

Community Health Needs Assessment Report and Implementation Strategy

Mille Lacs Health System Onamia, Minnesota

Published September 30, 2013

Introduction

Mille Lacs Health System (MLHS) is a not-for-profit, community owned organization. MLHS includes a 25-bed, Critical Access Hospital, which has a Level IV Trauma Center. Based in Onamia on the southern edge of Mille Lacs Lake in central Minnesota, MLHS serves many of the individuals living around the lake and in communities to the south.

Our **Mission** is “*to assist those residing and visiting the Mille Lacs area in achieving and maintaining optimal health.*”

Our **Organizational Values** are:

- *We hold a reverence for life.*
- *We strive to ensure access for all.*
- *We strive to serve all with compassion and hospitality.*
- *We believe in open, honest and direct communication at all levels.*
- *We believe collegiality, teamwork, and participation are necessary for excellence.*

Our history began in April 1956, when the first patients were admitted to the Onamia Hospital. Mille Lacs Health System was created in 1990 when the area’s hospital, nursing home and clinic were merged. Between 1956 and today, we have expanded to include the hospital, five area clinics, geriatric psychiatric unit, long-term care facility, home care/hospice and ambulance services. Our services include:

- Specialty care – audiology, cardiology, dietetics and nutrition, ENT, neurology, oncology, orthopedics, podiatry, pain management and urology
- Surgery – inpatient, outpatient and specialty
- Radiology and diagnostic services
- Laboratory
- Emergency care
- Urgent care
- Ambulances Services and Part-Time Paramedic Services
- Behavioral health
 - Adult and child psychiatric care
 - In-patient geriatric psychiatric care
 - Individual, marriage and family counseling
- Home care and hospice
- Rehabilitation and therapy – cardiac, occupational, pediatric, physical and speech

- Chiropractic care
- Eye care
- Senior care
- Sleep center
- Diabetic education

The hospital also provides swing bed services for patients who no longer need inpatient stay, but who need more care than they could receive at home. MLHS collaborates with the Central Minnesota Heart Center at St. Cloud Hospital for treatment of acute heart attacks and with North Memorial Hospital for acute stroke care.

Despite rapid technological change and the economic stresses of today's healthcare environment, Mille Lacs Health System remains strong. Numerous medical and surgical specialists have joined our healthcare team, providing diagnostic and support services that allow for a sophisticated level of diagnoses and treatment in a local setting.

Our mission and values also compel us to take a holistic approach to our patients' healthcare needs; addressing their emotional, mental, and spiritual concerns as well as their physical needs. In addition to traditional services, we now provide access to a variety of counseling services as well as health education, wellness and rehabilitation.

Thanks to the hard work of our Board of Directors, Medical Staff, dedicated employees and strong support from area communities—healthcare in the Mille Lacs region has changed greatly since those first patients were admitted to the Onamia Hospital in 1956. We are proud to play such a significant role in improving the quality of life of the people and communities we serve. We are proud to be part of a community-driven, community-supported healthcare system. We look to the future with confidence.

Mille Lacs Health System is pleased to submit this Community Health Needs Assessment. 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) the Community Health Needs Assessment Report is organized as follows:

- Our Community
- Community Health Needs Assessment Methodology
- Prioritized Community Health Needs
- Implementation Strategy
- Health Resources

Our Community

Mille Lacs Health System is located in the city of Onamia in Mille Lacs County, Minnesota. However, we have historically defined our “community” as a broader area, including the communities around the southern half of Mille Lacs Lake and the towns south of the lake down to Milaca. Based on inpatient and outpatient usage in recent years, our primary service area includes the following zip codes and towns:

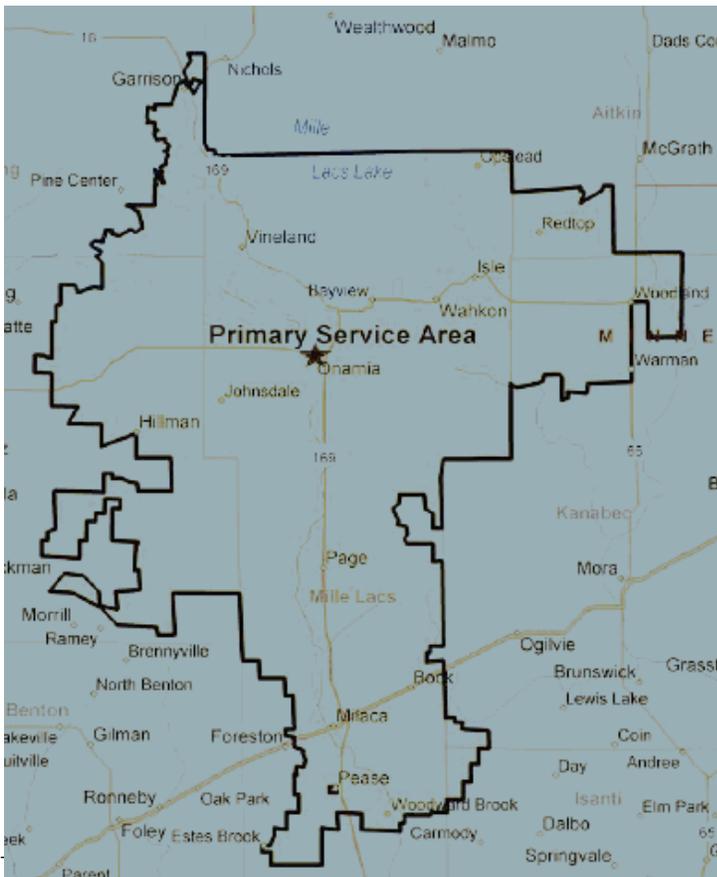
- 56359 – Onamia
- 56342 – Isle
- 56386 – Wahkon
- 56338 – Hillman
- 56450 – Garrison
- 56353 – Milaca

Approximately 82% of our inpatient and outpatient usage is from individuals living within this primary service area. The additional 18% of our usage is from individuals living in the broader community as well as individuals vacationing near Mille Lacs Lake. Throughout this document, all references to our community refer to these six towns and their surrounding countryside.

One special aspect of our community is Mille Lacs Lake itself. According to the Lakes Area Tourism Council, *“the Mille Lacs Lake area is Minnesota’s unforgettable family vacation destination! This world-class walleye fishery showcases 132,516 acres in central Minnesota and offers the best fishing anywhere! Visit us during any season and discover our good nature from a golfing fairway, a snowmobile trail, a bike path, a lawn chair on a sandy beach or the porch of a cozy resort cabin.”* Our community also includes the Grand Casino Mille Lacs Hotel. With

494 rooms, the Grand Casino Mille Lacs is one of the largest casino hotels in the state of Minnesota. Such attractions mean that temporary visitors are extremely common, and we are a popular retirement location.

For demographic information, Mille Lacs County is a close approximation of our community. In 2010, the U.S. Census Bureau conducted the nation’s most recent census and published that data by state, county and city. Similarly the Population Health Institute collects and reports health data and demographic data by county on an annual basis. Finally, the website www.city-data.com provides data by city on an annual basis. U.S. census data is as of 2010 while



Population Health Institute data is as of 2013, and city-data is as of 2009.

	Minnesota	Mille Lacs County	Onamia
Population	5,303,925	26,097	878
Age < 18	24.2%	25.3%	28.0%
Age 65+	12.9%	16.1%	24.7%
Female	50.4%	49.8%	46.6%
Caucasian	85.3%	91.1%	83.0%
African American	5.2%	0.4%	2.3%
American Indian	1.2%	6.0%	9.9%
Asian	4.0%	0.3%	0.7%
Hispanic	4.7%	1.5%	1.7%
Rural	26.7%	70.8%	N/A
Median Household Income	\$56,944	\$43,155	\$21,341
Per Capita Health Care Cost	\$7,646	\$7,273	N/A
Uninsured Adults	11.9%	14.7%	N/A
Children in Poverty	15.3%	18.9%	N/A
Unemployment Rate	6.4%	10.3%	7.3%

Onamia and Mille Lacs County are largely Caucasian, although we have a large Native American population living in and around the reservation of the Mille Lacs Band of the Ojibwe Tribe. Throughout the community health needs assessment process, we carefully considered the special health needs of the Native American population.

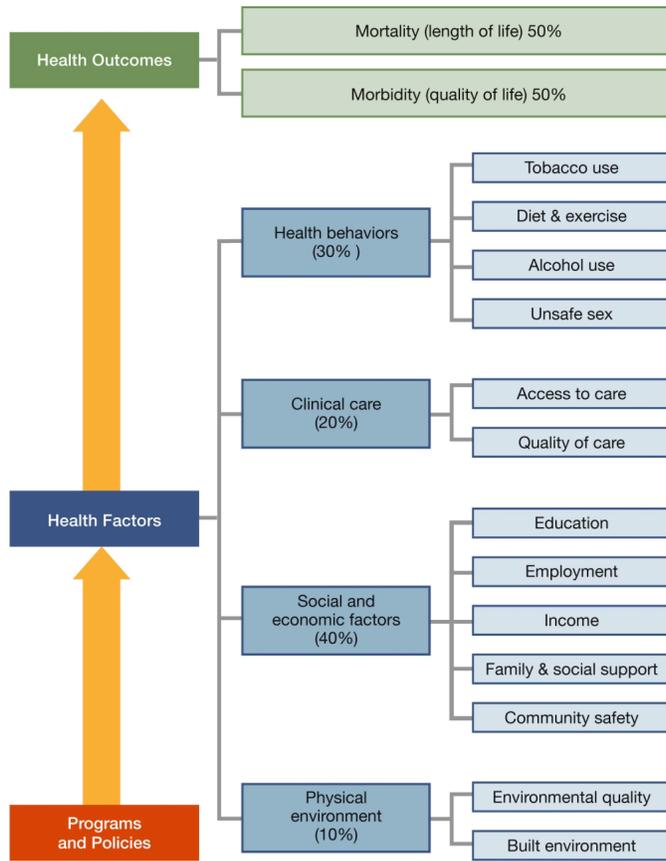
As indicated by the comparison of Minnesota, Mille Lacs County and Onamia, our community has a significantly higher percentage of elderly individuals (age 65+). We believe the Onamia rate of 24.7%—approximately 1 in 4 individuals—is an accurate estimate of the elderly in our community.

Our community is largely rural, with small towns surrounding Lake Mille Lacs and spread out south of the lake.

Several factors indicate the low-income nature of our community. First, our median household income is much lower than the state average. We believe this is primarily due to our high proportion of retired elderly individuals, the Native American population and our rural setting. Additional indicators of our struggling economy and low-income community are our above-average rates of uninsured adults and children in poverty. Although Mille Lacs County has an unemployment rate almost 4% higher than the state average, our community is much closer to the state average. We believe this difference between Onamia and Mille Lacs County is also due to our large population of retired individuals.

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.



Source: University of Wisconsin Population Health Institute

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

Source: University of Wisconsin Population Health Institute

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

Source: University of Wisconsin Population Health Institute

In 2013, Mille Lacs County’s health factors ranked 81st out of 87 counties in Minnesota. In the same year, Mille Lacs County’s health outcomes ranked 85th out of the 87 Minnesota counties. Our low ranking in health outcomes (bottom 10% of the state) indicates that, relative to the rest of Minnesota, our residents are currently suffering from unhealthy historic behaviors, insufficient medical care, social factors and environmental factors. Because health factors lead to health outcomes, our low ranking in health factors (bottom 5% of the state) indicates that we are likely to continue this pattern in the future unless we can make significant changes our health factors.

Community Health Needs Assessment Methodology

Mille Lacs Health System’s executives led the planning, conduct and reporting of the community health needs assessment. We contracted with CliftonLarsonAllen LLP, one of the nation’s top 10 certified public accounting and consulting firms, to assist with the community health needs assessment. A team of CliftonLarsonAllen experts assisted us through the community health needs assessment process, including:

- Identifying our community
- Identifying individuals for interviews and conducting those interviews
- Leading community forums
- Assisting in understanding and prioritizing identified community health needs
- Drafting the Community Health Needs Assessment Report and Implementation Strategy
- Assisting in making all information widely available to the community

We began by identifying our community based on inpatient and outpatient services by zip code. We then gathered both quantitative and qualitative data about the health needs of our community. Qualitative data was collected through interviews and a questionnaire. Quantitative data included national, state and county health studies and our own records. All data was collected between October 2012 and July 2013.

Resource	Maintaining Organization	Website
State & County QuickFacts	United States Census Bureau	quickfacts.census.gov/qfd/index.html
County Health Rankings and Roadmaps	The Population Health Institute	www.countyhealthrankings.org
Health, United States, 2011	U.S. Department of Health and Human Services	www.cdc.gov/nchs/data/hus/hus11.pdf
Healthy People 2020	U.S. Centers for Disease Control and Prevention	www.cdc.gov/nchs/healthy_people/hp2020.htm
World Life Expectancy	LeDuc Media	www.worldlifeexpectancy.com/top-15-causes-of-death-minnesota
Onamia, Minnesota Profile	City-Data.com	www.city-data.com/city/Onamia-Minnesota.html
Substance Abuse in Minnesota	Minnesota State Epidemiological Outcomes Workgroup	www.sumn.org/data/location/
Overweight and Obesity Prevention	Minnesota Department of Health	www.health.state.mn.us/obesity/
Mille Lacs Reservation Health Resources	Mille Lacs Band Department of Health and Human Services	www.millelacsband.com/Page_HealthAndHumanServices.aspx

Interviews

In November 2012, we gathered qualitative information and perspectives on community health needs through one-on-one interviews with key community stakeholders. 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
- Federal, tribal, regional, state or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
- 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 individuals participated in the community health needs assessment process by contributing their perspectives, opinions and observations. We thank them for their past and continued assistance.

- Janelle Schroeder – Community Health Unit Supervisor, Mille Lacs County Community and Veteran Services
 - Local government agency with current data relevant to community health needs
 - Public health expertise
 - Representative of low-income, minority and medically underserved populations

- Beth Crook – Disabilities Unit Supervisor, Mille Lacs County Community and Veteran Services
 - Local government agency with current data relevant to community health needs
 - Public health expertise
 - Representative of medically underserved populations

- Robert Mickus – Mayor, City of Onamia, Minnesota
 - Local government agency with current data relevant to community health needs
 - Public health expertise
 - Representative of low-income, minority and medically underserved populations

- Samuel Moose – Commissioner of Health and Human Services, The Mille Lacs Band of the Ojibwe Tribe
 - Local government agency with current data relevant to community health needs
 - Representative of low-income, minority and medically underserved populations

- Brent Lindgren – Sherriff, Mille Lacs County
 - Local government agency with current data relevant to community health needs
 - Representative of low-income, minority and medically underserved populations

- Mary Kunesh – Nurse, Onamia School District
 - Public health expertise
 - Representative of low-income, minority and medically underserved populations

- Peter Lindbloom – Director of Emergency Services, Mille Lacs Health System
 - Public health expertise
 - Representative of low-income, minority and medically underserved populations

- Shelly Hanneken – Director of Community-Based Services, Assisted Living, Home Care and Hospice, Mille Lacs Health System
 - Public health expertise
 - Representative of low-income, minority and medically underserved populations

- Darline Rogne – Patient Accounts Representative, Mille Lacs Health System
 - Representative of low-income, minority and medically underserved populations

We believe each individual listed above is a qualified representative of the identified groups because the nature of their work brings them into contact with those groups on a regular basis.

For many of the individuals listed, the nature of their occupation *requires* them to consider the special needs of the groups identified.

Community Forums

In addition to the interviews listed above, we also conducted five community forums throughout our community to get broader input from the general public. The forums were held in July 2013, in the following locations.

- Onamia – 20 individuals
- Isle – 17 individuals
- Garrison – 12 individuals
- Hillman – 7 individuals
- Milaca – 5 individuals

In total, 61 individuals provided input through the community forums. We wish to thank them for their input and assistance.

Information Gaps

Although we are unable to identify any specific information gaps, we recognize that members of the community representing different organizations, groups, etc., have differing opinions concerning community health needs and priorities and may have provided different input.

Analytical Methods Applied

We applied various analytical methods to the available data. During interviews and community forums, we asked participants for their input regarding both health needs and possible solutions to identified health needs. We analyzed the historic prevalence of various health issues in our community and compared those with county, state and national averages. Finally, we reviewed previously identified health priorities as identified by national, state and county health organizations.

Process and Criteria for Prioritizing Identified Health Needs

The executive leadership of Mille Lacs Health System determined our prioritization based on the following criteria:

- Preventative impact
- Our mission
- Likely quantity of change
- Cost
- Proximity with other health needs
- Impact on quality of life
- Customer satisfaction

Prioritized Community Health Needs

Based on our interviews and community forums, as well as reviews of hospital, county, state and national health data, we identified the following community health needs, listed by priority.

Community Health Need	Prioritization
Access to Care	1
Obesity	2
Chronic Diseases	3
Health Education	4
Substance Abuse	5
Health Care for Low Income Individuals	6
Health Care for Native Americans	7
Health Care for the Elderly	8
Health Care for Children	9
Other Health Needs	10

Access to Care

Our community members consistently identified access to healthcare—meaning available facilities, professionals, specialties and cost—as a significant need. Many of the access issues in our community relate to geography. Milaca and Onamia are the largest towns with approximately 3,000 residents and 1,000 residents, respectively. Because of this, Milaca and Onamia have the most medical resources available. However, our community stretches more than 20 miles to the northeast and northwest and 25 miles to the south. Those individuals who live outside of Milaca and Onamia have more difficulty obtaining access to healthcare. The following are examples of access limitations voiced by community members:

- Lack of a full-time surgeon at MLHS
- Pharmacies tend to close at lunch, in evenings and during weekends
- Lack of physical therapy services in many smaller communities
- Insufficient numbers of EMT's and paramedics for ambulance services
- Insufficient numbers of dentists, especially willing to accept financial assistance patients
- Insufficient numbers of mental health providers, especially willing to accept financial assistance patients
- Long wait-times for lab results
- Desire for additional specialty services at MLHS, including radiation, internal medicine, dialysis, and heart stress tests

Although community participants frequently voiced their pleasure over the variety and quality of services available in our area, it's clear that we have opportunities to improve our services.

The lack of a full-time surgeon at MLHS was frequently mentioned as a significant concern because of its implications. MLHS currently does not have a sufficient number of Physicians who can perform Caesarian Sections (C Sections) and therefore MLHS cannot perform live

births. Many participants indicated a desire to be able to give birth at MLHS. Similarly, Individuals expressed a desire for MLHS to expand cardiology services.

Access issues are enhanced by demographic and economic issues in our community. With the economic downturn, individuals have less money available for prescriptions and non-emergency medical treatments. However, when preventive medical treatments are neglected, the result is an increase in emergency medical cases. Similarly, individuals have less money available for gas and transportation. Our community lacks a public transportation system and most of our community lacks taxi-type services. Working adults have fewer days off for the necessary travel and appointment time, either for themselves, their children or elderly family members. Finally, community members indicated difficulty in returning home after they are transported to the hospital via ambulance since there is no standard service for the return trip.

Community participants feel that current mental health and dental health opportunities are insufficient in our area. MLHS has Psychologists on-site and “telemedicine visits” with a Psychiatrist, in which patients can see a specialist via the Internet. However, many participants indicated a preference to see a Psychiatrist in-person. Community members also indicated a difficulty in finding services for children with serious mental health conditions. From the time a mental health issue is identified, an adult may wait 6-8 hours to locate an opening at a mental health facility in the state; however, a child may have to wait over 24 hours, usually sitting in the hospital’s emergency room during that time, to be placed at an appropriate mental health facility. Unfortunately, this appears to be a statewide problem.

Similar to mental health, opportunities for dental health care are also limited in our community. We have identified two dentists in Isle and two in Milaca, but those dentists are generally busy with existing patients and are not able to keep up with demand, especially from individuals relying on financial assistance programs. The lack of appropriate preventive visits with dentists means that dental problems develop into more serious acute problems. When that happens, our community also lacks the resources to address those acute dental problems.

Access to appropriate medications can also be a problem in our community. MLHS has an internal pharmacy, but it is only available to our current patients. Although most towns in our community have a pharmacy of some sort, those pharmacies frequently close at the times individuals are most able to utilize them: lunch, evenings and weekends. The community pharmacies also differ in which insurance plans they accept and the co-pays they charge, forcing some individuals to travel to a more distant pharmacy to obtain more affordable prescriptions.

Although MLHS and other hospitals close to our community provide ambulance services, community members expressed frustration with wait times and the availability of paramedics and EMT’s. The wait times tend to be a function of our rural community and longer travel times. However, we occasionally face the situation that our ambulances are all busy at the same time. Being in a rural community, we have few ambulances and ambulance crews. When they are all in use at the same time, any additional emergencies must be treated by ambulances at more distant hospitals. Finally, MLHS has a limited number of paramedics, which means they are currently only available on-site for 12 hours per day and on-call for the other 12 hours.

Finally, community participants indicated a need for more places a person can stay when their family member is admitted to the hospital for one or more nights. Examples of possible solutions are chairs that convert into beds in patients' rooms or a low-cost apartment-type facility close to the hospital.

Obesity

Obesity, resulting from both poor nutrition and lack of physical activity, is a major problem in the United States and in Minnesota. According to the Minnesota Department of Health:

- More than 2/3 of U.S. adults and almost 1/3 of U.S. children are overweight or obese.
- Since 1980, the obesity rates have doubled in adults and tripled in children.
- The percentage of obese adults in Minnesota rose from 15.3% in 1995 to 25.4% in 2010.
- Over 50% of deaths in Minnesota are due to obesity-related diseases.

Poor nutrition and physical inactivity are two of the primary causes of obesity. Although our community members generally feel our obesity rate is similar to the state average (they are 26.7% and 26.1%, respectively), we face certain challenges due to our rural nature. Our problems can be described as limited alternatives for healthy eating, high cost of healthy eating, lack of opportunities for physical activity, and personal choice.

Restaurants and in-the-box store-bought meals are increasingly popular meal choices in our community. With the exception of Milaca, the towns and communities in our area are small enough that they provide few alternatives for restaurant eating. For those restaurants that are available, the options for healthy meals are limited. Most communities have one grocery store or convenience store, meaning that most individuals cannot choose where to purchase their groceries and are subject to the foods provided by their grocery store. Because of size constraints at stores and limited demand, our stores tend to have a relatively small selection of healthy fruits, vegetables and meats.

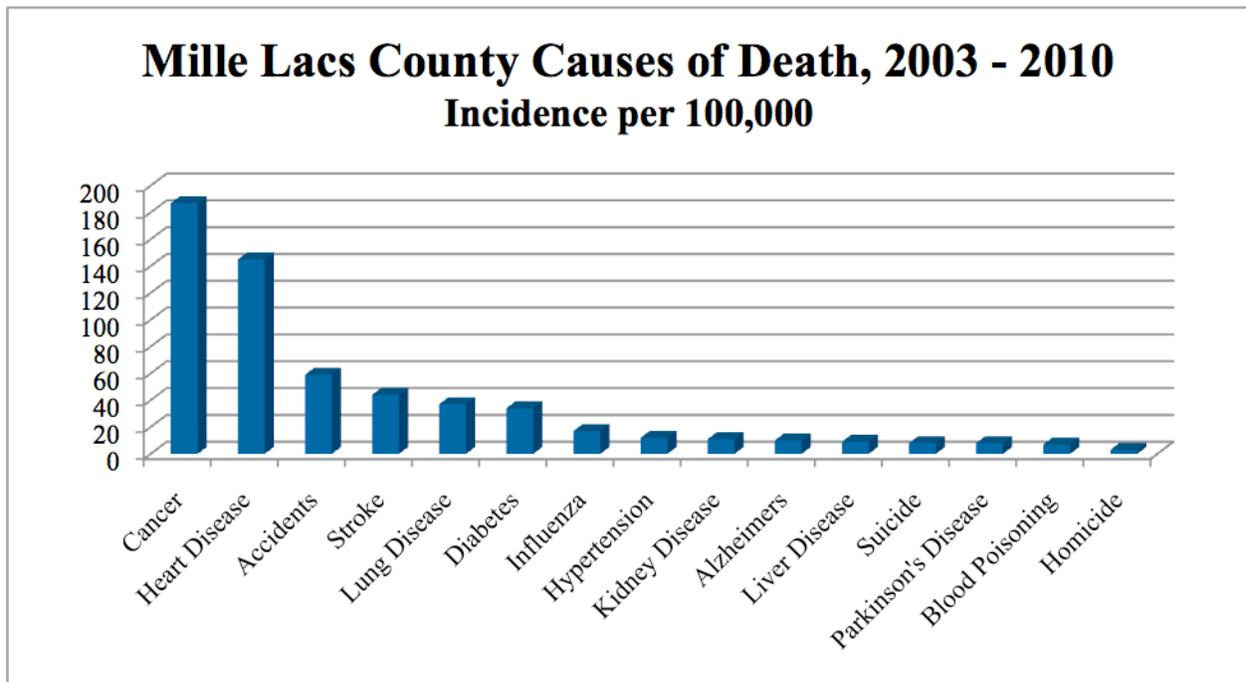
Physical inactivity is also a problem for our community. Approximately 23.8% of Mille Lacs County's adults are inactive, compared to a Minnesota average of 18.6%. Although our community has some opportunities for physical activity, they are limited. Only 14% of Mille Lacs County's residents indicated they have close access to a park, compared to a Minnesota average of over 60%. The cities of Milaca, Isle and Onamia generally have more opportunities for physical activities, including fitness facilities and organized sports, than in the outlying rural communities. Occupational changes are also impacting our physical activity. Occupations are increasingly sedentary in nature, leading to less physical activity in the workplace. While various employers offer activities for employees, most employees opt out of participation.

Community members frequently expressed concern that we, as a community, are choosing a life of poor nutrition and physical inactivity, leading to an obese society. Where fitness centers are available, participants indicated that they tend to be most used by elderly individuals. Where recreational activities are offered, participation is low. Where healthy food is available, it is often bypassed in favor of less healthy choices. Community members feel that we, as a community, have adopted a culture of inactivity in all we do.

One likely factor in individual choice is cost. Healthy foods like fruits, vegetables and meats tend to cost more than carbohydrates and sugars. Similarly, healthy meals at restaurants tend to cost more than less healthy fast-food alternatives. The cost to participate in physical activities may also be a reason why individuals choose not to participate. Similarly, individuals may not feel they have the time to devote to physical activity as economic stress leads to increasingly longer workdays.

Chronic Diseases

Community members indicated concern over several chronic diseases. The highest priority in this area was cancer. Lung, skin, breast and prostate cancer were mentioned the most, although liver, pancreatic and colon cancer were also mentioned. While smoking is becoming less common, participants believe many community members are suffering from lung cancer due to smoking in the past. Occupations with dangerous fumes were also indicated as a possible cause of lung cancer. Our concern for cancer appears justified base on an analysis of causes of death within Mille Lacs County between 2003 and 2010. During that time, cancer was the most commonly indicated cause of death per 100,000 residents.



Source: World Life Expectancy

Community members also indicated concern over kidney disease. Although the incidence of kidney disease in our area is approximately the same as in Minnesota and across the country, community members are concerned with the lack of a local dialysis center for treatment. Because kidney disease is more of a problem for the elderly in our community, the difficulties of frequent transportation to a distant facility are a concern.

The chronic health problems in our community tend to mirror those of the state, but treatment is directly connected to access to services, affordability of healthcare and health education, each of which are discussed in their own sections of this Report.

Health Education

Medical issues can be difficult to clearly explain, especially when using terms that may be confusing or misunderstood. Several factors in our community may make a full understanding even more difficult for our community members. Mille Lacs County's high school graduation rate, 78.0% is slightly higher than the state average of 76.9%, but the county's post-secondary education rate ("some college"), 58.1%, falls well below the state average of 72.5%. Additionally, many of our community members are older individuals who may be dealing with decreasing mental and/or physical capabilities. Those elderly individuals who are unable to care for themselves frequently rely on younger family or friends for help.

Even educated individuals may not understand medical terms or a doctor's orders, and they may not know where they can look to gain an understanding. For example, community members felt the public does not fully understand the repercussions of failing to take adequate preventive health measures. This was true for general health, early-onset health problems, or fully developed chronic illnesses. Even common health problems, such as the impact of nutrition on health, diabetes, depression and dementia are frequently misunderstood in how to recognize the symptoms, how to live with the illness, proper treatment, and the effects of mismanagement. The natural result of a lack of health literacy is a failure to obtain and utilize appropriate treatment, leading to even worse health problems. Both elderly individuals and their family members shared the frustration that occurs when an elderly individual is seen by a doctor and tries to pass that information on to their daily caregivers (family, friends, etc.); the elderly individual may not be able to clearly remember or explain what they learned.

Finally, community members indicated that they'd like to have a better understanding of the services and capabilities of the hospital, clinics and similar healthcare facilities in our community. Participants either felt that such educational resources are unavailable or they didn't know where to find the information. Elderly participants expressed concern that information is increasingly shared through electronic methods they may not use, such as the internet and emails.

Substance Abuse

Substance abuse covers a broad range of health issues, including tobacco, alcohol, prescription drugs and illicit drugs. Although community participants did not list substance abuse as their highest concern, they did indicate that it is generally common in our community. The most significant substance abuse appears to be by teenagers, which is discussed at length below (see *Healthcare for Children*).

Participants—including law enforcement officials, social service workers, and medical professionals—indicated that alcoholism is most common in our community across all demographics. However, the Native American population appears to struggle even more in this regard. Given the various problems that are caused by alcohol—drinking and driving, depression, fights, abuse, etc.—the common occurrence of alcohol abuse was most frequently expressed as a concern.

Participants indicated that the most common illicit drugs in our community are heroin, methamphetamines (“meth”), and marijuana. However, participants indicated that meth use is decreasing as national and state laws have made home production of meth more difficult.

While smoking and chewing tobacco are still fairly common in our community, participants indicated that these activities have steadily decreased in adults. However, our community members still face many health challenges resulting from past tobacco use, such as cancer and other lung and throat conditions.

Finally, community members expressed concern that the substance abuse treatment facilities and addiction recovery services in the area may not be sufficient to meet the needs of our community members.

Health Care for Low Income Individuals

Our community faces various economic troubles, as indicated by the following statistics:

- Mille Lacs County’s median household income is almost \$14,000 lower than the Minnesota average.
- Mille Lacs County has an unemployment rate of 10.3%; Minnesota’s rate is 6.4%.
- Approximately 18.9% of Mille Lacs county’s children live in poverty; Minnesota’s average is 15.3%.
- 17.2% of individuals in Mille Lacs County indicated they could not see a doctor due to cost; Minnesota’s average is 9.3%.
- Approximately 12.8% of individuals in Mille Lacs County are uninsured; Minnesota’s average is 10.3%.

As the statistics indicate, we have a large population of low-income individuals. Although this problem spans all demographics, two groups that particularly struggle are our Native American and elderly communities.

Low-income community members have the same health needs as others in our community, but they may face additional struggles in receiving effective and thorough health care. They face all of the same health risks—obesity, substance abuse, heart disease, diabetes, etc.—as other community members, but low-income individuals have fewer opportunities to receive treatment. For example, those who are uninsured, underinsured and low-income may not be able to receive regular preventive care, meaning small health problems may develop into major health problems. This is manifest by high usage rates of the E.R. by low-income individuals to treat problems that could have been more effectively prevented through a regular doctor’s appointment at an earlier time.

Additionally, low-income individuals may struggle with the time required to receive effective healthcare if they are working longer hours or multiple jobs to make ends meet. The costs, both in dollars and time, of transportation are also likely to be more significant for low-income individuals. This may also exacerbate problems for children (or elderly individuals) that rely on low-income parents (or children) for assistance with medical issues.

Health Care for Native Americans

Our community includes the reservation of the Mille Lacs Band of the Ojibwe Tribe of Native Americans. We recognize that Native Americans in general, and those who live within our community, face special circumstances across all aspects of their lives, including health. The special health concerns include:

- Above-average rates of most diseases, including diabetes, heart disease and strokes
- A higher percentage of substance abuse including alcohol, tobacco and drugs
- A high incidence of depression
- A greater incidence of child neglect
- High incidence of obesity, coinciding with limited nutrition and physical activity

Some of the problems described above may be attributed to genetic differences between Native Americans and other races. Other causes include what one Native American participant described as “historical trauma and intergenerational grief” related to the treatment of their people over hundreds of years. The high incidence of low-income individuals in the Tribe increases their health needs (see *Health Care for Low Income Individuals*).

Our Native American community members recognize their health needs and attempt to be self-sufficient in this area. From its website:

“The Mille Lacs Band operates three clinic locations across the reservation to make high-quality health care available to Band members. The Band also offers public health services to Band communities, behavioral health services, family services such as child welfare and foster care services, and community support services to assist Elders and Band members in need.”

“The Mille Lacs Band operates a state-of-the art diabetes program, which provides prevention education and care for Band members, who are 2.3 times more likely to have diabetes than the non-Indians. The team combines cutting-edge medical treatments with traditional remedies to address diabetes in a culturally relevant manner...

“Through the Gego Zaagaswaaken ("Don't Smoke") program, the Mille Lacs Band educates Band members about the dangers of commercial tobacco use and provides them with resources to quit smoking.”

While we continue to work with our Native American partners in treating their health needs, we also recognize and applaud their efforts to treat their own needs.

Health Care for the Elderly

Our community has an especially high prevalence of individuals age 65 and over—16% in Mille Lacs County and 25% in Onamia—compared to a state average of 13%. The large elderly population is primarily the result of two factors. First, our area is a popular retirement destination. Second, the struggling economy means more younger adults have left the area than have moved in.

While our community has many facilities available to treat elderly individuals who ask for assistance, our community members are still concerned for the health and safety of our older residents. First, they are concerned for those individuals who are living independently and possibly unsupervised. These individuals face several challenges in remaining healthy. First, when an older individual lives alone, they may lack guidance concerning their medical needs or daily living needs. Second, transportation is problematic in our community, as discussed above related to access. Finally, health information is increasingly shared through Internet-based methods that older individuals may not utilize or have access to.

Second, community members are concerned that the increasing numbers of elderly individuals are quickly overwhelming the facilities and resources that currently exist. Participants indicated that our elderly population requires more home health services, delivery of meals, and more nursing home beds and facilities.

Our elderly individuals have some health needs that are generally not shared by the rest of our community. Dementia and Alzheimer's disease are common among individuals age 65 and over in our area. A large number of resident at the nursing home at MLHS suffer from some level of dementia. The elderly also suffer more from falls and similar injuries as they attempt to remain independent as long as they can. Finally, when receiving healthcare, elderly individuals may struggle more than others to understand and remember important information. They may also struggle to communicate this information to their family, friends or other caregivers who assist them with daily living.

Besides the problems that especially trouble the elderly, they also suffer from many of the same problems as the rest of our community. The elderly may be receiving less routine medical care than they should. Depression is also an issue in the elderly, whether due to economic problems, loneliness, coping with the death of loved ones, or decline in standard of living. Obesity is common in the elderly, as are high blood pressure and lack of knowledge concerning proper healthcare.

Health Care for Children

The health issues facing adults, as discussed throughout this report, also apply to our children (birth to 17 years old). However, the children are even more of a concern because health decisions are frequently made by adults on their behalf and because our children are still developing their health habits that will impact the rest of their lives. Community members frequently expressed concern over whether parents are taking adequate care of their children's health needs. Specific problems identified were

- Parents struggling with substance abuse, which may lead to child neglect
- Stress and/or substance abuse that may lead to child abuse
- Uninsured and underinsured families that may postpone preventive care due to cost
- A child's prescription running out due to a parent's negligence in getting it refilled

Children in our community appear to be struggling with chronic illnesses along with adults. Type 2 Diabetes and high blood pressure were the two chronic illnesses that raised the most concern. However, the more traditional illnesses, such as cold and flu, are also common.

Aside from these problems, community members also expressed concern with the behaviors of teenagers and young adults (ages 13 – 25) in our community. Teen pregnancy is a significant issue in our community. In Mille Lacs County, the average birth rate is 39 pregnancies per 1,000 girls between ages 15 and 19, compared to a state average of 26 pregnancies. Similarly, participants that work regularly with school-age children indicated that smoking, both tobacco and marijuana, are fairly common by Middle School and alcohol abuse is common by High School. These perceptions are supported by the findings of the Minnesota State Epidemiological Outcomes Workgroup. Based on surveys distributed in 2010, the teenagers of Mille Lacs County use alcohol, tobacco and drugs earlier and more frequently than teens throughout Minnesota.

Substance Abuse by Teens in Mille Lacs County and Minnesota, 2010				
Activity	Mille Lacs County		Minnesota	
	Boys	Girls	Boys	Girls
5+ drinks at one time in the last 20 days	18%	17%	18%	15%
Driving after substance abuse in the last year	12%	11%	13%	8%
Riding with someone after using alcohol/drugs	25%	29%	25%	22%
First drank alcohol at age 13 or younger	31%	26%	22%	18%
Smoked a cigarette in the last 30 days	13%	14%	11%	10%
Smoked a cigarette in 20 of the last 30 days	6%	5%	4%	3%
First smoked a cigarette at age 13 or younger	18%	19%	13%	11%
First used marijuana at age 13 or younger	8%	8%	7%	5%
Use of someone else's prescription in the last 30 days	6%	9%	6%	6%

Source: Minnesota State Epidemiological Outcomes Workgroup

The survey results shown here are only a small portion of the Workgroup's complete survey results, which are available on its website. In most ways, our teenagers were similar to the state average. The activities shown in this table are those areas in which our teenagers' activities were reported to be significantly worse than the state average. Survey results indicate that substance abuse by teenage girls in Mille Lacs County generally exceeds the state average. Substance abuse by teenage boys in Mille Lacs County is generally similar to the state averages, except in the areas of cigarettes and age of first use.

Other Health Needs

Several other topics were raised by community participants, although these health needs are not mentioned as frequently or participants indicated they are less of a concern than the above topics. Several community participants indicated that our community members may not be adequately invested in their own personal well-being. Terms such as "lack of concern", "self neglect" and "lack of effort" were used by participants to describe the situation.

Participants in the smaller communities expressed frustration over Lyme's Disease, which is generally carried and transmitted by ticks. Our community is a mixture of rural woods, lakes, farms, and marshes, with small towns located throughout. Community members indicated that they believe ticks are becoming more frequent, with two primary causes. First, deer are becoming more common. Since the deer carry deer ticks, that is leading to an increase in the tick population. Second, participants indicated that "Spring burns" to clear fields also serve to decrease the tick population. Participants believe that restrictions on burning are providing ticks with more area to thrive.

Although it isn't necessarily a health need, participants pointed out that our community is a popular vacation area as well as retirement location. The high frequency of visitors and older individuals retiring here means that many people bring health needs to our area that were developed in another community. Although we cannot prevent those health needs, we need to be aware when an individual arrives with a serious condition and be ready to treat their needs.

Implementation Strategy

Mille Lacs Health System is responding to the identified community health needs through a series of steps that we collectively refer to as our "implementation strategy". Because of limited resources, we cannot respond effectively to every identified health need. We have chosen our responses based on analyses of our resources, our mission, our existing specialties, community priorities, and existing community resources.

While we continually evaluate new opportunities to improve community health and well-being, we currently plan to respond to the identified community health needs in the following ways:

Access to Care

1. Continue our policy of treating all individuals regardless of their ability to pay;
2. Extended clinic hours to include Monday evenings and Saturday mornings;
3. Urgent care services available daily from 8:00 AM to 8:00 PM;
4. Tele-Stroke services in the Emergency Room;
5. Continued expansion our services through building and remodeling projects; and
6. Continued expansion of our on-site specialist services. Our newest addition is a pain management specialist.

MLHS has a strong financial assistance program. Information and applications are currently available online at www.mlhealth.org/files/MLHS_Financial_Aid.pdf or by phone at (320) 352-2649.

Obesity

MLHS has offered Community Wellness programs in the past and will continue to offer them in the future. These wellness programs include promotion of exercise and proper nutrition.

Chronic Diseases

MLHS offers two support groups—diabetic support group and care givers support group—for individuals facing chronic diseases. Additionally, patient counseling is available for diabetic education and nutrition.

Health Education

MLHS offers health education programs on a regular basis and on a variety of topics. Current topics include Prepared Childbirth and Nursing Assistant classes.

Substance Abuse

MLHS is committed to actively work with patients, especially in the Emergency Department and clinics. We have a pain management committee that meets regularly and drug contracts are set up with some patients.

Health Care for Low Income Individuals

As indicated above, MLHS will continue our policy of treating all individuals regardless of their ability to pay. We have a strong financial assistance program. Information and applications are currently available online at www.mlhealth.org/files/MLHS_Financial_Aid.pdf or by phone at (320) 352-2649.

Health Care for Native Americans

MLHS will continue to assist the Native American health clinic with physician staffing. Additionally, we recently conducted a workshop for our employees on understanding cultural differences in the delivery of health care for Native Americans.

Health Needs Not Currently Being Addressed

MLHS has no current plans to modify our current operations and activities to address the other health needs identified in this report, including health care for children and the elderly. We are not responding in these areas because of limited financial and employee resources. We plan to focus our resources on those areas that we believe are most significant and are most likely to improve.

Health Resources

The Mille Lacs County Department of Community and Veterans Services provides support to our community members in numerous ways, including community health, mental health, substance abuse, violence prevention, child welfare, elderly services, veteran services and financial support. For a complete list of their activities, we recommend visiting their office or website:

525 2nd Street SE, Milaca

[http://www.co.mille-](http://www.co.mille-lacs.mn.us/index.asp?Type=B_BASIC&SEC={CDBAD8A8-1B8E-433C-9D4E-3775A501117B})

[lacs.mn.us/index.asp?Type=B_BASIC&SEC={CDBAD8A8-1B8E-433C-9D4E-3775A501117B}](http://www.co.mille-lacs.mn.us/index.asp?Type=B_BASIC&SEC={CDBAD8A8-1B8E-433C-9D4E-3775A501117B})

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

Hospitals

The Mille Lacs Health System, located at 200 Elm Street North in Onamia, is the only hospital in our community. However, community members may also choose to use the following hospitals that are relatively close to our community:

- Fairview Northland Medical Center – 911 Northland Boulevard, Princeton
- St. Cloud Hospital – 1406 6th Avenue North, St. Cloud
- St. Joseph’s Medical Center – 523 North 3rd Street, Brainerd
- Riverwood Healthcare Center – 200 Bunker Hill Drive, Aitkin

Clinics and Specialty Practices

- MLHS Mille Lacs Family Clinic Onamia- – 200 North Elm Street, Onamia
- MLHS Mille Lacs Family Clinic Isle– 375 East Isle Street, Isle
- MLHS Mille Lacs Family Clinic Garrison – 27378 State Highway 18, Garrison
- MLHS Mille Lacs Family Clinic Hillman – 26362 370th Avenue, Hillman
- MLHS Chiropractic and Physical Therapy of Milaca – 1000 5th Street SE, Milaca
- Riverwood Healthcare Center – 27278 State Highway 18, Garrison
- Fairview Northland Clinic – 150 10th Street NW, Milaca
- Natural Elements Health Center – 14094 9th Avenue SE, Milaca
- Pierz Community Medical Center – 200 1st Avenue SE, Pierz
- Essentia Health Pierz Clinic – 221 Main Street N, Pierz
- Rich Prairie Chiropractic Center – 232 Main Street N, Pierz
- Gateway Family Health Clinic – 206 Main Street E, McGrath

Pharmacies and Medical Equipment

Although prescriptions and durable medical equipment are available through the community’s hospitals and medical clinics, the following locations are also available:

- Onamia Drug – 516 Main Street, Onamia
- Supervalu – 205 Lindquist Street, Onamia
- Riverwood Healthcare Center – 27278 State Highway 18, Garrison
- Lake County Drug & Gifts – 205 Main Street W, Isle
- Fairview Northland Pharmacy – 115 2nd Avenue SW, Milaca
- Thrifty White Drug – 127 2nd Avenue SW, Milaca

Skilled Nursing, Assisted Living, Nursing Care and Retirement Facilities

- Mille Lacs Health System Long Term Care Facility – 200 Elm Street N, Onamia
- Lake Song Assisted Living – 206 Elm Street N, Onamia
- Scandia House of Isle – 540 East Isle Street, Isle
- Elim Home – 730 2nd Street SE, Milaca
- Country Meadows Assisted Living – 740 2nd Street SE, Milaca
- Fairview Northland Clinic – 150 10th Street NW, Milaca
- Heritage House of Milaca – 115 9th Street NW, Suite 120, Milaca
- Rogers Residential Adult Foster Care – 10765 U.S. Highway 169, Milaca