

RiverView Health

Community Health Needs Assessment



2019



Introduction

RiverView Health is a non-profit rural healthcare system based in Crookston, Minnesota, that offers a comprehensive continuum of services that include primary care, home care, and long-term care services.

RiverView Health is a local healthcare system dedicated to serving the needs of our region. Since 1898, we've been committed to providing the best quality healthcare for our patients. Our commitment to serving the Red River Valley is long-established and we are constantly investing time, energy, and resources to provide the best possible healthcare for our region. We are dedicated to reaching out to the community, and to putting our resources into local groups and organizations that help to make a difference in the health and quality of life in our area. Working together as a team, RiverView Health takes a leadership role in improving the health of the communities we serve.

In April 2019, RiverView Health began construction of a new hospital and clinic facility next door to the existing hospital and clinic. The new facility is planned to be complete in 2020.

Our mission – We deliver a healthcare experience that consistently exceeds patients' expectations through:

Exceptional People – Our people are our foundation. We employ trusted, dedicated professionals who serve with compassion, empathy and respect.

Exceptional Care – Our patients are our focus. We build relationships to deliver personalized care.

Exceptional Outcomes – Our passion is to enhance lives. We engage in best practices to heal people and promote healthy communities.

Our vision - Riverview Health provides world-class healthcare through a culture of excellence.

RiverView Health provides a continuum of services – medical clinics, surgery, outpatient care, inpatient hospital care, rehabilitation services, and home care. RiverView Hospital is a 25-bed acute care hospital. Our services include:

Chemical Dependency Treatment
Diagnostic Imaging
Direct Laboratory Access
Emergency Department
Home Care
Obstetrics
Surgery
Specialty and Primary Care

Orthopedics
Rehabilitation
Cardiopulmonary Rehab
Occupational Therapy
Physical Therapy
Speech Therapy
Respiratory Therapy

Sleep Center
Senior Care
 Adult Day Services
 Assisted Living
 Skilled Nursing Facility, memory care

In addition to the hospital, RiverView Health includes:

- RiverView Home Care
- RiverView North Clinic – Crookston
- RiverView Clinic – East Grand Forks
- RiverView Clinic – Fertile
- RiverView Clinic – Red Lake Falls
- RiverView Clinic – Thief River Falls

RiverView Health’s commitment to delivering excellence has been recognized by numerous organizations. RiverView Health has received the Joint Commission’s Gold Seal of Approval. The laboratory on RiverView’s main campus has also been accredited by the College of American Pathologists with the gold standard stamp of quality for laboratories.



RiverView Health is pleased to submit this Community Health Needs Assessment Report. We do so both as a matter of compliance with Section 501(r)(3) of the Internal Revenue Code, as mandated in the Patient Protection and Affordable Care Act, and as an obligation to those we serve. As an organization, we have taken this change in law as an opportunity to improve our community service and continuously focus on meeting the changing health care needs of our community.

Consistent with the requirements of Section 501(r)(3), our Community Health Needs Assessment Report is organized as follows:

- Our Community
- Review of Previous Community Health Needs Assessments
- Community Health Needs Assessment Methodology
- Prioritized Community Health Needs
- Health Resources

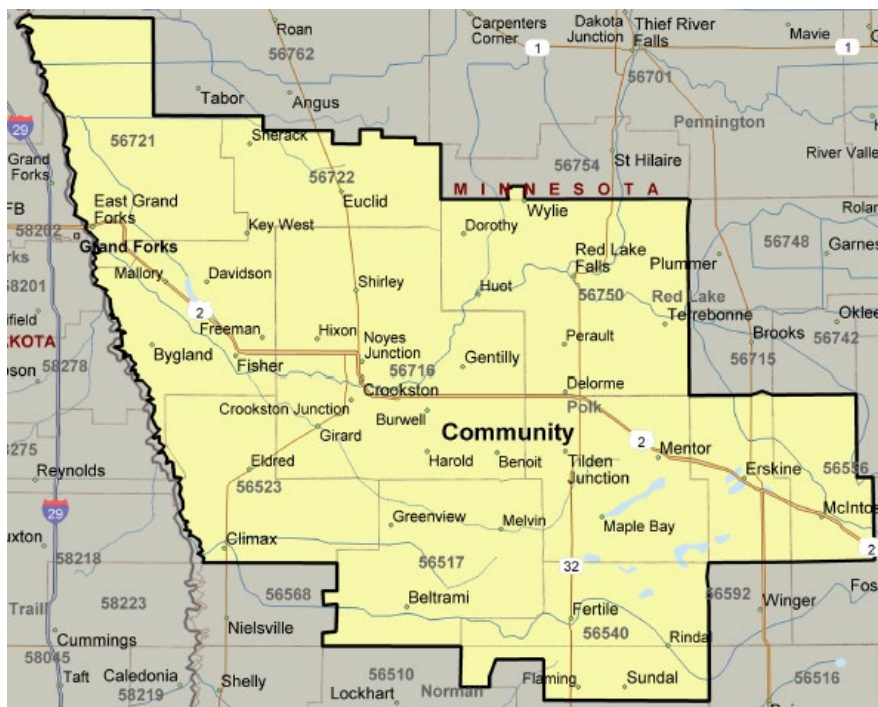
Our Community

RiverView Health is located in Crookston, Polk County, Minnesota. We have historically defined our “community” as a much broader regional service area that includes portions of Polk and Red Lake Counties.

To more accurately identify the individuals who access RiverView Health for medical care, we analyzed our inpatient and outpatient volume by zip code for calendar year 2015. Over 50% of our volume is from individuals who reside in the 56716 zip code, immediately surrounding Crookston. We define our community as individuals who reside in the following zip codes:

- 56517
- 56523
- 56535
- 56540
- 56556
- 56716
- 56721
- 56722
- 56723
- 56736
- 56750

This area, covering the southeastern area of Polk County and the eastern area of Red Lake County, captures over 80% of the hospital’s inpatient and outpatient volume during 2018. While we recognize that many individuals travel greater distance to receive their healthcare at RiverView Hospital, we’re limiting our community to this geographic area to facilitate analysis of significant health needs. We believe that an expanded definition of our community would result in substantively identical findings.



For all qualitative data collected during the community health needs assessment, our community is the area defined above. However, for quantitative analysis, we are defining our community as Polk and Red Lake Counties. We do this because a significant amount of publicly available data is provided at the county level.

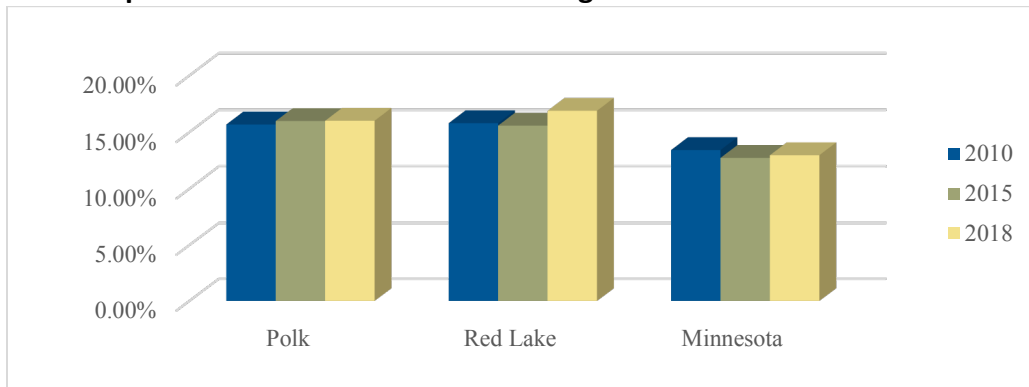
In 2010, the U.S. Census Bureau conducted the nation's most recent census and published that data by county. Similarly, the Population Health Institute collects and reports health data and demographic data by county on an annual basis. U.S. census data is primarily from the 2010 census, with some figures being estimated based on that census and others being actual data from subsequent years. Population Health Institute data is as of July 2019.

	Polk 2015	Polk 2018	Polk Change	Red Lake 2015	Red Lake 2018	Red Lake Change	MN 2015	MN 2018	MN Change
Population	31,533	31,529	-0.01%	4,055	3,999	-1.38%	5,489,594	5,611,179	2.21%
Age < 18	23.50%	24.2%	0.7%	25.0%	24.2%	-0.8%	23.4%	23.2%	-0.2%
Age 65+	17.30%	18.0%	0.7%	19.2%	20.9%	1.7%	14.7%	15.9%	1.2%
Female	49.80%	49.8%	0.0%	49.8%	48.9%	-0.9%	50.3%	50.2%	-0.1%
Caucasian	93.50%	92.0%	-1.5%	95.3%	94.8%	-0.5%	85.4%	84.1%	-1.3%
African American	1.60%	2.9%	1.3%	0.7%	0.7%	0.0%	6.0%	6.8%	0.8%
American Indian	1.70%	1.8%	0.1%	2.1%	2.2%	0.1%	1.3%	1.4%	0.1%
Asian	1.20%	1.2%	0.0%	0.1%	0.5%	0.4%	4.9%	5.1%	0.2%
Hispanic	6.10%	6.6%	0.5%	3.2%	4.0%	0.8%	5.2%	5.5%	0.3%
Rural	48.50%	48.5%	0.0%	100.0%	100.0%	0.0%	26.7%	26.7%	0.0%
Median Household Income	\$50,175	\$55,393	10.4%	\$48,188	\$52,500	9.0%	\$61,473	\$68,388	11.25%
Per Capita Health Care Cost	\$8,024	\$8,871	10.56%	\$7,511	\$8,871	18.11%	\$7,828	\$8,871	13.32%
Uninsured Adults	11.20%	6.0%	-5.2%	13.0%	7.0%	-6.0%	11.0%	5.0%	-6.0%
Uninsured Children	7.30%	4.0%	-3.3%	8.0%	4.0%	-4.0%	5.9%	3.0%	-2.9%
Free Lunch-Eligible Children	31.80%	40.0%	8.2%	31.1%	42.0%	10.9%	31.1%	38.0%	6.9%

Both Polk and Red Lake Counties shrank in population between 2015 and 2018 while Minnesota's population increased by approximately 2%. Polk and Red Lake Counties are primarily Caucasian, with most minority populations comprising a smaller portion of the community than in Minnesota as a whole. The two exceptions are American Indians, which are more common in both counties than in Minnesota, and Hispanics, which are more common in Polk County than in Minnesota. Between 2015 and 2018, the prevalence of Caucasians decreased slightly in both Polk and Red Lake Counties and the state. Most minority groups saw low growth numbers in each county between 2015 and 2018.

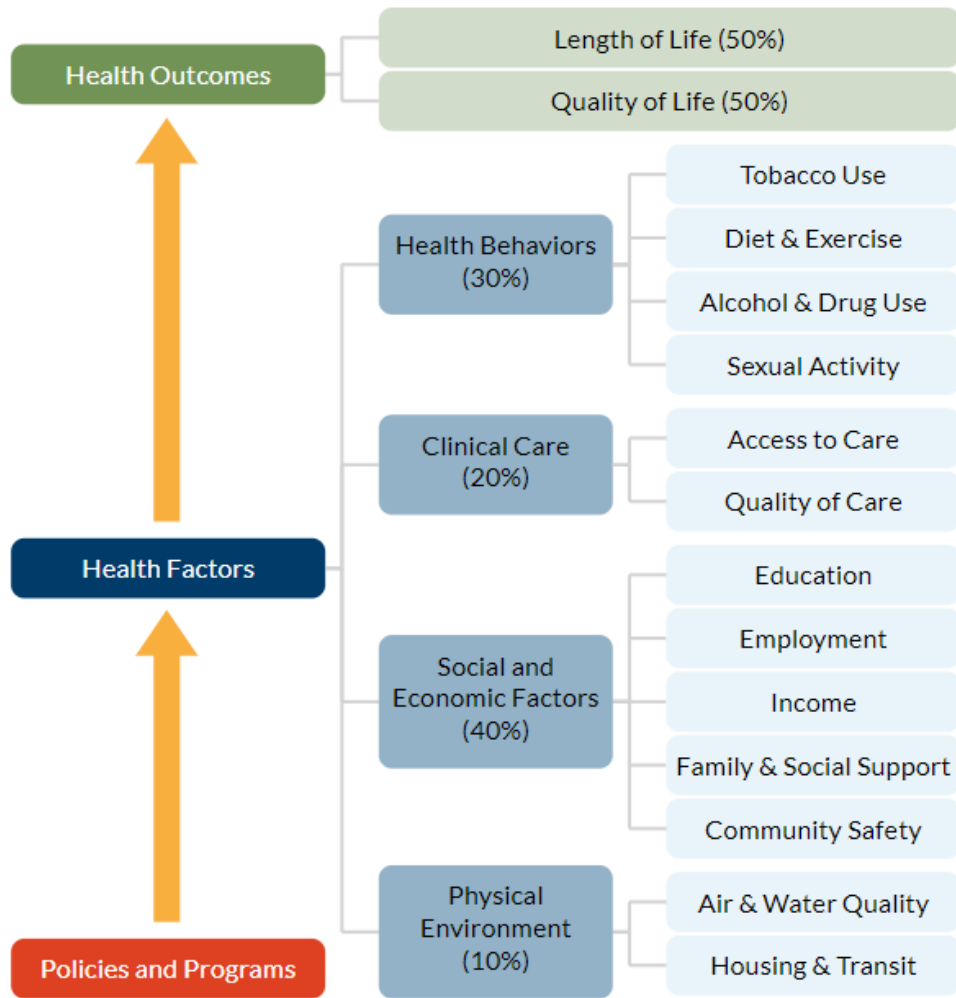
Both Polk and Red Lake Counties have a larger-than-average proportion of elderly individuals. Between 2015 and 2018, both Red Lake County and the state experienced similar increases in the percentage of elderly individuals, although Polk County's growth was much smaller. Additionally, Polk County experienced an increase in the prevalence of children while Red Lake County and Minnesota experienced a decrease.

Per Capita Healthcare Cost as a Percentage of Median Household Income



Both Polk and Red Lake Counties have a median household income below the state average. Additionally, the growth in median household income is slower in Red Lake and Polk Counties than in the state. Per capita healthcare costs are currently the same in Polk and Red Lake Counties and the state. When you combine these facts, health care costs for the average Minnesotan increased from 12.73% of median household income to 12.97% of median household income between 2015 and 2018. In Red Lake County, the rate increased from 15.59% to 16.90% while the rate in Polk County increased from 15.99% to 16.01%. These imply that while healthcare became slightly less affordable for all Minnesotans, the residents of Polk and Red Lake County are spending 3-4% more of their wages on health care than the residents of Minnesota as a whole.

The Population Health Institute (“PHI”) publishes annual health data for every county in the United States. The data is aggregated into *health outcomes* and *health factors*. The PHI separates health outcomes into mortality (length of life) and morbidity (quality of life). Health factors are separated into four factors that largely influence the health outcomes: physical environment, society and economics, clinical care, and health behaviors.



County Health Rankings model © 2014 UWPHI

2019 County Health Rankings for the 87 Ranked Counties in Minnesota

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Aitkin	82	76	Fillmore	17	24	Martin	45	35	Rock	30	8
Anoka	23	31	Freeborn	61	68	McLeod	13	29	Roseau	26	48
Becker	68	73	Goodhue	19	33	Meeker	22	40	Scott	4	4
Beltrami	83	86	Grant	80	23	Mille Lacs	78	82	Sherburne	9	12
Benton	52	56	Hennepin	41	27	Morrison	32	69	Sibley	15	47
Big Stone	27	44	Houston	18	19	Mower	53	62	St. Louis	76	71
Blue Earth	62	50	Hubbard	56	75	Murray	51	22	Stearns	39	26
Brown	12	9	Isanti	43	51	Nicollet	3	6	Steele	28	21
Carlton	73	67	Itasca	69	77	Nobles	14	74	Stevens	10	5
Carver	1	1	Jackson	40	15	Norman	84	65	Swift	60	63
Cass	86	83	Kanabec	75	81	Olmsted	11	3	Todd	35	78
Chippewa	31	60	Kandiyohi	34	36	Otter Tail	37	38	Traverse	46	46
Chisago	36	37	Kittson	29	42	Pennington	54	52	Wabasha	6	18
Clay	58	32	Koochiching	72	80	Pine	79	85	Wadena	85	79
Clearwater	81	84	Lac qui Parle	8	25	Pipestone	50	45	Waseca	16	55
Cook	77	28	Lake	67	16	Polk	71	72	Washington	2	2
Cottonwood	59	61	Lake of the Woods	49	66	Pope	33	20	Watsonwan	65	64
Crow Wing	47	58	Le Sueur	20	49	Ramsey	64	54	Wilkin	57	11
Dakota	21	7	Lincoln	24	17	Red Lake	48	70	Winona	44	34
Dodge	7	14	Lyon	38	30	Redwood	74	59	Wright	5	13
Douglas	55	10	Mahnomen	87	87	Renville	66	53	Yellow Medicine	63	43
Faribault	70	57	Marshall	42	41	Rice	25	39			

Between 2013 and 2019, Red Lake County’s overall health factors ranking has worsened from 49 out of 87 counties to 70 out of 87 counties. In that same time, Polk County’s ranking has improved from 79 to 72 out of 87 counties, although it improved even more in 2016 before dropping again. Between 2013 and 2019, both Red Lake and Polk Counties have experienced relative declines in overall health outcomes dropping from 14 to 48 and 60 to 71, respectively, out of 87 counties. Because today’s health factors lead to tomorrow’s health outcomes, these rankings indicate that our community is currently experiencing a decline in their length and quality of life because of historic health factors and that this trend is likely to continue in the future unless significant changes can be made.

Minnesota County Health Rankings (Out of 87 Counties)						
	Polk County			Red Lake County		
	2019	2016	2013	2019	2016	2013
Length of Life	71	80	65	65	46	46
Quality of Life	63	46	39	28	3	1
Overall Health Outcomes	71	69	60	48	20	14
Health Behaviors	79	77	86	67	75	46
Clinical Care	46	41	63	77	74	41
Social & Economic Factors	57	50	61	64	52	54
Physical Environment	83	46	29	12	8	33
Overall Health Factors	72	60	79	70	68	49

Review of Previous Community Health Needs Assessments

RiverView Health conducted a community health needs assessment in 2013 and published the related report in September 2013. In that assessment, the following needs were identified:

- Obesity
- Joint or back pain
- High blood pressure

Based on the 2013 community health needs assessment, RiverView Health has taken the following steps to improve the health of our community:

- As a large employer and leader in the community, River Health has modeled an employee wellness program that encourages healthy eating choices and physical activity as a means of managing weight and overall health. The employee wellness program includes:
 - Implementing a healthy choice food policy
 - Offering weight management education opportunities within our facilities
 - Increasing opportunities for physical activities for employees
 - Sponsoring healthy activities in the community
- RiverView Health hired a Registered Dietician that specializes in education and planning for healthy diet and weight management, both in Inpatient and Outpatient settings.
- RiverView Health implemented a BMI (Body Mass Index) tracking system and targeted patients with high risk factors for support and education.

RiverView Health conducted our second community health needs assessment in 2016 and published the related report in September 2016. In that assessment, the following needs were identified:

- Obesity and Diabetes
- Substance abuse and mental health

Based on the 2016 community health needs assessment, RiverView Health has taken the following steps to improve the health of our community:

- RiverView Health offered initiatives to enhance the education and treatment of obesity and diabetes in the community, to include a Type 2 Diabetes Support Group and a Type 2 Diabetes Prevention class.
- RiverView Health hired a registered dietician that specializes in education and planning for healthy diet and weight management. We also hired a health coach to offer a team based approach to chronic disease management and obesity who works collaboratively with clinicians, patients and other service provided to better manage chronic conditions in the community including diabetes and obesity.

- RiverView Health continued offering outpatient addiction services covering a broad range of options:
 - Rule 25 Chemical Dependency Assessments: A comprehensive chemical health assessment
 - Individual Counseling Sessions: Provided for individuals that have completed treatment and are struggling with thoughts of using.
 - Intensive Outpatient Treatment: Intensive outpatient therapy includes three group counseling meetings per week, one weekly individual counseling session and regular urine drug and alcohol screening for individuals struggling with addiction that do not meet criteria for residential treatment.
 - Relapse Prevention: Relapse prevention includes one individual counseling session per week as well as regular urine drug and alcohol screening tests for individuals that have completed treatment, inpatient or intensive outpatient, in the last three years and are struggling with addiction. Relapse prevention is intended for individuals that are not using daily, but want to stop the cycle.
 - Driving with Care 1: For the first time DWI offender with a blood alcohol level of less than .15 at the time of arrest. Driving with Care 1 is a group education and training program that has proven to reduce recurrence of DWI. New classes begin quarterly.
 - Driving with Care 2: For the first time DWI offender with a blood alcohol level of more than .15 at the time of arrest, or multiple DWI offences. Driving with Care 2 is a group education and training program that has proven to reduce recurrence of DWI. New classes begin quarterly.

Rather than expand the scope of mental health services, we continued to work with community partners such as the Northwest Mental Health Center to ensure the community has adequate access to Mental Health services. Information about the Northwest Mental Health Center can be obtained from their website at: <http://www.nwmhc.org/>.

Community Health Needs Assessment Methodology

RiverView Health’s executives led the planning, conduct, and reporting of the community health needs assessment. We contracted with CliftonLarsonAllen LLP, a professional services firm, to conduct community interviews and to assist in preparing this Community Health Needs Assessment Report and the hospital’s Implementation Strategy.

Interviews

We gathered qualitative information and perspectives on community health needs through one-on-one and small group interviews with key community stakeholders. These interviews were conducted in August 2019. The primary goal of these interviews was to ascertain a range of perspectives on the community’s health needs. We gathered information from the following specified groups within our community:

- People with special knowledge or expertise in public health

- Government health departments and other government agencies
- Leaders, representatives or members of medically underserved populations
- Leaders, representatives or members of low-income populations
- Leaders, representatives or members of minority populations.

The following agencies, organizations and businesses participated in the community health needs assessment process by contributing their perspectives, opinions and observations. We thank them for their past and continued assistance.

- Polk County Public Health Department
- Polk County Sheriff's Department
- RiverView Health
- Tri-Valley Opportunity Council
- Northwest Mental Health
- Crookston Public School District
- Inter-County Nursing Service

Quantitative Data

The community health needs assessment included consideration and analysis of the following publicly available data:

- American Lung Association
 - <https://www.lung.org/stop-smoking/smoking-facts/health-effects-of-smoking.html>
- CBS Minnesota
 - <https://minnesota.cbslocal.com/2018/06/18/meth-polk-county-wisconsin/>
- Centers for Disease Control Obesity
 - <https://www.cdc.gov/obesity/data/adult.html>
 - <https://www.cdc.gov/obesity/data/childhood.html>
 - <https://www.cdc.gov/nchs/data/databriefs/db288.pdf>
- Centers for Disease Control Diabetes Statistic Report
 - <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>
- Crookston Times
 - <https://www.crookstontimes.com/news/20180130/polk-county-law-enforcement---nw-minn-drug-problem-continues-to-grow-commissioner-says>
- Data USA
 - <https://datausa.io/profile/geo/polk-county-mn?compare=red-lake-county-mn>
 - <https://datausa.io/profile/geo/minnesota>
- Diabetes Research Institute
 - https://www.diabetesresearch.org/diabetes-statistics?gclid=EAlaIqobChMliJa3p8Sy5AIVph6tBh3tXQL6EAAYASAAEgKCq_D_BwE

- Foundation for a Drug-Free World
 - <http://www.drugfreeworld.org/drugfacts/crystalmeth/the-deadly-effects-of-meth.htm>
- Merritt Hawkins, an AMN Healthcare Company
 - https://www.merrithawkins.com/uploadedFiles/Merritt_Hawkins_2018_incentive_review.pdf
 - https://www.merrithawkins.com/uploadedFiles/MerrittHawkins/Content/News_and_Insights/Thought_Leadership/mhawhitepaperpsychiatry2018.pdf
- Minnesota Department of Human Services, Alcohol and Drug Abuse Division's 2018 Substance Abuse in Minnesota report
 - <http://www.sumn.org/~media/542/MNEpiProfile2018.pdf>
- NIH National Institute of Alcohol Abuse and Alcoholism
 - <https://www.niaaa.nih.gov/alcohols-effects-body>
- NIH National Institute on Drug Abuse
 - <https://www.drugabuse.gov/publications/opioid-facts-teens/opioids-heroin>
 - <https://www.drugabuse.gov/publications/drugfacts/marijuana>
- Polk-Norman-Mahnomen Community Health Services
 - <https://www.co.polk.mn.us/wwwcopolkmnuspublichealthagency>
- Polk-Norman-Mahnomen Community Health Services' 2017 Northwest Region Adult Health Behavior Survey Summary
 - <http://www.evaluationgroupllc.com/>
- Population Health Institute's county health rankings
 - https://www.countyhealthrankings.org/app/minnesota/2019/compare/snapshot?counties=27_125%2B27_119
- U.S. Census Bureau's 2010 Census QuickFacts
 - <https://www.census.gov/quickfacts/fact/table/redlakecountyminnesota,polkcountyminnesota,MN/PST045218>
- Vaping Daily.com
 - <https://vapingdaily.com/what-is-vaping/vaping-side-effects/>

Information Gaps

RiverView Health did not receive direct input from members of the low-income, minority and medically underserved populations in our community, instead obtaining input from individuals and organizations that work with those individuals on a daily basis. Although we are unable to identify any specific information gaps, we recognize that members of those populations may have provided different information if they directly participated. Additionally, we recognize that other individuals who weren't invited to participate may have provided different input.

Request for Feedback

RiverView Health was willing to consider written comments related to its 2013 and 2016 Community Health Needs Assessment Reports and Implementation Strategy, but received no such input. If any reader would like to provide input on this community health needs assessment, they can submit their comment(s), in writing, to the following address:

Attention: Chief Operating Officer
RE: Community Health Needs Assessment
RiverView Health
323 South Minnesota Street
Crookston, MN 56716

Determination of Significance

While many needs were identified during the community health needs assessment process, this report focuses on those needs that were deemed significant by RiverView Health. A health need's significance was evaluated based on many factors. The factor given the most weight was the relative importance placed on the health need by the community participants as a whole. Other factors included the number of people in our community impacted by the health need, the impact of that health need on quality of life and length of life, and the impact on low-income, minority, and other medically underserved populations. The decision was made by RiverView Health's executive leadership team.

Prioritization of Significant Community Health Needs

The significant community health needs were then prioritized by RiverView Health based on various factors including the number of people impacted, the impact of that health need on quality of life and length of life, RiverView Health's ability to respond effectively to the health need, and the estimated effectiveness of feasible interventions. This decision was also made by RiverView Health's executive leadership team.

Prioritized Community Health Needs

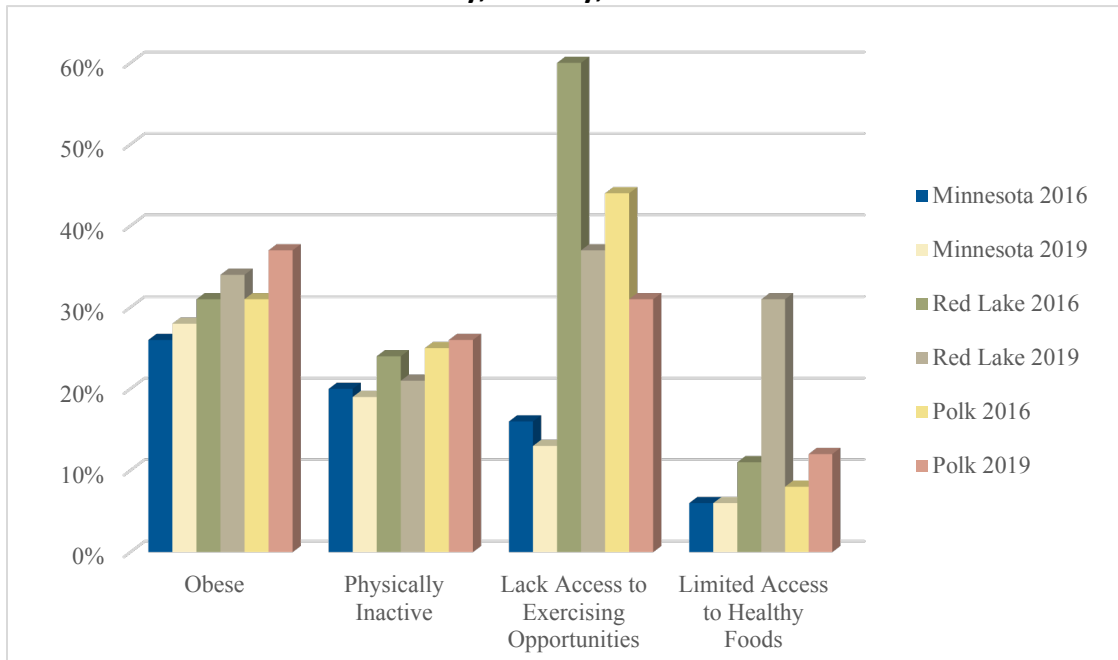
Through the community health needs assessment, RiverView Health identified the following significant community health needs and prioritized them in the given order:

1. Obesity and Diabetes
2. Substance abuse and mental health

Obesity and Diabetes

Obesity, resulting from both poor nutrition and lack of physical activity, is a major problem in Minnesota. This was identified as one of the significant community health needs in both the 2013 and 2016 assessments and the community is still concerned with the situation in 2019. Heart disease, pre-diabetes, and diabetes are on the rise. Causes of these issues vary and include limited access to healthy foods, a lack of community activity spaces and activities, parents and children spending too much time on phones and playing with electronics, many not being able to afford healthy food choices, and some choosing to be inactive in order to continue to qualify for government assistance programs.

Obesity, Activity, and Access



The above chart details certain obesity-related trends in Minnesota, Red Lake County and Polk County. Obesity rose across all three populations from 2016 to 2019. Minnesota saw an increase in obesity from 26% to 28%, Red Lake County an increase from 31% to 34%, and Polk County an increase from 31% to 37%. This means the rate of obesity in Polk County increased at a rate triple that of Minnesota and double that of Red Lake County over the past three years.

A 2017 survey found that 75.8% of Polk County residents were overweight with this incidence increasing with age. Also, males tended to be both more overweight and obese than females. The same survey found that only 28% of adults were getting recommended levels of physical activity, which is well below the state rate of 55%. Lack of time and adverse weather conditions were identified as barriers to exercise. The same survey showed that only 34.4% of adults reported eating the recommended daily allowance of fruits and vegetables, consuming 5 or more servings each day. This number rose to 65.4% when including those consuming 3-4 servings a day, leaving 34.6% of Polk County residents consuming less than half the recommended allowance of fruits and vegetables per day. Data indicates that Middle-income households were less likely to consume their daily recommended intake of fruits and vegetables than those from both the upper- and lower-income brackets. One possibility for this is that higher income individuals are able to afford healthier food options and lower income individuals qualify for food programs, helping them gain access to healthier food choices. Another possibility is that middle-income families may obtain that position by working longer hours and/or more jobs and therefore experience more time constraints, looking for faster, more convenient meals.

While obesity has various causes, physical activity and diet are generally the two leading indicators. Minnesota saw a decrease in its physically inactive population from 20% in 2016 to 19% in 2019. Red Lake County saw a 3% decrease in the same time frame from 24% to 21%

respectively. Conversely, Polk County observed a 1% increase in the same time period from 25% to 26% respectively, which is an item of interest note considering access to exercising opportunities saw a 13% increase between 2016 and 2019 in Polk County. Access to exercising opportunities increased 3% in Minnesota and 23% in Red Lake County during the same time period. Minnesota and Red Lake County's results were as expected, with a decrease in the physically inactive population as exercising opportunities have risen, yet in Polk county we saw an increase in the physically inactive despite a rise in exercising opportunities. This indicates that Polk County residents are remaining physically inactive for other reasons.

Nutrition is one of the leading factors for obesity. Unfortunately, nutritional choices are a significant issue in our community. While approximately 1% of individuals in our nation have limited access to healthy food outlets, the rate in Minnesota in 2019 is 6% and the rates in Polk and Red Lake Counties are 12% and 31%, respectively. While Minnesota is holding steady at 6% when compared to 2016 data on the same topic, Red Lake County saw an increase of 20% and Polk County an increase of 4% during the same three-year period. Much of our community includes small towns and rural areas where the only available grocery sources are gas stations or convenience stores, which tend to provide a larger quantity of processed food options, fewer varieties of healthy food choices, and charge higher prices. These factors may speak to the challenges many individuals face in trying to choose a healthy eating lifestyle in our community.

Obesity has been linked to more than 60 chronic diseases, including some of the most significant illnesses our nation faces: diabetes, coronary heart disease, hypertension, stroke, high cholesterol, liver disease, gallbladder disease, sleep apnea, osteoarthritis, depression, and several types of cancer. An estimated 30.3 million Americans, or 9.4% of the U.S. population, have diabetes, and the total estimated cost of diagnosed diabetes nationally in 2012 was \$245 billion. The average medical costs for people with diagnosed diabetes were about \$13,700 per year, \$7,900 of which was attributed to diabetes. Also, the average medical expenditures among people with diagnosed diabetes were about 2.3 times higher than those for people without diabetes.

Table 1. Estimated number and percentage of diagnosed and undiagnosed diabetes among adults aged ≥18 years, United States, 2015

Characteristic	Diagnosed diabetes No. in millions (95% CI) ^a	Undiagnosed diabetes No. in millions (95% CI) ^a	Total diabetes No. in millions (95% CI) ^a
Total	23.0 (21.1–25.1)	7.2 (6.0–8.6)	30.2 (27.9–32.7)
Age in years			
18–44	3.0 (2.6–3.6)	1.6 (1.1–2.3)	4.6 (3.8–5.5)
45–64	10.7 (9.3–12.2)	3.6 (2.8–4.6)	14.3 (12.7–16.1)
≥65	9.9 (9.0–11.0)	2.1 (1.4–3.0)	12.0 (10.7–13.4)
Sex			
Women	11.7 (10.5–13.1)	3.1 (2.4–4.1)	14.9 (13.5–16.4)
Men	11.3 (10.2–12.4)	4.0 (3.0–5.5)	15.3 (13.8–17.0)
	Percentage (95% CI) ^b	Percentage (95% CI) ^b	Percentage (95% CI) ^b
Total	9.3 (8.5–10.1)	2.9 (2.4–3.5)	12.2 (11.3–13.2)
Age in years			
18–44	2.6 (2.2–3.1)	1.3 (0.9–2.0)	4.0 (3.3–4.8)
45–64	12.7 (11.1–14.5)	4.3 (3.3–5.5)	17.0 (15.1–19.1)
≥65	20.8 (18.8–23.0)	4.4 (3.1–6.3)	25.2 (22.5–28.1)
Sex			
Women	9.2 (8.2–10.3)	2.5 (1.9–3.2)	11.7 (10.6–12.9)
Men	9.4 (8.5–10.3)	3.4 (2.5–4.6)	12.7 (11.5–14.1)

CI = confidence interval.

^a Numbers for subgroups may not add up to the total because of rounding.

^b Data are crude, not age-adjusted.

Data source: 2011–2014 National Health and Nutrition Examination Survey and 2015 U.S. Census Bureau data.

According to the Diabetes Research Institute,

“Diabetes is caused by the body’s inability to create or effectively use its own insulin, which is produced by islet cells found in the pancreas. Insulin helps regulate blood sugar (glucose) levels – providing energy to body cells and tissues.

- “Without insulin, the body’s cells would be starved, causing dehydration and destruction of body tissue.
- “People with type 1 diabetes must have insulin delivered by injection or a pump to survive.
- “Many people with type 2 diabetes can control their blood glucose by following a healthy meal plan and a program of regular physical activity, losing excess weight, and taking medications. Medications for each individual with diabetes will often change during the course of the disease. Insulin also is commonly used to control blood glucose in people with type 2 diabetes.”

The diabetes rate in Minnesota is slightly lower than the national rates, with 8% of Minnesota adults diagnosed as diabetic in 2019. Unfortunately, the rates in Polk and Red Lake Counties are closer to the national average at 9% and 10%, respectively. These rates are the same as numbers from 2016, with the exception of a 1% increase in Polk County from 9% to 10% during the three-year period.

Similar to obesity, people with diabetes are at an increased risk of serious health complications including vision loss, heart disease, stroke, kidney failure, lower limb amputation, and premature death.

Substance Abuse and Mental Health

Substance abuse covers a broad range of health issues, including tobacco, alcohol, prescription drugs, and illicit drugs. Each of these is a health need in our state and community, although community participants identified the following as the most significant:

- Vaping among high school students
- Adult alcohol consumption
- Methamphetamines (“meth”)
- Opiates and heroine
- Smoking among low-income individuals

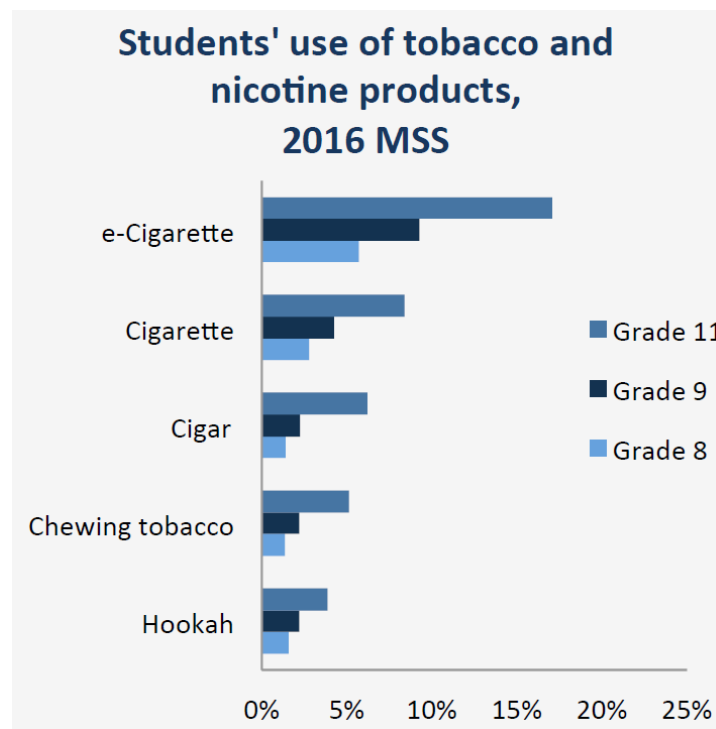
Community participants consistently expressed concern over abuse of these substances and a need for additional treatment resources including more education and developing an indoor recreation center to use for fun, safe, clean events. Respondents suggested continuing to work with doctors to decrease opiate prescriptions, and would like to see better access to care through inpatient acute and emergency care, inpatient post-acute care, outpatient care, and long-term counseling and follow-up services. Community participants also felt co-morbidities—defined as the simultaneous occurrence of multiple health mental health, physical health, and/or substance abuse problems—play a large roll in substance abuse in our community, and must be addressed to gain treatment success.

An article in the Crookston Times in January 2018 stated that drugs seized in 2017 in our community included 3,641 grams of meth, which was more than double the amount confiscated in 2016 and more than 5 times the amount removed in 2015. According to the same article, the use of heroin and prescription pills (opioids) also showed large increases in arrests and seizures in the past year, with cocaine seizures up more than 15 times, heroin seizures up more than 2½ times, and the number of pills confiscated ballooning from 537 in 2016 to 200,433 in 2017. Marijuana confiscations were also up from 2.8 pounds to 12.9 pounds between 2016 and 2017.

Smoking is the number one cause of preventable disease and death worldwide. According to the American Lung Association, smoking-related diseases claim more than 480,000 lives in the U.S. every year, and it costs the U.S. \$289 billion each year in lost productivity and direct healthcare expenditures. Smoking harms almost every organ in the human body, and is a main cause of lung cancer and chronic obstructive pulmonary disease (COPD), causing approximately 90% of lung

cancer deaths and 80% of deaths related to COPD. Smoking also causes coronary heart disease, stroke, emphysema, chronic bronchitis, gum disease, fertility issues, erectile dysfunction, blindness, type 2 diabetes, various types of cancer, and rheumatoid arthritis. While the overall smoking rate in our community dropped from 15.5% in 2014 to 10.0% in 2017, individuals from low-income families are 4 times more likely to smoke than those in other income classes with the rates at 27% and 7% respectively.

According to community participants, vaping and e-cigarettes are viewed by many as a safe alternative to smoking. However, vaping is such a new development that its long-term effects on the body are largely unknown. Emerging scientific research shows vaping has the same effect as smoking when it comes to suppressing immune genes, and the short-term effects of vaping on the lungs are similar to those of smoking. Side effects of vaping include dry mouth, irritation, increased airway resistance, dizziness, coughing, chest pain, increased blood pressure, increased heart rate, dry skin, itchiness, dry eyes, insomnia, nosebleeds, bleeding, vomiting, and nausea. Our community is seeing an increase in the use of e-cigarettes in our youth population, as students are more likely to report the use of e-cigarettes over any other form of tobacco use.



Consuming Alcohol is viewed as socially acceptable in our society and in our community, and it can take a serious toll on your health. Alcohol interferes with the brain's communication pathways and even affects the way the brain looks and works, changing behaviors and mood, and affecting coordination and the ability to think clearly. Over time, drinking can damage the heart, liver, pancreas, and immune system. Alcohol consumption has also been linked to several forms of cancer including head, neck, esophageal, liver, breast, and colorectal. A community survey revealed that 64% of respondents had consumed alcohol in the past 30 days and 27% of

them indicated that alcohol had a “harmful effect” on themselves or a family member. While drinking appears to be an issue among all adults, the survey found that 70% of respondents younger than 55 report drinking vs. 56% for all other age groups.

Marijuana is the most commonly used illicit drug in the United States, and our community sees similar challenges. Marijuana refers to the dried flowers, stems, seeds, and leaves from the Cannabis indica or Cannabis sativa plant which contains THC, a mind-altering chemical. Many feel marijuana is a less risky choice than other illicit drugs to use because of its legalization for medical use and even recreational use in certain states. Effects of Marijuana include altered senses, an altered sense of time, changes in mood, impaired body movement, impaired memory, difficulty with thinking and problem-solving, hallucinations, delusions, psychosis, and it affects brain development especially when usage starts as a teenager.

Meth creates a false sense of well-being and energy, causing a person to push their body faster and further than it is meant to go. Because continued use of the drug decreases natural feelings of hunger, users can experience extreme weight loss. Short-term effects can also include increased heart rate, blood pressure and body temperature, disturbed sleep patterns, nausea, irritability, violent behavior, panic, psychosis, hallucinations, convulsions and seizures. In the long-term, meth use can result in increased heart rate and blood pressure, damaged blood vessels in the brain, strokes, an irregular heartbeat, cardiovascular collapse, and damage to the liver, kidney and lungs.

Heroin, an opiate, binds to opioid receptors in the brain and body that send a rush of dopamine and extreme happiness through your body. Short-term effects of heroin include dry mouth, nausea, vomiting, severe itching, and clouded thinking. Long term effects include insomnia, depression, addiction, collapsed veins in people who inject heroin, and damage to various organs, including the heart, lungs, liver and kidneys. It also poses special problems related to the transmission of HIV, Hepatitis C, and other diseases that can occur with sharing needles. The resurgence of opiate-related problems in the United States has increased emergency room visits, crime, homicides, high school drop-outs, and loss of employment.

With the rise in certain types of substance abuse, treatment facilities in our area have seen a matching rise in demand, outpacing their ability to care for needy individuals. The greatest needs expressed by community participants are for additional inpatient and transitional care facilities, although the availability of care depends on a person’s financial position. Insurance companies have various positions on whether substance abuse treatment is eligible for coverage and, if so, which facilities may be used. As the distance to an allowed facility with current capacity increases, the difficulty of accessing that facility (time, cost, etc.) naturally increase for lower-income individuals. Closer for-profit and non-profit facilities are available, although their availability is based on a person’s ability to pay. The facilities, providers, and programs that are willing to serve low-income, uninsured and underinsured individuals are generally overwhelmed by the number of people in need of their services.

Mental health problems, including depression and anxiety among all age groups and dementia among the elderly, occur about as often in our community as in other communities, which is to say that they occur fairly frequently. The rate of adults suffering from frequent mental distress in Minnesota and Polk County is 10% while the rate is 9% in Red Lake County, meaning that almost one in ten adults in our community acknowledge feeling frequent mental distress. In our community about 30% of adults have been diagnosed with a mental health problem at some point in their life, and about 40% of young adults (age 18-34) felt hopeless, anxious, or lost interest in life within the last month. We are seeing increases in depression, anxiety, and suicide deaths, with suicide rates being the highest in older working males in the 45-65 age group. We are also seeing behavioral issues in children in our community. Community participants indicated that the rising mental health struggles may relate to a lack of effective coping mechanisms in our youth and young adult populations when facing a negative life situation. The general stigma related to mental health, both across the nation and in our community, may prevent individuals from self-identifying a problem and seeking treatment before an emergency arises. Respondents feel we should reframe mental illness into mental well-being or a spectrum of well-being to try and alleviate this issue. They also suggest creating a guide of potential resources for behavioral problems that are not yet acute in order to aid in earlier discovery and treatment.

While suicidal tendencies tend to be treated quickly in our community, it is harder to gain treatment for chronic, serious mental health disorders. The lack of accessibility in obtaining diagnoses and effective treatment is a concern. Individuals in our community feel we are lacking psychiatrists, geriatric psychiatrists, pediatric psychiatrists, and other professionals. Additionally, our community's resources that are available to low-income individuals face excessive demand. The shortage of mental health professionals is not unique to our own community or even to Minnesota. It is a nationwide problem, and one that does not have an easy fix. Merritt Hawkins, a physician-recruitment firm based in Texas, released their *2018 Review of Physician and Advanced Practitioner Recruiting Incentives* and a white paper, *The Silent Shortage*, which provides insight into the growing issue of mental health care in the US. Below is an excerpt listing drivers of the shortage:

“The shortage of psychiatrists in the United States is driven in part by a growing need for psychiatric services. Consider:

- One in every five adults in America experiences some form of a mental illness.
- Nearly one in 20 adults in America (13.6 million) live with a serious mental illness.
- 60% of adults with a mental illness received no mental health services in the prior year.
- Suicide is the 3rd leading cause of death in youths age 10-24, and the 10th leading cause of death for adults in the U.S.
- The average delay between onset of mental health symptoms and intervention is 8-10 years.

- Over \$193 billion dollars in lost earnings a year result from serious mental illness.
- 24% of state prisoners have “a recent history of a mental health condition.”

According to these reports, the average per capita number of psychiatrists in the U.S. is 9.35 per 100,000 people, while Minnesota has 8.18 psychiatrists per 100,000 people. Psychiatry also holds the second spot as the most requested physician placement search for the third consecutive year. 59% of the nation’s 30,451 psychiatrists are at least 55 year old, and many will retire in the near future. In reviewing data related to resident census in psychiatry, we will continue to see demand increase while supply dwindles as new members of the profession are not currently growing at the same rate as attrition due to retirement. To further complicate the issue, Merritt Hawkins reported that psychiatrists prefer to work in outpatient settings and it’s becoming increasingly difficult to recruit them for hospital positions.

Conclusion

RiverView Health conducted this community health needs assessment to better understand our community and the individuals we serve. The hospital will develop a strategy to respond to the significant community health needs and will create an Implementation Strategy to formalize those responses. That Implementation Strategy will be approved by RiverView Health’s board of directors no later than February 15, 2020, and will be used by the organization as a guide for thoughtful, impactful decisions and actions in the coming years.

The following pages include a list of resources currently available in our community to address the significant community health needs discussed in this report. Despite our efforts, we recognize that this list may not be all-inclusive and welcome any information to add available resources and increase its usefulness. Such information can be sent to the address provided on page 8 of this report.

Health Resources

The following resources are available in our community to address the significant health needs that were identified in this community health needs assessment.

The counties' health and social services departments provide support to our community members in numerous ways, including nutrition, physical activity, mental health, substance abuse, violence prevention, and financial support. We recommend that you visit your county's health and/or social services department to obtain further information about the services and programs it offers.

- Polk County Public Health Department
 - 816 Marin Avenue, Suite 125, Crookston
 - (218) 281-3385
 - <http://www.co.polk.mn.us/index.asp?SEC=1A4A7D06-8C85-4A73-80C9-73ECCC1835D4&Type=B> BASIC
- Polk County Social Services Department
 - 612 North Broadway, Room 302, Crookston
 - (218) 281-3127
 - <http://www.co.polk.mn.us/index.asp?SEC=E8083495-735A-4734-80BD-F485FD9FA329&Type=B> BASIC
- Inter-County Nursing Service (serving Red Lake County)
 - 318 Knight Avenue North, Thief River Falls
 - (218) 681-0876
 - <http://www.co.red-lake.mn.us/index.asp?SEC=3B26CD48-0E74-4484-8717-4D5EADB2E6D1&Type=B> BASIC
- Red Lake County Social Services Department
 - 125 Edwards Avenue, Red Lake Falls
 - (218) 253-4131
 - <http://www.co.red-lake.mn.us/index.asp?SEC=C626CF10-DE7F-4E15-B023-BB1D111D3817&Type=B> BASIC

In addition to governmental support, the following health care facilities and related organizations are currently available within our community:

Hospitals

- RiverView Hospital
 - 323 South Minnesota Street, Crookston
 - (218) 281-9200
 - <http://www.riverviewhealth.org/>

Medical Clinics

- RiverView Clinic-Crookston, 323 South Minnesota Street, Crookston
- Altru Clinic, 400 South Minnesota Street, Crookston
- RiverView Clinic-East Grand Forks, 1428 Central Avenue NW, East Grand Forks
- Sanford Health Clinic, 929 Central Avenue NW, East Grand Forks
- Altru Clinic, East Grand Forks, 607 Demers Avenue, East Grand Forks
- RiverView Clinic-Fertile, 306 Mill Street, Fertile
- Altru Clinic, 101 Main Avenue, Fertile
- RiverView Clinic-Red Lake Falls – 105 International Drive, #25, Red Lake Falls
- Altru Clinic, 312 International Drive, Red Lake Falls

Mental Health and Chemical Dependency

- Northwestern Mental Health Center, 603 Bruce Street, Crookston
- RiverView Recovery Center, 721 South Minnesota Street, Crookston
- RiverView Recovery Center – East Grand Forks, 1424 Central Ave NW, East Grand Forks
- Douglas Place Residential Treatment, 1111 Gateway Drive NE, East Grand Forks

Implementation Strategy

RiverView Health Crookston, Minnesota

Approved January 23, 2020

Introduction

RiverView Health is a non-profit rural healthcare system based in Crookston, Minnesota that offers a comprehensive continuum of services including acute care, emergency care, primary care, home care, chemical dependency, and long-term care services.

RiverView Health operates the following service lines – medical clinics, surgery, outpatient care, inpatient hospital care, rehabilitation services, and home care. RiverView Hospital is a 25-bed acute care hospital within RiverView Health.

RiverView Health is a community healthcare system dedicated to serving the needs of our region since 1898. Our commitment to serving the Red River Valley is long established, and we are continually investing time, energy, and resources in providing the best possible healthcare for our region. We are dedicated to reaching out to the community and providing support to local groups and organizations that help to make a difference in the health and quality of life in our area. Working together as a team, RiverView Health takes a leadership role to improve the health of the communities we serve.

Our Mission

We deliver a healthcare experience that consistently exceeds patients' expectations through:

Exceptional People – Our people are our foundation. We employ trusted, dedicated professionals who serve with compassion, empathy, and respect.

Exceptional Care – Our patients are our focus. We build relationships to deliver personalized care.

Exceptional Outcomes – Our passion is to enhance lives. We engage in best practices to health people and promote healthy communities.

Our Vision

RiverView Health provides world-class healthcare through a culture of excellence.

Review of Previous Implementation Strategies

In June 2013, RiverView Health published a Community Health Needs Assessment Report (“CHNA Report”). In the 2013 CHNA Report, RiverView Health identified obesity, joint or back pain, and high blood pressure as the primary community health needs.

Based on the 2013 community health needs assessment, RiverView Health has taken the following steps since 2013 to improve the health of our community:

- As a large employer and leader in the community, RiverView Health has role modeled an employee wellness program that encourages healthy eating choices and physical activity as a means of managing weight and overall health. The employee wellness program includes:
 - A healthy choice food policy for on-campus dining
 - Weight management education opportunities within our facilities
 - Opportunities for physical activities for employees
 - Sponsorship of healthy activities in the community
- RiverView Health hired a Registered Dietician that specializes in education and planning for a healthy diet and weight management, both in inpatient and outpatient settings.
- RiverView Health implemented a BMI (Body Mass Index) tracking system and targeted patients with high-risk factors for support and education.

In June 2016, RiverView Health published its second CHNA Report. In the 2016 report, RiverView Health identified obesity and diabetes as the primary significant community health need and substance abuse and mental health as the other considerable community health need.

Based on the 2016 community health needs assessment, RiverView Health has taken the following steps since 2016 to improve the health of our community:

- Hired health coaches to offer a team-based approach to chronic disease management and obesity.
- Attained certification as a Health Home in the State of Minnesota, solidifying our commitment to provide chronic disease management services to our community
- Continued to offer addiction treatment services to the community that includes:
 - Chemical Health Evaluations
 - Relapse Prevention’
 - Individual Counseling
 - Intensive Outpatient Treatment
 - Driving with Care levels 1 and 2

- Partnered with Northwestern Mental Health Center to ensure adequate access to mental health resources. Information about the Northwestern Mental Health Center can be obtained from their website at <http://www.nwmhc.org/>.

Significant Community Health Needs

In September of 2019, RiverView Health published its third CHNA Report. In conducting our community health needs assessment, RiverView Health collected information about community health needs through interviews in the summer of 2019. These findings were supplemented with quantitative data obtained from various public sources. Based on that community health needs assessment, RiverView Health identified obesity and diabetes as the primary significant community health need and substance abuse and mental health as the second significant community health need.

RiverView Health is pleased to submit this Implementation Strategy. We do so both as a matter of compliance with Section 501(r)(3) of the Internal Revenue Code, as mandated in the Patient Protection and Affordable Care Act, and as an obligation to those we serve. As an organization, we have taken this change in law as an opportunity to improve our community service and continuously focus on meeting the changing health care needs of our community.

Consistent with the requirements of Section 501(r)(3), this Implementation Strategy identifies RiverView Health's planned response to each significant community health need. If RiverView Health does not plan to address a health need, this Implementation Strategy explains why.

Obesity and Diabetes

Obesity, resulting from both poor nutrition and lack of physical activity, is a major problem in Minnesota. Obesity is one of the significant community health needs in both the 2013 and 2016 assessments, and the community is still concerned with the situation in 2019. Heart disease, pre-diabetes, and diabetes are on the rise. Causes of these issues vary and include limited access to healthy foods, a lack of community activity spaces and activities, parents and children spending too much time on phones and playing with electronics, many not being able to afford healthy food choices, and some choosing to be inactive.

In addition to hiring a registered dietician that specializes in education and planning for healthy diet and weight management, RiverView has hired health coaches to offer a team-based approach to chronic disease management and obesity. This position will work collaboratively with clinicians, patients, and other service providers to better manage chronic conditions in the community, including diabetes and obesity. RiverView obtained certification in Health Home in 2019 and will continue to develop and expand Health Home services to patients in the community.

RiverView Health will continue to offer educational opportunities for those seeking education in diabetes and nutrition by offering a Type 2 Diabetes Support Group. The group will provide support for Type 2 diabetics and include resources to make healthy life changes and manage

their disease. This group will discuss various topics, including dental health, healthy cooking, mental health as well as diet and exercise.

RiverView Health will also offer Type 2 Diabetes Prevention classes in an effort to prevent or reduce the onset of Type 2 Diabetes. Attendees will learn about proper nutrition, diet, and exercise tactics as well as have an opportunity to network with others that face similar challenges in Type 2 Diabetes prevention.

Substance Abuse and Mental Health

RiverView Health already offers outpatient addiction services through its RiverView Recovery Center. RiverView Recovery Center provides an extensive list of outpatient programs that allow patients the ability to receive high-caliber clinical care while maintaining commitments to work, family, and home. Outpatient services are available at all of RiverView Recovery's locations: Crookston, East Grand Forks, Roseau and Thief River Falls.

River Recovery Center will focus on providing and developing additional access to services through the use of telemedicine.

Treatments include:

Comprehensive Health Assessments (formerly Rule 25's): A comprehensive chemical health assessment

Individual Counseling Sessions: Provided for individuals that have completed treatment and are struggling with thoughts of using.

Intensive Outpatient Treatment: Intensive outpatient therapy includes three group counseling meetings per week. One weekly individual counseling session and regular urine drug and alcohol screening for individuals struggling with addiction that do not meet the criteria for residential treatment.

Relapse Prevention: Relapse prevention includes one individual counseling session per week as well as regular urine drug and alcohol screening tests for individuals that have completed treatment, inpatient or intensive outpatient, in the last three years and are struggling with addiction. Relapse prevention is intended for individuals that are not using daily but want to stop the cycle.

Driving with Care 1: For the first time DWI offender with a blood alcohol level of less than .15 at the time of arrest. Driving with Care 1 is a group education and training program that has proven to reduce the recurrence of DWI. New classes begin quarterly.

Driving with Care 2: For the first time DWI offender with a blood-alcohol level of more than .15 at the time of arrest, or multiple DWI offenses. Driving with Care 2 is a group education and training program that has proven to reduce the recurrence of DWI. New classes begin quarterly.

Rather than expand the scope of mental health services, we will continue to work with community partners such as the Northwestern Mental Health Center to ensure the community has adequate access to Mental Health services. Some of the collaborations with Northwestern Mental Health Center include:

- Suicide prevention – RiverView Health focuses on suicide prevention, mental health, and mental wellness. RiverView Health has a suicide prevention steering committee utilizing the Zero Suicide Initiative. RiverView partners with the Minnesota Department of Health and Northwestern Mental Health Center with the Zero Suicide Initiative action plan.
- Crisis Team – Northwestern Mental Health has a Crisis Response Team that will respond to our Emergency Department if a need arises. The Crisis Response Team allows for greater care coordination and ensures the patients have access to the services they need.
- Information about the Northwestern Mental Health Center can be obtained from their website at <http://www.nwmhc.org/>.