Grand Itasca Clinic & Hospital

2016-2019 Community Health Needs Assessment Report

grand itasca®
Clinic & Hospital

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Looking forward to caring for you.

Introduction

A *community health needs assessment* is a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize these needs, and to plan and act upon significant unmet community health needs.

Grand Itasca Clinic & Hospital has worked collaboratively with several agencies within the community we serve, including local public health, city officials, school districts and other influential organizations since our first Community Health Needs Assessment in 2013.

This report represents the work by many individuals throughout Grand Itasca and our community. From Board members to physicians, educators, public health experts, social service leaders and others, this project benefited from the volunteered time, energy, insight and expertise of many community members.

About Grand Itasca Clinic & Hospital

Located in Grand Rapids, MN, Grand Itasca is a non-profit, integrated care delivery system that plays a vital role as both a leading employer and a powerful economic engine in our region. With 60 employed providers who call Grand Rapids home, and more than 30 visiting specialists who round out the expert care that's available to our greater Itasca County community, Grand Itasca offers the latest in advanced medical technology and treatments in a welcoming and comforting environment.

Mission: *Patient-Centered Excellence*

Vision: *Grand Itasca will be a leader in transforming rural health care by achieving the highest levels of quality, access, and value.*

Introduction

Community Served By Hospital

Community is defined as the population of the combined zip codes that comprise Grand Itasca's primary service area, as well as the counties that include a zip code in the primary service area. *See Appendix A* for a full list of zip codes in this community.

This definition of community was selected to: (1) provide continuity of definition from the 2013 community health needs assessment, (2) align with internal strategy and planning definitions of community (e.g., the combined zip codes that comprise the primary service area) and (3) ensure alignment of priorities and existing relationships with county health departments that intersect with one or more zip codes that comprise the defined community.

A review of demographic data revealed the following:

Community served: Demographics by Age, 2016-2021

	2016		2021		
	Volumes	% of Total	Volumes	% of Total	'16-'21 Growth
Population Ages 0 - 17	16,533	20.8%	16,624	20.5%	0.6%
Population Ages 18 - 44	22,625	28.4%	23,246	28.7%	2.7%
Population Ages 45 - 64	23,322	29.3%	21,937	27.1%	-5.9%
Population Ages 65+	17,163	21.5%	19,280	23.8%	12.3%
Total Population	79,643		81,087		1.8%
Population Density	16.6		16.9		1.8%
PSA Square Miles	4,806		4,806		
Median Household Income	$46,331				

Introduction

Community served: Demographic Trends by Race, 2016-2021					
	2016		2021		
	Volumes	% of Total	Volumes	% of Total	'16-'21 Growth
White	73,891	92.78%	74,402	91.8%	0.7%
Black/African American	443	0.56%	552	0.7%	24.6%
American Indian/Alaskan Native	2,827	3.55%	3,199	3.9%	13.2%
Asian Alone	292	0.37%	337	0.4%	15.4%
Native Hawaiian/ Pacific Islander	23	0.03%	30	0.0%	30.4%
Other	200	0.25%	265	0.3%	32.5%
Two or More Races	1,967	2.47%	2,302	2.84%	17.0%
Total Population	79,643		81,087		1.8%

Community Needs Indices

A Community Need Index (CNI) "heat map" was created for Grand Itasca's community, revealing areas of higher need in terms of socio-economic barriers to health care access in certain areas of the community. CNI scores range from 5 (highest health disparity/highest community need) to 1 (lowest health disparity/ lowest community need). *See Appendix A* for CNI "heat map."

Community Health Needs Assessment Process

Grand Itasca followed Catholic Health Association's 2013 Assessing and Addressing Community Health Needs Guide process recommendations in conducting the 2016 Community Health Needs Assessment and Need Prioritization Process.

Throughout the assessment process, it was important to Grand Itasca to work closely with community organizations and coalitions to assure that the final product was an accurate and representative assessment of community health needs, keeping in mind disparate populations such the elderly, low income and minority populations. To this end, Grand Itasca relied upon its established Community Health Steering Committee ("CHSC").

Grand Itasca's CHSC had twenty-two members, including the following roles:

- Social service agency representative(s)
- Representative from underserved communities
- Public health representatives
- Hospital board member
- Hospital senior executive
- Grand Itasca community relations staff
- Physician or primary care representative

The CHSC at Grand Itasca played many roles, including:

- Providing insight concerning community needs and assets
- Providing access to community stakeholders
- Working with the assessment team to utilize data and knowledge of the community and to identify and prioritize community needs
- Providing insight on hospital assets and expertise
- Working with the assessment team to develop action plans to address community needs

Grand Itasca's board of directors was periodically updated throughout the assessment process and approved the final two priorities.

Community Health Needs Assessment Process

Process for Gathering Data

Secondary data was gathered from several online resources that house data collected, analyzed and displayed by governmental and other agencies through surveys and surveillance systems. Hospital data was collected in-house. The following criteria were used to identify the quantitative data sources used in the 2016 assessment:

- Publically available
- Ability to compare data by county, state and national level
- Availability of data at the zip code level
- Existing benchmarks (e.g., Healthy People 2020, Health MN 2020, MN Cancer Alliance)
- Ability to trend (e.g., updated on a regular basis, included in earlier assessments)
- Ability to identify health disparities
- Contains utilization data at both the community and patient level

Grand Itasca's Community Relations Department, along with Fairview Health Service's Community Health Department, completed the gathering, cleaning, first level analysis and presentation of quantitative and qualitative data. Grand Itasca staff and the CHSC Prioritization and Data Subcommittee ("PDS") also participated in limited data gathering for areas of need identified by the full CHSC as potential priority areas (e.g., teen pregnancy).

Data Sources

Qualitative Data

A community survey was conducted, with 547 respondents. Data was collected through a 17-question survey administered in September and October 2016. The survey was available in an online format in English.

Community relations staff worked with CHSC members to distribute the survey electronically to their individual contacts. The survey was promoted to the public through Grand Itasca's social media and distributed to all Grand Itasca employees via email.

Quantitative Data

Bridge to Health Survey is designed to gather population-based health data on adult residents in Northeastern Minnesota and Northwestern Wisconsin (total population approximately 395,000). The major impetus for conducting this survey is a lack of local information on important indicators of health status. This survey has been conducted every five years beginning in 1995, which allows for comparisons of the health status of the region's population over time. Survey topics include current health conditions, lifestyle factors that impact health (e.g., nutrition, physical activity, smoking, alcohol use), access to health and dental care and health insurance.

Community Commons provides a single location for a comprehensive number of data sources available at the state, county, and often zip code level. It is managed by the Institute for People, Place and Possibility and the Center for Applied Research and Environmental Systems. Major funders and partners include the Centers for Disease Control, Robert Wood Johnson Foundation and American Heart Association. Data is organized according to demographics, social and economic indicators, physical environment, clinical care indicators, health behaviors and health outcomes.

Data Sources

Community Need Index (CNI) scores were developed by Dignity Health and Truven and are updated annually. The CNI scores combine publically available and proprietary data to create an objective measure of socio-economic barriers to health care access among populations and their effect on inappropriate hospital admissions. CNI scores are available at the zip code level for nearly all zip codes in the United States and provide an objective measure of socio-economic barriers to health care access among populations, and their effect on inappropriate hospital admissions for ambulatory sensitive conditions. CNI scores range from 5 (highest health disparity/highest community need) to a 1 (lowest health disparity/lowest community need).

Minnesota Student Surveys are administered jointly by the Minnesota Department of Education, Health, Human Services and Public Safety every three years. The survey asks questions about activities, experiences and behaviors. County-level responses related to the following areas were analyzed:

- Demographics
- General Health and Health Conditions
- Health Care Access
- Physical Activity
- Nutrition and Meals
- Emotional Well-being and Distress
- Suicidal Thoughts and Behavior
- Substance Use
- Tobacco Use

County Health Rankings is an online resource that measures the health of nearly all counties in the nation and ranks them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The County Health Rankings and Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

Data Sources

Minnesota County Health Tables are a compilation of public health data for Minnesota and its 87 counties. The County Tables are published yearly starting in 2002.

Substance Use Minnesota (SUMN) provides data on over 100 indicators of alcohol, tobacco and other drug consumption patterns, consequences and contributing factors in Minnesota. Data are provided at the county, regional and state level and by demographic group when possible. SUMN is a project of the Minnesota State Epidemiological Outcomes Workgroup (SEOW), which is a collaborative effort on the parts of the Minnesota Department of Human Services, the Minnesota Department of Health, the Minnesota Department of Education, the Minnesota Department of Public Safety, the Minnesota Department of Corrections and EpiMachine, LLC. SEOW is funded through Minnesota DHS, Alcohol and Drug Abuse Division.

County Public Health Department Community Health Assessments are completed at least every five years. Assessments – and when available community health improvement plans – from Aitkin, Cass, Itasca and St. Louis counties were reviewed.

Processes and Methods

During the planning phase of the assessment, a review of national data collection analysis methodologies was conducted.

Qualitative Data

After survey data was collected, it was analyzed in a variety of ways, including by community served, age of respondents and perceived health status of respondents.

Health needs were identified in this survey, along with most desirable means of receiving health information, and current status of health behaviors. All learnings from this survey will be used to guide our implementation planning.

Quantitative Data

The data sources identified in the previous section provided data that had already been cleaned and analyzed with methodology limitation noted.

Emergency Department patient utilization data was collected, and ultimately not used for this assessment. Findings will be used to guide our implementation planning and program delivery.

Information Gaps and Limitations

Several information gaps and limitations were identified through the assessment process.

- Not all data sources were available at the zip code level or even the county level. In some instances, regional data was used and was non-specific to the defined community.
- Internal data was difficult to access. Processes for accessing this data will be developed for future assessments.
- The reporting of race and ethnicity data in most data sources is not specific enough, nor does it have enough volume to yield meaningful information about many of the specific populations in our communities.

Collaboration

Grand Itasca collaborated with Fairview Health Services community health staff on assessment design, data collection and data analysis in conducting the needs assessment.

Community Input

Community input was obtained through two primary methods:

1. Administration of a community survey. The community survey was administered in September and October of 2016.
2. Broad community organization and public health involvement in the CHSC. Community organization and public health involvement on the CHSC occurred from September to October of 2016 and is expected to continue throughout the three-year cycle. CHSC members represented the needs of their constituencies at both the CHSC meetings and PDS meetings and were influential in the selection of final priorities.

The following organizations provided input via their role on the Grand Itasca CHSC and/or PDS as well as in the distribution of the community surveys.

- City of Grand Rapids
- Blandin Foundation
- Itasca County Public Health
- Itasca County Family YMCA
- United Way of 1,000 Lakes
- Grand Rapids Area Community Foundation
- Ross Resources
- Independent School District 2
- Kiesler Wellness Center
- Arrowhead Agency on Aging
- Active Living Center
- ElderCircle
- Get Fit Itasca
- Project Care Free Clinic
- Grand Rapids Farmers Market
- Itasca Area Community Education
- Fairview Health Services

Collaboration

Many of the organizations listed on the previous page serve or work closely with vulnerable and underserved populations.

Below is a summary of these organizations and the populations they serve:

- ***Kiesler Wellness Center*** serves adults impacted by mental illness, with a goal to reduce and prevent psychiatric and hospital admissions of Itasca County residents.
- ***Itasca County Public Health*** offers several programs that serve medically underserved, low-income and minority populations such as WIC, maternal child home visits and child and teen checkups.
- ***Project Care Free Clinic*** serves un- and underinsured populations in the cities of Virginia, Hibbing, Ely and Grand Rapids, MN.
- ***Arrowhead Area Agency on Aging*** oversees program development for individuals age 60 and older. They fund core services to help people live at home, and collaborate with communities, counties, health systems and social services to increase capacity to meet the needs of older adults. A relevant component of their work is the dissemination of evidence-based health promotion classes, such as Living Well with Chronic Conditions, Diabetes Self-Management, Matter of Balance, and Tai Ji Quan. These are community based programs that improve health outcomes and support clinical care.
- ***Itasca County Family YMCA*** serves at-risk and low-income youth and adults.
- ***Ross Resources*** serves at-risk and low-income children, youth and adults in Itasca County.

Prioritization of Needs

Grand Itasca's two priorities emerged following a multi-step prioritization process.

Initial Prioritization by Community Relations Staff

An initial review of data was completed internally, using the following criteria:

- Severity of the issue/poor performance against benchmark
- Clear disparities
- Importance to our community
- Existing resources dedicated to this issue
- Effective and feasible interventions exist
- Opportunity to intervene at the prevention level

After initial review, the following health issues (*listed alphabetically*) were brought to the CHSC:

- Alcohol
- Anxiety
- Asthma
- Cancer
- Depression
- Diabetes
- Heart Disease
- Obesity
- Stroke
- Tobacco

Prioritization of Needs

Initial Prioritization by CHSC

The overall process of prioritization and high-level focus areas were presented to the CHSC who was then asked to identify other priority health needs.

This process resulted in the following health needs (*listed alphabetically*).

- Access to Healthy Food
- Alcohol
- Anxiety
- Asthma
- Cancer
- Dementia
- Depression
- Diabetes
- Drug Use, including Prescription Drugs
- Heart Disease
- Obesity
- Stroke
- Teen Sexual Health
- Tobacco, including E-Cigarettes
- Transportation
- Under and Uninsured

After additional health needs were identified the CHSC members were asked to identify: (1) local assets, (2) local gaps and (3) local initiatives related to all identified needs. Once this work was completed, the CHSC narrowed the focus to the following categories:

- Chemical Abuse
- Dementia
- Mental Health
- Obesity
- Teen Sexual Health

Prioritization of Needs

Secondary Prioritization by PDS

The PDS met and considered the five priorities identified by the CHSC, community survey results, and all quantitative data. All data was examined using the following criteria:

- Scope/size of problem (# of individuals impacted)
- Severity/seriousness
- Health disparities/vulnerable populations
- Feasibility of interventions
- Ability to demonstrably impact health in three years
- Availability of existing resources – staff, time and equipment

And considerations:

- Ability to build upon existing programming and partners
- Degree of community readiness to address identified condition
- Community priority/need
- Outreach programming tied to hospital accreditation requirements (e.g., cancer center, trauma designation)
- Ability to impact vulnerable populations

The PDS used a consensus voting process to identify two priority areas to bring forward to the full CHSC:

- Healthy Living
- Mental Wellness

Final Prioritization

Members of the PDS recommended Healthy Living and Mental Wellness to the CHSC. These broad topics were intentionally chosen because they can encompass much of what was discussed in both meetings. Healthy Living can include obesity, chronic disease, substance abuse and teen sexual health, among other health behaviors. Mental Wellness includes depression, anxiety, suicide and substance abuse. The CHSC chose these terms because they both resonate as positive, and something individuals can work towards and recognize change.

A consensus vote was taken and CHSC members agreed that Grand Itasca's 2016-2019 Community Health Needs Assessment priorities would be:

- Healthy Living
- Mental Wellness

Potentially Available Resources

Grand Itasca is involved in community initiatives in partnership with numerous sectors including:

- Area Schools
- Area Businesses
- Public Health
- Law Enforcement
- Religious Groups
- Other Health Care Organizations
- Substance Abuse Prevention Initiatives
- Local Government
- Other Non-Profits

These initiatives, programs and relationships are the foundation from which all community health outreach will be built.

Resources available to address the identified health needs include:

- The growth of mental health services in our community through the expansion of the Kiesler Wellness Center, an innovative, strength-based, community collaborative mental health recovery center
- Alignment with public health priorities and existing collaboration with Statewide Health Improvement Programs (SHIP) focused on healthy eating, physical activity and reducing tobacco use.

Evaluation of Impact

Grand Itasca's 2013-2016 Community Health Needs Assessment priorities were:
- Prevention of Chronic Disease including Heart Disease, Stroke and Cancer
- Management of Chronic Disease including Heart Disease, Stroke and Cancer
- Prevention and Reduction in Alcohol and Drug Use in Itasca County

Prevention of Chronic Disease including Heart Disease, Stroke and Cancer

The measures of success for this initiative included the following:
- Conducting free biometric and follow-up testing to identified community business partners and their employees, community groups and individuals, enrolling participants in an online assessment tool that considers the impacts of lifestyle choices on the individual's health and providing a health coach who can support participants in reaching their health goals and connect them with available community nutrition, health, tobacco cessation, alcohol awareness and cessation programs, and fitness resources.
  - Grand Itasca has been very successful in conducting free biometric testing to individuals in Itasca County. Since 2012, over 2,500 individual biometric screenings have been completed. The majority of the screenings have been completed at Grand Itasca, individual worksites and the Itasca County Family YMCA.
  - Grand Itasca used WellClicks Family Health Manager online health risk assessment. Approximately 800 individuals enrolled and participated in the online health risk assessment between December 2012 and December 2015.
- Partnering with Itasca County Family YMCA and ElderCircle to establish the Active Living Center, which combines a clinic, a health and fitness center and a space for the community's aging population, all under one roof at the YMCA.
  - In early 2015, the Active Living Center opened within the Itasca County Family YMCA. By partnering with ElderCircle, the City of Grand Rapids and Grand Itasca, the YMCA was able to create a central hub for health and wellness care in the broadest sense – bringing together medical expertise, physical wellbeing and social connectedness that spans across generations.

Evaluation of Impact

- Collaborating with the Minneapolis Heart Institute and the American Heart Association to provide a series of community educational programs focused on the prevention and management of heart disease.
  - Annually, Grand Itasca partners with Minneapolis Health Institute to host a multi-disciplinary Evening of Cardiology. These annual events are intended to increase clinicians' knowledge of current best practice in the prevention, diagnosis, management and treatment of common cardiovascular conditions. Target audience is physicians, but nurses and other support staff are encouraged and welcome to attend.

Management of Chronic Disease including Heart Disease, Stroke and Cancer

The measures of success for this initiative included the following:

- Increase available resources for persons seeking medical care for heart, stroke and cancer care.
  - In January of 2015, Grand Itasca hired full-time cardiologist Dr. Clyde Sullivan through a partnership with Minneapolis Heart Institute. Dr. Sullivan resigned from this position in June of 2015.
  - In partnership with Fairview Health Services and University of Minnesota Physicians, Grand Itasca recruited a full-time cardiologist to live and work in Grand Rapids. Dr. Dan Brody starts January 2017.
  - Grand Itasca, in partnership with Virginia Piper Cancer Institute, hired a full-time oncologist in January of 2015 who remained with Grand Itasca until May 2016.
  - In partnership with Fairview Health Services and University of Minnesota Physicians, Grand Itasca currently employs one part-time oncologist. In 2017, our facility will be remodeled and expanded to enhance cancer care in Itasca County. With this expansion, Grand Itasca, along with Fairview Health Services and University of Minnesota Physicians, is actively recruiting for full-time oncology.
  - Telehealth partnership with Allina's neurology department allows for immediate assessment by a neurologist, which includes visuals that are important in stroke care.

Evaluation of Impact

Prevention and Reduction in Drug and Alcohol Use in Itasa County

The measures of success for this initiative included the following:

- Provide a health coach who can support participants in reaching their health goals and connect them with available community nutrition, health, tobacco cessation, alcohol awareness and cessation programs, and fitness resources.
  - In 2015, Grand Itasca's wellness coordinator was certified as a health and wellness coach through Wellcoaches, the gold standard coach training program and has been offering health coaching to Grand Itasca patients.
  - In 2015, Grand Itasca's wellness coordinator completed facilitator training for American Lung Association's Freedom from Smoking course. This enables Grand Itasca to offer group smoking cessation classes for employees and the public.
- Review, update, and recreate patient education materials, class offerings, and community initiatives to stress the importance of healthy eating, adequate exercise, tobacco cessation, and reduction in alcohol consumption.
  - In 2015, Grand Itasca began three programs, in partnership with the Itasca County Family YMCA, that stress the importance of overall health and wellness, all of which are free and open to the public.
    - + Doc Talk is a monthly lecture series featuring a different Grand Itasca physician and medical topic each month. A light meal is served to attendees.
    - + Walk with a Doc is a monthly opportunity to join a Grand Itasca physician for a brief group talk about a relevant health topic, followed by an easy 30-40 minute trail or track walk.
    - + Biometric health screenings are offered once per month. Each screening includes a lipid panel, blood glucose, blood pressure, height and weight and a brief consultation with a health coach to discuss results.

Learnings & Conclusion

Learnings

The CHSC identified several key learnings from a review of Grand Itasca's 2013 action plan, which will be incorporated into implementation strategies going forward.

The CHSC concluded that, in order to be successful, it will be important to include more hospital staff and primary care staff (e.g., Quality Department and physicians) in the planning and programming work. It also is important to gain knowledge around the internal data available for measurement and tracking.

Conclusion

As a non-profit clinic and hospital, Grand Itasca strives to be a leader in transforming rural health care by achieving the highest levels of quality, access, and value. This report is one of many ways we partner with the communities we serve in carrying out our mission of 'Patient-Centered Excellence.' The health needs identified in this report will be the focus of Grand Itasca's community benefit work in 2017-2019 as detailed in a specific implementation plan to be finalized in the spring of 2017.

Appendix A:

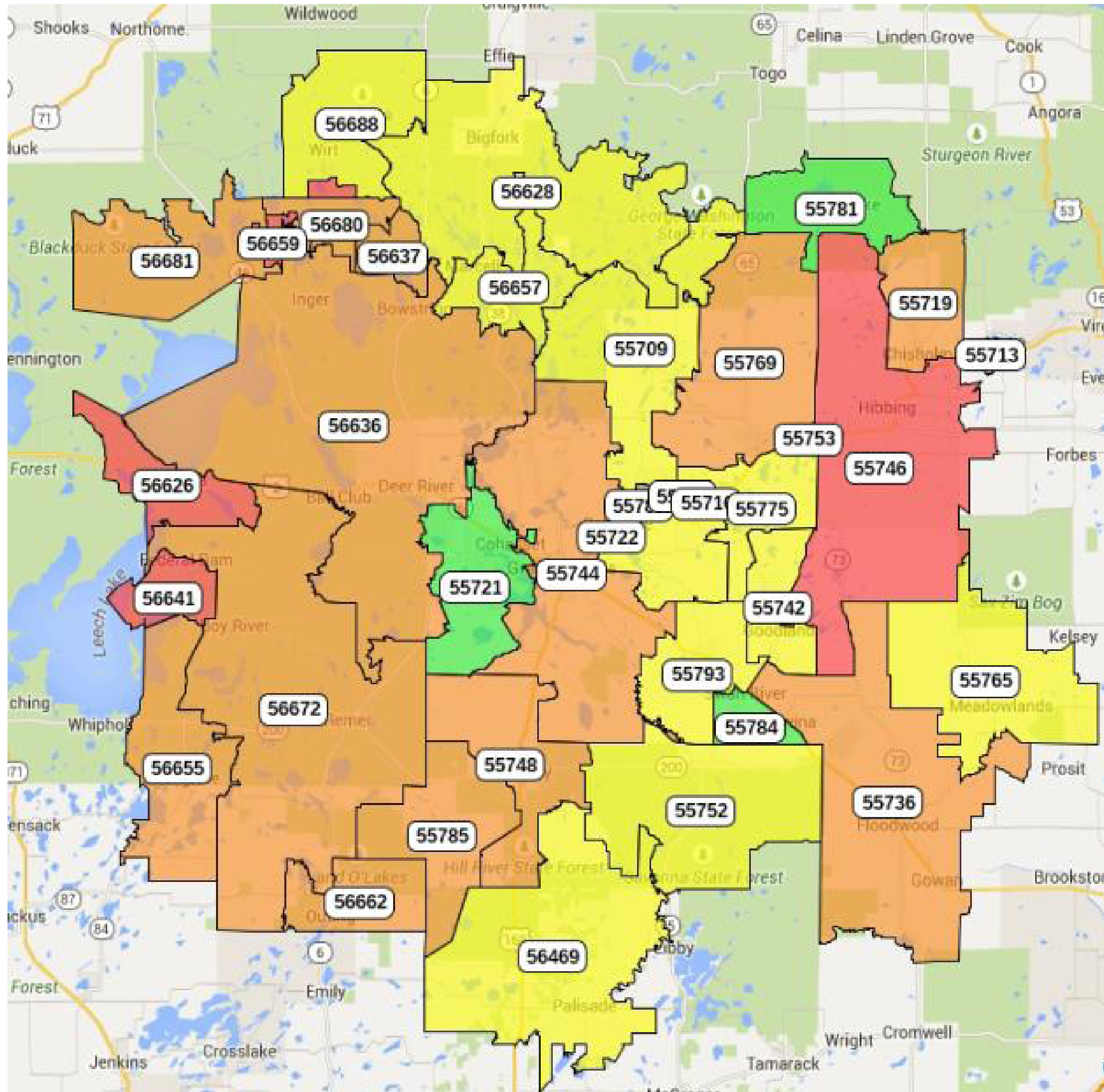
Grand Itasca Clinic & Hospital Community Served & Community Needs Index Scores

Zip Code	City	2015 CNI Score	County	Zip Code	City	2015 CNI Score	County
55709	Bovey	2.4	Itasca	55781	Side Lake	1.6	St. Louis
55713	Buhl	no score	St. Louis	55784	Swan River	1.4	Itasca
55716	Calumet	no score	Itasca	55785	Swatara	2	Aitkin
55719	Chisholm	3	St. Louis	55786	Taconite	no score	Itasca
55721	Cohasset	1.6	Itasca	55793	Warba	2.4	Itasca
55722	Coleraine	no score	Itasca	56469	Palisade	2	Aitkin
55730	Grand Rapids	2.6	Itasca	56626	Bena	3.6	Cass
55736	Floodwood	2.6	St. Louis	56628	Bigfork	2.4	Itasca
55742	Goodland	1.8	Itasca	56631	Bowstring	no score	Itasca
55744	Grand Rapids	2.6	Itasca	56636	Deer River	3.4	Itasca
55745	Grand Rapids	2.6	Itasca	56637	Talmoon	2.8	Itasca
55746	Hibbing	3.6	St. Louis	56641	Federal Dam	3.4	Cass
55747	Hibbing	3.6	St. Louis	56655	Longville	2.6	Cass
55748	Haypoint	no score	Aitkin	56657	Marcell	1.6	Itasca
55752	Jacobson	1.8	Aitkin	56659	Max	3.2	Itasca
55753	Keewatin	no score	Itasca	56662	Outing	2.8	Cass
55764	Marble	no score	Itasca	56672	Boy River	no score	Cass
55765	Meadowlands	2.6	St. Louis	56680	Spring Lake	3.2	Itasca
55769	Nashwauk	3	Itasca	56681	Squaw Lake	3	Itasca
55775	Pengilly	2.2	Itasca	56688	Wirt	2.4	Itasca

Appendices

Appendix A (continued):

Community Needs Index Score Heat Map



Appendix B:

Community Health Steering Committee Members:

- Dale Adams, Mayor, City of Grand Rapids
- Kim Brink-Smith*, Executive Director, United Way of 1,000 Lakes
- Kelly Chandler*, Public Health Division Manager, Itasca County
- Cassi Chrzanowski, Marketing & Communications Manager, Grand Itasca Clinic & Hospital
- Jesse Davis, Program Administrator, Grand Rapids Area Community Foundation and Farmer's Market
- Jaci David, Program Officer, Blandin Foundation
- Melanie DeBay, Community Education Director, Independent School District (ISD) 318
- Ann Ellison, Director Community Health and Church Relations, Fairview Health Services
- Chris Fulton, Executive Director, Grand Rapids Area Community Foundation
- Christy Gustafson, Quality Director, Grand Itasca Clinic & Hospital
- Kelly Kirwin, Community Relations/Foundation Director, Grand Itasca Clinic & Hospital
- Georgia Lane, Healthy Aging Program Developer, Area Arrowhead Agency on Aging
- Jean MacDonnell, VP of Clinic Services, Grand Itasca Clinic & Hospital
- Betsy, McBride, Executive Director, Itasca County Family YMCA
- Molly McCann*, Director, Get Fit Itasca
- Amanda Okech, Director of Program Development, Kiesler Wellness Center
- Jon Pederson*, Director Information Services, Grand Itasca Clinic & Hospital
- Sara Procopio*, Recovery Specialist, Ross Resources
- Pat Rendle*, Superintendent, Independent School District (ISD) 2
- Corey Smith*, Financial Analyst, Grand Itasca Clinic & Hospital
- Brianne Solem*, Wellness Coordinator, Grand Itasca Clinic & Hospital
- Toni Youngdahl, MD*, Family Medicine, Grand Itasca Clinic & Hospital

**indicates a member of the Data and Prioritization Subcommittee*