

Community Health Improvement Plan

Promote community and family strength and work to ensure the safety and well-being of all Beltrami County residents.

December 2019

Beltrami County Public Health



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Purpose and Overview

A community health improvement plan guides a community health board, its partners, and its stakeholders on work to improve the health of the population within its jurisdiction. It is critical in developing policies and actions to target health promotion. Government agencies, including those related to health, human services, and education, use the community health improvement plan collaboratively with community partners to set priorities, coordinate, and target resources.

For additional information on the Community Health Assessment and the Community Health Improvement Plan, please contact Beltrami County Public Health at 218-333-8140.

Description of Beltrami County

Located in Northwestern Minnesota, Beltrami County is home to an estimated 46,847 people according to the United State Census Bureau. The population is continuing to grow with a 5.4% increase since 2010.

Beltrami County is located in a beautiful landscape of coniferous forests, birch trees, tamarack swamps, and lake chains. With a total land area of 2,505 square miles, Beltrami is the 4th largest county in the state. The Mississippi Headwaters State Forest, Buena Vista State Forest, and Chippewa National Forest are found in Beltrami County. Lakes are present in abundance, making up 17% of the county's surface area. Home to Lake Bemidji State Park and other county and city parks, Beltrami county is a hub for recreational activities such as hiking, fishing, and hunting.

Beltrami County is surrounded by three American Indian reservations. The county has a large population of American Indians, making up 22% of Beltrami's population. The percent of American Indians in Minnesota is just over 1% and 1.3% for the United States. The Red Lake Band of Chippewa and Leech Lake Band of Ojibwe reservations are partly in Beltrami County, while the White Earth Band of Ojibwe reservation sits just southwest of the county.

Bemidji is the largest city in Beltrami County, as well as, the county seat. According to the United States Census Bureau, the population of Bemidji is 15,404. Bemidji is located on the beautiful shores of Lake Bemidji which is Ojibwe for "lake that transverses another body of water". The Mississippi River runs through Lake Bemidji making Bemidji the "First City on the Mississippi". The Mississippi headwaters at Itasca State Park are just south of the county.

Beltrami County is home to four colleges, which include Red Lake Nation College, Bemidji State University, Northwest Technical College, and Oak Hills Christian College. There are four public school districts within Beltrami County and these are Bemidji, Blackduck, Kelliher and Red Lake. Students in the northwest corner of the county are part of the Grygla school district. Four charter schools are found here, including Schoolcraft Learning Community, Aurora Waaskakone Community of Learners, TrekNorth Junior and Senior High School, and Voyageur Expeditionary School. Numerous private schools are located in the county including St. Phillips School, Heartland Christian Academy, and others. The median age of residents in Beltrami County is 33.4 compared to the United States average of 37.8.

The largest employers in Beltrami include Sanford Health, Bemidji schools, Bemidji State University, and Beltrami County. The poverty rate within Beltrami County is 18.8%, with a rate of 24.5% within City of Bemidji boundaries. The median household income from 2013-2017 was \$45,923 compared to the US median household income of \$57,652.

Definitions

Community Health Improvement Plan

A community health improvement plan is part of a strategic planning process for improving community health, describing how the local health department and a broad set of community partners are addressing needs identified in the last community health assessment. Because writing and updating such a plan is a health department requirement, Beltrami County Public Health leads the Community Health Assessment. However, the only way we can improve these things is together. The credit for the work goes to the organizations who actively participate and the community organizations listed.

Community Health

“Community health” refers to the health of the whole population, as opposed to the health of individuals. For example, community health strategies would aim to lower the county’s tobacco use rate overall, or for groups most at risk. This is different than offering health tips for individuals on how to stop using tobacco. To improve health at the community level requires convening partners and engaging the community. Community health improvement often includes using evidence-based strategies and making changes to policies and systems, like the Tobacco 21 policy that Beltrami County and the City of Bemidji passed in 2019 to limit the sale of tobacco and vaping materials to individuals over the age of 21. There are many collaborative initiatives in Beltrami County, led by a variety of organizations. Efforts to improve equity, education, housing, or access to mental health care can help prevent illness, injury, and high health care costs. That’s community health.

Health

Health includes not only our health outcomes but also the health factors that influence health. **Health outcomes** are morbidity and mortality—average quality of life and length of life in Beltrami County. **Health factors** include not only genetics, personal behaviors, and clinical care, but also the physical environment and social and economic factors that influence health outcomes.

Health Equity

We are committed to addressing inequities in the county. The Minnesota Department of Health defines health equity as “the opportunity for every person to realize their health potential—the highest level of health possible for that person—without limits imposed by structural inequities” (Advancing Health Equity in Minnesota: Report to the Legislature, 2014). **Health inequities** are differences in health between groups due to social, economic, environmental, geographic, and political conditions, also known as the social determinants of health. While other health disparities are the consequence of genetic or biological differences between

groups, *health inequities* specifically result from social conditions we can change through the implementation of policies and practices.

Progress since the last CHIP

In 2017, Beltrami County separated from the other three counties that make up North Country Community Health Board (NCCHB), Clearwater, Hubbard, and Lake of the Woods. The 2020 CHIP is the first Beltrami County specific plan. The four counties had worked together as the NCCHB since 1978. The previous 2014 Community Health Improvement Plan (CHIP) identified three priorities: Mental Health/Illness, Obesity, and Drug Use. The Beltrami County focus for the 2014 CHIP included pregnant women who used drugs and creating more access to in-patient services. Programs that address these focus areas are highlighted below.

First Steps to Healthy Babies

The First Steps to Healthy Babies program was initially implemented with funding from a PrimeWest Health grant to provide services to women with a Substance Use Disorder (SUD). Sanford Bemidji, Red Lake Band of Chippewa and Beltrami County Health and Human Services collaborated to build and provide the services needed to help address the SUD and deliver healthy babies. This program started with a focus on the pregnancy and first year of life for the babies. In 2019, Sanford Bemidji and Beltrami County received funding from the Minnesota Department of Human Services to continue and expand this program to work with families until the children reach age five.

First Steps to Healthy Babies case managers provided case management services to over 150 women from 2015-2017. A majority of these clients were referred to other community resources, including chemical health treatment, support groups, maternal child health in home visiting, tribal assistance programs, homeless shelters, domestic violence crisis centers and behavioral health services. They received prenatal care, education, social support, help with transportation, phone service and housing, and sometimes received baby care items as an incentive to meet their goals. In 2018, First Steps continued to offer case management services to 35 families in Beltrami County and at Sanford Health in Bemidji. Sanford Health in Bemidji offers Medication-Assisted Therapy (MAT) to pregnant and postpartum women with opioid use disorder; this service was an outcome of the First Steps program.

Responses from participant interviews revealed that women wanted to join the program because of its supportive nature. They felt that it would be a source of positive support in their life to regain custody of their children and maintain a drug free lifestyle. A significant number of clients stated that after they participated in the program and were connected to other services, their mental health and family relationships improved.

In 2016, there were 41 (60%) infants who developed Neonatal Abstinence Syndrome (NAS) due to illicit drug exposure, and 27 (40%) due to MAT. From January 1 to September 1, 2017, there were 17 (57.6%) infants born who developed NAS due to illicit drug exposure and 23 (42.4%) due to MAT. In 2016, the infants who were exposed to illicit substances prenatally tended to be placed into foster care more often (73% were placed). Infants whose mothers were

participating in an MAT program tended to remain in their mothers' care (only 1 of 27 infants was placed into foster care). In 2017 (January-August), we continued to see this trend. 93% of infants exposed to illicit substances were placed into foster care. 89% of mothers in an MAT program were able to keep custody of their infants.

Sanford Health PrimeWest Residential Support Center

In 2018, Sanford Bemidji added significant behavioral and mental health capacity as they became affiliated with what had been Upper Mississippi Mental Health. Since the partnership was implemented, 15 additional mental health providers have been hired. Sanford offers several outpatient chemical dependency services, including a Medication-Assisted Treatment/Suboxone Clinic. In 2019, the Sanford Health PrimeWest Residential Support Center opened in Bemidji. The Center is a voluntary residential treatment facility for adults who are overcoming mental health and chemical dependency issues. Its focus is to provide a safe place for healing and recovery with services specific to fit patient needs. Primary services include Residential Crisis Stabilization Services, Intensive Residential Treatment Services, and Withdrawal Management/Detox Services.

Park Place of Bemidji

Another project addresses the need for housing for individuals suffering from Substance Use Disorder resulting in homelessness. In 2017, a collaborative group of community members and organizations celebrated the opening of Park Place of Bemidji. Park Place is modeled after a Center City housing facility in Duluth. It is a sixty unit supportive housing development that provides safe, stable housing with services. Forty units serve adults who have been long-term homeless and have a Substance Abuse Disorder while the other twenty units are efficiency apartments for individuals who have been long-term homeless.

Tobacco 21

Although tobacco use wasn't prioritized in the last CHIP, Beltrami County and the City of Bemidji made significant progress in addressing the youth vaping epidemic by passing Tobacco 21 ordinances in 2018. At both the city and county level, sales of tobacco products, including vaping materials, are restricted to those over the age of 21.

Other highlights

Other activities to address obesity and chronic diseases include the SHIP (Statewide Health Improvement Partnership) activities in schools, worksites, and healthcare facilities. Bike fleets are used in physical education and other classes in Kelliher and Blackduck. School nutrition staff participated in training to increase healthy breakfast and lunch options, along with using local products. The Beltrami County Wellness Collaborative began in 2017 and including 14 area businesses. The group worked together to share program ideas and support as wellness programs were developed and strengthened. A highlight of the Collaborative was an increase

in the number of businesses that have earned a 'Breastfeeding Friendly' designation from the Minnesota Department of Health.

Assessment Process

Beltrami County began the assessment process by collaborating with the other 11 counties in the Northwest Region to conduct a Minnesota Community Health Needs Assessment Survey in December 2017. Survey data was collected in the same manner used for the 2014 Assessment, sending printed surveys to a randomly selected set of Beltrami County residents. We contracted as a group with a consultant who created a report that highlights county level responses for Weight status, Physical Activity, Nutrition, Tobacco Use, Alcohol Use, and Mental Health, which is available on the Beltrami County website.

The population returning the surveys was heavily weighted to individuals selecting 'white' as their race. To gain additional information about our American Indian population, which makes up 22% of the total, we partnered with the Northwest Indian Community Development Center in Bemidji to complete 58 additional surveys, which were analyzed separately due to different protocols. Additional information about this survey is included in Appendix A.

Sanford Health Bemidji conducted an on-line community survey in December 2017 that asked about many of the same health and environmental issues. Data was also gathered from local, state, and national resources to help identify key health issues in the county. An additional survey was conducted with key community stakeholders, who were asked to identify concerns for the community related to economic wellbeing, transportation, children and youth, the aging population, safety, and access to mental and behavioral health services. The Sanford Health Bemidji report is available on the Sanford Health website with other Community Health Needs Assessments (CHNA).

The community was informed of the process in several ways. An article describing the process was included in the Beltrami County Newsletter in late 2017, the assessment was mentioned in a Bemidji Pioneer article in April 2018, and the Community Health Board was informed about the process and current status several times, beginning in 2017. The process was also shared at regular community meetings that public health staff participated in over the past two years, as noted in the Participants Appendix.

Prioritization Process

Beltrami County Public Health staff met with other members of the community at the Sanford Community Stakeholder meeting to begin to prioritize the issues to focus on over the next several years. The top concerns identified from the Stakeholder Surveys were brought to the group and they included:

- Drug use and abuse
- Abuse of prescription drugs
- Alcohol use and abuse
- Availability of mental health providers
- Child abuse and neglect
- Availability of behavioral health providers
- Presence of street drugs
- Substance abuse by youth
- Availability of affordable housing
- Homelessness
- Criminal activity
- Depression
- Suicide
- Lack of housing that accepts people with chemical dependency, mental health problems, criminal history or victims of domestic violence
- Domestic violence
- Cost of long term care
- Teen suicide
- Use of emergency room services for primary healthcare

From this list and a few other items added during the process, the Sanford staff organized the issues into the categories of Economic Well-Being, Children and Youth, Aging Population, Safety, Healthcare Access, Mental Health and Substance Abuse, and Wellness. The Community Stakeholders considered each category and prioritized the following:

Economic Well-Being

- Availability of affordable housing
- Homelessness
- Lack of housing that accepts people with chemical dependency, mental health problems, criminal history or victims of domestic violence
- Skilled labor workforce
- Food insecurity

Mental Health and Substance Abuse

- Drug use and abuse
- Alcohol use and abuse
- Binge Drinking
- Alcohol use negatively impacting family member or self
- Depression
- Suicide
- Anxiety/Stress
- Tobacco/Cigarette use

Beltrami County Public Health staff brought the Sanford priorities, Beltrami Survey results, and other data to several external and internal groups for informal discussion. The top issues identified for the Beltrami County CHB are:

- Substance use disorder
- Mental health
- Graduation rates
- Health behaviors/wellness
- Stable housing – available and accessible
- Families in poverty
- Child care
- Long term care for elderly
- Transportation
- Parenting

Priorities

Beltrami County Public Health staff met to discuss the input gathered from stakeholder groups and review the last CHIP. The group looked back at the data that were most concerning to our CHB during the last planning process in terms of size, seriousness, and unfairness (health inequity), before we brainstormed possible priorities. After consideration of current community needs and agency resources, the top two priorities identified were Healthy Families and Substance Use Disorder and Mental Health.

Healthy Families

Much work is happening across the county to help support families. Northwest Indian Community Development Center and the Red Lake Band of Chippewa Indians are recent awardees of the MDH Evidence-Based Home Visiting grant funding. These two organizations, along with the Leech Lake Band of Ojibwe, are collaborating to expand and coordinate home

visiting services for the American Indian population across Beltrami County and the two reservations, recognizing the mobility of the population.

Beltrami County Health and Human Services has contracted with Hubbard County to expand their Father Project programming into Beltrami County one day per week for qualifying families. Sanford Health of Bemidji was also recently awarded a grant from MDH to expand the First Steps program into the First Steps to Healthy Families. This funding will allow case managers to work with families until the child is age 5. In 2019, several organizations with home visiting and early childhood programming began to form a 'roundtable' to learn about what each agency is doing, identify areas for collaboration, and decrease service duplication.

The Family First Prevention Services Act was signed into law as part of the Bipartisan Budget Act on February 9, 2018. This act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act, to provide services to families who are at risk of entering the child welfare system. As the state considers how this act will be implemented in Minnesota, Beltrami County is exploring the options for using this funding source as a way to expand Family Home Visiting programming.

This priority also complements the federal Healthy People 2020 goals around Maternal, Infant, and Child Health; Early and Middle Childhood; and Family Planning. In the Healthy Minnesota 2022 Framework, a key condition for *Priority 1: The opportunity to be healthy is available everywhere and for everyone*, one of the key conditions is a *Positive early life experience*. The indicators for this condition are very relevant for our Healthy Families priority.

In the 2020 budget, Beltrami County Public Health received approval to add a half-time Home Visitor position. This position will be used to strengthen partnerships and identify additional home visiting program elements to increase the reach of our current limited programming. Even recognizing all the work other organizations are doing in this area, Family Home Visiting will continue to be a cornerstone of the work we do to support families. More detail on Beltrami County Public Health Home Visiting is included in Priority 1.

Substance Use Disorder and Mental Health

Naloxone is carried by all first responders and by some members of the public. Regional Emergency Medical Services staff have provided training and supplies across the county for law enforcement, fire, and ambulance services. Best practice is to transport the individual that has overdosed to the hospital, and ideally, into treatment. Unfortunately, in many instances, the person receiving the naloxone has left the scene by the time EMS arrives.

As mentioned previously, the First Steps to Healthy Families program can now work with pregnant and new moms for an extended period. We have learned much about the barriers to success in this program, including stable housing and transportation. A new supported housing complex will break ground in 2020 that will provide an additional 32 apartments near an existing 20-unit affordable housing with services facility. Planning is underway to determine if

this housing could meet the housing needs for these pregnant moms, and possibly provide group therapy sessions at the facility.

Priority 1: Supporting and Building Healthy Families

Why is this important?

“Parenting is one of the most emotionally powerful, demanding, and consequential tasks of adult life. Long before modern societies emerged, extended family and community members shared the task of parenting. Today, without such a network of experience and support, it is a task for which we are often poorly prepared. Research has revealed the elements of competent parenting in modern society, the conditions that support and compromise competent parenting, and programs and policies that can support modern parents. Although parents in the United States could benefit from parental education and support, there is surprisingly little of either.” (*Supporting Parents Report*)

“In perhaps the longest running study of human development, researchers in Great Britain have been following thousands of people over 70 years. One key result – being born into poverty results in poorer health, education and overall outcomes for the next generation. That said, parenting matters. Good parenting behaviors can mitigate the impact of poverty by 50 percent.” (*British Cohort Study*)

“A substantial body of research has established the relationship between parenting practices (e.g. connectedness, communication, involvement, and monitoring), family functioning, and adolescent development, specifically on parenting as a method of change in youth behavior. High levels of parental involvement and monitoring, open parent-child communication, and close supportive family relationships are key factors in reducing the risk of youth substance use, delinquent behavior, and unprotected sex. In the general population, certain effective parenting practices have been shown to promote positive adolescent development.... Although American Indian communities are very diverse culturally, many American Indian families follow distinctive cultural ways of parenting that are not fully incorporated in parenting interventions. The concept and role of the American Indian family may extend past the nuclear family to include relations by tribe, clan, and formal or informal adoption.” (*Parenting in 2 Worlds*)

“There are strong ties between teen birth and poor socioeconomic, behavioral, and mental outcomes. Teenage women who bear a child are much less likely to achieve an education level at or beyond high school, much more likely to be overweight/obese in adulthood, and more likely to experience depression and psychological distress.” (*2019 County Health Rankings*)

Supporting Data:

MDH County Health Tables 2017

- Child Subjects of Maltreatment
 - Child population ages 0-17 – 11,651
 - Number of unique children – 593
 - Rate per 1,000 – 50.9 (MN average – 30.7)
 - 456 Neglect | 120 Physical abuse | 56 Sexual abuse | 5 Mental injury | 1 Medical neglect
- Children in Out-of-Home Care per 1,000 in the Child Population (0-17 years old)
 - Child population ages 0-17 – 11,651
 - Children in placement – 1128
 - Rate per 1,000 Beltrami children – 96.8 (MN average – 12.5)
- Birth Data (660 total births)
 - Number of Births to Unmarried Mothers – 379
 - Number of Births With No Father Documented – 231
 - Number of Births on Medicaid – 448
 - Number of Births with Inadequate Prenatal Care – 134, over 20% of births
 - Number of Infant Deaths (2012-2016) – 34
 - Infant mortality rate white - 4.2 per 1,000 live births (2015)
 - Infant mortality rate American Indian – 8.3 (CDC Infant Mortality index)

2019 County Health Rankings

- Number of births per 1,000 female population ages 15-19 = 35 (only 4 counties in MN have higher rates) Teen birth rate for white teens = 13.
- Percentage of people under 18 in poverty – 25% (MN average 12%)
- Children in Single Parent Households – 46% (MN average 28%)
- Child Mortality Rate – 110 per 100,000 population (MN average 40)

Goal:

Increase the number of healthy families in Beltrami County by connecting them to existing and new resources that improve parenting skills.

Public Health Strategies:

1. Family Home Visiting
 - Provide evidence-based home visiting programs through Public Health, increasing the types of programs offered to meet community needs (Family Spirit | Family Connects)

- Improve coordination and reduce duplication of home visiting programs with other area providers (Bi-Cap/Leech Lake/Red Lake/Northwest Indian Community Development Center/ Schools) through participation with Bemidji Early Childhood Collaborative and Family Home Visiting Roundtable
 - Increase the number of:
 - Referrals and referral sources
 - Visits
 - Families in the programs
 - Program graduates or other successful completions
2. Father Project
 - Collaborate with initial focus of connecting target families to program
 - Explore additional referral opportunities to other appropriate programming
 - Identify additional funding sources to allow for expansion of program
 3. Increase coordination and connections in Beltrami County HHS to identify families at risk and connect with appropriate services
 - Provide information sessions to divisions/units about Family Home Visiting, Father Project, parenting classes, early childhood programs, and other selected programs available in the county
 - Create, update, and/or promote referral processes
 - Develop baseline and system for counting referrals
 4. Increase availability and utilization of parenting classes/resources/support
 - Develop baseline and system for counting resources and utilization
 - Communicate and implement system
 5. Address barriers to breastfeeding
 - Continue to partner with Sanford Health Bemidji to identify opportunities for strengthening breastfeeding policy and practice at the healthcare facilities
 - Continue to pursue MDH Breastfeeding Friendly Health Department designation
 - Increase the number of Family Health staff with Academy of Lactation Policy and Practice certifications

Priority 2: Substance Use Disorder and Mental Health

Why is this important?

Mental health and substance use disorders are the leading cause of disease burden in the United States. With 10.1 deaths due to mental health or substance abuse disorders occurring per 100,000 people, the U.S. has the highest mortality rate for these disorders among similarly wealthy countries, which see an average 4.4 deaths per 100,000 people. There is a complex interplay between mental and behavioral health problems and medical and socioeconomic problems (such as chronic diseases, poverty, and crime). Comorbidities are common, and one problem often causes or aggravates another, and vice versa. (*Peterson-Kaiser Health System Tracker*)

Given how childhood trauma damages the developing brain, no one should be surprised that survivors struggle with addiction. Study after study has found dramatically elevated rates of addiction among adults with a history of childhood trauma—and a high correlation between the amount of trauma and the severity of addiction. In the groundbreaking Adverse Childhood Experience (ACE) study, people reporting multiple ACEs were up to five times more likely to abuse substances such as alcohol or heroin than were people who grew up in more nurturing environments. If we look at the problem from the other end—that is, the percentage of addicts with a history of childhood trauma, the numbers are overwhelming. One recent study of alcoholic inpatients found that fifty-five percent of them had suffered childhood trauma exposure. Another put the figure higher, at sixty-five percent. Opioid addiction is comparable at about sixty-six percent. (*Childhood Trauma and Addiction, 2018, Donna Bevan-Lee*)

Drug overdose deaths continue to rise in Minnesota. In 2016, the number of drug overdose deaths was nearly six times higher than in 2000. Prescription opioids and methadone continue to account for the greatest number of fatal overdoses, with 194 deaths in 2016. The fatal drug overdose epidemic is not limited to opioids – overdose deaths increased in almost all drug categories from 2015 to 2016, revealing an urgent public health problem. Final data collected from Minnesota death certificates show 733 people died from a drug overdose in 2017 compared to 675 deaths in 2016. (*MDH Opioid Data*)

There has been movement across the US to decriminalize substance use disorders. Chemical health is like other chronic health conditions (e.g. diabetes, cancer), in that people need medication, treatment, and long-term support to heal, recover, and maintain recovery. Despite efforts to decriminalize substance use disorders, thousands of Minnesotans are incarcerated every day with an active drug sentence. There is a stark racial disparity in incarceration rates for drug offenses, especially within the Native American and African American community. The racial disparity in incarceration rates is a product of structural racism, social determinants of health, intergenerational trauma, and other factors that disproportionately impact communities of color.

- An average of 27 percent of people have an active drug offense within the Minnesota prison system.
- Native American people make up 1.3 percent of the general Minnesota population; Minnesota prisons have a range of 7 to 22 percent Native American offenders.
- At Shakopee, a female-only prison, almost a quarter of the inmates are Native American and almost half of the offenders have an active drug offense. (*MDH State Opioid Oversight Project*)

Minnesota's overall drug overdose mortality rate masks racial disparities. (*MDH Race Rate Disparity in Drug Overdose Death*)

- In 2016, American Indians were almost six times more likely to die of a drug overdose than whites.
- Drug overdose mortality rates increased for all groups, and the race rate disparity increased from 2015-2016.
- For whites, African Americans, and American Indians, opioids are the leading cause of drug overdose death. Over the last 15 years, however, there were increases in all drug categories, including benzodiazepines, psychostimulants (e.g., methamphetamine), heroin and synthetic opioids (e.g., fentanyl and carfentanyl).

The urgent need to reach American Indian communities is supported through numerous data sources. It is notable that in 2015 Census data, although American Indians made up an estimated 1.1% of the state's population, they made up 15.8% of those who entered the treatment for opioid abuse during the state fiscal year 2015. (*Minnesota State Targeted Response to the Opioid Crisis, Project Narrative, April 2017*) American Indian communities in Minnesota:

- Have drug overdose death rates nearly five times higher than white Minnesotans from 1999 to 2014 (CDC)
- Are 8.7 times more likely to be diagnosed with maternal opiate dependency or abuse during pregnancy compared to non-Hispanic whites; infants are 7.4 times more likely to be born with neonatal abstinence syndrome (NAS) (2009-2012 MN Health Care Programs)
- Have the highest rates of adult prescription drug misuse and the second highest rates of youth prescription drug abuse (2015 MN Survey of Adult Substance Use-MNSASU)
- Are most likely to identify opioids as the primary substance of abuse when admitted to treatment, as compared to other races/ethnicities (2015 DAANES)
- Among both youth and adults are least likely to perceive great or moderate risk of harm from prescription drug misuse (2016 MN Student Survey-MSS and 2015 MNSASU)

There are many reasons why African Americans and American Indians are dying from, and using prescription and illicit opioids to self-medicate, including, but not limited to:

- higher incidence of historical trauma
- higher incidence of adverse childhood experiences
- lack of access to medical care and/or non-opioid treatment options
- stigma in pursuing chemical health treatment and recovery supports
- lack of access to culturally responsive treatment programs
- lack of trust with Western medicine interventions
- failure to appropriately diagnose physical or mental health symptoms
- lack of research about the effectiveness of interventions within people of color and American Indian communities
- easier access to illicit drugs within the community
- racial bias on the part of providers who prematurely and/or abruptly discontinue opioids
- illicit drugs are currently addressing symptoms
- cultural acceptance of sharing prescription medications with loved ones

Supporting Data:

2019 County Health Rankings

- Mentally Unhealthy Days – 3.5 days in the last 30 days (MN average 3.2, only one county has a worse rate)
- Frequent Mental Distress – 12% of adults reporting 14 or more days of poor mental health per month (MN average 10%, only one county has a worse rate)

Substance Use in Minnesota

- Beltrami County Adults on Probation in Minnesota for Drug Offense as Governing Sentence , 1998 – 44 (rate 1.6 per 1,000) | 2017 – 297 (rate 6.4 per 1,000)
- Beltrami County Adult Prison Inmates in Minnesota Sentenced for Drug Offenses by number, 2001 – 7 | 2017 – 33
- Beltrami County Total Narcotics Arrests, 1998 - 90 | 2016 – 321
 - About these indicators: Legal penalties for illicit drugs range from prison time to probation sentences. It is important to recognize that these data capture the governing offense for which a person was convicted. Because persons are often not convicted for all offenses charged, and this indicator only counts where the most serious offense is the drug conviction, it is likely that these data alone underestimate the role of illicit drugs in all convictions and sentences.

Minnesota Student Survey

- Use of any tobacco product by 11th graders – male 25%, female 26%
- Use of alcohol, marijuana, or other drugs in past year by 11th graders – male 39%, female 42%

Goal: Create a healthier community by supporting activities and programs addressing the underlying issues that result in use and abuse of mood altering chemicals.

Public Health Strategies:

1. Increase Availability of naloxone
 - Develop and implement policy to administer naloxone for HHS employees
 - Procure supply of naloxone
 - Provide training to interested staff
2. Connect families to First Steps to Healthy Families as appropriate
 - Increase awareness of enhanced program focus internally and with partner agencies
 - Create system to track referrals and monitor case counts
3. Tobacco Prevention / Teen Vaping
 - Support enforcement of the Beltrami and Bemidji Tobacco 21 policies
 - Explore tobacco free policy for Beltrami Government campus
 - Support schools, colleges and universities in developing, implementing and enforcing tobacco prevention policies

Appendix A

Supplemental Survey Data 2017 Northwest Region Adult Health Behavior Survey Beltrami County American Indian Focus

The Community Health Needs Assessment Survey was conducted in Beltrami County in December 2017, with 316 surveys returned by mail. According to US Census data, in 2018, the population of Beltrami County is 73% white alone, 22% American Indian alone, and 3% two or more races. Over 94% of returned surveys indicated the respondent was white, and less than 5% indicated the respondent was American Indian. The survey administration process did not allow for additional sampling to increase the number of surveys completed by American Indians, so Beltrami County staff partnered with the Northwest Indian Community Development Center (NWICDC) in Bemidji, Minnesota to collect a convenience sample of the same survey instrument.

NWICDC incorporates a transformative, culture-first model that challenges structural oppression, institutional racism and opportunity gaps for American Indians in the Bemidji area. Grounded in the Anishinaabe values of humility, kindness, love, respect, bravery and honesty, NWICDC advances healing and equity for American Indians and tribal nations in a region with a long history of racial tension and disparities. NWICDC works to solve complex problems with community driven strength and resiliency.

Survey data was collected during May 2018. Reception staff offered the survey to clients and visitors and collected completed surveys. A total of 58 surveys were collected and analyzed. All respondents indicated they were American Indian, 12 of which indicated another race as well.

The demographics of the two survey respondents are very different – the mailed survey reached a much older population with higher levels of education and income. The NWICDC population was much younger, which may be part of the difference, but there are many other structural reasons for the income differences.

- Over half of the respondents from the CDC survey were under 35
- One-quarter of the respondents have less than a HS education
- Over two-thirds have income levels under \$20,000
- 45% are unemployed and 15% are unable to work due to a disability

Many of the same physical health concerns were identified in both survey sets. Both survey sets indicated high rates of overweight and obesity. Diabetes and gestational diabetes were higher in the American Indian population with over 23% of respondents indicating they had been diagnosed with diabetes. Asthma rates were also reported at a higher rate in the NWICDC survey.

When responding to questions relating to mental health, the NWICDC respondents indicated significantly higher rates of all mental health issues. Well over half of all respondents indicated they had been told by a healthcare professional at some point that they had a mental health concern, including depression, anxiety or panic attacks, and other feelings of mental distress. American Indian respondents also indicated a much greater delay in receiving care for their mental health issue.

One area of difference in health behaviors where the population identifying as American Indian is doing significantly better is in current alcohol use. The survey asked if the respondent had at least one drink of alcohol in the last 30 days. The NWICDC respondents reported a much lower level of alcohol use (37%) than those responding to the mailed survey (69%).

The survey also included a set of questions that asked about how substance use has impacted the individual and their family. Survey respondents indicated that tobacco, alcohol, marijuana, and other drug use have had a much more negative impact on their families and themselves than the mailed survey respondents. This finding is not surprising when considering the considerable disparities in education, income, and employment status indicated by survey respondents. Transportation is often raised as a barrier to services. Respondents to the NWICDC survey indicated that they have access to a vehicle only about 68% of the time, compared to 95% of those responding to the mailed survey.

Beltrami County Public Health has worked closely with NWICDC and is familiar with NWICDC's responsive programs and innovation that promote self-actualization and choice, key elements in what NWICDC defines as a healthy life. NWICDC has proven that when our programs and services are community led and driven, people thrive. Our collective goals include addressing the root causes of the disparities identified in the surveys and learning ways to incorporate the lessons about the positive impact of culture-informed models into county programming.

Appendix B

Thank you to the following individuals who participated in the assessment and planning process

Bemidji community members, participating in Sanford-led community discussions who helped to formulate the priorities for our implementation strategies, included:

- Renee Axtman, Indian Health, Sanford Health Bemidji
- Joe Beaudreau, Indian Health Advocate, Sanford Health Bemidji
- Cynthia Borgen, Director, Beltrami County Public Health
- Jeanne Edevold-Larson, Northern Dental Access Center
- Theresa Gehrke-Herwynen, Chaplain, Sanford Health Bemidji
- Megan Heuer, Family Health Program Manager, Beltrami County Public Health
- Phil Hodapp, Sheriff, Beltrami County
- Joy Johnson, VP, Operations, Sanford Health Bemidji
- Bob Luoma, Patient Relations, Sanford Health Bemidji
- Nate Mathews, City Manager, Bemidji
- Katherine Monkman, Director of Case Management, Sanford Health Bemidji
- Connie Norman, Community Health Worker, Sanford Health Bemidji
- Sarah Weinzierl, Clinical Director, Sanford Health Bemidji
- Lindsey Wangberg, Marketing Director, Sanford Health Bemidji
- Matt Webb, Pharmacy Manager, Sanford Health Bemidji

Individuals from the following organizations participated in Stakeholder Surveys, community meetings, and/or Prioritization work:

- Beltrami County Board
- Bemidji Schools
- Northwest Minnesota Juvenile Center
- Evergreen Youth and Family Services
- North Homes Children and Family Services
- Bemidji Regional Inter-district Council
- Beltrami County Departments
- Sanford Health Bemidji
- Sanford Behavioral Health/Upper Mississippi Mental Health
- Stellher Human Services
- Bemidji State University
- Eagle Vista Ranch
- Bemidji Area Program for Recovery
- Red Lake Schools
- Indian Health Service – Bemidji Area
- Red Lake Nation
- Leech Lake Technical College
- Trek North Charter School
- Blackduck Schools

- Kelliher Schools
- Schoolcraft Charter School
- Bemidji Area Service Collaborative
- Community Resource Connections
- Beltrami County Wellness Collaborative
- Northwest Indian Community Development Center
- Bemidji Chamber of Commerce
- Hope House
- Village of Hope
- Bemidji Area Food Shelf
- Peacemakers Resources
- Bi-CAP (Beltrami and Cass County Community Action Program)
- Beltrami County Area Emergency Management, EMS, Fire, and Law Enforcement agencies
- Community members