2016 COMMUNITY HEALTH NEEDS ASSESSMENT

Lakewood HEALTH SYSTEM

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EXECUTIVE SUMMARY

Lakewood Health System (LHS) is required to complete a Community Health Needs Assessment (CHNA) and implement a strategy to meet the needs identified in the assessment every three years. This report, as well as past and future activities described within, serves to meet this requirement.

The CHNA process was conducted during 2015-2016. Data was collected in conjunction with Tri-County Health Care, CHI St. Gabriel's Health, CentraCare Health – Long Prairie, Todd County Public Health, Wadena County Public Health and Morrison County Public Health. Community stakeholder interviews and a community survey identified community perception of health needs and what makes a healthy community in Morrison, Todd and Wadena counties. For the purposes of this assessment, data gathered reflects the core service area of LHS (zip codes 56479 and 56466) and the three counties mentioned previously.

The CHNA reveals which community health indicators have worsening trends or higher occurrence rates as compared to the county and state. An internal community health needs assessment task force analyzed and ranked the indicators based on community impact, potential for change, economic feasibility and alignment to the mission of LHS. Taking into account what other community resources are currently available to meet needs identified, the following health needs were determined to be the top priority for LHS:

1. Obesity – Adult & Child
2. Mental Health
3. Social Determinants

Each of these health needs will be addressed by the development and implementation of interventions starting in early 2017. All implemented strategies will be measured and evaluated over the three-year period to determine if health needs are being met and if the interventions are effectively impacting the priorities identified.

ACKNOWLEDGEMENTS

Lakewood Health System Community Health Needs Assessment Task Force

Purpose:

- Collect, analyze and prioritize data to complete Lakewood Health System's Community Health Needs Assessment.
- Identify and recommend strategies to meet identified needs.

Members:

- Alicia Bauman, Community Health Manager
- Tim Rice, President/CEO
- Teresa Fisher, CNO/COO
- Brad Anderson, VP of Strategy and Development
- Dr. Shawna Kovach, EdD, NHA, Director of Psychiatry and Behavioral Health
- Katie Polman, Marketing and Project Manager

Community Health Needs Assessment Committee

Purpose:

- To collaborate and share resources in order to collect shared data more efficiently and effectively.

Members of the committee represented the following organizations:

- Lakewood Health System, Staples
- Tri-County Health Care, Wadena
- CentraCare Health, Long Prairie
- CHI St. Gabriel's, Little Falls
- Morrison County Public Health
- Todd County Public Health
- Wadena County Public Health

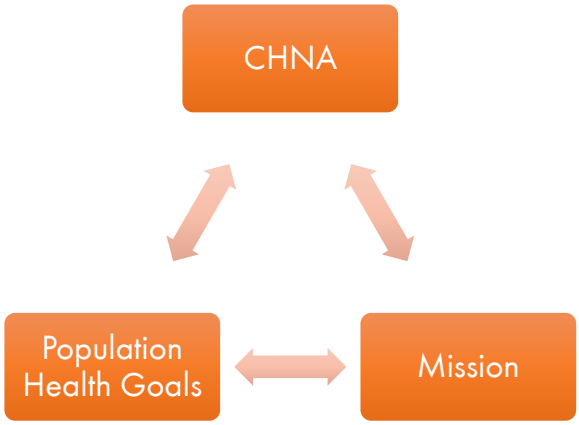
Special Thanks

This CHNA could not have been done without the assistance of Ann Kinney, PhD, senior research scientist at the Minnesota Center for Health Statistics, who compiled and disseminated the Health4Life survey results, and Katie Spoden of the Initiative Foundation, who facilitated the stakeholder interviews.

BACKGROUND AND INTRODUCTION

Lakewood is an independent, integrated rural healthcare system comprised of a 25-bed Critical Access Hospital, five primary care clinics, a dermatology clinic, a behavioral health unit and long-term care. Founded in 1936 and located in the city of Staples, LHS is a recognized leader in providing innovative, patient-based care including women's specialty services, senior services, surgical and outreach care. LHS's mission is to provide quality, personalized healthcare for a lifetime.

LHS has undertaken a CHNA as required by the passage of the Patient Protection and Affordable Care Act (PPACA or ACA). This act requires tax-exempt hospitals to conduct a health needs assessment and develop strategies that impact community benefit plans every three years. The health needs assessment is intended to improve the health of communities and is a primary tool used by LHS to determine its community benefit plan moving forward. This plan outlines how LHS will give back to the community through health-related programming and through augmenting community services to address unmet community health needs. Associated implementation strategies support population health goals, the mission of LHS and federal guidelines.



As a result, this CHNA has four objectives:

1. Develop a comprehensive profile of health status and health indicators for residents of the communities served.
2. Identify a set of priority health needs for follow-up.
3. Implement LHS strategies and provide recommendations on strategies that can be undertaken by other healthcare providers, public health staff, communities, policy makers and others to follow-up on the information provided, with actions that may improve the community health status.
4. Provide access to the CHNA data and provide assistance to stakeholders who are interested in using it.

COMMUNITY PROFILE

LHS defines the core service area of the community served for this report as the zip codes 56479 (Staples) and 56466 (Motley). The core service area will be referred to as the community within this report. The community includes some residents of Morrison, Todd and Wadena counties. When possible, this report encompasses data comparisons between the community, the three-county region and the state of Minnesota.

Located in rural central Minnesota, there is an abundance of parks and playgrounds within the community that are available for families to enjoy. There are lakes, rivers and wilderness that naturally draw people outdoors for biking, hiking, canoeing, river tubing, fishing, hunting, snowmobiling and riding all-terrain vehicles. The community prides itself in having high-quality educational opportunities, strong support for business development and access to excellent health services. Health providers in the community, in addition to LHS include:

- Pharmacy
  - Longbella Drug Store (locations in Staples and Motley)
- Optometry
  - Midwest Family Eye Center
  - Staples Eye Clinic
- Dental
  - Bailey, Zachary J., DDS

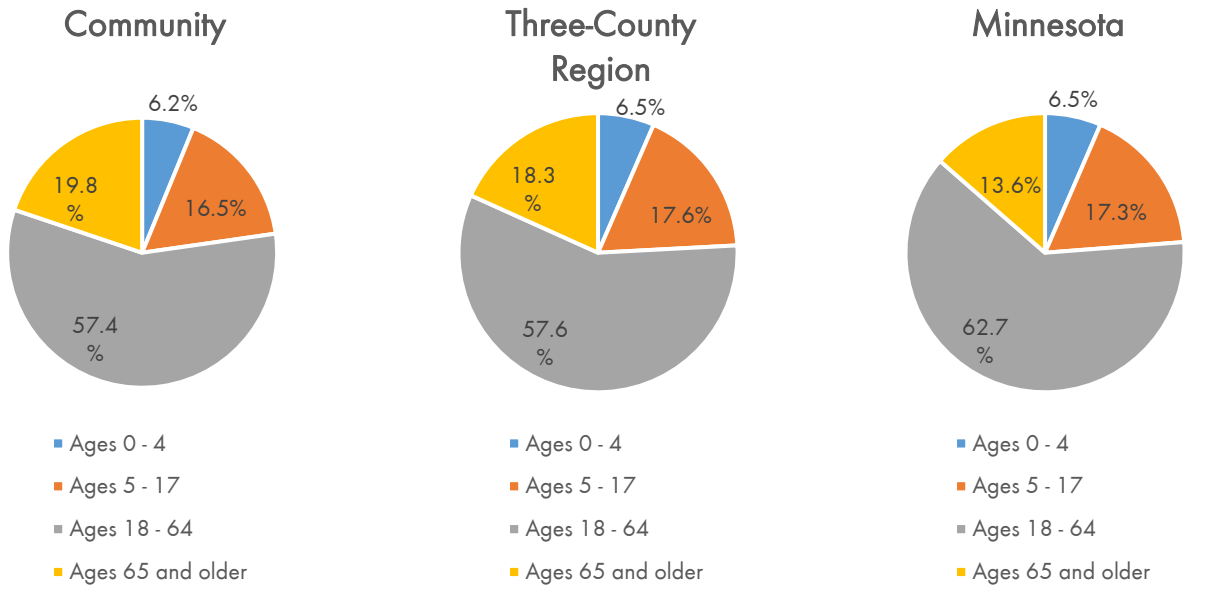
    - Brenny Dental Care
    - Staples Family Dentistry
- Mental Health Services
    - Northern Pines
- Orthodontic
    - Colby Orthodontics
- Chiropractic
    - Staples Chiropractic Office
    - Family Chiropractic
    - Schmitt Chiropractic

The community has many civic groups and community clubs that provide services which enhance the quality of life for residents. These include:

- Staples Lions
- Motley Lions
- Staples Area Rotary
- American Legion/Auxiliary Staples
- American Legion/Auxiliary Motley
- Lamplighter Theater
- Staples Area Men's Chorus
- Staples Area Women's Chorus
- Piecemakers Quilt Club
- Red Hat Society
- American Cancer Society, Relay for Life
- MOMS Club
- Friends of the Library
- Staples Historical Society
- 5Wings Arts Council
- Staples Motley Arts Council
- Staples Food Shelf
- Motley Food Shelf
- Boys/Girls Scouts
- FFA
- Kinship Partner
- AWANA Clubs

Population

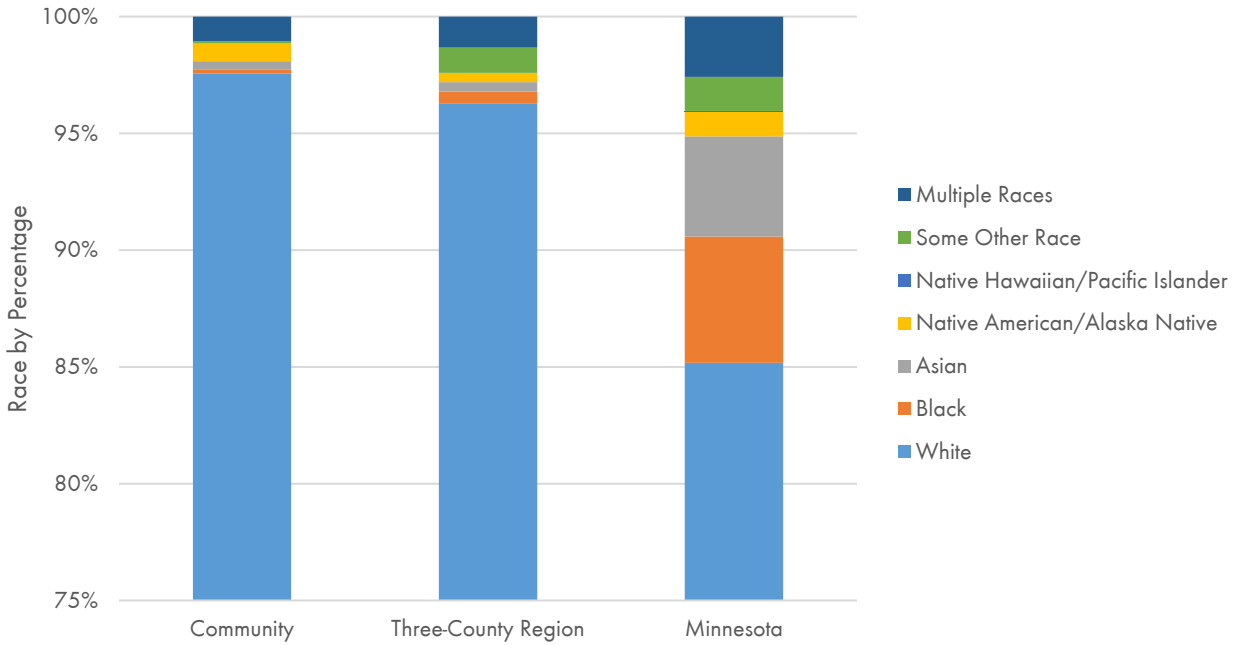
Population demographics play a determining role in the types of health and social services needed by communities. Based on the 2010 U.S. Census, the population of the community is 8,500. Children and youth ages 0-17 years of age make up 22.7% of the population; 57.4% are between the ages of 18 and 64 years old, and 19.8% are 65 years of age and older. The community, and the counties it is located in, has a higher population of individuals age 65 years and older than the state. This is important, as older populations tend to utilize healthcare services at a higher rate and have unique health needs which should be considered separately from other age groups. The split between genders is essentially even throughout the community, counties and the state.



Data Source: U.S. Census Bureau, American Community Survey. 2010-14. Source geography: Tract.
Courtesy: Community Commons, http://www.communitycommons.org, 8/11/2016.

Race/Ethnicity

The residents in the community are primarily white (97.58%). This is slightly higher than the three-county region and notably higher than the state population. The estimated population that is of Hispanic, Latino or Spanish origin in the community is 2.18%, which is less than the state (4.91%).



Data Source: U.S. Census Bureau, American Community Survey. 2010-14. Source geography: Tract.
Courtesy: Community Commons, http://www.communitycommons.org, 8/11/2016.

Change in Population

According to the U.S. Census Bureau Decennial Census, there has been a 1.53% increase (128 persons) in the total population in the community between 2000 and 2010. This indicator is important because positive or negative growth affects healthcare and community utilization of resources. This rate is lower than both the three-county region (2.98%) and the state (7.81%) over the same period.

Data Source: US Census Bureau, Decennial Census. 2000 - 2010. Source geography: Tract
Courtesy: Community Commons, http://www.communitycommons.org, 8/11/2016

Housing and Households

There are 3,433 total households in the community. The percentage of vacant housing is much higher in the community and counties than the rest of the state. Vacant houses may lead to a negative impact on the socioeconomic factors of the community.

Households	Community	Three-County Region	Minnesota
Percentage of Total Households with individuals Under 18 years	29.77%	29.73%	31.55%
Percentage of Households with Individuals 65+ years	29.19%	29.80%	22.83%
Percentage of Householders Living Alone, Age 65+	15.67%	12.55%	9.65%
Average Household Size	2.41	2.45	2.48
Housing Occupancy	**Community**	**Three-County Region**	**Minnesota**
Total Housing Units	4,767	35,547	2,347,201
Percentage of Vacant Housing Units	27.89%	19.71%	11.1%

Data Source: U.S. Census Bureau, American Community Survey. 2010-14. Source geography: Tract.

HEALTH DATA COLLECTION PROCESS

This report was produced by the CHNA task force at LHS. The following outline explains the process LHS undertook to complete the CHNA. Each process and methodology is described in more detail throughout the report.

1. Formation of a CHNA task force
2. Definition of the community served
3. Data collection and analysis
4. Identification and prioritization of opportunities and services to meet community health needs
5. Adoption of goals and implementation strategy to respond to prioritized needs in collaboration with community partners
6. Dissemination of priorities and implementation strategy to the public

Secondary Data Collection

There were multiple resources used to gather secondary data with direct relevance to the CHNA process. The following is the list of resources that offered measures utilized to capture the health needs of the community:

- Centers for Disease Control and Prevention (CDC)
- Health People 2020: U.S. Department of Health and Human Services (HP 2020)
- Minnesota Department of Health (MDH)
- University of Wisconsin Population Health Institute County Health Rankings
- U.S. Census Bureau
- U.S. Department of Education
- U.S. Health Resources and Services Administration
- Community Commons

Primary Data Collection

To be more efficient and effective in collecting primary data, LHS collaborated with other entities within the counties served. Through this effort LHS was able to provide input on the Health4Life community survey conducted by Morrison, Todd and Wadena counties. This survey provides relevant information to the health needs of the community served by the hospital. The results were compiled by Ann Kinney and disseminated to each partnering organization of the CNHA committee.

The survey was randomly mailed to 1,600 residents in each of the three counties, 4,800 total. The first mailing was sent in February 2016. Approximately ten days after the first survey packets were mailed, a reminder postcard was sent to all sampled households, reminding those who had not yet returned a survey to do so. Another full survey packet was sent to all households that had still not returned the survey approximately two weeks after the reminder postcards were mailed. The response rate from this survey was 27.9% (1,338/4,800) overall. County level response rates were 29.3% (Morrison), 25.6% (Todd) and 28.8% (Wadena). Data was weighted to provide an accurate depiction of the residents of the three counties.

In addition, community stakeholder interviews were conducted over a period of approximately three months – February to April - to gain a better understanding of what the perception of a healthy community is in the immediate area. Stakeholders were identified by the CHNA committee and represented a variety of individuals with either knowledge of health or who were willing to state their opinions about improving health in the county, consisting of:

- Business leaders
- Civic groups
- Community members from various economic and social backgrounds
- Educators
- Public Health
- Health System leaders
- Religious leaders

The interviews were led by Katie Spoden of the Initiative Foundation. Detailed results for the survey and summary data from the interviews are included in the appendices of this document.

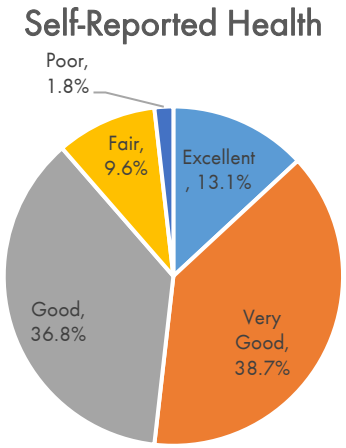
Limitations and Information Gaps

Every effort was made to capture the true health needs of the community. The process of conducting a CHNA may carry innate limitations for consideration. The health data analyzed as part of this study captures a wide array of health-related measures that help to better understand the needs of the population. However, certain health needs might not be captured or reflected in the existing data sources. This could mean certain health needs may not have been given proper weight or importance.

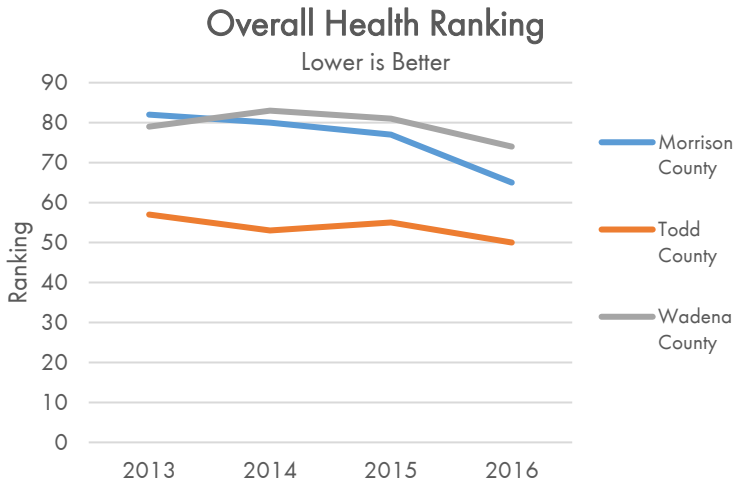
HEALTH DATA RESULTS

Overview

The majority of the respondents of the Health4Life survey self-reported their health as good, very good or excellent (88.6%), even though the counties' overall health rankings have been listed in the middle-to-bottom half of the state. As compared to the last CHNA report, self-reported health has improved, as have the counties' overall health rankings. The health rankings measured represent factors that influence the health of a county, including health behaviors, clinical care, social and economic, and physical environment.



Health4Life Survey Data, 2016



Data Source: The University of Wisconsin, Population Health Institute, County Health Rankings, 2016

Out of 87 counties, Wadena is ranked 74th, Morrison 65th and Todd 50th. Morrison County has seen the greatest improvement since 2013, moving from 82nd; however, both Wadena and Todd counties have seen improvement during that time as well, moving from 79th and 57th, respectively.

Access

Access to care – the supply and accessibility of facilities and providers, among other factors – can present barriers to good health. Over 70% of the Health4Life survey respondents feel that access to healthcare services has stayed the same since 2013, while18.8% feel it has improved. The charts below support those perceptions, as the ratio of primary care physicians and dentists are indeed improving, aside from primary care in Morrison County.

Primary Care Physicians				
	Morrison County	Todd County	Wadena County	Minnesota
2013	1,661:1	1,555:1	1,538:1	1,140:1
2016	1,730:1	1,280:1	1,530:1	1,100:1

Dentists				
	Morrison County	Todd County	Wadena County	Minnesota
2013	3,374:1	3,154:1	2,046:1	1,660:1
2016	3,280:1	2,430:1	1,720:1	1,500:1

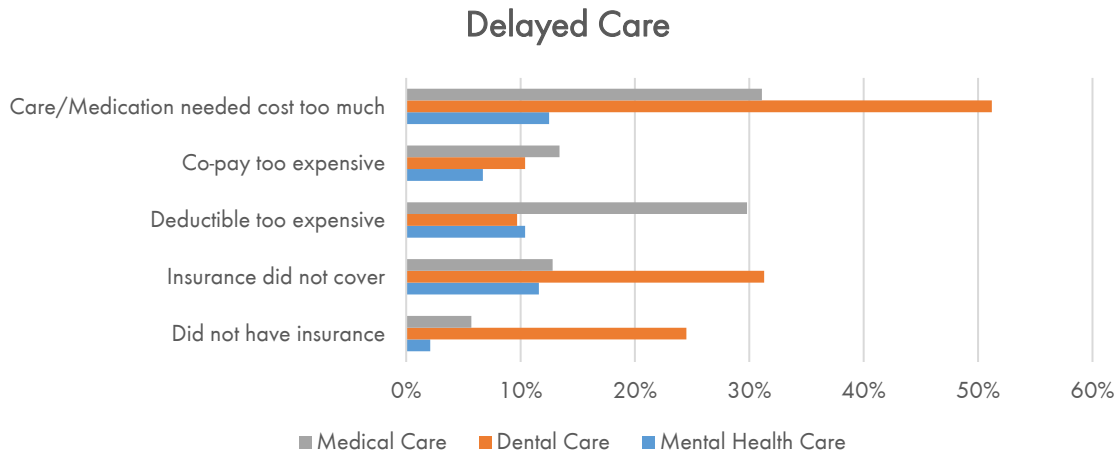
Mental health provider data was unavailable at the county level until 2014, though the chart below shows that ratios have improved significantly across all three counties in the last two years.

Mental Health Providers				
	Morrison County	Todd County	Wadena County	Minnesota
2014	2,542:1	8,170:1	574:1	748:1
2016	840:1	3,030:1	430:1	490:1

Data Source: The University of Wisconsin, Population Health Institute, County Health Rankings, 2016

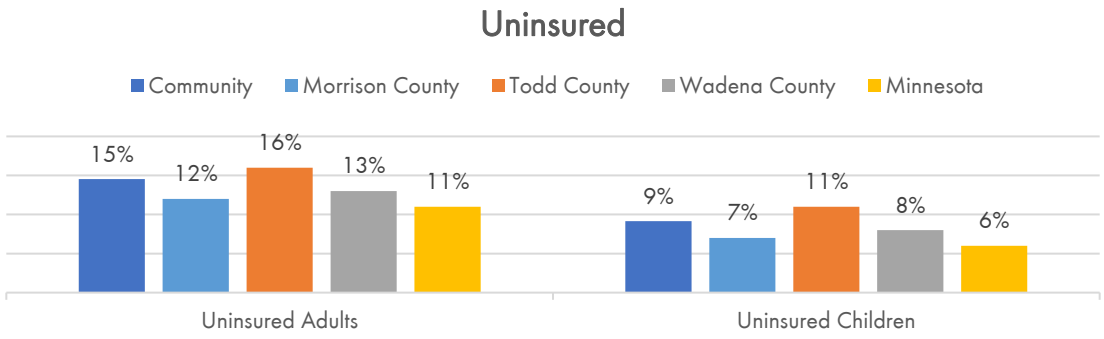
Insurance/Cost

Healthcare costs have significant implications and may create barriers for people seeking care in a timely manner. A number of Health4Life respondents reported delaying or forgoing medical (18.5%), dental (19.0%) and/or mental health (9.5%) care in the last 12 months. While respondents indicated a variety of reasons for the delay, cost was a primary factor. *Respondents were instructed to check all reasons that applied.*



Data Source: Health4Life Survey, 2016

The graphs below show the percentage of adults under age 65 without health insurance and the percentage of children under age 19 without health insurance, as of 2013. Lack of insurance is a primary barrier to healthcare access and is considered a key driver of health status. The following statistics have remained stable since 2010, despite the introduction of the PPACA.

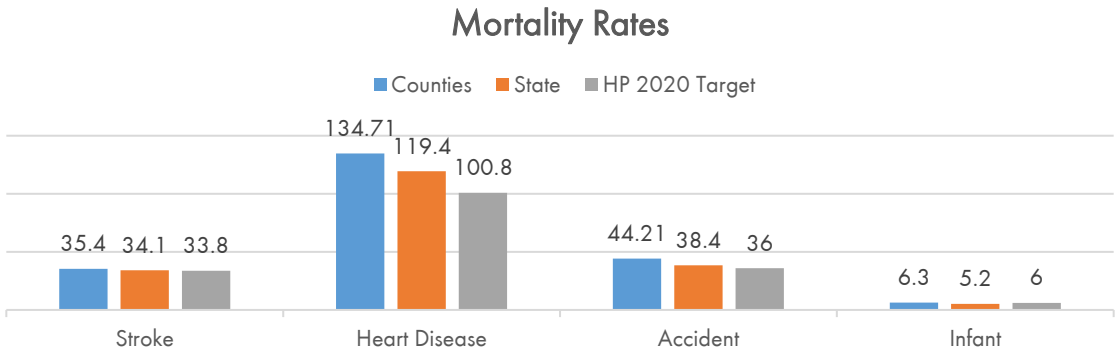


Data Source: The University of Wisconsin, Population Health Institute, County Health Rankings, 2016

Mortality

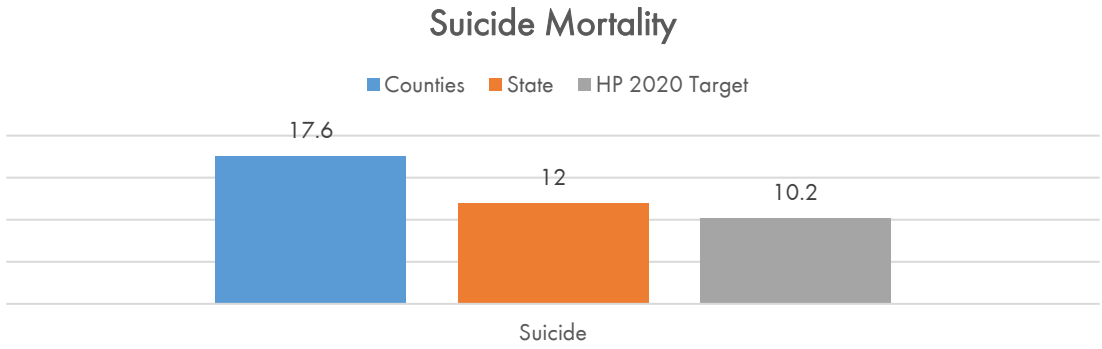
Premature mortality is defined as the years of potential life lost before age 75 (YPLL-75) and represents deaths that may have been prevented. While this measurement may not completely capture the burden of chronic disease in communities, it can show trends that require additional focus. The three counties represented in this report have a premature age-adjusted mortality rate of 6,176 per 100,000 in population, as compared to the state's rate of 5,131 per 100,000 in population. This may indicate that there is a higher rate of preventable deaths in the region.

The drill down in age-adjusted mortality rates includes a comparison of the three counties, the state and the established HP 2020 targets. Stroke and heart disease are leading causes of death in the United States. The data indicates that the three-county region and the state have a similar stroke mortality rate, slightly higher than the HP 2020 target, while infant mortality rates are close to the target. The accident mortality rate for the three counties has decreased slightly since the last report, but remains above the HP 2020 target. Most concerning is the heart disease mortality rates for the three-county region and the state, both of which have increased significantly since the last report and are well above the HP 2020 target. This indicates a state-wide need for increased focus on heart disease prevention.



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System, 2009-2013, accessed through CDC Wonder. Source geography: County.
U.S. Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10. Source geography: County.
Courtesy: Community Commons, http://www.communitycommons.org, 8/11/2016.

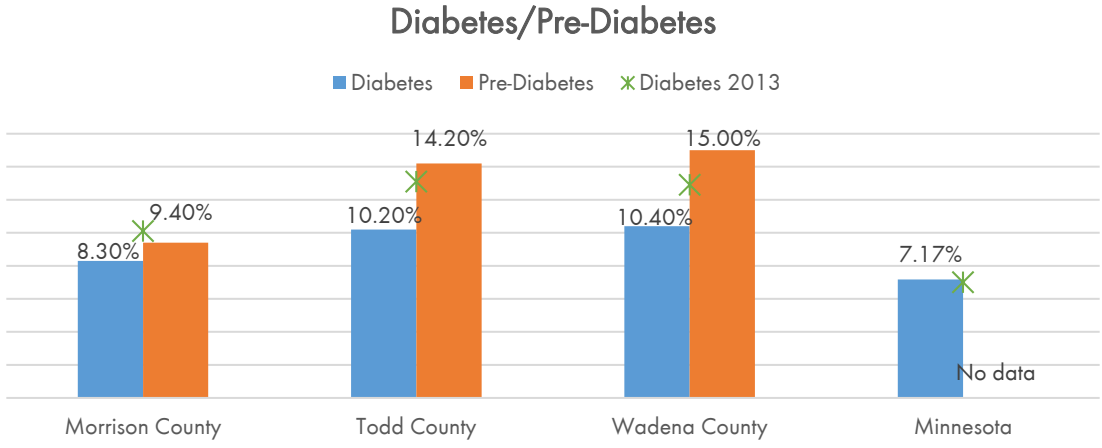
With the rise in mental health issues gaining more attention in recent years, suicide mortality is also of extreme importance to monitor. The chart below shows the crude death rate per 100,000 in population for the three-county region and the state, compared to the HP 2020 target.



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System, 2009-2013, accessed through CDC Wonder. Source geography: County. Courtesy: Community Commons, http://www.communitycommons.org, 8/11/2016.

Morbidity/Disease

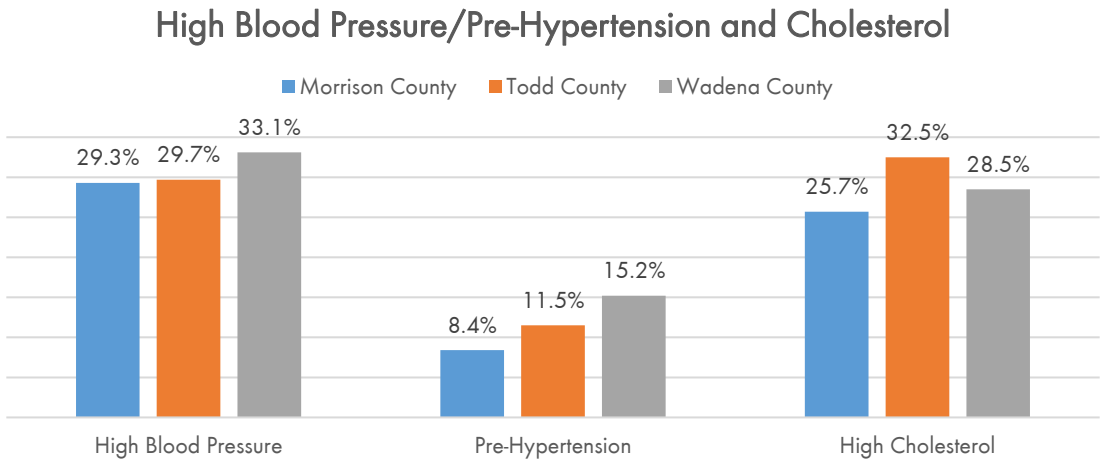
Chronic health issues can create a burden for individuals and their families. One important indicator for healthy behaviors is diabetes. As outlined in the table below, the respondents to the Health4Life survey indicated a higher percentage of diabetes diagnosis than the state, though the rates have decreased since the last survey. While there is no state or previous survey data regarding pre-diabetes to compare, the regional rates are worth monitoring, as a key indicator of future state. Note that the data taken from the Health4Life survey is from 2016 while the state data is from 2009. Therefore, there may be a disparity in how prevalent diabetes diagnosis is within the state as compared to the region.



Data Source: Health4Life Survey, 2016 and 2013; Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County. Courtesy: Community Commons, http://www.communitycommons.org, 8/11/2016.

Other indicators of health behaviors are high blood pressure, pre-hypertension and high cholesterol, which can lead to other health issues such as heart disease and stroke. All can be improved with physical activity, health eating, smoking cessation and medication. The percentages of Health4Life

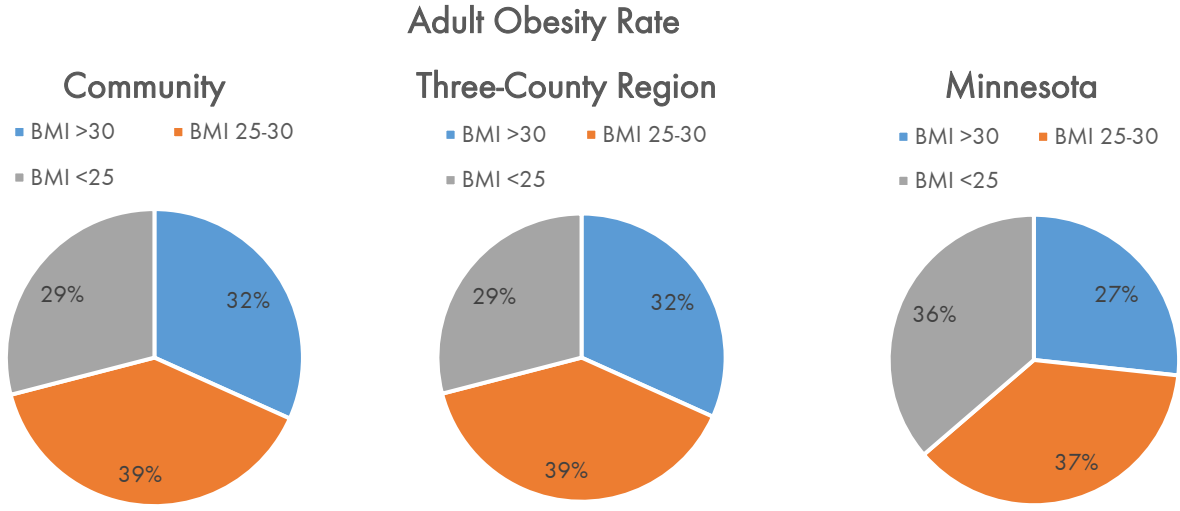
survey respondents in the region that have been told by a healthcare provider that they have high blood pressure, pre-hypertension or high cholesterol are fairly similar.



Data Source: Health4Life Survey, 2016

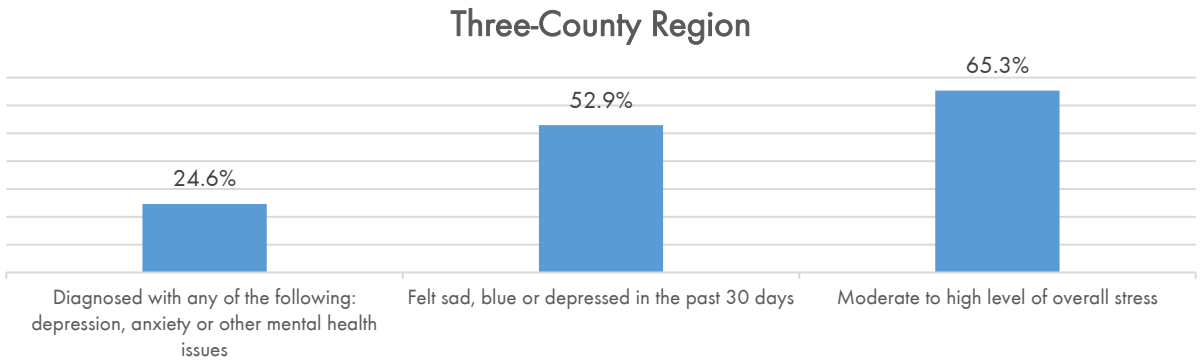
Obesity can also play an important role in chronic disease and continues to be an issue among adults and children in our region. While lifestyle choices are keys contributors to an individual's BMI, heredity and environmental factors can impact weight as well. Regardless, excess weight may put individuals at risk for further health issues.

Adult obesity is a body mass index (BMI) of 30 or greater and a BMI of 25 – 30 is considered overweight. Over 50% of Health4Life respondents say they've been told by a health care professional that they are overweight or obese. The charts below illustrate the prevalence of at-risk individuals, with the percentages of those with a BMI of 25 or greater increasing across the board since 2013.



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County. Courtesy: Community Commons, http://www.communitycommons.org, 8/11/2016.

Perhaps just as important as physical health, mental health issues are also of increasing concern in the region. Rates of depression, anxiety and stress among Health4Life participants indicate a strong need for intervention, while the ratio of mental health providers may not be enough to support the demand. Additionally, only 13.1% of respondents reported having received mental health services within the past five years.



Data Source: Health4Life Survey, 2016

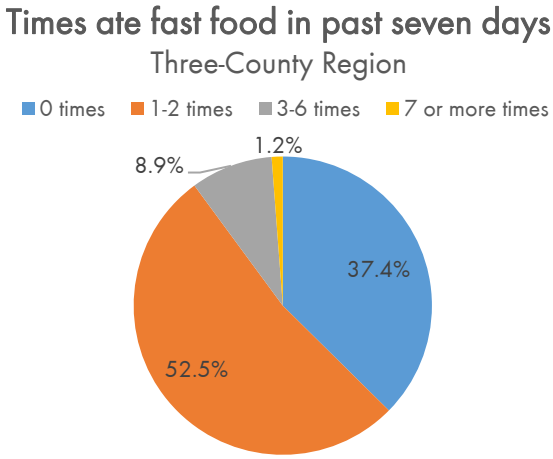
Sufficient social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability. 17.7% of adults in Morrison and Wadena counties report that they receive insufficient social and emotional support all or most of the time, more than 3% higher than the state.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health and Human Services, Health Indicators Warehouse. 2006-12. Source geography: County. Courtesy: Community Commons, http://www.communitycommons.org, 8/11/2016.

Healthy Behaviors

Healthy eating behaviors are determinants of future health, and unhealthy eating habits may cause significant health issues such as obesity and diabetes. 66.7% of Health4Life respondents reported eating less than 5 servings of fruits and vegetables (yesterday), compared to the daily consumption rate of 78.1% for the state of Minnesota.

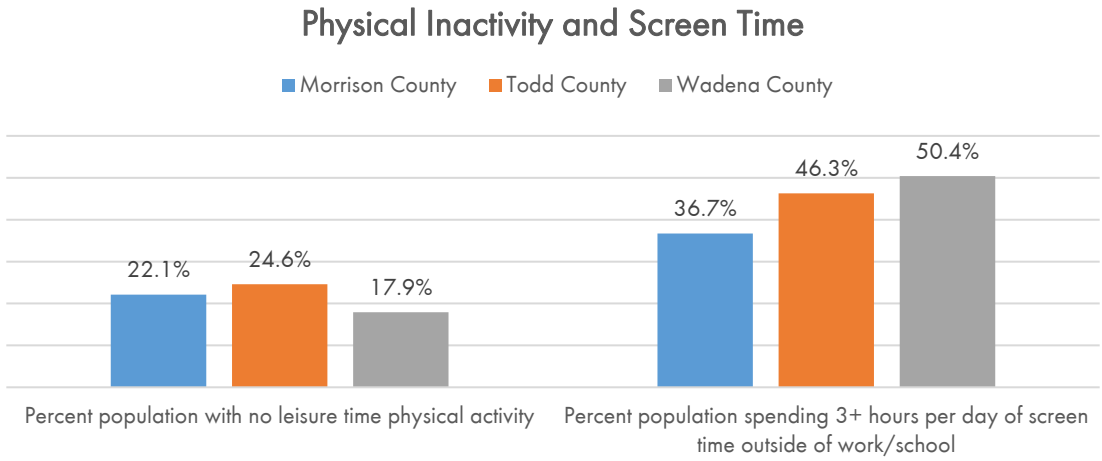
The prevalence of fast food restaurants in the region is lower than the state rate – 51.4 establishments, rate per 100,000 population compared to 65, respectively – which may be a positive factor in self-reported visit frequency.



Data Source: Health4Life Survey, 2016; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health and Human Services, Health Indicators Warehouse. 2005-09. Source geography: County. Courtesy: Community Commons, http://www.communitycommons.org, 8/11/2016.

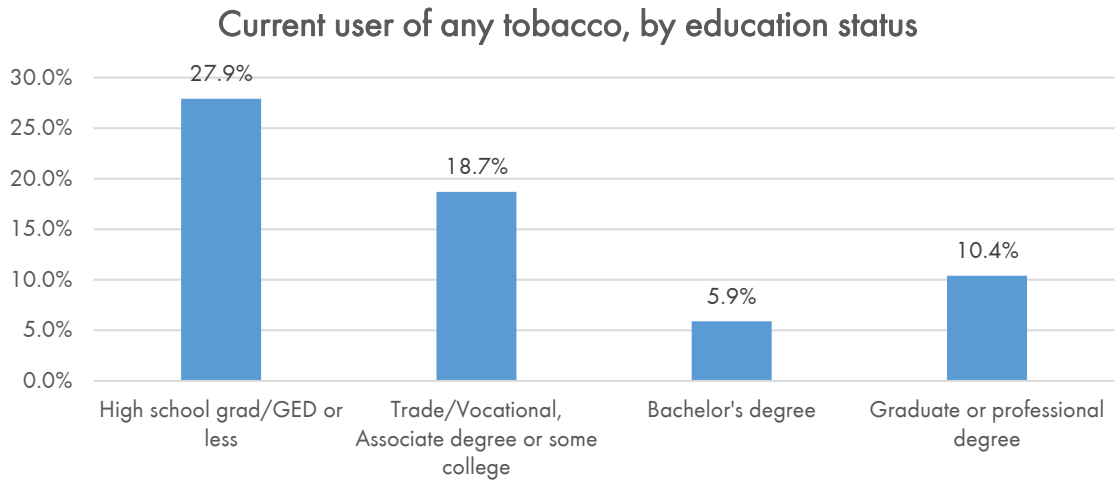
Physical inactivity may also illustrate a cause of significant health issues such as obesity and poor cardiovascular health. 22.1% of adults aged 20 and older within the three-county region self-report no leisure time for activity, according to the CDC. This data aligns closely with that of the Health4Life survey, where 29.3% of respondents report no participation in physical activity in the past 30 days.

There may be an assumed connection between physical inactivity and the amount of time spent per day using electronic devices. 47.1% of Health4Life survey respondents reported 3 or more hours spent per day using a computer, tablet, TV or smart phone outside of work or school.



Data Source: Health4Life Survey, 2016; Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County. Courtesy: Community Commons, http://www.communitycommons.org, 8/11/2016.

There are several tobacco-related health disparities that exist in the three-county region as well. Overall, 19.5% of Health4Life respondents reported using any tobacco product within the past 30 days. Correlations between educational status and tobacco use are illustrated below, where 27.9% of Health4Life respondents with a high school degree or less report using tobacco.



Data Source: Health4Life Survey, 2016

Tobacco use among youth has also been explored through the Minnesota Student Survey. According to 2013 survey results, 11th grade students report the following:

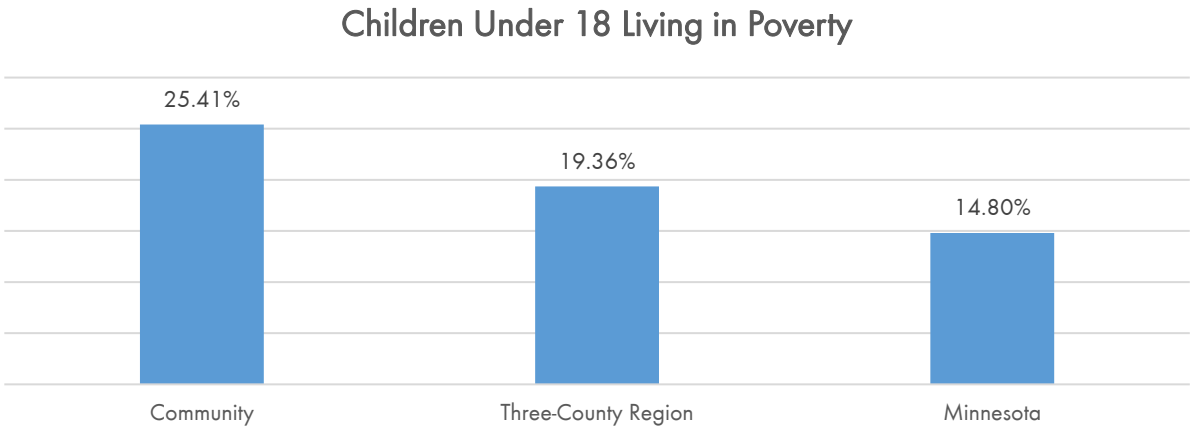
- 71% male, 83% female students report using tobacco products in the last 30 days.
- 17% male, 15% female students report smoking cigarette on 1 or more days in the last 30 days.
- 20% male, 3% female students report using chewing tobacco, snuff or dip on 1 or more days in the last 30 days.
- 15% male, 6% female students report smoking cigars, cigarillos or little cigars on 1 or more days during the last 30 days.
- 45% male and female students report being in the same room as someone smoking cigarettes on 1 or more days during the past 7 days.

SOCIAL DETERMINANTS OF HEALTH

Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Poverty

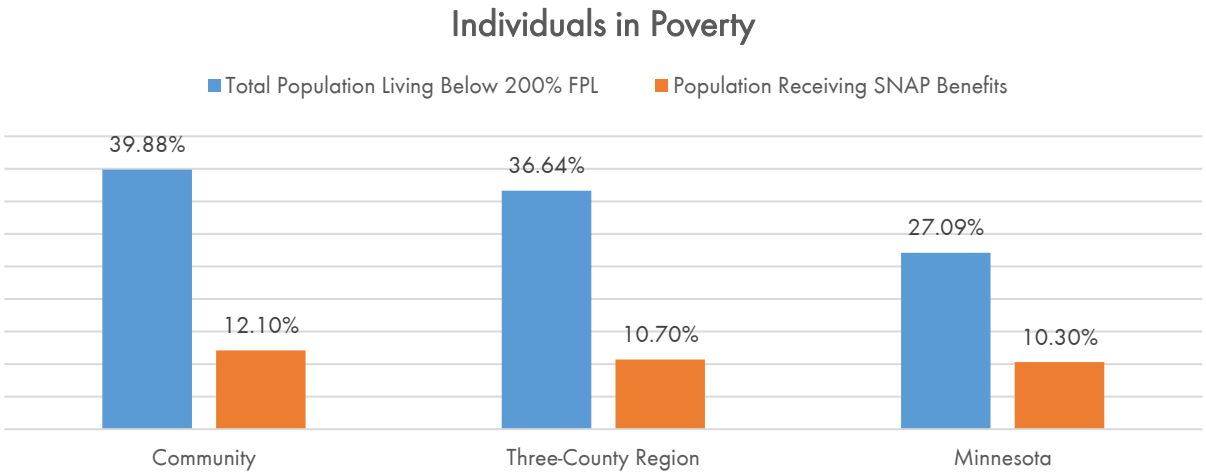
The chart below highlights the percentage of children ages 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). Poverty creates obstacles in accessing healthy food options, reliable housing and other necessities, which can contribute to a poorer health status.



Data Source: U.S. Census Bureau, American Community Survey. 2010-14. Source geography: Tract. Courtesy: Community Commons, http://www.communitycommons.org, 8/11/2016.

The level of poverty in school-aged children can also be seen in the reduced or free lunch program. In the three-county region, this equates to 49.32% of total students enrolled (11,534). The state reports a lower rate a 38.44% of all students.

Vulnerable populations, such as families in poverty, are more likely to have multiple healthcare and social support needs. The total population living below 200% of the FPL in the community is 39.88%. This can also be seen in the number of community members receiving Medicaid and Supplemental Nutritional Assistance Program (SNAP) benefits. However, there seems to be a large disparity between the percentage of individuals living below 200% of the FPL and the percentage receiving SNAP benefits throughout the community, three-county region and state.



Data Source: U.S. Census Bureau, American Community Survey. 2010-14. Source geography: Tract. Courtesy: Community Commons, http://www.communitycommons.org, 8/11/2016.

Unemployment

Unemployment creates financial instability and barriers to access including insurance coverage, health service, healthy food and other necessities that contribute to poor health. The unemployment

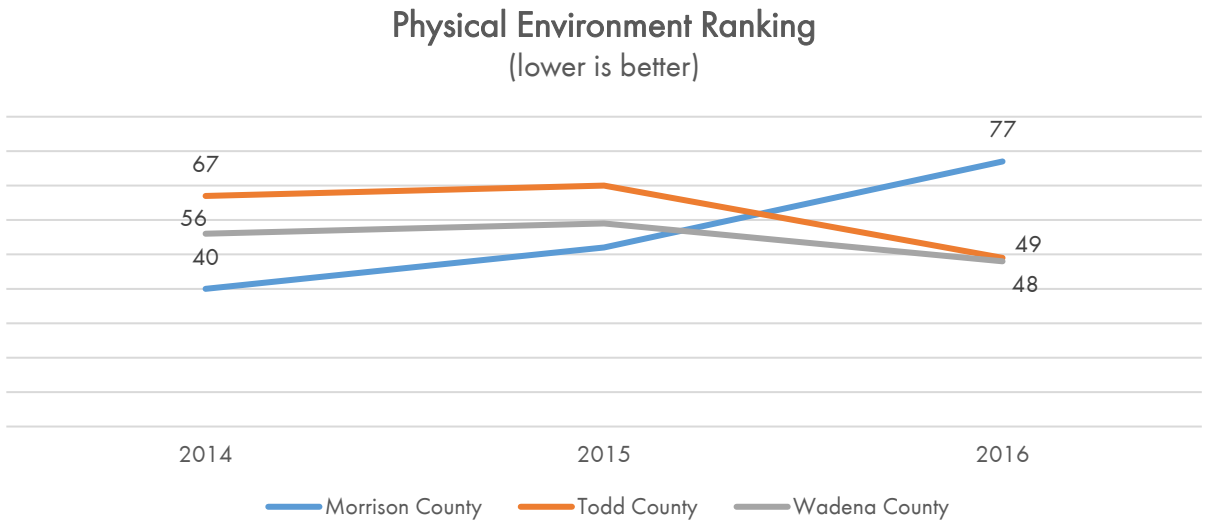
rate – the percentage of the civilian non-institutionalized population age 16 and older - for the three-county area was 4.6% in May 2016; similar to Minnesota's rate.

	# Unemployed	Unemployement Rate
Community	182	4.2%
Three-County Region	1,709	4.6%
Minnesota	121,352	4.0%

Data Source: US Department of Labor, Bureau of Labor Statistics. 2016 - May. Source geography: County. Courtesy: Community Commons, http://www.communitycommons.org, 8/11/2016.

Physical Environment

Another factor by which a community's health is influenced is physical environment – a safe community which allows access to healthy food, clean air and water, as well as recreational opportunities. Overall physical environment rankings take into account the following factors: air pollution, drinking water violations, severe housing problems, driving alone to work, long commute – driving alone. These factors are not consistent with those of the last CHNA report, leaving comparison to 2014 - 2016 data.



Data Source: The University of Wisconsin, Population Health Institute, County Health Rankings.

Transportation

According to the American Community Survey, 6.39% (1,864) of households in the three-county area have no motor vehicle. While this percentage is lower than that of the state, there is a large discrepancy between it and the use of public transportation within the same area (0.32%).
Data Source: U.S. Census Bureau, American Community Survey. 2010-14. Source geography: Tract.

Food Access

Access to healthy food is another factor that has gained much attention in the region over the past three years. Evidence indicates that living in an area that is considered to be a "food desert" is linked to a higher incidence of individuals being overweight or obese and may lead to premature

death because of the impact of chronic illnesses. Limited access to healthy food in rural Minnesota is based on living within ten miles of a grocery store and in a low-income population.

County	# Limited Access	% Limited Access
Morrison	3,650	11%
Todd	3,320	13%
Wadena	2,556	18%
Minnesota		6%

Data Source: The University of Wisconsin, Population Health Institute, County Health Rankings.

One of two key measures that are used to construct the Food Environment Index is food insecurity, which is the percentage of the population who did not have access to a reliable source of food during the past year. Lacking constant access to food is related to negative health outcomes such as weight-gain and premature mortality. What may be more concerning is the number of food insecure individuals that are ineligible for State or Federal nutrition assistance. Assistance eligibility is determined based on household income of the food insecure households relative to the maximum income-to-poverty ratio for assistance programs such as SNAP, WIC, school meals, CSFP and TEFAP.

	# Food Insecure (total)	% Food Insecure (total)	% of Food Insecure Population Ineligible for Assistance
Morrison	3,700	11%	24%
Todd	2,520	10%	10.99%
Wadena	1,770	13%	10%
Minnesota	572,760	11%	35%

	# Food Insecure (children)	% Food Insecure (children)	% of Food Insecure Population Ineligible for Assistance
Morrison	1,470	18.34%	22.99%
Todd	1,190	19.63%	6.97%
Wadena	700	21.19%	5%
Minnesota	205,050	15.99%	33%

Data Source: The University of Wisconsin, Population Health Institute, County Health Rankings.

Optimistically, the rate per population of SNAP and WIC-authorized food stores in the region far surpasses that of Minnesota.

	SNAP-Authorized Retailers, Rate per 10,000 Population	WIC-Authorized Food Store Rate, Per 100,00 Population
Three-County Region	9.73	34.8
Minnesota	6.43	23.4

Data Source: U.S. Department of Agriculture, Food and Nutrition Service, USDA – SNAP Retailer Location. Additional data analysis by CARES 2016; U.S. Department of Agriculture Economic Research Service, USDA – Food Environment Atlas. 2011.

Recreation and Fitness Facility Access

Access to recreation and fitness facilities encourages physical activity and other healthy behaviors. While the rate of establishments per population in the three-county region is lower than the state's, it does match that of the U.S. as a whole. Todd and Wadena counties surpass that of the state. By comparing actual physical activity to the opportunities available in these two counties, there appears to be a disconnect.

	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Morrison	33,198	2	6.02
Todd	24,985	3	12.05
Wadena	13,843	2	14.45
Minnesota	5,303,925	623	11.7

Data Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography: County.

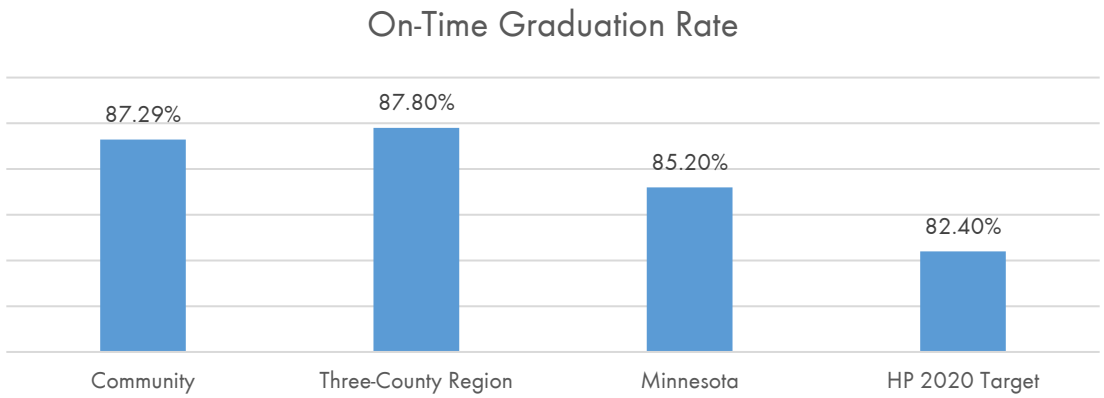
Income and Education

Income and social status are also determinants of health; the lower the income and social status, the lower the overall health. Until a specific threshold is reach, it is difficult to maintain health insurance and pay for deductibles/out-of-pocket expenses, purchase healthy food and have secure housing. Education typically has a strong correlation with income. All three counties have a higher percentage population without a high school diploma and a lower median household income than the state.

	Morrison County	Todd County	Wadena County	Minnesota
Median Household Income	$50,685	$44,202	$41,909	$61,500
Percentage of Population without a High School Diploma (Age 25+)	10.82%	13.3%	11.4%	7.72%

Data Source: The University of Wisconsin, Population Health Institute, County Health Rankings and U.S. Census Bureau, American Community Survey, 2010-14. Source Geography: Tract.

The Healthy People 2020 (HP 2020), a set of nationally established benchmarks, has a goal of an on-time graduation rate of 82.4%. On-time graduation is the percentage of students who received high school diplomas within four years after starting ninth grade in public schools. Low levels of education are often linked to poverty and poor health. The rates in the community and three-county region exceed this goal.



Data Source: U.S. Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES. 2013-14. Source Geography: School District.

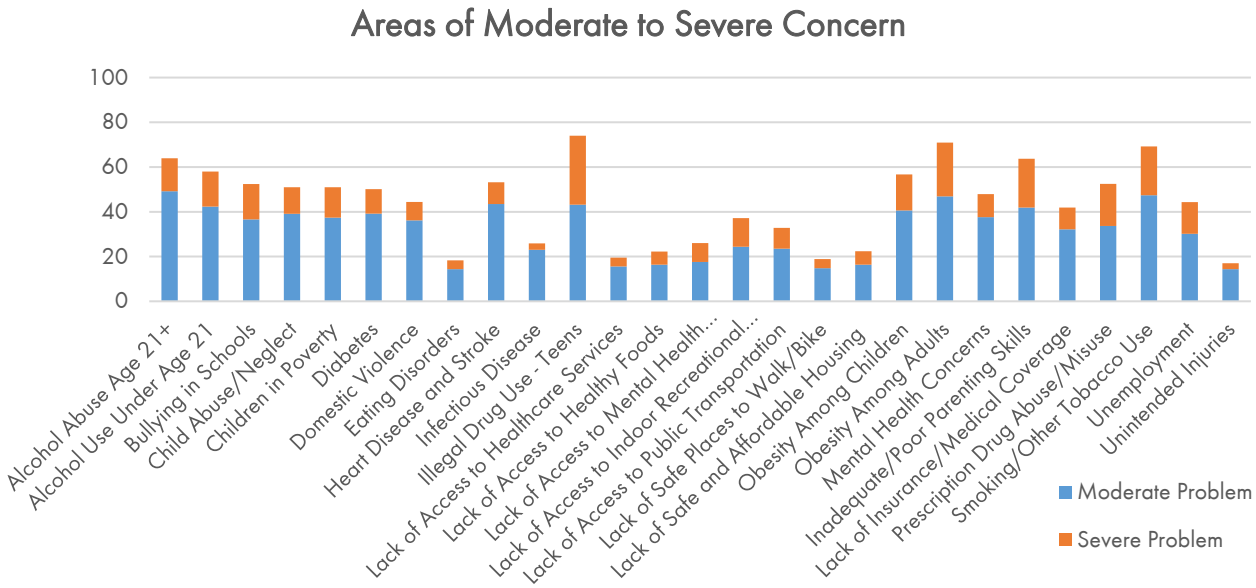
Although negative health consequences can be related to poverty for individuals of all ages, children in poverty are often challenged with more risks. Children face higher morbidity and mortality because of increased chance of accidental injury, decreased access to healthcare and lower educational success. Infants of women living in poverty during pregnancy may face developmental impairment due to lack of prenatal care.

COMMUNITY CONCERNS AND PRIORITIES

The stakeholder interviews conducted were designed to gauge the community's perception of what a healthy community entails. A total of 53 interviews were scheduled and conducted over the phone with individuals throughout Morrison, Todd and Wadena counties. Each stakeholder was asked 14 questions, which can be found in the appendices. While a variety of answers were given for each question, the following are themes that were identified frequently across all three counties:

- Poverty and lack of opportunity contribute to health inequity
- Transportation identified as primary barrier to achieving a healthier community
- Behaviors are learned: healthy choices start in the home, are reinforced through education and supported by peers
- Community health is improved when individuals and families are engaged
- Parenting is difficult: strong healthy parents need support and tools
- Domestic violence occurs in many forms and necessitates a many-pronged approach
- School-based policies address bullying, room for growth

In comparison, the chart below illustrates how much of a problem Health4Life respondents perceive a number of issues to be in their communities.


Areas of Moderate to Severe Concern
100
80
60
40
20
0
Alcohol Abuse Age 21+
Alcohol Use Under Age 21
Bullying in Schools
Child Abuse/Neglect
Children in Poverty
Diabetes
Domestic Violence
Eating Disorders
Heart Disease and Stroke
Infectious Disease
Illegal Drug Use - Teens
Lack of Access to Healthcare Services
Lack of Access to Healthy Foods
Lack of Access to Mental Health...
Lack of Access to Indoor Recreational...
Lack of Access to Public Transportation
Lack of Safe Places to Walk/Bike
Lack of Safe and Affordable Housing
Obesity Among Children
Obesity Among Adults
Mental Health Concerns
Inadequate/Poor Parenting Skills
Lack of Insurance/Medical Coverage
Prescription Drug Abuse/Misuse
Smoking/Other Tobacco Use
Unemployment
Unintended Injuries
Moderate Problem
Severe Problem

IMPLEMENTATION STRATEGY

Priority Area #1: Obesity (Adult and Childhood)

Goal: To prevent and reduce obesity in adults and children by increasing healthy eating and physical activity opportunities.		
Strategies / Activities	**Lead / Role / Partners**	**Tracking and Performance Measurement**
Increase access to, and consumption and availability of, healthy foods • Improve availability of healthier food and beverage choices at worksites, schools, businesses and retailers (Ex. Menu labeling, Smart Lunchroom Scorecards, Farmers Market access)	Community Health/Healthy Kids Collaborative	**Short-Term Outputs:** Increased offerings of healthy foods; number of trainings and equipment provided; number of retailers engaged; number of students reached; number of referrals; statewide initiatives supported
• Provide support to area schools in implementing USDA guidelines and additional policy, system and environmental changes that increase student consumption of healthy foods (Ex. Smart Lunchroom Scorecards)	Healthy Kids Collaborative	**Medium-Term Indicators:** Increase number of adults who consume at least five servings of fruits and vegetables from 66.7 % -Community Health Survey Increase the number of adolescents who consume fruits and vegetables - MN Student Survey (5th, 8th, 9th & 11th)
• Continue to integrate community-based referral systems with evidenced-based chronic disease prevention programs (Ex. I CAN Prevent Diabetes)	Community Health; diabetes educators	**Long-Term Indicators:** Decrease the percentage of overweight and obese adults from 71% - Community Health Survey Decrease the percentage of overweight and obese adolescents - MN Student Survey
• Work with area partners to increase availability of fruits and vegetables to high-risk population groups, such as seniors, low-income families, individuals with multiple chronic conditions	Senior Fruits &Veggies Collaborative; Todd, Wadena, Morrison Healthy Connections	
• Facilitate support, trainings, education and community resources for accessing locally grown healthy food options (Market Buck programs, farm to institution, grow your own resources)	Healthy Kids Collaborative; Staples Area Farmers Market; Senior Fruits &Veggies Collaborative	
• Participate in statewide initiatives that improve access, affordability and availability of healthy foods (Ex. MN Good Food Access, MN for Healthy Kids Coalition initiatives)	Support role	

Increase access to physical activity opportunities for adults and children • Provide outreach and support to area schools to implement and evaluate at least one active school strategy: (Ex. active classroom designs; active recess; increased activity before/after school; increased activity during the day)	Healthy Kids Collaborative	**Short-Term Outputs:** Number of active school strategies implemented; number of students reached; number of trainings provided; increased physical activity offerings; statewide initiatives supported; community center progress milestones
• Increase availability of free and low-cost physical activity options for children and families	Healthy Kids Collaborative	**Medium-Term Indicators:** Reduce the number of adults who report no participation in physical activity in the past 30 days from 29.3% - Community Health Survey
• Support area-wide active transportation and safe pedestrian plans (Ex. local Safe Routes to Schools collaborations, regional trail expansions, local active transportation planning)	Support role	Increase the number of adolescents who engage in 60 minutes or more of physical activity, 7 days per week - MN Student Survey
• Continue to integrate community-based referral systems with evidenced-based chronic disease prevention programs (Ex. I CAN Prevent Diabetes)	Community Health, Diabetes educators	**Long-Term Indicators:** Decrease the percentage of overweight and obese adults from 71% - Community Health Survey
• Participate in statewide initiatives that improve physical activity curriculum, active transportation options, and funding across Minnesota (Ex. MN for Healthy Kids Coalition)	Support role	Decrease the percentage of overweight and obese adolescents - MN Student Survey
• Support, participate and contribute in continued collaboration with local government, business community and school district in advancing community center growth opportunities	Collaborative role	

Priority Area #2: Mental and Behavioral Health

Goal: To improve education, awareness, and community-based interventions for mental and behavioral health resources for individuals, families, employers, and youth.		
Strategies / Activities	**Lead / Role / Partners**	**Tracking and Performance Measurement**
Increase awareness and education of mental health issues • Offer and promote ongoing education and outreach on stigma, depression, suicide prevention and other mental health issues across the community. • Actively participate in the Region 5+ Mental Health Collaborative • Participate in statewide initiatives/campaigns that support increased awareness of mental health issues (Ex. Make it Ok, MN 10x10)	Mental Health Task Force Collaborative role Support role	**Short-Term Outputs:** Number of educational offerings, number of participants reached, number of media awareness touches **Medium-Term Indicators:** Reduce the rate of respondents who reported feeling sad, blue or depressed in the past 30 days from 52.9% **Long-Term Indicators:** Reduce suicide mortality rate from 17.6 per 100,000 – CDC, Community Commons
Reduce drug use, and risky and unhealthy alcohol use • Support and participate in area CAD (Communities Against Drugs) collaboration • Engage in community policy system and environmental initiatives on drug prevention (Ex. social host ordinances) • Participate in statewide initiatives that support chemical health collaborations and funding across Minnesota	Collaborative role Collaborative role Support role	**Short-Term Outputs:** Number of activities engaged, number of stakeholders reached, number of policy, system and environmental change initiatives implemented **Medium-Term Indicators:** Reduce percentage of survey respondents reporting areas of moderate to severe concern for: • Alcohol abuse, age 21+ • Alcohol abuse, under age 21 • Illegal drug use, teens **Long-Term Indicators:** Decrease percentage of adolescents using tobacco and illegal drugs –Minnesota Student Survey

Reduce tobacco use and exposure among youth and adults • Support and participate in Todd - Wadena - Morrison Tobacco-Free Communities coalition. • Engage in community policy, system and environmental initiatives that reduce tobacco use, prevent initiation and eliminate secondhand exposure (Ex. tobacco-free grounds, tailored cessation support, youth access provisions)	Collaborative role; Todd, Wadena, Morrison Tobacco-Free Communities Coalition Collaborative role	**Short-Term Outputs:** Number of activities engaged, number of stakeholders reached, number of policy, system and environmental initiatives implemented **Medium-Term Indicators:** Reduce three-county adult tobacco use rate from 19.5% - Community Health Survey Reduce percentage of survey respondents reporting illegal drug and tobacco use as a "severe problem" in our communities – Community Health Survey **Long-Term Indicators:** Decrease percentage of adolescents using tobacco and illegal drugs –Minnesota Student Survey
Improve access to mental health services • Assess and expand the availability of evidenced-based mental health services across our region	Promotion role, Region 5+ MH Collaborative, Crisis and Referral Line	**Short-Term Outputs:** Expanded scope and reach of mental health service lines **Medium-Term Indicators:** Reduce the rate of respondents who reported feeling sad, blue or depressed in the past 30 days from 52.9% **Long-Term Indicators:** Improve ratios of mental health providers in Todd and Morrison Counties (3,030:1 and 840:1) – Population Health Institute & County Health Rankings

Priority Area #3: Social Determinants of Health, and Health Equity

Goal: To build and strengthen partnership with community agencies that address the social determinants of health, and work toward collective impact solutions.		
Strategies / Activities	**Lead / Role / Partners**	**Tracking and Performance Measurement**
Facilitate community-based strategies that improve the availability, accessibility, affordability and infrastructure of food systems within our region. • Coordinate the Lakewood Regional Healthy Food Collaborative • Screen and provide resources for patients who have identified as food insecure • Participate in statewide initiatives that improve the accessibility, affordability and availability of food. (Ex. MN Food Charter, MN Good Food Access)	Lakewood Regional Healthy Food Collaborative LHS Clinic Systems Support role	**Short-Term Outputs:** Number of food insecurity screenings and referrals, number of food insecure individuals reached, number of initiatives/calls to action supported **Medium-Term Indicators:** Reduce the percentage of limited-access to healthy food individuals within Morrison, Todd and Wadena Counties (11%, 13%, 18%) – Population Health Institute – County Health Rankings Reduce number of food insecure children in Todd, Morrison and Wadena Counties (18.34%, 19.63%, 21.19%) – Population Health Institute – County Health Ranking **Long-Term Indicators:** Reduce the percentage of children living in poverty from 19.36% - Population Health Institute – County Health Rankings Reduce the percent of the total population living in poverty from 36.64% - Population Health Institute – County Health Rankings
Work with regional partnership to expand services and initiatives that address the social determinants of health • Expand the linkage between clinical and social service offerings	LHS; local public health agencies; Todd, Wadena, Morrison Healthy Connections	**Short-Term Outputs:** Expand social services and clinical referrals; strengthen access to social services within clinical systems; expand relationships with social service agencies; integrate social service connections within EHR system

• Actively seek opportunities to engage community partners in funding program and policy initiatives that address health equity, housing, transportation, food access and economic development	LHS; regional social services providers; local units of government; area schools, Staples Motley Beyond Poverty	**Medium-Term Indicators:** Reduce the percent of population without a high school diploma in Morrison, Todd and Wadena counties (10.82%, 13.3%, 11.4%) - American Community Survey
• Collaborate with schools to address health issues that impact educational attainment and increase social and educational equity among students and families	Area schools, Healthy Kids Collaborative	**Long-Term Indicators:** Reduce the percentage of children living in poverty from 19.36% - Population Health Institute – County Health Rankings Reduce the percentage of the total population living in poverty 36.64% - Population Health Institute – County Health Rankings

APPENDIX A: HEALTH4LIFE SURVEY AND RESPONSES

Weighted Frequencies

1. In general, would you say that your health is:

	Morrison County	Todd County	Wadena County	MTW Combined
Excellent	14.3	11.4	13.4	13.1
Very Good	41.0	37.3	35.5	38.7
Good	36.2	37.8	36.2	36.8
Fair	6.7	11.4	13.5	9.6
Poor	1.9	2.0	1.4	1.8

2. Have you ever been told by a doctor, nurse, or other health professional that you had any of the following health conditions?

	Morrison County	Todd County	Wadena County	MTW Combined
Diabetes	8.3	10.2	10.4	9.4
Only during pregnancy	*1.3*	*2.5*	*0.7*	*1.6*
Pre-diabetes or elevated blood sugar	9.4	14.2	15.0	12.2
Only during pregnancy	*1.6*	*1.3*	*1.3*	*1.4*
High blood pressure/hypertension	29.3	29.7	33.1	30.2
Only during pregnancy	*1.4*	*0.7*	*1.0*	*1.1*
Pre-hypertension	8.4	11.5	15.2	10.8
Only during pregnancy	*0.5*			*0.2*
High blood cholesterol	25.7	32.5	28.5	28.6
High triglycerides	14.4	20.0	14.5	16.4
Heart trouble or angina	7.7	8.5	11.5	8.7
Stroke or stroke-related health issues	4.2	3.3	3.2	3.7
Overweight	37.7	35.0	37.0	36.6
Obesity	12.7	15.4	13.6	13.8
Cancer	8.0	11.2	10.1	9.5
Asthma	11.0	7.2	7.3	8.9
Chronic lung disease (including COPD, chronic bronchitis or emphysema)	4.8	5.6	5.4	5.2
Arthritis	26.5	27.2	25.2	26.5
Depression	15.4	21.5	15.2	17.5
Anxiety or panic attacks	17.1	14.6	13.5	15.5
Other mental health issues	5.3	5.5	5.4	5.4

3. When was the last time you had...

	Morrison County	Todd County	Wadena County	MTW Combined
A routine checkup				
Within the past year	76.6	63.9	68.3	70.5
Within the past 2 years	14.6	18.3	12.9	15.6
Within the past 5 years	4.2	9.6	4.8	6.2

Five or more years ago	4.1	4.4	13.9	6.1
Never	0.5	3.9	.1	1.6
A flu shot				
Within the past year	53.8	50.8	48.7	51.8
Within the past 2 years	12.4	12.6	9.9	12.0
Within the past 5 years	8.4	4.6	6.6	6.7
Five or more years ago	7.2	5.7	11.4	7.5
Never	18.2	26.3	23.4	22.0
A dental exam or your teeth cleaned				
Within the past year	69.3	62.8	62.0	65.7
Within the past 2 years	15.9	16.6	10.4	15.1
Within the past 5 years	7.4	5.5	10.2	7.3
Five or more years ago	6.4	12.3	14.3	9.9
Never	1.0	2.8	3.1	2.0
A hearing test				
Within the past year	27.1	18.6	18.6	22.5
Within the past 2 years	11.8	13.4	13.1	12.6
Within the past 5 years	15.9	13.3	13.6	14.5
Five or more years ago	34.1	35.7	36.7	35.2
Never	11.1	19.0	18.0	15.2
An eye exam				
Within the past year	64.8	59.4	53.5	60.8
Within the past 2 years	19.6	24.0	19.0	21.0
Within the past 5 years	6.5	7.5	11.5	7.8
Five or more years ago	7.1	5.8	14.4	8.1
Never	2.0	3.3	1.6	2.4
Your blood pressure checked				
Within the past year	91.3	86.9	89.1	89.3
Within the past 2 years	6.3	6.6	3.7	5.9
Within the past 5 years	1.4	2.3	5.3	2.5
Five or more years ago	1.0	3.8	.5	1.9
Never		.4	1.4	.4
Your blood cholesterol checked				
Within the past year	62.3	59.6	56.9	60.3
Within the past 2 years	15.2	11.7	8.4	12.7
Within the past 5 years	10.1	6.1	11.0	8.9
Five or more years ago	3.4	5.6	10.6	5.5
Never	9.0	16.9	13.0	12.5
Your blood sugar checked				
Within the past year	57.6	57.0	60.8	58.0
Within the past 2 years	12.4	14.8	7.5	12.3
Within the past 5 years	6.3	6.4	9.4	6.9
Five or more years ago	6.8	5.2	11.2	7.1
Never	16.9	16.5	11.0	15.7
Any screening for skin cancer				
Within the past year	19.8	19.3	18.4	19.4
Within the past 2 years	8.6	8.5	7.4	8.3

Within the past 5 years	4.9	8.8	7.7	6.8
Five or more years ago	6.1	5.3	6.4	5.9
Never	60.5	58.3	60.0	59.6
Any screening for colon cancer				
Within the past year	15.5	11.5	12.0	13.5
Within the past 2 years	12.2	11.0	11.9	11.8
Within the past 5 years	14.6	16.7	16.0	15.6
Five or more years ago	10.2	10.6	8.6	10.0
Never	47.5	50.1	51.6	49.2
A prostate exam (men only)				
Within the past year	25.8	27.2	19.8	25.1
Within the past 2 years	14.3	12.3	11.2	13.0
Within the past 5 years	7.7	7.4	7.1	7.5
Five or more years ago	7.1	5.7	7.0	6.6
Never	45.2	47.4	54.8	47.9
A Pap test (women only)				
Within the past year	40.6	29.8	29.5	34.7
Within the past 2 years	16.5	21.4	25.3	19.9
Within the past 5 years	15.5	15.5	19.5	16.2
Five or more years ago	11.8	14.3	15.8	13.4
Never	15.6	19.1	9.9	15.8
A mammogram (women only)				
Within the past year	36.7	31.8	39.3	35.4
Within the past 2 years	10.1	14.0	11.0	11.6
Within the past 5 years	7.4	7.7	7.0	7.4
Five or more years ago	5.1	7.3	9.2	6.6
Never	40.6	39.3	33.6	38.9
Mental health services				
Within the past year	7.0	8.4	6.1	7.3
Within the past 2 years	2.1	1.4	1.7	1.8
Within the past 5 years	3.8	3.5	5.3	4.0
Five or more years ago	5.8	6.4	5.3	5.9
Never	81.2	80.3	81.5	81.0
Chemical dependency services				
Within the past year	3.7	.8	1.2	2.2
Within the past 2 years	.4	.9	4.1	.5
Within the past 5 years	.7	2.2	1.5	1.1
Five or more years ago	2.9	96.1	93.2	2.4
Never	92.4	.8	1.2	93.9

4. In the past 12 months, what medical specialists have you seen? (Mark ALL that apply.)

	Morrison County	Todd County	Wadena County	MTW Combined
Family practice physician	79.3	69.0	72.3	74.3
Chemical dependency specialist	2.2	0.2	0.2	1.1
General surgeon	7.2	5.5	12.5	7.6
Internal medicine physician	6.4	4.0	3.9	5.1

Mental health professional	4.7	4.8	4.7	4.7
OB/GYN physician	13.8	6.1	7.2	9.9
Orthopedic surgeon	14.5	8.9	6.8	11.1
Pediatrician	1.9	1.5	2.0	1.8
Psychiatrist	2.5	1.2	2.5	2.0
Other	11.9	11.7	10.6	11.6
I did not see any medical specialists in the past 12 months	8.3	17.4	16.6	13.1

5. Since 2013, would you say that your access to medical health care services has:

	Morrison County	Todd County	Wadena County	MTW Combined
Improved	15.7	18.7	26.4	18.8
Stayed the same	76.2	69.7	67.5	72.2
Become worse	6.2	9.1	3.4	6.7
Did not live in this area in 2013	1.9	2.5	2.7	2.3

6. During the past 12 months, was there a time that you needed medical care but did not get it or delayed getting it?

	Morrison County	Todd County	Wadena County	MTW Combined
Yes	18.3	22.3	11.7	18.5
No	81.7	77.7	88.3	81.5

7. Why did you not get or delay getting the medical care you thought you needed? (Mark ALL that apply.)

	Morrison County	Todd County	Wadena County	MTW Combined
The care I needed cost too much	21.9	40.9	33.0	31.3
My co-pay was too expensive	11.7	15.6	11.7	13.4
My deductible was too expensive	17.5	43.4	27.9	29.8
My insurance did not cover it	10.1	12.6	23.6	12.8
I did not have insurance	7.1	3.3	9.3	5.7
I could not get an appointment	11.0	13.4	30.5	14.4
I did not think it was serious enough	32.5	31.4	26.5	31.3
I had transportation problems	2.8	1.0	9.4	2.8
I could not get off work	16.3	5.9	12.0	11.4
I could not get help for someone I care for in my home			6.0	0.7
Other reason	13.0	17.8	11.0	14.8

8. During the past 12 months, was there a time that you needed dental care but did not get it or delayed getting it?

	Morrison County	Todd County	Wadena County	MTW Combined
Yes	17.8	20.9	18.1	19.0
No	82.2	79.1	81.9	81.0

9. Why did you not get or delay getting the dental care you thought you needed? (Mark ALL that apply.)

	Morrison County	Todd County	Wadena County	MTW Combined
The care I needed cost too much	43.2	58.4	54.5	51.2
My co-pay was too expensive	10.2	12.3	7.0	10.4
My deductible was too expensive	6.6	15.0	5.6	9.7
My insurance did not cover it	34.5	28.8	29.5	31.3
I did not have insurance	29.2	17.1	29.3	24.5
I was too nervous or afraid	6.2	13.2	8.0	9.2
I could not get an appointment	5.2	16.2	8.9	10.2
I did not this it was serious enough	13.6	10.6	10.1	11.8
I had transportation problems	1.3	0.7	2.6	1.3
I could not get off work	16.7	4.3	7.1	10.1
There are no dentists in my area	7.5	0.9	1.7	3.8
Other reason	5.6	9.1	17.0	9.1

10. How would you rate your overall level of stress?

	Morrison County	Todd County	Wadena County	MTW Combined
High	8.6	12.2	11.7	10.4
Medium	56.1	55.0	51.8	54.9
Low	35.3	32.9	36.5	34.7

11. During the past 30 days, for about how many days have you felt sad, blue or depressed? *Calculated variable: categorized*

	Morrison County	Todd County	Wadena County	MTW Combined
0 days	48.6	47.6	42.9	47.1
1 – 9 days	38.7	39.6	47.8	40.8
10 – 19 days	8.5	6.7	5.4	7.3
20 – 29 days	2.6	5.1	3.1	3.6
All 30 days	1.6	1.0	.8	1.2

12. During the past 12 months was there a time when you wanted to talk with or seek help from a health professional about emotional problems such as stress, depression, excess worrying, troubling thoughts, or emotional problems, but did not or delayed talking with someone?

	Morrison County	Todd County	Wadena County	MTW Combined
Yes	8.9	11.7	7.1	9.5
No	91.1	88.3	92.9	90.5

13. Why did you not get or delay getting the care you thought you needed? (Mark ALL that apply.)

	Morrison County	Todd County	Wadena County	MTW Combined
The care I needed cost too much	12.3	14.0	8.4	12.5
My co-pay was too expensive	7.6	7.5	1.3	6.7

My deductible was too expensive	15.0	8.5	2.5	10.4
My insurance did not cover it	5.0	21.6	1.5	11.6
I did not have insurance		4.0	2.4	2.1
I was too nervous or afraid	25.1	23.0	20.5	23.5
I could not get an appointment	8.1	4.7	11.8	7.2
I did not think it was serious enough	29.2	16.4	47.0	26.3
I had transportation problems	3.1		12.1	3.1
I could not get off work	30.4		13.4	14.9
I could not get help for someone I care for in my home	3.8			1.6
I did not know where to go	19.1	32.2	20.9	25.0
Other reason	11.1	14.1	14.4	12.9

14. During the past 12 months, was there a time when you thought you needed chemical dependency services but did not get it or delayed getting it?

	Morrison County	Todd County	Wadena County	MTW Combined
Yes	.5	.4	.8	.5
No	99.5	99.6	99.2	99.5

15. Why did you not get or delay getting the chemical dependency services you thought you needed? (Mark ALL that apply.) *Too few respondents had a delay to report the reasons for the delay.*

16. In the past 12 months which statement best describes mediations prescribed to you?

	Morrison County	Todd County	Wadena County	MTW Combined
I had no medications prescribed for me	28.9	35.9	32.2	32.0
I had medications prescribed for me and I filled them all	66.5	57.9	65.0	63.2
I had medications prescribed for me and I did not fill at least one of them	4.6	6.3	2.8	4.9

17. Why did you not fill at least one prescription? (Mark ALL that apply.)

	Morrison County	Todd County	Wadena County	MTW Combined
The medication I needed cost too much	6.4	55.9	55.0	34.2
My co-pay was too expensive	13.3	4.5	9.9	8.9
My deductible was too expensive	2.9	14.5	15.8	9.6
My insurance did not cover it	2.9	31.4	6.0	16.1
I did not have insurance		3.0		1.4
I do not like taking medications	33.2	12.7		20.2
I did not like the side effects	20.5	14.4	11.5	16.8
I had transportation problems		2.2		1.0
Other reason	39.6	19.2	36.2	30.0

18. Which of the following types of health insurance do you have?

	Morrison County	Todd County	Wadena County	MTW Combined
Health insurance or coverage through your employer or your spouse/partner, parent, or someone else's employer	69.7	62.0	53.5	64.0
Health insurance or coverage bought directly by yourself or your family	29.5	33.3	36.5	32.0
Indian or Tribal Health Service	1.0	0.4	0.4	0.7
Medicare	29.5	36.1	43.2	34.1
Medicaid, Medical Assistance (MA), or Prepaid Medical Assistance Program (PMAP)	13.3	17.4	20.6	16.0
MinnesotaCare	4.0	7.7	16.8	7.5
CHAMPUS, TRICARE, or Veterans' benefits	10.5	9.5	7.9	9.7
Other health insurance or coverage (please specify)	10.7	10.0	19.1	11.9

19. In the past 12 months, did you miss work or school for at least one full day due to...

	Morrison County	Todd County	Wadena County	MTW Combined
A physical illness	28.9	28.9	27.1	28.5
A mental health problem	3.3	2.1	2.6	2.7
A chemical health problem	0.3		0.2	0.2
An accident or injury	8.5	8.0	8.7	8.3

20. About how often do you drink...

	Morrison County	Todd County	Wadena County	MTW Combined
Pop or soda (regular)				
Never	32.9	30.0	27.7	30.8
Occasionally but not every week	30.3	29.5	39.9	31.9
At least once per week but not daily	21.2	20.2	18.6	20.4
Once per day	10.0	11.8	7.5	10.1
More than once per day	5.7	8.4	6.3	6.7
Pop or soda (diet)				
Never	45.0	62.3	56.9	53.3
Occasionally but not every week	23.3	17.8	19.3	20.6
At least once per week but not daily	14.2	7.2	13.2	11.5
Once per day	8.9	6.9	7.4	7.9
More than once per day	8.6	5.8	3.3	6.6
Energy drinks				

Never	86.7	91.2	85.3	88.0
Occasionally but not every week	12.3	3.8	9.0	8.8
At least once per week but not daily	.1	2.3	4.0	1.6
Once per day	.1	2.2	1.1	1.0
More than once per day	.8	.5	.5	.6
Other sugar-sweetened drinks				
Never	33.0	35.7	31.4	33.7
Occasionally but not every week	31.9	26.9	36.2	31.0
At least once per week but not daily	9.7	16.2	10.7	12.2
Once per day	19.4	12.2	10.7	15.3
More than once per day	5.9	9.0	11.0	7.9
Water				
Never	.2		.1	.1
Occasionally but not every week	.7	3.4	2.0	1.9
At least once per week but not daily	2.4	2.5	2.4	2.5
Once per day	12.0	9.5	9.0	10.6
More than once per day	84.7	84.5	86.5	85.0
Milk				
Never	9.4	13.5	15.0	11.9
Occasionally but not every week	13.4	9.1	11.9	11.6
At least once per week but not daily	17.0	19.6	20.7	18.6
Once per day	37.0	28.4	24.2	31.6
More than once per day	23.2	29.3	28.2	26.3

21. A serving of vegetables – not including French fries – is one cup of salad greens or a half cup of vegetables. How many servings of vegetables did you have yesterday?

	Morrison County	Todd County	Wadena County	MTW Combined
0 servings	14.9	8.2	10.1	11.7
1 – 2 servings	61.6	70.0	68.4	65.8
3 – 4 servings	17.4	19.4	16.8	18.0
5 or more servings	6.1	2.5	4.7	4.6

22. A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday?

	Morrison County	Todd County	Wadena County	MTW Combined
0 servings	59.5	52.9	59.0	57.1
1 – 2 servings	35.2	43.0	36.6	38.2
3 – 4 servings	3.4	3.5	3.5	3.5
5 or more servings	1.9	.6	.9	1.2

23. A serving of fruit is a medium-sized fruit or a half cup chopped, cut or canned fruit. How many servings of fruit did you have yesterday?

	Morrison County	Todd County	Wadena County	MTW Combined
0 servings	20.2	25.1	20.6	21.9
1 – 2 servings	65.1	54.8	64.2	61.4
3 – 4 servings	11.6	18.4	14.3	14.5
5 or more servings	3.1	1.8	.9	2.2

24. During the past 7 days, how many times did you eat from a fast food restaurant, including carry-out or delivery?

	Morrison County	Todd County	Wadena County	MTW Combined
0 times	36.3	40.5	34.6	37.4
1 – 2 times	53.0	48.8	58.2	52.5
3 – 6 times	9.6	9.5	5.9	8.9
7 – 10 times	.7	.4	1.3	.7
11 – 14 times	.3	.8	34.6	.4
15 or more times	.1			.1

25. During the past 12 months, how often did you worry that your food would run out before you had money to buy more?

	Morrison County	Todd County	Wadena County	MTW Combined
Often	3.0	3.9	3.9	3.5
Sometimes	4.0	6.6	5.5	5.2
Rarely	6.0	8.6	8.3	7.3
Never	87.0	80.9	82.3	84.0

26. During the past 12 months, have you used a community food shelf program?

	Morrison County	Todd County	Wadena County	MTW Combined
Yes	6.2	3.8	4.0	4.9
No	93.8	96.2	96.0	95.1

27. On average, while you are not at work or school, how many minutes or hours per day do you use a computer, tablet, TV or smart phone for reading, playing games, surfing the Internet, or watching programs or movies?
Calculated variable: total minutes

	Morrison County	Todd County	Wadena County	MTW Combined
0 minutes	5.5	7.4	5.4	6.1
Less than 1 hour	6.0	8.9	9.6	7.7
1 hour up to 2 hours	27.2	16.7	14.0	21.0
2 hours up to 3 hours	24.6	20.6	20.7	22.5
3 hours up to 4 hours	14.7	20.1	22.6	18.1
4 hours up to 5 hours	10.8	11.1	13.6	11.5
5 hours or more	11.2	15.1	14.2	13.1

28. During the past 30 days, other than your regular job, did you participate in any physical activity or exercises such as running, calisthenics, golf, gardening or walking for exercise?

	Morrison County	Todd County	Wadena County	MTW Combined
Yes	73.5	63.2	77.3	70.7

No	26.5	36.8	22.7	29.3

29. During an average week, other than your regular job, how many days do you get at least 30 minutes of moderate physical activity? *Calculated variable: moderate exercise 5+ days per week*

	Morrison County	Todd County	Wadena County	MTW Combined
0 days	15.2	20.7	11.7	16.4
1 – 4 days	55.5	56.3	62.9	57.2
5 – 7 days	29.3	23.0	25.4	26.4

30. During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity? *Calculated variable: vigorous exercise 3+ days per week*

	Morrison County	Todd County	Wadena County	MTW Combined
0 days	40.1	52.4	36.0	43.5
1 – 2 days	28.0	29.9	36.0	30.2
3 – 7 days	31.9	17.7	28.0	26.2

31. How often do you feel safe in your community?

	Morrison County	Todd County	Wadena County	MTW Combined
Never	.1	.9	.8	.5
Sometimes	2.1	5.2	2.7	3.3
Often	28.2	32.2	24.6	28.9
Always	69.5	61.8	71.9	67.3

32. Are you in a relationship where you are (or have ever been) physically hurt, threatened, or made to feel afraid?

	Morrison County	Todd County	Wadena County	MTW Combined
Yes	1.5	3.6	.9	2.1
No	98.5	96.4	99.1	97.9

33. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

	Morrison County	Todd County	Wadena County	MTW Combined
Yes	68.4	59.5	56.8	63.1
No	31.6	40.5	43.2	36.9

34. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage? 35. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? *Calculated variable: heaving drinking*

	Morrison County	Todd County	Wadena County	MTW Combined
No drinking or not heavy	88.5	89.9	90.7	89.4
Heavy drinking	11.5	10.1	9.3	10.6

36. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (for females: 4 or more drinks on any occasion – for males: 5 or more drinks on any occasion)? *Calculated variable: binge drinking*

	Morrison County	Todd County	Wadena County	MTW Combined
No drinking or no binge	66.0	80.4	69.3	71.6

Any binge drinking	34.0	19.6	30.7	28.4

37. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

	Morrison County	Todd County	Wadena County	MTW Combined
No drinking or no drinking and driving	94.9	95.1	99.2	95.8
Any drinking and driving	5.1	4.9	.8	4.2

38. Do you ever drive a car or other vehicle?

	Morrison County	Todd County	Wadena County	MTW Combined
Yes	96.7	95.3	92.7	95.4
No	3.3	4.7	7.3	4.6

39. When driving a car or other vehicle how often do you:

	Morrison County	Todd County	Wadena County	MTW Combined
Use a seat belt				
Not applicable	.1	.7		.3
Never	.3	3.2	.4	1.3
Sometimes	2.8	2.9	2.5	2.8
Often	4.5	9.3	6.3	6.5
Always	92.3	84.0	90.8	89.1
Require your passengers to use a seat belt				
Not applicable	1.0	1.1	.2	.9
Never	.6	3.0	1.1	1.5
Sometimes	1.3	4.2	2.9	2.6
Often	6.2	9.4	11.2	8.3
Always	90.9	82.3	84.5	86.6
Require the use of age appropriate child safety seats for children under 4 feet 9 inches tall				
Not applicable	26.4	25.1	27.3	26.1
Never	.6	.9	1.0	.8
Sometimes	.1	1.4	.7	.7
Often	1.2	.8	1.5	1.1
Always	71.6	71.8	69.4	71.3

40. When driving a car or other vehicle, how often do you:

	Morrison County	Todd County	Wadena County	MTW Combined
Send or read text messages or email				
Often	.3	.8	1.1	.6
Sometimes	36.0	25.1	29.9	31.0
Never	59.1	69.5	61.7	63.3
No cell phone	4.7	4.6	7.4	5.2
Make or answer a phone call				
Often	18.3	16.0	11.5	16.2
Sometimes	59.8	59.9	54.8	58.9
Never	17.8	20.1	26.3	20.2
No cell phone	4.1	4.0	7.4	4.7
Do other activities such as eat, read, or apply makeup or shave				

Often	3.2	3.7	2.4	3.2
Sometimes	40.9	32.6	38.8	37.6
Never	55.9	63.7	58.8	59.2

41. Have you smoked at least 100 cigarettes in your entire life? 42. Do you now smoke cigarettes every day, some days, or not at all? *Calculated variable: smoking status*

	Morrison County	Todd County	Wadena County	MTW Combined
Current smoker	12.5	12.5	11.1	12.3
Former smoker	28.2	25.8	28.7	27.5
Never smoked	59.3	61.6	60.1	60.3

43. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?

	Morrison County	Todd County	Wadena County	MTW Combined
Yes	48.8	58.4	51.9	52.7
No	51.2	41.6	48.1	47.3

44. In general, how often do you... *Calculated variable: smoking status*

	Morrison County	Todd County	Wadena County	MTW Combined
Cigars, cigarillos, little cigars				
Non-smoker	91.4	91.9	96.2	92.5
Current smoker	8.6	8.1	3.8	7.5
Pipes				
Non-smoker	99.3	97.5	99.3	98.6
Current smoker	.7	2.5	.7	1.4
Smokeless tobacco				
Non-user	89.8	98.3	93.3	93.4
Current user	10.2	1.7	6.7	6.6
E-cigarettes				
Non-user	98.7	97.7	97.2	98.0
Current user	1.3	2.3	2.8	2.0
Other tobacco				
Non-user	95.9	96.2	95.0	95.9
Current user	4.1	3.8	5.0	4.1
Marijuana				
Non-user	96.3	98.6	95.5	97.0
Current user	3.7	1.4	4.5	3.0

45. If you had questions about general health care, whose advice would you be likely to seek? (Mark ALL that apply.)

	Morrison County	Todd County	Wadena County	MTW Combined
Health plan or health insurance company	13.7	11.7	13.0	12.9
Doctor or other clinic or hospital staff	84.5	83.5	87.9	84.8
Pharmacist	30.8	25.6	26.6	28.2
Alternative health specialist	23.3	22.3	21.1	22.5
My employer	1.6	1.7	1.0	1.5

Family or friends	47.0	44.9	42.5	45.4
Internet sites	40.4	35.5	34.8	37.6
Nurse line	22.3	15.5	18.5	19.2

46. Are you:

	Morrison County	Todd County	Wadena County	MTW Combined
Male	50.2	51.1	49.3	50.3
Female	49.8	48.9	50.7	49.7

47. Your age group:

	Morrison County	Todd County	Wadena County	MTW Combined
18 – 34 years	25.4	23.4	22.7	24.2
35 – 44 years	14.5	13.7	13.5	14.0
45 – 54 years	19.9	19.4	18.0	19.4
55 – 64 years	18.2	19.2	17.3	18.4
65 – 74 years	11.5	13.6	14.0	12.7
75+ years	10.6	10.7	14.5	11.4

Questions 48 – 50 were not tabulated for this report.

48. How many adults (including yourself) and children live in your household?
49. How tall are you (without shoes)?
50. How much do you weigh (without shoes)?

51. Are you Hispanic or Latino/Latina? 52. Which of the following best describes you? (Mark ALL that apply.)

	Morrison County	Todd County	Wadena County	MTW Combined
White	99.1	96.9	97.8	98.1
Not white	0.9	3.1	2.2	1.9

53. Which of the following best describes your current relationship status?

	Morrison County	Todd County	Wadena County	MTW Combined
Married	75.6	74.4	64.7	73.1
Living with a partner	5.7	4.6	5.5	5.3
Divorced	4.4	4.3	7.1	4.9
Separated	1.4	0.9	0.2	1.0
Widowed	5.5	6.3	8.2	6.3
Never married	7.3	9.4	14.3	9.4

54. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

	Morrison County	Todd County	Wadena County	MTW Combined
Yes	11.9	10.4	15.2	12.0
No	88.1	89.6	84.8	88.0

55. What is the highest level of education you have completed?

	Morrison County	Todd County	Wadena County	MTW Combined
High school grad/GED or less	35.3	37.0	31.1	35.1

Trade/vocational school, some college or Associate degree	38.4	39.8	43.4	39.8
Bachelor's degree	14.7	14.6	19.2	15.5
Graduate/professional degree	11.6	8.6	6.3	9.5

56. What was your household's total income from all earners and all sources in 2015?

	Morrison County	Todd County	Wadena County	MTW Combined
Less than $20,000	12.3	12.8	16.7	13.3
$20,000 - $34,999	13.3	15.7	22.7	15.9
$35,000 - $49,999	14.0	21.4	13.8	16.5
$50,000 - $74,999	24.3	26.6	20.8	24.4
$75,000 - $99,999	14.8	13.6	16.7	14.8
$100,000 - $149,999	17.3	6.0	6.9	11.4
$150,000 or more	4.0	3.9	2.4	3.7

57. In your opinion, how much of a problem is each of these issues in your county? (Please answer based on your knowledge of community concerns, not on your personal situation.)

	Morrison County	Todd County	Wadena County	MTW Combined
Alcohol abuse among those aged 21 or over				
No problem	8.7	10.7	7.4	9.1
Minor problem	23.8	30.5	28.0	26.9
Moderate problem	51.6	44.8	51.7	49.2
Serious problem	15.8	14.1	12.9	14.7
Alcohol use among those under 21				
No problem	8.9	8.6	6.6	8.3
Minor problem	32.6	36.2	31.4	33.6
Moderate problem	40.9	42.3	46.0	42.3
Serious problem	17.7	12.9	16.1	15.7
Bullying in schools				
No problem	9.1	8.8	5.6	8.3
Minor problem	40.1	36.8	41.5	39.2
Moderate problem	35.7	38.3	35.8	36.6
Serious problem	15.1	16.1	17.1	15.8
Child abuse/neglect				
No problem	11.2	12.0	5.7	10.4
Minor problem	38.2	38.0	40.3	38.5
Moderate problem	39.7	39.2	37.5	39.1
Serious problem	10.9	10.8	16.4	11.9
Children in poverty				
No problem	13.4	12.3	5.9	11.6
Minor problem	40.7	38.1	28.1	37.4
Moderate problem	33.3	36.7	48.7	37.4
Serious problem	12.7	12.9	17.3	13.6
Diabetes				
No problem	13.7	12.3	8.4	12.2
Minor problem	36.9	39.2	36.8	37.7
Moderate problem	39.8	37.1	41.7	39.2

Serious problem	9.6	11.4	13.1	10.9
Domestic violence (partner, family)				
No problem	13.3	13.0	8.3	12.3
Minor problem	43.9	40.6	47.0	43.3
Moderate problem	34.7	38.8	35.5	36.2
Serious problem	8.1	7.6	9.3	8.2
Eating disorders (bulimia, anorexia)				
No problem	22.9	25.6	18.7	23.0
Minor problem	61.5	52.8	62.5	58.7
Moderate problem	12.2	16.3	16.4	14.4
Serious problem	3.4	5.3	2.5	3.9
Heart disease and stroke				
No problem	14.2	11.8	8.8	12.4
Minor problem	34.8	33.2	35.7	34.4
Moderate problem	42.9	45.9	40.6	43.5
Serious problem	8.0	9.1	14.8	9.7
Infectious disease (flu, pneumonia, whooping cough)				
No problem	19.3	16.6	17.0	17.9
Minor problem	57.0	57.9	51.6	56.3
Moderate problem	22.1	22.0	26.8	23.0
Serious problem	1.6	3.6	4.6	2.9
Illicit drug use				
No problem	9.6	7.9	5.7	8.3
Minor problem	9.4	24.0	26.9	17.7
Moderate problem	41.3	44.9	45.0	43.2
Serious problem	39.6	23.2	22.4	30.8
Lack of access to health care services				
No problem	35.5	37.5	33.1	35.8
Minor problem	45.8	42.1	47.2	44.8
Moderate problem	14.8	16.5	15.7	15.6
Serious problem	3.9	3.9	4.0	3.9
Lack of access to healthy foods				
No problem	42.4	36.3	32.0	38.4
Minor problem	34.0	41.7	49.1	39.5
Moderate problem	18.2	15.8	13.0	16.4
Serious problem	5.4	6.2	5.9	5.8
Lack of access to mental health services				
No problem	35.7	36.9	31.7	35.3
Minor problem	37.8	38.1	42.2	38.7
Moderate problem	16.5	19.4	16.9	17.6
Serious problem	10.1	5.7	9.2	8.4
Lack of access to indoor recreational space				
No problem	24.1	23.8	39.4	36.9
Minor problem	33.9	37.0	39.1	36.0
Moderate problem	27.9	24.2	16.1	24.4
Serious problem	14.1	15.0	5.3	12.8
Lack of access to public transportation				

No problem	27.3	24.1	28.5	26.4
Minor problem	37.4	40.9	49.4	40.9
Moderate problem	25.4	24.3	17.2	23.5
Serious problem	10.0	10.7	4.8	9.3
Lack of safe places to walk or bike				
No problem	43.1	38.2	40.2	40.9
Minor problem	40.6	38.4	42.8	40.3
Moderate problem	12.4	17.7	15.3	14.8
Serious problem	3.9	5.6	1.7	4.1
Lack of safe and affordable housing				
No problem	30.8	28.3	20.0	27.9
Minor problem	49.0	51.5	47.9	49.7
Moderate problem	16.4	13.0	22.6	16.4
Serious problem	3.8	7.2	9.4	6.0
Obesity among children				
No problem	9.8	7.4	6.4	8.3
Minor problem	31.9	39.5	34.2	35.0
Moderate problem	41.6	39.6	40.1	40.6
Serious problem	16.8	13.4	19.4	16.1
Obesity among adults				
No problem	7.5	6.1	3.9	6.3
Minor problem	18.7	26.7	25.6	22.8
Moderate problem	50.2	43.0	45.8	46.9
Serious problem	23.6	24.1	24.7	24.0
Mental health concerns (depression, anxiety)				
No problem	9.7	11.1	6.0	9.5
Minor problem	45.6	39.0	42.0	42.6
Moderate problem	36.0	38.6	39.5	37.6
Serious problem	8.7	11.2	12.5	10.3
Parents with inadequate or poor parenting skills				
No problem	7.6	7.5	5.7	7.2
Minor problem	29.0	29.6	28.6	29.1
Moderate problem	40.3	42.4	44.7	41.9
Serious problem	23.1	20.5	21.1	21.8
People without health insurance or medical coverage				
No problem	17.1	16.8	10.5	15.7
Minor problem	39.4	44.8	45.2	42.4
Moderate problem	35.0	27.3	34.4	32.2
Serious problem	8.6	11.1	9.9	9.7
Prescription drug abuse/misuse				
No problem	7.5	11.1	7.6	8.7
Minor problem	33.1	42.4	46.0	38.7
Moderate problem	30.9	36.5	35.6	33.7
Serious problem	28.5	10.0	10.8	18.8
Smoking/other tobacco use				
No problem	7.0	5.1	5.3	6.1
Minor problem	22.1	26.3	28.7	24.8

Moderate problem	45.6	49.8	47.2	47.4
Serious problem	25.2	18.8	18.7	21.8
Unemployment				
No problem	13.5	12.8	7.0	12.0
Minor problem	43.4	47.1	38.2	43.7
Moderate problem	28.7	28.1	37.9	30.2
Serious problem	14.5	11.9	16.9	14.1
Unintended injuries (falls, lack of seat belt use)				
No problem	22.2	17.1	17.8	19.6
Minor problem	60.6	69.0	60.3	63.4
Moderate problem	15.0	11.9	17.2	14.4
Serious problem	2.2	2.0	4.6	2.6

APPENDIX B: STAKEHOLDER INTERVIEWS: MORRISON, TODD AND WADENA COUNTIES

Methodology

The Initiative Foundation is proud to serve the 14 counties of Central Minnesota that include 160 hometowns and two tribal nations, each with its own unique character and local assets. The Initiative Foundation believes that local people have the enthusiasm and insights to power what's possible for their communities. Our community, organizational and economic development work is supported by a spectrum of public and individual donors who partner with the Foundation to build thriving communities. All of our grant-making, lending and leadership development activities are designed to create a skilled workforce; to make Central Minnesota a destination of choice to live, work and play; and to inspire people to share their time, talent and resources. Katie Spoden, the AmeriCorps VISTA Leader (Volunteers In Service To America) at the Initiative Foundation conducted and summarized the one-on-one stakeholder interviews. This approach was utilized in order to avoid having one of the sponsoring organizations conduct the interviews and risk impartiality being compromised or answers being less than frank or complete due to the interviewee's feelings/relationship with one of the sponsors. A total of 53 interviews were scheduled and conducted with individuals throughout Morrison, Todd and Wadena counties (see page 15). The questions asked of participants are listed on page 17.

Stakeholders were individuals that came from two groups–*systems people*, individuals whose jobs or volunteer activities had significant relevance to the broad spectrum of health care throughout the county, and *community-minded individuals* who were not necessarily involved in any aspect of health care but possessed a genuine concern for improving the health of the people of Morrison, Todd and Wadena counties. The selection process was driven by the CHNA sponsors and their recommendations of people with knowledge of health or thoughtful, verbal individuals willing to state their opinions about improving health in the county. Despite the "hand-picked" nature of the selection process, every effort was made to separate any potential feelings the interviewees may have about the sponsors from their value in providing input to the CHNA process.

The interviews were conducted over the phone and notes were taken on each conversation. For a complete list of the interviewees as well as their roles in the community, please see page 15.

The interviewer has written four separate sections summarizing the Stakeholder Interviews, one for each county and one presenting themes prevalent across counties. The sections specifically identify any common themes that surfaced during the discussion and then noting any additional relevant information related to community health needs discussed. The summaries, and the physical notes taken by the interviewer, provided the "data" for this section of the CHNA. Fifty-three individuals responded to the invitation for a phone interview.

MORRISON COUNTY

The following themes represent a summary of the opinions, experiences, and strategies provided by twenty stakeholders in Morrison County on community health needs, concerns and solutions.

Chemical Use and Abuse is Prevalent and Impacts the Health of Community

The use and abuse of chemical substances was the most identified health concern in Morrison County; more commonly identified as a priority health concern than in the Todd and Wadena County stakeholder interviews. Many are concerned about the use of heroin, methamphetamine, and prescription drug abuse. Additionally alcohol abuse, drunk driving and a culture of underage drinking were identified as key community health concerns.

Many cited the Drug Court, Drug Task Force, and the role of Morrison County law enforcement as effective strategies for addressing illegal drug use within the county; however it was broadly stated that addressing drug and alcohol abuse requires an interdisciplinary approach. Some cited the importance of working within the health care clinics and hospitals to identify addicted patients and provide a safe space to have conversations about addiction with trained physicians. Support groups were frequently mentioned, however one individual stated there were currently no active support groups in the community (i.e. AA, Drugs Anonymous, etc.). One suggestion was to ask graduates of the Drug Court to serve as ambassadors for support groups; these support groups could be held at churches or other community gathering spaces outside of the court system. Providing coaches for addiction and for finding purpose and meaning, and peer-to-peer mentorship was also mentioned as a strategy. The Stand Up For You Coalition was mentioned frequently as an effective strategy for getting youth to talk about drug and alcohol use and abuse. The Coalition promotes positive peer pressure, by providing accurate information about how often their peers drink alcohol; for example, displaying posters that convey the message, "Most students don't drink." This sentiment on the power of accurate information was expressed by others; no matter the age, alcohol and drug abuse education needs to be factual and relevant, and not intended to invoke fear. Although more education, access to resources, and preventative care were frequently mentioned as strategies for addressing substance abuse, it was also stated that education is not the "complete answer". An individual stated, there needs to be a unified message from parents, kids, teachers and mentors to create change in social norms around substance abuse. In addition to cultural change, a few individuals identified a need for policy change around the abuse of various substances. One individual provided examples of policy change; stronger social host ordinances for reducing underage alcohol consumption, policies around prescribing drugs in a way that reduces prescription drug abuse and, smoke free policies in parks, foster homes and daycares.

Obesity is a Multi-faceted Health Concern; Lack of Nutrition Education and Affordable Healthy Food Play a Large Role

Obesity was mentioned as a priority health concern and was often mentioned in tandem with a lack of access to healthy, affordable food, lack of nutrition education and lack of cooking skills. Creating a better understanding of nutrition and healthy eating was mentioned as a strategy that should be deployed in elementary schools, work places, and through community-based education. Fare For All, farmers markets, and the new Sprout Growers' and Makers' Market Place were all mentioned as assets in the community that contribute to making local, fresh and healthy food more available. However, a few individuals shared the lack of affordable healthy food options in more rural towns (towns outside of Little Falls) provides a huge barrier for all families to eat healthfully. The theme of affordable healthy food was often mentioned and paired with mentions of fast food as a cheaper and more convenient alternative. More community gardens and a larger community garden to supply the food shelf were mentioned as strategies for getting more fresh produce to low-income audiences.

Live Better! Live Longer! (LBLL) is an initiative within Morrison County with a mission to *"live better and live longer through healthy eating, increased physical activity and positive social connections."* A stakeholder provided the strategic goals for the "Eat Pillar" of LBLL. The purpose of the "Eat Pillar Team" is: *to lead as many people as possible to better health by increasing access to healthy food, and by providing knowledge and education for all Morrison County residents.* Many of the Eat Pillar strategic goals were mentioned by others as strategies for addressing obesity. These goals include; creating access to healthy, local food for low income families, providing nutrition education in coordination with providing food access, gardening education and community gardens as a means to provide access to food, outreach bringing awareness to resources, and providing healthy concession and snack options in schools.

Although Improving, More Infrastructure that Allows for Physical Activity is Needed

The general consensus among stakeholders was there has been improvement in the county's infrastructure for physical activity, but more needs to be done to provide safe spaces for physical activity year-round. In addition to the physical infrastructure for individuals and families to be active, many individuals wanted to see more family-based activities focused on movement, being outdoors, and providing a sober alternative to traditional social events. One individual suggested that there be a united effort coordinated with all fitness-related centers and businesses to provide incentives for physical activity. For example, individuals and families would receive a "punch card" with specific activities to be completed, i.e. a walk along the river, running a 5K, walking or biking to work three times a week, etc. and could earn points towards prizes such as a Fitbit, exercise clothes, a gift card to a grocery store, or other healthy prizes. In terms of designated spaces for activity, an individual mentioned supporting the development of a field house to be used for exercising, community center, pool and sporting events. Another individual suggested building a family center, similar to the Maslowski Wellness & Research Center in Wadena. A concern brought up by a few individuals was the membership costs for fitness centers; in response, they recommend a YMCA or another affordable option.

It is important to note that when there was discussion on lack of physical activity, screen time was frequently blamed as the cause. A few suggested eliminating screen time altogether, reducing time spent with technology, and not allowing technology at the dinner table or family events. Most often screen time was in reference to children, but a handful of individuals also called out adults as spending more time on a screen than is healthy.

Appropriate Mental Health Services are Necessary to Address Need

One individual summarized many stakeholders' sentiments about mental health – there is no "right place" for individuals to go. Often stakeholders' talked about mental health concerns as it relates to individuals whose day-to-day functions are severely disrupted due to mental illness, but mental illness is prevalent in many forms and in many individuals. One individual "guess-timated" that "seventy percent of the people that walk through the door at the clinic have some form of mental illness." Many cited a need for more crisis housing; specially housing that finds a balance between community placement and secure facilities. A few expressed that isolation and lack of social belonging further stigmatize mental illness, and it was suggested that there be more community-based activities to foster social belonging and more effort to remove barriers for those who are seeking resources, but have trouble accessing resources. However a few individuals stated that it is impossible to meet the current needs of psychiatric patients without reinstating the former State Hospital System. A few individuals stated that because there is no State Hospital System, individuals with mental illness are homeless, in prison or in emergency rooms. Especially in prisons, prison staff are not adequately trained to address mental health illness within prisoners. Two common themes emerged when discussing strategies to address mental health: there are not enough mental health providers in the region and support networks need to be strengthened and informed. It was suggested that there be a mental health specialist in every town, a social worker or therapist in every school and access to mental health resources in the workplace. With support networks, it was suggested that an education campaign be directed at friends and families of individuals with mental illness so that they are informed on available resources.

Community Health is Impacted by Non-Healthcare Related Issues

Education, programming, and family and community-based activities were often cited as strategies for improving health. Most acknowledged that providing these opportunities for improving health are important and effective, but only if the barriers to access these opportunities are acknowledged and addressed. The biggest barriers are lack of transportation, lack of time and lack of affordable child care. Some strategies presented were to work with employers to subsidize child care and promote family time; provide free child care at events; establish a 24/7 day

care center that provided care in times of crisis; provide more flexible public transportation for families to get to work, school, church and child care; and provide transportation specifically for older adults to get to medical appointments, run errands and participate socially. Transportation is especially a barrier for individuals outside of the Little Falls region, the expansive geography of Morrison County was cited as a barrier for getting health resources to everyone across the region.

Additional concerns related to health, but traditionally seen as "non-healthcare" issues were cuts in the budget for public safety; lack of pride in the community (perpetuated by negative social media posts); high heat and water bills that eat into budget for needed prescriptions; affordable housing, safe housing, and quality housing; and difficulty fostering belonging for those that do not participate in traditional social outlets (i.e. schools and faith institutions).

Summary: Morrison County

Although these five themes were the most common expressed by stakeholders interviewed as part of the CHNA, other topics were discussed as well:

- Needs of aging population:
    - More aging in place supports like: Meals on Wheels, and senior companion to address isolation, loneliness and depression
    - More nursing homes, elder care and adult day care
- Formal mentoring programs, to provide support for real-life challenges across multiple health issues
- Intervention services for families in crisis; including a child protection fund for social workers to provide more services and meet basic needs like providing families with beds, doors, presents, clothes, and safety features to create a sense of protection within homes
- Grant funding starts good programs, but good programs often die when funding is no longer available; these is a need for sustainable, multi-year funding

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TODD COUNTY

The following themes represent a summary of the opinions, experiences, and strategies provided by sixteen stakeholders in Todd County on community health needs, concerns and solutions.

Health is Improved with Accessible, Affordable and Accurate Health Care and Health Information

There was an elevated discussion in Todd County, more so than the other two counties, on access to providers, access to affordable health care, and access to accurate health information. There were suggestions to provide more education on health care use and options through various communication channels and to be sure the information provided was accurate. A few individuals stated that there should be outreach and education to individuals living in poverty because there is a health disparity associated with socio-economic status and often in connection, a lack of health care knowledge. A few stakeholders stated that inaccurate health care information is commonly spread through television and social media and that there should be a way to address false health information on pharmaceuticals, diets, etc. from a health care perspective. The themes of access and availability were commonly mentioned – access referencing how individuals get to appointments and resources, and availability being how many providers serve the community. Multiple people stated that Lakewood Hospital is excellent, one stating that "Lakewood is a beacon of light," however there was a suggestion for more urgent care clinics that provided quick care versus requiring scheduled appointments. One stakeholder credited a lack of providers to a lack of individuals with necessary education (MDs and Physician's Assistants). To address a need for

more providers, it was suggested to continue the community paramedic program which utilizes volunteers with training to do home visits, administer medications and understand medication schedules.

An inability to afford health care was mentioned frequently. It was suggested that there be more dentists that accept medical assistance within the region. Currently individuals have to drive over sixty miles to use their medical assistance for dental care. Pediatric dental care was mentioned as a specific health need. Additionally, it was mentioned that there be more access to free or reduced care, especially for pregnant women who do not normally go to doctor because they do not have the resources or insurance.

A few stakeholders mentioned an additional barrier to accessing health care is the language barrier – primarily with Spanish speaking individuals living in Todd County. It was suggested that there be a liaison who knows about the health care system, medical assistance, and other health resources that can share information with families and communities who do not speak English as a native language. Additionally, it was suggested that there be translators available for health clinics and dentists' offices.

There were two policy level suggestions; decreasing the rules and regulations on providers so that providers can spend more time with patients to accurately assess health issues and that there be more competition between area health clinics so that the patient can be educated on the costs of their care, procedures, and other services.

In Addition to Increasing Access, There is an Overall Lack of Mental Health Professionals

Elevated in the discussion on a lack of health care professionals was a specific mention of a need for more mental health professionals. One individual specifically mentioned a need to focus on social compatibility within the spectrum of mental illness, not ignoring the needs of individuals with depression and anxiety who need strategies for managing and controlling mental health. Much of the focus is currently spent on focusing on individuals who are severely hampered by mental illness and are a danger to themselves or others.

Addressing Substance Abuse Through Interdisciplinary Recovery Programs

Drug, alcohol, and tobacco use were mentioned as key health concerns, though not as frequently as mental health concerns. However, a few mentioned the strong connection between drug and alcohol use and mental health. There was mention of a lack of adequate drug dependency groups and chemical abuse recovery programs.

Need for Safe Spaces to Live, Gather and Exercise for Individuals of All Ages

"Safe spaces" was a commonly reoccurring theme – providing a strategy for many identified community health concerns. Two individuals stated a lack of safe housing has resulted in homelessness and a lack of housing for students, especially young women, who are more at risk for being sex trafficked if they do not have reliable housing. There was also a call for making homes "more safe" for older adults. One way to address this is to provide home visits for elderly to allow them to age in place by helping to prepare food, administer medicine, and clean.

Safe spaces to gather were mentioned for both kids and adults. Suggestions included more offerings at the community center, such as family activities, meeting spaces, and education. (However it was noted the community center would need more funding to build administrative capacity to offer more activities and services.) Another stakeholder mentioned the creation of a "Cultural Center" that fosters integration for new members of the community. The Center would include resources on where to access services, shop, worship, learn and more. The Center would also serve as a gathering space to foster civic engagement. Additionally, it was suggested that a Boys and Girls Club be supported as a place for kids to gather after school, especially kids who are not involved in

sports, so they have a safe and sober place to hangout. It was mentioned that it should not be assumed all kids will participate in sports, so there should be other offerings for extracurriculars that are engaging, such as tech-based activities (i.e. robotics, computer science) that build interest in career fields.

A need for more safe places to exercise was mentioned as a way to address physical inactivity. One individual stated that summer recreation programs are great, but not everyone can afford or get their kids there. "How could barriers be taken away (i.e. transportation, cost, time) to ensure kids can exercise safely?" It was suggested that there be more opportunities for physical entertainment like biking, fitness centers, walking, but specifically for opportunities all, "not just the physically fit," as to make exercising more accessible for all skill levels. It was suggested that there be free spaces for exercise and personal coaches that regularly work through exercise plans in coordination with dieticians. Access to these coaches and dieticians would be available at the place of exercise, without a need for a doctor's visit, and at a reduced cost.

Healthy Eating Requires Making Choices Easier, Changing Systems

A stakeholder stated, "We can't say, 'We can't.' Making systems changes like getting donuts out of health clinic break rooms is just one example of where to begin." Stakeholders also mentioned providing healthy options in the schools for snacks and meals; making local healthy food more available to all families, and utilizing the farmers market as a way to purchase healthier food. The Choose Health program was frequently mentioned as a way to increase access to healthy, affordable food to positively impact hunger, obesity, and diet-related illness.

Summary: Todd County

Although these five themes were the most common expressed by stakeholders interviewed as part of the CHNA, other topics were discussed as well.

- More resources and support for: diabetes, cancer and chronic disease

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WADENA COUNTY

The following themes represent a summary of the opinions, experiences, and strategies provided by seventeen stakeholders in Wadena County on community health needs, concerns and solutions.

Mental Health Needs to be Addressed Through More Providers, Beds, Awareness and Support

Meeting the needs of those living with mental health problems was the most identified health concern in Wadena County. A need for more psychologists and psychiatrists was frequently mentioned, especially providers in more rural areas. Many stated a need for more access to school-based mental health care; one stakeholder stating that mental health professionals can be "more effective with consistent access to students. They spend 180 days with 100 kids. A lot can be done in that time." A need for more crisis beds and long-term care facilities was mentioned frequently. Additionally there was a call for more beds specifically for youth coping with mental illness. Many mentioned the stigma associated with mental illness and hesitancy to schedule appointments. However, many individuals mentioned that those with appointments have long wait times, one stating that it can be more than a six week wait. As a means for bringing awareness to mental health, it was suggested to have specific health fairs around mental health and to offer a mental health screening at every doctors' visit. For supporting those living with mental illness it was suggested to have a "mental health version of AA, hosted at churches or social services." It was also suggested to seek a variety of treatments for mental illness including healthy eating for whole body health, treatment through art and culture (shown to minimize unpredicted, dangerous behavior) and hands-on technical skill training.

Preventative Services Help Change Unhealthy Habits and Prevent the Costs of Crisis

More frequently mentioned than in the other two counties, a need for more preventative services was brought up as a key community health strategy. One stakeholder explained the three prongs of preventative services: Primary prevention services prevents problems; Secondary prevention services acknowledge someone is on a path for problems and it's getting worse; Tertiary prevention services is focused solely on crisis prevention. Related, one individual stated that many individuals don't understand the intersection of their decisions and how it relates to their short-term and long-term health. Across all stages of prevention services, it was stated that there should be more education, affordable physicals, access to care, and greater recruitment and retention of physicians. Prevention education includes spreading awareness to individuals on how to recognize when a health issue is serious and when they should receive care.

Two suggestions were made on providing low cost physicals. One stakeholder stated low cost physicals are a way to bring awareness to healthier habits, making it more likely for change in both kids and parents. A second stakeholder provided a suggestion for a "mini-physical" based on what is done elsewhere in the state. The option would be offered once a year, for one week and run by volunteers from the community and health care professionals. The mini-physical would cost twenty dollars or less, and individuals would receive blood glucose testing, cholesterol testing, blood pressure, etc. etc. Upon completing tests, there would be an exit interview screening for mental health issues. If anything identified at the mini-physical was of concern, the individual would be referred to a clinic or other health care professional. Creating a low-cost, designated time for basic care could prevent larger health care crisis in the future.

In addition, many individuals stated there needs to be better access to emergency care, access to dental care (especially for children) and access to high quality health care. As part of creating greater access, a few individuals stated there needs to be a stronger commitment to maintaining and retaining physicians in the community.

Chemical Use and Abuse Education Needs to Begin at Young Age

Stakeholders identified drug use (especially teen drug use), smoking and alcohol use as a problem within the community. It was stated that there is no specific K-12 substance abuse education program being used. Many stated it is important to have a strong stance and clear punishments on substance abuse, especially underage alcohol consumption. Like mental health, it was mentioned that there are long wait times for drug treatment programs. One individual mentioned that they called 26 treatment centers and they were all full. This indicates a clear need for more providers or outlets for alternative care. To supplement treatment, it was also mentioned that there should be more support groups, like AA, but for specific drugs.

Build on Infrastructure for Physical Activity and Community-Based Activities

The Maslowski Wellness & Research Center in Wadena was frequently mentioned as a positive asset in the community and a needed resource for increasing physical activity. However, some individuals mentioned a need for physical activity infrastructure in more rural towns throughout county and a need to provide more activities for seniors and be mindful of their mobility access. Individuals stated they would like to see reduced prices for membership at the Center for low-income individuals, more summer time activities for everyone and more opportunities to gather socially and host support networks for a variety of audiences (i.e. parents, disease-specific, drug abuse, teens, etc.) at the Center.

Mobile Food Resources Create Access and Address Food Insecurity and Obesity

Stakeholders in Wadena County, like in the other two counties, frequently tied obesity to lack of access to healthy food and lack of nutrition and cooking education. One stakeholder suggested that every person receiving food assistance should also be offered a cooking course. In tandem with a frequent mention of transportation as a barrier to health services, lack of transportation was also mentioned as a barrier to healthy eating. It was suggested to utilize a mobile food market to address food needs in rural areas. It was suggested to base it off of models used in the Twin Cities metro with mobile food shelves and mobile food markets. Creating mobile access, as one stakeholder states, takes it one step beyond what a food shelf can provide. A food shelf is only helpful if an individual is physically able to get to the food shelf and receive emergency food within their hours of operation – often during the work day. Removing barriers to healthy food for all people, regardless of income, is necessary to increase health, decrease obesity, and increase food security. One stakeholder stated, addressing obesity-related chronic illness requires "outside of the box" thinking. Solutions need to go beyond policies, but engage the built environment, financial structures and need to have more "slashes" in the title; for example an economic development/hunger prevention/community health program to address the complexity of obesity, health disparities, and hunger in a multi-faceted approach with many different funders and policy strategies.

Summary

Although these five themes were the most common expressed by stakeholders interviewed as part of the CHNA, other topics were discussed as well:

- More resources and support for chronic diseases such as cancer and respiratory issues
- Lice epidemics in school lead to students being teased and isolated
- There is a need for a supervised visitation center for parents to interact with one another and their children in a safe setting (supervised visitation is sometimes legally required in cases of domestic abuse, separation, divorce, etc.)

COMMON THEMES ACROSS COUNTY BORDERS

The following are themes that were identified frequently by individuals across all three counties. These themes represent key barriers for improving health, possible strategies for how to address barriers, and strategies for addressing health concerns mentioned on previous community health needs assessments.

Poverty and Lack of Opportunity Contribute to Health Inequity

Across every county and mentioned in answers to every question, stakeholders made explicit and implicit references to poverty as the key determinant of health. Poor health was often linked to a lack of funds as a result of unemployment, underemployment or lack of living wage jobs across all three counties. One stakeholder stated that "poverty is the biggest factor in the lack of preventative care in children, because there is no push from their parents to receive care because they are struggling to put food on the table. Immediate needs are met first." Lack of preventative care is exacerbated by lack of dentists that accept medical assistance within the three county region (this was mentioned by at least one person from every county) and the overall cost of health insurance. Every stakeholder was asked "what non-healthcare factors contribute to poor health" and were given a list of examples. "Poverty" was not mentioned in the list of examples, yet was one of the only answers given that did not specifically come from the list of examples offered. Poverty was often named as "generational poverty" and referenced many generations lacking resources, opportunity and ability to improve the physical, mental and financial health of their and their children and grandchildren's welfare.

Transportation Identified as a Primary Barrier to Achieving a Healthier Community

Lack of transportation is often connected to poverty; low-income families often do not have access to reliable, consistent transportation. However transportation for older adults and young families needing transportation to child care, work and school was often frequently mentioned. Because a need for transportation was so frequently mentioned, it deserved to be highlighted as a key strategy for improving health. Many mentioned a need for transportation to medical appointments, with one stakeholder stating there "should be a system where lack of transportation is never an excuse for missing an appointment." There were mentions of bus systems, taxi services and other transportation options but it was always followed up with "hours are limited," "it's not convenient," "it's not well publicized," and other comments stating that the existing transportation system was not strong enough to be effective for all. A few stakeholders stated that there is often a lack of transportation for patients leaving the emergency room, sometimes having to take an ambulance back to their home because there is no other option of family or friends able to drive them back home. Transportation was primarily talked about in terms of getting to medical appointments, but it was also mentioned as a barrier for individuals to get to programming around healthy eating, options for physical activity, attending parenting courses, and receiving other services. One individual put this into perspective by stating that low-income families are limited in transportation because often it is a financial decision of "spending gas money or buying food".

Behaviors are Learned; Healthy Choices Start in the Home, are Reinforced through Education and Supported by Peers

Although this topic has been indirectly stated in many of the previously stated themes, it deserves to be addressed as a separate item due to the frequency with which it was highlighted. Stakeholders believe that many suggestions and solutions to health care concerns have an educational component. For example, that nutrition education is critical to effectively addressing obesity; and that chemical abuse and mental health require an education component to spread awareness and inform of resources. However, many stated that education can only go so far if healthy habits do not take place within the home. One stakeholder stated that "unhealthy kids are a result of unhealthy kids." For drug and chemical use, a primary strategy mentioned was to model responsible behavior in the home. Additionally, with parenting it was frequently mentioned that there is a need for more home visits and an expansion of the Nurse Family Partnership, which focuses on home visits to create healthy environments for new parents. To sustain behaviors, it was frequently cited that there needs to be opportunities for mentoring. Mentoring was mentioned as a strategy for everything from weight-loss to heroin abuse to parenting teenagers. Stakeholders frequently cited mentoring as a strategy because it is built on relationships with peers with shared experiences as opposed to social workers, health care professionals or law enforcement who may be removed from their day-to-day challenges.

Community Health is Improved when Individuals and Families are Engaged

When asked the question on how to get individuals engaged in improving health, a common response from stakeholders was, "Now, that's a hard question. Let me know when you find the answer." Additionally, a common sentiment was "there are a lot of good programs in the area, it's just that people don't know they're there." The question then becomes, how effective can a program be if few are utilizing the resource. There were a multitude of suggestions, but very few stakeholders were confident in the effectiveness of the strategies suggested to get individuals engaged in their health (i.e. participate in activities, attend health-related classes, exercise regularly, schedule regular health appointments, etc.). The strategies presented can be split into three different buckets: incentives, personal invitations and community-driven programming.

Suggestions for incentives included: free meals, free childcare, insurance incentive to reduce fitness center membership, credits for professional development (when applicable), ongoing recognition and awards (especially for volunteers), punch cards that can be redeemed for gift cards and other prizes, and providing cash stipends.

Suggestions for personal invitations includes asking people how they would like to receive notifications and consistently using that mode of communication (text, phone call, in-person visit), inviting individuals to be a part of the design of the program, asking individuals on a personal level what motivates them and responding to that information, providing information directly to every new person who moves into the community with resources for every stage of life (a suggested title for this resource was "One to Ninety-Two – Services for Babies to Seniors") and engaging in every possible circle of peoples' lives to educate and provide access to health services. One stakeholder summarized the power of personal invitations by stating, "People bring people".

Community-driven programming is important because individuals will only attend if they believe it is in their best interest to do so - one stakeholder stated a key strategy for engagement is "not assuming to know what a 'community needs' without asking them to be a part of the solution." Community-driven programming also fosters a welcoming environment. One stakeholder said a sure-fire way to ensure individuals **won't participate** is if they feel they are being scolded or being "preached" to while accessing resources or assistance. Another stakeholder stated that if individuals feel it is their "choice" to attend an event, it will be more effective.

It's important to note that engagement was seen as the foundation for providing high-quality events, resources and opportunities for improving overall health – if individuals aren't engaged (especially the targeted populations) strategies will not be successful.

Parenting is Difficult; Strong Healthy Parents Need Support and Tools

All stakeholders were asked, "If given funding to create an initiative targeted at parenting, what would that initiative look like?" Much of the response was focused on education, resources, and learning in community with peers. One individual stated that parenting courses need to begin pre-natal and be offered until the child turns 18. Many focused on supporting parents of newborns; suggesting policies around paid maternal and paternal leave and providing long-term support over the first two years with "multiple touches" to parents and children. One individual suggested gathering contact information from hospitals and calling all parents with a newborn to talk about available community resources. Additionally, it was suggested to have co-parenting courses for parents who are separated, access to high-quality and meaningful mentoring from older parents, and continuing programs like Love and Logic, Nurse Family Partnership, and a church-based program called "Better Kid by Friday".

Many individuals highlighted that although parenting classes should be offered and accessible to parents of all income levels, classes should not be "required". It was mentioned that there is a stigma around parenting classes and attending means you are a "bad parent". One individual suggested marketing parenting classes as opportunities for parents to build and gain tools to keep in their "parenting toolbox". Another individual mentioned that classes should be a welcoming environment where parents can access resources freely and without judgment.

A common statement around parenting and strengthening families was having a designated time to gather for dinner, often if not every night. This was cited as a time to create deeper connection with children, foster trust, listen to children, and designate time away from screens.

Domestic Violence Occurs in Many Forms and Necessitates a Many-Pronged Approach

In the previous stakeholder interviews, domestic violence was mentioned on several occasions as an issue with negative impacts on families, children and the community. Only one stakeholder, across all three counties, mentioned domestic violence in their top three community health needs, but every stakeholder was asked to define domestic violence in their own words and to provide their ideas for ways to address domestic violence in the community. Almost every individual provided their own definition and stated domestic violence was a complex health concern that needs to be better addressed within their community. A cumulative definition for domestic violence is as follows: Domestic violence is any aggressive act, threat or perception of threat that incites fear or inflicts pain and occurs between two individuals living in the same home or in relationship with one another. These individuals could be married couples, intimate partners, family members or friends. Domestic violence can be physical abuse, mental abuse, emotional abuse, verbal abuse, financial acts of dominance, or spiritual abuse (forcing to follow one's religious beliefs).

Hands of Hope was identified as a strong organization, advocating for women throughout the region, but it was stated there needs to be more knowledgeable people across all possible places of crisis: law enforcement, chemical use centers, and unemployment centers. It was mentioned that law enforcement needs more resources to be able to refer victims to counseling and advocacy services, especially in discreet ways if called to the home for a domestic dispute. It was mentioned there was a lack of shelters and long-term housing for victims, with the closest shelter many miles away. There is a domestic violence crisis line and crisis response team. A stakeholder shared that there were over 7000 calls on the crisis line last year that covers Morrison, Todd, and Wadena in addition to Aitkin, Cass and Crow Wing counties. This stakeholder also shared that the crisis response unit is called up to four times a day. Based on these numbers and other anecdotes from stakeholders, domestic violence is a prevalent health concern and as one stakeholder put it, "When someone cries for help, give it to them."

Although many mentioned strategies to support women, many specifically noted that men can also be victims of domestic violence and are in need of support as well. One stakeholder mentioned a need to foster a father's role, and not disempower dads by only focusing on programing for moms. Another strategy mentioned was education starting in school at an early age on acceptable behaviors in relationships including honest discussion on date rape, consent and sexual assault.

School-Based Policies Address Bullying, Room for Growth

Although no stakeholder across all three counties identified bullying in their top three community health concerns, every individual was asked about bullying because it was mentioned before in previous community health needs assessments. Many thought that schools were handling bullying well through a variety of strategies. Peer mediators, signage in schools, strict teacher policies on reporting, speakers, and student-led coalitions. Many thought it was an issue, but were fairly satisfied with the many strategies being utilized. Successful programs mentioned were Flyer Pride and OLWEUS. Some stakeholders stated that programs could be stronger if all teachers were on board and there was more teacher buy-in. A common concern was cyberbullying and the inability to monitor cyberbullying in an efficient way. One stakeholder sadly shared that there has been at least one recent suicide related to cyberbullying.

Outside of school, it was mentioned that church youth groups can provide a safe place to discuss bullying. It was shared that some students fear telling adults about bullying at school and church can provide a protected place. Additionally, support groups for bullied kids and their parents, outside of the school system, were also mentioned as a strategy for improving bullying.

Although not a frequently mentioned position, it was brought up across counties that bullying has been used as a buzzword for every behavior, some of these opinions coming from stakeholders within the school system. There was a call for distinguishing bullying from having conflict with another student. It was expressed by a few stakeholders that schools should focus on teaching conflict management skills and teaching strategies for having difficult conversations in addition to enacting bullying policies. The rationale was that bullying certainly is a reality and needs to be addressed, but students also need to build skills to work with others in a respectful manner.

RECOMMENDATIONS FOR CHNA STAKEHOLDER INTERVIEWS

The following are successes, challenges, and opportunities for growth to inform how the stakeholder interviews are conducted in the future.

Positive Reaction to Insightful Questions

Success: The majority of stakeholders commented throughout the interview on the questions, saying, "That's a good question" or "I had never thought about that before." The questions, in general, were received positively, although many stakeholders' commented, "That's a tricky question." The questions were written in a way that invited answers that included specific strategies, but for large and complex health concerns.
Opportunity for Growth: Questions that ask for opinions and strategies are a great way to receive specific feedback and references to community-based programming that stakeholders find effective. However, some of the questions were re-worded throughout the interviews because not every stakeholder understood what the question was asking. For example, explaining what was meant by "how to get individuals engaged" and examples had to provide for the question on "non-healthcare related issues impacting overall health (i.e. public safety, access to housing, transportation, etc.)."

Time Commitment of Scheduling Correspondence

Challenge: Often, scheduling phone interviews with stakeholders across a three county region was as time consuming as conducting the interviews themselves. Scheduling requires persistent communication via email and phone to establish a time period when a stakeholder can commit 20-30 minutes to be interviewed. Because the interviewer did not have the flexibility to conduct phone interviews during her daily office responsibilities, it was very difficult to schedule a time to interview individuals outside of normal work hours. Additionally, many individuals did not respond to consistent emails or voicemails, meaning more time spent finding other potential stakeholders.
Opportunity for Growth: The interviewer should be an individual who has the flexibility to conduct phone interviews during their daily office responsibilities. If it is difficult to find an individual who can take on this responsibility in addition to their daily work, there should be a dedicated time when phone or in-person interviews are conducted. The scheduling should be done in advance of these interviews to alleviate the time burden of scheduling correspondence.

Lack of Information about Stakeholders

Challenge: The interviewer was provided with names and contact information for stakeholders in each county. However, there was little context provided on the profession or community role of each stakeholder. Often there was either a phone number or an email, not both modes of communication provided to the interviewer. Additionally, there were a handful of emails and phone numbers that were incorrect.
Opportunity for Growth: The individual who initially is charged with informing stakeholders that they will be receiving a call from an interviewer should confirm the job title, organization, phone number, email and preferred

name of each stakeholder. This detailed contact information should be kept in a shareable format to be updated and used for future stakeholder interviews.

Lack of Diversity in Stakeholders

Challenge: There is no demographic data collected on stakeholders, however based on phone interviews 75 percent of the stakeholders were women and all but one stakeholder spoke English fluently. A large majority of the stakeholders were in professions where they frequently interacted with individuals living in poverty and many expressed the intersection of poverty and health; however, only a few indicated that they themselves had ever lived in poverty. The large majority of the stakeholders interviewed were able to speak about experiences within their county's larger cities (Little Falls, Long Prairie, Wadena, Staples), but fewer were able to provide information relevant to the towns outside of the larger cities.

Opportunity for Growth: A wider net should be cast on each county to more intentionally engage individuals across age, gender, nationality, religion, socio-economic status, educational achievement, and geography within the county. Many of the stakeholders interviewed were in professional roles such as doctors, police officers, social workers, mayors, and teachers. A suggested strategy for increasing the diversity of stakeholders interviewed is to ask patients, clients, constituents, students, and others served by these traditional stakeholders to participate in a stakeholder interview. A more diverse stakeholder interview pool will provide a richer and more reflective perspective on the health needs of the community members.

STAKEHOLDERS INTERVIEWED

The following individuals were interviewed over the phone. The opinions, strategies and ideas reflected in the CHNA reports represent a summary of the qualitative data collected. The views expressed in the report do not reflect every individual's unique perspective on community health needs in their community.

Name	Agency
Morrison County	
Mayor Andrea Lauer	Mayor of Royalton
Beka Swisher	ECFE
Bridget Britz	Horizon Health
George Weber	Pierz Superintendent
Dr. Greg McNamara	Physician
Gregg Valentine	Pastoral Care
Julie Leikvoll	Northern Pines Mental Health Center
Kate Bjorge	Live Better Live Longer
Katy Kirchner	Public Health
Dr. Kurt Devine	Physician
Linda Lippert	ER Nurse/Violence Prevention Council
Lynette Gessell	Morrison County Social Services
Marilyn Keith	Pierz School, Juvenile Justice
Paul McIntyre	Gold Cross
Rachel Barta	Morrison County Social Services MH/CD
Shawn Larsen	County Sheriff
Sheila Funk	Little Falls School District

Susan Doran	Swanville School Nurse
Tammy Fillipi	Initiative Foundation Early Childhood Specialist
Terri Weyer	Senior Center
Todd County	
Bernice Desotell	Public Health Advisory Committee
Elizabeth Quillo	Todd County SNAP-Ed
Jackie Och	Health and Human Services Supervisor
Dr. John Halfen	Medical Consultant Lakewood Health
Jennifer Hove	Tri-County Community Action
Katie Polman	Lakewood Health
Kevin Grondahl	Staples Parks and Recreation Director
Kevin Jenkins	LEAP Member
Lani Roberts	Longbella Drug
Dr. Loren Morey	Lakewood Health Board Chair
LuAn Thomas-Brunkhorst	Chamber of Commerce
Mary Theurer	District Board
Olga Morazan	Pastor
Rona Bleess	CentraCare - Long Prairie
Sara Gorton	LEAP Member
Sue Nanik	LEAP Member
Wadena County	
Cathy Hansen	Northern Pines Mental Health Center
Cheryal Hills	Region Five Development Commission
Cindy Pederson	Wadena Public Health Director
Dave Fjeldheim	Sebeka School Superintendent
Deb Zacharias	ER Supervisor, Tri-County Health Care
Faye Kumara	Wadena Senior Center
Mayor George Deiss	Wadena Mayor
Jenny Doll	Tri-County Health Care
Laura Kiser	Wadena - Deer Creek School Social Worker
Leah Pigatti	Mahube Otwa
Mary Ann Haugen	Food Shelf
Nate Loer	Immanuel Lutheran Church
Rachel Kern	Sebeka School Social Worker
Sandie Rentz	Wadena - Deer Creek Food Services Director and Community Education
Stephanie Hakes	University of MN Extension
Tanja Richter	Someplace Safe
Tanya Leskey	Wadena Social Services

STAKEHOLDER INTERVIEW QUESTIONS

The following questions were asked of each stakeholder. If the stakeholder identified a health concern in Question #1 - #3 that reflected a health concern asked about in Question #5 - #9, the question was not repeated, so long as the stakeholder identified strategies for addressing the health concern (i.e. Stakeholder prioritizes mental health as their top concern in Question #2 and shares strategies for improving mental health in the community in Question #3. Therefore Question #5 is not asked, as it is duplicative).

1. What do you think are the three most significant health-related issues in the community and why? (Please think of health in the broadest sense of the word.)
2. Please prioritize those top three issues and explain why you put them in that order.
3. For your top two issues, please list any ideas/strategies you believe may be effective in addressing those two issues.
4. What non-healthcare related issues do you see impacting the overall health in the community? (For example, safe housing, transportation, access to healthy food, etc.)
5. Mental health concerns were frequently expressed on previous community health surveys (i.e. depression, suicide, anxiety, eating disorders, etc.). What can be done to improve mental health in the community?
6. Adult and child obesity was another issue identified as a significant local health concern. What ideas do you have for addressing obesity?
7. Domestic violence is a health concern. How do you define domestic violence? And what do you think can be done to address it?
8. Substance abuse is a health concern. How do you define substance abuse? And what do you think can be done to address it?
9. Bullying is a health concern. Are you aware of what services and/or programs are being offered around this topic in your community? And what do you think can be done to address it?
10. If I said you had to spend public health dollars on some initiative targeted at parenting, what would you do with the money?
11. Strengthening families is a community health strategy. What can be done to strengthen families in the community?
12. If you could add services to improve overall health in the community that are currently unavailable or have limited availability, what would your top choices of services be?
13. In your opinion, what are some of the best strategies for getting people, engaged in improving the overall health in the community?
14. Are there any other comments or suggestions you would like to make that you believe are important to improving the health of the community?

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