

2013 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

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**St. Luke's, Duluth, MN
Community Health Needs Assessment**

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About St. Luke's

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, 11 primary and 27 specialty clinics, six urgent care locations and one retail express care clinic. Primary care clinics are located in Duluth, Hermantown, Hibbing, Two Harbors, Mountain Iron and Silver Bay, Minnesota, and Ashland and Superior, Wisconsin. In addition, Urgent Care and Q Care express medical services are available. St. Luke's is verified by the American College of Surgeons and the state of Minnesota Department of Health as a Level II trauma center.

In addition to family medicine, other specialties include cardiology, cardiac surgery, oncology, OB/GYN, plastic surgery, pulmonary medicine, allergy, neurosurgery, dermatology, endocrinology, gastroenterology, infectious disease, internal medicine, surgery, occupational health, orthopedics & sports medicine, pediatrics, physical medicine and rehab, rheumatology, psychiatry and urology. St. Luke's Home Care and Hospice Duluth provide services to patients within a 30-mile radius of St. Luke's hospital.

Also, in collaboration with the University of Minnesota Duluth Medical School, St. Luke's is involved with clinical research activities in the areas of cancer, lung and heart disease through the Whiteside Institute for Clinical Research.



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For a full listing of hospitals, clinics and services see [Appendix A](#).

Mission

The patient above all else.

Vision

To be the provider and partner of choice for the region.

Values

These values provide the foundation for our culture as we pursue our Mission and Vision:

- The patient comes first
- Quality is our expectation
- People make it happen
- Everyone is treated with respect



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Accreditations

- Accredited by The Joint Commission
- Federally-designated Regional Trauma Center
- Level II Trauma Center, as verified by the American College of Surgeons
- Education Recognition Award by the American Diabetes Association
- Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF)
- Accreditation with Commendation by the American College of Surgeons Commission on Cancer (2010-2013)
- Accredited by the American Academy of Sleep Medicine
- Accredited by the College of American Pathologists (CAP)
- St. Luke's clinic laboratories are COLA-accredited
- Accredited by the American College of Radiology (PET/Positron Emission Tomography, Mammography, CT/Computed Tomography, MRI, Ultrasound)
- American College of Surgeons Level 2B Accredited Bariatric Center
- Intersocietal Accreditation Commission (IAC) for nuclear cardiology and vascular testing (Extracranial Cerebrovascular Testing, Peripheral Arterial Testing and Peripheral Venous Testing) (2012-2015)
- Accredited by the American College of Radiology (ACR) in Ultrasound, Positron Emission Tomography (PET), Mammography and CT Imaging (2012-2015)



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Executive Summary

St. Luke's Hospital of Duluth (St. Luke's) is required to conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy to meet the community health needs identified through the CHNA at least once every three years. This report fulfills the requirements of a new federal statute established within the Patient Protection and Affordable Care Act (PPACA) requiring that non-profit hospitals conduct community health needs assessments every three years.

The community served was identified as the following four counties: St. Louis County, Lake County and Carlton County in Minnesota, and Douglas County in Wisconsin. These counties were recognized due their proximity to Duluth and the fact that they account for over 80 percent of the patient volume to St. Luke's.

Based on data collected and input from the community, the following three areas have been identified as health needs for the community.

1. [Obesity, Physical Activity, and Nutrition](#)
2. [Alcohol and Drug Use](#)
3. [Access to Preventative Care and Screenings](#)



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Introduction

This Community Health Needs Assessment (CHNA) was conducted in response to the enactment of the Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat. 119 (2010)), of section 501(r) of the Internal Revenue Code¹. According to REG-106499-12, “Section 501(r)(3) requires a hospital organization to conduct a CHNA at least once every three years and adopt an implementation strategy to meet the community health needs identified through the CHNA.”¹

The objectives of the CHNA are:

- Meet federal government and regulatory requirements.
- Research and report on the demographics and health status of the service areas including a review of state and regional data.
- Gather input, data and opinions from persons who represent the broad interest of the community; specifically persons with special knowledge or expertise of public health, local and state health departments, and representatives of medically underserved, low-income or minority populations and populations with chronic diseases.
- Prioritize the needs of the communities served by St. Luke's.
- Create Implementation Plans that address the prioritized needs.



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Community Served

St. Luke's is located in Duluth, MN ([Figure 1](#)). The communities served were determined by analyzing inpatient origin data by zip code. The top 13 zip codes ([Table 1](#)) account for approximately 70% of St. Luke's patient origin. These zip codes encompass a 30-mile radius from Duluth. In the following report, data are presented at the county and state levels to ensure stability of the estimates. The four counties referenced throughout this report are St. Louis County, Lake County and Carlton County in Minnesota, and Douglas County in Wisconsin.

Table 1: Top Zip Codes

City	County	State	Zip Code
Superior	Douglas	WI	54880
Two Harbors	Lake	MN	55614
Cloquet	Carlton	MN	55720
Duluth	St. Louis	MN	55802
Duluth	St. Louis	MN	55803
Duluth	St. Louis	MN	55804
Duluth	St. Louis	MN	55805
Duluth	St. Louis	MN	55806
Duluth	St. Louis	MN	55807
Duluth	St. Louis	MN	55808
Duluth	St. Louis	MN	55810
Duluth/Hermantown	St. Louis	MN	55811
Duluth	St. Louis	MN	55812



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Figure 1: St. Luke's Locations



Figures (2) and (3) identify St. Luke's current locations and communities to be served.

Figure 2: St. Luke's Primary Market

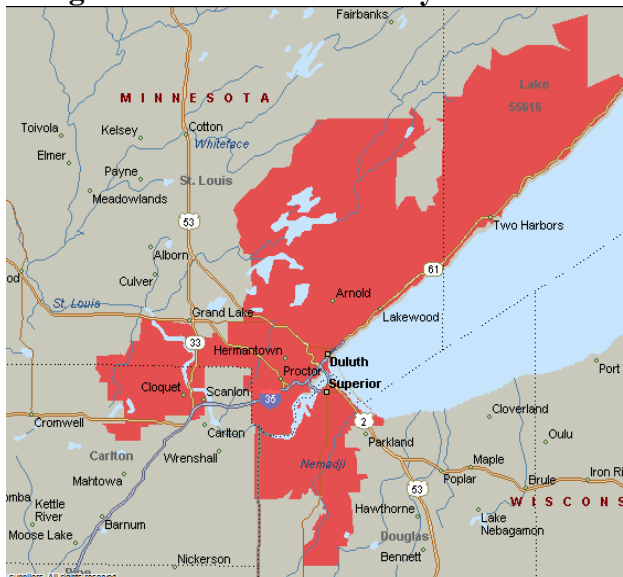
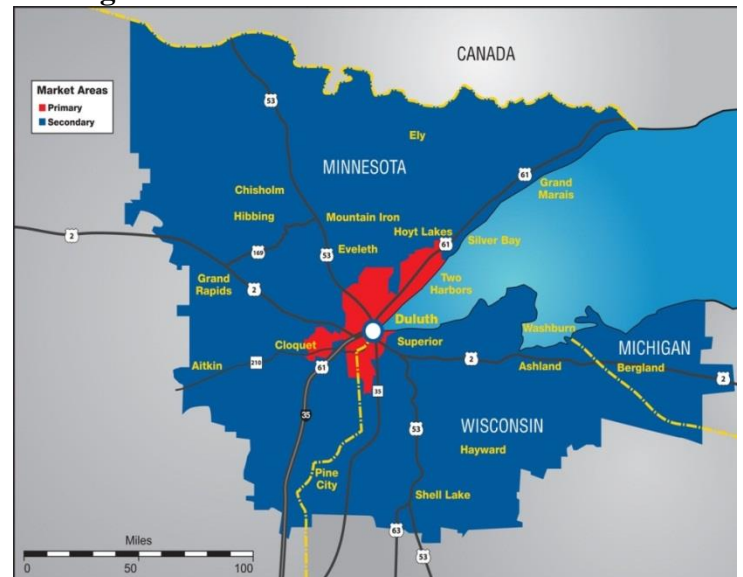


Figure 3: St. Luke's Market Area





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County Health Rankings reports² were used to obtain a better health picture of the community served. [Figure 4](#) shows the structure of the model used to rank counties. Health outcomes represent how healthy a county is while health factors represent what influences the health of the county^{4,5}. Counties with high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

[Table 2](#) shows the health outcomes and health factors for the four counties that make up the service area. The three Minnesota counties are all ranked towards the bottom for the state when it comes to health outcomes⁴. Douglas County in Wisconsin is not ranked as low, but is still in the bottom third of Wisconsin counties⁵. All four counties rank higher in health factors than they did in health outcomes. Figures [5](#), [6](#), [7](#) and [8](#) show how the four counties compare to the rest of the state. The lighter colors indicate better performance in the respective summary rankings.

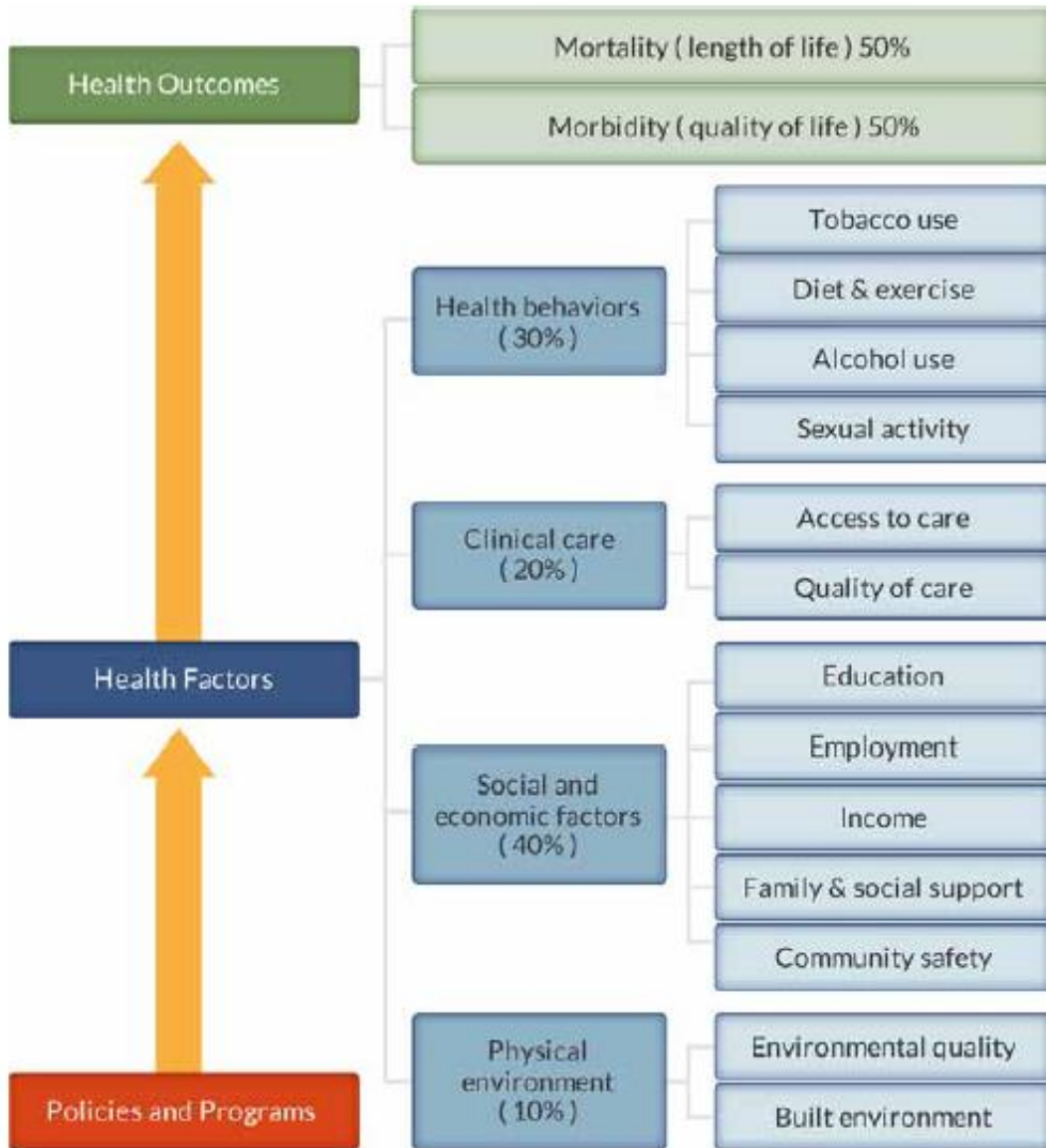
[Figure 9](#) includes the health outcomes, mortality, and morbidity ranks for Carlton, Lake, St. Louis and Douglas counties. All counties have lower rankings for all three categories.

Table 2: Community Served Health Outcomes & Health Factors

County	Health Outcomes Rank	Health Factors Rank
Carlton	81 / 87	36 / 87
Lake	83 / 87	28 / 87
St. Louis	72 / 87	59 / 87
Douglas	53 / 72	55 / 72

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Figure 4: County Health Rankings Model © 2012³





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Figure 5: Health Outcomes by County

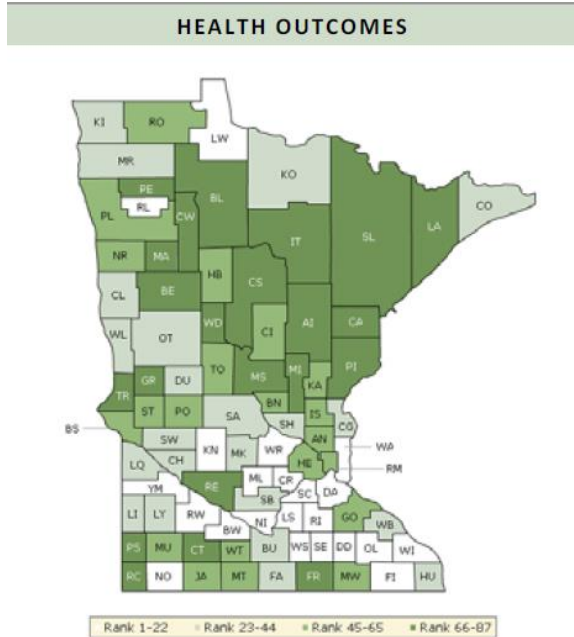


Figure 6: Health Factors by County

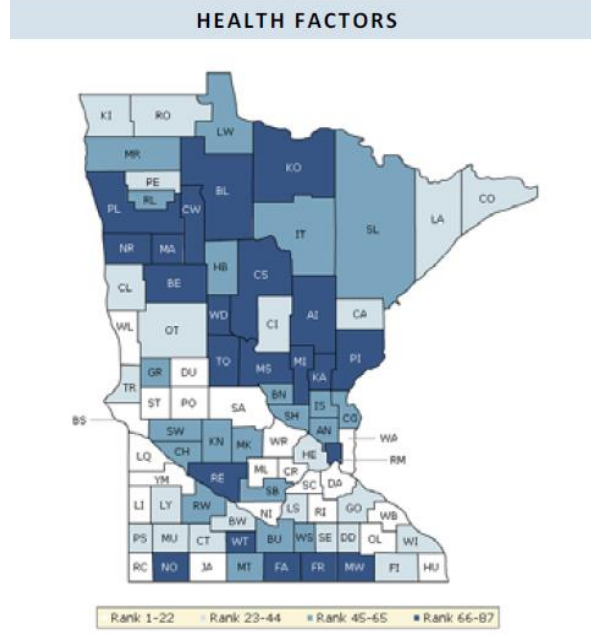


Figure 7: Health Outcomes by County

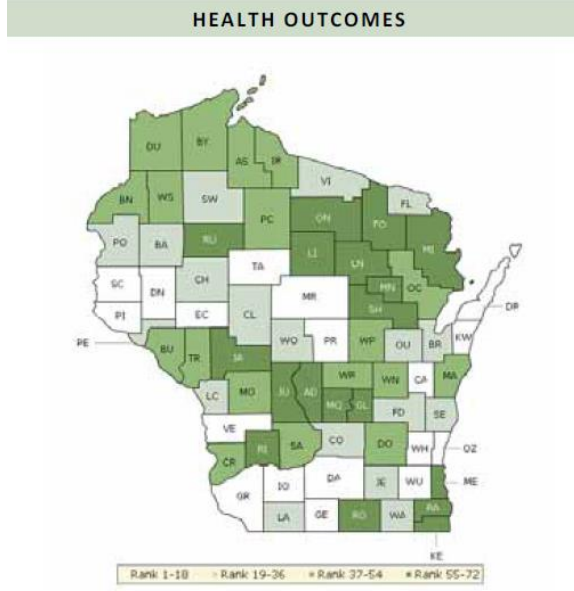
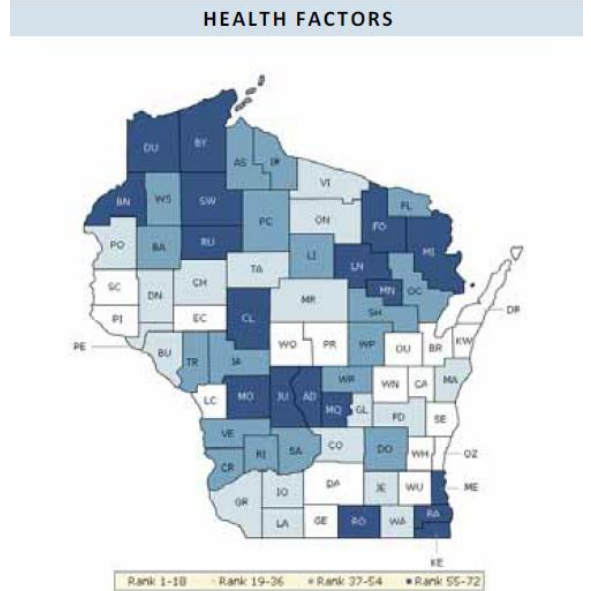


Figure 8: Health Factors by County





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Figure 9: Community Served Health Outcomes & Factors by County

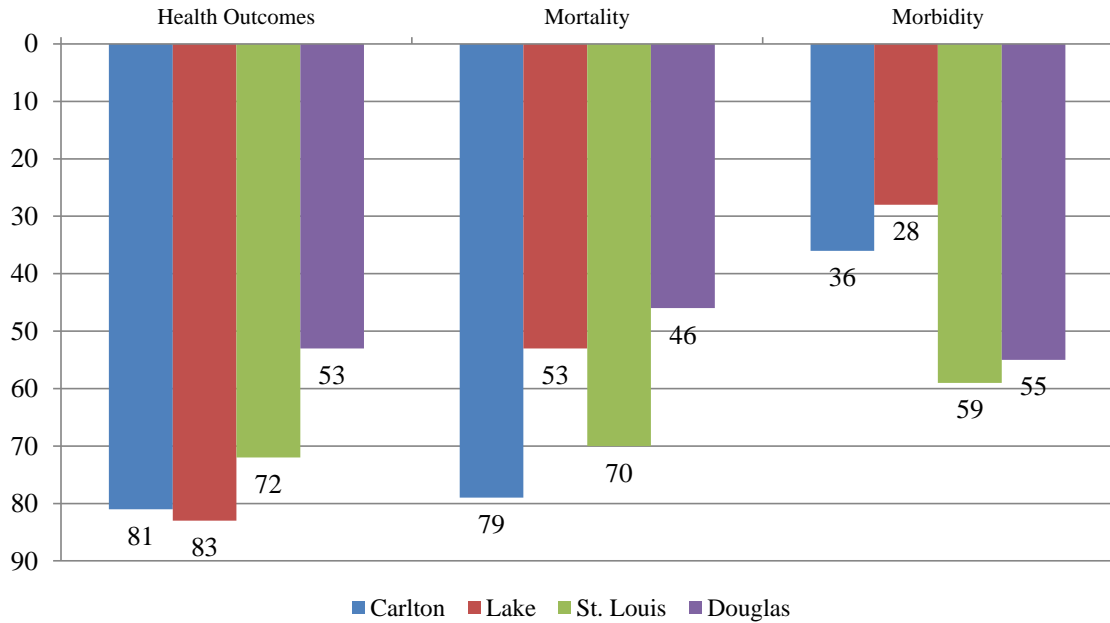
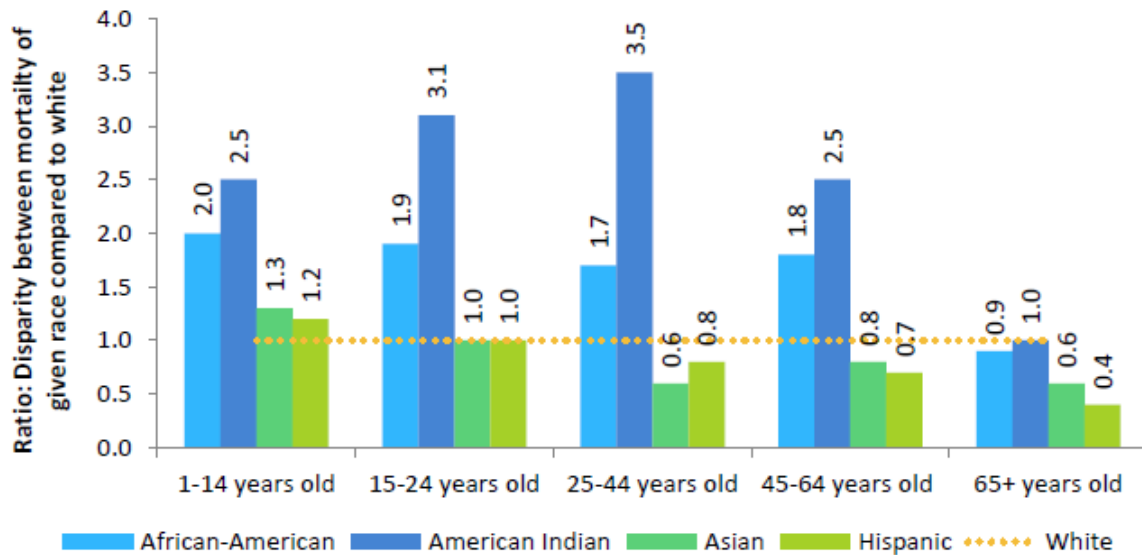


Figure 10: Disparities in Mortality in Minnesota: 2006-2010



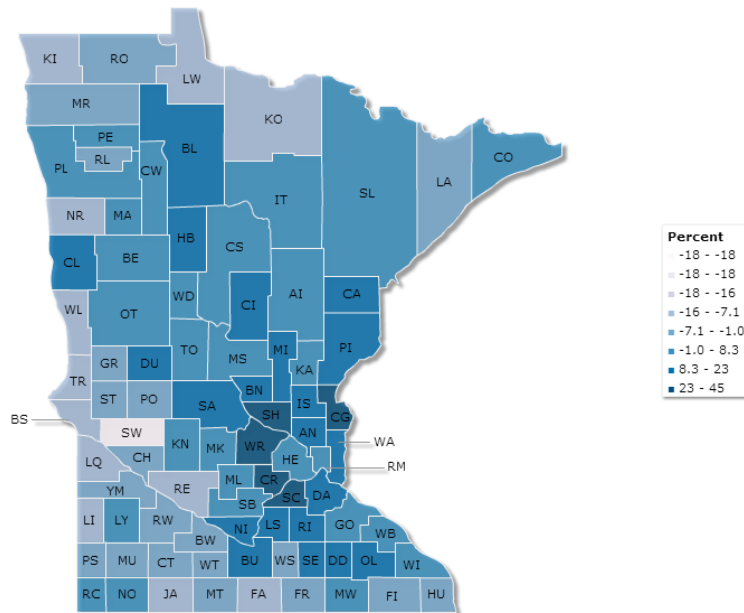


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Demographics

Figures [11](#) and [12](#) show the percent change in total resident population by county from April 1, 2000 to April 1, 2010 for Minnesota⁶ and Wisconsin⁷.

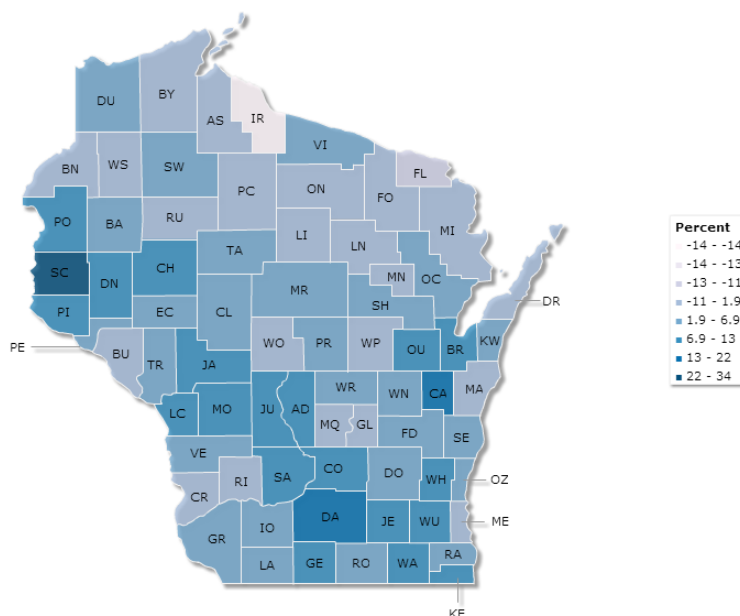
Figure 11: Minnesota Population Growth Rate by County 2000 to 2010





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Figure 12: Wisconsin Population Growth Rate by County 2000 to 2010



Additional demographic data for the four counties are included in [Table 4](#). The total population of the area was estimated at 290,637 in the most recent census with 16.4% age 65 years and over. Females constitute approximately 49.6% of the population⁸. By race and ethnicity, the populations are not very diverse, with Caucasians constituting approximately 92.8% of the market area's overall population. The area has a household ownership rate averaging approximately 75% over a four year time frame⁸. Over 90% of the population age 25 and older are high school graduates, and approximately 22% of this same group are college graduates (4-year degree)⁸. The percentage of the population that lives below the federal poverty level is 14.8%⁸. The per capita income averaged over a four year time frame was \$25,453 and the median household income for this same time frame was \$47,636⁸. The rural percentages for the



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four counties that make up the market area vary with Lake (67%) and Carlton (55%) counties have a greater rural percentage. St. Louis County (37%) and Douglas County (39%) are much less rural according to 2013 County Health Rankings & Roadmaps data^{2,3,9}.

Figure 13: Per Capita Income in Minnesota: 2010

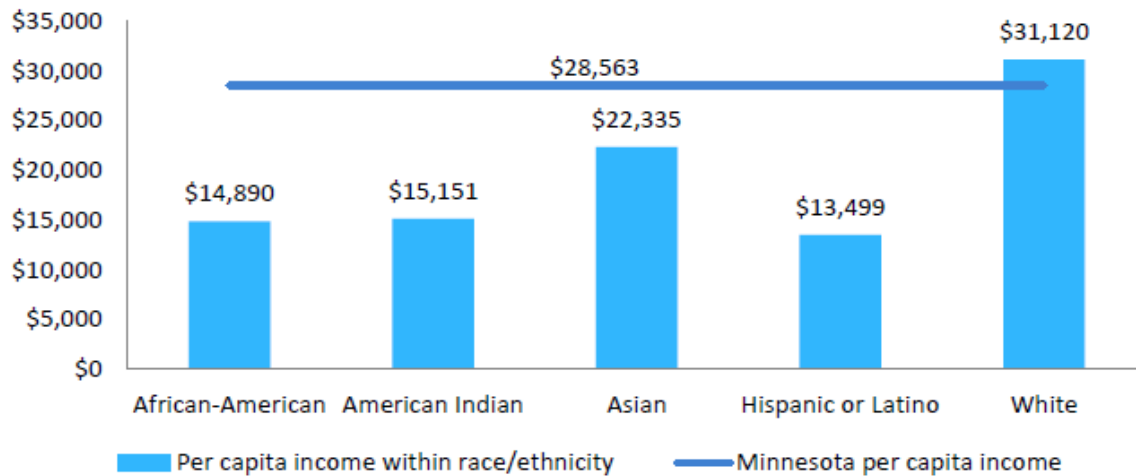
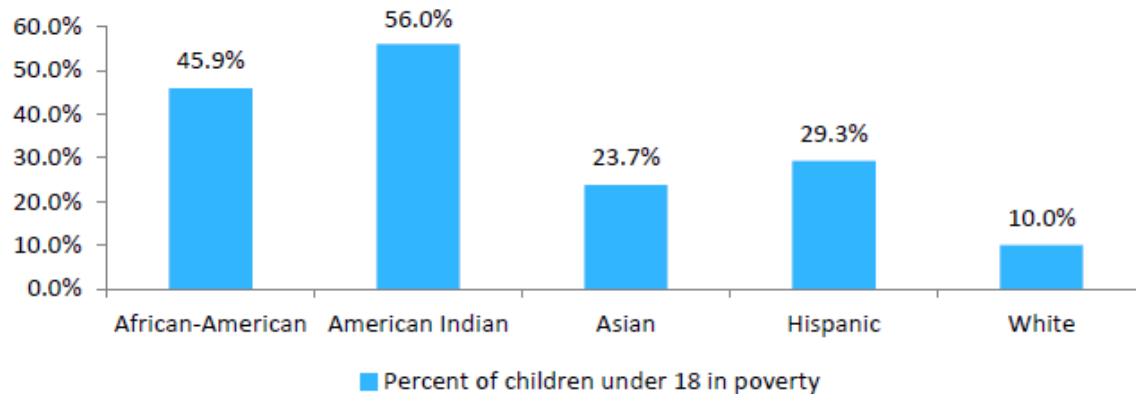


Figure 14: Poverty Rate Among Children Under Age 18: 2010





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Table 3: Behavioral Risk Factor Surveillance System Demographic Data^{10, 11}

Measure	2010 BRFSS Data (%)			
	Minnesota	Wisconsin	National	
Sex	Male	49.4	49.3	48.7
	Female	50.6	50.7	51.3
Age Range	18-34 Years	30.0	29.2	28.7
	35-64 Years	51.3	52.8	52.8
	>=65 Years	16.9	17.9	17.9
Annual Household Income	<\$15,000	5.7	4.6	9.0
	\$15,000 – 24,999	14.2	17.2	15.0
	\$25,000 – 34,999	9.7	18.0	10.5
	\$35,000 – 49,999	16.2	14.8	14.8
	>=\$50,000	54.3	45.3	50.8
Educational Attainment	< High School	5.2	5.7	7.5
	High School or G.E.D.	26.3	31.6	29.8
	Some College	31.3	29.2	26.8
	College Degree	37.2	33.5	34.1
Race/Ethnicity	Caucasian	89.4	88.9	80.7
	African American	3.0	3.1	4.9
	Hispanic	3.4	2.6	5.5
	Other/Multiracial	4.2	5.5	5.3



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Table 4: County Demographic Data⁸

Demographic Variables	Carlton County, MN	Lake County, MN	St. Louis County, MN	Douglas County, WI
Population, 2012 estimate	35,348	10,818	200,319	43,785
Population, 2010	35,386	10,866	200,226	44,159
Persons under 5 years, percent, 2012	5.90%	5.40%	5.30%	5.80%
Persons under 18 years, percent, 2012	23.10%	18.70%	19.30%	21.00%
Persons 65 years and over, percent, 2012	15.50%	23.50%	16.40%	15.10%
Female persons, percent, 2012	48.10%	49.40%	49.80%	50.10%
White alone, percent, 2012 (a)	89.80%	97.40%	93.00%	93.20%
Black or African American alone, percent, 2012 (a)	1.50%	0.40%	1.50%	1.20%
American Indian and Alaska Native alone, percent, 2012 (a)	5.90%	0.50%	2.30%	2.00%
Asian alone, percent, 2012 (a)	0.50%	0.30%	1.00%	0.90%
Hispanic or Latino, percent, 2012 (b)	1.50%	1.00%	1.30%	1.20%
Living in same house 1 year & over, percent, 2007-2011	88.50%	87.40%	83.30%	85.40%
Foreign born persons, percent, 2007-2011	1.60%	1.00%	2.10%	1.70%
Language other than English spoken at home, percent age 5+, 2007-2011	4.80%	2.90%	4.30%	3.70%
High school graduate or higher, percent of persons age 25+, 2007-2011	91.10%	92.70%	92.50%	91.20%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	22.40%	20.00%	25.50%	21.80%
Veterans, 2007-2011	3,339	1,334	18,541	4,134
Homeownership rate, 2007-2011	80.20%	80.20%	71.40%	68.40%
Median value of owner-occupied housing units, 2007-2011	\$163,300	\$142,300	\$141,800	\$133,600
Households, 2007-2011	13,820	5,180	86,446	19,171
Persons per household, 2007-2011	2.42	2.02	2.2	2.22
Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$24,808	\$26,675	\$25,586	\$24,741
Median household income, 2007-2011	\$53,553	\$47,450	\$45,399	\$44,140
Persons below poverty level, percent, 2007-2011	11.20%	11.20%	16.00%	12.90%
Land area in square miles, 2010	861.38	2,109.29	6,247.40	1,304.14
Persons per square mile, 2010	41.1	5.2	32	33.9

Table 5: Health Insurance Coverage of the Total Population¹²

	United States	Minnesota	Wisconsin
Employer	49%	57%	54%
Individual	5%	5%	6%
Medicaid	16%	14%	16%
Medicare	13%	13%	15%
Other Public	1%	1%	NSD
Uninsured	16%	9%	10%
Total	100%	100%	100%



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Table 6: Distribution of the Nonelderly Uninsured by Age¹²

	Minnesota		Wisconsin	
Children	89,300	18%	76,500	14%
Adults	403,500	82%	477,100	86%
Total	492,800	100%	553,600	100%

Assessment Process and Methods

It is not unusual for any kind of needs assessment to become a laundry list of problems. This community health improvement process, by seeking to carefully identify and prioritize health needs and provide benchmarks for the future, could be viewed as such a list. Therefore, it is fitting to close this summary with what many will see as positive news. The community health needs assessment produced a significant amount of noteworthy information that can help in understanding both the current and future health care needs and quality of life issues in St. Luke's service area.

The intent is that community individuals and organizations will use this information to set priorities, strengthen existing programs and services, and when necessary, develop new ones to improve community health, and unify efforts in allocation of community resources.

Sources of Data and Information Used in the Assessment

A community health profile consisting of state and county service area demographics, health related behaviors, health services, and health outcomes data was compiled for the community served. Data for the community health profile were obtained from three sources: the University



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of Wisconsin Population Health Institute (UWPHI) County Health Rankings^{2,3}, Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS)^{9,10,11}, 2010 Bridge To Health Survey Results¹³ and the 2012 Community Health Board Community Health Assessment¹⁵.

Community Input

Throughout the process St. Luke's worked with the general community and organizations representing minority and patient-type groups, other healthcare professionals with specialized knowledge of our community's health needs and systems were engaged throughout the process to ensure broader community input. They included leaders from the city/county health department and leaders from local health organizations. [Appendix B](#) includes a list of organizations involved in the assessment process. Community input was gathered through a series of focus groups and community meetings that took place between October 2012 and October 2013. This input included individuals representing persons with expertise in public health; leaders, representatives and members of medically underserved, low-income, minority populations; and populations with chronic disease needs from the community served by the hospital.

There was an information gap in that we did not talk directly with homeless people. However, we spoke with people from organizations that advocate for the homeless population.



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Community Health Needs Identified Through the Assessment

A number of health needs were identified throughout the assessment process. The table below shows the needs identified by each county in the service area.

Carlton County	Cook County	Lake County	Northern St. Louis	Southern St. Louis
Obesity	Obesity	Overweight / Obesity	Obesity / Overweight	Obesity
Mental Health	Mental Health – youth and adults	Mental Health Issues Youth and Adults	Mental Health	Anxiety and Depression (Mental Health)
Drug Use: adults and Teens	Alcohol, drug and tobacco: Youth	Alcohol and Drug Use : Adults & Adolescents	Substance Abuse	Alcohol, Tobacco, Drugs: Children /Adolescents
Increased Poverty	Women in Poverty		Female Head of Households in poverty	Disparity and inequity R/T Poverty
	Teen Pregnancy & Sexual	Youth engaged in Sexual Activity:	STD's/STI's: Sexual Activity	Unprotected Sex in Adolescents
Access to dental care	Lack of Preventive Screens: Dental		Poor Access to Dental Services	Poor Dental Access
	Lack of knowledge: health care access	Uninsured Underinsured	Uninsured Underinsured	Underinsured Uninsured
Adults not getting preventive screening	Lack of Preventive Screens: Colon, C&TC		Preventive Health Screening: Colon,	



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Prenatal		
Low Physical Activity	Inactivity: Youth and Adults	Lack of Exercise
Diabetes	Diabetes	
Poor Eating Habits	Poor Nutrition: Youth and Adults	
Food Insecurity	Lack of Food Security	
	Low Immunization Rates	Childhood Vaccination: Pertussis
	Healthy Older Adults: Preparing for care	
		High Incidence of Heart Disease
		Healthcare needs to integrate Public Health into mental health

The needs identified above were ranked and voted on. The votes were compiled and based on the results and the available resources, the following three health needs that have been identified as the ones to focus on at this time:



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1. Obesity, Physical Activity, and Nutrition
2. Alcohol and Drug Use
3. Access to Preventative Care and Screenings

The needs chosen Obesity, Physical Activity, and Nutrition, Alcohol and Drug Use, and Access to Preventative Care and Screenings are directly related to most, if not all of the other health needs identified. The populations for the chosen health needs overlap to a large degree with those of the non-selected health needs. The system believes it has the best opportunity to positively impact a larger portion of the population with the needs selected.

Obesity, Physical Activity and Nutrition

Being overweight is a recognized risk factor for many chronic conditions including hypertension, cardiovascular disease, some forms of cancer, non-insulin-dependent diabetes, osteoarthritis and gall bladder disease.

Body Mass Index (BMI) is a mathematical ratio of weight and height correlated with body fat (kg/m²). BMI is a better predictor of disease risk than body weight alone. The correlation between the BMI number and body fatness is fairly strong; however the correlation varies by sex, race, and age.

Table 7: Body Mass Index

BMI	Weight Status
Below 18.5	Under weight
18.5 – 24.9	Normal



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25.0 – 29.9	Overweight
30.0 and higher	Obese

Table 8: Area Served Body Mass Index

	Bridge to Health 2010	Minnesota	BRFSS 2010 Wisconsin	National
Overweight (BMI 25-29.9)	33.6%	37.7%	36.7%	36.2%
Obese (BMI 30+)	17.6%	25.4%	26.9%	27.5%

Physical activity is widely recognized as an important preventive measure against chronic disease, death and disability. A regular exercise routine helps maintain normal range of motion and joint mobility prevents postural problems and decreases muscle soreness. Maintaining muscle mass through regular activity help to keep older people feeling well and reduces their risk of falls and fractures.

According to the Centers for Disease Control and Prevention¹⁴, adults need at least:

1 hour and 15 minutes (75 minutes) of vigorous-intensity aerobic activity (i.e., jogging or running) every week AND

muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms)

OR

2 hours and 30 minutes (150 minutes) of moderate-intensity aerobic activity (i.e., brisk walking) every week AND

muscle-strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms)



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There are many reasons to engage in or begin living a healthy lifestyle. An active approach to healthy living will ultimately improve one's health. The community health assessment identified the need to promote healthy lifestyles. Engaging in regular physical activity and creating a routine of exercising from adolescence into adulthood is important to overall health. Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem, and may improve blood pressure and cholesterol levels¹⁴. Physical inactivity (defined as adults who report no physical activity or exercise other than at their regular job) is a major factor contributing to rates of obese and overweight individuals in our nation¹⁴. Physical activity can help control weight, reduce the risk of heart disease and some cancers, strengthen bones and muscles and improve mental health. Obesity puts people at much greater risk for the development and early onset of a wide variety of chronic diseases and health conditions, including hypertension, diabetes, coronary heart disease and stroke, gallbladder disease, depression, osteoarthritis, sleep apnea and some cancers. Obesity often has social consequences, as well: children and adolescents who are overweight or obese may be teased or ostracized, and obese adults can face discrimination in the workplace.

Exercise habits formed in childhood can have long-term health benefits reinforced through education and a supportive home environment.



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Eating a healthy diet and understanding the long-term health benefits associated with proper nutrition will reduce the likelihood of being overweight/obese and other physical diseases such as diabetes, high blood pressure and heart disease. Childhood obesity is a growing problem. Therefore, it is important that the promotion of engaging in a healthy lifestyle begin at an early age. Children often learn and are influenced by their home environment; therefore, a good modeling behavior from parents is the first step. Because children often develop lifelong behaviors while young, it is important to instill proper nutritional habits in early childhood. An adequate, well-balanced diet combined with regular physical activity, is a cornerstone of good health. Poor nutrition can lead to reduced immunity, increased risk of disease, impaired physical and mental development and reduced productivity.

Figure 15: Minnesota Ninth Graders and Healthy Eating: 2010

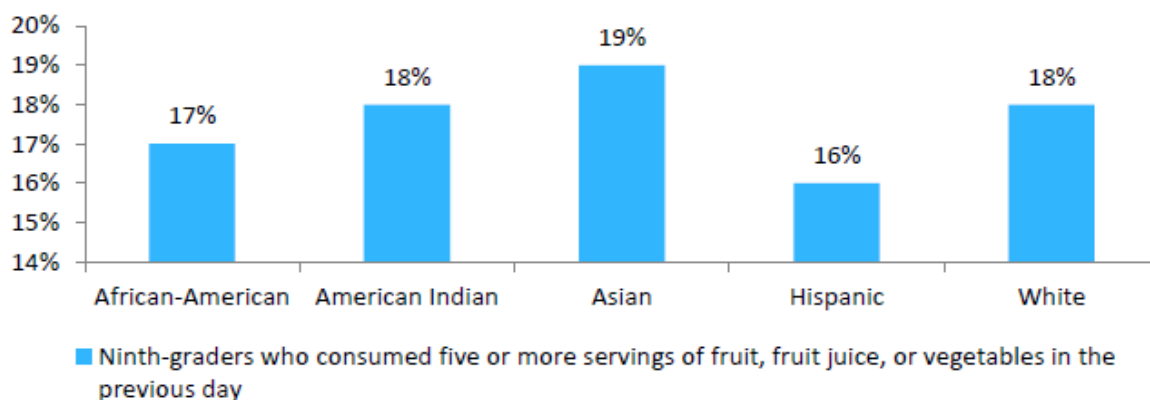
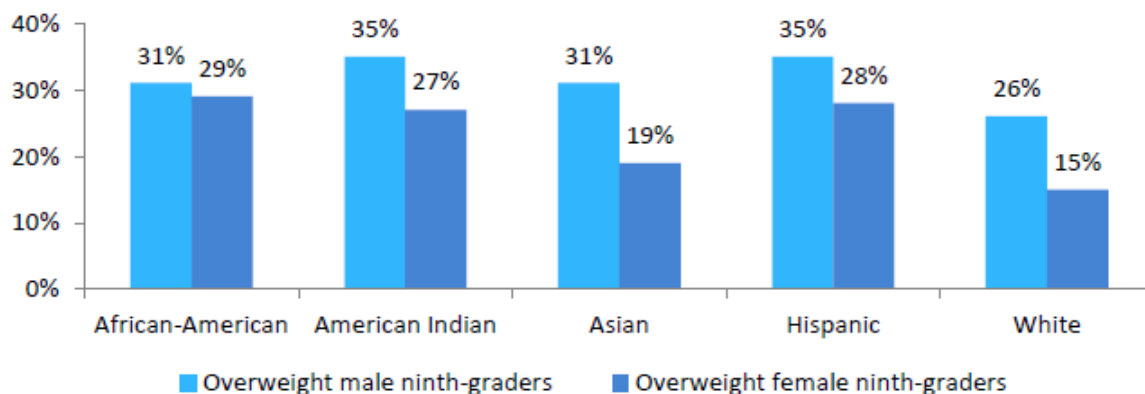


Figure 16: Minnesota Ninth Graders Who Are Overweight or Obese: 2010



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Changing or modifying a lifetime of poor health behaviors is difficult, and people often fail. Information available publicly can be difficult to comprehend and intimidating for those who cannot grasp the consequences of living an unhealthy lifestyle. While it is important to provide information, it is also vital to promote and encourage change in behaviors. Establishing small achievable goals and utilizing community resources to achieve those goals can ultimately lead to notable healthy behaviors.

Alcohol and Drug Use

Alcohol-related deaths are the fourth leading cause of death. Wisconsin ranks first nationally in the rate of adult drinkers and adult binge drinkers, and second nationally in rate of adult heavy drinkers. Wisconsin is third in the nation for consumption of beer per capita and alcohol is heavily engrained in the state's culture. Wisconsin is the only state in the country to treat first-offense drunk driving arrests as a traffic ticket, with a felony not occurring for drunk driving in Wisconsin until the fifth arrest.



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According to the Centers for Disease Control and Prevention, binge drinking is defined as, on one occasion, having more than three drinks for women and more than four drinks for men.

Heavy drinking is defined as, on average, one drink per day for women and two for men.

Standard drink measures contain about 0.5 ounces of pure alcohol and are described as:

- 12 ounces of regular beer or wine cooler
- 8 ounces of malt liquor
- 5 ounces of wine
- 1.5 ounces of 80-proof distilled liquor or spirits

Most people who binge drink are not alcoholics or alcohol dependent.

Binge drinking has become a major health issue in the area. The CDC calculates that binge drinkers account for more than half of the 79,000 annual alcohol-related deaths in the U.S. and for two-thirds of the 2.3 million years of potential life lost from 2001-2005¹⁶. Not only does binge drinking result in increased risk related to death and injury, but is also linked to significant longer term health issues including high blood pressure, stroke, other cardiovascular diseases, liver disease, neurological damage and poor diabetes control.

Table 9: Adult Alcohol Use

	Bridge to Health 2010	Minnesota	BRFSS 2010 Wisconsin	National
At least one alcoholic drink in the last 30 days	55.8%	59.6%	66.0%	54.6%
Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day)		4.8%	6.2%	5.0%



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Binge drinkers (Men: 5+ drinks one occasion Women: 4+ drinks one occasion)	18.8%	17.2%	21.6%	15.1%
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Access to Preventative Care and Screenings

Lack of access to health care services can have a significant effect on an individual's overall health status. Individuals who lack access to health care generally do not receive preventive screenings, early intervention or routine care. They also tend to delay receiving care for a variety of reasons, most commonly due to lack of insurance and cost. When a person who has delayed care eventually seeks medical attention, his/her condition may have progressed, opportunities for treatment may be reduced and additional health care resources may be required. Costs to the health care system might have been reduced if earlier treatment had been sought. Health care access is generally measured by current health insurance coverage, gaps in insurance coverage, distance and transportation issues that limit access, availability of health care professionals and cost.

Disparities in accessing health care have been well documented. The primary reason for these disparities is the lack of health insurance. Findings collected from community interviews, focus groups and hand-distributed surveys reconfirm multiple factors in how community residents cannot obtain consistent health care services.

Health insurance is a critical component in one's ability to access affordable health care services. Access to health care is the ability to obtain needed primary care services, health care specialists,



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and emergency treatment. Having health care coverage does not ensure accessibility to all health services. The type of health insurance plan is also an indicator to how patients access health care services. Proximity to health providers, number of providers in the health plan, out-of-pocket costs and providers accepting that particular health insurance plan are all important indicators to how adults obtain needed health services.

In 2010, the number of Americans without health insurance grew. Roughly 50 million adults, ages 18-64 years old, had no health insurance for at least some of the past 12 months. In the past few years, the number of adults aged 18-64 who went without health insurance for at least part of the past 12 months increased by an average of 1.1 million per year. Unfortunately, without consistent health insurance, adults are more likely to skip medical care because of cost concerns. Poorer health, long-term health care costs and early death are the results of inconsistent health care coverage.

Both community leaders and focus group participants agree that access to affordable health care services plays an essential role in lessening the impact of health-related complications. Overall, both community leaders and focus group participants reported that uninsured and under-insured community residents are unable to access affordable health care services. There was agreement that the working poor populations do not typically qualify for certain health services because they do not meet the income requirements/guidelines (resident household income is too high). The failure for qualification prevents many adults from obtaining necessary health care services.



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Table 10: Insurance Coverage

	Bridge to Health 2010	Minnesota	BRFSS 2010 Wisconsin	National	Healthy People 2020 goal
Any kind of health care coverage / insurance	91.2%	91.0%	89.3%	85.0%	95.0%
Uninsured	8.8%	9.0%	10.7%	15.0%	0.0%

Next Steps

The development of implementation strategies for each health priority identified through the assessment process will be rolled out over the next three years. St. Luke's will work with community partners and health issue experts on the following for each of the approaches to addressing health needs listed above:

- Identify what other local organizations are doing to address the health priority.
- Develop support and participation for these approaches to address health needs.
- Develop specific and measurable goals so that the effectiveness of these approaches can be measured.
- Develop detailed work plans.
- Continued communication with the community to ensure appropriate coordination with other efforts to address the priorities identified.



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- Increase the number of primary care clinicians and staff who implement the Institute for Systems Improvement (ICSI) Healthy Lifestyles and Obesity guidelines, to reduce patient risk for developing heart disease and diabetes.
- Clinic participation in the ICSI NE Minnesota Regional Learning Collaborative, to implement best practices in consistent screening all patients for:
 1. elevated body mass index (BMI)
 2. tobacco use/exposure
- Then provide brief counseling, referral and follow-up for patients with chronic illness risk factors.
- Increase the number of clinicians and staff using Motivational Interviewing and other evidence-based coaching skills to support and motivate patients with elevated BMI and tobacco use/exposure in planning and implementing healthy lifestyle change.
- Improve patient access to evidence-based healthy living resources, such as Healthy Living with Chronic Health Conditions program.
- Streamline workflows for referral of patients to clinic and/or community-based education courses, and other community resources that support active living, healthy eating and tobacco cessation.

One of the goals of the region's Statewide Health Improvement Program (SHIP) is worksite wellness. SHIP is planning to work with 3 small businesses; initial plan is 2 in Duluth and 1 in



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Two Harbors. They will be looking for a partner to do bio-metrics, i.e. BP, glucose and cholesterol testing, and monitor BMI.

St. Luke's and Lake View will approach our community partners regarding meeting the SHIP worksite goal. We will offer to provide the health care partnership to support this goal. This will allow our providers to put into practice the skills achieved through participation with our local public health providers to improve consumer engagement in health and wellness. Primary care clinicians and staff are being trained to implement the Institute for Clinical Systems Improvement (ICSI) Healthy Lifestyles and Obesity guidelines, to reduce patient risk for developing heart disease and diabetes.

Making the CHNA Report Widely Available to the Public

This report was made widely available to the public by the following methods:

- Posting a PDF of the report under the "Community Benefit/CHNA" tab on the hospital facility's homepage along with instructions for downloading it
- Providing paper copies without charge at the hospital facility upon request



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Appendix A

Hospitals

- St. Luke's Hospital
- Lake View Hospital

Pharmacies

- Northland Pharmacy
- Lake View Pharmacy

Regional Centers

- St. Luke's Regional Cancer Center
- St. Luke's Regional Heart Center
- St. Luke's Regional Trauma Center

Family Medicine

- Bay Area Medical Clinic, Silver Bay, MN
- Chequamegon Clinic, Ashland, WI
- Denfeld Medical Clinic, Duluth, MN
- Hibbing Family Medical Clinic, Hibbing, MN
- Lake View Clinic, Two Harbors, MN
- Laurentian Medical Clinic, Mountain Iron, MN
- Lester River Medical Clinic, Duluth, MN
- Mariner Medical Clinic, Superior, WI
- Miller Creek Medical Clinic, Hermantown, MN

- Mount Royal Medical Clinic, Duluth, MN
- P.S. Rudie Medical Clinic, Duluth, MN

Specialty Care

All specialty clinics are located in Duluth, Minnesota. Many of the specialists visit St. Luke's family medicine clinics on a consulting basis.

- St. Luke's Allergy & Immunology Associates
- St. Luke's Anesthesia Associates
- St. Luke's Cardiology Associates
- St. Luke's Cardiothoracic Surgery Associates
- St. Luke's Dermatology Associates
- St. Luke's Duluth Internal Medicine Associates
- St. Luke's Emergency Services
- St. Luke's Endocrinology Associates
- St. Luke's Gastroenterology Associates
- St. Luke's Infectious Disease Associates
- St. Luke's Internal Medicine Associates

- St. Luke's Neurosurgery Associates
- St. Luke's Obstetrics & Gynecology Associates
- St. Luke's Occupational Health Clinic
- St. Luke's Oncology & Hematology Associates
- St. Luke's Ophthalmology Associates
- St. Luke's Orthopedics & Sports Medicine
- St. Luke's Pavilion Surgical Associates
- St. Luke's Pediatric Associates
- St. Luke's Physical Medicine & Rehab Associates
- St. Luke's Plastic Surgery Associates
- St. Luke's Psychiatry Associates
- St. Luke's Pulmonary Medicine Associates
- St. Luke's Radiation Oncology Associates
- St. Luke's Rheumatology Associates
- St. Luke's Surgical Associates
- St. Luke's Urology Associates



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Medical & Surgical Services

- Acute Inpatient Rehabilitation
- Acute Renal Dialysis
- Allergy and Immunology
- Anesthesiology
- Cardiology
- Cardiothoracic Surgery
- Colorectal Surgery
- Dermatology
- Emergency Medicine/Trauma Care
- Endocrinology
- Family Medicine
- Gastroenterology
- General Surgery
- Infectious Disease
- Internal Medicine
- LASIK Surgery
- Mental Health
- Nephrology
- Neurology
- Neurosurgery
- Obstetrics/Gynecology da Vinci® Surgery (Minimally Invasive Robotic-Assisted Surgery) for Gynecology
- Occupational Medicine
- Oncology/Hematology
- Ophthalmology
- Oral and Maxillofacial Surgery
- Orthopedic Surgery
- Otolaryngology
- Pathology
- Pediatrics

- Physical Medicine and Rehabilitation
- Plastic Surgery
- Podiatry
- Pulmonary Medicine
- Radiation Oncology
- Radiology
- Rheumatology
- Sports Medicine
- Urology da Vinci® Surgery (Minimally Invasive Robotic-Assisted Surgery)
- Vascular Surgery
- VATS (Video Assisted Thoroscopic Surgery)
- Weight Loss Essentials (Medical and Surgical)

Diagnostic & Therapeutic Services

- Anticoagulation Clinic
- Biofeedback / Neurofeedback
- Breast Center
- Capsule Endoscopy
- Cardiac Angioplasty
- Cardiac Diagnostics
- Cardiac Rehabilitation
- Cardiology Device Clinic
- Chemotherapy
- Coronary CT Angiography (Computed Tomography)
- CT Scanning
- 3D and 4D Conformal Radiation
- Diabetes Care
- Electrophysiology

- Endoscopic Vein Harvesting
- Endoscopy/Proctoscopy/Colonoscopy
- EEC® (Enhanced External Counterpulsation)
- Guided Imagery
- Hand Therapy
- Hearing Assessments – Lake View
- Heart Failure Clinic
- Hypnosis
- Infusion Therapy
- IMRT (Intensity-Modulated Radiation Therapy)
- Laboratory
- Lithotripsy
- Lymphedema Services
- Mammography (Digital and BSGI)
- Mental Health
- MRI (Magnetic Resonance Imaging)
- Neurological Screening/Diagnostics
- Neuromuscular Electrical Stimulation (NMES)
- Nutrition Counseling
- Occupational Therapy (Adult and Pediatric)
- Osteoporosis Screening (DEXA Scan and Heel Ultrasound)
- Ostomy/Continence/Wound Care
- PACE (Professionally Assisted Customized Exercise)



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- Pain Management
- PET Imaging (Positron Emission Tomography)
- Pharmacy
- Physical Therapy (Adult and Pediatric)
- Psychological Services
- Pulmonary Rehabilitation
- Radiation Therapy
- Radio-Frequency Ablation
- Radiology
- Rehabilitation (Inpatient and Outpatient)
- Respiratory Therapy
- Saebo Rehabilitation (Stroke and Neurological Injury)
- Sleep Disorders Center
- Speech Therapy (Adult and Pediatric)
- Stereotactic Radiosurgery
- Stroke Program
- TMJ Services
- Ultrasound
- Vascular Services
- Vestibular Rehabilitation Therapy
- Vision Rehabilitation Program
- VNUS Closure for Varicose Veins
- Women's Heart Clinic

Community & Regional Services

- Childbirth Education

- Child Car Seat Safety Clinics (Partnership with the Duluth Fire Department and Northland's NewsCenter)
- Clinical Experience Affiliations
- Community Health Education
- Continuing Education Programs (Health Professionals, Physicians and EMS)
- CPR Training
- Diabetes Education
- Employee Assistance Program
- Fall Prevention Program
- Family Practice Residency Program (Joint Sponsorship)
- First Aid Classes
- Home Health Care
- Home Telemonitoring
- Hospice Duluth®
- I Can Cope
- Injury Prevention Programs (TraumaRoo, EN CARE, Think First)
- Joint Replacement Pre-Surgery Class
- Kids Can Cope
- Lake View Cottages (Assisted Living)
- Living Well with Chronic Conditions Workshop
- Life Link III Air Medical Transport
- Medical Home

- Osteoporosis Program
- Outpatient Surgery Center – Mariner Medical Clinic
- Outreach Education
- Pavilion Surgery Center
- Physician Outreach Education
- Physical Therapy & Fitness Center (Partnerships St. Ann's Residence, Duluth, MN, and William Kelly High School, Silver Bay, MN)
- Pilates
- St. Luke's Driving Evaluation and Training Program
- St. Luke's International Travel Health Center
- Speaker's Bureau
- Support Groups
- Whiteside Institute for Clinical Research (In collaboration with the University of Minnesota Medical School, Duluth)

Urgent Care

Urgent Care services for minor, but urgent, injuries and illnesses are offered at five locations.

- St. Luke's Hospital, Duluth, MN
- Denfeld Medical Clinic, Duluth, MN



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- Lake View Hospital, Two Harbors, MN
- Laurentian Medical Clinic, Mountain Iron, MN
- Mariner Medical Clinic, Superior, WI
- Miller Creek Medical Clinic, Hermantown, MN

Q Care, St. Luke's Express Clinic

Q Care, located in the Duluth Cub Foods, offers convenient, walk-in care for minor health concerns for people of all ages. Staffed by a physician assistant or nurse

practitioner, the clinic provides basic diagnostic services and prescriptions for treatment, as well as some on-site lab testing.

Additional Community Resources

- [Carlton County Public Health & Human Services](#)
- [Churches United in Ministry \(CHUM\)](#)
- [Community Action Duluth](#)
- [Community Health Board](#)
- [Community Memorial Hospital](#)
- [Douglas County Health & Human Services](#)
- [Essentia Health](#)
- [Generations Health Care Initiatives](#)
- [Lake County Health & Human Services](#)
- [Lake Superior Community Health Center](#)
- [St. Louis County Family Service Collaboratives](#)
- [St. Louis County Health & Human Services](#)



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Appendix B

American Lung Association	Lake County
Arrowhead Economic Opportunity Agency (AEOA)	Lake County Human Services
Arrowhead Head Start	Lake County Public Health
Arrowhead Parish Nurse Association	Lake County Public Health Advisory Committee
Arrowhead Regional Development Commission	Lake County SHIP Coordinator
Churches United In Ministry (CHUM)	Lake Superior College – Department of Allied Health Nursing
Community Action Duluth	Lake Superior Community Health Center
Community Health Board	Lake Superior School District
Ely Community Resource	Lake View Clinic
Ely-Bloomenson Community Hospital	Lake View Hospital
Essentia Health	Laurentian Medical Clinic (St. Luke's)
Essentia Health – Northern Pines	Local Initiative Support Corporation
Essentia Health – Virginia (formerly Virginia Regional Medical Center)	Minnesota Department of Health
Eveleth Gilbert Public School	Salvation Army
Fairview Range	Scenic Rivers Health
Family Service Collaborative	St. Louis County Advisory Committee
Generations Health Care Initiatives	St. Louis County Public Health & Human Services Department
Gloria Dei Lutheran Church	St. Luke's Cardiovascular Associates
Hibbing Family Medical Clinic (St. Luke's)	St. Luke's Foundation
Institute for a Sustainable Future	Two Harbors Area Partners
Integrity Health Network	United Way
Itasca County Health and Human Service	



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