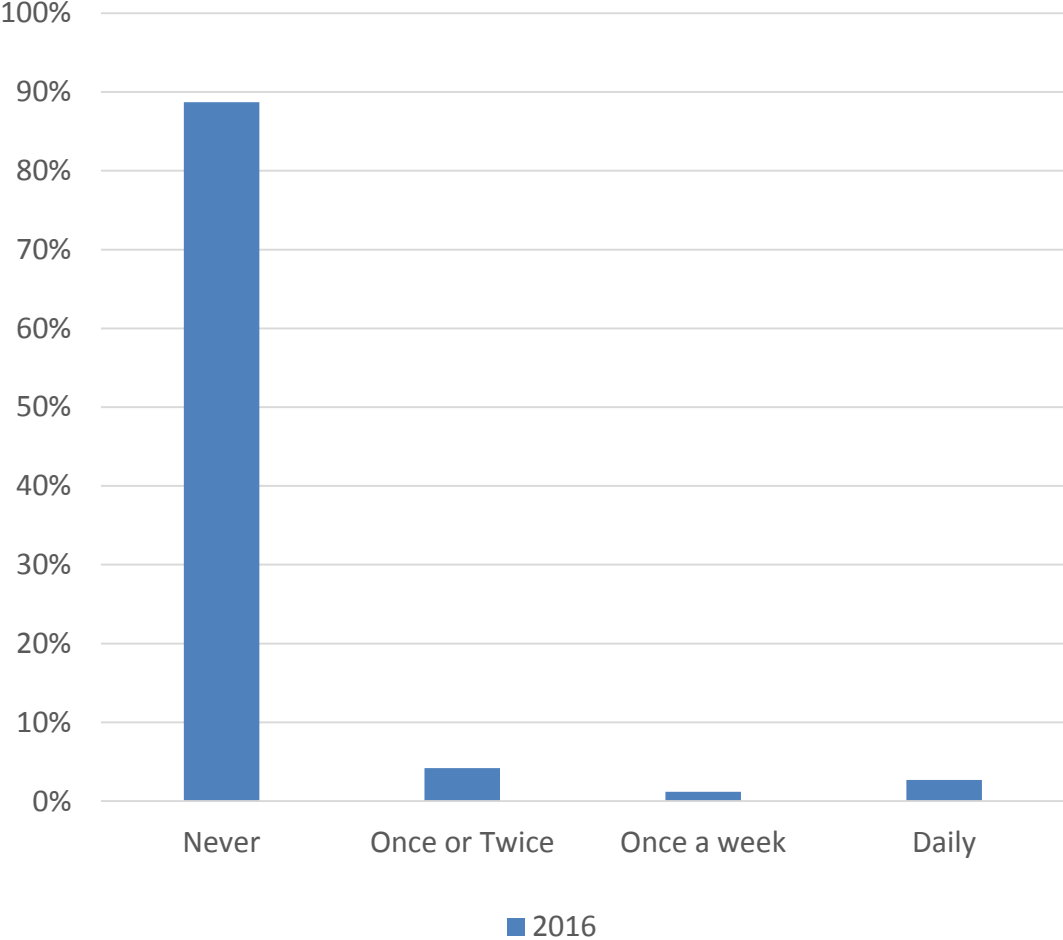
23% of 8th graders believe there is
little or no health risk in smoking

The Minnesota Student Survey is an anonymous
SELF REPORTED survey.

Source: Minnesota Student survey

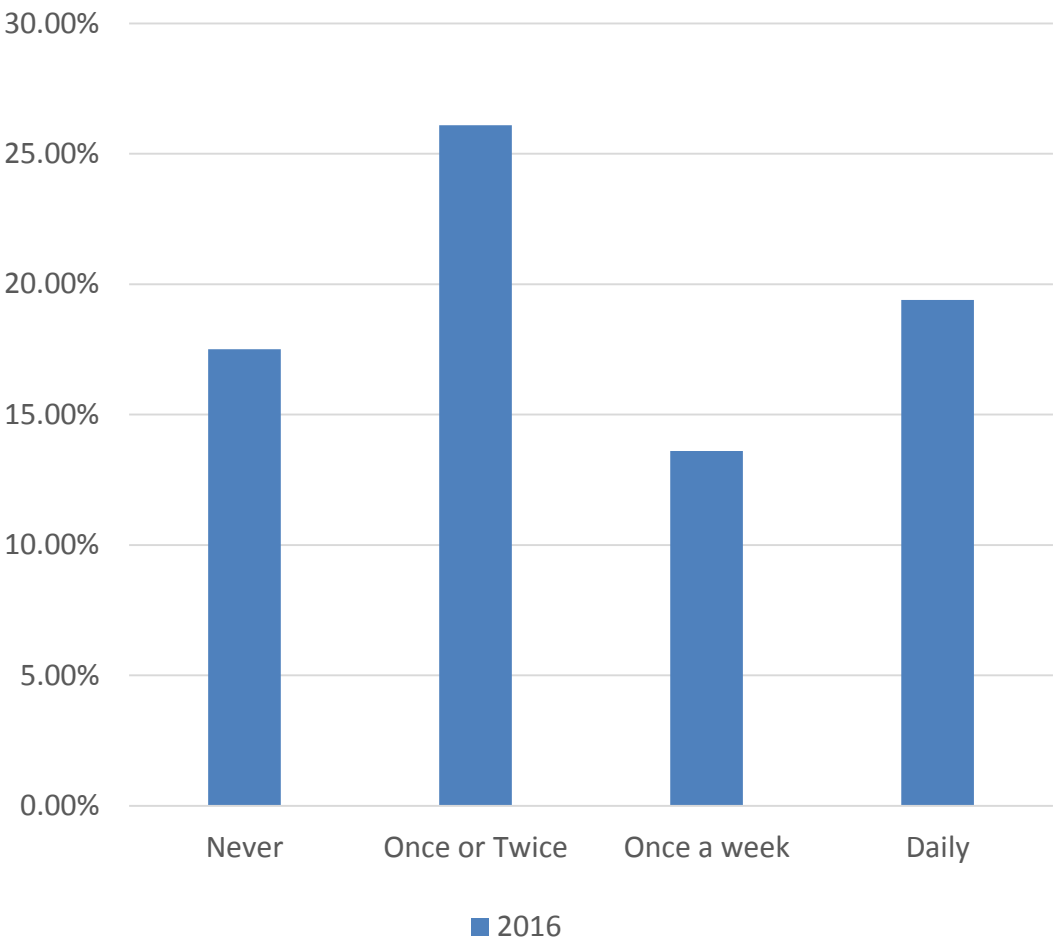
Duluth Public School District

9th Grade Students use of Tobacco



Minnesota Student Survey Reports: 2016

9th Grade Students Perception of Tobacco

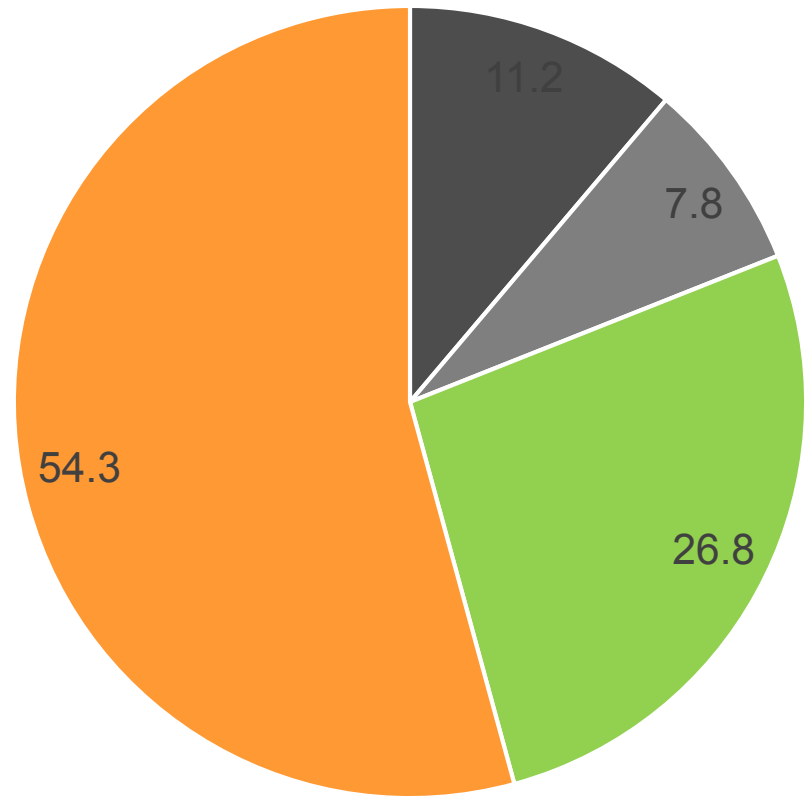


The Minnesota Student Survey is an anonymous SELF REPORTED survey.

Duluth Public School District, 2016

11th grade students perception of risk if they use prescription drugs not prescribed for them

In the last 30 days, **93.6%** of 11th graders reported NO use of un-prescribed medications.



During the last 12 months, **99%** of 11th graders reported NO heroin use.

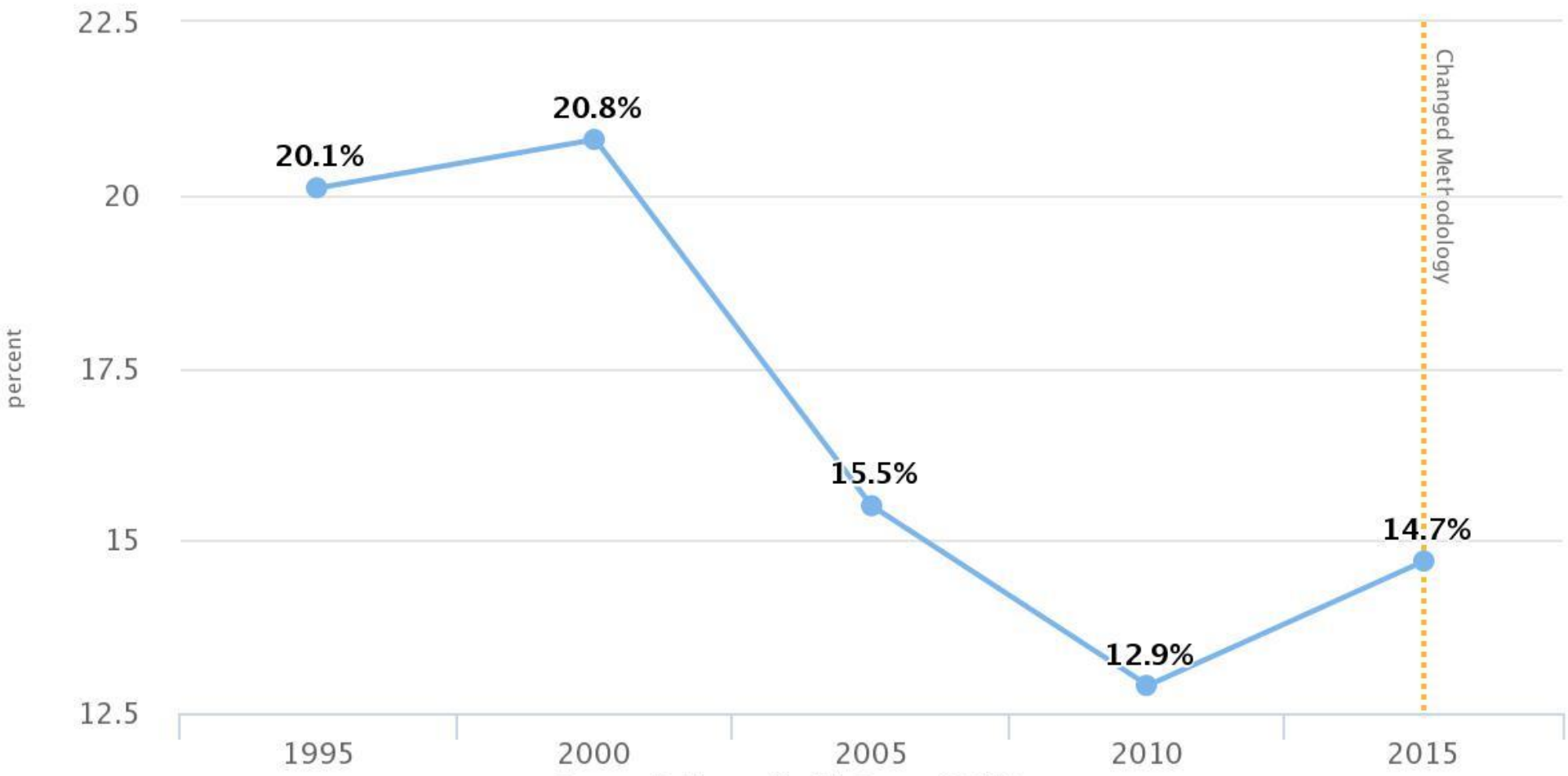
■ No Risk ■ Slight Risk ■ Moderate Risk ■ Great Risk

Source: Minnesota Student Survey Reports

The Minnesota Student Survey is an anonymous SELF REPORTED survey.

Adult Substance Use

Adults who Smoke Census Place: Duluth, MN



14.7% of adults smoke in Duluth.

The Healthy People 2020 national health target is 12.0%.

Source: Bridge to Health Survey (2015)

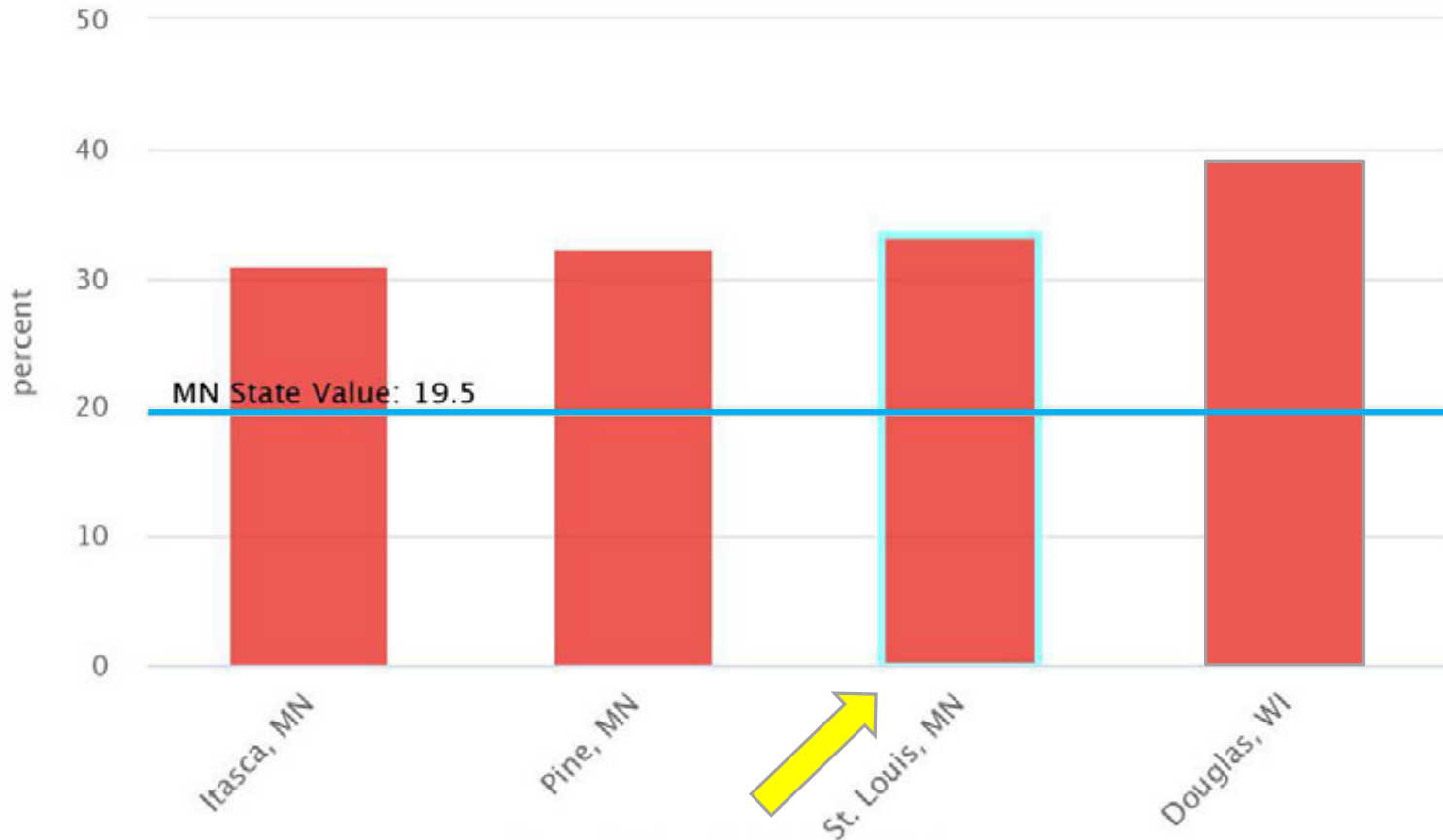
Due to changes in methodology, 2015 data should be considered a baseline year for data analysis and is not comparable to data from prior years. Please visit the Bridge to Health Survey website for more details on change in methodology.

Adults Who Binge Drink

Bridge to Health Survey, 2015

www.bridginghealthnorth.org

Adults who Binge Drink (Bridge to Health Survey)



MN State Value: 19.5

Source: Bridge to Health Survey (2015)

Value	Percentage
MN Value	19.5%
US Value	16.3%

33% of adults 18+ report binge drinking in Duluth.

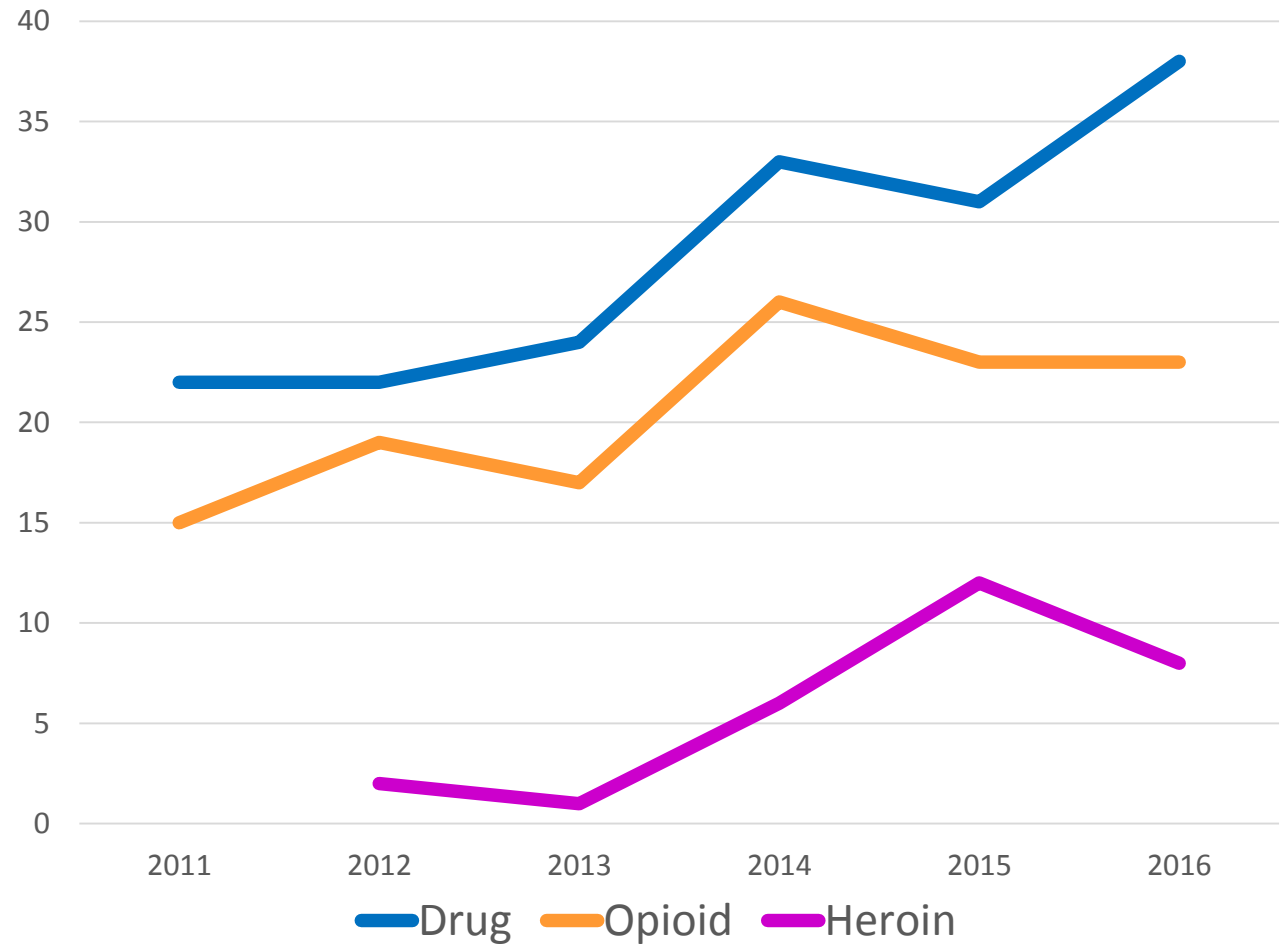
Healthy People 2020 national health target is **24.4%**

St. Louis County's Opioid Dashboard

Opioids are a class of drug that include the illegal drug heroin as well as powerful pain relievers available by prescription.

These include: oxycodone (Oxycontin), hydrocodone (Vicodin), codeine, morphine, fentanyl, and many others.

2011-2016	Total
Drug Overdose Deaths	170
Opioid Overdose Deaths	123
Heroin Overdose Deaths	29



Source: MN Department of Health, Opioid Dashboard

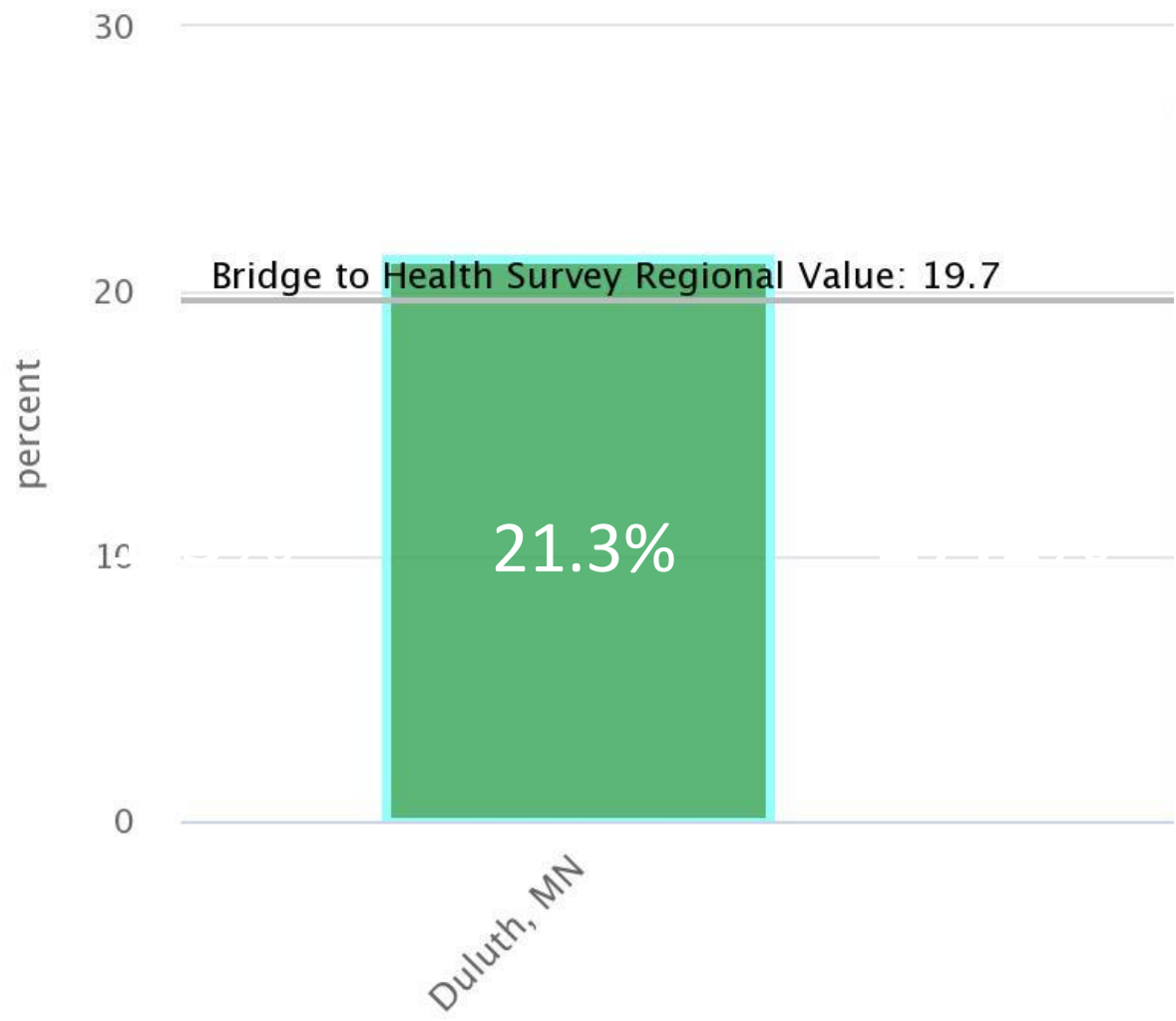
Mental Health

Adults Screened for Depression and Anxiety

Census Place: Duluth, MN

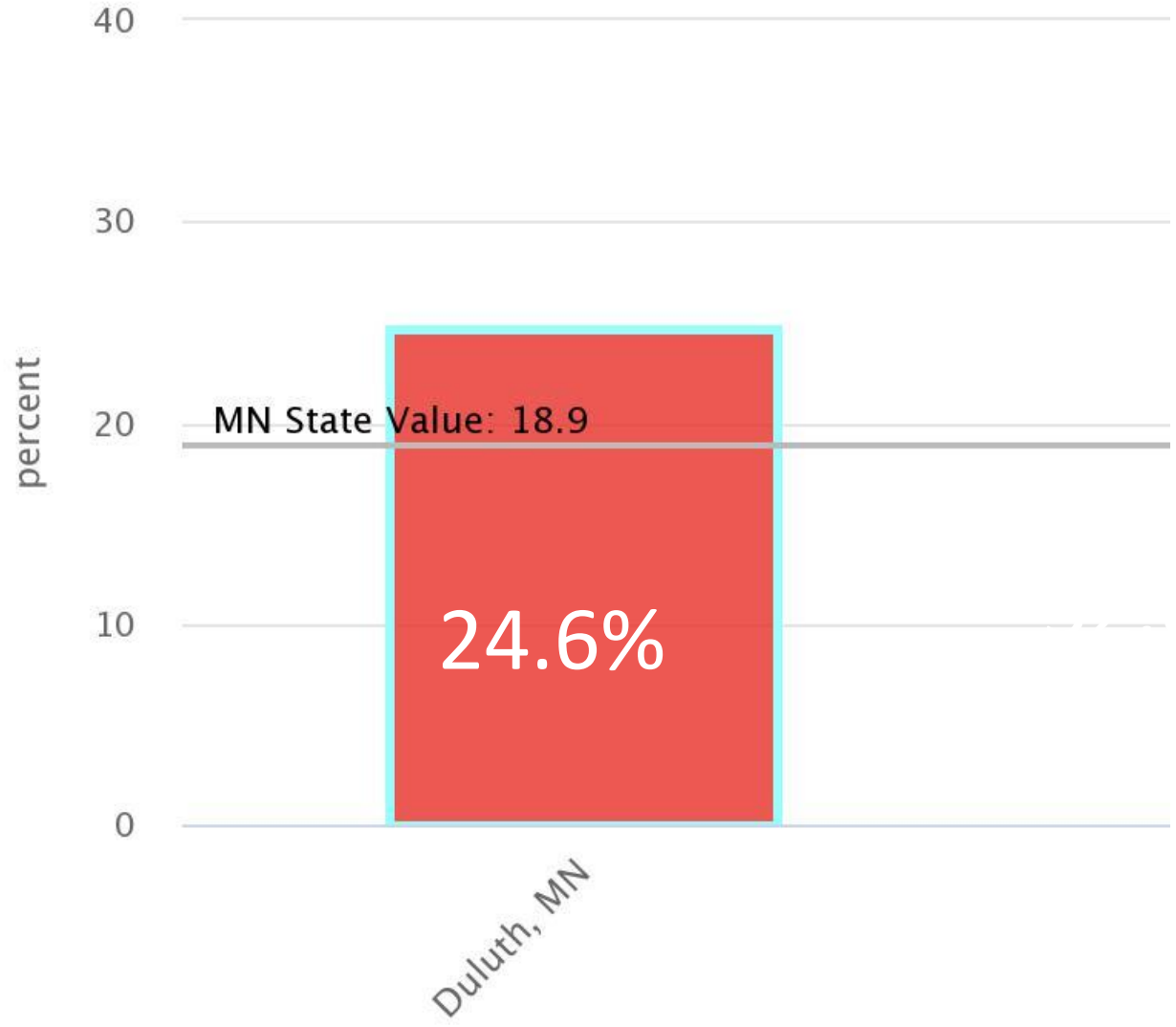
21.3%

Source: Bridge to Health Survey [↗](#)
Measurement period: 2015



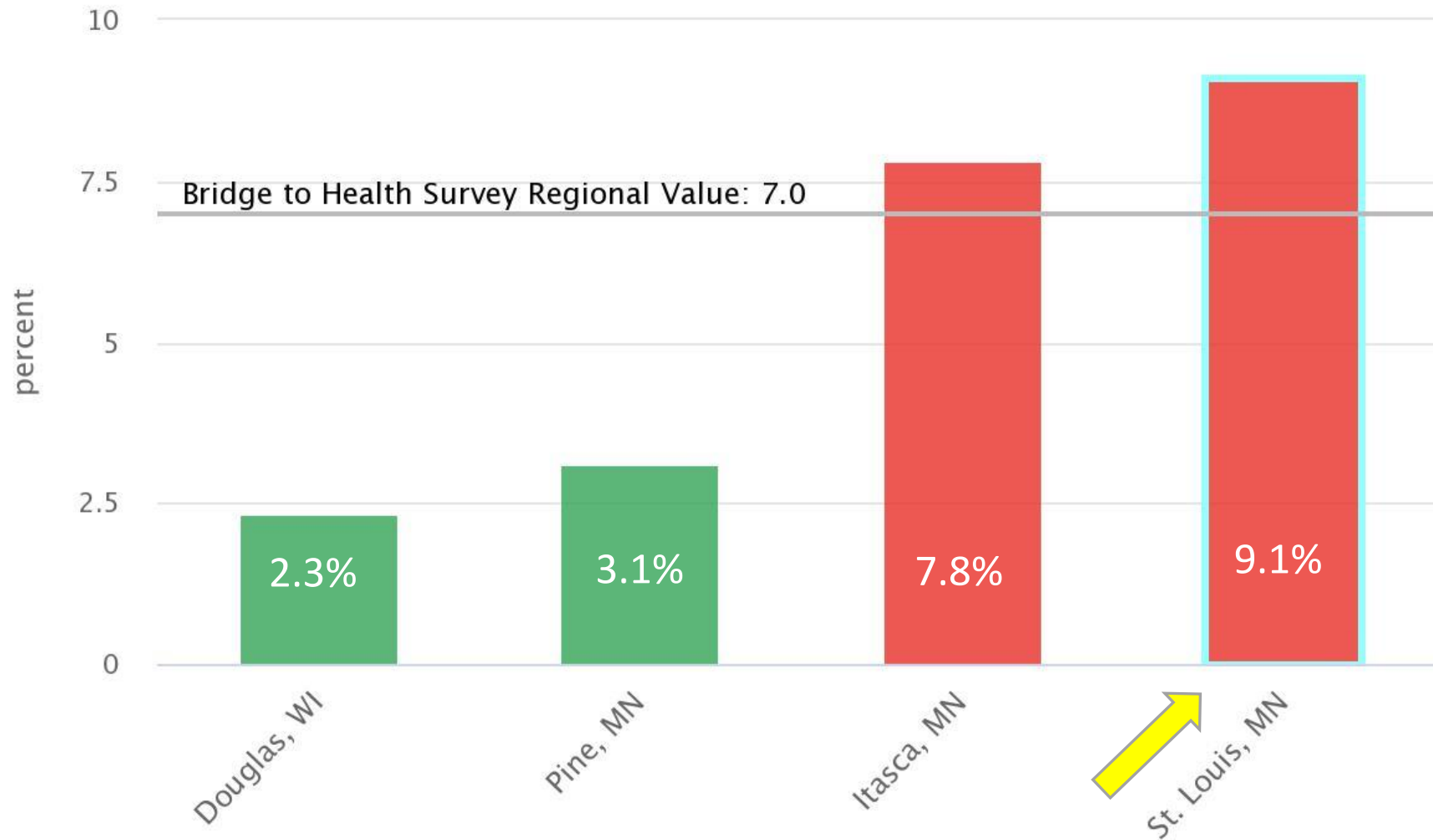
Source: Bridge to Health Survey (2015)

Adults with Depression



Source: Bridge to Health Survey (2015)

Adults who Considered Suicide



9.8% of Adults in Duluth considered suicide during the last year.

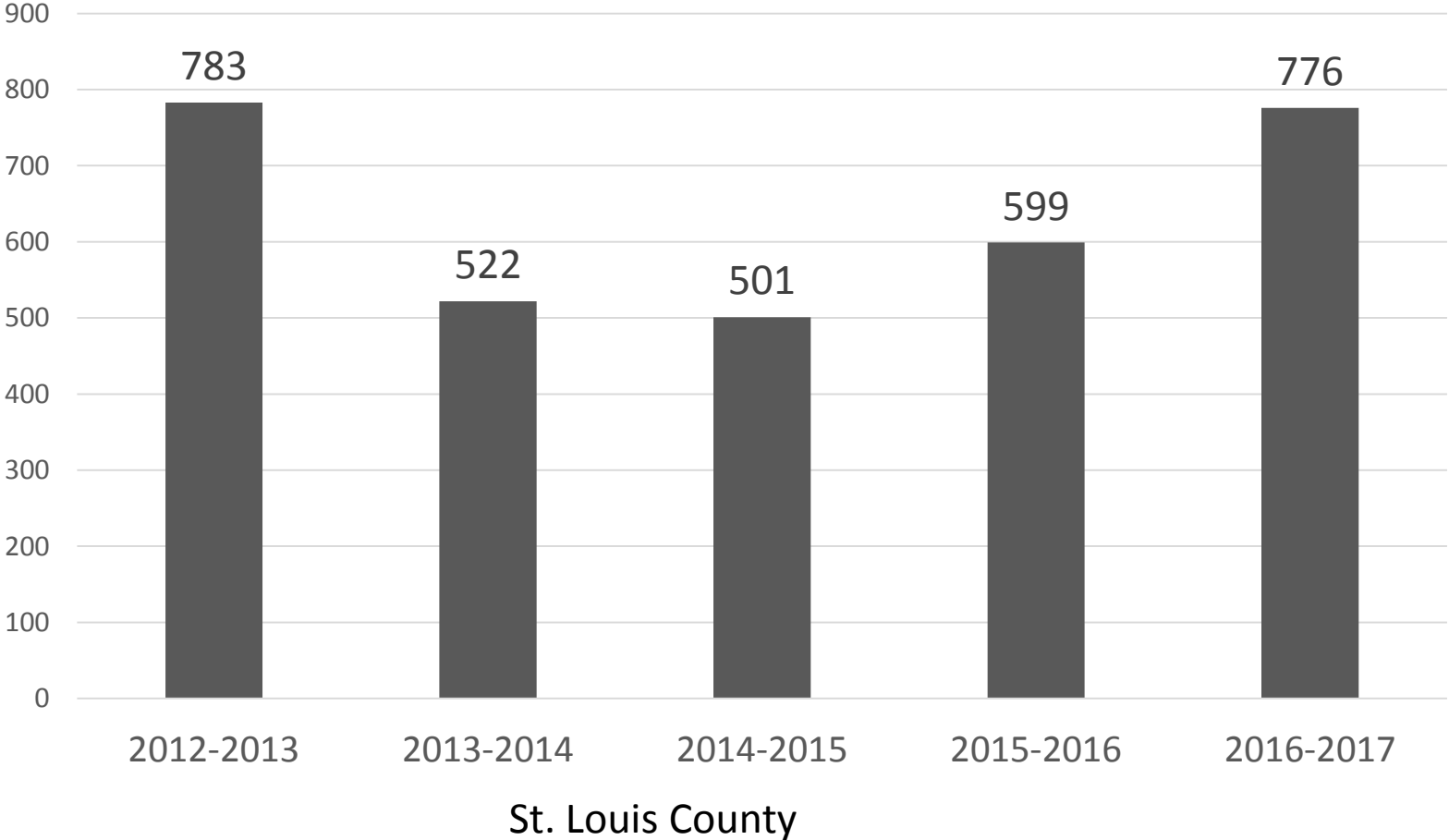
Source: Bridge to Health Survey (2015)

Source: Bridge to Health Survey 2015

Disciplinary Actions

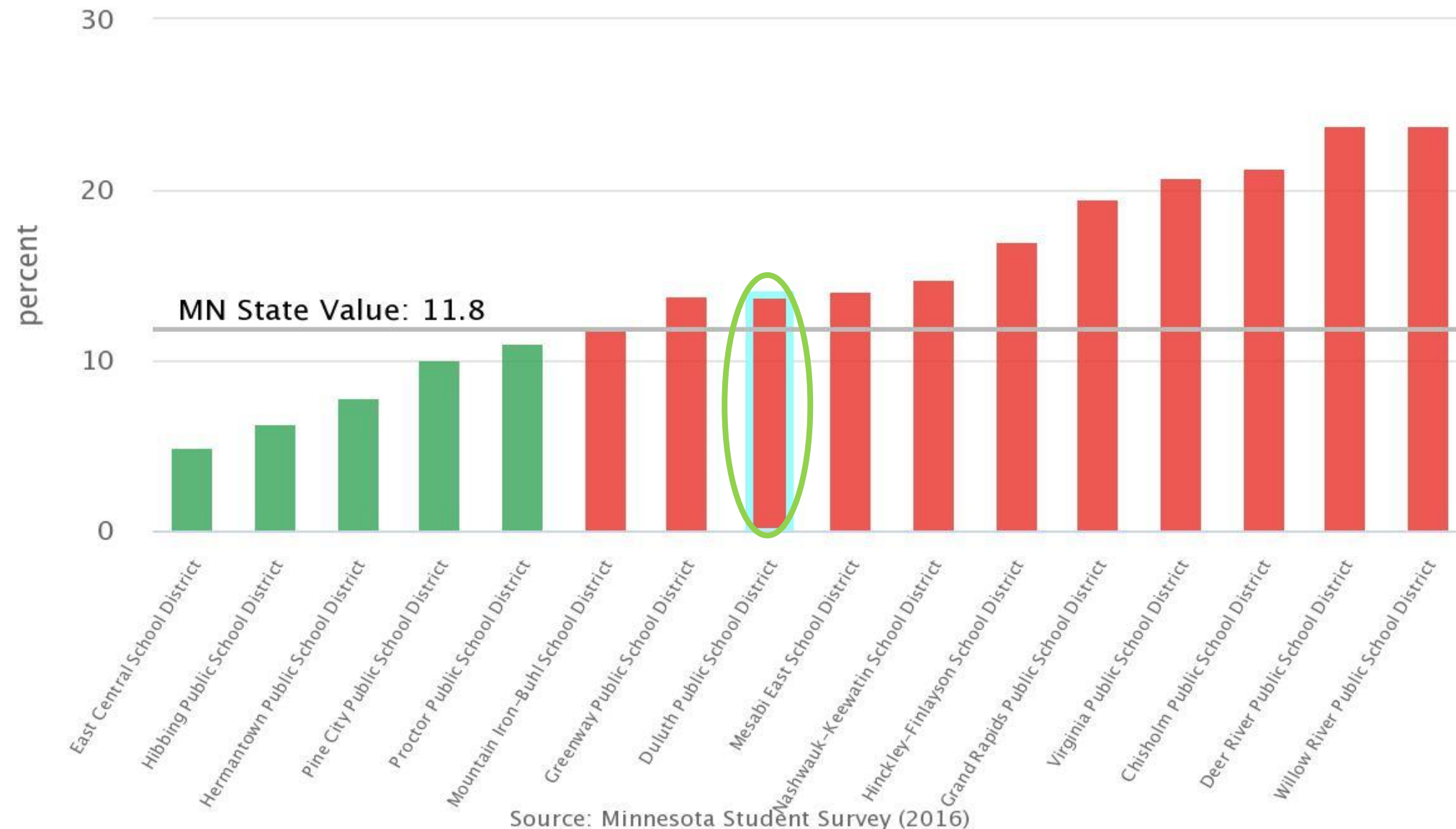
*Disciplinary action is defined as an out of school suspension for one day or more, expulsion or exclusion.

*Students are counted multiple times if multiple disciplinary actions occurred.



Source: Minnesota Department of Health

9th Grade Students who Seriously Considered Suicide



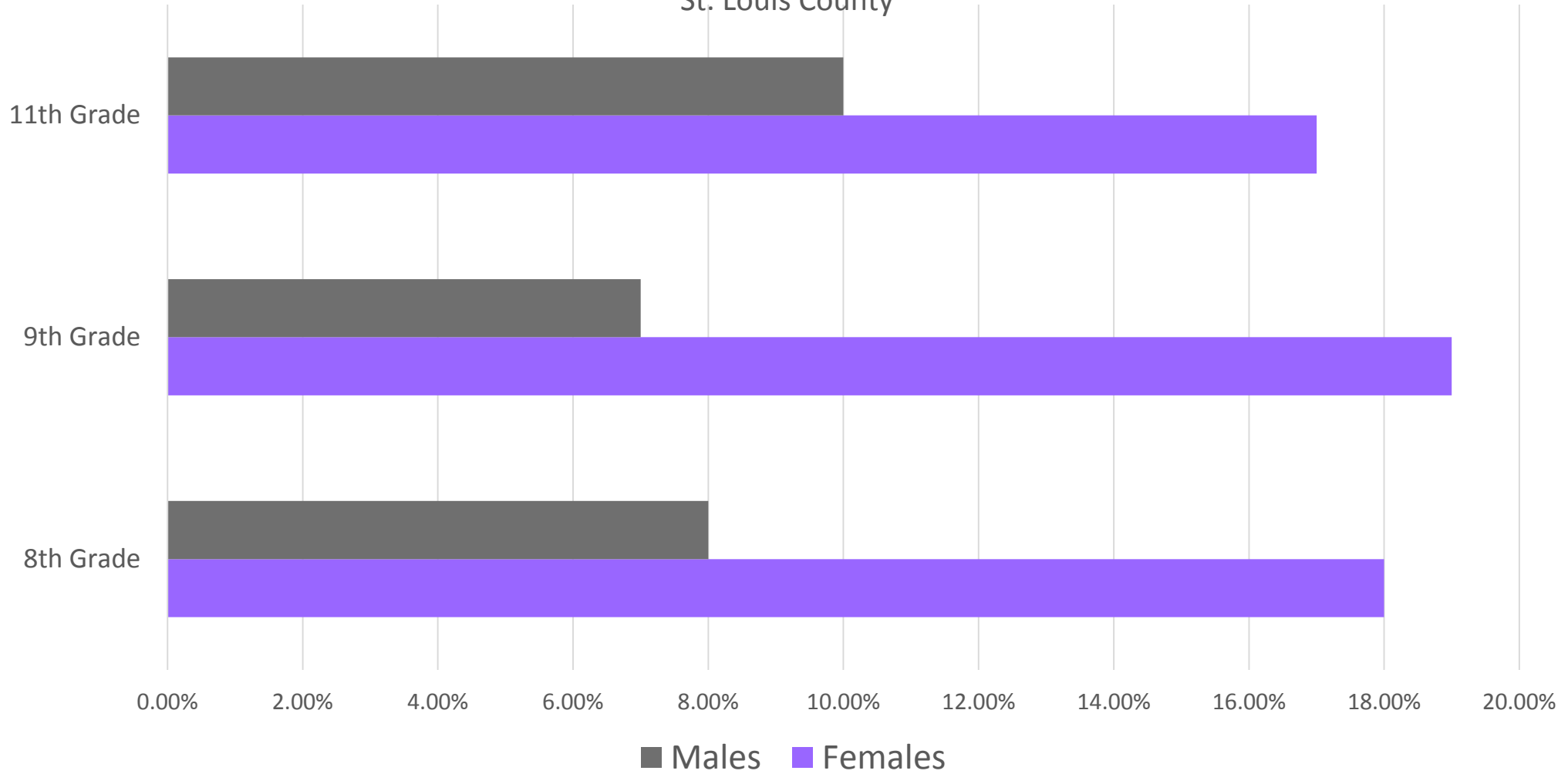
Source: Minnesota Student Survey (2016)

13.9% of 9th graders in the Duluth School District reported seriously considered attempting suicide during the last year.

The Minnesota Student Survey is an anonymous SELF REPORTED survey.

8th, 9th, and 11th Grade Students who have Seriously Considered Attempting Suicide in the Last Year

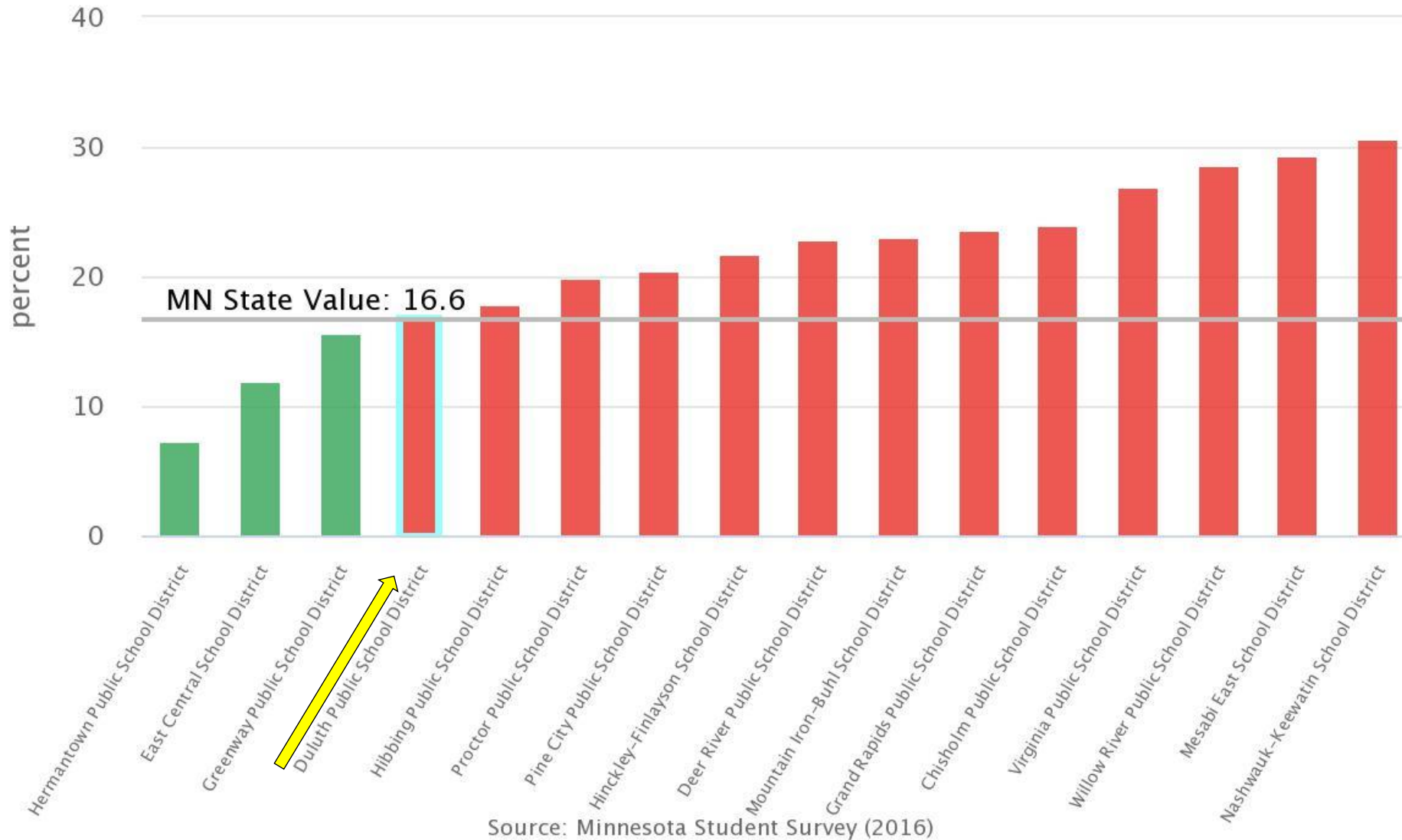
St. Louis County



Source: Minnesota Student Survey 2016

The Minnesota Student Survey is an anonymous SELF REPORTED survey.

9th Grade Students who Frequently Feel Down, Depressed, or Hopeless



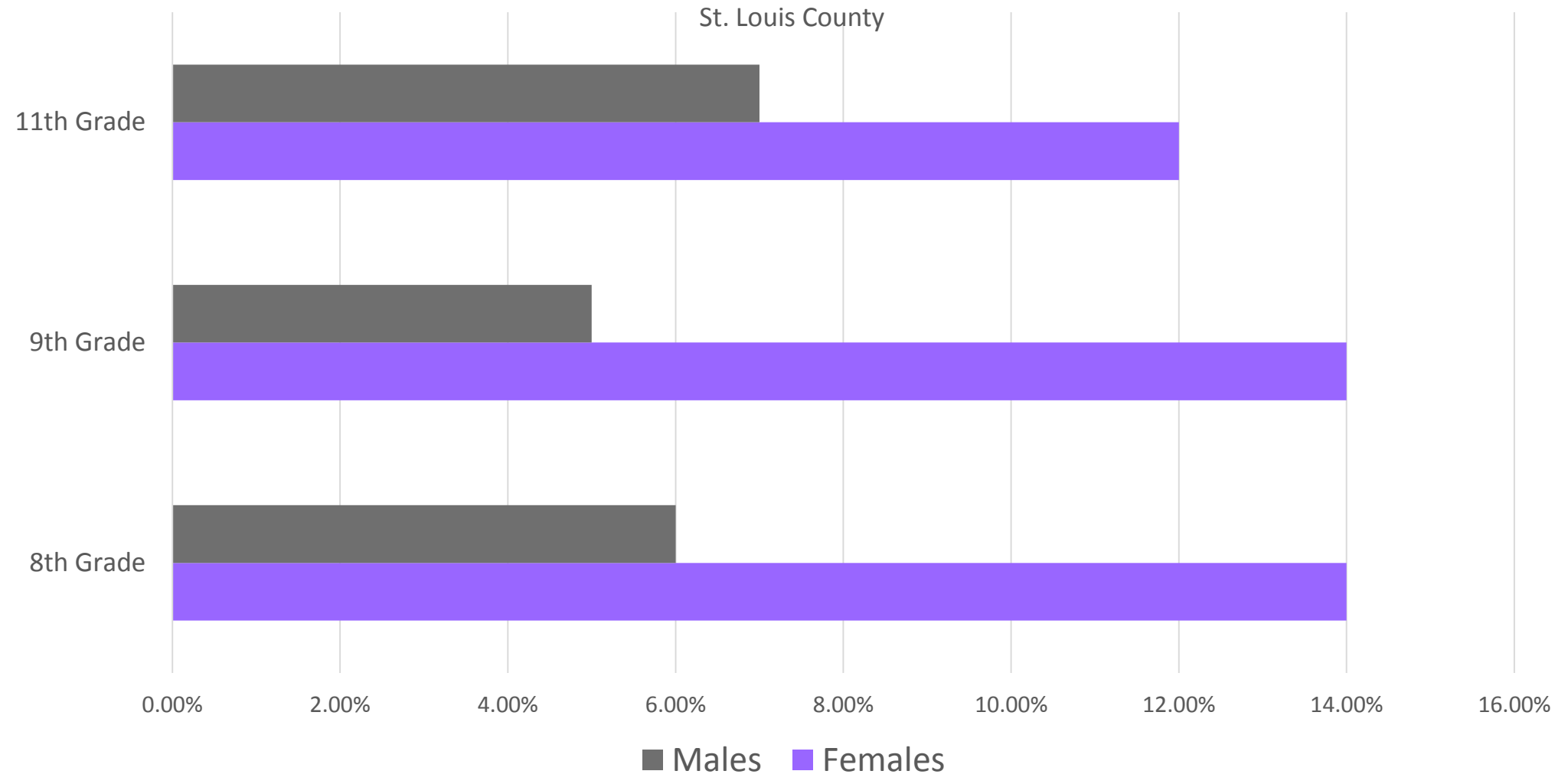
16.8% of 9th graders in the Duluth School District reported feeling down, depressed or hopeless more than half the days or nearly everyday during the past 2 weeks.

St. Louis County School Districts

Source: Minnesota Student Survey 2016

The Minnesota Student Survey is an anonymous SELF REPORTED survey.

8th, 9th, and 11th Grade Students Who Felt Down Depressed or Hopeless Nearly Every Day in the Last Two Weeks



Source: Minnesota Student Survey 2016

The Minnesota Student Survey is an anonymous SELF REPORTED survey.



“It is time to refocus, reinforce, and repeat the message that health disparities exist and that health equity benefits everyone.”

–Kathleen Sebelius, Secretary of Health & Human Services



Get your phone or tablet ready for the activity following the presentation by going to www.zetings.com/bridginghealthduluth right now.

Please use this handout to take notes during the presentation. A short activity will take place following the presentation.

Health issues that stand out to you from this presentation:

Health issues that are missing from this presentation or that you could use more information on:



➤ Partner up in groups of 2-3 for this next exercise.

What is one health issue in the community that stands out to you? (Choose one from your group)

In your group, please list 2-3 resources from the community currently in place that can be leveraged for the above health issue:

Assets are the building blocks for successful community action.

In your group, list 2-3 barriers that are critical to this health issue:

*No matter what problems may exist, it is through finding and using local resources that communities can imagine and implement solutions.
-Center for Collaborative Planning*

Bridging Health Duluth October Event Results

**Health issues that stand out to you from this presentation:**

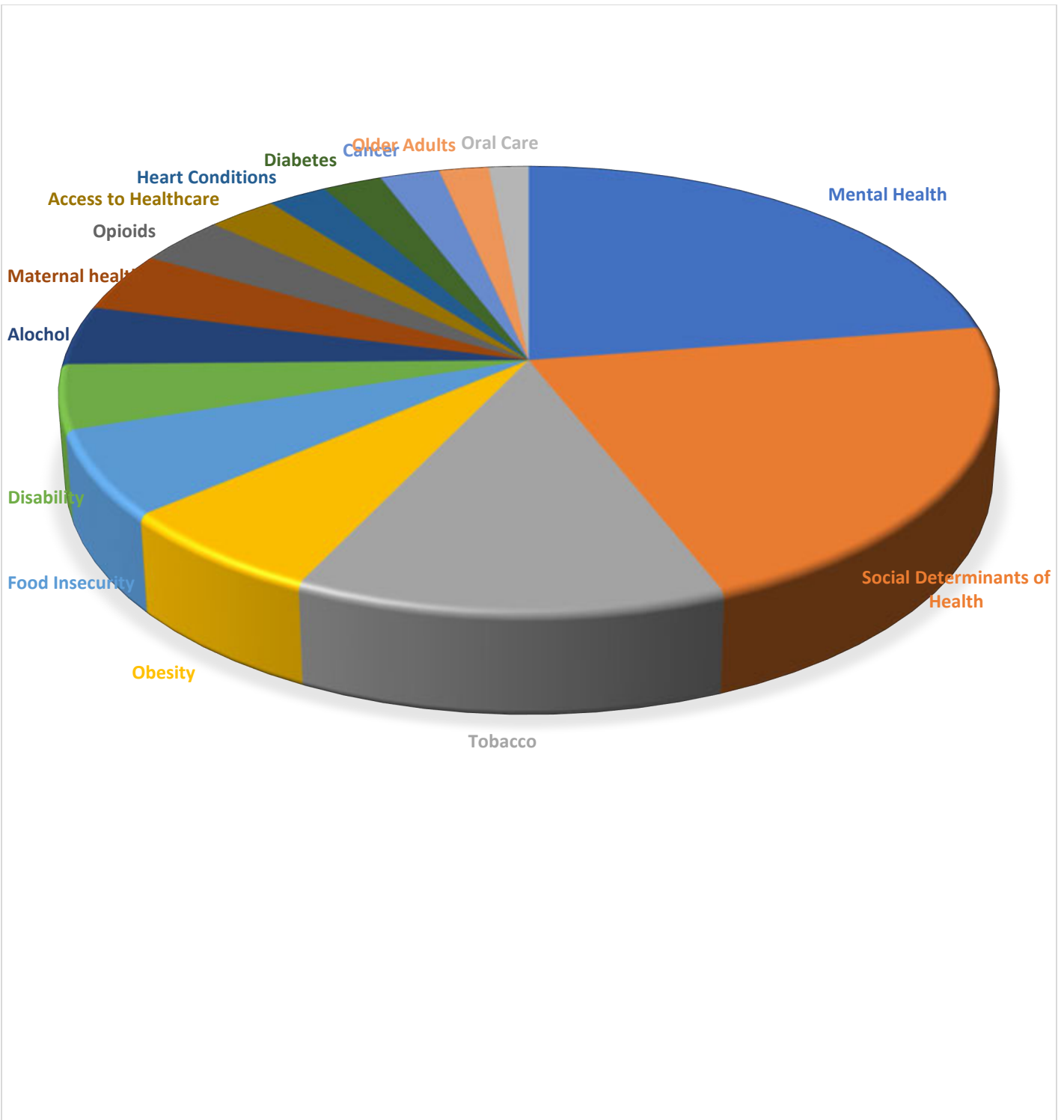
Participants were encouraged to write down more than one health indicator that stood out to them.

Total Recorded Responses to Question 1 = 257

Total Individuals Who Responded to Question 1 =

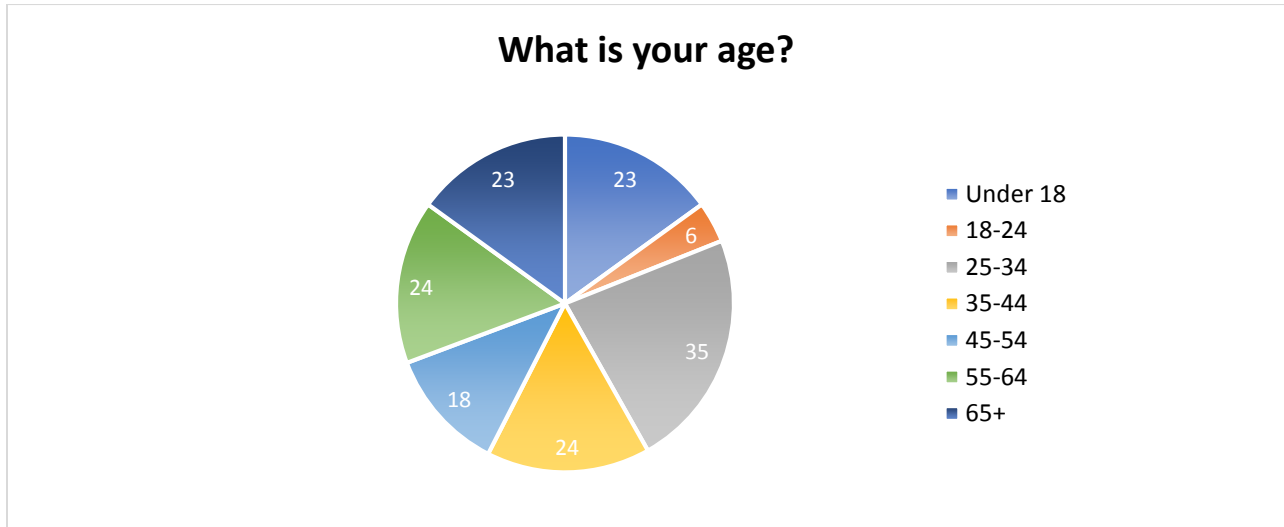
64

Mental Health	58	22.6%
Social Determinants of Health	55	21.4%
Tobacco	34	13.2%
Obesity	17	6.6%
Food Insecurity	16	6.2%
Disability	12	4.7%
Alcohol	11	4.3%
Maternal health	11	4.3%
Opioids	9	3.5%
Access to Healthcare	7	2.7%
Heart Conditions	6	2.3%
Diabetes	6	2.3%
Cancer	6	2.3%
Older Adults	5	1.9%
Oral Care	4	1.6%
Total	257	

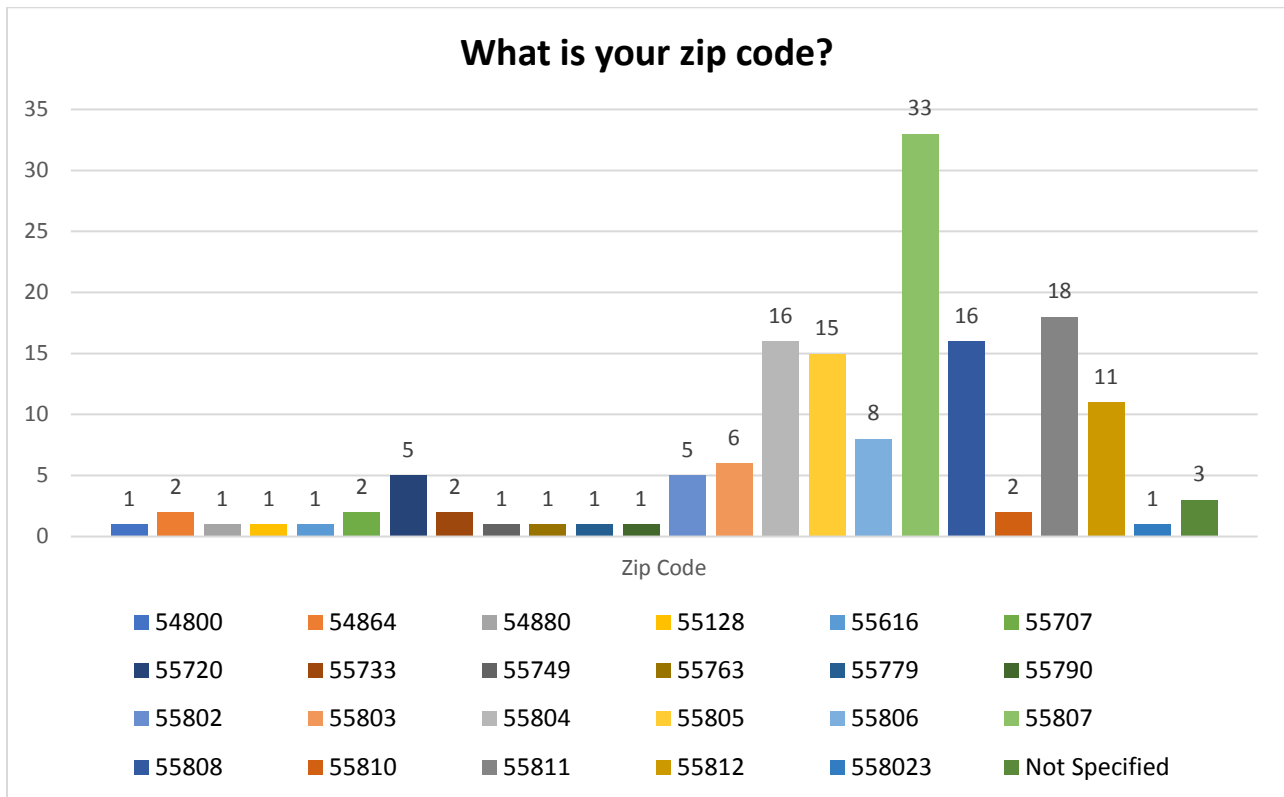


Bridging Health Duluth Focus Group Demographic Breakdown

AGE

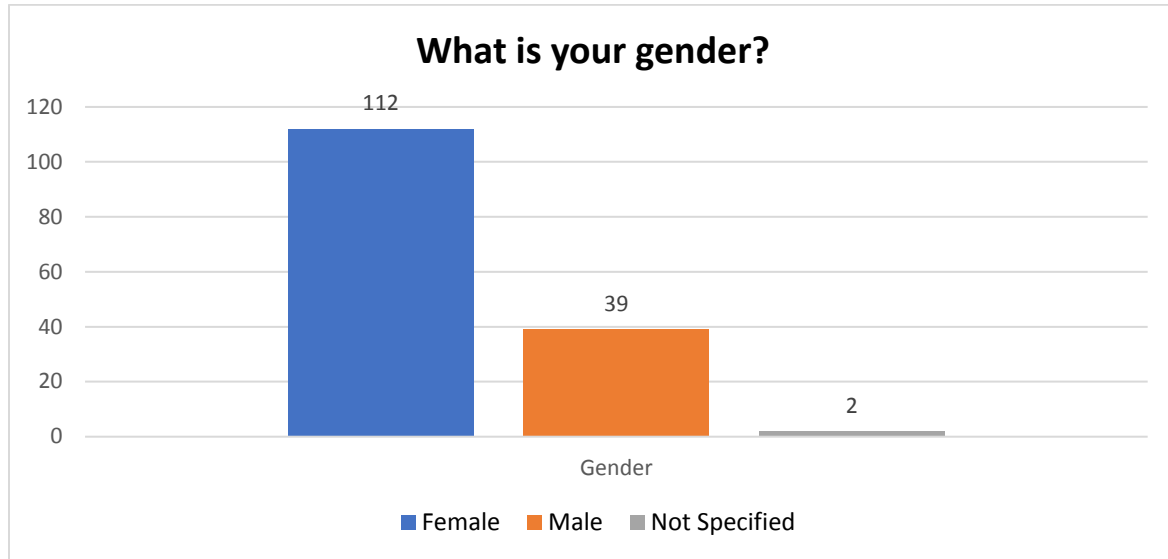
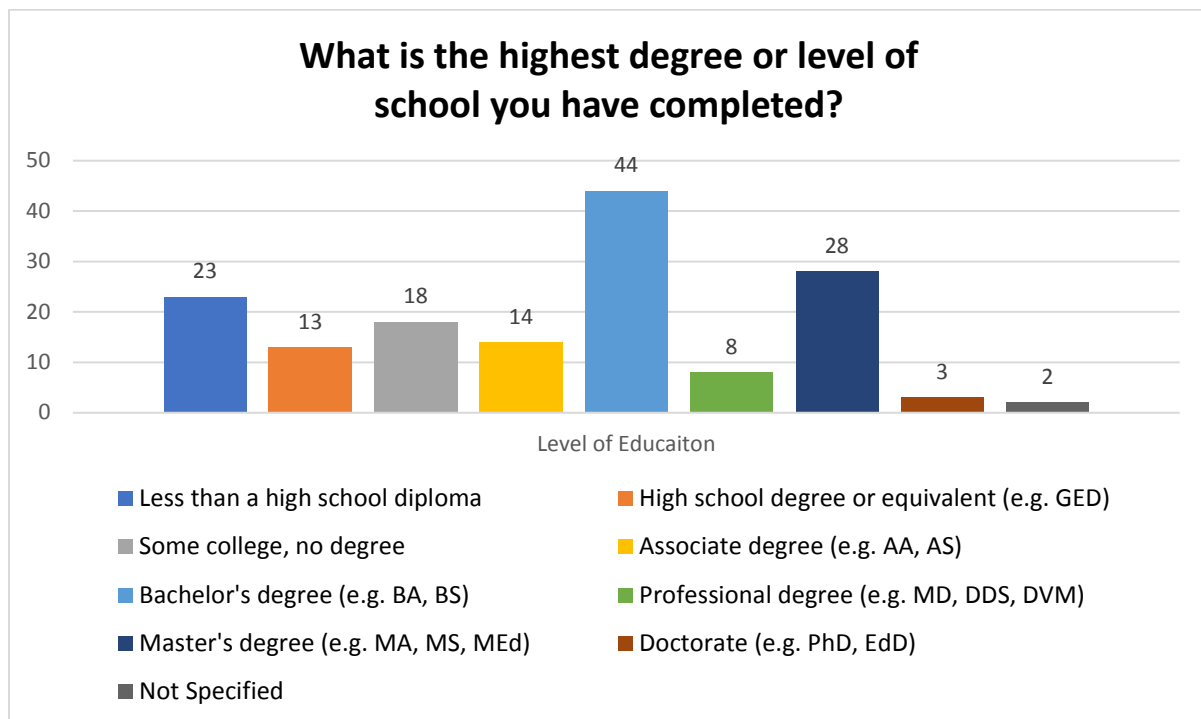


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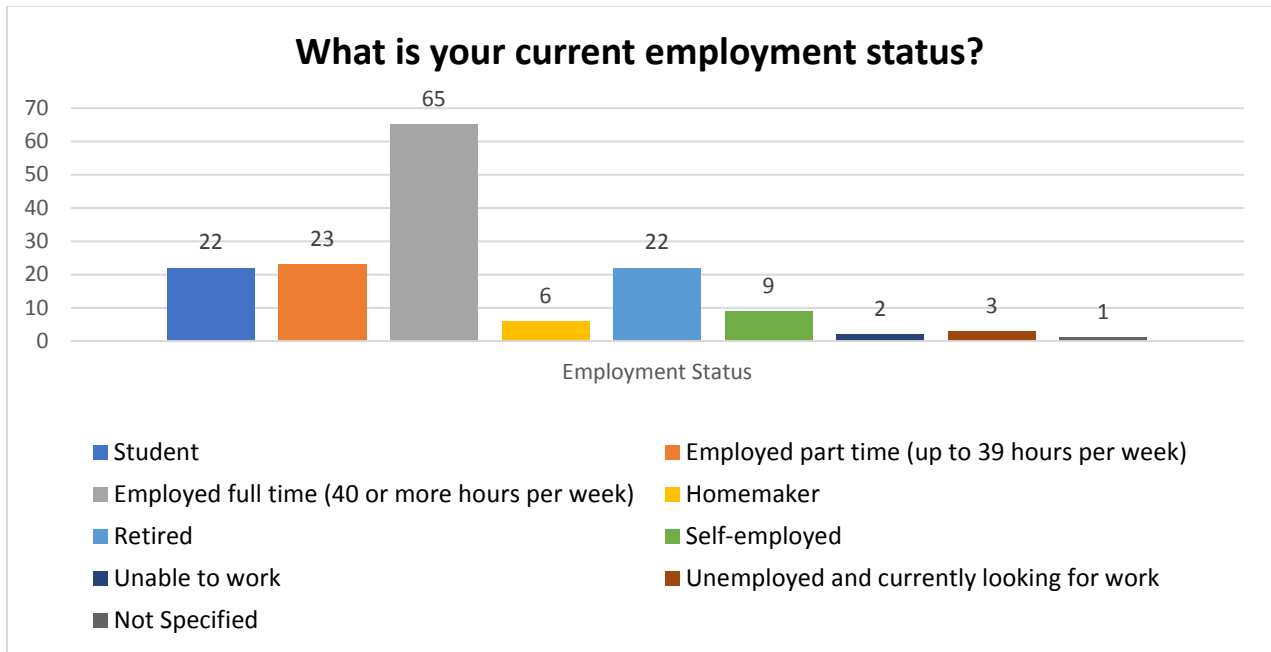


*read the legend from left to right to see appropriate color.

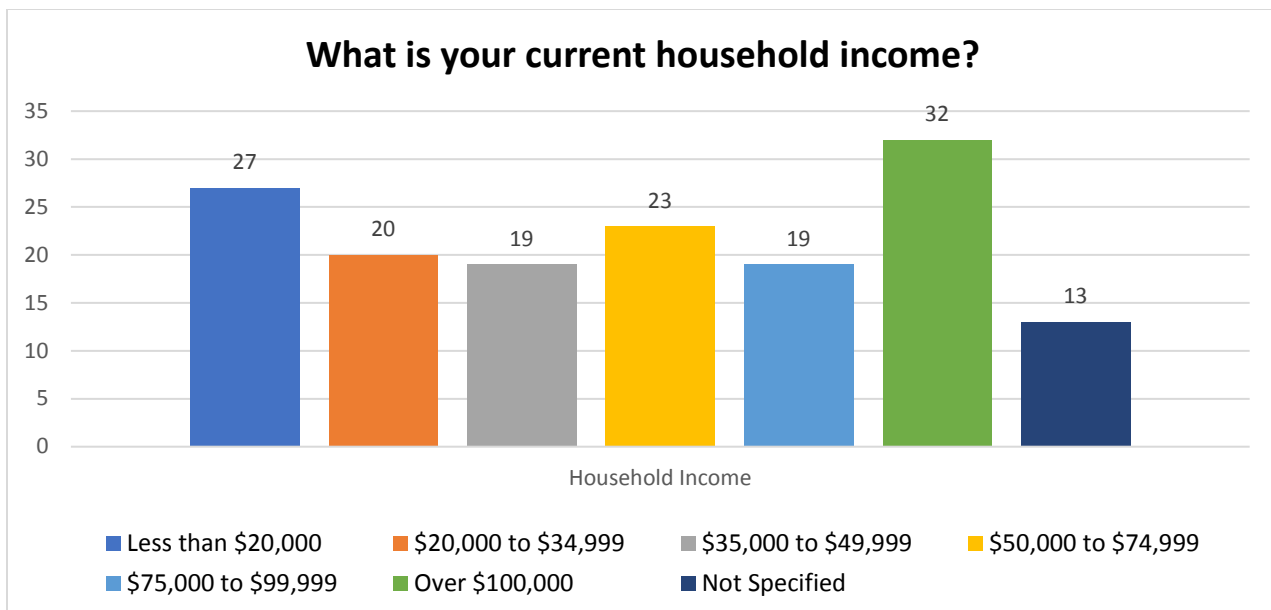
Bridging Health Duluth Focus Group Demographic Breakdown

GENDER**LEVEL OF EDUCATION**

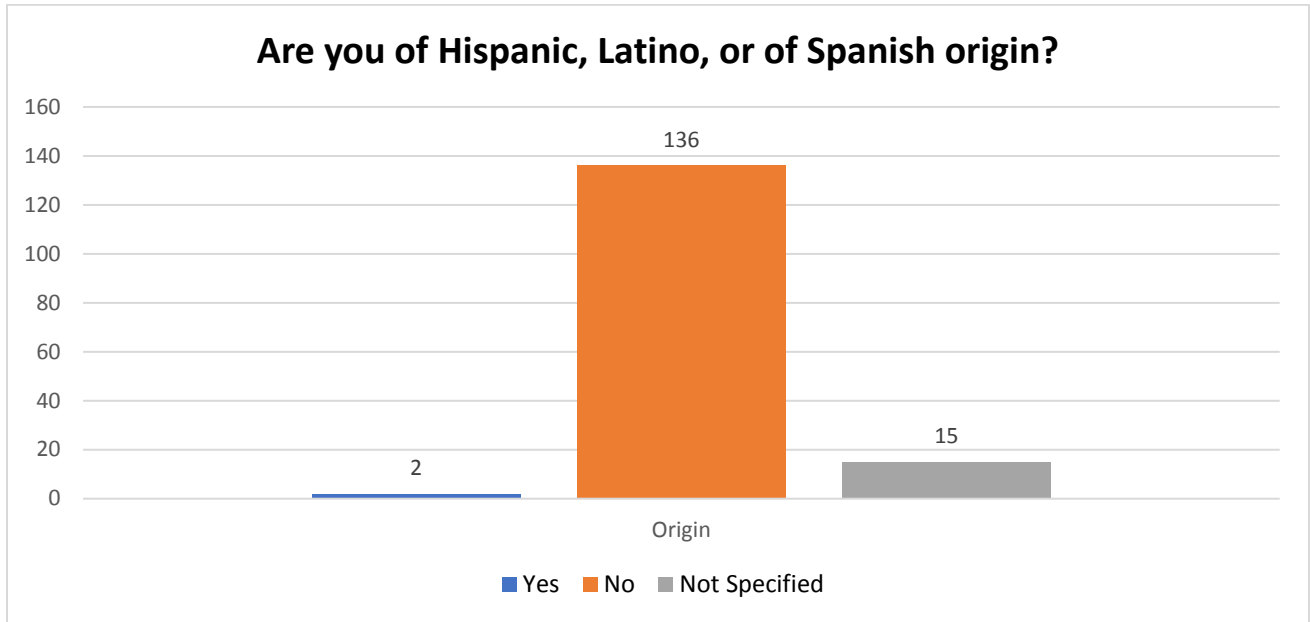
EMPLOYMENT STATUS



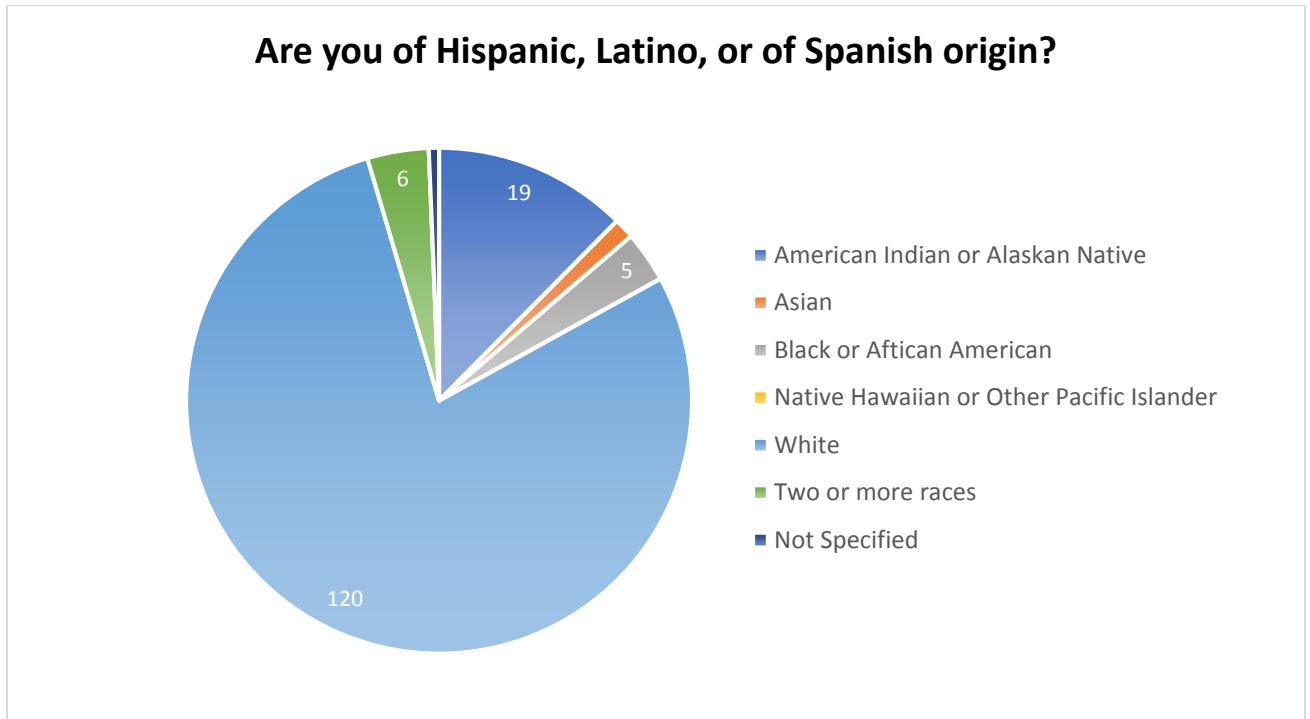
HOUSEHOLD INCOME



ORIGIN



DESCRIBE YOURSELF



Focus Group Discussion Guide

THIS DOCUMENT IS FOR THE USE OF THE FACILITATOR
and is not intended to be distributed to the participants.

Materials: Indicator handout, large sheets (4) “Pushing Up”/”Pushing Down”/Community Partners/Solutions, markers, sign-in sheet, anonymous demographic survey, script

Time: 5 min Come in and Sign In

Time: 10 min Explain and set up

Hello Everyone,

Welcome to today’s focus group. Thank you all for taking the time to be here. Before we get started please sign-in so we can follow-up with you. You also received a short demographics survey that will be collected at the end of this session. We will be tape recording the discussion, because we don’t want to miss any of your comments. Your name will not be connected with your comments. No one besides the project staff will have access to these tapes and they will be destroyed after our report is written.

My name is ‘your name’, and I work for ‘your organization’. I would like to introduce my time keeper ‘name’ and my recorder ‘name’.

We would like the discussion to be informal, so there’s no need to wait for us to call on you to respond. In fact, we encourage you to respond directly to the comments other people make. If you don’t understand a question, please let us know. We are here to answer questions, listen, and make sure everyone has a chance to share.

This discussion will help us to better understand the health needs and concerns of people in Duluth. Information from these focus groups will be combined with statistics and numbers to better describe health needs and concerns of all residents in the city and county. Our goal is to work together as health departments, hospitals, and community organizations to improve health. Asking people directly what they think and have experienced in the community is a key part.

Our CHNA Steering Committee identified these top 3 priorities:

1. Mental Health
2. Alcohol, Tobacco and Other Drugs
3. Social Determinants of Health/Obesity.

Today we are going to look at a data point from ‘one of the priorities’. We will look at the story behind the numbers to get at root causes or patterns with in the community that might be contributing to this issue. Then we will look at things in the community that might be already helping to address this issue along with new ideas. We will also identify partners who can help identify solutions and who can do the work to have a positive impact on this health issue. The Community Health Needs Assessments end product is a community plan to improve health.

We want to do our best to be data driven to help monitor our progress over the next three years.

Time: 5 min Explain the Data

- Briefly explain the indicator and the trend
- Share the narrative about why this indicator is important
- Leave some time for reflection
- Get people's initial reactions – briefly
- Ask: Is this something we should address in our community?

Time: 14 min Total: Root Causes**7 min: What factors are pushing this trend up?****7 min: What factors are pushing this trend down?**

What programs are available now? What resources are readily available? When it comes to your friends, family, and community what are your concerns for them related to these categories? Where have you seen positive changes? Where do you think there could be improvements? Think about your own life and those that surround you every day. You all have opinions and concerns about these topics. We want to hear them, so we can better address them.

Time: Total 10 min Who Are Our Partners

Who should be involved and who can we partner with to address this issue.

Time: 10 min What Are Some strategies

- Examples from other communities or this community
- Policy/education/advocacy ideas
- Off-The-Wall ideas
- Low cost no cost ideas

Total: 54 minutes

Share about follow up and next steps.

We would like to thank all of you for participating in this focus group and hope all of you had the chance to voice your opinions. If you have anything further to discuss I would be happy to stay after with you for a little while to talk with you.

- Please fill out both sides of the demographics survey and either leave them at your table or turn them in to me.



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GENERATIONS
HEALTH CARE INITIATIVES

