Community Health Needs Assessment

2019

Lakewood Health System

Lakewood HEALTH SYSTEM

Acknowledgments

Community Health Needs Assessment, December 2019

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A digital copy of this CHNA is publicly available at: **lakewoodhealthsystem.com**

Message...

I am pleased to present the 2019 Community Health Needs Assessment (CHNA) report for Lakewood Health System. Every three years, subsequent to 2013, we set out to gain a deeper understanding of the most critical needs in our rural communities through the CHNA. This journey allows Lakewood Health System to effectively align strategies and prioritize investments to best impact the overall health of the Staple-Motley area. This is the third iteration, and undoubtedly, the most thoughtful and comprehensive report we've produced to-date.

The mission of Lakewood Health System is to provide extraordinary care for a lifetime. This dedication goes far beyond our patients and our hospital and clinic walls, it reaches the entire community. And, our commitment to improving the health of our communities is stronger than ever. The CHNA has been the perfect catalyst to help identify and address the complex social factors that impact health and peoples' ability to make healthy choices. Equally important, it has helped Lakewood Health System reinforce its values and foster investments to empower health for our whole community.

Since 2016, Lakewood Health System has provided approximately $1 million in community benefits and nearly $21 million in charitable care. These contributions provide essential health services to support community well-being, as well as, offer free or affordable care to patients who are uninsured or underinsured.

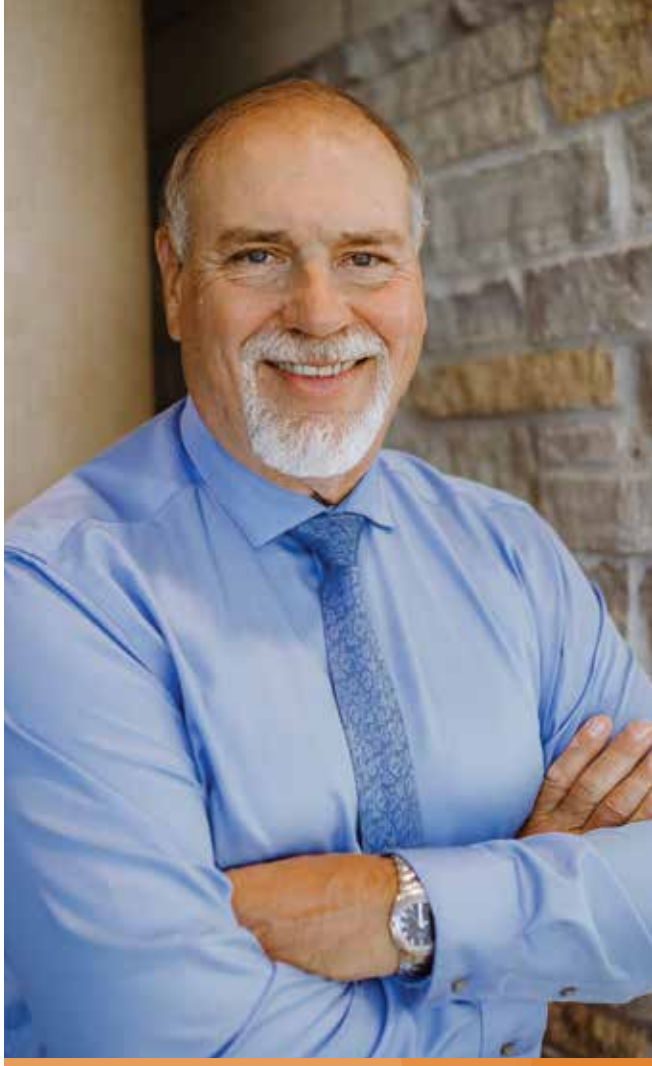
The following report thoroughly examines the most pressing health concerns identified in the Staples-Motley area and prioritizes the top three health needs Lakewood Health System plans to address in the next three years - Social Determinants of Health, Mental Health and Healthy Body Weight. We encourage you to use this report to gain a better understanding of our community needs and to guide additional discussions with key decision makers and leaders.

Thank you to the CHNA Collaborative for their collective efforts and invaluable contributions throughout the assessment process.

Sincerely,

Tim Rice

CEO and President
Lakewood Health System



Our mission is...

to provide quality, personalized healthcare for a lifetime.

Our vision is...

to empower health and well-being together.

We value...

integrity, compassion, accountability, high quality and innovation.

Highlights from 2017-2019

Healthy Body Weight:

LHS Goal to prevent and reduce obesity in adults and children by increasing healthy eating and physical activity opportunities.

In partnership with the City of Staples, LHS supported investments to enhance equitable access to physical activity opportunities across the community.

- Expanded free, open swimming on Saturday's during winter months
- Constructed a local ice-skating rink
- Enhanced local park system with the addition of multi-generation playground equipment.

With guidance from LHS, the Staples-Motley School District made improvements to the school nutrition environment

- Smarter Lunchrooms Movement Scorecards were conducted to assess the environment. Interventions and strategies were implemented to increase healthy food consumption among students.
- LHS, and partners, provided nutrition education, healthy food demonstrations and kick-started their Farm to School program.

Working with regional stakeholders, LHS helped to advance active transportation strategies as a mechanism to enhance the built environment to improve health.

- A Safe Routes to School plan was adopted by the Staples-Motley School District and the Staples-Motley community.

Regional trails were expanded and active transportation models

Mental Health:

LHS Goal to improve education, awareness and community-based interventions for mental and behavioral health resources for individuals, families, employers and youth.

LHS sponsored numerous community-wide education and awareness events to improve access to mental and behavioral health resources.

- The Staples-Motley Beyond Poverty initiative hosted the Annual Community Connect event which connects families to local social service resources and mental health support systems.
- Digital Daze, another Staples-Motley Beyond Poverty event, offered education to families and children about online safety and the impact that extended screen time use has on youth development and family connectedness.
- Adverse Childhood Experiences (ACEs) events, hosted by the Todd County Family Services Collaborative, provided ACEs education and offered local resources to support positive parenting.
- The Staples Motley Beyond Poverty initiative and The Crisis Line provided community suicide prevention resources, hosted events, QRP (Question, Persuade, and Refer) and Postvention trainings to local schools, community members and area employers.

Highlights from 2017-2019

Social Determinants of Health:

LHS Goal to build and strengthen partnerships with community agencies that address the social determinants of health, and work toward collective impact solutions.

- **Launched universal food insecurity screening at all clinic visits and established processes to connect families and individuals with internal and external community resources.**
  - On average, more than 30,000 food insecurity screenings occur annually.
  - LHS established the Food Farmacy and Fresh Delivered initiatives.
  - Every month, over 200 families are offered healthy food packaged which includes lean frozen meat and fresh produce. Nearly five tons of food are distributed each month.
  - In partnership with the University of Minnesota Extension and SNAP-Ed, LHS facilitated cooking, budgeting and nutrition education events.
  - LHS has experienced a 50% reduction in Emergency Department utilization among its Food Farmacy participants.
- **Cardinal Pax, a weekend nutritional food program for K-7th grade students, was implemented at the Staples Motley School District.**
  - On average, 70 students are offered healthy food packages to eat over the weekend during the school year.

Lakewood Health System has incorporated food as a foundational strategy within its Triple Aim framework to advance and improve population health.

engage
By Lakewood Health System
Partnering for a healthier tomorrow.

Contents

1 Executive Summary

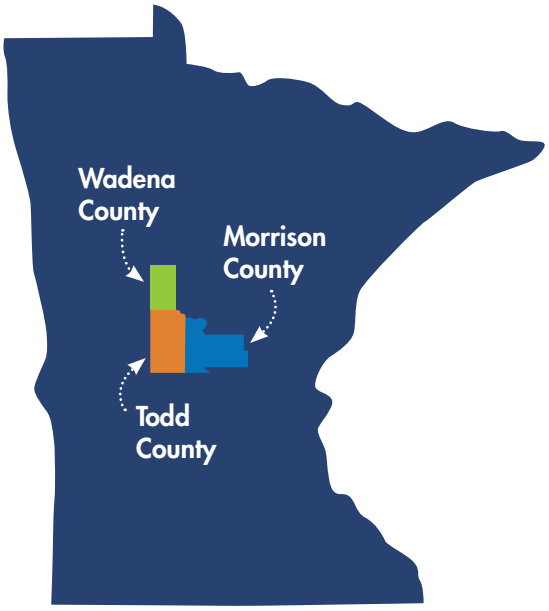
The Community Health Needs Assessment Collaborative - a harmonious collaboration among three county public health divisions: Morrison County Public Health, Todd County Health & Human Services, and Wadena County Public Health (Morrison-Todd-Wadena Community Health Board) and four hospitals: Lakewood Health System, CentraCare-Long Prairie, Tri-County Health Care, and CHI St. Gabriel's Health – facilitated this community health needs assessment to serve as a community-driven foundation for its community health improvement efforts. Data and information gathered from the Morrison-Todd-Wadena Community Health Board's community survey (Health4Life Survey), community stakeholder interviews, County Health Rankings, Minnesota Student Surveys, Minnesota's Integrated Health Partnerships (IHP) program and other public sources were analyzed by Lakewood Health System to observe trending patterns and commonalities. The top three priorities were identified based on their significance, prevalence, and, the capacity to make a meaningful impact on the health of its community. The three priority community needs are: Social Determinants of Health, Mental Health and Healthy Body Weight.

Overview

Every three years, Lakewood Health System (LHS) takes part in a process known as the Community Health Needs Assessment (CHNA); a requirement within the Patent Protection and Affordable Care Act of 2010 (ACA) which requires any hospital with a 501(c)(3) tax-exempt status to invest in community needs and conduct a community health needs assessment. Hospitals are further required to adopt implementation strategies to address those needs.

LHS, and partners enlisted in the CHNA Collaborative, once again issued a joint effort in 2018-19 to conduct the community health needs assessment and to develop a health improvement and community benefits plan that reflects the identified needs. To date, the CHNA Collaborative has sponsored three needs assessments – in 2013, 2016, and this current 2019 report.

The completion of this report along with the subsequent approval and adoption by the LHS Board of Directors complies with CHNA requirements mandated by the Patient Protection and Affordable Care Act of 2010 and federal tax-exemption requirements.



Lakewood Health System

Proud to serve its small-town communities since 1936, Lakewood Health System is a non-profit, independent rural healthcare system located in the city of Staples, Minnesota. Lakewood Health System (LHS) is a 25-bed Critical Access Hospital and offers a full spectrum of care to nearly 30,000 individuals who reside in Morrison, Todd, and Wadena Counties.

LHS manages five primary care clinics located in Staples, Motley, Pillager, Browerville, and Eagle Bend. Dermatology services are provided by the LHS specialty clinic located in Sartell. Primary care clinic services also include women's health, Medical Home (aka Health Care Home), and behavioral health which includes psychiatry, psychology, clinical social work, and clinical counseling.

LHS offers comprehensive senior services including home care/hospice, palliative care, two assisted living locations, nursing home with memory care services, Care Van transportation, Reflections (senior behavioral health) with both inpatient and outpatient care, and social services with chaplaincy services.

Acute care services are provided at the main Staples location: surgery (both general and orthopedic), radiology, laboratory, emergency, ambulance, rehab, pharmacy, and anesthesia.

Specialty services are provided by both internal and contracted providers. LHS patients can access a wide range of specialty care also found at the main Staples location: cardiology; ear nose and throat, audiology; dentistry; dermatology; nephrology; OB/GYN; oncology; ophthalmology; pain clinic; pediatrics; podiatry; pulmonology; rheumatology and urology.

LHS is one of four hospitals located in its three-county service area, all of which are located within a 40-mile radius of Staples. The nearest hospital to LHS is Tri-County Health Care (Wadena County) and it is approximately 21 miles northwest. CentraCare – Long Prairie (Todd County) is roughly 32 miles south. While CHI St. Gabriel's Hospital (Morrison County) is just over 37 miles southeast.

The clinic locations for LHS are all designated as Rural Health Clinics and located in Health Professional Shortage Areas. Additionally, the Browerville and Eagle Bend clinics are in designated Medically Underserved Areas, determined by the Health Resources & Services Administration (HRSA).

For the purpose of this report, LHS defines "community" as the zip code tabulation areas for Staples (56479) and Motley (56466), Minnesota, herein referred to as the Staples-Motley community. The Staples-Motley community is situated in portions of the Morrison, Todd and Wadena County region. When possible, this report includes data comparisons between the Staples-Motley community, the three-county region and the state of Minnesota.

Timeline

In the Spring of 2018, LHS - in collaboration with regional partners - began the joint CHNA, similar to the 2013 and 2016 process. LHS approached the CHNA requirement as an opportunity to evaluate and assess needs through a formalized, rigorous, and structured process to ensure health improvement efforts and resources are aligned with the most significant community health needs. The timeline is as follows:

APRIL - JUNE 2018

The CHNA Collaborative convened to begin the assessment process. Membership rosters, CHNA visioning session, process mapping, data collection methods and timelines were established.

AUGUST - OCTOBER 2018

The CHNA Collaborative reviewed previous Health4Life Survey and drafted the initial 2019 survey questions, selected survey vendor, and began analysis of gaps in data and information.

NOVEMBER - DECEMBER 2018

The CHNA Collaborative reviewed and finalized the Health4Life Survey questions. Established a framework to conduct stakeholder interviews. Built out electronic data sharing platforms to capture and share results across the CHNA Collaborative region. Established a communication plan including a press release and pre-survey messages for the community to be informed of the survey launch.

JANUARY - FEBRUARY 2019

The Health4Life Survey and letter were sent to 6,400 households across the three-county region. New to the 2019 process was an oversampling of large cities within the collaborative three-county region. The cities of Little Falls, Long Prairie, Staples and Wadena were oversampled to capture a younger demographic population for more accurate community representation.

MARCH 2019

Ann Kinney, Minnesota Department of Health Center for Health Statistics, provided technical assistance and conducted a weighted analysis of the data. This process ensured the survey results were representative of the adult population in each county and among the three counties combined. Stakeholder interviews were completed.

APRIL 2019

Postcard reminders were sent to households who did not complete the Health4Life Survey. Two weeks after the postcards were sent, another packet was sent to those who didn't return their first packet. Surveys in the field were done by mid-March.

MAY - DECEMBER 2019

Representatives from the CHNA Collaborative engaged their respective health systems to establish priorities and identify community health needs specific to their population. LHS adopted their CHNA report.

Health Needs

After extensive analysis of the Health4Life Survey, conducted by Morrison, Todd, and Wadena County Public Health, and review of other qualitative and quantitative data, the LHS CHNA Task Force identified the following three community health needs.

1. Social Determinants of Health
2. Mental Health
3. Healthy Body Weight (Adult and Child)

Each of the above health needs will be included in the Community Health Implementation Strategy Plans. In early 2020, the LHS CHNA Task Force will begin to identify and adopt interventions to address each priority area.

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 effective and impact the priorities identified.

Lakewood Health System Community Health Needs Assessment Task Force:

Alicia Bauman,
Director of Community Health

Tim Rice,
President and CEO

Brad Anderson,
VP of Strategy and Development

Mary Theurer,
District Board Chair

Chandler Trout,
Data/Population Health Analyst

Kathy Geislinger,
Grant Coordinator

2 Data Collection And Methods

The CHNA is a process to assess the current health status of a community through the selection and collection of relevant data and health indicators, as well as, the analysis to compare rates or trends of priority community health outcomes and determinants. To guide the rigorous process, local public health officials - as part of the Morrison-Todd-Wadena Community Health Board (CHB) - facilitated the MAPP (Mobilizing for Action through Planning and Partnerships) planning framework for improving community health. The MAPP process is a community-driven strategic planning tool that includes community visioning; conducting four assessments (community themes and strengths, organization capacity and performance, community health, and forces of change); prioritizing issues; selecting goals and strategies; and developing an action plan.

Data Collection

Throughout the CHNA process, LHS, in collaboration with the Morrison-Todd-Wadena CHB, used secondary and primary data to characterize the health of the Staples-Motley community.

- **Secondary data:** quantitative data and indicators collected by other sources.
- **Primary data:** qualitative data collected by Health4Life Survey and stakeholder interviews.

Secondary Data Collection

LHS used multiple sources to collect and analyze secondary data with direct relevance to the CHNA process. The following list represents the public sources utilized to capture the health needs of the community:

- Centers for Disease Control and Prevention (CDC)
  - American Community Survey
  - Behavioral Risk Factor Surveillance System (BRFSS)
  - National Center for Chronic Disease Prevention and Promotion
  - National Vital Statistics System
- Community Commons
- Feeding America
- Health People 2020: U.S. Department of Health and Human Services (HP 2020)
- Hunger Genius
- Integrated Health Partnerships (IHP) - Minnesota Department of Human Services
- Minnesota Department of Health (MDH)
- Minnesota Student Survey
- United States Census Bureau
- United States Department of Education
- United States Health Resources and Services Administration
- University of Wisconsin Population Health Institute, County Health Rankings Report

As a result of the aforementioned, a list of priority health needs emerged. The LHS CHNA Task Force convened to further analyze and prioritize the top community needs. LHS used the following criteria to further distinguish the top three community health priority areas.

- Data trends - comparing local, state, and national norms, where possible;
- Resident input on how community, social, and environmental factors affect their health and the health of the community;
- LHS's ability to have an impact on the identified community health needs;
- Alignment with existing multi-sector efforts focused on the same service area, population, and priorities;
- Current LHS and local public health priorities and programs;
- Effectiveness of any existing programs and a gap analysis of where additional efforts are needed.

Primary Data Collection

Qualitative data, which included the community health survey and stakeholder interviews, were distributed and facilitated by the Morrison-Todd-Wadena CHB.

The contents in the survey instrument were largely taken from a similar survey conducted by these same counties in 2016. Modifications to the survey questions were made by CHNA Collaborative and local public health with technical assistance from the Minnesota Department of Health Center for Health Statistics. The survey was formatted by the survey vendor, Survey Systems, Inc. of Shoreview, MN, as a self-administered English-language questionnaire.

A two-stage sampling strategy was used to obtain probability samples of adults living in each of the four counties. A separate sample was drawn for each county. Additional samples were drawn in each of four cities in the region (Little Falls, Long Prairie, Staples and Wadena). For the first stage of sampling, a random sample of residential addresses was purchased from a national sampling vendor (Marketing Systems Group of Horsham, PA). Address-based sampling was used to ensure all households would have an equal chance of being sampled for the survey. Marketing Systems Group obtained the list of addresses from the U.S. Postal Service. For the second stage of sampling, the "most recent birthday" method of within-household respondent selection was used to specify one adult from each selected household to complete the survey.

The Health4Life Survey packets were mailed on January 25, 2019 to 6,400 random sampled households; 1,600 in each county and 400 in each of the oversampled cities. The packets included a cover letter, the survey, and a postage-paid return envelope. A postcard reminder followed two weeks later. About two weeks after the reminder postcards were mailed, another full survey packet was sent to all households that had still not returned the survey. The remaining completed surveys were received over the next four weeks, with the final date for the receipt of surveys being March 13, 2019. The response rate for the Health4Life Survey was 24.3% (1,553 adults) overall. The response rate for each county was 25.7% (Morrison), 22.9% (Todd), and 24.3% (Wadena).

The Health4Life Survey results were compiled by Minnesota Department of Health research staff and disseminated to each participating community health board organization. Data was weighted to provide an accurate depiction of the residents in the three counties.

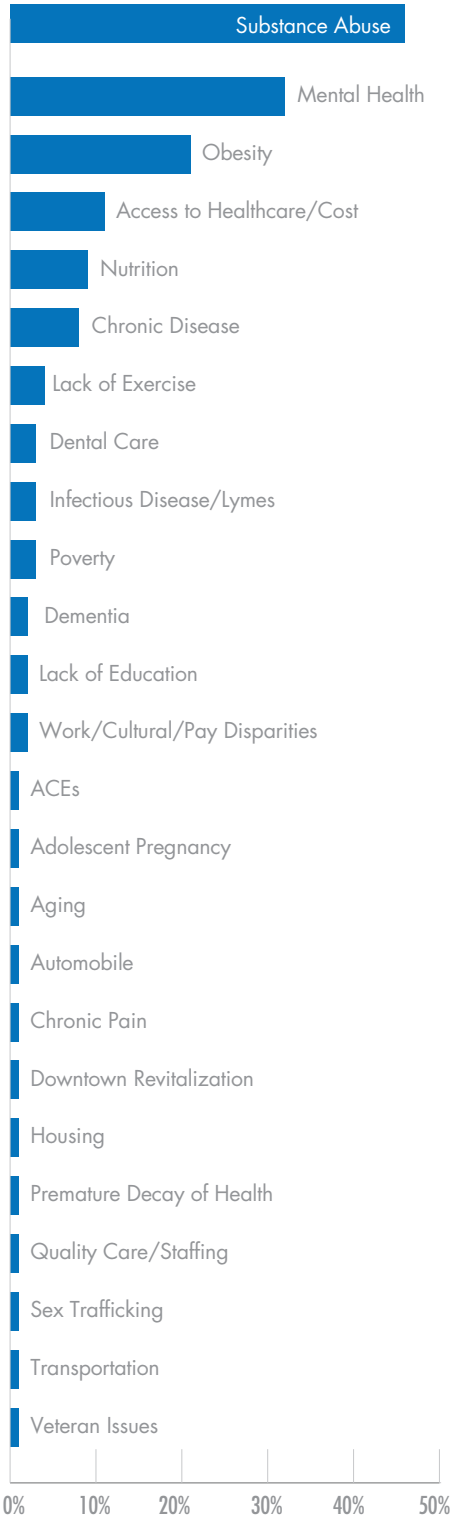
To capture perceptions of health priorities and healthcare barriers, community stakeholder interviews were conducted, over a three-month period, by public health officials and healthcare staff utilizing the Community Stakeholder Questionnaire. In total, 54 community members, health officials, physicians, and other key stakeholders participated in the interviews and were asked seven questions. While a variety of answers were given for each question, the chart to the right illustrates interviewees' perception of the most significant health-related issues in the their community.

In comparison, the following bullets list the top non-healthcare related issues impacting overall health.

- Housing
- Transportation
- Access to healthy food
- Education/life skills
- Childcare
- Poverty
- Mental Health

The tools used to collect primary data and the respective results are included in Section 8: References.

Most Significant Health-Related Issues



Data Source: *Stakeholder Questionnaire, 2019.*

Limitations and Information Gaps

Every effort was made to collect the most relevant and up-to-date community-level, county and state data for this CHNA. Due to variations, timing and methodology of data sources (such as the U.S Census Bureau and the CDC's Behavioral Risk Factor Surveillance System (BRFSS), for example), some population data and health indicators will present more recent and/or comprehensive data than others. Further, many health indicators of interest are only available at the county or state level. One example includes data found in the County Health Rankings which only exists at this broad level of detail. This source does not provide data at a granular level of detail, for example, ZIP Code Tabulation or census tract.

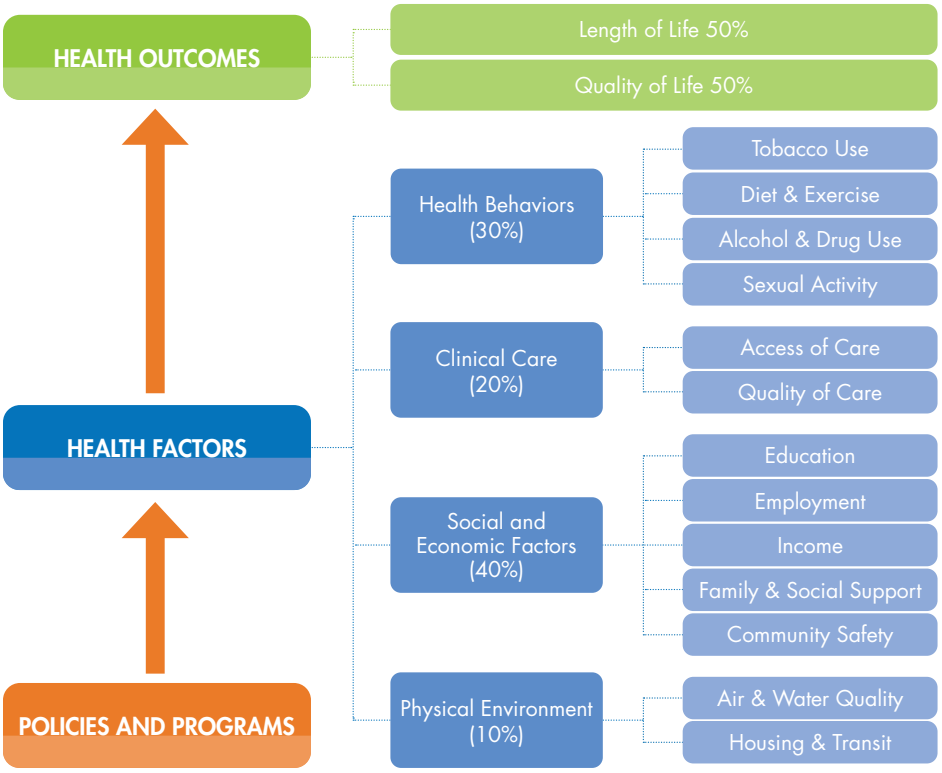
Primary data has its limitations as it cannot be verified, and biases may exist with stakeholder interviews and those who performed the interviews. There may potentially be limitations with interpreting responses, as well.

The information found in this CHNA may differ from previous years and from neighboring hospitals and public health agencies who participated in the CHNA Collaborative. Differences in data sources, the communities and counties which were assessed, and prioritization processes may contribute to differences in findings.

County Health Rankings

Throughout the CHNA, LHS uses the County Health Rankings - a collaboration between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation - to easily interpret health data and better understand the unmet needs of the three-county region which surround the Staples-Motley community. This county-level ranking model measures vital Health Factors (healthy behaviors, clinical care, physical environment, and socioeconomic conditions) and summarizes the Health Outcomes (length and quality of life) and determinants of nearly every county in the U.S.

As LHS works to align strategies to best impact those unmet needs identified in the CHNA process, all efforts will consider an approach that addresses the multiple factors that influence the health of the Staples-Motley community by using a health determinants and health outcomes framework. The intent will be to examine the factors related to socioeconomic and physical environments, multi-sector policies, individual behaviors, and health services that influence the ability of individuals and community to improve health outcomes.



County Health Rankings model © 2014 UWPHI.

Whenever possible, measures from the County Health Rankings will compare the three-county region (Morrison, Todd and Wadena Counties) and the State of Minnesota to the Healthy People 2020 targets.

Minnesota Student Survey

The Minnesota Student Survey (MSS) is one of the longest running youth surveys in the nation; having launched in 1989. Similar to the CHNA triennial structure, the MSS is administered every three years to students (grades five, eight, nine and 11) across Minnesota on a voluntary basis. The MSS is the most consistent source of data about the health and well-being of Minnesota's students, and the most reliable source of data accessible to LHS and its partners to assess and measure for youth in the Staples-Motley Community.

MSS is represented and featured in each of the three priority needs areas where youth data is presented.

MSS Data

304 Staples-Motley School District students in grade-levels 5, 8, 9, and 11 participated in the 2019 Minnesota Student Survey.

Photo by Don Hoffmann

Lakewood Health System's Medicaid Population Data

Medical Assistance (MA) is Minnesota's Medicaid program. It is Minnesota's largest publicly funded healthcare program which provides healthcare coverage to more than 1.1 million low-income Minnesotans every month. In 2019, a total of 2,101 adults and 2,093 children enrolled in Medicaid were linked, or attributed, to LHS.

The Minnesota Department of Human Services (DHS) measures health outcomes and social risk factors among its adults and children utilizing MA and provides data to healthcare systems across the state. In Sections 4-6 of this report, snapshot data for 2019 identifies the non-clinical factors that may contribute to poor health outcomes among LHS's MA population.

3 The Staples-Motley Community

Located in the heart of rural Minnesota, the Staples-Motley community is made up of two quintessential small towns who share more than its school district. Staples and Motley are connected by similar characteristics with social, faith-based and civic engagement, its historic roots in culture, and the great outdoors. Residents value the abundance of family-oriented parks and the variety of recreational activities available throughout the four seasons. Area lakes, rivers and wilderness naturally draw people outdoors to camp, bicycle, hike, canoe, river tube, fish, hunt, snowmobile and ride all-terrain vehicles. While the Staples-Motley community has a big "backyard", the communities are very fond of their social gatherings and community entertainment. Community calendars reveal annual festivals, concerts, theatre productions, baseball games, and community events all-year round. Staples and Motley are also home to several vital community assets, including high-quality educational institutions, strong business and economic development, and access to excellent health services.

Throughout Section 3, quantitative and qualitative data coherently narrates the current health status of the Staples-Motley community and the characteristics that shape these two small towns. Public data illustrates demographic information detailing the people who reside in the Staples-Motley community and how long and how well people live. Additional data draws comparisons and focuses on health outcomes that measure morbidity and mortality rates. This is especially important as it recognizes how healthy the Staples-Motley community and the three-county region are right now. Private data offers a glimpse into the health perceptions of the residents and stakeholders in the Staples-Motley community.

Geographic Area

A total of 8,195 people reside in the 384.85 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates. The population density for the Staples-Motley community, estimated at 21.29 persons per square mile, is less than the statewide average population density of 68.96 persons per square mile.

According to the same U.S. Census Bureau American Community Survey estimates, a total of 70,929 people live in the 2,606.32 square mile three-county region (Morrison, Todd and Wadena Counties). The population density for this area is estimated at 27.21 persons per square mile.

Primary Service Area by Zip Code Tabulation

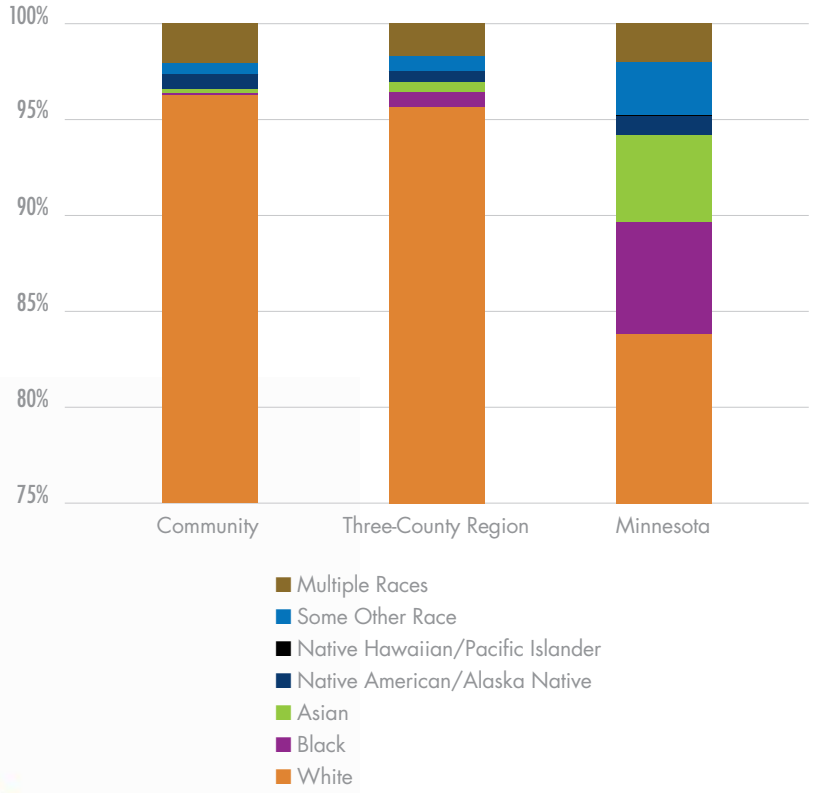
Race and Ethnicity

Demographically, the Staples-Motley community is primarily white at 96.21%. This is slightly lower than the previous 2016 report (97.58%), similar to the three-county region, and notably higher than the population for Minnesota (83.75%).

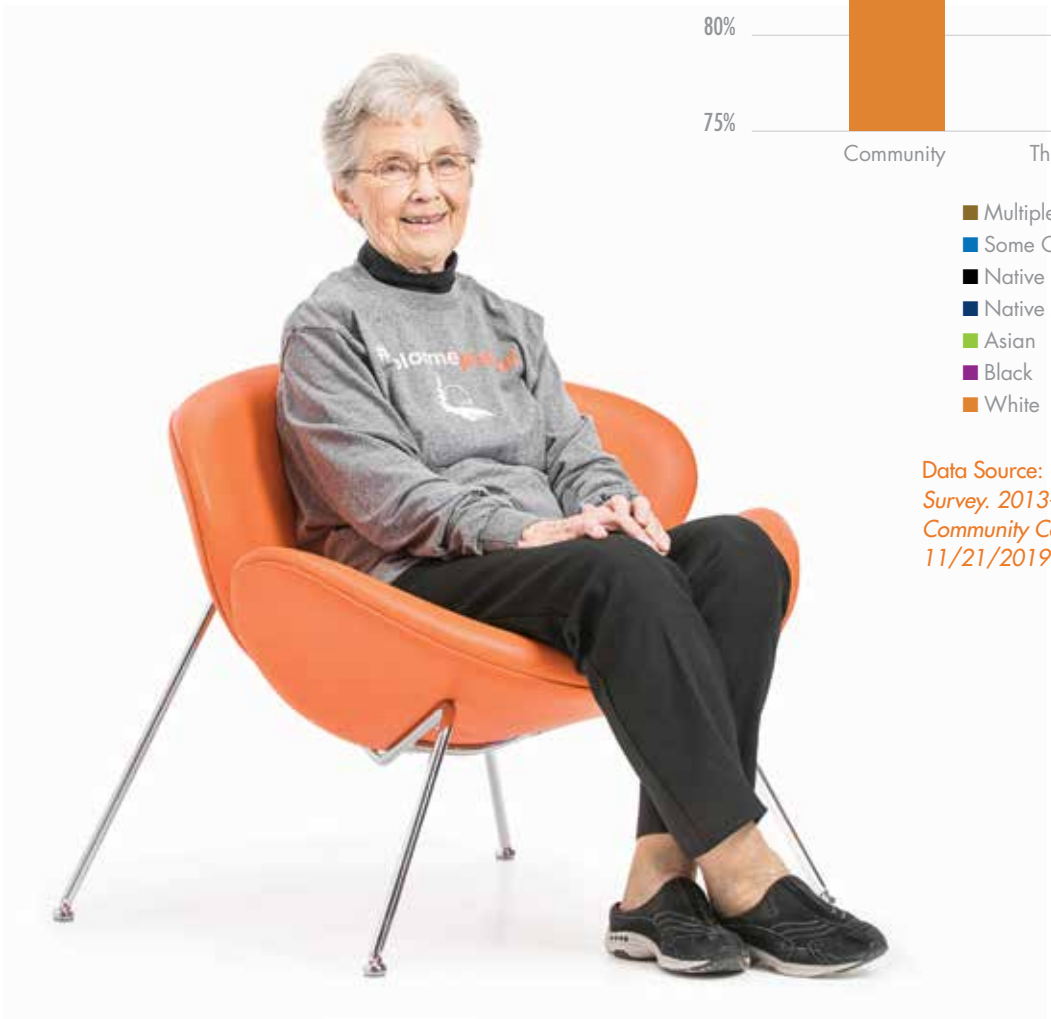
The estimated population of people who identify as Hispanic, Latino, or Spanish in the Staples-Motley community is 190 residents or 2.32%. This is somewhat lower than the three-county region and nearly half of the state of Minnesota.

Total Ethnicity			
	Staples-Motley Community	Three-County Region	Minnesota
Hispanic, Latino or Spanish	190	2,106	284,649
%	2.32%	2.97%	5.18%

Race by Percentage



Data Source: *U.S. Census Bureau, American Community Survey. 2013-2017. Source geography: Tract Courtesy: Community Commons, http://www.communitycommons.org, 11/21/2019.*



Age

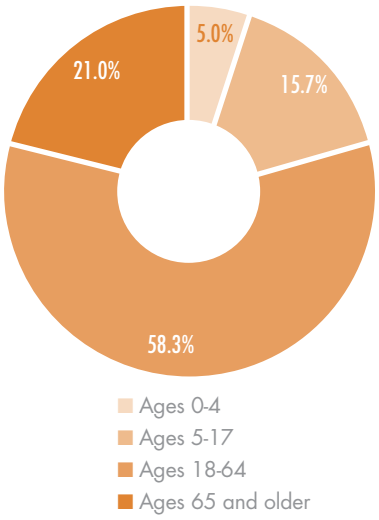
The median age for the Staples-Motley community is 47.3 years. Children and youth, under the age of 18, make up 20.72% of the population, 58.26% are between the ages of 18 and 64 years old, and 21% are 65 years of age and older. The Staples-Motley community and the three-county region have a higher population of individuals age 65 years and older than the state of Minnesota (14.64%). According to the U.S. Census Bureau American Community Survey 2013-17 5-year estimates, an estimated total of 1,721 older adults age 65 or older resided in the area during this time period.

The number of persons age 65 or older is relevant because this population has unique health needs which should be considered separately from other age groups.

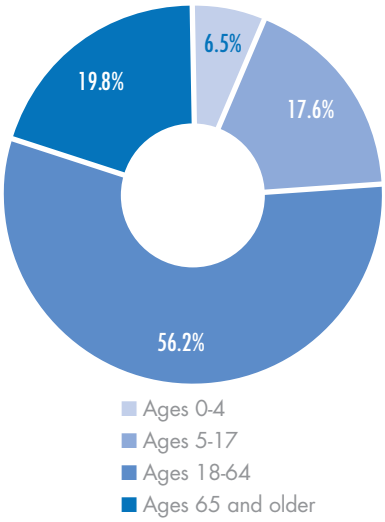
The gender distribution is split, essentially even throughout the Staples-Motley community, three-county region, and the state.

Population Age

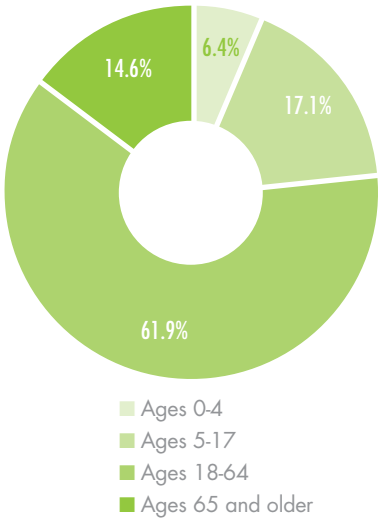
Staples-Motley Community



Three-County Region



Minnesota



Data Source: *U.S. Census Bureau, American Community Survey. 2013-2017. Source geography: Tract Courtesy: Community Commons, http://www.communitycommons.org, 11/21/2019.*

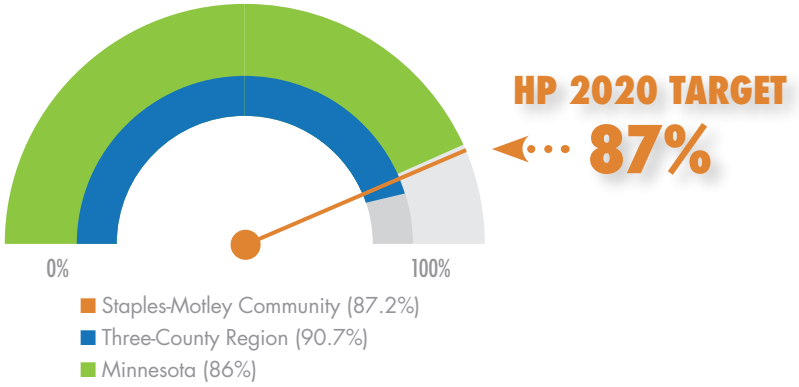
Education

The graduation rate for residents of the Staples-Motley community compares well to the statewide average (86.8%). According to the latest census estimates, 87.2% of residents in the Staples-Motley community have obtained a high school degree or higher; the three-county region is little higher at 90.7%.

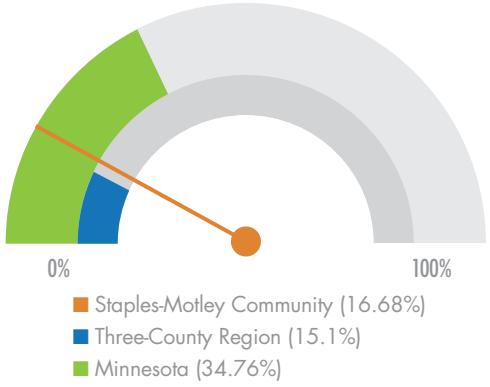
The Healthy People 2020 (HP 2020) target, a set of nationally established benchmarks, has a goal of an on-time graduation rate of 87%. On-time graduation is the percentage of students who received high school diplomas within four years after starting ninth grade in public schools. Low levels of education are often linked to poverty and poor health. The rates in the Staples-Motley community and three-county region exceed this targeted goal.

Approximately 16.68% of residents in the Staples-Motley community have obtained a college bachelor's degree or higher. This is significantly lower than the state average (34.76%) and slightly higher than the three-county region (15.1%).

Graduation Rate



Percent Population Age 25+ with Bachelor's Degree or Higher



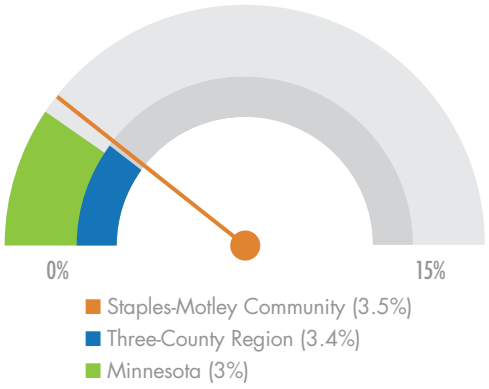
Data Source: *US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES. 2016-17. Source geography: School District, 11/21/2019.*

Income and Unemployment

According to the US Census Bureau's 2017 American Community Survey, the average annual income for residents in the Staples-Motley community is $42,883, this is far below the Minnesota average of $65,699. The estimated percentage of the population living in poverty is 13.85%. The average unemployment rate is 3.5% for the Staples-Motley community, 3.4% for the three-county region, and 3% for the state of Minnesota.

This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Unemployment Rate



Data Source: *US Department of Labor, Bureau of Labor Statistics. 2019 - August. Source geography: County, 11/21/2019.*

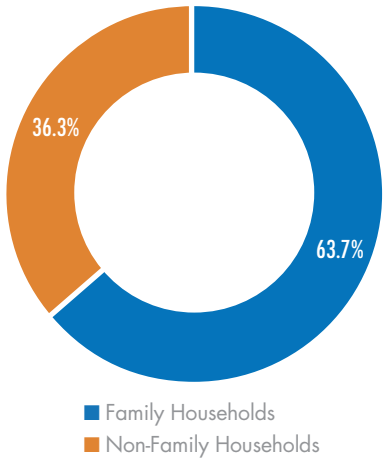
It is estimated 13.85% of the Staples-Motley community is living in poverty.

Housing and Households

There are 3,602 total households in the Staples-Motley community; 169 more than the 2016 CHNA report. Nearly two-thirds are family households. A family household is defined as a housing unit which the householder is living with one or more related individuals. A non-family households is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

Vacant houses may lead to a negative impact on the socioeconomic factors of the community. The percentage of vacant housing is much higher in the Staples-Motley community and in the three-county region than Minnesota.

Household Composition



Total Households, 2019	Staples-Motley Community	Three-County Region	Minnesota
Total Households	3,602	28,808	2,153,202
Percentage of Total Households with Individuals Under 18 years	25.82%	28.55%	30.8%
Percentage of Households with Individuals 65+ years	32.07%	32.61%	25.8%
Percentage of Householders Living Alone, Age 65+	13.88%	13.32%	10.6%
Average Household Size	2.23	2.4	2.5
Vacant Housing, 2019	**Staples-Motley Community**	**Three-County Region**	**Minnesota**
Total Housing Units	4,889	36,201	2,404,624
Percentage of Vacant Housing Units	26.32%	20.42%	10.5%

Data Source: *U.S. Census Bureau, American Community Survey. 2017. Source geography: Zip Code Tabulation Area (Five-Digit). ACS 5-Year Estimates Data Profiles: Selected Social Characteristics in the United States, 11/21/2019.*

Community Assets

Traditional anchor institutions, like hospitals and education, are vital assets for any community and can play a catalytic role in supporting economic development and improving the health and well-being for its residents. In addition to LHS, the Staples-Motley community hosts Central Lakes College and the Staples-Motley School District to round out its traditional anchoring institutions. However, in small rural communities, non-traditional anchor institutions such as churches and corporations can serve as an influential role because of geographic isolation naturally exhibited in rural communities. The Staples-Motley community embraces 13 faith-based churches and several large corporations listed below.

Population demographics play a determining role in the types of health and social services needed by its communities. Besides LHS, the Staples-Motley community hosts several healthcare services to help fulfill the needs of the community:

- **Pharmacy**
  - Longbella Drug Store, Staples and Motley
- **Optometry**
  - Staples Eye Clinic, Staples
- **Dental**
  - Bailey, Zachary J., DDS, Staples
  - Staples Family Dentistry, Staples
- **Mental Health Services**
  - Northern Pines, Staples
- **Orthodontic**
  - Colby Mueller Orthodontics
- **Chiropractic**
  - Schmitt Chiropractic, Motley
  - Spandl Chiropractic, Staples
  - Staples Chiropractic Office, Staples

While Staples and Motley may be considered small towns, they are home to many big businesses. Lakewood Health System, Trident Seafood and Staples-Motley School District are the top three companies with the highest number of employees. There are other businesses which are considered major employers in the area, these include:

- 3M
- Central Lakes College - Staples campus
- Morey's Fish Company
- Sourcewell
- Stern Manufacturing

The Staples-Motley community prospers with civic groups and service organizations in which its residents can participate. These collaborative clubs can be a mechanism to foster citizen participation which yields emotional connections and strong feelings of belonging. Rural communities are incredible places because sense of community is often very powerful for overall health and wellbeing. Listed below are groups for all community members to join:

- 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
- Staples Motley Beyond Poverty
- MOMS Club
- Friends of the Library
- Staples Historical Society
- Five Wings Arts Council
- Staples Motley Arts Council
- Staples Food Shelf
- Motley Food Shelf
- Boys/Girls Scouts
- FFA
- Kinship Partner
- AWANA Clubs

Health of the Staples-Motley Community

Many factors affect the health of individuals and communities. For example, where people live, how much money they make, their race and ethnicity, and other characteristics all have an impact on the quality of life a person experiences and how long a person lives. These factors can positively - or negatively - influence Health Outcomes and may differ across a county or region. Further, these factors are influenced by programs and policies found at the local, state, and federal levels; supporting, or restricting, positive health for all.

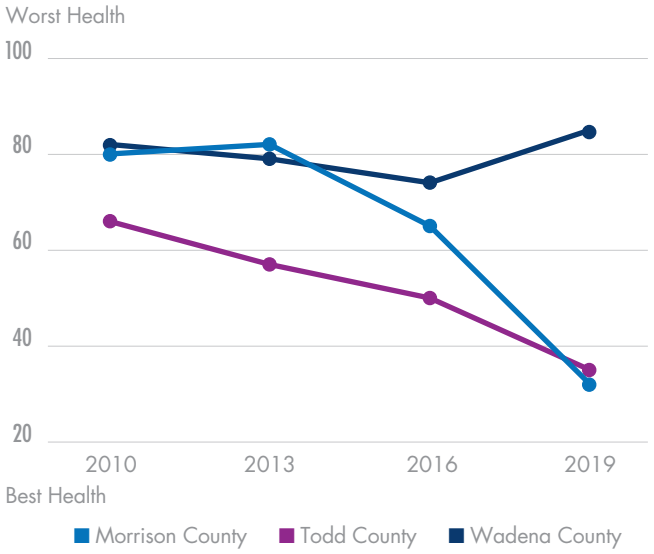
The County Health Rankings define Health Outcomes as the area that represents how healthy a county is right now.

- **Length of Life:** premature death
- **Quality of Life:** poor health days and low birthweight

When using the County Health Rankings, the three-county region most closely represents the Staples-Motley community. Since the rankings focus on the county level, the report will compare the three-county region to the state of Minnesota and the updated HP 2020 targets, where available.

According to the 2019 County Health Rankings, the overall Health Outcomes rank for the three-county region has seen significant improvements for Morrison (32nd) and Todd (35th) County since 2010. Whereas, Wadena County currently ranks 85th out of 87 counties in Minnesota. The county with the lowest score (best health) gets a rank of #1 for that state and the county with the highest score (worst health) is assigned a rank corresponding to the number of places ranked in that state. For Minnesota, there are 87 ranked counties.

Health Outcomes Overall Rank (of 87)



Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings, 2019.*

Infant Mortality Rates

The infant mortality rate for the three-county region are near the HP 2020 target but slightly higher than the statewide rate. This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

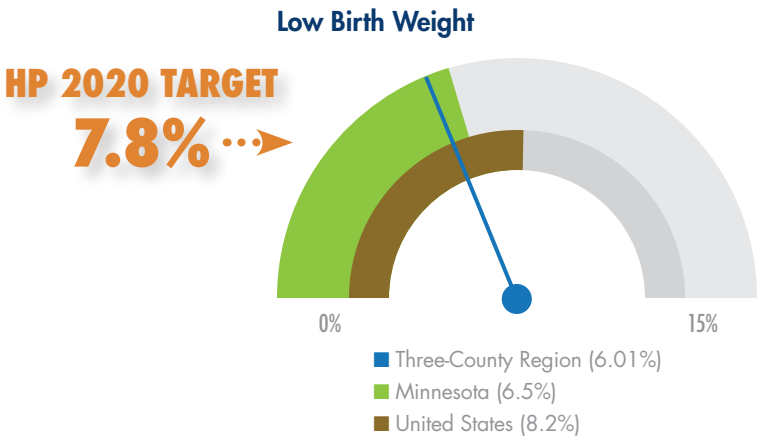
Infant Mortality Rates

Location	Infant
Three-County Region	6.3
Minnesota	5.2
HP 2020 Targets	6.0

Data Source: *US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10. Source geography: County, 11/21/2019.*

Low Birth Weight

The HP 2020 target for low birth rate (under 5.5lbs) is 7.8%. There is no data for the Staples-Motley community, however, the percentage is lower in the three-county region compared to this target and statewide data. This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.



Data Source: *US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2006-12, CDC WONDER, 2006-12, accessed 11/21/2019.*

Premature Mortality Rates

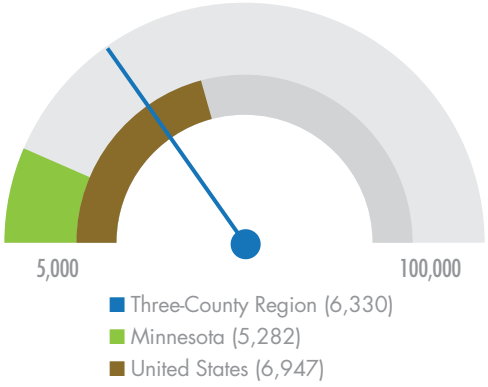
Premature death is defined as the years of potential life lost (YPLL) before age 75 and represents deaths that may have been prevented. While this measurement may not completely capture the burden of chronic disease in a community, it can show trends that require additional attention.

Although life expectancy for the three-county region (79.3 years) is similar to the state of Minnesota (81 years), the three-county region represented in this report has a premature age-adjusted mortality rate of 6,330 per 100,000 in population, as compared to the state's rate of 5,282 per 100,000 in population. This may indicate there is a higher rate of preventable deaths in the region and can provide a unique and comprehensive look at overall health status.

The top three leading causes of death, under the age of 75, are identical for the three-county region and the state of Minnesota: cancer, heart disease and accidents (unintentional injury).

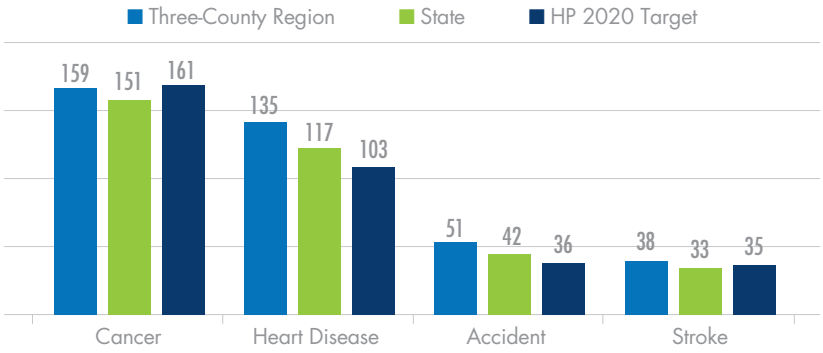
Cancer is the number one leading cause of death for residents in the three-county region, and, closely matches the statewide rates as well as the HP 2020 targets. Most concerning is the heart disease mortality rate for the three-county region. The three-county region is well above the HP 2020 target and indicates a statewide precedent for increased focus on heart disease prevention. The accident mortality rate for the three-county region has increased since the 2016 report and remains above the HP 2020 target. Current data shows the three-county region and with the state have a similar stroke mortality rate, however, the three-county region is slightly higher than the HP 2020 target.

Years of Potential Life Lost
(Rate per 100,000 Population)



Data Source: *Centers for Disease Control and Prevention, "http://www.cdc.gov/nchs/nvss.htm/"National Vital Statistics System. Accessed via HYPERLINK "http://wonder.cdc.gov/"CDC WONDER, 2013-17, accessed 11/22/2019.*

Mortality Rates

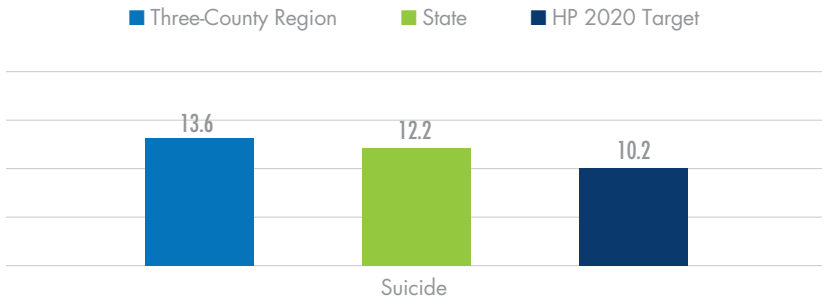


Data Source: *University of Wisconsin Population Health Institute, County Health Rankings. 2015-17. Source geography: County, 11/22/2019.*

Suicide Mortality Rates

The mortality rates for suicide dropped since the 2016 report. Unfortunately, the rate is still higher than the targeted goal of 10.2 established by HP 2020. This indicator is relevant because suicide is an indicator of poor mental health.

Suicide Mortality



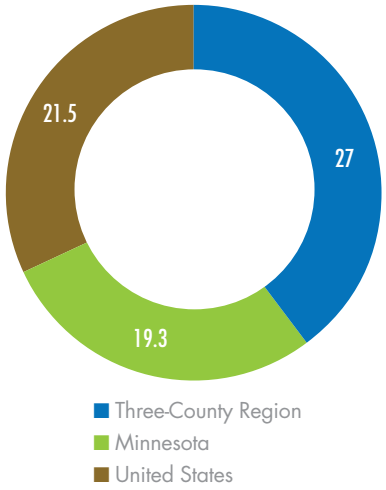
Data Source: *Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2013-17, accessed 11/22/2019.*

Diabetes Mortality Rates

Chronic health issues can create a burden for individuals and their families. One important indicator for healthy behaviors is the prevalence of diabetes. The Centers for Disease Control (CDC) reports people with diabetes are at increased risk of additional serious health complications including vision loss, heart disease, stroke, kidney failure, amputation of toes, feet or legs, and premature death. In Minnesota, over 1,310 diabetes-specific death counts were attributed in 2017; having an age-adjusted death rate (per 100,000) of 19.3. In the three-county region, there were 31deaths reported and an age-adjusted death rate at 27.0.

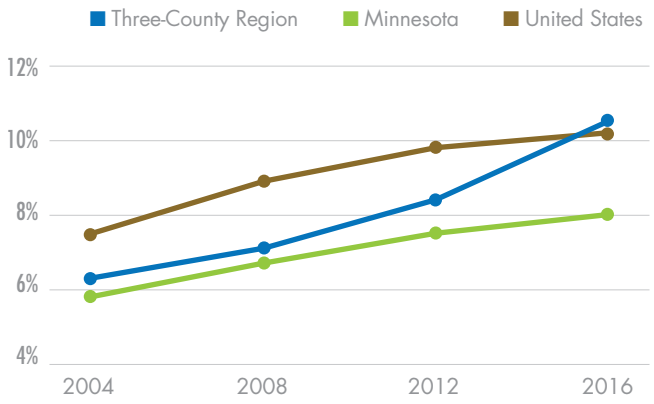
The rise of diabetes for adults has been steadily increasing since the early 2000s. The chart below reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Age-Adjusted Death Rate for Diabetes
(Per 100,000 Population)



Data Source: *Centers for Disease Control and Prevention, "http://www.cdc.gov/nchs/nvss.htm/"National Vital Statistics System. 11/22/2019.*

Diabetes (Adults)

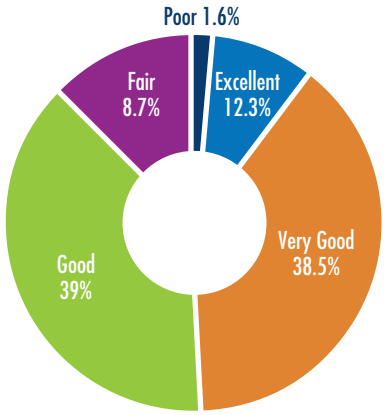


Data Source: *Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. 11/22/2109.*

Perceptions of Health

More than half of Health4Life Survey respondents self-reported their health as very good or excellent (50.8%), similar to the 2016 CHNA report where 51.8% self-reported their health as very good or excellent. In comparison to the County Health Rankings, the self-reported data pairs well with the Health Outcomes Overall Rank for Morrison and Todd County mentioned on page 25. Troubling though, Wadena County has the third worst Health Outcomes Overall Rank in Minnesota.

Self-Reported Health



Data Source: *Health4Life Survey, 2019.*

MSS Data

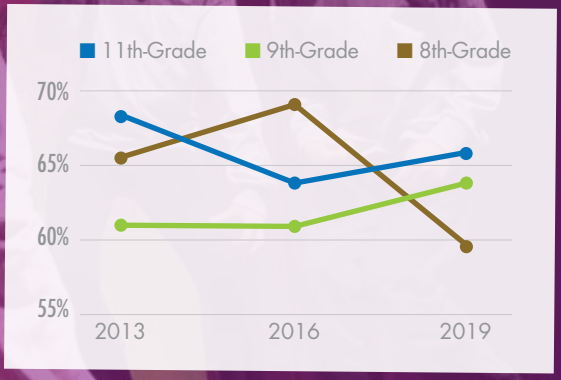
Results from the 2019 Minnesota Student Survey (MSS) indicates

63% of students self-reported their health in general as very good or excellent.

In a 2019 report, published by the Minnesota Department of Education, only 65% of Minnesota students surveyed in the Minnesota Student Survey reported excellent or very good health; down from 69% in 2016. In Staples-Motley School District, 63% of all students surveyed reported excellent or very good health. This is down from 65% in 2016 and 64% in 2013.

Overall, the health status of students in the Staples-Motley School District has been relatively consistent since 2013. However, for students in the 8th- grade, 59% report their health as very good or excellent. This is a decrease of nearly 10 percent since 2016.

Health of Staples-Motley School District Students



Data Source: *Minnesota Student Survey, 2019.*

Health Factors

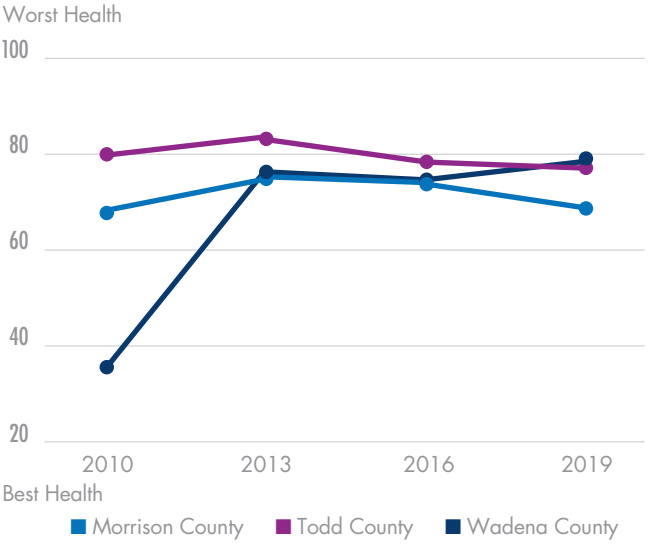
Health Factors can influence Health Outcomes. They represent those things that can be modified to improve how well and how long a person lives. Health Factors are predictors of how healthy a community can be in the future. The County Health Rankings uses four types of measures that impact a person's health.

- **Health Behaviors**
- **Clinical Care**
- **Social and Economic Factors**
- **Physical Environment**

The overall Health Factor rank is low for the three-county region. This snapshot may reveal that where residents in the Staples-Motley community live, learn, work and play is negatively impacting their health.

The county with the lowest score (best health) gets a rank of #1 for that state and the county with the highest score (worst health) is assigned a rank corresponding to the number of places ranked in that state. For Minnesota, there are 87 ranked counties.

Health Factors Overall Rank (of 87)



Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings, 2019.*

The following three sections will drill-down further into those Health Factors and behaviors that share linkages between the top three community needs and Health Outcomes. For example, high rates of obesity is an indicator for the prevalence of heart disease. In the three-county region, the mortality rate for heart disease is alarmingly high relative to the HP 2020 target and the rate for Minnesota. As causal relationships emerged, it allows LHS to better understand how certain community health needs and factors may be addressed and developed in the strategic plan.

Photo by Don Hoffmann

4 Social Determinants of Health

"Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

- Healthy People 2020

Social Determinants of Health

At its core, a supportive community provides resources and equal opportunities for its residents to access economic opportunities, attain quality education and find safe and affordable housing. Fundamentally, a healthy community offers its residents equitable environments to access healthcare, engage in social and community interactions, and have the ability to participate in healthy behaviors. Without this foundational network it may be difficult for individuals and families to thrive.

There are five key areas – the social determinants – that affect Health Outcomes:

- Economic Stability
- Education
- Social and Community Context
- Health and Healthcare
- Neighborhood and Built Environment

In this section, LHS examines the social risk factors and needs that influence how well and how long a person lives; particularly focusing on the social and physical determinants that impact economic conditions, healthcare services and community design. Several determinants were addressed in Section 3, which provided the context for educational attainment, economic and job opportunities in the Staples-Motley community, as well as, the availability to access community-based resources and recreational and leisure-time activities.

Poverty

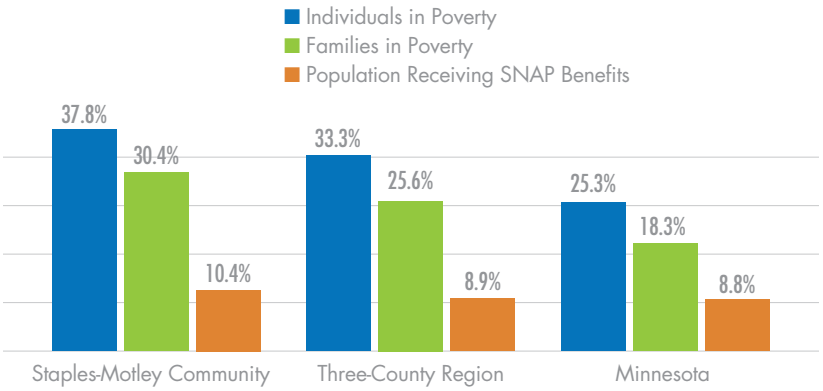
Poverty is considered a key driver of health status and creates barriers to access health services, healthy food and other necessities. In the Staples-Motley community, around one-third of individuals and families have incomes which fall below 200% of the Federal Poverty Level.

The Federal Poverty Level (FPL) is an economic measure that is used to determine whether the income level of an individual or family qualifies them for certain federal benefits and programs. The FPL is the set minimum amount of income that a family needs for food, clothing, transportation, shelter, and other necessities. Often, programs limit participation to percentages of the FPL, such as 138% or 200%.

Since most federal subsidies and aid are available to those living below 200% FPL - such as Medicaid, Supplemental Nutrition Assistance Program (SNAP), National School Lunch Program (NSLP), Low-Income Home Energy Assistance Program, and the Children's Health Insurance Program (CHIP) – this section concentrates on this percentage.

Approximately 870 individuals in the Staples-Motley community are beneficiaries of SNAP. Eligibility for SNAP has been defined as household income below 165% of the federal poverty level. Unfortunately, there seems to be a large disparity between the percentage of individuals eligible and and those who participate and benefit from SNAP throughout the community, three-county region and in Minnesota. According to Hunger Genius, only 36% of individuals who are eligible for SNAP in the three-county region utilize the program.

Living Below 200% FPL



Data Source: *U.S. Census Bureau, American Community Survey. 2010-14. Source geography: Tract. Courtesy: Community Commons, http://www.communitycommons.org, 11/21/2016.*

As mentioned in Section 3, the average unemployment rate in the Staples-Motley community is 3.5%, and 3.4% for the three-county region. With slightly more than 33% of Health4Life Survey participants feel unemployment is a moderate to severe problem in the three-county region, only 21.5% feel unemployment is not a problem.

Photo by Don Hoffmann

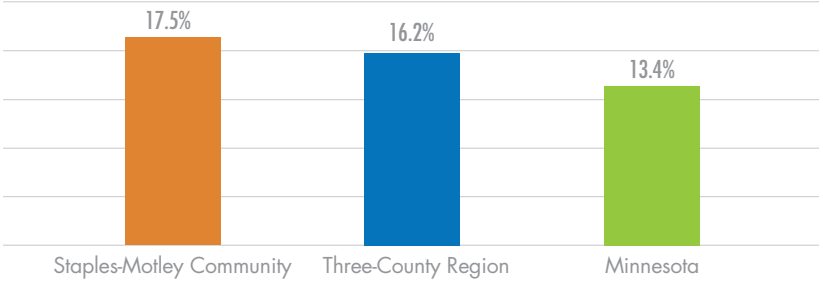
Children in Poverty

In the Staples-Motley community, it is reported nearly 300 children (17.5%) ages 0-17 are living in households with incomes below 100% FPL. Despite this data, more than 54% of Health4Life Survey respondents believe there is a minor to no problem with children in poverty in the three-county region.

Another indicator for the level of poverty in school-aged children can also be seen in the percentage of students who benefit from free or reduced-price meal programs.

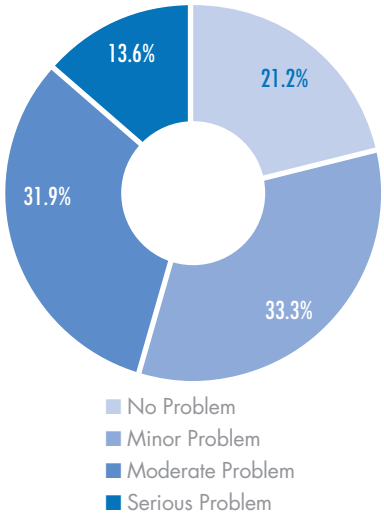
During the 2017 to 2018 school year, according to the Minnesota Department of Education, more than five in ten students enrolled (1,104) at the Staples-Motley School District qualify for free or reduced-price meals (51.9%). In the three-county region, 46.7% total students enrolled (11,486) qualify for the program. In Minnesota, although the rate is lower (37.1%), nearly four out of every ten students are eligible for free and reduced-priced meals.

Children Living Below 100% FPL (Ages 0-17)



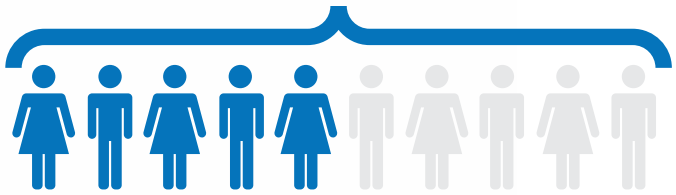
Data Source: *U.S. Census Bureau, American Community Survey. 2010-14. Source geography: Tract. Courtesy: Community Commons, http://www.communitycommons.org, 11/21/2019.*

Children Living in Poverty



Data Source: *Health4Life Survey, 2019.*

Staples-Motley School District
5 out of 10 students are eligible for free and reduced-priced meal programs.



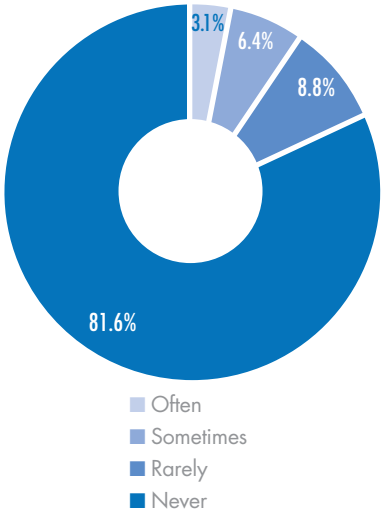
Data Source: *Minnesota Department of Education, Minnesota Report Card, 2019.*

Food Insecurity

Defined by the U.S. Department of Agriculture (USDA), food insecurity is the lack of consistent access, at times, to enough food for an active, healthy life for all household members, and the lack of limited availability of nutritionally adequate foods. It is a complex problem and for many people who do not have the economic resources to meet basic needs, a person's risk of food insecurity increases. It is recognized, however, that food insecurity is closely related to poverty but not all people living below the poverty line experience food insecurity. People who live above the poverty line can also experience food insecurity.

When people lack continuous access to food there is the potential for negative Health Outcomes, such as weight gain and premature mortality. When household's experience food insecurity, they may need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods. While most low-income individuals who experience food insecurity are eligible for federal and state assistance, there are a number of food insecure individuals who are not eligible for nutrition assistance. Assistance eligibility is determined by household income relative to the federal poverty guidelines for specific programs, such as: SNAP, WIC, NSLP, Commodity Supplemental Food Program (CSFP) and The Emergency Food Assistance Program (TEFAP).

Worry About Food Running Out



Data Source: *Health4Life Survey, 2019.*

Food Insecurity - Overall and Children

Food Insecurity – Overall				
	Morrison County	Todd County	Wadena County	Minnesota
# Food Insecure (Overall)	3,310	2,210	1,560	504,760
% Food Insecure (Overall)	10%	9.1%	11.5%	9.1%
% of Food Insecure Population Ineligible for Assistance	32%	19%	25%	40%

Food Insecurity – Children				
	Morrison County	Todd County	Wadena County	Minnesota
# Food Insecure (Children)	1,190	910	570	163,310
% Food Insecure (Children)	15.4%	15.6%	17%	12.6%
% of Food Insecure Population Ineligible for Assistance	20%	3%	13%	33%

Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings. Feeding America 2017, 11/21/2019.*

The Heatlh4Life Survey resulted similar percentages of food insecurity as compared to public data sources (see chart at the top of the page). In the three-county region, 9.5% self-reported food insecurity while the County Health Rankings data searches found very close percentages of overall food insecure for individuals in the same region (between 9.1%-11.5%).

Food Environment - SNAP and WIC-Authorized Food Stores

The rate per 100,000 population of SNAP-authorized retailers in the three-county region surpasses the rate for Minnesota. WIC-authorized food stores rate per 100,000 population in the three-county region is also higher than the rate for Minnesota. WIC is a Special Supplemental Nutrition Program for Women, Infants, and Children.

SNAP and WIC-Authorized Food Stores		
	Three-County Region	Minnesota
SNAP-Suthorized Retailers, Rate Per 100,000 Population	9.87	5.58
WIC-Authorized Food Stores, Rate Per 100,000 Population	35	38.7

Data Source: *U.S. Department of Agriculture, Food and Nutrition Service, USDA – SNAP Retailer Location. Additional data analysis by CARES 2019; U.S. Department of Agriculture Economic Research Service, USDA – Food Environment Atlas. 2011. 11/21/2019.*

MSS Data

When asked "During the last 30 days, have you had to skip meals because your family did not have enough money to buy food?",

4.3% of students reported they did have to skip a meal.

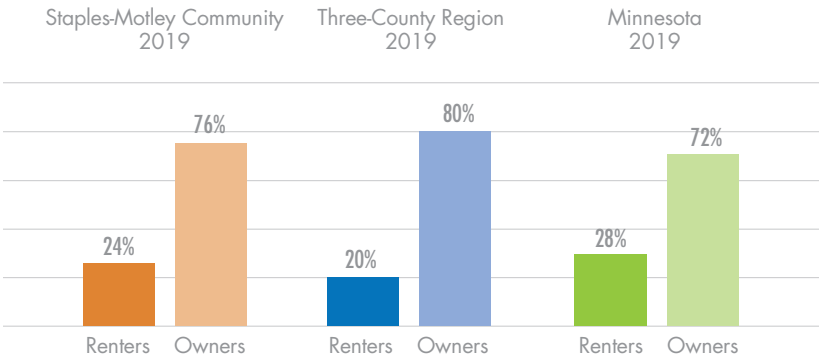
Housing

Homes and neighborhoods play a critical role in shaping the health of the whole community. Stable, quality and affordable housing provides a critical foundation for health. This stability allows families to increase trust among neighbors, create lasting friendships, and build cohesion. Homeowners move less frequently than renters and have more control over their home environment.

Owning a home is also an important way for many to build wealth. However, for low-income families, homeownership is an increasingly distant dream. When homeownership is out of reach, it's difficult to meet basic needs and increases disruptions that are detrimental to health and emotional well-being, such as changing schools, changing jobs, or moving frequently.

Responses in the Health4Life Survey indicate nearly two-thirds of respondents feel there is a lack of safe and affordable housing in the region. Just under 30% feel it's a moderate to serious problem. Further, more than 50% of respondents also feel homelessness is a problem for the three-county region.

Homeownership



Data Source: *US Census Bureau, American Community Survey. 2013-17. 11/21/2019.*

MSS Data

Most students attending the Staples-Motley School District report

they feel safe at home (90.5%) and in their neighborhoods (92%).

Housing Cost Burden

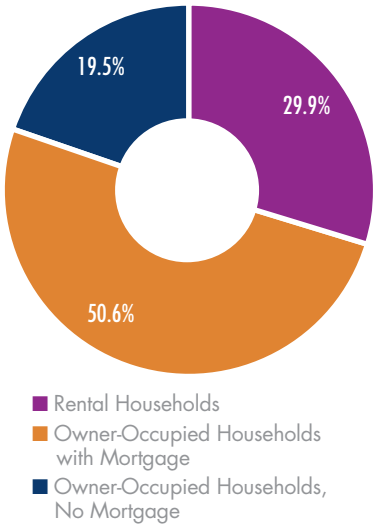
There is a strong evidence which links stable and affordable housing to positive Health Outcomes. In recent decades, housing costs have outpaced incomes making it difficult for families and individuals to acquire and maintain adequate shelter. When a household is cost-burdened, it leaves less money to cover other necessities, like food and medical care.

For one in four households in the Staples-Motley community, housing costs exceed 30% of total household income. Whereas, one in ten households experience severe housing cost burden and spend 50% or more of their household income on housing. Of the 7,184 cost-burdened households in the three-county region, 2,151 (30%) are rental households, 3,633 (50%) are owner occupied households with a mortgage, and 1,400 (20%) are owner occupied households with no mortgage.

Cost-Burdened Households			
	Staples-Motley Community	Three-County Region	Minnesota
Housing cost exceed 30%	25.62% (923 cost-burdened households)	24.94% (7,184 cost-burdened households)	26.57% (572,133 cost-burdened households)
Housing cost exceed 50%	No data	**10.1% (severe housing cost burden)**	No data

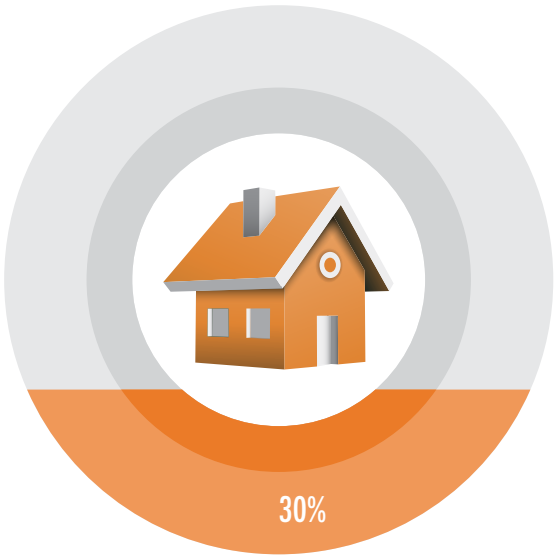
Data Source: *US Census Bureau, American Community Survey, 2013-17, accessed 11/21/2019.*

Cost-Burdened Households by Tenure



Data Source: *US Census Bureau, American Community Survey, 2013-17, accessed 11/21/2019.*

Housing Cost Burden



A household is cost-burdened when it spends more than 30% of its income on housing. Families spending more than 30% often have inadequate resources to pay for other necessities like food and medicine.

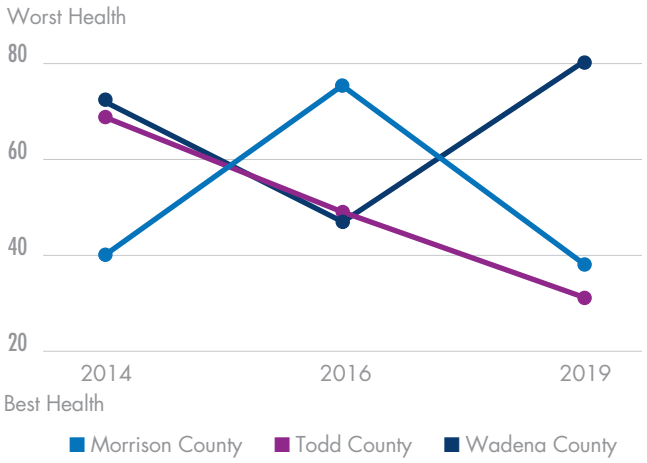
Physical and Built Environments

The health of a community is greatly influenced by its physical environment – where individuals live, learn, work and play. Neighborhoods, especially where homes are located, can have a profound impact on a person's physical and social well-being. The availability and accessibility of built environments and resources such as public transportation, food retail stores and safe spaces for physical activity can also profoundly improve Health Outcomes. It's simple: individuals who live closer to sidewalks, parks, and recreation and fitness facilities are more likely to exercise than individuals who live further from or don't have these amenities available to them.

> 52.2% say there is a problem with lack of safe places to walk or bike.
>
> Data Source: *Health4Life Survey, 2019.*

County Health Rankings considers the following physical environments - air pollution, drinking water violations, severe housing problems, driving alone to work, long commute (driving alone) - when measuring factors.

Physical Environment Ranking (of 87)



Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings, 2019.*

Recreation and Fitness Facilities

While the rate of establishments per 100,000 population in the Staples-Motley community is nearly triple the rate of Minnesota, the three-county region falls far below Minnesota rates. This is confirmed in the Health4Life Survey results. Nearly 70% of respondents feel there is a lack of access to indoor recreational space.

Recreation and Fitness Facilities			
	Staples-Motley Community	Three-County Region	Minnesota
Total Population	5,384	71,936	5,303,925
Number of Establishments	2	5	666
Establishments, Rate per 100,000 Population	37.15%	6.95%	12.56%

Data Source: *U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2013. Source geography. County, 11/21/2019.*

Factors that keep residents in the Three-County Region from being more physically active.	
Distance I have to travel	34.4%
Lack of programs, leaders, or facilities	28.6%
Public facilities not available when I want to use them	27.5%
Not having sidewalks	23.3%
No safe place to exercise	13.8%

The availability and accessibility to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Data Source: *Health4Life Survey, 2019.*

Transportation

Rural populations, especially those located outside a five-mile radius of a city or town, have very limited transportation options. Transportation is mostly reliant on owning a motor vehicle and is essential for daily activities in rural communities, including access to food, healthcare, and connections to family, friends, and faith communities. Transportation connects residents to its community and natural resources, businesses and education. Job security, and most of the aforementioned, are dependent on reliable and affordable transportation.

According to the American Community Survey, 5.76% (1,660) of households in the three-county region have no motor vehicle. While this percentage is lower than Minnesota (6.95%), only 0.3% use public transportation as a mode of commuting. Results in the Health4Life Survey indicate 65.8% of respondents feel lack of access to transportation is a problem in the three-county region.

For some individuals who participated in the Health4Life Survey, they reported transportation problems prevented them from getting medical care (3.3%), dental care (2.9%), mental healthcare (1.8%), and filling prescriptions (1.6%). With a 24.3% response rate for the Health4Life Survey, or 1,553 individual responses, these percentages are concerning. The data is suggesting that approximately 51 individuals did not get or delayed getting medical care when they needed it and 28 individuals delayed or forgone mental health care.

MSS Data

Of the 304 students who participated in the 2019 Minnesota Student Survey,

90% of students reported they feel safe getting to and from school; 10% of students disagreed or strongly disagreed.

Food Access

The Food Environment Index, which is the County Health Rankings measure of the food environment, equally weights proximity to healthy foods and income to determine this measure and range.

1. **Access to Healthy Foods** – which considers the distance an individual lives from a grocery store or supermarket.
2. **Food Insecurity** – which estimates the percentage of the population that did not have access to a reliable source of food during the past year.

While lacking constant access to food is associated with poorer health and increased medical costs in both children and adults, there is strong evidence that correlates high prevalence of overweight, obesity and premature death to low income individuals who live more than 10 miles away from a grocery store. Full-line grocery stores and supermarkets sell healthier options and offer more variety than convenience stores.

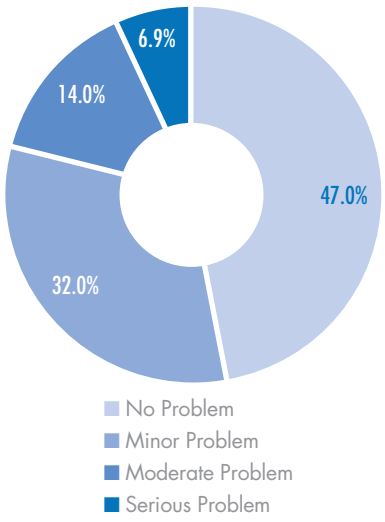
The Food Environment Index ranges from 0 (worst) to 10 (best). In 2019, the average value for counties was 7.5, however, most counties fell between about 6.9 and 8.2.

Food Access				
	Morrison	Todd	Wadena	Minnesota
# Limited Access to Healthy Foods	3,455	3,152	1,700	235,000
% Limited Access to Healthy Foods	11%	13%	18%	4.3%
Food Environment Index	7.9	7.8	6.7	8.5

Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings, 2019.*

The perceptions found in the Health4Life Survey responses clearly indicate respondents feel there is a lack of access to healthy foods in the three-county region. More than half (53%) of those surveyed feel access to healthy foods is a problem in their county.

Lack of Access to Healthy Foods



Data Source: *Health4Life Survey, 2019.*

Health and Healthcare

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of those uninsured, financial hardship, transportation barriers, cultural competency, and coverage limitations can affect access and impact Health Outcomes.

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Over 71% of the Health4Life Survey respondents feel access to healthcare services has stayed the same since 2016, while 14.5% feel it has improved. The charts below support those perceptions as the ratio of the population to primary care physicians and dentists have improved since 2013.

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
2019	1,640:1	1,350:1	1,530:1	1,120:1

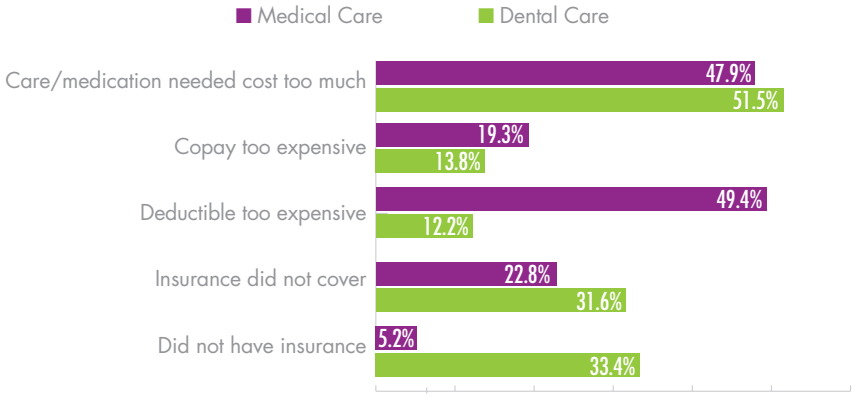
Dentists				
	Morrison County	Todd County	Wadena County	Minnesota
2013	3,374:1	3,154:1	2,046:1	1,660:1
2016	3,280:1	2,430:1	1,720:1	1,500:1
2019	2,540:1	2,450:1	1,710:1	1,410:1

Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings, 2019.*

Cost of HealthCare

Healthcare costs have significant implications and may create barriers for people seeking care in a timely manner. Health4Life Survey respondents reported delaying or skipping medical (28.6%) and dental (28.1%) 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.*

Reason for Delayed Care



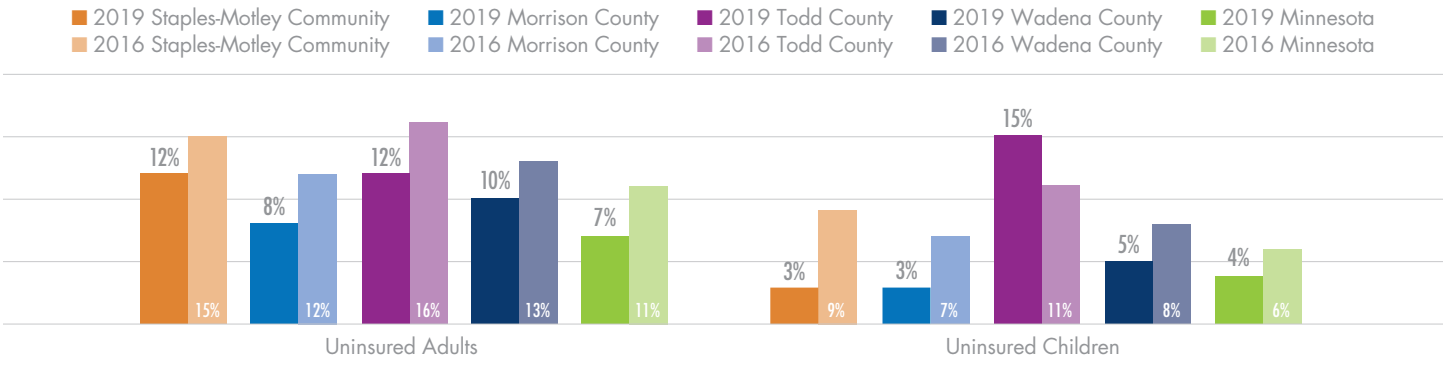
Data Source: *Health4Life Survey, 2019.*

Uninsured Population

In the Staples-Motley community, there are approximately 400 adults (under age 65) without health insurance and just over 60 children without health insurance. The rate of uninsured adults in the report area and in the three-county region is greater than the Minnesota average of 7.2%.

The lack of insurance is a primary barrier to healthcare access and is considered a key driver of health status. The following percentages have decreased since the 2016 CHNA report, except for children in Todd County.

Uninsured Adults and Children



Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings, 2016 and 2019.*

Lakewood Health System's Medicaid Population Data

Poverty is inseparably linked to poor Health Outcomes. The below chart reveals a snapshot of the 2019 data representing the Medicaid population linked to LHS. Of the attributed patients assigned to LHS, approximately 600 adult patients and 1,600 child patients live in deep poverty. Deep poverty is defined as having income below half the Federal Poverty Level. Bold type denotes a higher percentage compared to MN data.

Prevalence of social risk factors among adult MA patients linked to LHS		
Social Risk Factor	**LHS**	**Minnesota MA**
Deep poverty (<=50% FPL)	**28.57%**	45.20%
Homelessness	**2.67%**	6.67%

Prevalence of health outcomes among adult MA patients linked to LHS		
Health Outcome	**LHS**	**Minnesota MA**
Asthma	**10.00%**	9.15%
Annual preventive visit *(higher rate is better)*	**58.64%**	45.17%
Annual dental visit *(higher rate is better)*	**54.36%**	39.13%

Prevalence of social risk factors among child MA patients linked to LHS		
Social Risk Factor	**LHS**	**Minnesota MA**
Deep poverty (<=50% FPL)	**77.14%**	80.46%
Homelessness	**0.10%**	80.46%
Parental past incarceration	**3.82%**	3.83%

Prevalence of outcomes among child MA patients linked to LHS		
Health Outcome	**LHS**	**Minnesota MA**
Asthma	**6.21%**	8.53%
Injury due to violence	**1.77%**	1.45%
Annual preventive visit *(higher rate is better)*	**82.82%**	60.03%
Annual dental visit *(higher rate is better)*	**64%**	58.06%

Data Source: *DHS, IHP-attributed to LHS 2019.*

5 Mental Health

"Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community."

- World Health Organization

Mental Health

In this section, individual behaviors along with clinical, social and environmental factors are examined to better understand the mental health status in the Staples-Motley community. Quantitative data for the Staples-Motley community is used to compare the three-county region and the state of Minnesota to gauge the community's need. There is robust self-reported data offering specific behavioral perspectives from the three-county region, as well as from students attending the Staples-Motley School District.

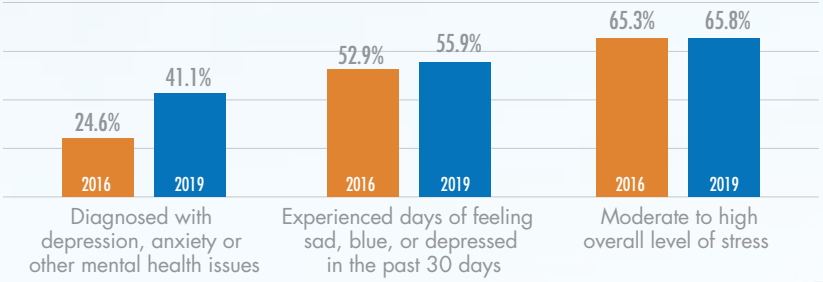
Mental health is just as important as a person's physical health. While it's easier to see physical health, mental health is complicated and is often unrecognizable from a person's physical appearance. During the 2019 CHNA data collection process, the information gathered for mental health, behavioral or emotional disorders, and suicide ideation were noticeably higher than the previous 2016 CHNA report in 2016.

For example, the rates of depression, anxiety and stress among Health4Life Survey participants indicate a strong need for intervention. In 2016, 24.6% of Health4Life Survey respondents reported they were diagnosed by a doctor, nurse or other health professional with depression, anxiety or other mental health issues. In 2019 - and in just three years - 41.1% of respondents reported they were diagnosed with depression, anxiety or other mental health issues.

MSS Data

According to the Minnesota Department of Education, students who participated in the 2019 Minnesota Student Survey reported higher rates of having long-term mental health, or emotional problems; increasing from 18% (2016) to 23% (2019). **Students in the Staples-Motley School District reported an increasing trend from 19% (2016) to 26.5% (2019).**

Mental Health Status – Three-County Region



Data Source: *Health4Life Survey, 2016 and 2019.*

Substance Use

Tobacco

Tobacco, alcohol and drugs are substances associated with addiction, mental illness and health risks.

Cigarette smoking can be attributed to causing several cancers, respiratory conditions and cardiovascular disease, as well as low birthweight and other adverse health outcomes. By measuring and monitoring the prevalence of tobacco use among its population, a community can be alerted to potential adverse Health Outcomes and can assess the need for cessation programs or the effectiveness of existing programs.

Local data from the Health4Life Survey indicate 12.7% of respondents residing in the three-county region are current smokers. This is slightly above 2016 CHNA Report data (12.3%) and the HP 2020 target of 12%>, but lower than the national rate of over 17%.

Adult Tobacco Use During the Last 30 Days

	2016 Health4Life Community Survey	2019 Health4Life Community Survey	HP 2020 Target
Use of Cigarettes	12.3%	12.7%	12%
Use of Cigars, Cigarillos or Little Cigars	7.5%	6.8%	0.3%
Use of Smokeless Tobacco – chewing tobacco, snuff or dip	6.6%	10.2%	0.2%
Use of E-cigarettes	2.0%	3.0%	No Target

Data Source: *Health4Life Survey, 2019.*

Mounting evidence suggests e-cigarette use represents a catalyst for cigarette initiation among youth. While national data has skyrocketed in recent years, local data confirms the trend is occurring with youth in the Staples-Motley community and in Minnesota.

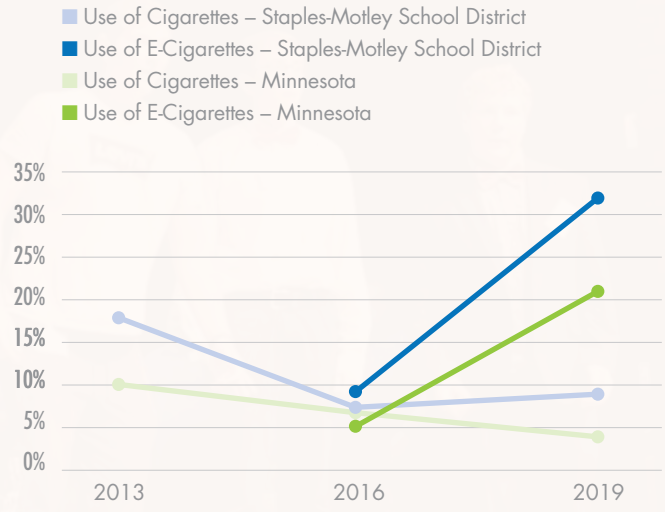
MSS Data

In 2016, 9.5% of 9th- and 11th- grade students attending Staples-Motley School District vaped or used an e-cigarette in the last 30 days.

In 2019, 32.7% say they vaped or used an e-cigarette on at least one day in the past 30 days.

A report published by the Minnesota Department of Education indicated one in four Minnesota 11th-graders reported using an e-cigarette in the past 30 days. For 11th-graders in the Staples-Motley School District, over one-third reported using an e-cigarette in the past 30 days. The chart to the right explores tobacco use trends for 9th- and 11th-grade students attending Staples-Motley School District and across Minnesota.

Cigarette and E-Cigarette Use During the Last 30 Days Among 9th & 11th-Grade Students



Data Source: *Minnesota Student Survey, 2019.*

Photo by Don Hoffmann

Alcohol

In the three-county region, 47.3% of Health4Life Survey respondents feel there is a moderate to severe drinking problem among adults over 21 years of age. Just over 46% of respondents feel there is a moderate to severe drinking problem among those under 21 years of age.

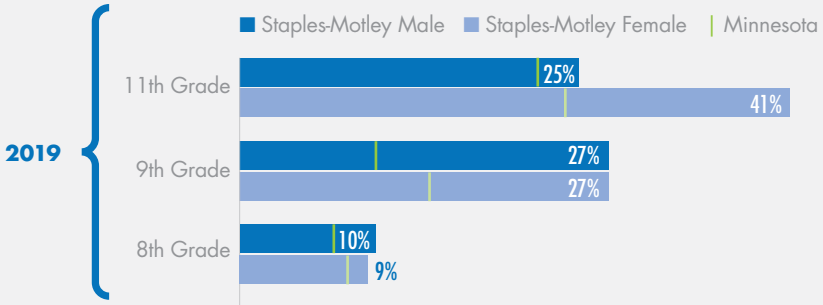
While more than two-thirds (67.3%) of all respondents report they have had at least one drink of any alcoholic beverage in the past 30 days, nearly one-third (29.8%) report binge drinking and one in ten report heavy drinking (9.6%). Unfortunately, nearly 5% report drinking and driving. The Healthy People 2020 objective for alcohol consumption among adults, aged 18 years and older, is to reduce the proportion of persons engaging in binge drinking and excessive drinking to targets of 24.2% and 25% respectively.

The Healthy People 2020 objective for alcohol use among persons aged 12-17 years is to reduce the proportion of adolescents reporting use during the past 30 days. Since 2016, there has been an increase in alcohol consumption among students attending the Staples-Motley School District; particularly among 9th- and 11th-grade females.

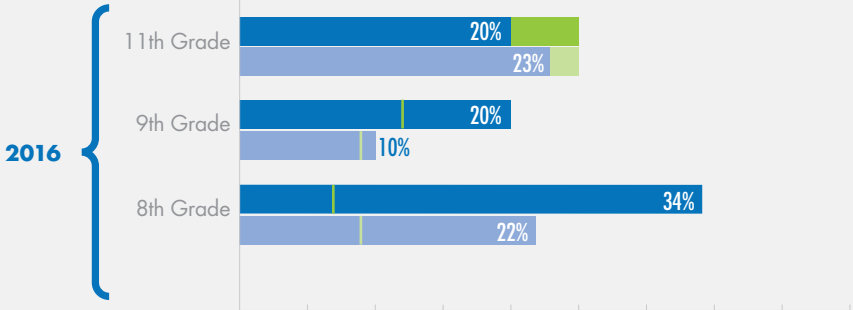
MSS Data

Alcohol Use

HP 2020 TARGET
12.8%
Target revised in 2017



HP 2020 TARGET
16.6%

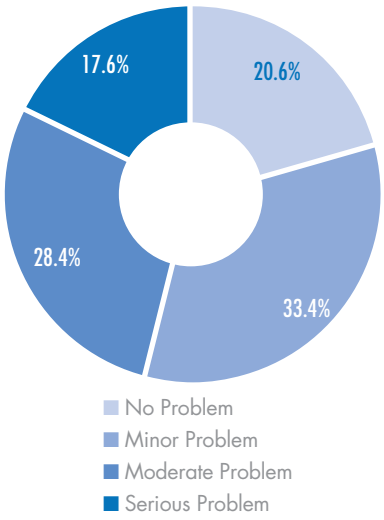


Data Source: *Minnesota Student Survey, 2019.*

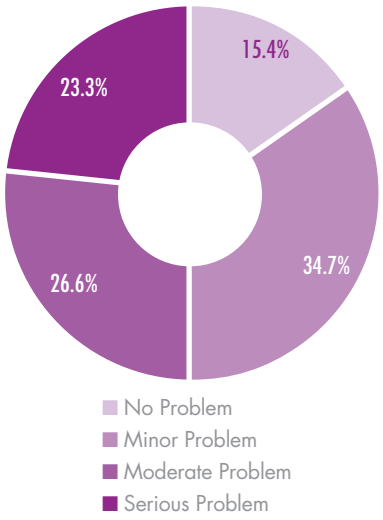
Drug Use

According to NIH (National Institutes of Health), mental illness may contribute to substance use and addiction; while substance use and addiction can contribute to the development of mental illness. Examining Health4Life Survey data, most participants feel there is a drug use problem in the three-county region.

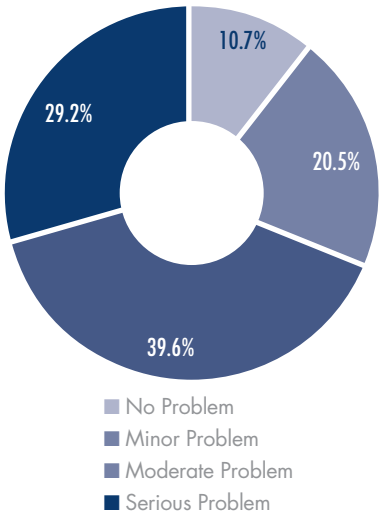
Marijuana Use



Prescription Drug Abuse/Misuse
(Codeine, Oxycodone, Morphine)



Illegal Drug Use
(Heroin, Meth, Cocaine)



Data Source: *Health4Life Survey, 2019.*

Clinical Care

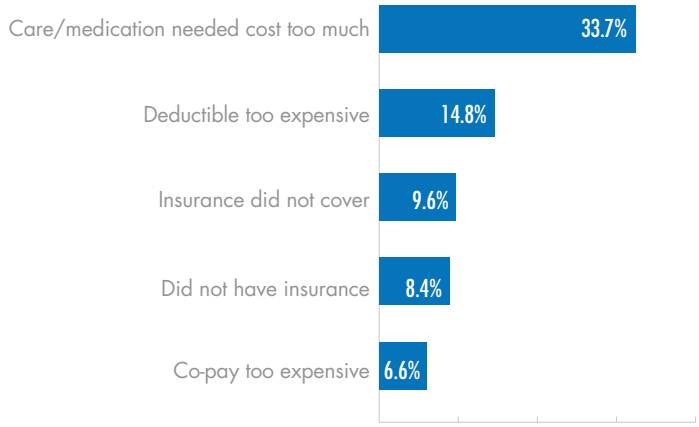
Access to care requires more than the financial means to afford care, it also demands access to providers. The ratio of the population to mental health providers has been improving over time in the three-county region and in Minnesota. However, in Todd County, the ratio for mental health providers is six times greater than it is for the state of Minnesota. The chart below shows ratios have improved across the three-county region since 2016.

Mental Health Providers				
	Morrison County	Todd County	Wadena County	Minnesota
2016	840:1	3,030:1	430:1	490:1
2019	770:1	2,720:1	330:1	430:1

Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings, 2019.*

According to Health4Life Survey respondents, the cost of care has created a barrier for them seeking mental health care. Just over nine percent (9.5%) of Health4Life Survey respondents reported they have delayed or forgone mental health care in the last 12 months. While respondents indicated a variety of reasons for the delay or dismissal, the chart at the right details the cost barriers that were reported. *Respondents were instructed to check all reasons that applied.*

Reason for Delayed Mental Health Care



Data Source: *Health4Life Survey, 2019.*

Suicide

Mental illness is among the risk factors for suicide. There are other factors that can increase a person's risk for suicide, including biological, social and environmental factors. In a 2019 Minnesota Department of Education report, suicide ideation (suicidal thoughts) has increased for all Minnesota students in the last six years. Staples-Motley School District 8th-graders follow the same increasing trend. Alarmingly, 33% of 8th-grade females in the Staples-Motley School District reported they have seriously considered attempting suicide in the last year; nearly double the Minnesota percentage (17.9%).

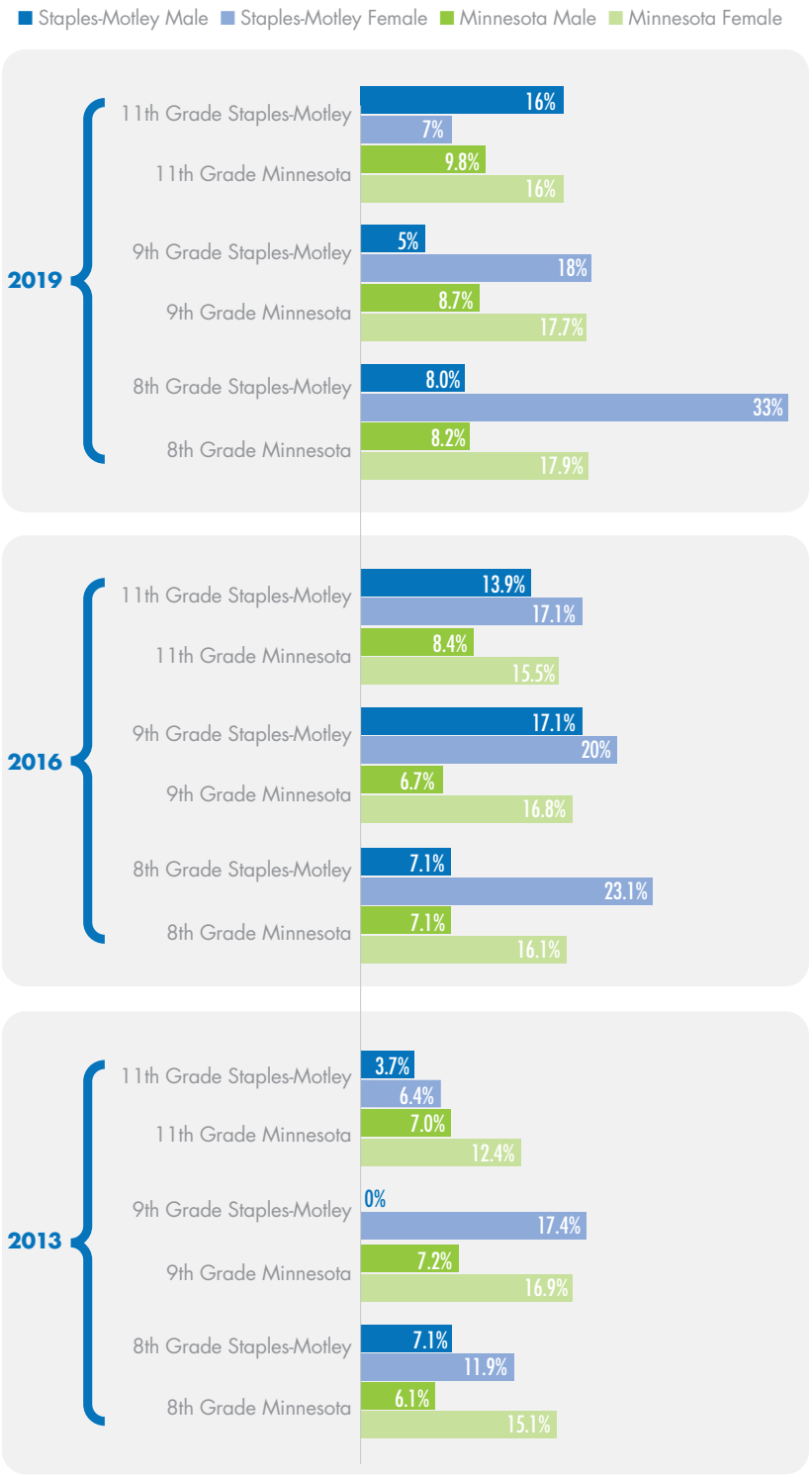
MSS Data

Minnesota Student Survey (2019) data also reveals

20% of 8th-grade females in the Staples-Motley School District have actually attempted suicide in the last year.

During the 2013 and 2016 surveys, 5.4% and 4.7% of 8th-grade females actually attempted suicide. Data will be monitored over time to identify trends with all students in the Staples-Motley School District.

Seriously Considered Attempting Suicide



Data Source: *Minnesota Student Survey, 2019.*

ACEs

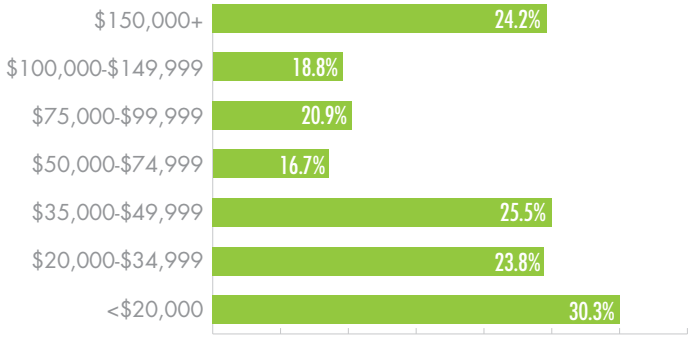
Exposure to adversity during childhood is a recognized preventable risk factor for mental disorders. Adverse Childhood Experiences (ACEs) measures ten types of childhood trauma – five are personal (something happens to the child) and five are related to other close family members (a parent or caregiver). ACEs have been linked to risky health behaviors, chronic health conditions, low-life potential and premature death.

In 2019, the ACEs measures were added to the Health4Life Survey. Among respondents, 49.1% men and 43.8% women have not experienced an adverse experience during childhood. However, 17.1% of men and 25.2% women have experienced three or more traumatic experiences during the first 18 years of life.

Children living in poverty or near-poverty are more likely to experience adversity than their more affluent peers. The chart to the top right breaks down the ACE scores and income levels for Health4Life Survey participants.

Staples-Motley School District students in 8th-, 9th- and 10th-grades report their ACEs score in the chart at right. More than 52% of male students and 35% of female students report they have not had any traumatic experiences.

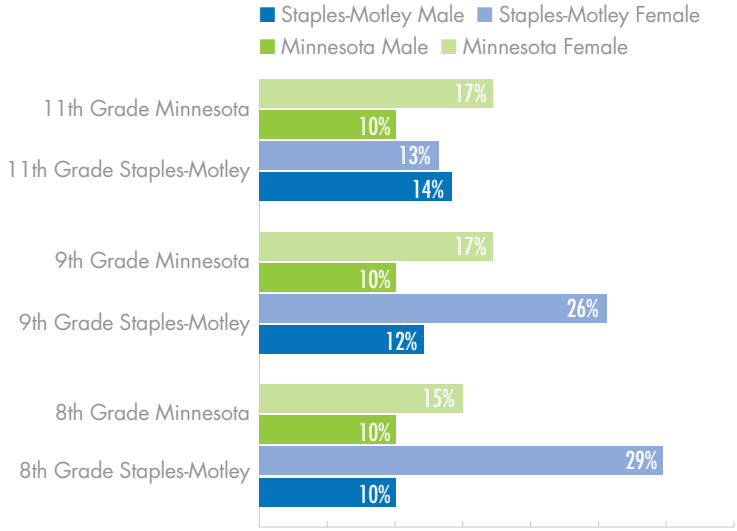
ACEs Scores and Income Levels
(Three or more ACEs before 18 years of age)



Data Source: *Health4Life Survey, 2019.*

MSS Data

ACEs – Three or More Adverse Experiences



Data Source: *Minnesota Student Survey, 2019.*

Lakewood Health System's Medicaid Population Data

Poverty can increase the risk of mental health problems. While it is known poverty can be a causal factor, it can also be a consequence of mental health problems. Among the 2,101 adults enrolled in MA and linked to LHS, one-third (700 patients) have have been diagnosed with a serious mental illness (SMI). This is higher than the overall percentage of adults enrolled in MA in MN who have been diagnosed with SMI (25%). More than 700 children linked to LHS's MA population have at least one parent suffering from a SMI.

The chart below provides 2019 data for the prevalence of social risk factors and Health Outcomes that are relative to mental health. Bold type denotes a higher percentage compared to MN data.

Prevalence of Social Risk Factors Among Adult MA Patients Linked to LHS		
Social Risk Factor	**LHS**	**Minnesota MA**
Substance use disorder	**11.47%**	15.58%
Serious mental illness (*SMI*)	**33.27%**	25.07%
Serious and persistent mental illness (*subset of individuals with SMI*)	**5.47%**	5.12%
Past prison incarceration	**1.95%**	3.05%

Prevalence of Outcomes Among Adult MA Patients Linked to LHS		
Health Outcome	**LHS**	**Minnesota MA**
Post-traumatic stress disorder (*PTSD*)	**15.80%**	13.82%
Injury due to accident	**20.13%**	13.36%
Injury due to violence	**1.76%**	2.47%

Prevalence of Social Risk Factors Among Child MA Patients Linked to LHS		
Social Risk Factor	**LHS**	**Minnesota MA**
Child protection involvement	**8.31%**	7.02%
Parental substance use disorder	**14.14%**	14.02%
Parental serious and persistent mental illness (*subset of individuals with SMI*)	**6.12%**	4.93%
Parental serious mental illness (*SMI*)	**35.36%**	26.28%

Prevalence of Outcomes Among Child MA Patients Linked to LHS		
Health Outcome	**LHS**	**Minnesota MA**
Post-traumatic stress disorder (*PTSD*)	**11.37%**	8.90%
Substance use disorder (*15-17 years old*)	**8.13%**	4.49%
Injury due to accident	**22.12%**	11.02%

Data Source: *DHS, IHP-attributed to LHS, 2019.*

6 Healthy Body Weight

"Good nutrition, physical activity, and a healthy body weight are essential parts of a person's overall health and well-being. Together, these can help decrease a person's risk of developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and cancer."

- Healthy People 2020

Photo by Don Hoffmann

Healthy Body Weight

In Section 3, titled "Community Profile," morbidity and mortality rates were measured to assess linkages between risk factors and Health Outcomes in the Staples-Motley community. In this section, the prevalence of obesity and related Health Outcomes will be compared to indicators that contribute to an unhealthy body weight. For example, limited access to nutritious food prohibits some residents from making better, more affordable food choices. Various causal relationships may emerge, which allows for a better understanding of how certain community health needs may be addressed.

Healthy body weight plays an important role in preventing chronic diseases. Minnesota Department of Health reports that in Minnesota, medical expenses due to obesity were estimated to be $3.2 billion in 2017. Unfortunately, the rates of obesity and overweight continue to rise and continue to be an issue among children and adults in the Staples-Motley community and the three-county region. While healthy behaviors are key contributors to an individual's BMI, there are social, economic, and environmental factors that can impact a person's weight, as well.

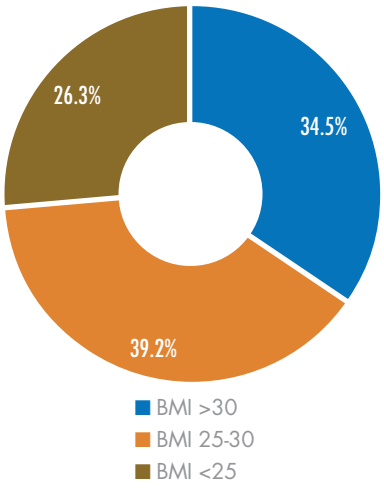
According to data received from the 2019 Health4Life Survey, 31.8% of respondents have been told by a healthcare professional they were obese or overweight.

Weight status categories are determined using Body Mass Index (BMI), a number calculated using a person's weight and height. Obesity is defined as body mass index greater than 30.0; overweight is defined as body mass index between 25.0 but less than 30.0.

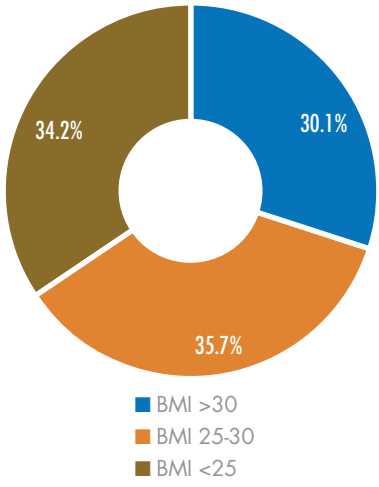
Obesity and overweight have seen an increase since the first CHNA report published in 2013. According to CDC data, in 2013 data suggested 64% of residents in Morrison, Todd and Wadena Counties were obese or overweight; in Minnesota, data indicated 63% of the total population. In 2016, 71% of residents in the three-county region were obese or overweight; in Minnesota, the percentage went up by one percent to 64%. The charts to the right illustrate the current prevalence of obesity and overweight in the three-county region and for Minnesota. **Healthy People 2020 set an obesity target of 30.5%. As data indicates, the three-county region exceeds the target goal.**

Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Health4Life Survey respondents appear to agree. Survey results show 89.6% of participants feel obesity among adults is a problem in the three-county region; only one in ten feel obesity is not a problem. There is a similar response with obesity among children in the three-county region, as 86.5% feel it is a problem.

Prevalence of Adult Obesity and Overweight in the Three-County Region.



Prevalence of Adult Obesity and Overweight in Minnesota



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, 11/21/2019.

73.7% of residents in Morrison, Todd and Wadena Counties are obese or overweight.

MSS Data

Childhood obesity is a serious issue with health and social consequences that often continue into adulthood. These issues include heart disease, Type 2 Diabetes, asthma, sleep apnea and social discrimination.

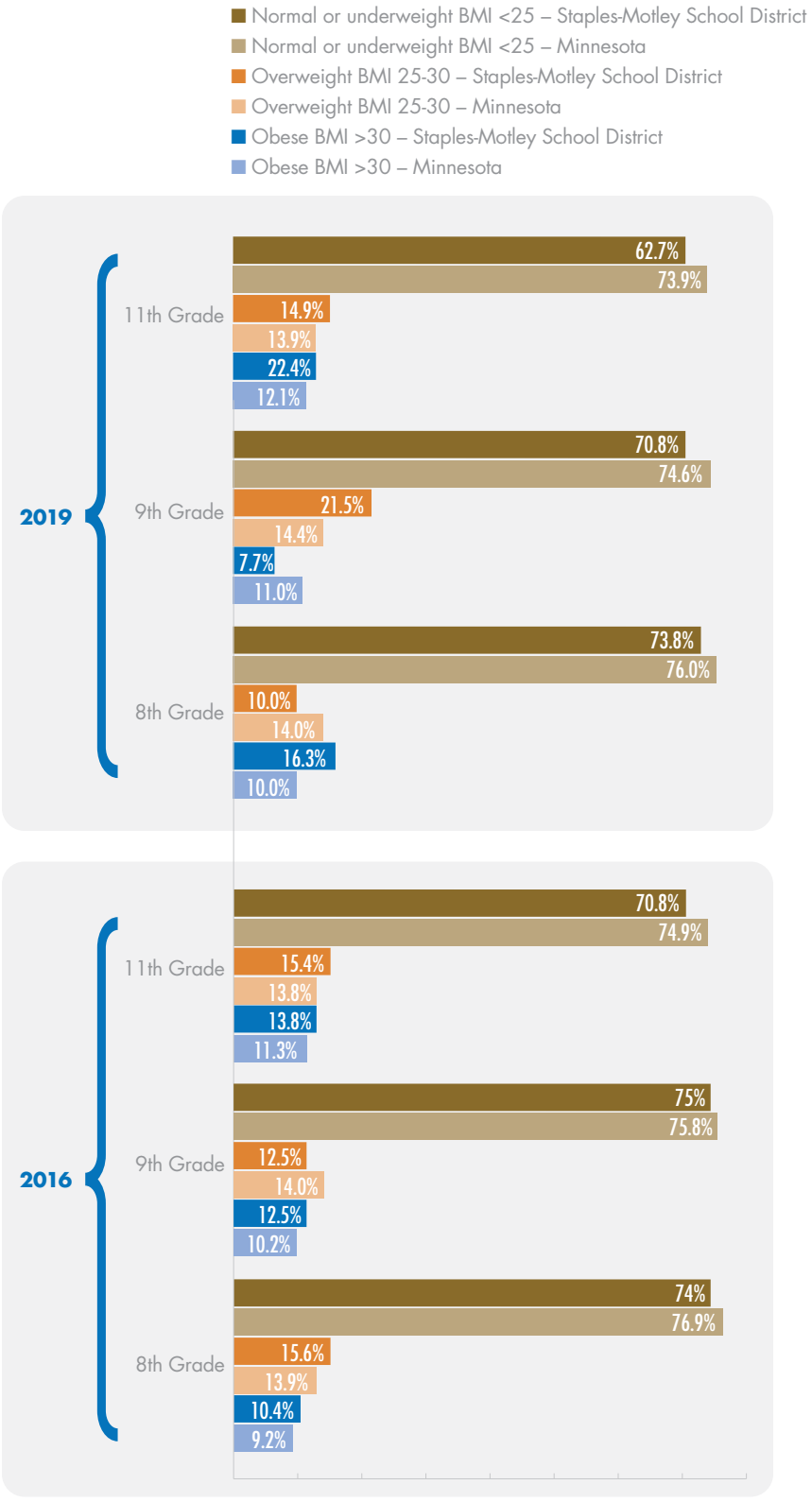
The prevalence of obesity for U.S. youth (ages 10-17) is 15.8% and 10.4% for Minnesota youth. HP 2020 has set a 14.5% target to reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese.

MSS Data

As part of the 2019 Minnesota Student Survey, students were asked to report their own weight status according to BMI.

More than 22% of 11th-grade students attending Staples-Motley School District report they are considered obese; males reported the highest percentages of obesity over females in the 11th-grade. The chart at the right provides more details on how students in grades 8, 9 and 11 report their own weight status.

Students BMI



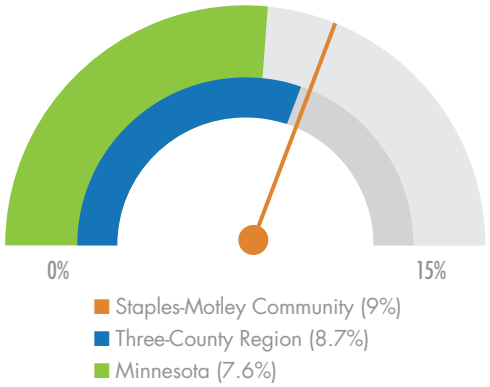
Data Source: *Minnesota Student Survey, 2019.*

Diabetes

Chronic health issues can create a burden for individuals and their families. One important indicator for healthy behaviors is diabetes. According to the CDC, 9% of adults aged 20 and older in the Staples-Motley community have been told by a doctor they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; 9.32% of the population has been told by a healthcare professional they have diabetes.

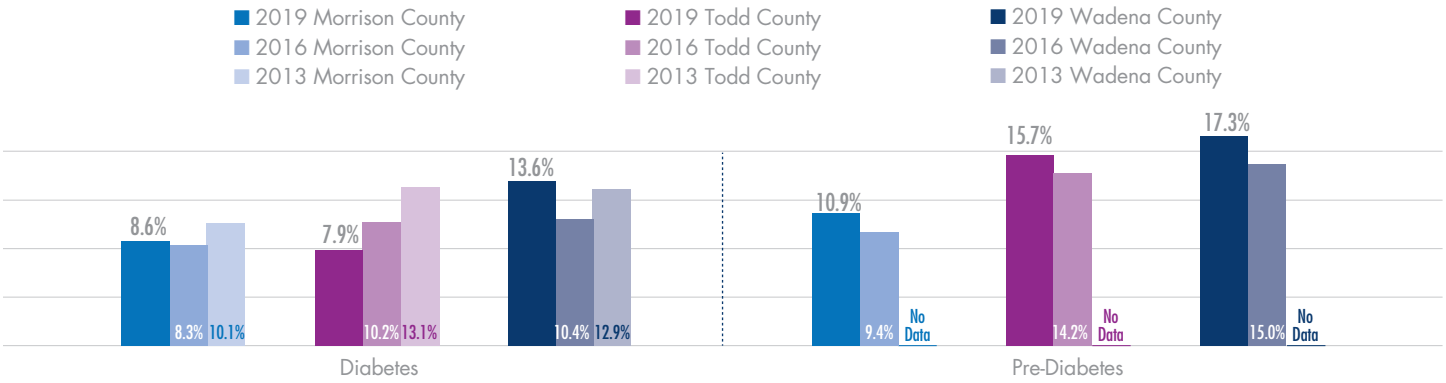
As outlined in the table below, Health4Life Survey participants were asked if they have ever been told by a doctor, nurse, or other health professional they had diabetes, pre-diabetes or elevated blood sugar. While the rates of diabetes vary with each county, the percentages continue to be higher overall than Minnesota (7.6%). Unfortunately, the percentages of pre-diabetes in the three-county region have increased, or worsened, since 2016. There is no state data on pre-diabetes.

Percent of Adults with Diagnosed Diabetes
(Adults aged 20 and older)



Data Source: *Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2016. Source geography: County, 11/22/2019.*

Diabetes and Pre-Diabetes (Adults)

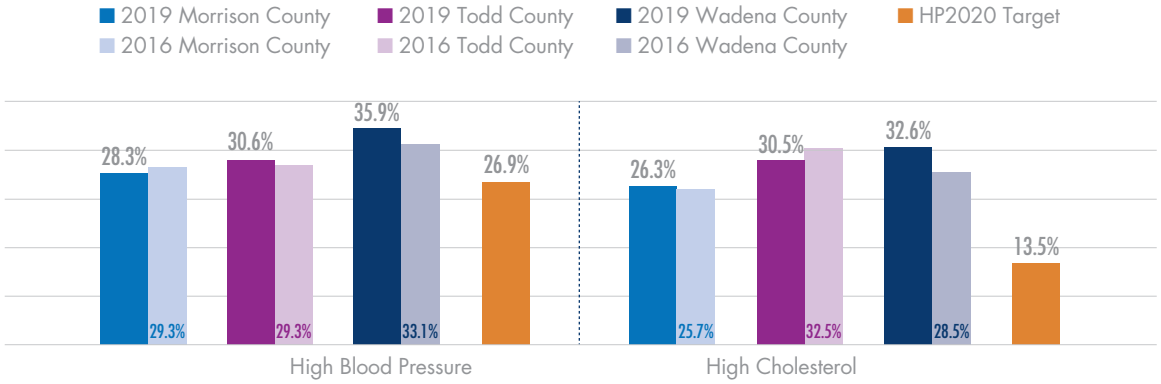


Data Source: *Health4Life Survey, 2019, 2016 and 2013.*

High Blood Pressure and High Cholesterol

High blood pressure and high cholesterol are health behavior indicators 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 who have been told by a healthcare provider they have high blood pressure or high cholesterol are much higher than the HP 2020 targets of 26.9% and 13.5% respectfully.

High Blood Pressure and High Cholesterol



Data Source: *Health4Life Survey, 2019 and 2016.*

Health Behaviors

Health behaviors, such as regular physical activity and healthy food choices, are strong determinants for a healthy body weight. If a person is void from consuming fruits and vegetables and living a sedentary lifestyle, it may cause significant health issues such as obesity, diabetes, heart disease, cancer, or lead to premature death.

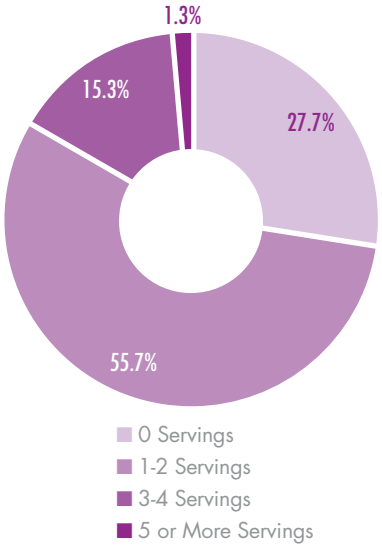
In the most recent edition of the Dietary Guidelines for Americans 2015-2020, it is recommended adults consume two cups of fruit per day and 2.5 cups of vegetables per day. According to the CDC just 12.2% of American adults are meeting the standard for fruit and 9.3% are meeting the standard for vegetables. On average, the report adds, Americans are eating fruit once per day and vegetables 1.7 times per day.

Participants in the Health4Life Survey indicate 16.6% meet the standard for fruits and 19.3% are meeting the standards for vegetables.

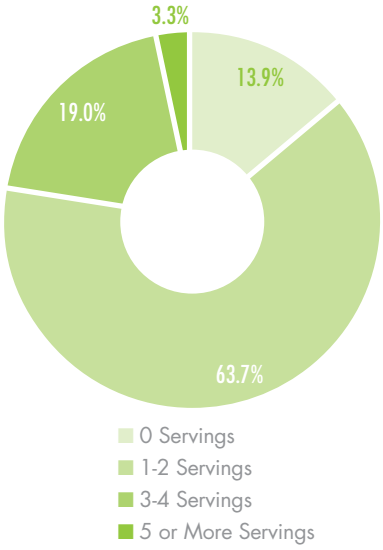
- A serving of fruit is a medium-sized fruit or a half cup chopped, cut, or canned fruit.
- A serving of vegetables is one cup of salad greens or a half cup of vegetables
- A serving of 100% fruit juice is 6 ounces

Data Source: *Dietary Guidelines for Americans 2015-2020, accessed 11/21/2019.*

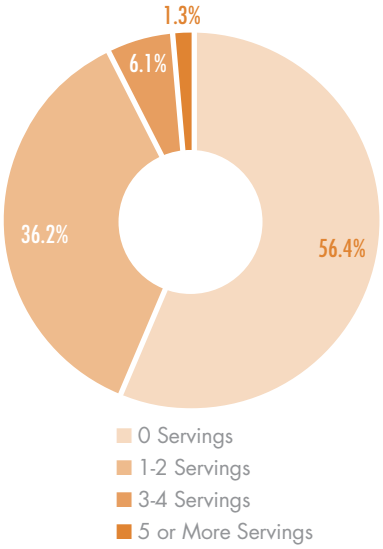
Number of Fruits Yesterday



Number of Vegetables Yesterday



Number of Fruit Juice Yesterday



Data Source: *Health4Life Survey, 2019.*

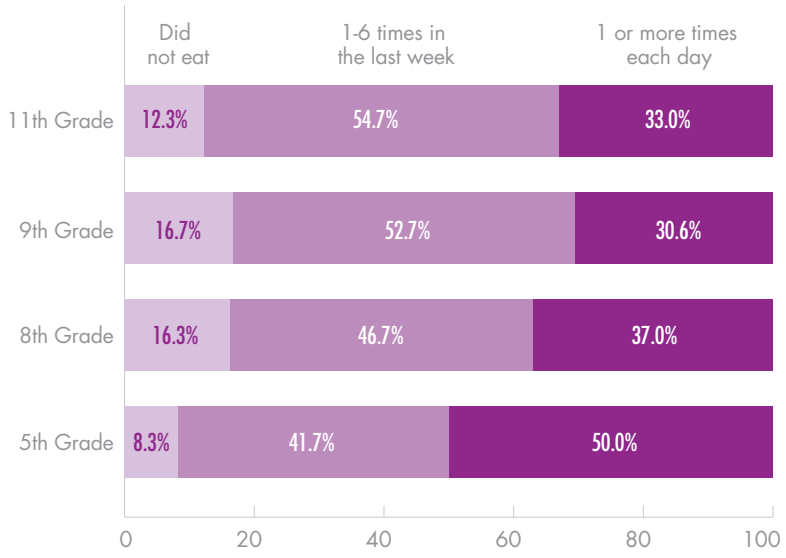
MSS Data

According to the Minnesota Department of Health, physical and emotional health are fundamental to students' overall well-being. Healthy students are more likely to have better grades, school attendance and classroom behaviors. Many health problems can be improved by healthy eating and physical activity.

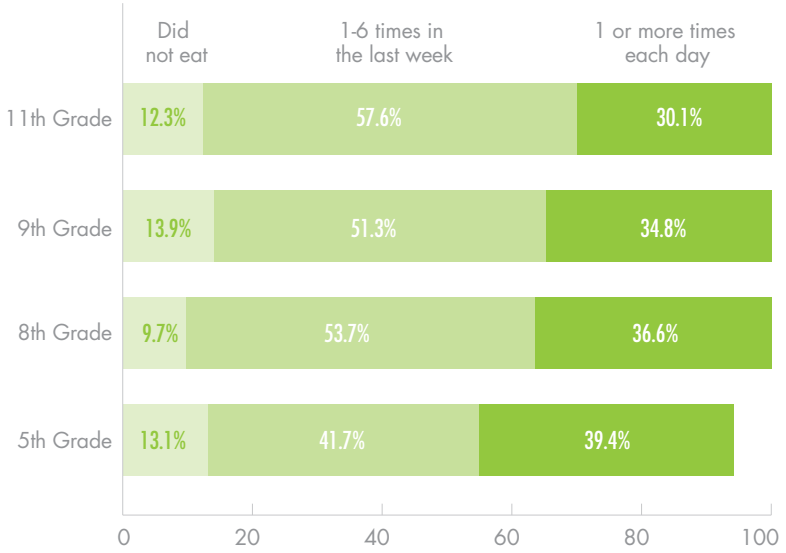
Fruits: Since the 2013 Minnesota Student Survey, nearly five in ten students in Minnesota have reported they eat fruit at least once a day; less than four in ten Staples-Motley School District students eat fruit at least once a day. **In 2013, only 30.5% of Staples-Motley School District students reported they eat fruit once a day, whereas in 2019, the percentage increased to 37.7%.**

Vegetables: From 2013 to 2019, data is similar for vegetables. Over the last six years, about three in ten Staples-Motley School District students eat vegetables at least once a day compared to four in ten students in the state of Minnesota. **In 2013, only 31.3% of Staples-Motley School District students reported they eat vegetables once a day, in 2019, the percentage increased slightly to 35.2%.**

Fruit Consumption - Staples-Motley School District



Vegetable Consumption - Staples-Motley School District



Data Source: *Minnesota Student Survey, 2019.*

Food Environment - Fast Food Restaurants

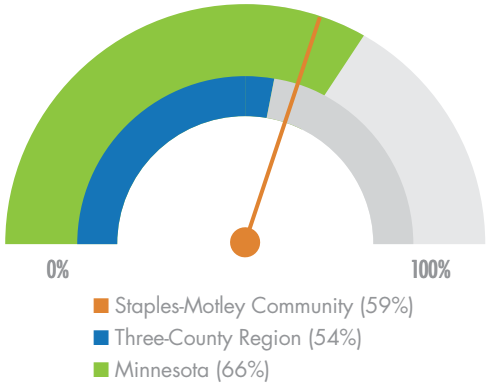
The health of a community can be positively or negatively affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities gives individuals and families the opportunity to eat nutritious foods and be physically active.

Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services patrons generally order or select items and pay before eating. The prevalence of fast food consumption can be linked to obesity and overweight. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

The presence of fast food restaurants in the Staples-Motley community and the three-county region is lower than the state of Minnesota. There are five fast food establishments in the Staples-Motely community and 39 fast food establishments in the three-county region. The chart to the right reports the number of fast food restaurants per 100,000 population.

The frequency for residents eating at fast food restaurants influences health behaviors and impacts future health outcomes. Health4Life Survey and Minnesota Student Survey data reveals similar patterns. There are three fast food restaurants within a one-mile radius from the Staples-Motley Middle-and High-School and Staples Elementary School. This may contribute to student dietary behaviors.

Fast Food Restaurants, Rate
(Rate Per 100,000 Population)

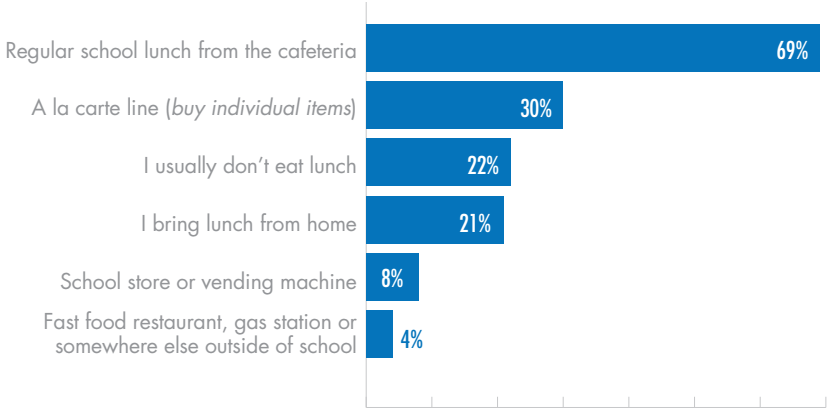


Data Source: *US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA, 11/21/2019.*

MSS Data

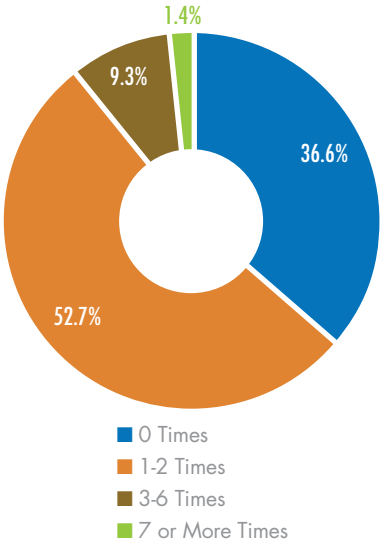
Nearly 70% of students attending Staples-Motley School District **eat lunch from the cafeteria.**

Where Students Get Lunch



Data Source: *Minnesota Student Survey, 2019.*

Times Ate Fast Food in Past Seven Days



Data Source: *Health4Life Survey, 2019.*

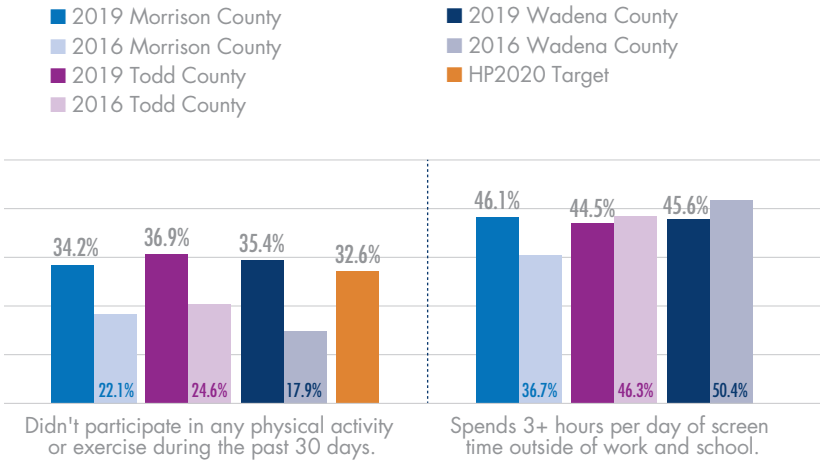
Physical Activity

According to the CDC, more than 13,540 or 24.3% of residents living in the three-county region (aged 20 and older), self report no leisure time for physical activity based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". For Minnesota, 19.6% of adults report no leisure time for physical activity.

Measuring physical activity is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Healthy People 2020 has set a goal to reduce the proportion of adults who engage in no leisure-time physical activity to 32.6% and below. The three-county region data mentioned above is below the target measure. However, results found in the 2019 Health4Life Survey indicate 35.4% of overall respondents report no participation in physical activity in the past 30 days. This is above the HP 2020 target.

Physical Inactivity and Screen Time



Data Source: *Health4Life Survey, 2019.*

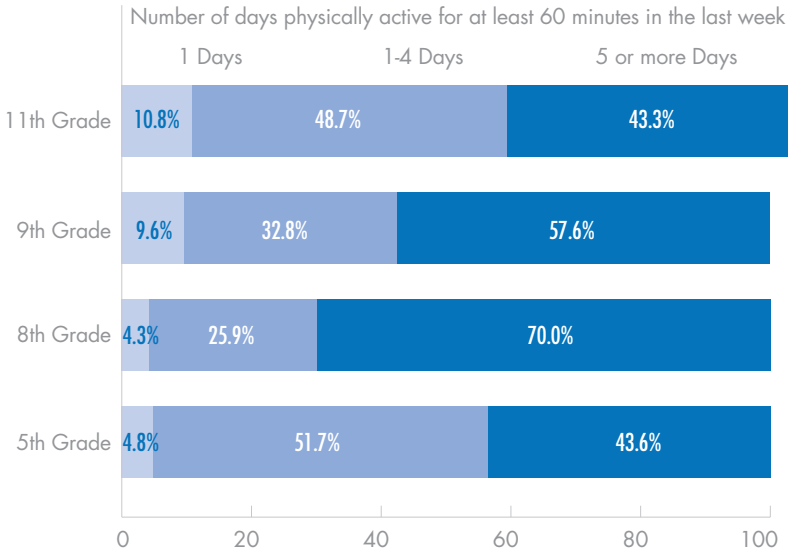
There may be a connection between decreased physical activity and the amount of time spent per day using electronic devices. Just over 45% of Health4Life Survey respondents reported three or more hours spent per day using a computer, tablet, TV or smart phone outside of work or school. This is down slightly from 47.1% in 2016.

MSS Data

Since 2013, more than half of students attending the Staples-Motely School District and across the state of Minnesota reported being physically active for at least 60 minutes per day on at least five days in the last week.

Students in the 8th-grade have seen the biggest increase in six years; 70% of students report getting at least 60 minutes of physical activity on at least five days.

Physically Active - Staples-Motley School District



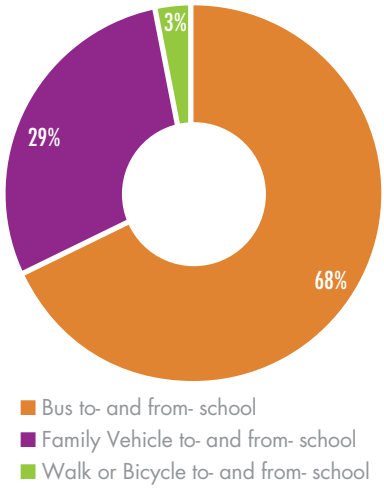
Data Source: *Minnesota Student Survey, 2019.*

Safe Routes to School

Safe Routes to School (SRTS) is a CDC Health Impact in 5 Years (HI-5) initiative that encourages increased student physical activity through safe and active transport to- and from- school. In 2017, the Staples-Motley School District completed a SRTS planning process funded by the Minnesota Department of Transportation. During the planning stages, the school district and community stakeholders examined conditions around school buildings and conducted assessments to establish a baseline for the number of students who walk and bicycle to- and from- school.

As with many school district, most students are transported to school by bus. According to the Staples-Motley School Districts Safe Routes to School Policy Plan, only 3% of student walk or bicycle to- and from- school.

How Student's Get To- and From- School



Data Source: *Staples-Motley School District Safe Routes to School Plan, 2017.*

Social and Economic Factors

Food Access

Access to healthy food is another risk factor that influences Health Outcomes. Strong evidence indicates residents who live in areas with limited access to healthy foods are at higher risk and incidences of overweight or obese and may lead to premature death because of the impact of chronic illnesses.

The County Health Rankings data below details the number of residents who may have limited access to healthy foods in the three-county region compared to Minnesota. This data is measured by the percentage of the population that is low income and does not live close to a grocery store. Overall, the limited access percentages for the three-county region are higher than the state, but for Todd County, it's two-times more than the entire state of Minnesota.

Limited Access to Healthy Foods				
	Morrison County	Todd County	Wadena County	Minnesota
# Limited Access	3,455	3,152	1,700	341,124
% Limited Access	10%	13%	12%	6.4%

Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings. 2019. USDA Economic Research Service, 2015, accessed 11/22/2019.*

Nearly 50% of all Health4Life Survey participants do not feel there is a problem with accessing healthy foods in the three-county region. Only 20% of respondents feel lack of access to healthy foods is a moderate to serious problem.

Lakewood Health System's Medicaid Population Data

Obesity increases the risk for certain chronic diseases, such as diabetes. While lifestyle choices are key contributors to an individual's BMI, there are other factors, such as social, economic and environmental, that can impact weight, as well. Among MA patients attributed to LHS, access and affordability of nutritious foods may make it difficult to achieve a healthy body weight. Among the 2,101 adults enrolled in MA and linked to LHS, 160 patients have been diagnosed with Type 2 Diabetes.

The chart below provides 2019 data for the prevalence of Health Outcomes that are relative to healthy body weight. Bold type denotes a higher percentage compared to MN data.

Prevalence of Outcomes among Adult MA Patients Linked to LHS		
Health Outcome	LHS	Minnesota MA
Type 2 diabetes	**7.62%**	6.88%
Essential hypertension	**17.04%**	15.25%

Data Source: *DHS, IHP-attributed to LHS, 2019.*

7 Next Steps

With data summarized and the top three community health needs identified, the next crucial step for LHS is to use the data found in this CHNA Report to develop and implement comprehensive, multifaceted strategies. To effectively develop the Community Health Implementation Strategy Plans, LHS will utilize a collective impact approach to improve health in the Staples-Motley community.

Next Steps

To develop the Community Health Implementation Strategy Plans, the LHS CHNA Task Force will convene and facilitate meetings with internal and external stakeholders to outline strategies to improve the health of the Staples-Motely community. As LHS examines its current resources and opportunities available to address its top three priorities - Social Determinants of Health, Mental Health and Healthy Body Weight – staff will participate in the CHNA Collaborative to effectively align strategies, identify gaps and foster relationships to optimize contributions from multiple sectors.

Strengthen Partnerships to Improve Health

Internal partnerships: LHS will enlist individuals and departments across its system to prioritize investments and assist with the development and implementation of community health improvement strategies.

External partnerships: LHS will engage partnerships and stakeholders outside its healthcare walls to ensure it maximizes and leverages all community assets that can impact health. The intent is to focus on a collective impact framework which fosters mutually beneficial activities with area partner and allows for shared resource distribution.

> "The collective impact approach engages multiple players in working together to solve complex social problems."
>
> - Community Tool Box

Strategy Alignment to Improve Health

Align strategies with CHNA Collaborative:

LHS will team up with the CHNA Collaborative to identify potential regional strategies to develop, implement and evaluate across the three-county region. LHS will also seek the expertise of the CHNA Collaborative to pursue a joint data gathering process into next steps of health improvement.

Align strategies with the Staples-Motley community:

LHS will collaborate with local and regional partners to ensure the CHNA strategic plan aligns with local, county and regional plans to provide a pathway for collective impact and shared vision.

Criteria for Strategy Development to Improve Health

LHS is committed to collaboration and strategy alignment to improve the health of the Staples-Motley community. However, it is at the discretion of LHS to utilize CHNA data and will use the following criteria to drive decision making and strategy development.

LHS will:

- Utilize evidence-based practices or promising practices for community health improvement;
- Develop a strategy that has community capacity and willingness to act on the issue;
- Design measurable strategies to ensure the system can evaluate community impact and progress;
- Consider the availability of external or internal resources to advance strategies;
- Leverage existing resources and previous strategies for long term evaluation;
- Respond to trending or developing health concerns in the community.

The final Community Health Implementation Strategy Plans for LHS will be posted and publicly available by June 2020.

8 References

The 2019 CHNA Report for LHS was produced by its internal CHNA Task Force and supported by the CHNA Collaborative. The CHNA Task Force used robust public and private data to determine the top three community health needs and priorities it plans to address during the 2020-2022 Community Health Implementation Strategy Plan timeline. Data sources listed in this section, along with the results from the Health4Life Survey, were used to develop this comprehensive report and will continue to be used to drive decisions during the strategy planning phase and beyond.

Data Sources:

Centers for Disease Control and Prevention (CDC)
Provides state and county statistical area data from surveys that collect information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. https://www.cdc.gov/

Community Tool Box
The Community Tool Box is a free, online resource for those working to build healthier communities and bring about social change. It offers thousands of pages of tips and tools to take action in communities. https://ctb.ku.edu/en

Community Commons
This site provides an immediate secondary data report, customizable by region and indicators. https://www.communitycommons.org/

Dietary Guidelines for America, 2015-2020
The Dietary Guidelines for Americans provides evidence-based nutrition information and advice for people ages two and older to help Americans make healthy choices about food and beverages in their daily lives. It is produced by HHS and the U.S. Department of Agriculture every five years. https://health.gov/dietaryguidelines/

Feeding America
Feeding America uses data to analyze the complex relationship between food insecurity and socioeconomic factors. Feeding America uses data visualizations to help viewers see and better understand the number of people at risk of hunger at the local level; using the most recent publicly available data on indicators of food need and barriers to access food. https://www.feedingamerica.org/

Healthy People 2020 (HP 2020):
U.S. Department of Health and Human Services
This source uses valid and reliable data derived from currently established and, where possible, nationally representative data systems. https://www.healthypeople.gov/

Hunger Genius
Hunger Genius uses a set of data visualization tools, relevant key metrics, and provides potential action steps based on data insights for hunger relief. http://hungergenius.com/

Integrated Health Partnerships (IHP) – Minnesota Department of Human Services (DHS)
DHS measures health outcomes and social risk factors among its adults and children utilizing MA and provides data to healthcare systems across the state of Minnesota. https://mn.gov/dhs

Minnesota Department of Health (MDH),
Minnesota Center for Health Statistics
Collects, analyzes and shares data to better understand health issues and inform public health policy decisions in Minnesota. https://www.health.state.mn.us/data/

Minnesota Department of Education (MDE),
Minnesota Student Survey (MSS)
Since 1989, the Minnesota Student Survey (MSS) has been administered every three years to students in regular public elementary and secondary schools, charter schools, and tribal schools. The MSS includes questions about a wide variety of youth behaviors, including risk behaviors such as alcohol, tobacco and other drug use, violence and sexual activity, as well as positive behaviors and connection to family, school and community. https://education.mn.gov/MDE/dse/health/mss/

University of Wisconsin Population Health Institute,
County Health Rankings and Roadmaps
The annual Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births in nearly every county in America. This source provides a snapshot of how health is influenced by where we live, learn, work and play. https://www.countyhealthrankings.org/

United States Census Bureau
As the federal government's largest statistical agency, the Census Bureau provides current facts and figures about America's people, places, and economy. https://www.census.gov/

United States Health Resources and Services Administration (HRSA)
Provides maps, data, reports, and dashboards to the public about HRSA's health care programs. The data integrates with external sources, such as the U.S. Census Bureau, providing information about HRSA's grants, loan and scholarship programs, health centers, and other public health programs and services. https://data.hrsa.gov/

World Health Organization (WHO)
The objective of WHO is the attainment by all peoples of the highest possible level of health. WHO works worldwide to promote health, keep the world safe, and serve the vulnerable. https://www.who.int/

Appendices:

Appendix A: Health4ife Survey Cover Letter

Appendix B: Health4Life Survey

Appendix C: Health4Life Survey Results

Appendix D: Stakeholder Interview Questionnaire

Appendix E: Stakeholder Interview Thematic Analysis

Appendix A: Health4Life Survey Cover Letter

Public Health
Prevent. Promote. Protect.

COMMUNITY HEALTH BOARD OF
MORRISON | TODD | WADENA
Health4Life

CHI St. Gabriel's Health
Imagine better health.℠

CENTRACARE Health
Long Prairie

Lakewood
HEALTH SYSTEM

Tri-County Health Care℠

Si necesita ayuda para completar esta encuesta, puede comunicarse con Elizabeth Quillo para arreglar una cita para llenarlo con ella al 320-339-1131.

January, 2019

Dear Morrison, Todd or Wadena County Resident:

This is your opportunity to help improve the health of your community!

Your household has been randomly selected to participate in the Morrison-Todd-Wadena Community Health Survey. This survey is being conducted in collaboration with the Morrison-Todd-Wadena Community Health Board, CentraCare Health Long Prairie, CHI St. Gabriel's Health, Lakewood Health System, and Tri-County Health Care. The information gathered by this survey will be used to help your local public health agencies, hospitals, and clinics better understand and address the health needs of our residents.

This survey is designed for one **adult age 18 or older to fill out**. If you have more than one adult in your household, **please give the survey to the ADULT (age 18 or older) in your household who has most recently had a birthday**. Please take a few minutes to complete the enclosed survey form and return it in the postage-paid envelope provided.

Completing this survey is completely voluntary. All answers to the questions are strictly confidential and no personal information will be linked to any of the responses. The number on the back of the survey is only used to record that the survey was returned so that you will not be bothered with reminder letters.

By completing this survey you are helping us to improve the health of people living in your community. If you have any questions about the survey please contact Katherine Mackedanz at (320) 732-4452 or katherine.mackedanz@co.todd.mn.us

Thank you for your participation!

Brad Vold
Morrison County
Public Health Director

Jackie Och
Todd County
Health & Human Service Director

Cindy Pederson
Wadena County
Public Health Director

Appendix B: Health4Life Survey

MORRISON–TODD–WADENA COMMUNITY HEALTH SURVEY

SURVEY INSTRUCTIONS


Correct marks


Incorrect marks

- **Please use #2 pencil or blue or black pen to complete this survey.**
- **Do not use red pencil or ink.**
- **Do not use X's or check marks to indicate your responses.**
- **Fill response ovals completely with heavy, dark marks.**

Please give this survey to the adult (age 18 or over) in the household who has most recently had a birthday.

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

○ Excellent ○ Very good ○ Good ○ Fair ○ Poor

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

	No	Yes	Yes, but only during pregnancy
a. Diabetes	○	○	○
b. Pre-diabetes or elevated blood sugar	○	○	○
c. High blood pressure/hypertension	○	○	○
d. High blood cholesterol	○	○	
e. High triglycerides	○	○	
f. Heart trouble or angina	○	○	
g. Stroke or stroke-related health issues	○	○	
h. Overweight or obesity	○	○	
i. Cancer	○	○	
j. Asthma	○	○	
k. Chronic lung disease (including COPD, chronic bronchitis or emphysema)	○	○	
l. Arthritis	○	○	
m. Depression	○	○	
n. Anxiety or panic attacks	○	○	
o. Other mental health issues	○	○	
p. Dementia or memory loss (including Alzheimer's disease)	○	○	
q. Sexually transmitted disease (including chlamydia, gonorrhea, etc.)	○	○	

3. Since 2016, would you say that your access to medical health care services has:

○ Improved ○ Stayed the same ○ Become worse ○ Did not live in this area in 2016

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

○ Yes ○ No → **IF NO, GO TO QUESTION 6**

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

○ The care I needed cost too much
○ My co-pay was too expensive
○ My deductible was too expensive
○ My insurance did not cover it
○ I did not have insurance
○ I could not get an appointment
○ I did not think it was serious enough
○ I had transportation problems
○ I could not get off work
○ I could not get help for someone I care for in my home
○ Other reason _____

DO NOT WRITE IN THIS BOX

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

○ Yes ○ No → **IF NO, GO TO QUESTION 8**

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

- ○ The care I needed cost too much
- ○ My co-pay was too expensive
- ○ My deductible was too expensive
- ○ My insurance did not cover it
- ○ I did not have insurance
- ○ I was too nervous or afraid
- ○ I could not get an appointment
- ○ I did not think it was serious enough
- ○ I had transportation problems
- ○ I could not get off work
- ○ I could not get help for someone I care for in my home
- ○ There are no dentists in my area
- ○ Other reason _____

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

○ High ○ Medium ○ Low

9. During the past 30 days, for about how many days have you felt sad, blue, or depressed? →

Write the number in the boxes, then fill in the appropriate circle beneath each box. ▶

Number of Days

0	0
1	1
2	2
3	3
	4
	5
	6
	7
	8

10. 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?

○ Yes ○ No → **IF NO, GO TO QUESTION 12**

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

- ○ The care I needed cost too much
- ○ My co-pay was too expensive
- ○ My deductible was too expensive
- ○ My insurance did not cover it
- ○ I did not have insurance
- ○ I was too nervous or afraid
- ○ I could not get an appointment
- ○ I did not think it was serious enough
- ○ I had transportation problems
- ○ I could not get off work
- ○ I could not get help for someone I care for in my home
- ○ I did not know where to go
- ○ Other reason _____

12. In the past 12 months, which statement best describes medications prescribed to you?

- ○ I had no medications prescribed for me → **GO TO QUESTION 14**
- ○ I had medications prescribed for me and I filled them all → **GO TO QUESTION 14**
- ○ I had medications prescribed for me and I did not fill at least one of them

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

- ○ The medication I needed cost too much
- ○ My co-pay was too expensive
- ○ My deductible was too expensive
- ○ My insurance did not cover it
- ○ I did not have insurance
- ○ I could not get help for someone I care for in my home
- ○ I do not like taking medications
- ○ I did not like the side effects
- ○ I had transportation problems
- ○ Pharmacy services are not available in my community
- ○ I could not get off work
- ○ Other reason _____

2

14. Which of the following types of health insurance do you have? *(Please mark yes or no for each.)*

	Yes	No
a. Health insurance or coverage through your employer or your spouse/partner, parent, or someone else's employer	○	○
b. Health insurance or coverage bought directly by yourself or your family	○	○
c. Indian or Tribal Health Service	○	○
d. Medicare	○	○
e. Medicaid, Medical Assistance (MA), or Prepaid Medical Assistance Program (PMAP)	○	○
f. MinnesotaCare	○	○
g. CHAMPUS, TRICARE, or Veterans' benefits	○	○
h. Other health insurance or coverage *(please specify):* _____	○	○

15. 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?

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫+ **servings**

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

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫+ **servings**

17. A serving of fruit is one medium-sized piece of fruit, or a half cup of chopped, cut or canned fruit. How many servings of fruit did you have yesterday? (Do NOT include fruit juice.)

⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫+ **servings**

18. How often did you drink the following beverages in the past week?

	Never or less than 1 time per week	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 or more times per day
a. Fruit drinks (such as Snapple,flavored teas, Capri Sun, and Kool-Aid)	○	○	○	○	○	○	○
b. Sports drinks (such as Gatorade or PowerAde); these drinks usually do not have caffeine	○	○	○	○	○	○	○
c. Regular soda or pop (include all kinds such as Coke, Pepsi, 7-Up, Sprite, root beer)	○	○	○	○	○	○	○
d. Energy drinks (such as Rockstar, Red Bull, Monster, and Full Throttle); these drinks usually have caffeine	○	○	○	○	○	○	○
e. Diet soda or pop (include all kinds)	○	○	○	○	○	○	○
f. Milk	○	○	○	○	○	○	○
g. Water	○	○	○	○	○	○	○

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

○ 0 times ○ 1-2 times ○ 3-6 times ○ 7-10 times ○ 11-14 times ○ 15 or more times

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

○ Often ○ Rarely ○ Sometimes ○ Never

21. On average, while you are not at work or school, how many hours per day do you use a computer, tablet, TV, or smart phone?

○ Less than 1 hour per day ○ 1-2 hours per day ○ 3-4 hours per day ○ More than 4 hours per day
○ I don't do any of these activities

22. 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?

○ Yes ○ No

23. During an average week, other than your regular job, how many days do you get at least 30 minutes of moderate physical activity? *Moderate activities cause only light sweating and a small increase in breathing and heart rate.*

○ 0 days ○ 1 day ○ 2 days ○ 3 days ○ 4 days ○ 5 days ○ 6 days ○ 7 days

24. During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity? *Vigorous activities cause heavy sweating and a large increase in breathing and heart rate.*

○ 0 days ○ 1 day ○ 2 days ○ 3 days ○ 4 days ○ 5 days ○ 6 days ○ 7 days

25. How much of a problem are the following factors for you in terms of keeping you from being more physically active?

	Not a problem	A small problem	A big problem
a. Lack of time	○	○	○
b. Lack of programs, leaders, or facilities	○	○	○
c. Lack of support from family or friends	○	○	○
d. No one to excercise with	○	○	○
e. The cost of fitness programs, gym membership or admission fees	○	○	○
f. Public facilities (schools, sports fields, etc.) are not open or available at times I want to use them	○	○	○
g. Not having sidewalks	○	○	○
h. Long-term illness, injury, or disability	○	○	○
i. Fear of injury	○	○	○
j. Distance I have to travel to fitness, community center, parks or walking trails	○	○	○
k. No safe place to exercise	○	○	○
l. I don't like to exercise	○	○	○
m. Lack of self -discipline or willpower	○	○	○
n. Other reasons _____	○	○	○

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

○ Always ○ Often ○ Sometimes ○ Never

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

○ Yes ○ No

28. 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?

○ Yes ○ No ▶ **IF NO, GO TO QUESTION 33**

29. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage? → Days

30. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? *(A drink is one can of beer, one glass or wine, or a drink with one shot of liquor.)*

○ 1 drink ○ 2 drinks ○ 3 drinks ○ 4 drinks ○ 5 drinks ○ 6 drinks ○ 7 drinks ○ 8 drinks ○ 9 drinks ○ 10 drinks or more

31. Considering all types of alcoholic beverages, how many times during the past 30 days did you have...?

FOR FEMALES: 4 or more drinks on one occasion → Times

FOR MALES: 5 or more drinks on one occasion → Times

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

33. Have you smoked at least 100 cigarettes in your entire life? (100 cigarettes = 5 packs)

○ Yes ○ No ▶ **IF NO, GO TO QUESTION 37**

34. Do you now smoke cigarettes every day, some days, or not at all?

○ Every day ○ Some days ○ Not at all

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

○ Yes ○ No

36. The last time you tried to quit smoking (or when you quit for good) did you use...	**Yes**	**No**
a. ... any nicotine replacement product, such as gum, a patch, a nasal spray, an inhaler or lozenges	○	○
b. ... a prescription medication like Zyban, Wellbutrin, or Chantix	○	○
c. ... a stop-smoking clinic or class (e.g., Freedom from Smoking)	○	○
d. ... a quit-smoking telephone help line (e.g., Quit Plan, Become an Ex)	○	○
e. ... an online counseling service or mobile app	○	○
f. ... face-to-face counseling with a health care provider	○	○
g. ... e-cigarettes or vape products	○	○
h. ... other: _____	○	○
i. ... I quit without any help from any of these	○	○

Appendix B: Health4Life Survey

37. In general, how often do you...	Every day	Some days	Never
a. ...smoke cigars, cigarillos, or little cigars?	○	○	○
b. ...smoke pipes?	○	○	○
c. ...use snuff, snus or chewing tobacco?	○	○	○
d. ...use e-cigarettes or vape products?	○	○	○
e. ...use any other tobacco product?	○	○	○
f. ...use prescription drugs that are not prescribed for you	○	○	○

38. Looking back before you were 18 years of age:	Yes	No
a. Did you live with anyone who was depressed, mentally ill, or suicidal?	○	○
b. Did you live with anyone who was a problem drinker or alcoholic?	○	○
c. Did you live with anyone who used illegal street drugs or who abused prescription medications?	○	○
d. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	○	○
e. Were your parents separated or divorced?	○	○
f. Did you often or very often feel that no one in your family loved you or thought you were important or special, or that your family members didn't feel close to or look out for each other?	○	○
g. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, had no one to take you to the doctor if you needed it, or had no one to protect you or take care of you?	○	○

39. Looking back before your were 18 years of age:	Never	Once	More than once
a. How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?	○	○	○
b. How often did parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking.	○	○	○
c. How often did a parent or adult in your home ever swear at you, insult you, or put you down?	○	○	○
d. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?	○	○	○
e. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?	○	○	○
f. How often did anyone at least 5 years older than you or an adult, force you to have sex?	○	○	○

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

- ○ Health plan or health insurance company
- ○ Doctor or other clinic or hospital staff
- ○ Pharmacist
- ○ Alternative health specialist (such as chiropractor and/or homeopathic provider)
- ○ My employer
- ○ Family or friends
- ○ Internet sites
- ○ Nurse line

41. Are you:

○ Male ○ Female ○ Other/Unspecified

42. Your age group:

○ 18-24 years
○ 25-34 years
○ 35-44 years
○ 45-54 years
○ 55-64 years
○ 65-74 years
○ 75+ years

43. How many adults (including yourself) and children live in your household?

Number of adults age 18 or older (including yourself):
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ or more

Number of children under age 18:
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ or more

44. How tall are you (without shoes)?

Feet	Inches
⓪	⓪
①	①
②	②
③	③
④	④
⑤	⑤
⑥	⑥
⑦	⑦
	⑧
	⑨
	⑩
	⑪

45. How much do you weigh (without shoes)?

		Pounds
⓪	⓪	⓪
①	①	①
②	②	②
③	③	③
④	④	④
⑤	⑤	⑤
⑥	⑥	⑥
⑦	⑦	⑦
⑧	⑧	⑧
⑨	⑨	⑨

46. Are you Hispanic or Latino/Latina?

○ Yes ○ No

47. Which of the following best describes you?
(Mark ALL that apply)

○ American Indian or Alaska Native
○ Asian or Pacific Islander
○ Black or African American
○ African Native
○ White
○ Other: _____

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

○ Married
○ Living with a partner
○ Divorced
○ Separated
○ Widowed
○ Never married

49. 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?

○ Yes ○ No

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

○ Did not complete 8th grade
○ Did not complete high school
○ High school graduate/GED
○ Trade/Vocational school
○ Some college
○ Associate degree
○ Bachelor's degree
○ Graduate/Professional degree

51. What was your household's total income from all earners and all sources in 2018?

○ Less than $20,000
○ $20,000 - $34,999
○ $35,000 - $49,999
○ $50,000 - $74,999
○ $75,000 - $99,999
○ $100,000 - $149,999
○ $150,000 or more

52. Do you own or rent your home:

○ Own ○ Rent ○ Other arrangement

GO TO THE LAST PAGE →

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

		No problem	Minor problem	Moderate problem	Serious problem
a.	Alcohol abuse among those age 21 or over	○	○	○	○
b.	Alcohol use among those under age 21	○	○	○	○
c.	Bullying in schools/school safety	○	○	○	○
d.	Child abuse/neglect	○	○	○	○
e.	Children in poverty	○	○	○	○
f.	Diabetes	○	○	○	○
g.	Domestic violence (partner, family)	○	○	○	○
h.	Eating disorders (bulimia, anorexia)	○	○	○	○
i.	Heart disease and stroke	○	○	○	○
j.	Homelessness	○	○	○	○
k.	Infectious disease (flu, pneumonia, whooping cough)	○	○	○	○
l.	Illicit drug use (heroin, meth, cocaine)	○	○	○	○
m.	Lack of access to health care services	○	○	○	○
n.	Lack of access to healthy foods	○	○	○	○
o.	Lack of access to mental health services	○	○	○	○
p.	Lack of access to indoor recreational space	○	○	○	○
q.	Lack of access to public transportation	○	○	○	○
r.	Lack of safe places to walk or bike	○	○	○	○
s.	Lack of safe and affordable housing	○	○	○	○
t.	Obesity among children	○	○	○	○
u.	Obesity among adults	○	○	○	○
v.	Marijuana use	○	○	○	○
w.	Mental health concerns (depression, anxiety)	○	○	○	○
x.	Parents with inadequate or poor parenting skills	○	○	○	○
y.	People without health insurance or medical coverage	○	○	○	○
z.	Prescription drug abuse/misuse (codeine, oxycodone, morphine)	○	○	○	○
aa.	Sex trafficking	○	○	○	○
bb.	Smoking/e-cigarettes/other tobacco use	○	○	○	○
cc.	Unemployment	○	○	○	○
dd.	Unintended injuries (falls, lack of seat belt use)	○	○	○	○

Thank you for your participation!

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Appendix C: Health4Life Survey Results

Lakewood Health System - Health4Life Survey Results
The Health4Life Survey was distributed and facilitated by the Morrison, Todd and Wadena CHB and supported by the CHNA Collaborative. The Minnesota Department of Health Center for Health Statistics conducted a weighted analysis of the data and provided the results to each public health agency and healthcare organization in the collaborative.

In the tables that follow, the weighted results collected from the Health4Life Survey were used to identify the top three community health needs in the Staples-Motley community and used to complete the CHNA report for Lakewood Health System.

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

	Morrison County	Todd County	Wadena County	MTW Combined
Poor	1.4%	1.9%	1.4%	1.6%
Fair	7.4%	8.5%	12.3%	8.7%
Good	39.3%	35.9%	44.2%	39.0%
Very Good	38.9%	40.0%	34.3%	38.5%
Excellent	13.0%	13.7%	7.8%	12.3%

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	8.6%	7.9%	13.6%	9.3%
Only during pregnancy	1.4%	1.4%	0.3%	1.2%
Pre-diabetes or elevated blood sugar	10.9%	15.7%	17.3%	13.8%
Only during pregnancy	2.4%	1.5%	2.0%	2.0%
High blood pressure/ hypertension	28.3%	30.6%	35.9%	30.5%
Only during pregnancy	1.7%	0.6%	4.0%	1.7%
High blood cholesterol	26.3%	30.5%	32.6%	28.9%
High triglycerides	12.8%	18.6%	17.2%	15.6%
Heart trouble or angina	6.4%	8.6%	10.7%	8.0%
Stroke or stroke-related health issues	4.4%	4.1%	5.0%	4.4%
Overweight or obese	29.7%	31.3%	38.0%	31.8%
Cancer	9.4%	12.2%	10.9%	10.6%
Asthma	7.8%	10.4%	10.1%	9.1%
Chronic lung disease	4.3%	5.4%	6.2%	5.1%

Arthritis	28.2%	26.3%	25.3%	27.0%
Depression	17.7%	16.9%	24.4%	18.7%
Anxiety or panic attacks	14.7%	18.5%	23.3%	17.6%
Other mental health issues	3.5%	4.9%	7.7%	4.8%
Dementia or memory loss	2.1%	1.9%	3.4%	2.3%
Sexually transmitted disease	2.3%	2.1%	3.7%	2.5%

3. Since 2016, would you say your access to medical health care services has:

	Morrison County	Todd County	Wadena County	MTW Combined
Improved	11.1%	17.4%	17.6%	14.5%
Stayed the same	73.6%	70.6%	69.7%	71.8%
Become worse	11.3%	10.0%	7.4%	10.1%
Did not live in this area in 2016	4.1%	2.1%	5.3%	3.6%

4. 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	29.1%	29.4%	26.0%	28.6%
No	70.9%	70.6%	74.0%	71.4%

5. 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
Care needed cost too much	50.1%	46.6%	44.7%	47.9%
Co-pay too expensive	24.1%	16.0%	12.3%	19.3%
Deductible too expensive	58.9%	37.0%	48.5%	49.4%
Insurance did not cover	29.4%	14.0%	22.4%	22.8%
Did not have insurance	2.7%	8.3%	5.7%	5.2%
Could not get an appointment	8.2%	9.3%	9.1%	8.8%
Did not think it was serious enough	34.2%	40.1%	30.0%	35.6%
Transportation problems	2.2%	3.7%	5.5%	3.3%
Could not get off work	5.9%	6.2%	9.3%	6.6%

Could not get care for dependent	5.3%	2.9%	0.8%	3.7%
Other reason	12.1%	11.0%	8.4%	11.1%

6. 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	24.3%	32.2%	30.2%	28.1%
No	75.7%	67.8%	69.8%	71.9%

7. 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
Care needed cost too much	47.5%	54.1%	54.5%	51.5%
Co-pay too expensive	13.7%	15.6%	10.3%	13.8%
Deductible too expensive	15.2%	11.6%	8.7%	12.5%
Insurance did not cover	31.3%	28.9%	37.7%	31.6%
Did not have insurance	40.6%	31.0%	23.6%	33.4%
Too nervous or afraid	6.4%	5.2%	20.5%	8.8%
Could not get an appointment	5.9%	5.0%	12.8%	6.9%
Did not think it was serious enough	14.4%	29.0%	19.0%	21.1%
Transportation problems	4.1%	0.8%	3.8%	2.7%
Could not get off work	1.8%	5.1%	2.6%	3.3%
Could not get care for dependent	0.4%	2.5%	0.2%	1.2%
No dentists in my area	1.7%	4.3%	2.4%	2.9%
Other reason	14.0%	10.2%	3.8%	10.4%

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

	Morrison County	Todd County	Wadena County	MTW Combined
High	10.6%	9.4%	12.2%	10.5%
Medium	53.9%	61.2%	48.0%	55.3%
Low	35.5%	29.5%	39.7%	34.2%

9. 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	46.5%	40.3%	45.0%	44.1%
1 – 9 days	39.0%	44.0%	38.7%	40.7%
10 – 19 days	8.3%	11.4%	10.6%	9.8%
20 – 29 days	3.9%	2.7%	2.9%	3.3%
All 30 days	2.3%	1.6%	2.8%	2.2%

10. 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	11.7%	11.0%	13.5%	11.8%
No	88.3%	89.0%	86.5%	88.2%

11. 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
Care needed cost too much	25.3%	48.4%	30.1%	33.7%
Co-pay too expensive	6.2%	7.7%	5.8%	6.6%
Deductible too expensive	19.4%	12.0%	9.0%	14.8%
Insurance did not cover	10.9%	6.5%	11.3%	9.6%
I did not have insurance	4.7%	17.8%	2.6%	8.4%
Too nervous or afraid	29.1%	43.2%	34.5%	34.8%
Could not get an appointment	2.5%	8.9%	2.2%	4.5%
Did not think it was serious enough	53.1%	22.8%	51.1%	43.0%
Transportation problems	1.5%	1.3%	2.9%	1.8%
Could not get off work	0.4%	2.6%	4.4%	1.9%
Could not get care for dependent	0.7%	3.1%	3.1%	2.0%
Did not know where to go	17.8%	51.2%	12.1%	27.3%
Other reason	20.0%	13.1%	12.5%	16.2%

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

Appendix C: Health4Life Survey Results

	Morrison County	Todd County	Wadena County	MTW Combined
No prescriptions	40.5%	36.0%	33.5%	37.6%
Had prescriptions and filled them all	54.3%	58.3%	59.7%	56.7%
Had prescriptions and did not fill at least one	5.2%	5.7%	6.8%	5.7%

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

	Morrison County	Todd County	Wadena County	MTW Combined
Needed medication cost too much	71.1%	73.1%	30.4%	62.7%
Co-pay too expensive	36.3%	22.7%	19.7%	27.9%
Deductible too expensive	28.1%	30.4%	6.7%	24.1%
Insurance did not cover	38.0%	20.0%	14.9%	26.6%
Did not have insurance	5.6%	24.1%	25.3%	16.4%
Could not get care for dependent	1.7%	0.0%	0.0%	0.7%
Do not like taking medications	14.2%	3.1%	2.8%	7.8%
Did not like the side effects	21.7%	0.8%	35.6%	17.6%
Transportation problems	0.8%	2.8%	1.2%	1.6%
No pharmacy services in my community	0.0%	0.0%	3.7%	0.8%
Could not get off work	0.0%	4.9%	0.0%	1.7%
Other reason	17.4%	10.3%	27.5%	17.2%

14. 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

15. 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	12.6%	15.9%	13.8%	13.9%
1 – 2 servings	68.0%	60.4%	59.1%	63.7%
3 – 4 servings	17.3%	19.6%	22.4%	19.0%
5 or more servings	2.2%	4.1%	4.7%	3.3%

16. 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	57.7%	53.1%	59.3%	56.4%
1 – 2 servings	34.8%	40.4%	32.2%	36.2%
3 – 4 servings	6.6%	5.2%	6.3%	6.1%
5 or more servings	0.9%	1.3%	2.1%	1.3%

17. 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	26.7%	27.3%	30.7%	27.7%
1 – 2 servings	58.4%	53.9%	52.1%	55.7%
3 – 4 servings	13.6%	18.0%	14.9%	15.3%
5 or more servings	1.2%	0.9%	2.3%	1.3%

18. How often did you drink the following beverages in the past week?

	Morrison County	Todd County	Wadena County	MTW Combined
Fruit Drinks (such as Snapple, flavored teas, Capri Sun and Kool-Aid)				
Never or less than 1 time per week	74.5%	76.7%	70.4%	74.5%

1 time per week	6.6%	8.6%	11.0%	8.1%
2-4 times per week	9.8%	7.4%	13.4%	9.7%
5-6 times per week	2.4%	4.0%	0.6%	2.6%
1 time per day	1.6%	1.6%	3.1%	1.9%
2-3 times per day	1.8%	1.6%	1.1%	1.6%
4 or more times per day	3.2%	0.0%	0.4%	1.6%
Sports Drinks (such as Gatorade or POWERADE); these drinks usually do not have caffeine				
Never or less than 1 time per week	77.1%	84.3%	84.1%	80.9%
1 time per week	12.4%	8.4%	9.4%	10.5%
2-4 times per week	9.4%	5.4%	4.2%	7.1%
5-6 times per week	0.6%	0.3%	1.4%	0.7%
1 time per day	0.1%	1.1%	0.5%	0.5%
2-3 times per day	0.2%	0.6%	0.3%	0.4%
4 or more times per day	0.1%	0.0%	0.1%	0.0%
Regular soda or pop				
Never or less than 1 time per week	50.7%	49.1%	54.8%	50.9%
1 time per week	14.4%	16.0%	15.4%	15.1%
2-4 times per week	15.9%	20.2%	11.6%	16.6%
5-6 times per week	6.9%	2.7%	6.1%	5.3%
1 time per day	8.6%	6.0%	3.7%	6.8%
2-3 times per day	3.0%	4.8%	4.8%	4.0%
4 or more times per day	0.6%	1.2%	3.6%	1.3%
Energy drinks (such as Rockstar, Red Bull, Monster); these drinks usually have caffeine				
Never or less than 1 time per week	91.2%	95.9%	94.4%	93.4%
1 time per week	5.6%	1.2%	1.3%	3.3%
2-4 times per week	2.5%	1.7%	4.0%	2.5%
5-6 times per week	0.2%	0.1%	0.1%	0.1%
1 time per day	0.6%	0.8%	0.2%	0.6%
2-3 times per day	0.0%	0.3%	0.0%	0.1%
Diet soda or pop				

Never or less than 1 time per week	67.2%	75.5%	62.1%	69.1%
1 time per week	7.6%	6.7%	14.4%	8.6%
2-4 times per week	8.6%	6.8%	10.4%	8.3%
5-6 times per week	5.3%	0.8%	5.0%	3.7%
1 time per day	4.9%	5.6%	1.7%	4.5%
2-3 times per day	3.8%	3.7%	3.4%	3.7%
4 or more times per day	2.5%	0.8%	3.1%	2.0%
Milk				
Never or less than 1 time per week	18.0%	23.8%	21.9%	20.7%
1 time per week	7.4%	9.0%	9.8%	8.4%
2-4 times per week	21.4%	14.8%	27.3%	20.2%
5-6 times per week	13.8%	11.0%	7.2%	11.6%
1 time per day	15.6%	13.0%	15.5%	14.7%
2-3 times per day	21.2%	26.1%	17.6%	22.2%
4 or more times per day	2.5%	2.4%	0.8%	2.1%
Water				
Never or less than 1 time per week	1.0%	0.5%	2.2%	1.1%
1 time per week	1.7%	0.6%	0.6%	1.1%
2-4 times per week	4.3%	3.4%	2.9%	3.7%
5-6 times per week	3.4%	4.4%	4.7%	4.0%
1 time per day	7.8%	6.6%	4.1%	6.7%
2-3 times per day	28.2%	26.8%	32.7%	28.6%
4 or more times per day	53.6%	57.7%	52.9%	54.9%

19. 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	35.1%	41.2%	31.9%	36.6%
1 – 2 times	52.8%	51.0%	55.7%	52.7%
3 – 6 times	10.7%	6.4%	11.1%	9.3%
7 – 10 times	1.5%	1.1%	1.0%	1.2%

10 or more times	0.0%	0.3%	0.3%	0.2%

20. 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	2.8%	3.1%	4.0%	3.1%
Sometimes	4.5%	8.3%	8.0%	6.4%
Rarely	8.1%	9.2%	9.8%	8.8%
Never	84.7%	79.3%	78.3%	81.6%

21. 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
Less than 1 hour per day	14.8%	11.0%	9.9%	12.6%
1-2 hours per day	35.3%	35.5%	41.2%	36.5%
3-4 hours per day	32.4%	28.1%	28.0%	30.1%
More than 4 hours per day	13.7%	16.4%	17.6%	15.4%
I don't do any of these activities	3.7%	8.9%	3.3%	5.4%

22. 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	65.8%	63.1%	64.6%	64.6%
No	34.2%	36.9%	35.4%	35.4%

23. **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	15.5%	17.1%	16.2%	16.2%
1 – 4 days	54.7%	58.5%	63.7%	57.7%
5 – 7 days	29.8%	24.4%	20.2%	26.1%

24. 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	42.0%	45.2%	47.2%	44.0%
1 – 2 days	31.6%	34.4%	32.0%	32.7%
3 – 7 days	26.4%	20.4%	20.7%	23.3%

25. How much of a problem are the following factors for you in terms of keeping you from being physically active?

	Morrison County	Todd County	Wadena County	MTW Combined
Lack of time				
Not a problem	47.7%	44.3%	46.1%	46.2%
A small problem	24.0%	26.6%	29.5%	25.9%
A big problem	28.3%	29.1%	24.4%	27.9%
Lack of programs, leaders or facilities				
Not a problem	74.6%	64.1%	77.2%	71.4%
A small problem	17.8%	22.4%	13.9%	18.7%
A big problem	7.6%	13.5%	8.9%	9.9%
Lack of support from family or friends				
Not a problem	79.0%	81.0%	74.6%	78.9%
A small problem	17.5%	15.8%	20.8%	17.5%
A big problem	3.5%	3.2%	4.5%	3.6%
No one to exercise with				
Not a problem	70.5%	66.3%	61.2%	67.3%
A small problem	21.6%	24.0%	29.3%	23.9%
A big problem	7.9%	9.7%	9.6%	8.8%
The cost of fitness programs, gym membership or admission fees				
Not a problem	53.0%	52.6%	50.0%	52.3%
A small problem	25.4%	28.3%	23.7%	26.1%
A big problem	21.6%	19.1%	26.3%	21.6%
Public facilities (schools, sports fields, etc.) are not open or available at times I want to use them				
Not a problem	74.5%	67.4%	76.8%	72.5%
A small problem	12.9%	22.0%	17.7%	17.0%
A big problem	12.5%	10.6%	5.5%	10.5%
Not having sidewalks				
Not a problem	77.4%	74.9%	78.0%	76.7%

A small problem	12.6%	13.7%	13.3%	13.1%
A big problem	9.9%	11.4%	8.7%	10.2%
Long-term illness, injury, or disability				
Not a problem	76.7%	73.2%	76.8%	75.5%
A small problem	13.4%	14.2%	10.0%	13.0%
A big problem	9.9%	12.6%	13.1%	11.5%
Fear of injury				
Not a problem	84.4%	81.5%	82.7%	83.1%
A small problem	11.1%	14.1%	13.8%	12.6%
A big problem	4.5%	4.4%	3.5%	4.3%
Distance I must travel to fitness, community center, parks or walking trails				
Not a problem	67.8%	60.7%	69.3%	65.7%
A small problem	15.4%	22.8%	22.4%	19.3%
A big problem	16.8%	16.5%	8.3%	15.1%
No safe place to exercise				
Not a problem	87.8%	81.9%	90.0%	86.2%
A small problem	9.8%	12.6%	7.6%	10.3%
A big problem	2.4%	5.5%	2.3%	3.5%
I don't like to exercise				
Not a problem	55.6%	53.0%	53.5%	54.3%
A small problem	31.4%	34.7%	32.1%	32.7%
A big problem	13.0%	12.4%	14.4%	13.0%
Lack of self-discipline or willpower				
Not a problem	38.5%	37.0%	35.9%	37.5%
A small problem	38.9%	39.4%	36.3%	38.6%
A big problem	22.7%	23.6%	27.7%	23.9%
Other reasons				
Not a problem	80.8%	80.3%	73.9%	79.4%
A small problem	4.4%	6.7%	7.9%	5.8%
A big problem	14.7%	13.0%	18.2%	14.7%

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

	Morrison County	Todd County	Wadena County	MTW Combined

Never	0.5%	0.7%	0.5%	0.6%
Sometimes	2.7%	6.5%	2.6%	4.0%
Often	33.0%	29.2%	33.1%	31.7%
Always	63.8%	63.6%	63.9%	63.8%

27. 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	1.9%	2.0%	2.8%	2.1%
No	98.1%	98.0%	97.2%	97.9%

28. 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	26.6%	36.8%	40.0%	32.7%
No	73.4%	63.2%	60.0%	67.3%

29. Question 29 was not tabulated for this report

30. 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%	90.8%	94.4%	90.4%
Heavy drinking	11.5%	9.2%	5.6%	9.6%

31. 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	64.3%	74.7%	76.9%	70.2%
Any binge drinking	35.7%	25.3%	23.1%	29.8%

32. 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	93.3%	97.2%	97.3%	95.4%
Any drinking and driving	6.7%	2.8%	2.7%	4.6%

33. **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	13.2%	10.7%	15.1%	12.7%
Former smoker	28.6%	28.1%	25.7%	27.9%
Never smoked	58.2%	61.3%	59.2%	59.4%

34. Questions 34 was not tabulated for this report.

35. 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	57.6%	52.7%	55.2%	55.7%
No	42.4%	47.3%	44.8%	44.3%

36. The last time you tried to quit smoking (or when you quit for good) did you use…

	Morrison County	Todd County	Wadena County	MTW Combined
Any nicotine replacement product, such as gum, a patch, a nasal spray, an inhaler or lozenges				
Yes	22.9%	27.0%	25.1%	24.7%
No	77.1%	73.0%	74.9%	75.3%
A prescription medication like Zyban, Wellbutrin, or Chantix				
Yes	6.3%	17.4%	17.9%	12.1%
No	93.7%	82.6%	82.1%	87.9%
A stop-smoking clinic or class (e.g., Freedom from Smoking)				
Yes	1.6%	4.1%	0.8%	2.3%
No	98.4%	95.9%	99.2%	97.7%
A quit-smoking telephone help line (e.g., Quit Plan, Become an Ex)				
Yes	3.1%	2.6%	7.3%	3.7%
No	96.9%	97.4%	92.7%	96.3%
An online counseling service or mobile app				
Yes	0.7%	0.4%	1.7%	0.8%
No	99.3%	99.6%	98.3%	99.2%
Face-to-face counseling with a health care provider				
Yes	1.7%	4.6%	2.6%	2.8%

No	98.3%	95.4%	97.4%	97.2%
E-cigarettes or vape products				
Yes	6.1%	10.9%	8.3%	8.1%
No	93.9%	89.1%	91.7%	91.9%
Other				
Yes	3.6%	5.7%	7.6%	4.9%
No	96.4%	94.3%	92.4%	95.1%
I quit without any help from any of these				
Yes	58.4%	59.0%	55.6%	58.1%
No	41.6%	41.0%	44.4%	41.9%

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

	Morrison County	Todd County	Wadena County	MTW Combined
Cigars, cigarillos, little cigars				
Non-smoker	92.3%	94.6%	92.8%	93.2%
Current smoker	7.7%	5.4%	7.2%	6.8%
Pipes				
Non-smoker	99.5%	99.0%	99.0%	99.2%
Current smoker	0.5%	1.0%	1.0%	0.8%
Smokeless tobacco				
Non-user	86.0%	91.1%	96.9%	89.8%
Current user	14.0%	8.9%	3.1%	10.2%
E-cigarettes				
Non-user	95.9%	98.3%	97.4%	97.0%
Current user	4.1%	1.7%	2.6%	3.0%
Other tobacco				
Non-user	95.2%	97.0%	94.0%	95.6%
Current user	4.8%	3.0%	6.0%	4.4%
Any tobacco use (incl. e-cig)				
Non-user	73.6%	77.9%	82.3%	76.7%
Current user	26.4%	22.1%	17.7%	23.3%

38. Adverse Childhood Experiences – Looking back before you were 18 years of age. *Close family member*

39. Adverse Childhood Experiences – Looking back before you were 18 years of age. *Personal*

ACEs Score-short	Morrison County	Todd County	Wadena County	MTW Combined
None	47.8%	48.7%	39.2%	46.5%
One	18.6%	18.4%	29.0%	20.4%
Two	11.4%	15.1%	7.6%	12.0%
Three	8.7%	4.7%	13.7%	8.3%
Four of more	13.5%	13.1%	10.5%	12.8%

40. 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	18.5%	14.7%	10.8%	15.7%
Doctor or other clinic or hospital staff	82.7%	79.9%	88.7%	82.9%
Pharmacist	28.1%	26.9%	25.7%	27.2%
Alternative health specialist	19.9%	23.5%	22.8%	21.7%
My employer	3.4%	3.4%	1.1%	2.9%
Family or friends	63.5%	51.1%	48.8%	56.5%
Internet sites	40.5%	37.7%	38.5%	39.2%
Nurse line	22.2%	18.7%	26.2%	21.8%

41. Are you:

	Morrison County	Todd County	Wadena County	MTW Combined
Male	49.9%	51.7%	50.3%	50.6%
Female	50.1%	48.3%	49.7%	49.4%

42. Your age group:

	Morrison County	Todd County	Wadena County	MTW Combined
18 – 34 years	23.8%	23.4%	24.8%	23.9%
35 – 44 years	14.7%	11.9%	14.1%	13.6%
45 – 54 years	18.4%	17.1%	16.0%	17.5%
55 – 64 years	19.6%	20.5%	18.0%	19.6%
65 – 74 years	12.6%	15.1%	13.6%	13.7%
75+ years	10.9%	11.9%	13.4%	11.7%

Appendix C: Health4Life Survey Results

Questions 43 – 46 were not tabulated for this report.
43. How many adults (including yourself) and children live in your household?
44. How tall are you (without shoes)?
45. How much do you weigh (without shoes)?
46. Are you Hispanic or Latino/Latina?

47. Which of the following best describes you? *(Mark ALL that apply.)*

	Morrison County	Todd County	Wadena County	MTW Combined
White	98.2%	97.4%	97.4%	97.8%
Not white	1.8%	2.6%	2.6%	2.2%

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

	Morrison County	Todd County	Wadena County	MTW Combined
Married	71.1%	67.0%	72.4%	69.9%
Living with a partner	6.9%	6.4%	4.3%	6.2%
Divorced	6.7%	5.3%	5.7%	6.0%
Separated	0.3%	0.4%	1.0%	0.5%
Widowed	6.4%	7.7%	8.8%	7.3%
Never married	8.5%	13.2%	7.8%	10.0%

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

	Morrison County	Todd County	Wadena County	MTW Combined
Veteran	14.2%	8.6%	6.5%	10.8%
Non-Veteran	85.8%	91.4%	93.5%	89.2%

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

	Morrison County	Todd County	Wadena County	MTW Combined
High school grad/GED or less	30.8%	31.2%	22.6%	29.4%
Trade/vocational school, some college or Associate degree	43.9%	47.9%	52.7%	47.0%
Bachelor's degree	15.7%	15.2%	16.6%	15.7%
Graduate/professional degree	9.6%	5.8%	8.2%	8.0%

51. 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	6.8%	12.6%	11.3%	9.7%
$20,000 - $34,999	11.0%	13.7%	14.8%	12.7%
$35,000 - $49,999	15.7%	22.8%	16.1%	18.2%
$50,000 - $74,999	25.4%	26.2%	19.9%	24.6%
$75,000 - $99,999	13.7%	11.3%	24.1%	14.9%
$100,000 - $149,999	21.0%	9.3%	10.1%	14.8%
$150,000 or more	6.4%	4.1%	3.8%	5.1%

52. Do you own or rent your home?

	Morrison County	Todd County	Wadena County	MTW Combined
Own	84.2%	86.6%	85.2%	85.3%
Rent	10.3%	9.2%	12.0%	10.2%
Other arrangement	5.4%	4.2%	2.8%	4.5%

53. 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	18.5%	14.1%	9.2%	15.3%
Minor problem	34.3%	39.0%	42.7%	37.5%
Moderate problem	36.1%	40.0%	34.9%	37.2%
Serious problem	11.1%	6.9%	13.1%	10.1%
Alcohol use among those under 21				
No problem	17.0%	17.3%	10.0%	15.8%
Minor problem	37.1%	38.3%	40.3%	38.1%
Moderate problem	31.8%	34.3%	36.2%	33.5%
Serious problem	14.2%	10.1%	13.5%	12.6%
Bullying in schools				
No problem	12.6%	14.5%	10.3%	12.8%
Minor problem	40.8%	42.5%	37.5%	40.8%
Moderate problem	33.3%	31.9%	37.0%	33.5%
Serious problem	13.3%	11.1%	15.2%	12.9%
Child abuse/neglect				
No problem	18.6%	18.0%	10.6%	16.9%

Appendix C: Health4Life Survey Results

Minor problem	40.1%	43.7%	38.0%	40.9%
Moderate problem	28.5%	30.9%	38.3%	31.2%
Serious problem	12.7%	7.4%	13.1%	10.9%
Children in poverty				
No problem	23.1%	26.7%	6.8%	21.2%
Minor problem	37.9%	29.9%	28.2%	33.3%
Moderate problem	26.5%	33.1%	42.7%	31.9%
Serious problem	12.5%	10.2%	22.3%	13.6%
Diabetes				
No problem	20.4%	15.9%	13.8%	17.6%
Minor problem	41.4%	45.3%	32.3%	41.0%
Moderate problem	29.7%	27.4%	39.0%	30.7%
Serious problem	8.5%	11.4%	15.0%	10.7%
Domestic violence (partner, family)				
No problem	23.4%	26.0%	9.6%	21.6%
Minor problem	43.3%	44.9%	44.6%	44.1%
Moderate problem	24.7%	23.9%	37.4%	26.8%
Serious problem	8.7%	5.2%	8.4%	7.5%
Eating disorders (bulimia, anorexia)				
No problem	39.6%	37.4%	29.3%	36.8%
Minor problem	45.6%	50.4%	57.1%	49.4%
Moderate problem	13.8%	11.2%	11.8%	12.5%
Serious problem	1.1%	1.1%	1.8%	1.2%
Heart disease and stroke				
No problem	18.3%	19.5%	12.4%	17.6%
Minor problem	38.7%	35.2%	32.7%	36.3%
Moderate problem	32.6%	38.2%	43.2%	36.5%
Serious problem	10.4%	7.2%	11.7%	9.5%
Homelessness				
No problem	39.5%	48.4%	32.4%	41.2%
Minor problem	43.9%	40.1%	51.9%	44.1%
Moderate problem	13.0%	9.9%	12.5%	11.8%

Appendix C: Health4Life Survey Results

Serious problem	3.7%	1.6%	3.2%	2.9%
Infectious disease (flu, pneumonia, whooping cough)				
No problem	24.5%	22.2%	20.5%	23.0%
Minor problem	53.0%	58.0%	57.0%	55.5%
Moderate problem	21.4%	18.6%	19.8%	20.1%
Serious problem	1.1%	1.3%	2.8%	1.5%
Illicit drug use (heroin, meth, cocaine)				
No problem	8.6%	14.2%	9.4%	10.7%
Minor problem	18.3%	23.5%	20.2%	20.5%
Moderate problem	39.5%	39.5%	40.3%	39.6%
Serious problem	33.5%	22.9%	30.2%	29.2%
Lack of access to health care services				
No problem	38.8%	47.5%	43.5%	42.7%
Minor problem	38.8%	33.3%	33.0%	35.8%
Moderate problem	14.1%	12.6%	16.6%	14.1%
Serious problem	8.3%	6.6%	6.9%	7.4%
Lack of access to healthy foods				
No problem	50.8%	45.6%	40.3%	47.0%
Minor problem	30.4%	33.0%	34.1%	32.0%
Moderate problem	14.0%	12.2%	17.7%	14.0%
Serious problem	4.8%	9.2%	7.9%	6.9%
Lack of access to mental health services				
No problem	42.9%	40.3%	31.0%	39.8%
Minor problem	33.2%	32.9%	30.3%	32.6%
Moderate problem	15.4%	15.9%	18.5%	16.2%
Serious problem	8.4%	10.9%	20.2%	11.5%
Lack of access to indoor recreational space				
No problem	27.2%	30.8%	38.9%	30.6%
Minor problem	31.1%	32.5%	33.7%	32.1%
Moderate problem	28.1%	23.3%	15.8%	24.1%
Serious problem	13.6%	13.4%	11.7%	13.2%
Lack of access to public transportation				

Appendix C: Health4Life Survey Results

No problem	32.2%	36.2%	35.7%	34.2%
Minor problem	34.4%	30.7%	36.3%	33.5%
Moderate problem	22.1%	21.3%	19.3%	21.3%
Serious problem	11.3%	11.8%	8.8%	11.0%
Lack of safe places to walk or bike				
No problem	47.6%	45.4%	52.7%	47.8%
Minor problem	30.8%	32.8%	32.2%	31.8%
Moderate problem	18.0%	16.0%	13.4%	16.4%
Serious problem	3.6%	5.8%	1.7%	4.0%
Lack of safe and affordable housing				
No problem	34.6%	33.7%	25.7%	32.6%
Minor problem	36.3%	35.7%	43.8%	37.5%
Moderate problem	18.0%	20.1%	20.8%	19.3%
Serious problem	34.6%	33.7%	25.7%	32.6%
Obesity among children				
No problem	14.2%	16.0%	7.0%	13.5%
Minor problem	34.6%	31.7%	37.4%	34.1%
Moderate problem	35.0%	40.7%	39.9%	37.9%
Serious problem	16.3%	11.6%	15.7%	14.6%
Obesity among adults				
No problem	11.6%	12.3%	3.8%	10.4%
Minor problem	22.0%	23.3%	19.1%	21.9%
Moderate problem	44.1%	48.1%	49.9%	46.6%
Serious problem	22.3%	16.4%	27.3%	21.2%
Marijuana Use				
No problem	21.5%	22.8%	14.4%	20.6%
Minor problem	31.7%	35.7%	33.7%	33.4%
Moderate problem	27.4%	26.2%	34.8%	28.4%
Serious problem	19.4%	15.3%	17.1%	17.6%
Mental health concerns (depression, anxiety)				
No problem	14.7%	17.5%	10.7%	14.9%
Minor problem	39.7%	33.5%	31.1%	35.9%

Appendix C: Health4Life Survey Results

Moderate problem	28.7%	34.7%	37.5%	32.4%
Serious problem	16.9%	14.4%	20.8%	16.8%
Parents with inadequate or poor parenting skills				
No problem	10.5%	13.6%	6.3%	10.8%
Minor problem	30.9%	27.8%	24.2%	28.5%
Moderate problem	30.8%	41.2%	44.6%	37.0%
Serious problem	27.8%	17.4%	24.9%	23.6%
People without health insurance or medical coverage				
No problem	20.9%	17.0%	10.5%	17.6%
Minor problem	35.5%	37.5%	36.2%	36.3%
Moderate problem	30.3%	28.2%	30.5%	29.6%
Serious problem	13.3%	17.3%	22.8%	16.5%
Prescription drug abuse/misuse				
No problem	15.6%	18.0%	10.3%	15.4%
Minor problem	34.2%	35.4%	34.4%	34.7%
Moderate problem	25.5%	28.3%	26.3%	26.6%
Serious problem	24.7%	18.3%	29.0%	23.3%
Sex trafficking				
No problem	50.3%	46.5%	48.3%	48.6%
Minor problem	31.7%	30.7%	36.7%	32.3%
Moderate problem	13.1%	18.1%	9.3%	14.1%
Serious problem	4.9%	4.7%	5.6%	5.0%
Smoking/e-cigarettes/other tobacco use				
No problem	16.9%	15.4%	7.1%	14.5%
Minor problem	20.9%	23.4%	25.2%	22.6%
Moderate problem	38.1%	32.7%	35.7%	35.8%
Serious problem	24.1%	28.5%	32.0%	27.1%
Unemployment				
No problem	21.8%	24.2%	15.9%	21.5%
Minor problem	50.4%	44.1%	32.4%	44.8%
Moderate problem	20.6%	21.3%	34.8%	23.5%
Serious problem	7.2%	10.4%	17.0%	10.2%

Appendix C: Health4Life Survey Results

Unintended injuries (falls, lack of seat belt use)				
No problem	31.3%	38.9%	31.6%	34.0%
Minor problem	52.5%	45.6%	50.5%	49.7%
Moderate problem	12.9%	12.6%	14.9%	13.1%
Serious problem	3.4%	2.9%	3.1%	3.1%

2018-2019 Community Health Needs Assessment
Morrison-Todd-Wadena
Community Stakeholder Interview Questions

1. What do you think are the three most significant health-related issues in the community and why?
    a. Please prioritize those top three issues and explain why you put them in that order?
    b. Are there current projects or initiatives that address these issues? Can you cite specific examples? How effective are these projects or initiatives?
    c. What ideas/strategies do you have that may effectively address these issues?

2. What non-healthcare related issues do you see impacting the overall health in the community (e.g., housing, education, transportation, public safety, access to food, etc.)
    a. Has anything been done that addressed these issues effectively? Can you cite specific examples?
    b. What could be done to address these issues effectively?

3. Think about those who experience relatively good health and those who experience poor health. Why do you think there is a difference?

4. If you could add services to improve overall health in the community that are currently unavailable or have limited availability - money was no object - what would your top choices be?

5. Strengthening families is a community health strategy. What can be done to strengthen families and promote more positive parenting in the community?

6. In your opinion, what are some of the best strategies for getting people **engaged** in improving the overall health in the community?

7. Are there any other comments or suggestions you would like to make that you believe is important to improving the health of the community?

Updated October, 2018

Appendix E: Stakeholder Interview Thematic Analysis

2018-2019 Community Stakeholder Interviews
Thematic Analysis
Developed by the Morrison, Todd, Wadena County Health Board
Completed: April 2019

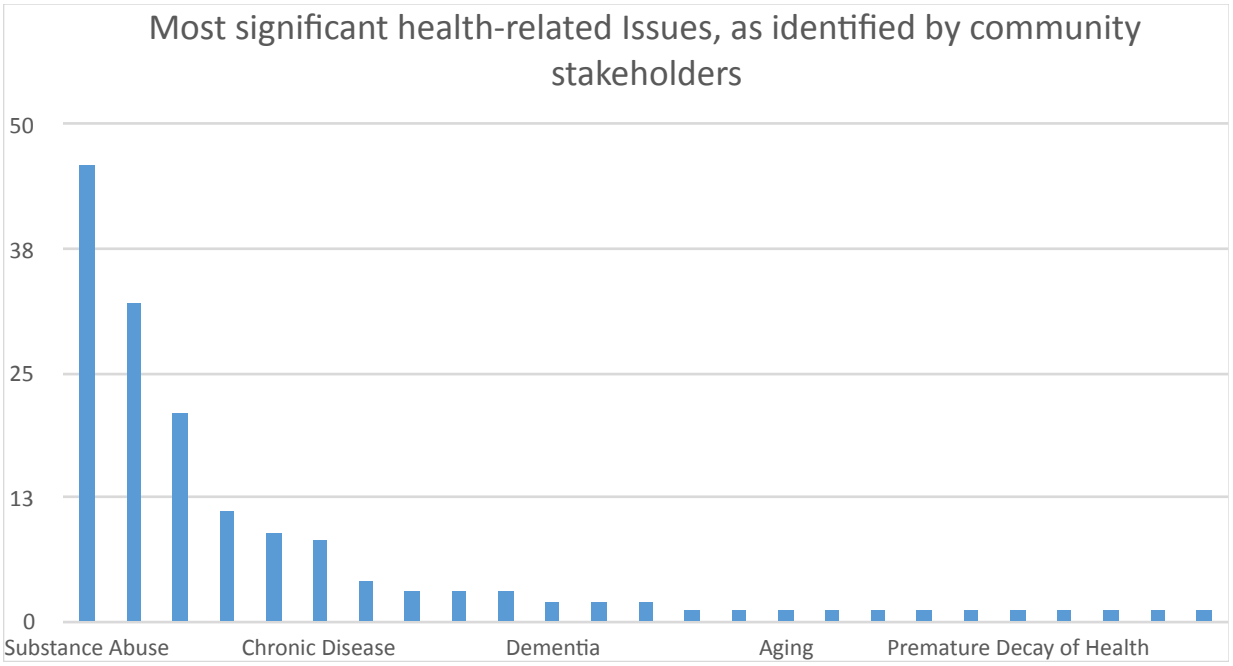
Overview:
Community stakeholder interviews were conducted with 54 individuals across Morrison, Todd, and Wadena Counties. Interviews were conducted by public health and health care staff utilizing the Community Stakeholder Questionnaire. Interviews were conducted in person and via phone and typically lasted 45 minutes to 1 hour. 22 interviews were conduct in Morrison County, 15 interviews were conducted in Todd County, and 17 interviews were conducted in Wadena County. Community stakeholders were selected from a variety of sectors. Table 1 below shows each sector represented.

Table 1. Community Stakeholder Interviewees by Sector.

Sector	Percent	Number
Healthcare professionals	20%	11
State, local or tribal govt. agencies with expertise in substance misuse	19%	10
Businesses	13%	7
Schools	13%	7
Civic or volunteer groups	9%	5
Law enforcement	7%	4
Youth	7%	4
Media	6%	3
Religious or fraternal orgs.	4%	2
Youth-serving org.	2%	1

Interviewees were asked to identify the three most significant health-related issues in their community. The aggregate list is shown below.

Appendix E: Stakeholder Interview Thematic Analysis



Substance abuse was the most frequently cited health-related issue. Within the area of substance abuse specific substances including e-cigarettes, tobacco products, opioids, alcohol, and marijuana were cited as concerns.

Interviewees were asked to identify specific community projects or initiatives that address these health-related issues and their effectiveness. The following projects and initiatives were identified:

- Jail Suboxone project in Morrison County
- Food insecurity work at the hospitals and schools (e.g., Choose Health, backpack programs, care closets)
- Live Better Live Longer initiative
- Comprehensive re-entry project including a social worker in the jails

Social determinants of health are conditions in the environments that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Examples of social determinants of health include: access to health care services, quality of education/job training, transportation options, public safety, social support, and availability of community-based resources. We asked community stakeholders to specifically identify non-healthcare related issues that impact the overall health of their community. The responses that were commented on most frequently are listed below in Table 2.

Appendix E: Stakeholder Interview Thematic Analysis

Table 2. Community stakeholder identified non-healthcare related issues impacting overall health

Responses	Percentage	Number
Housing	33%	21
Transportation	25%	16
Access to healthy food	17%	11
Education/life skills	9%	6
Childcare	8%	5
Poverty	5%	3
Mental Health	3%	2

Community stakeholders were asked if they were aware of or could identify any ideas, project, or initiatives that would effectively address the identified social determinants of health.

- Housing- renter advocacy program,
- Transportation- state legislation, better coordination across county lines, Uber/Lyft options
- Access to healthy food- Meals on Wheels, Care Closets at Schools, Lakewood's Food Farmacy, Wadena greenhouse project, farmers' market
- Education- promoting life skills programming, addressing ACEs (Adverse Childhood Experiences)
- Childcare- more daycare centers with longer hours, regional licensing model with Sourcewell, expanded before/after school programming

Health equity means achieving the conditions in which all people have the opportunity to attain their highest possible level of health. Structural inequities within our population— such as finance, housing, transportation, education, social opportunities, etc. — may unfairly benefit one population over another population. Community stakeholders were asked to think about those who experience relatively good health and those who experience poor health; and to identify why there might be differences in these two groups.

- Financial status/poverty
- Education
- Routine preventative care / access to care / access to health insurance
- Social support / community connections
- Lifestyle choices / learned behaviors

Appendix E: Stakeholder Interview Thematic Analysis

Interviewees were asked to identify any services that could improve overall health in their community that are currently unavailable or have limited availability- if money was no object.

- Health and fitness centers
- Mental health services
- More transportation services
- Early intervention programs for families/youth at-risk
- Comprehensive services for low income families

Strengthening families is a community health strategy for Morrison, Todd, and Wadena County public health agencies. Community stakeholders were asked what could be done to strengthen families and promote more positive parenting in the community.

- Affordable and accessible child care
- Education in high schools on parenting
- Promotion of positive parenting and increased social support for parents (e.g., Circle of Parents, Love & Logic, ECFC)
- Free events and classes for families
- Increased involvement with churches and religious organizations

Finally, community stakeholders were asked to identify the best strategies for getting people engaged in improving the health of their community.

- Incentives- free meals, events, etc.
- Identify areas of interest and activities for diverse populations
- Remove barriers to participation (e.g., transportation, childcare)
- Community gatherings for all (e.g., block parties)
- Engaging community members in conversations and projects