COMMUNITY HEALTH NEEDS ASSESSMENT 2022

Lakewood HEALTH SYSTEM

ABOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT

Every three years, Lakewood Health System takes part in a process known as the Community Health Needs Assessment (CHNA); a requirement within the Patient Protection and Affordable Care Act of 2010 (ACA) which requires tax exempt hospitals to conduct a community health needs assessment and implement strategies focused on those identified and emergent community needs.

In 2021, Lakewood Health System, and partners enlisted in the CHNA Collaborative, once again issued a joint effort to conduct the CHNA. The CHNA Collaborative has sponsored assessments in 2013, 2016, 2019, and this current 2022 CHNA.

The completion of this report along with the approval and adoption by the Lakewood Health System Board of Directors complies with CHNA requirements mandated by the ACA.

A digital copy of this CHNA is publicly available: https://www.lakewoodhealthsystem.com/patients-visitors/community-health/

Adopted by Lakewood Health System's Board of Directors on November 22,2022.
Made publicly available on December 31, 2022.

To receive a copy of this report or view survey responses, email aliciabauman@lakewoodhealthsystem.com

ACKNOWLEDGMENTS

Lakewood Health System CHNA Team

Executive Sponsor
Lisa Bjerga,
President and CEO

Project Lead
Alicia Bauman,
Vice President of Community and Population Health

Senior Leads
Christine S Albrecht, MD FAAFP,
Chief Medical Officer

Brad Anderson,
Vice President of Strategy and Development

Chandler Trout,
Lead Data Analyst

Community Affairs
Mary Theurer,
District Board Chair

Lead Author
Kathy Geislinger,
Grants Manager

Marketing and Communications
Aly Twardowski,
Sr. Marketing & Event Project Manager

Designers
Peg Churchwell,
Lady Dog Design

Pam Byers,
PBJ Design

CHNA Collaborative

Brad Vold, Morrison County Public Health - Social Services Director

Sarah Pratt, Morrison County Public Health - Human Services Supervisor

Carmen Genske, Morrison County Public Health - Environmental Specialist and Community Health Educator

Katherine Mackedanz, Todd County - Community Health Manager

Sergio Aguilera, Todd County - Health Education Coordinator

Erica Keppers, Wadena County - Public Health Director

Jodi Hillmer, CentraCare – Long Prairie - Director of Patient Care Services

Luke Preussler, CHI St. Gabriel's Health - Director of Mission

Alicia Bauman, Lakewood Health System - Vice President of Community and Population Health

Miranda Haugrud, Tri-County Health Care - Registered Dietitian

Marian Rengel, Tri-County Health Care - Registered Dietitian

Ann Kinney, Minnesota Department of Health - Senior Research Scientist

CEO MESSAGE

Hello,

I am pleased to present the results of our latest 2022-2024 Community Health Needs Assessment (CHNA). Every three years, Lakewood Health System completes a collaborative and in-depth process to help us more deeply appraise the health of our communities. By better understanding the unmet needs and gaps, we can more effectively prioritize NOW, NEAR, AND FAR strategies that will make the most direct and lasting impact.

The 2022-2024 CHNA is Lakewood Health System's fourth edition in a series of published reports but this year it is much more than a federal and legal requirement. This report inaugurates a new era for Lakewood Health System and my new role as president and CEO.

As I begin to lead Lakewood Health System into the future, I remain mindful of the strong legacy my predecessor left behind and resolute to carry on the long-standing traditions and our mission of providing quality, personalized healthcare for a lifetime. This strong foundation and culture of excellence were built upon the strengths of our communities and I intend to honor the past while seizing new opportunities to create a healthier future for our patients and communities.

The 2022-2024 CHNA identified three priority themes, all of which were worsened by the global COVID-19 pandemic:

- Improving Quality of Life
- Promoting Access to Resources and Care
- Enhancing the Built Environments

Within each of these areas, recurring concerns about poverty, ethnicity, and age were identified as intersecting health needs in the community.

The CHNA is central to our community benefits and investments planning and it will serve as a powerful resource to develop the pending implementation strategy plan. Our initiatives will be influenced and guided by what we do best NOW but we may need to wager on new approaches and pivot for the NEAR and FAR to ensure we're improving the health and well-being of our whole community.

On behalf of Lakewood Health System, thank you to the community members and partners who participated in this process. It is my sincere hope that readers will find this CHNA useful and representative of our communities in the region, and that it proves to be a catalyst to become better at delivering care and services.

Sincerely,

Lisa Bjerga,
President and Chief Executive Officer

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.

ACCOMPLISHMENTS

The 2019 CHNA identified three priority health needs that were the focus of Lakewood Health System's efforts. While the goals for each priority area were distinct and targeted specific community health needs, the programmatic efforts were effective at overlapping and integrating with multiple areas to make a greater impact.

To illustrate progress and impact of the priority areas, the strategies and a brief summary are listed under factors that influence health. These factors are guided by the County Health Rankings model of population health which emphasizes the many **CLINICAL, SOCIAL, PHYSICAL, ECONOMIC,** and other factors that influence both how long and how well a person lives.

2019 Priority Health Topics:

1. Social Determinants of Health
2. Mental Health
3. Healthy Body Weight

Clinical Care

- **Food Insecurity Screenings:** Lakewood Health System **screened over 100,000 patients** between 2019 and 2021.
- **Meals at Discharge:** On average, **10 patients per month received up to 14 days of prepared nutritious meals** when discharged from the hospital.
- **Meals at COVID-19+:** In 2020-2021, **more than 29,500 dietitian designed frozen meals were delivered** to the homes of patients who tested positive for COVID-19 and worried about having enough food for their household during their recovery and isolation period.
- **Community Health Workers (CHW):** In 2021, **Lakewood Health System launched, for the first time, a CHW program and hired two staff** to engage the community and work on CHNA priority areas.
- **COVID-19 Response:** Lakewood Health System provided **testing, mitigation and vaccinations at three meat packing plants.**
- **COVID-19 Vaccine Confidence:** Lakewood Health System enhanced its COVID-19 response by **deploying two CHWs to disseminate vaccine information in the community and recruiting 100 local individuals to serve as COVID-19 Vaccine Ambassadors who engaged more than 3,000 community members.**

ACCOMPLISHMENTS

Social and Economic Factors

- **Food Farmacy:** Monthly, **110 food insecure families or 350 individual's** picked-up 8-10 lbs. of lean meat and 12-15 lbs. of fresh produce at Lakewood Health System.
- **PAX:** Every Friday during the academic school year, **75 students received weekend meals** which consisted of two breakfasts and two lunches.
- **Acute Care Packs:** **Emergency nutrition relief boxes were provided to an average of 20 patients each month** at Lakewood Health System's five primary care clinics.
- **Meals at Baby:** Annually, **50 new mothers and 125 individuals received prepared frozen meals** to improve nutrition security.
- **Community Funding:** Lakewood Health System committed **$35,000 annually to non-profit organizations and community partners** to advance

Physical Environment

- **Prairie Ave NE Crosswalk Project:** In 2021, more than **160 feet of sidewalk, 35 feet of curb and gutter, two pedestrian curb ramps, and two pedestrian activated solar-powered crosswalk signals were installed** near the Lakewood Health System Care Center to connect residents to their community.
- **Creative Placemaking:** In 2020-21, Lakewood Health System enlisted **two local artists, 80 community members, 49 care center residents, 15 children for a local child care, and 15 farmers market patrons** to design the artwork painted on the Prairie Ave NE crosswalk.
- **Magic Forest Childcare:** In 2021, Lakewood Health System **invested $200,000 to increase the capacity for a local child care center.**
- **Leadership, Engagement, Advocacy, and Positiveness (LEAP):** Lakewood Health System **invested $25,000 annually to support LEAP,** a multi-sector collaborative which serves to strengthen economic development, enhance community vitality and health, and empower local leadership.
- **Cycling without Age:** Lakewood Health System launched a **Cycling without Age program in 2021 and purchased a trishaw bicycle,** trained ambassadors and provided rides to care center residents.

ACCOMPLISHMENTS

Health Behaviors

- **Fresh Delivered:** Annually, **200 seniors and adults with disabilities** received 8-10 lbs. of lean meats and 12-15 lbs. of fresh produce each month.
- **Staples Area Farmers Market:** During each market season, an average of **120 community members, patients, low-income residents, and staff** attended the Staples Area Farmers Market each week.
- **SNAP Benefits:** SNAP participation at the Staples Area Farmers Market **has grown over 200%** in the three-year period.

Community Benefits and Contributions

Each year, Lakewood Health System makes significant contributions to improve the quality of patient care and to address the critical health needs in the community. The CHNA is used as a tool to guide these investments and inform decision making. A snapshot of Lakewood Health System's contributions for calendar year 2021 is captured below.

CONTENTS

EXECUTIVE SUMMARY

Health begins in local communities. It takes a team of dedicated individuals and partners working hand in hand to truly engage residents and gain insights into the challenges they are facing. Lakewood Health System is located at the center of a network of social service agencies, hospitals, civic organizations, community institutions, and nonprofits who are committed to advancing health and health equity in shared communities.

ABOUT LAKEWOOD HEALTH SYSTEM

Lakewood Health System is an independent, rural healthcare system located in Staples, Minnesota (MN). Lakewood Health System was founded in 1936 and has grown from a small city-owned hospital to a ten-facility integrated healthcare delivery system. The facilities, which provides care to nearly 30,000 patients in its primary three-county service area of Morrison, Todd, and Wadena, include a 25-bed critical access hospital, five clinics, a dermatology clinic, an 87-bed skilled long-term care facility and two assisted living facilities.

The hospital is home to acute care services such as surgery (general and orthopedic), radiology, laboratory, emergency department (9 beds), ambulance, rehab, pharmacy, and anesthesia.

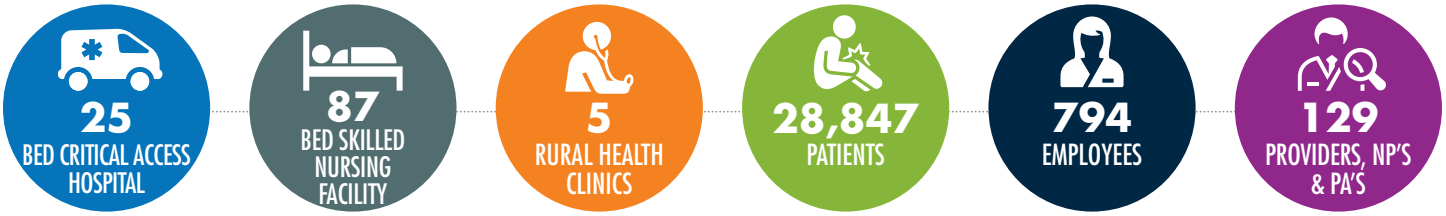
Primary care is provided at Lakewood Health System's five clinics in Browerville, Eagle Bend, Motley, Pillager, and at the main hospital campus location in Staples. Clinic services include women's health, Medical Home (aka Health Care Home), and behavioral health/psychiatry, psychology, clinical social work, clinical counseling and a Behavioral Health Home program. The organization operates a dermatology clinic in Sartell.

Specialty care services can be found at the hospital and Staples clinic, including cardiology, ear nose and throat, audiology, dentistry, dermatology, endocrinology, nephrology, obstetrics and gynecology, oncology, ophthalmology, orthopedics, pain clinic, pediatrics, podiatry, pulmonology, rheumatology and urology. Specialty service lines are provided by both internal and contracted providers.

Lakewood Health System offers comprehensive senior services located in Staples, including home care, hospice, palliative care, two assisted living apartments and a 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.

Lakewood Health System's hospital is one of four located in the three-county service area, all of which are located within a 40-mile radius of Staples. The nearest hospital is Tri-County Health Care (Wadena County) which 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.

Lakewood Health System – At a Glance



Data Source: *Lakewood Health System - Human Resources,, 2021.*

COMMUNITY SERVED

Past and current CHNA processes have helped Lakewood Health System develop strategies and prioritize investments that have improved the health and well-being of residents in the Staples-Motley community. Throughout the years, the assessment process has fostered and strengthened relationships among public health agencies and neighboring hospitals.

In 2013, the Morrison-Todd-Wadena Community Health Board (MTW-CHB), the legal governing authority responsible for providing public health services to Morrison, Todd, and Wadena County (three-county region), created the CHNA Collaborative to eliminate duplicative health needs assessment efforts between local public health and hospitals. Every three years, subsequent to 2013, the MTW-CHB has guided the CHNA Collaborative on a journey to gain a deeper understanding of the most critical needs in the three-county region.

In addition to the Staples-Motley community, Lakewood Health System places an emphasis on learning about the health needs, assets and priorities of individuals and families living in the three-county region. Since 60% of Lakewood Health System's patient population resides in these three counties, it is important to understand the health and social conditions that affect this whole geographic region.

When possible, this report includes data comparisons between the Staples-Motley community, the three-county region and the state of Minnesota.

For the purpose of this report, the following definition of "community" has been adopted by Lakewood Health System:

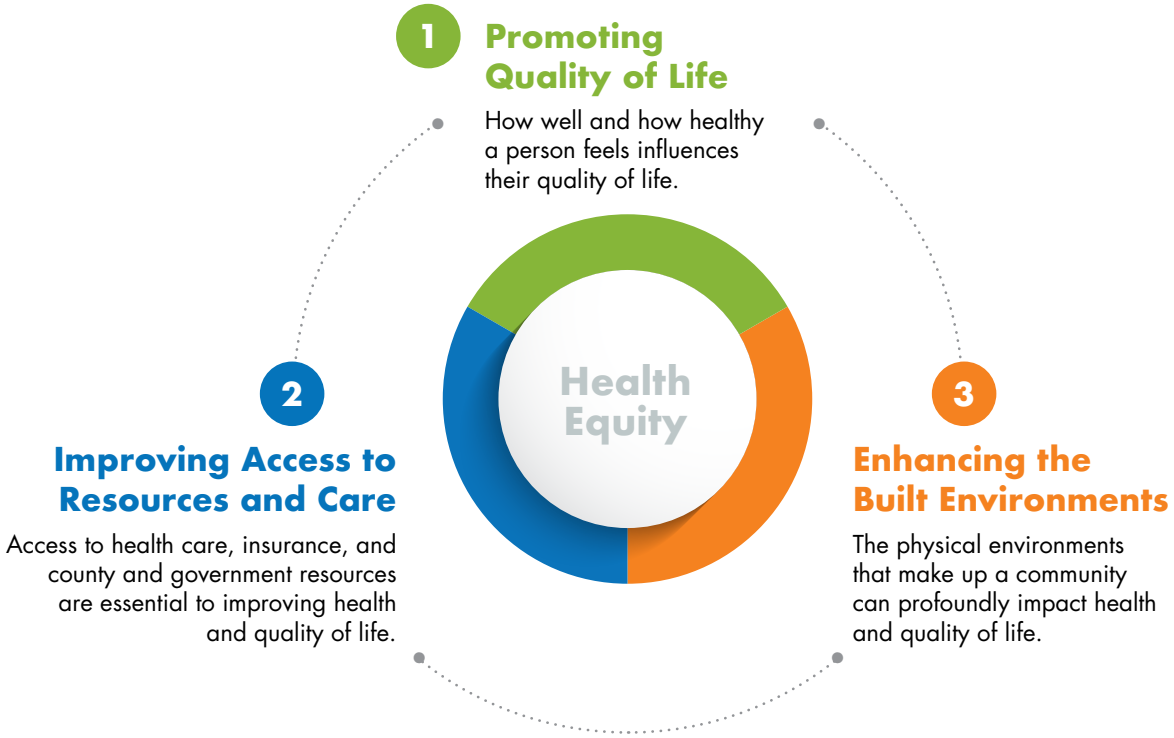
The community served includes the more than 7,700 residents who live in the zip code tabulation areas for Staples (56479) and Motley (56466) – herein referred to as the Staples-Motley community. The Staples-Motley community is geographically located in portions of the Morrison, Todd and Wadena Counties – herein referred to as the three-county region.

PRIORITY HEALTH NEEDS

Top Three Priority Health Needs

The 2022 CHNA process identified the top three priority health needs Lakewood Health System and its community partners plan to address. The priorities were selected based on their prevalence in the community, significance to impact health outcomes, and Lakewood Health System's readiness and capacity to make a meaningful change.

At the center of these priorities is health equity. Lakewood Health System will infuse equity into improvement efforts by making a commitment to reduce disparities and strive to attain the highest level of health for all people.



Implementation Strategy Plan

The 2022 CHNA report will form the basis for the strategies Lakewood Health System and its community partners will undertake to respond to the unmet health needs. A subsequent report will include a Community Health Implementation Strategy Plan which will describes the specific actions Lakewood Health System will take during the next three years.

All implemented strategies will be measured and evaluated over a three-year period to determine if health needs are being met.

DATA COLLECTION AND METHODS

Lakewood Health System participated in a collaborative, community-engaged approach that involved aggregating and analyzing quantitative and qualitative data from a variety of sources. This thorough review allowed Lakewood Health System to comprehensively assess the health status of its community and service region.

DATA COLLECTION

Secondary Data Collection

Lakewood Health System used multiple sources to collect and analyze secondary data with direct relevance to the CHNA process. The following list represents the public sources utilized:

- Centers for Disease Control and Prevention (CDC)
  - Agency for Toxic Substances and Disease Registry (ATSDR)
  - Behavioral Risk Factor Surveillance System (BRFSS)
  - National Center for Chronic Disease Prevention and Promotion
  - National Vital Statistics System
  - PLACES: Local Data for Better Health
- Community Commons
- Feeding America
- Healthy People 2030 – U.S. Department of Health and Human Services (HP 2030)
- Hunger Genius
- Integrated Health Partnerships (IHP) - Minnesota Department of Human Services
- Lakewood Health System Electronic Health Records (EHR)
- Minnesota Department of Education
- Minnesota Department of Health (MDH)
- United States Census Bureau (U.S. Census Bureau)
- United States Health Resources and Services Administration (HRSA)
- University of Wisconsin Population Health Institute – County Health Rankings Report

Throughout the CHNA process, Lakewood Health System used secondary and primary data to characterize the health of the Staples-Motley community.

Secondary data: quantitative data and indicators collected by publicly available sources and internal healthcare data.

Primary data: qualitative data collected by the mailed Health4Life survey and online survey.

Data Guides Decisions

As a result of collecting and analyzing robust secondary and primary data, a list of priority health needs emerged. Lakewood Health System's CHNA Team used the following criteria to further distinguish the top three community health needs.

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

COLLECTION METHODS

Primary Data Collection

Health4Life Survey: The contents in the survey instrument were largely taken from a similar survey conducted by MTW-CHB in 2019. Modifications to the survey questions were made by the 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.

Sample: A two-stage sampling strategy was used to obtain probability samples of adults living in each of the three 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 United States (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.

Survey Administration: An initial Health4Life survey packet was mailed to 6,400 sampled households that included a cover letter, the survey instrument, and a postage-paid return envelope on October 11, 2021. On October 18th, 2021, one week after the first survey packets were mailed, a reminder postcard was sent to all sampled households, reminding those who had not yet returned a survey to do so, and thanking those who had already responded. On November 8th, 2021, three weeks after the reminder postcards were mailed, another full survey packet was sent to all households that had not returned the survey. The remaining completed surveys were received over the next six weeks, with the final date for the receipt of surveys scheduled for December 17, 2021.

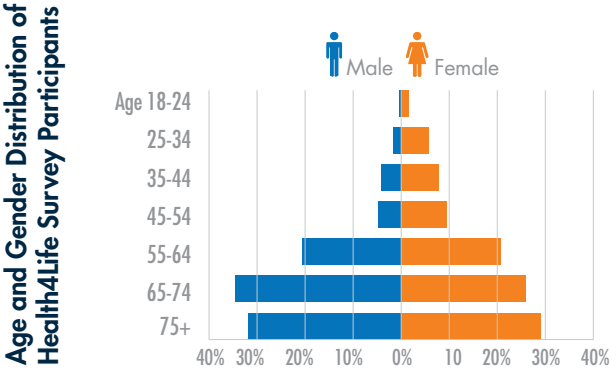
Completed Surveys and Response Rate: A total of 1,270 adult residents in three counties completed the Health4Life survey; thus, the overall response rate was 19.8%. The response rate for each county was 19.3% (Morrison), 19.7% (Todd) and 20.5% (Wadena).

Data Entry and Weighting: The responses from the completed surveys were scanned into an electronic file by Survey Systems, Inc.

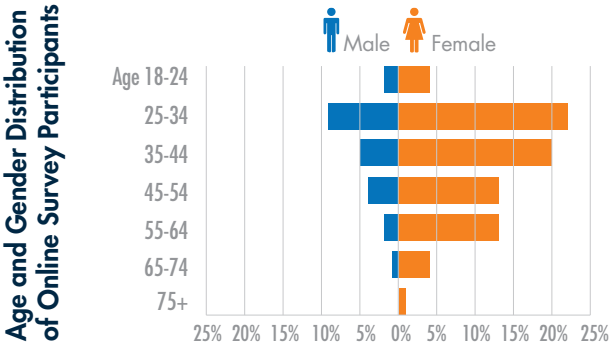
To ensure the Health4Life survey results are representative of the adult population of each county and of the three counties combined, the data were weighted when analyzed. The weighting accounts for the sample design by adjusting for the number of adults living in each sampled household, for the disproportionate stratification, and for the city level oversampling. The weighting also includes a post-stratification adjustment so that the gender and age distribution of the survey respondents mirrors the gender and age distribution of the adult population in the three counties according to U.S. Census Bureau American Community Survey 2013-2017 population estimates.

Convenience Sampling – Online Survey: The CHNA Collaborative and local public health modified the Health4Life survey instrument to conduct a one-time online survey for internet users. A web link was created to request participation from whoever sees the survey invitation online between November and December 2021. A total of 928 adult residents in the three counties completed the internet survey.

The tools used to collect primary data are included in Section 8: References.



Data Source: *Health4Life, 2022.*



Data Source: *Community Survey - Online Version, 2022.*

2022 CHNA PROCESS

Timeline

AUGUST 2021

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

SEPTEMBER 2021

The Health4Life survey questions were finalized. The CHNA Collaborative secured a survey vendor to facilitate the data collection process; Health4Life survey was formatted.

OCTOBER 2021

Health4Life survey packets were mailed to 6,400 households. Postcard reminders were sent to households who did not complete the survey.

NOVEMBER 2021

A second wave of Health4Life survey packets were mailed to those who didn't return their first packet. The CHNA Collaborative created an online convenience sampling survey to capture a younger and more diverse demographic.

DECEMBER 2021

Link to online survey was distributed to CHNA Collaborative and promoted by stakeholders and media announcements. Surveys in the field were completed by mid-December.

JAN – MAY 2022

Ann Kinney, Minnesota Department of Health – Center for Health Statistics, provided technical assistance and conducted a weighted analysis of the data. Todd County Public Health analyzed the online data and developed a dashboard for the CHNA Collaborative.

JUNE – NOVEMBER 2022

Lakewood Health System's CHNA Team used secondary and primary data to identify priority health needs, develop the report, and present to executive and community leaders. Lakewood Health System's Board of Directors adopts the 2022 CHNA Report.

DECEMBER 2022

Dissemination and communication of the CHNA results begins. Lakewood Health System utilizes a variety of local media outlets (e.g., paper and online) and public forums (e.g., presentations) to inform the community and stakeholders.

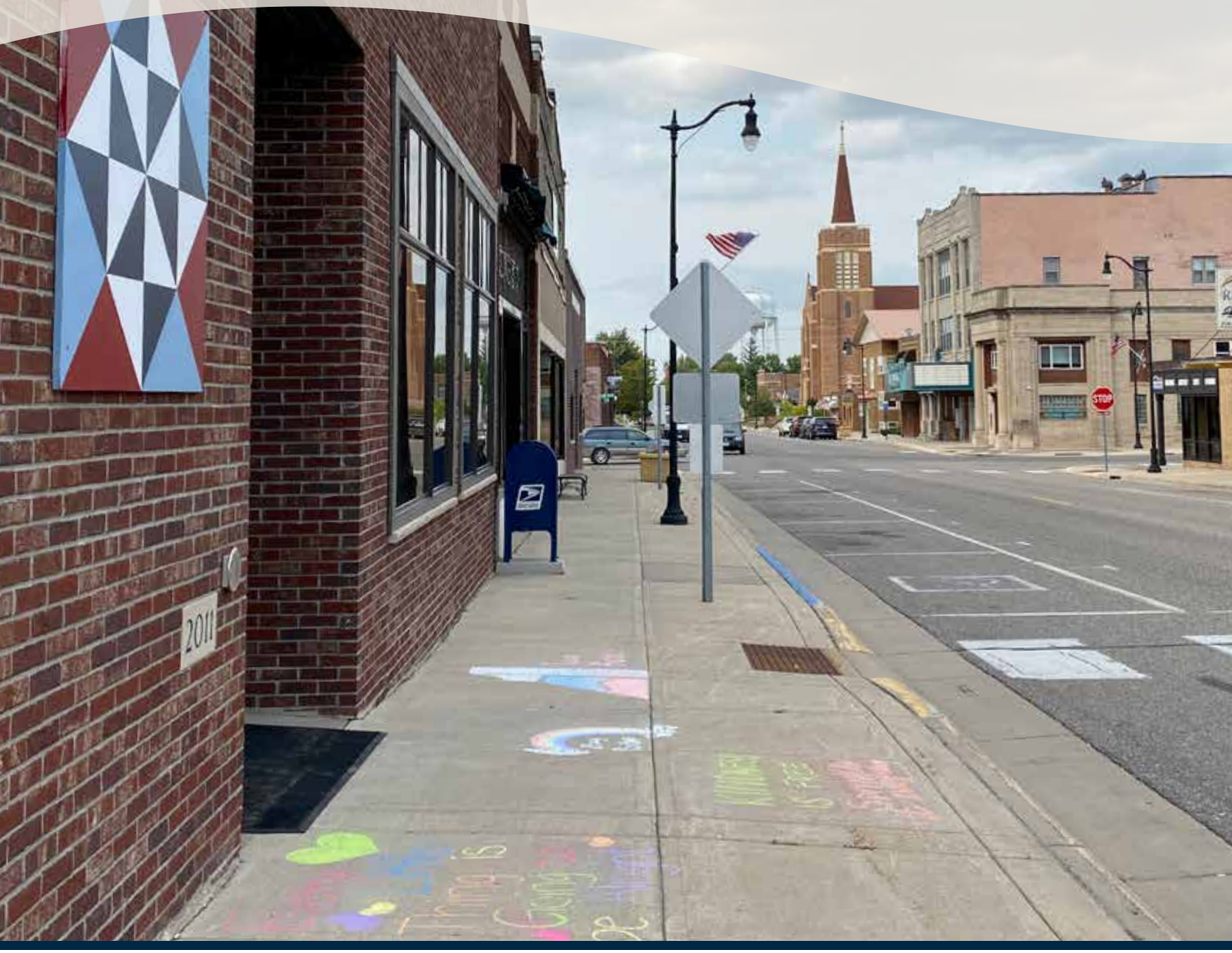
Report Limitations

Despite best efforts, it is important to note limitations to this report and to the data collection process. Due to variations, timing and methodology of data sources, some population data and health indicators will present more recent and/or comprehensive data than others. Further, many health indicators of interest are available only at the county or state level and not at a granular or community level.

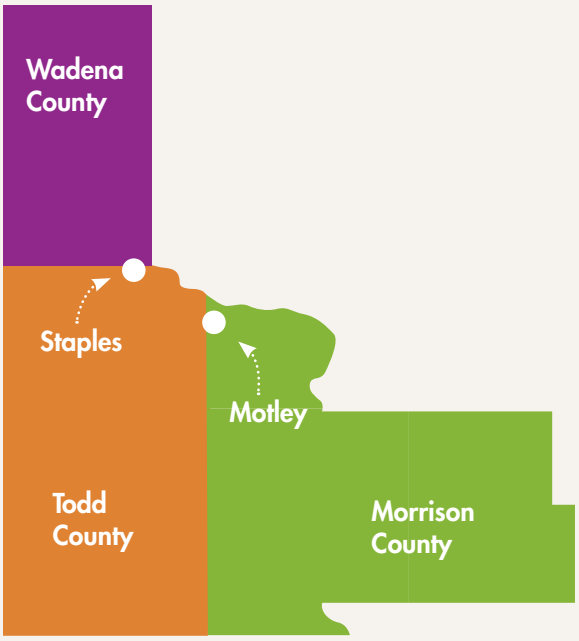
The information found in this CHNA report may differ from previous years and from neighboring hospitals and public health agencies who participated in the CHNA Collaborative. Differences in data sources, the communities and counties which were assessed, and prioritization processes may contribute to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

THE STAPLES-MOTLEY COMMUNITY

Located in the heart of central Minnesota, the Staples-Motley community is made up of two quintessential small towns.



POPULATION AND AGE



Staples-Motley Community

A total of **7,727** people reside in the **384.85** square mile area of the Staples-Motley community. The population density is estimated at **20.08** persons per square mile.

Morrison, Todd and Wadena County

A total of **71,403** people live in the **2,606.32** square mile three-county region of Morrison, Todd and Wadena. The population density for this region is estimated at **27.40** persons per square mile.

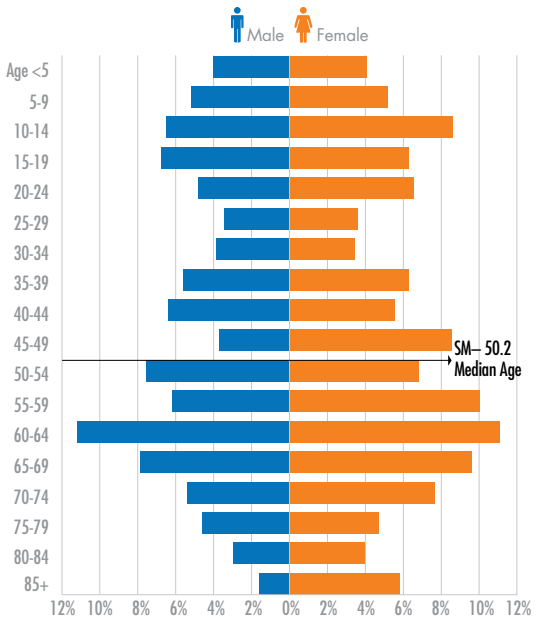
Minnesota

A total of **5,600,166** people live in the **79,625.54** square mile state of Minnesota. The average population density is estimated at **70.33** persons per square mile.

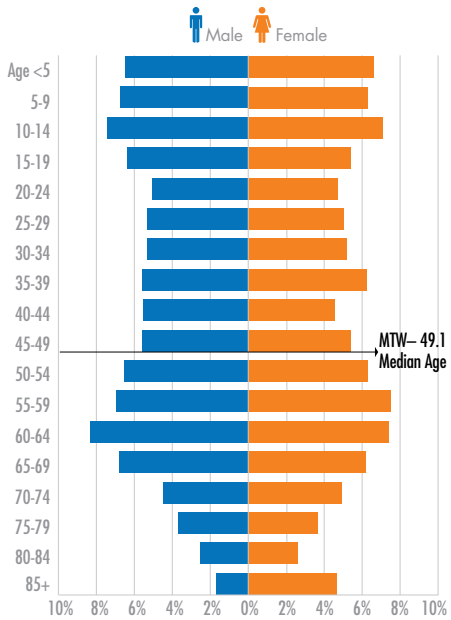
Data Source: *U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 8/17/2022.*

Age Distribution by Gender

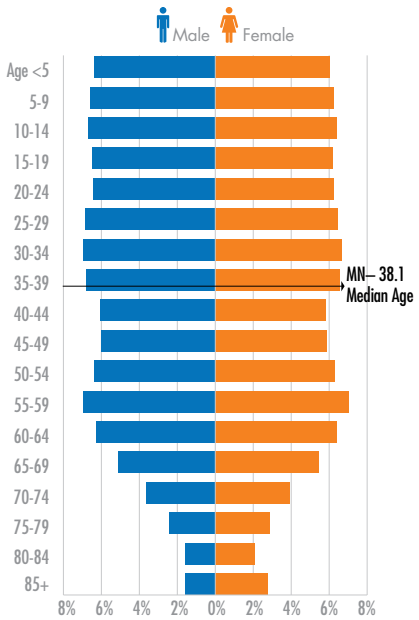
Staples-Motley Community



Three-County Region



Minnesota



Data Source: *U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 8/17/2022.*

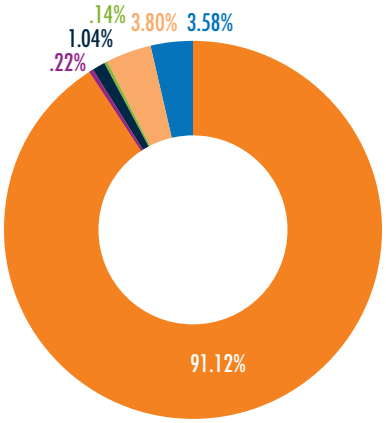
RACE AND ETHNICITY

The Staples-Motley community and the three-county region are becoming more diverse. According to the U.S. Census, people who are White alone and not Hispanic or Latino make up the largest population in the Staples-Motley community at 91.12%, nearly a 6.5% demographic decline since the 2016 CHNA report.

Citizenship & Language			
	Staples-Motley Community	Three-County Region	Minnesota
Foreign Born	0.61%	2.06%	8.40%
Not Fluent in English *Speak English less than "very well" (age 5+ years)*	0.12%	1.95%	4.53%

Data Source: *U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 9/21/2022.*

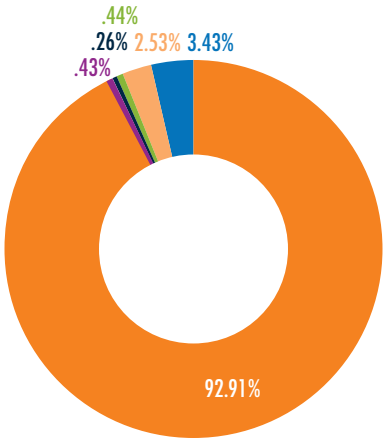
Staples-Motley Community



- White*
- Black or African Americans*
- Native American/Alaska Native*
- Asian*
- Native Hawaiian/Pacific Islander*
- Multiple Races*
- Hispanic

*Non-Hispanic

Three-County Region



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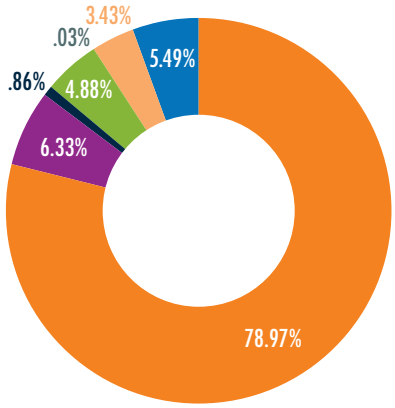
Minnesota



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*Non-Hispanic

Data Source: *U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 9/21/2022.*

Photo courtesy of the Initiative Foundation. Learn more at ifound.org.

SOCIAL CHARACTERISTICS

Households by Type			
Total Households, 2022	**Staples-Motley Community**	**Three-County Region**	**Minnesota**
Total Households	3,396	29,172	2,207,988
Percentage of Total Households with Individuals, under age 18	25.62%	28.81%	30.03%
Percentage of Households with Individuals, Age 65+	38.13%	34.03%	27.97%
Percentage of Householders Living Alone, Age 65+	14.93%	13.60%	11.48%
Average Household Size	2.21	2.39	248.00%
Vacant Housing, 2022			
Total Housing Units	4,804	36,692	2,458,030
Percentage of Vacant Housing Units	29.31%	20.49%	10.17%

Data Source: *U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 8/17/2022.*

Disability Status

Three-County Region **13.47%**

Minnesota **10.90%**

Veteran Status

Staples-Motley Community **10.4%**

Three-County Region **8.9%**

Minnesota **6.8%**

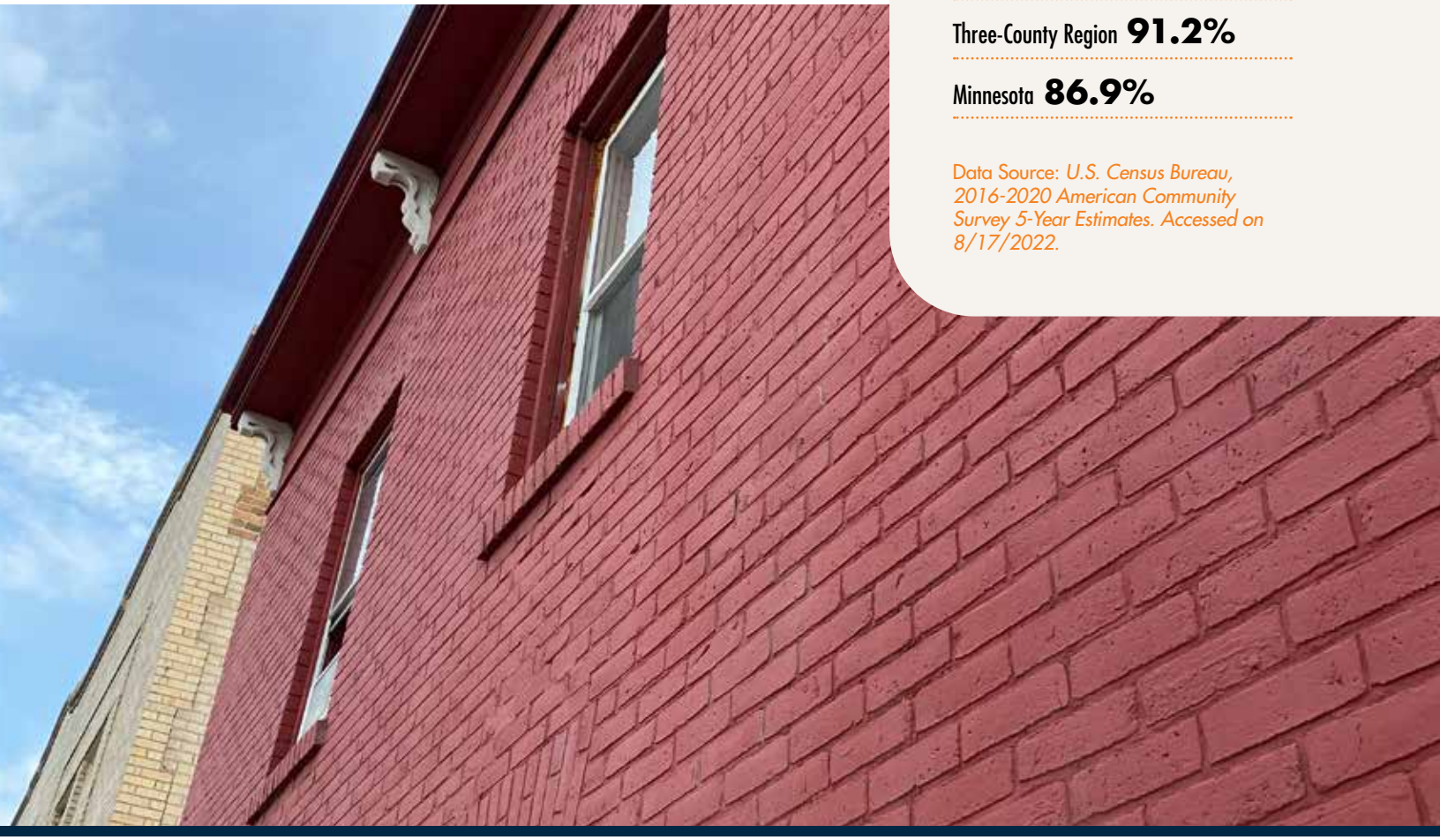
High School Graduation

Staples-Motley Community **92.6%**

Three-County Region **91.2%**

Minnesota **86.9%**

Data Source: *U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 8/17/2022.*



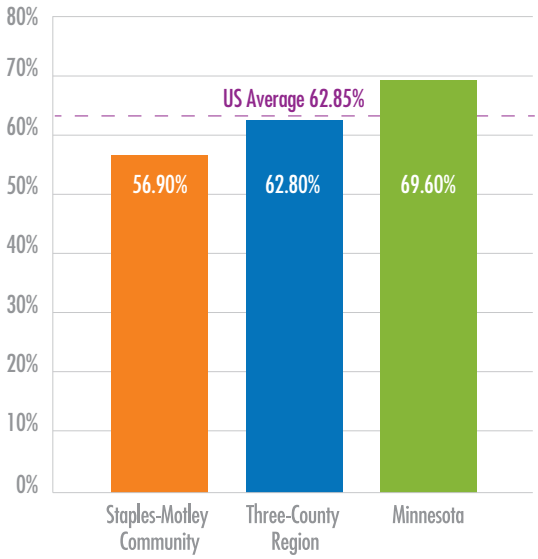
INCOME AND EMPLOYMENT

Income Per Household			
Income Per Household	Staples-Motley Community	Three-County Region	Minnesota
Less than $10,000	4.4%	4.4%	4.1%
$10,000 to $14,999	6.5%	5.6%	3.4%
$15,000 to $24,999	12.7%	10.8%	7.0%
$25,000 to $34,999	11.0%	9.9%	7.5%
$35,000 to $49,999	16.8%	15.3%	11.5%
$50,000 to $74,999	21.6%	20.0%	17.4%
$75,000 to $99,999	10.3%	13.6%	14.1%
$100,000 to $149,999	12.4%	13.8%	18.3%
$150,000 to $199,999	3.2%	4.0%	8.2%
$200,000 or more	1.3%	2.7%	8.5%
Median Individual Income	$27,293	$29,931	$42,913
Median Family Income	$60,793	$65,456	$92,692
Median Household Income	$49,388	$53,169	$73,382
Individuals Below Poverty Level	14.3%	12.2%	9.3%

Data Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 8/17/2022.

Labor Force Participation Rate

The percentage of the civilian noninstitutional population 16 years and older that is working or actively looking for work. Labor force participation varies with demographic composition, such as sex, year of birth, race an ethnicity, education, marital status, and the presence of young children at home.



Data Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 8/23/2022.

Annual Cost of Living for an Individual

Three-County Region **$29,244** for ages 19-50 years

Three-County Region **$29,604** for individuals age 51+

Minnesota **$33,708** for ages 19-50 years

Minnesota **$34.068** for individuals age 51+

Annual Cost of Living for a Family of Three

Three-County Region **$49,392**

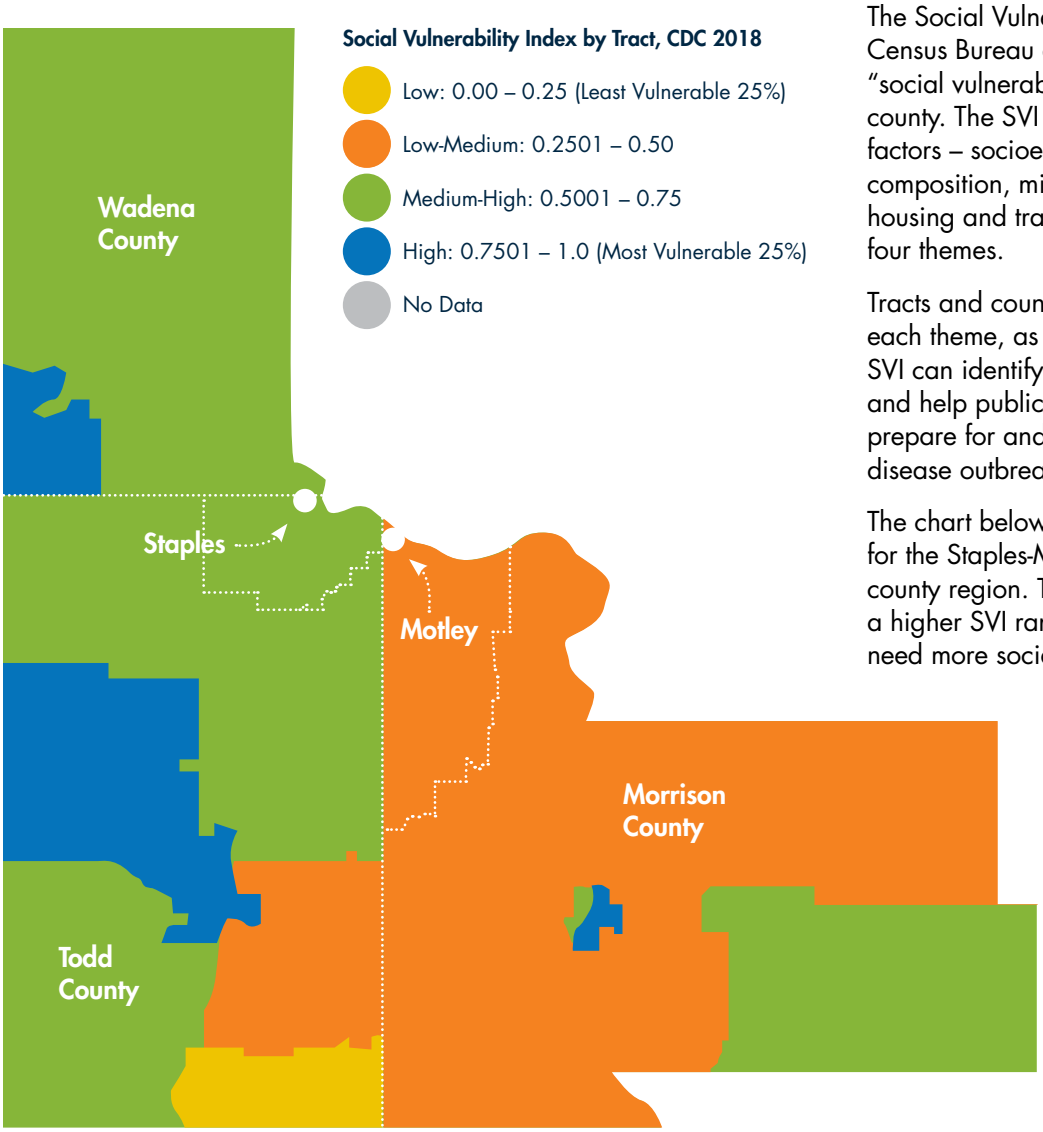
Minnesota **$60,540**

Average family size in Minnesota is **3 persons**

Persons per household in Morrison: 2.41; Todd: 2.45; Wadena: 2.31; Minnesota: 2.48

Data Source: MN DEED, Data Tools - Cost of Living 2021. Accessed on 10/13/2022.

SOCIAL VULNERABILITY INDEX



The Social Vulnerability Index (SVI) uses U.S. Census Bureau data to determine the relative "social vulnerability" of every census tract and county. The SVI ranks each tract on 15 social factors – socioeconomic status, household composition, minority status and language, and housing and transportation – and groups them into four themes.

Tracts and counties receive a separate ranking for each theme, as well as an overall ranking. The SVI can identify socially vulnerable communities and help public health officials and local partners prepare for and respond to hazardous events or disease outbreak.

The chart below provides the vulnerability rankings for the Staples-Motley community and the three-county region. The numbers in bold text indicates a higher SVI ranking which means that area may need more social resources to thrive.

Social Vulnerability Index (SVI)					
SVI Themes	Report Area				
	Census Tract 7901 (Staples)	Census Tract 7801 (Motley)	Morrison	Todd	Wadena
Socioeconomic Status	0.58	0.28	0.22	0.50	0.47
Household Composition	**0.73**	0.18	0.21	**0.72**	**0.79**
Minority Status & Language	0.22	0.01	0.06	0.34	0.21
Housing & Transportation	**0.76**	**0.76**	0.42	0.66	**0.98**
Overall SVI Score	0.66	0.33	0.20	0.59	**0.74**

Data Source: CDC/ATSDR SVI 2020. Access on 11/1/2022.

COUNTY HEALTH RANKINGS – HEALTH OUTCOMES

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.

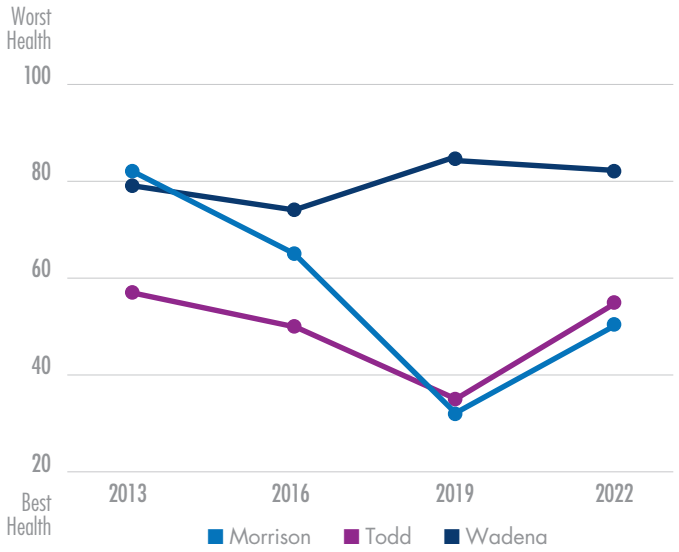
County Health Rankings uses "Health Outcomes" scores to represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but also the quality of life.

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

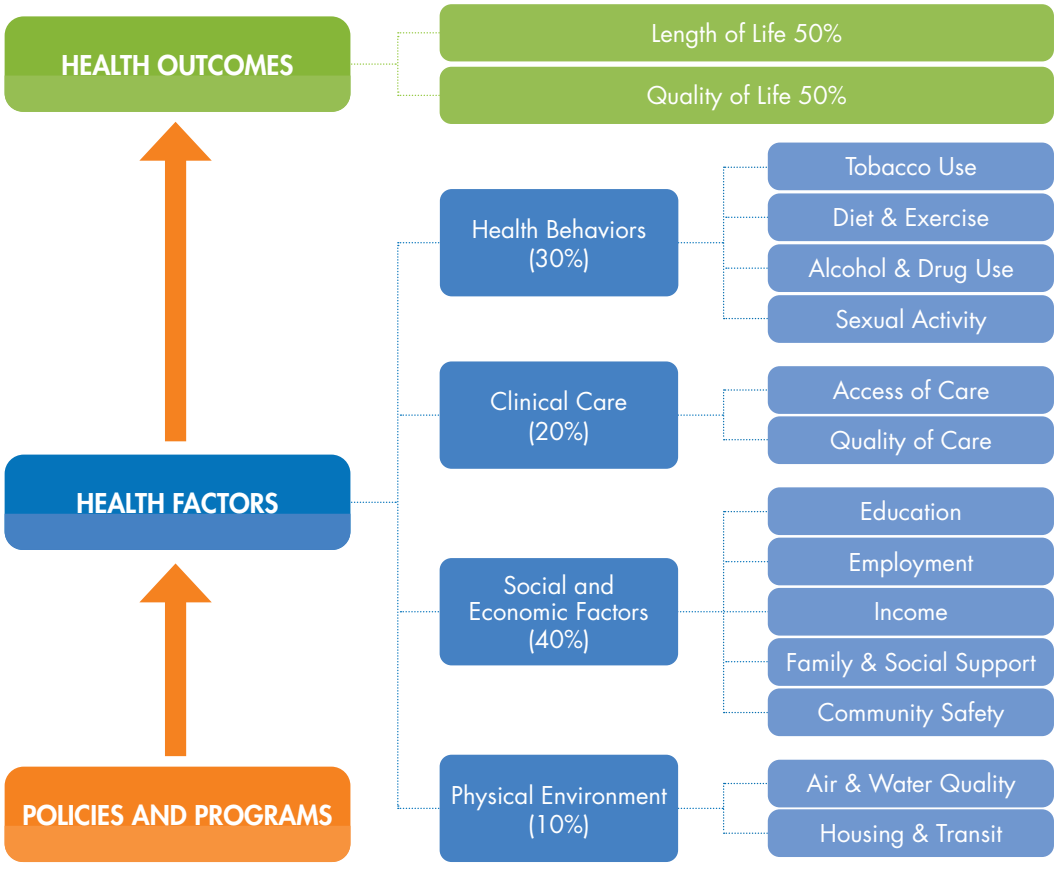
When using the County Health Rankings, the three-county region most closely represents the Staples-Motley community. Since the rankings focus on the county level, the report will compare the three-county region to the state of Minnesota and HP 2030 targets, where available.

According to the 2022 County Health Rankings, the overall Health Outcomes has worsened for **Morrison (52nd)** and **Todd (56th)** County since 2019. Whereas, **Wadena County currently ranks 82th out of 87 counties in Minnesota**, an improvement since the previous report. 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, 2022. Accessed on 11/1/2022*



County Health Rankings model © 2014 UWPHI

LIFE EXPECTANCY AND MORTALITY

Life Expectancy at Birth

Life expectancy at birth is defined as how long, on average, a newborn can expect to live, if current death rates do not change. The current life expectancy for the U.S. in 2022 is 79.05 years.

Morrison **79.3%**

Todd **81.8%**

Wadena **77.3%**

Minnesota **79.1%**

Data Source: *National Center for Health Statistics, National Vital Statistics System, 2018, 2019 and 2020 data. Accessed on 9/20/2022*

Death Rate (total number of deaths)

Three County Region **686.9**

Minnesota **647.5**

per 100,000 persons

Premature Deaths (deaths to residents under age 75)

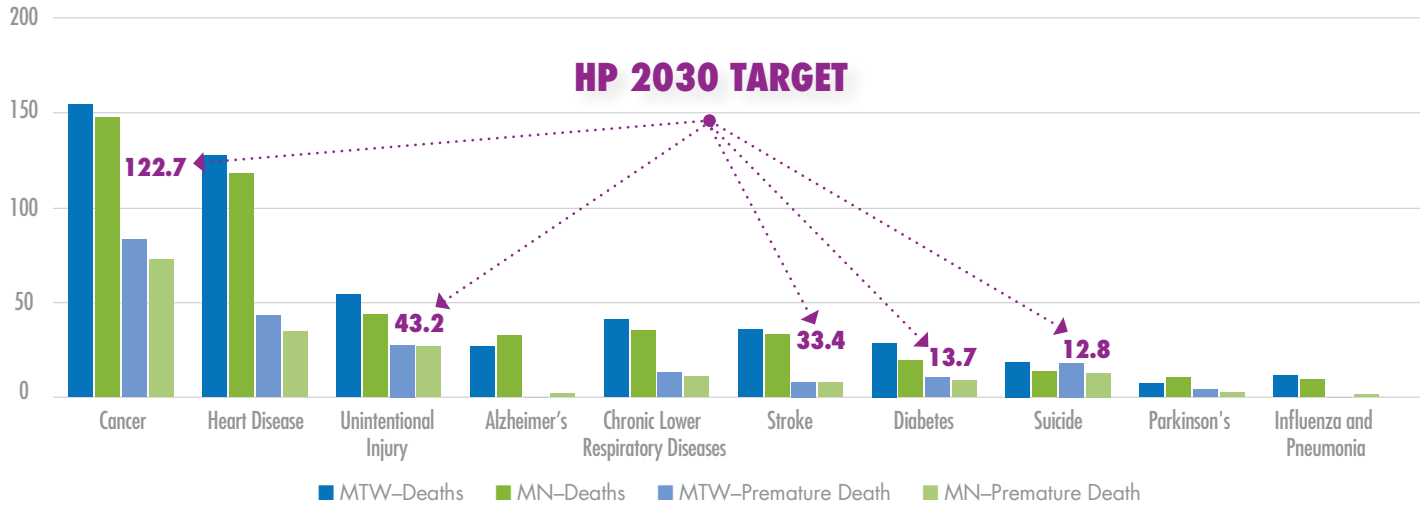
Three County Region **310.1**

Minnesota **264.4**

per 100,000 persons

Data Source: *MDH - MN County Health Tables, 2019. Accessed on 8/17/2022.*

Leading Causes of Death



Data Source: *MDH - MN County Health Tables, 2019. Accessed on 8/17/2022.*

CHRONIC DISEASE AND HEALTH BEHAVIORS

Chronic Diseases – CDC Data

Health behaviors are lifestyle choices and actions individuals take that affect health. These decisions can lead to improved health or increased risk of disease. Unhealthy behaviors, such as poor nutrition and low levels of physical activity, are attributed to many of the leading causes of death and the diseases listed in the tables.

The prevalence of these chronic diseases is overall higher in the Staples-Motley community and three-county than in the state of Minnesota.

Chronic Diseases – Health4Life Survey Data

The charts below provide the prevalence of chronic diseases among Health4Life survey respondents who indicated "yes" to being told by a health professional they had diabetes, pre-diabetes, hypertension or high cholesterol.

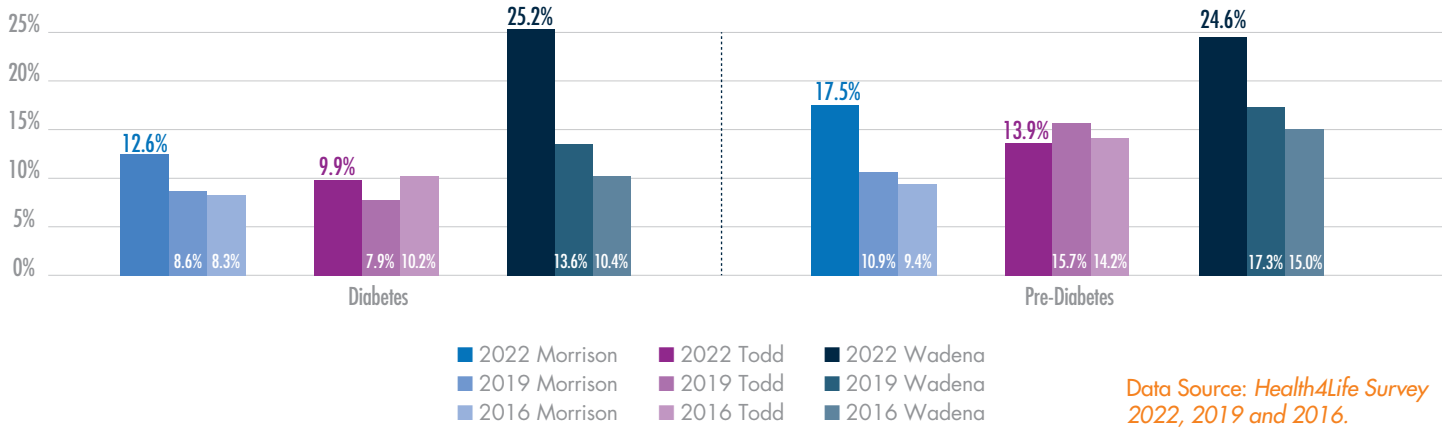
Overall, the rates are worsening, particularly among the Wadena County sample. Alarmingly, one in four residents now say they have been diagnosed with diabetes and nearly half reported having hypertension.

Chronic Disease Prevalence

	Staples-Motley Community	Three-County Region	Minnesota	HP 2030 Target
Adult Obesity	35.7%	36.1%	32.4%	**36.0%**
Diabetes	10.8%	7.9%	7.6%	–
Hypertension	33.3%	34.6%	26.1%	**27.7%**
High Cholesterol	32.2%	33.2%	25.6%	–

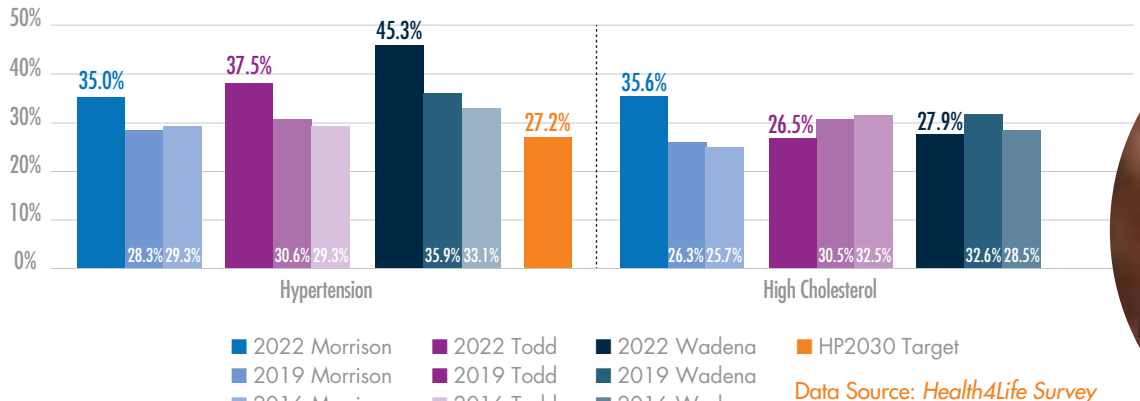
Data Source: *CDC – PLACES, BRFSS 2021 and 2019. Accessed on 9/21/2022.*

Diabetes and Pre-Diabetes (Adults)



Data Source: *Health4Life Survey 2022, 2019 and 2016.*

Hypertension and High Cholesterol



Data Source: *Health4Life Survey 2022, 2019 and 2016.*

CHRONIC DISEASE AND HEALTH BEHAVIORS

Obesity

Healthy body weight plays an important role in preventing chronic diseases. Lifestyle choices, such as regular physical activity and a healthy diet, can help to achieve and maintain a healthy weight.

Healthy People 2030 (HP 2030) has set a target to reduce the proportion of adults with obesity to 36.0%. Based on data captured by the CDC on the previous page, the prevalence of obesity in the Staples-Motley community and the three-county region is at this target.

According to the Health4Life survey data, the rates of obesity continue to worsen and are above the HP 2030 target. Nearly four in ten survey respondents say they 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.

Community Survey - Health4Life

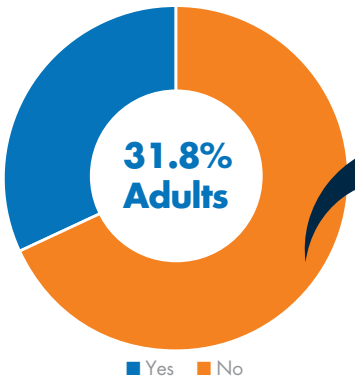
Lifestyle

- While 59% of respondents indicated they exercise three or more days per week, **25% say they never participate in such activity.**
- A majority of respondents **(73.3%) reported eating at least one serving of fruits and vegetables in a typical day.**

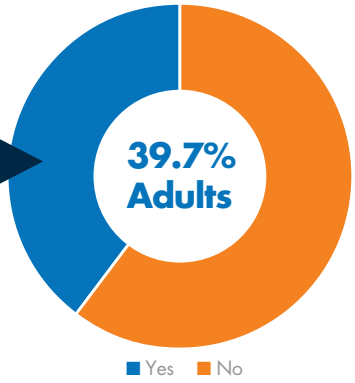
Data Source: *Health4Life Survey, 2022.*

Community Survey - Health4Life

Overweight or Obese, 2019



Overweight or Obese, 2022



Data Source: *Health4Life Survey, 2019.*

MATERNAL, INFANT AND CHILD HEALTH

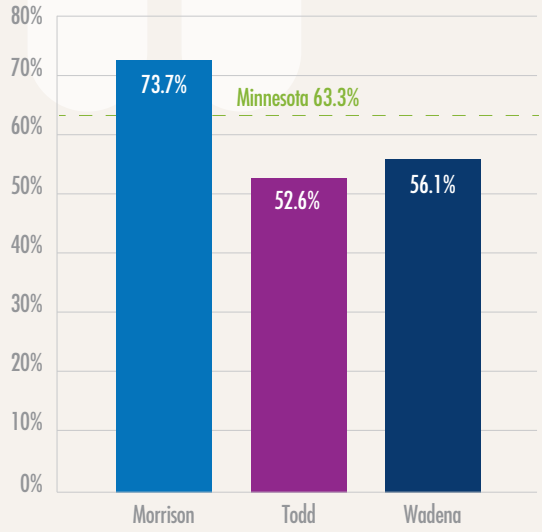
Maternal, infant and child health is an important public health issue. Far too many women, babies and children experience limited access to essential and quality healthcare services and education, safe sleep environments, and nutrition. Their physical, mental, intellectual, social and emotional well-being determines the health of the next generation for families, communities, and the health systems that provide care for them.

Morrison, Todd and Wadena County Summary (2019 data published in 2021)

- **854 LIVE BIRTHS** were recorded with a birth rate of 11.9 per 1,000 total population. In MN, the birth rate is 11.7.
- **6.9% WERE BORN PRE-TERM** (before 37 weeks gestation); in MN, 7.6% was pre-term.
- **4.3% OF LIVE BIRTHS WERE LOW BIRTHWEIGHT** (<2,500 grams or 5.5 pounds); in MN 4.5% were low birthweight.
- **4 INFANTS DIED** before reaching their first birthday; in MN there were 302 infant deaths.
- **8 IN 10 INFANTS (80.2%)** were born to women receiving adequate/adequate plus prenatal care; 79.4% in MN.
- **23.3% OF LIVE BIRTHS** were cesarean deliveries; 27.6% in MN.
- **21 LIVE BIRTHS WERE DELIVERED BY TEEN MOTHERS** between the ages of 15 – 19 years.
- **50.4** of mothers had Medicaid at the time of birth

Data Source: *MDH - MN County Health Tables, 2019. Accessed on 09/07/2022.*

Childhood Immunizations (2022)
Percent of children with complete childhood immunization series.

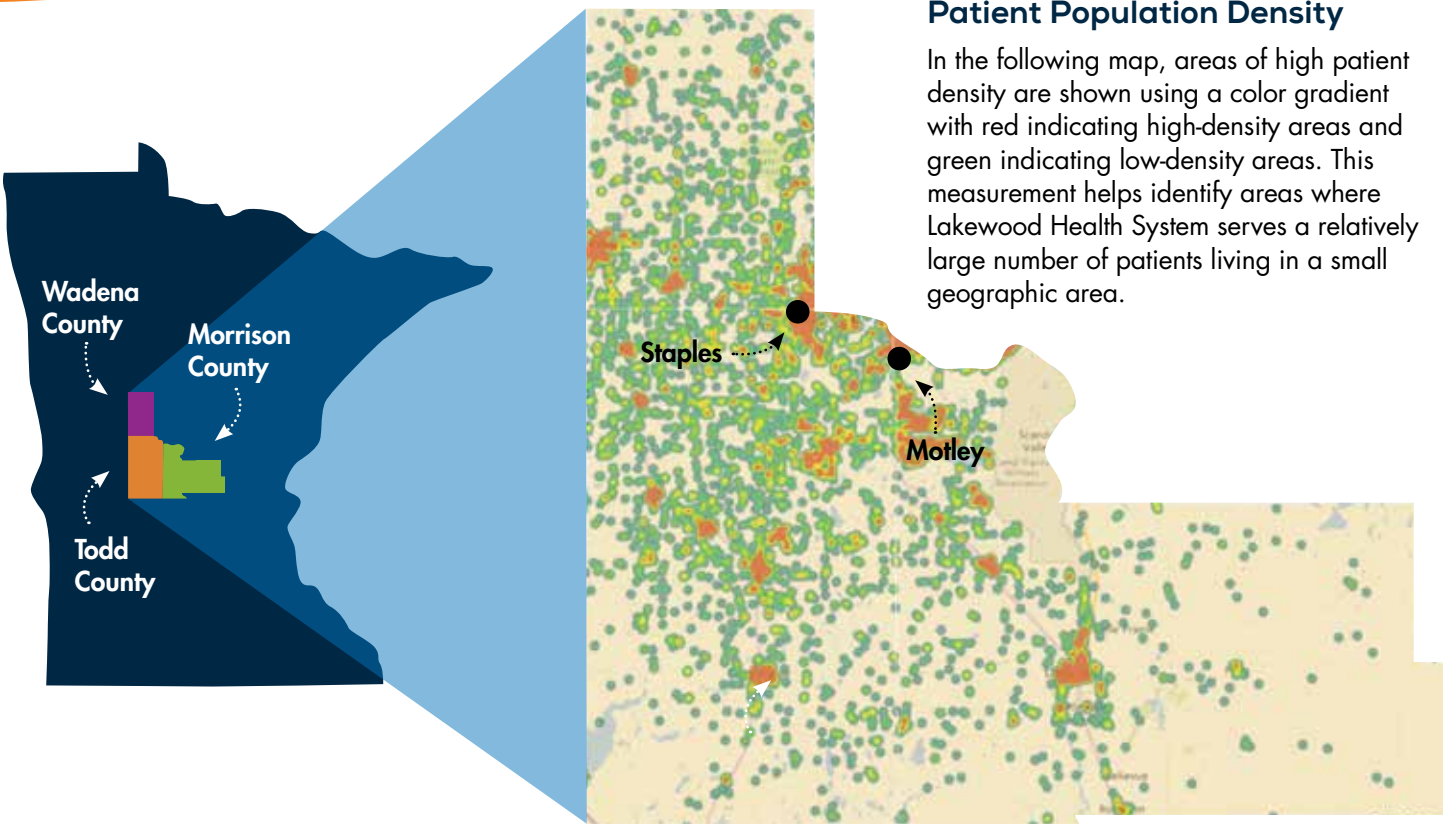


Data Source: *Childhood Immunizations Map: MNPH Data Access - MN Dept. of Health (state.mn.us). Accessed on 11/10/2022.*

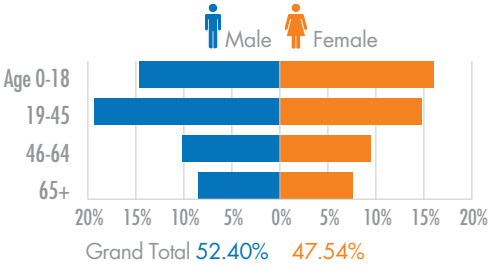
OUR PATIENTS

Lakewood Health System's Patient Population Density

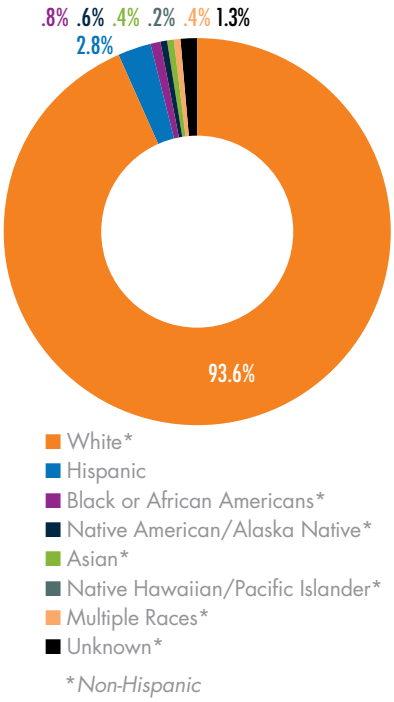
In the following map, areas of high patient density are shown using a color gradient with red indicating high-density areas and green indicating low-density areas. This measurement helps identify areas where Lakewood Health System serves a relatively large number of patients living in a small geographic area.



Age & Gender Distribution



Race & Ethnicity



*Non-Hispanic

Preferred Language

English **98.59%**

Spanish **1.2%**

German **0.05%**

Sign Language **0.02%**

Other **0.13%**

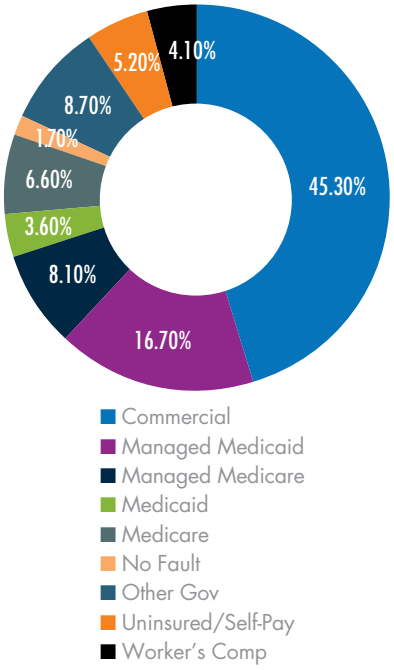
Data Source: *Lakewood Health Electronic Health Records, 2021.*

OUR PATIENTS

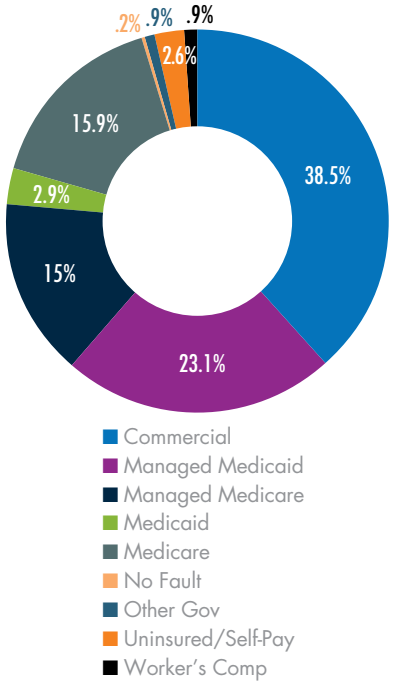
Payor Mix

Payor mix refers to the percentage of patients with government health plans (Medicare and Medicaid) versus commercial or "private" insurance. For Lakewood Health System, the rate of patients covered by government health plans is just over 35%, however, these recipients make up nearly 57% of overall visits.

Payor Mix by Patient



Payor Mix by Visit



Visits and Admissions

108,906 Outpatient visits

14,945 Adult and child admissions

8,448 Emergency Department visits

2,781 Inpatient visits

Births

461 Number of babies delivered

Age of Mother at Childbirth

12-17 0.25%

18-44 99.49%

45-64 0.25%

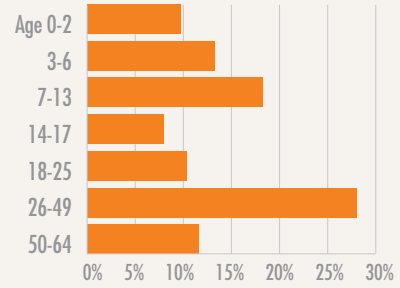
Top 10 Visit Types Patients Are Coming to Lakewood Health System

MEDICAID POPULATION (IHP)

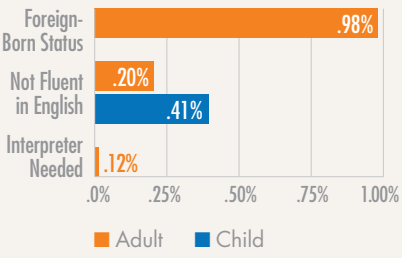
Medical Assistance (MA) is Minnesota's Medicaid program. It is the state's largest health care program and serves children and families, pregnant women, adults without children, seniors and people who are blind or have a disability. In 2022, a total of 2,480 adults and 2,449 children enrolled in MA were attributed to and receive their care at Lakewood Health System; the total population increased by 379 adults and 356 children over the previous CHNA report.

The Minnesota Department of Human Services (DHS) measures health outcomes and social risk factors among its adults and children who utilize MA. DHS provides this data to healthcare systems across the state as part of their Integrated Health Partnerships (IHP). Additional IHP data, found on pages 43 and 56, identifies the non-clinical factors that may contribute to poor health outcomes among Lakewood Health System's MA population.

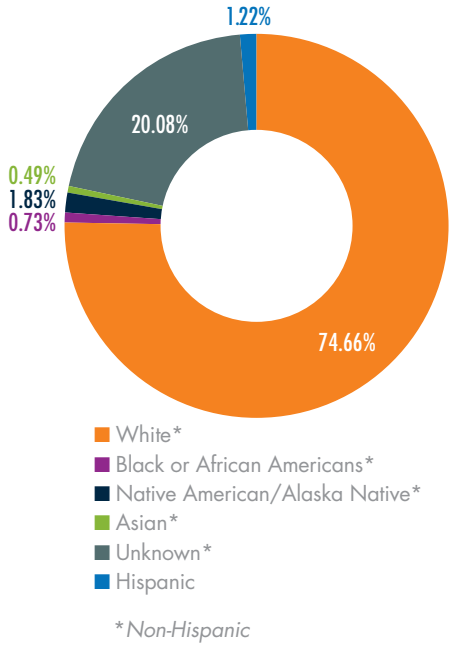
Population by Age Group



Citizenship & Language – Adults & Child

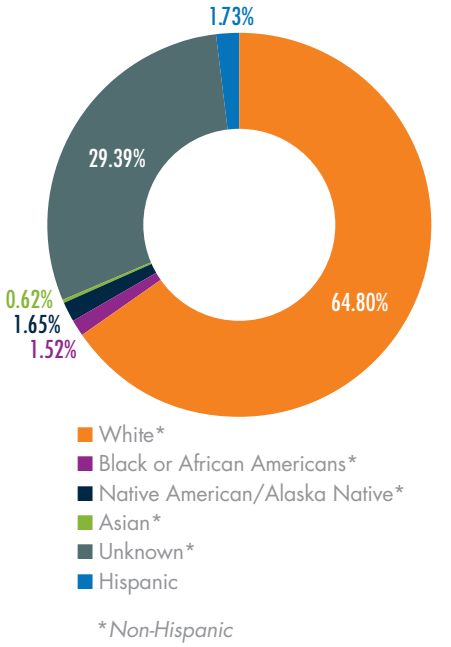


Population by Race/Ethnicity (Adults)



*Non-Hispanic

Population by Race/Ethnicity (Children)



*Non-Hispanic

IHP Data

The table below illustrates the prevalence of health outcomes among Lakewood Health System's IHP-attributed population. These health outcomes are often driven and influenced by an array of health factors and behaviors, such as those listed in the graphic on page 23.

Prevalence of outcomes among IHP-attributed adult population of patients.

Outcome	LHS	MN MA
Type 2 diabetes	**7.94%**	7.36%
Asthma	**10.18%**	9.62%
Essential hypertension	**17.07%**	15.56%
Heart disease or hospitalized stroke/heart attack	**3.10%**	3.06%
Chronic obstructive pulmonary disease (COPD)	**4.07%**	2.34%
Lung or laryngeal cancer	**0.16%**	0.13%
HIV	**0.04%**	0.61%
Hepatitis C	**0.49%**	0.97%

Prevalence of outcomes among IHP-attributed child population of patients.

Outcome	LHS	MN MA
Asthma	**6.05%**	6.93%
High needs newborn (0-1 years old)	**11.95%**	29.25%

Data Source: *DHS, IHP data for LHS, 2022.*

COVID-19 CASES

Community Impact

Since the beginning of the pandemic in March 2020, **1 in 3 residents** living in Morrison, Todd and Wadena County have been infected with the coronavirus, **a total of 22,945 cases** were reported. Nearly **1 in 300 residents** have died from the coronavirus in the three-county region, **a total of 245 deaths** were reported.

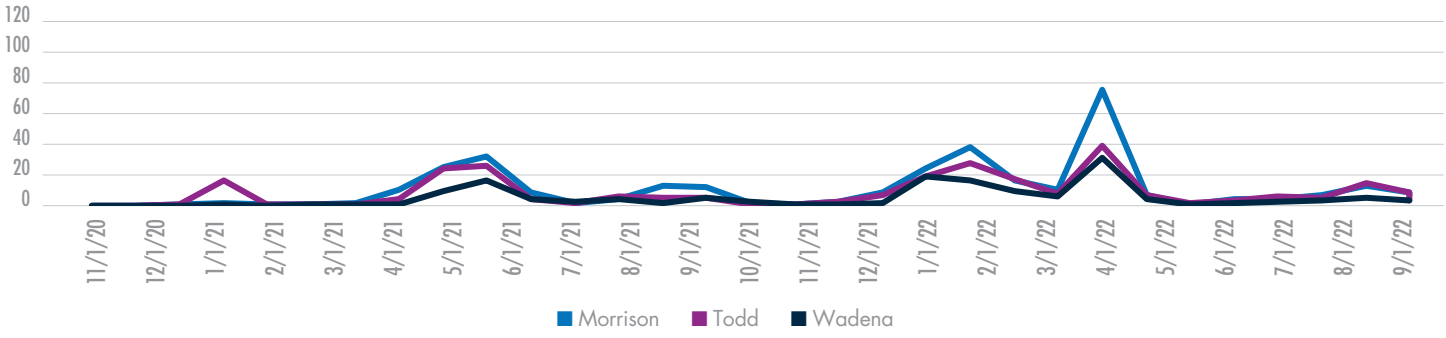
The county-level death rate per 100,000 residents between March 1, 2020 and September 30, 2022 for each of the three counties was greater than the state of Minnesota at 239. COVID-19 is now ranked the third leading cause of death in Minnesota.

COVID-19 Case Data (March 1, 2020 - September 30, 2022)

	Morrison	Todd	Wadena	Minnesota	U.S.
Total Cases	10,294	7,857	4,794	1,658,677	96,070,980
Total Cases per 100,000 residents	30,268	31,102	34,085	29,411	29,129
Total Deaths	114	70	59	13,613	1,056,416
Total Deaths per 100,000 residents	335	277	434	239	320
Case Fatality Rate	1.11%	0.89%	1.27%	0.82%	1.10%

Data Source: *CDC – COVID Data Tracker. Accessed on 10/11/2022.*

COVID-19 Cases – 7 Day Rolling Average (March 1, 2020 – September 30, 2022)



Data Source: *New York Times, MN Coronavirus Map and Case County. Accessed on 10/11/2022.*

COUNTY HEALTH RANKINGS – HEALTH FACTORS

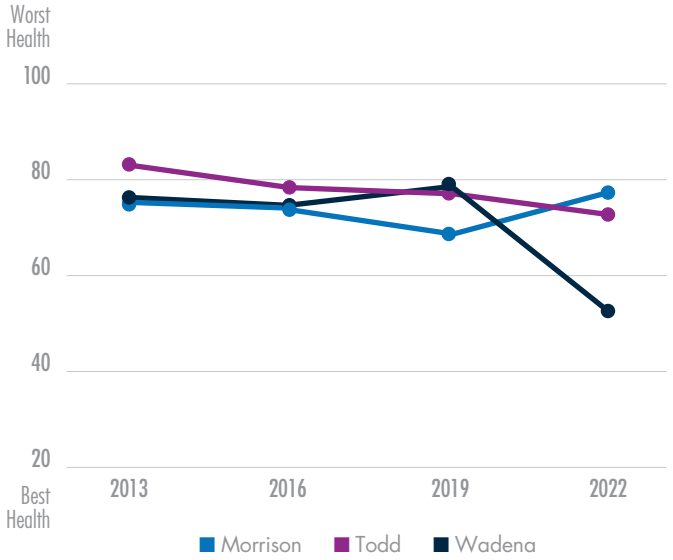
Health Factors can influence Health Outcomes. They represent those things that can be modified to improve how well and how long a person lives. Health Factors are predictors of how healthy a community can be in the future. The County Health Rankings uses four types of measures that impact a person's 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, 2022. Accessed on 8/27/2022.*

PRIORITY #1

PROMOTING QUALITY OF LIFE

HEALTH AND WELL-BEING STATUS

General Health Status

Self-reported health status is a broadly used measure of health-related quality of life. While it is a perception measure, it is an important appraisal of an individual's physical and mental well-being.

Poor to Fair Health

In the region, according to the CDC's 2019 Behavioral Risk Factor Surveillance System (BRFSS), the age-adjusted prevalence of fair or poor health among adults aged 18 years and older was 15.6% for Morrison County, 17.5% for Todd County, and 17.6% for Wadena County.

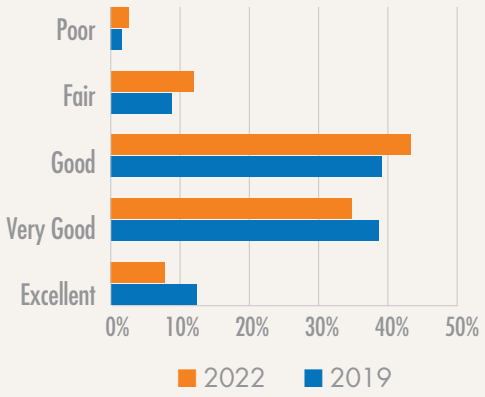
When comparing this data to the 2022 Heath4Life survey data, fewer respondents from Morrison (12.2%) and Todd (13.2%) County reported fair to poor health than those included in the BRFSS data. For Wadena County residents, 22.5% of adults shared they have fair to poor health; nearly a 9% increase over 2019. The prevalence of the sample who said their general health was very good or excellent has lowered since the 2019 survey; indicating a decline in quality of life.

Healthy Days

"Healthy Days" is the number of days in the past month adults report being in good physical and/or mental health.

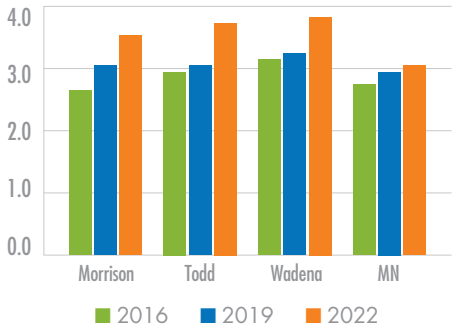
Community Survey - Health4Life General Health Status

Morrison-Todd-Wadena Counties

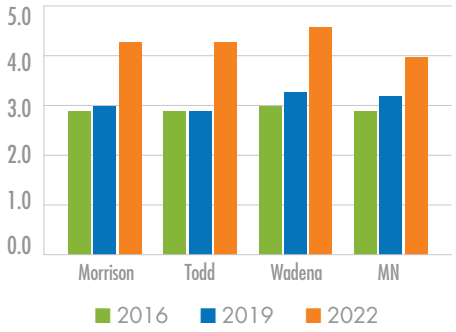


Data Source: *Health4Life Survey, 2022 and 2019.*

Number of Physically Unhealthy Days in the Past 30 Days



Number of Poor Mental Health Days in the Past 30 Days.



Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings, 2022. Accessed on 10/6/2022.*

HEALTH AND WELL-BEING STATUS

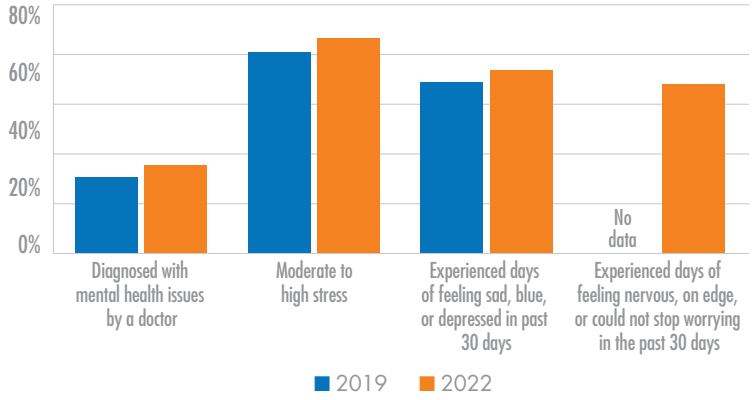
Mental Health

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.

The mental health status among Health4Life survey respondents suggest a worsening trend in those who experience moderate to high stress and days of feeling depressed in the past 30 days. More than 55% of the sample say they experience days of feeling nervous or on edge, or can't stop worrying in the past 30 days.

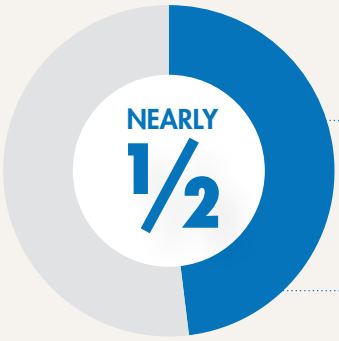
Community Survey - Health4Life

Mental Health Status



Data Source: Health4Life Survey, 2022 and 2019.

Community Survey - Online



OF ADULTS REPORTED THEY FELT STRESS IN THE LAST 30 DAYS.

Data Source: *Community Survey - Online Version, 2022.*

SOCIAL AND ECONOMIC FACTORS

Social and economic factors have a profound impact on health, not just at any given point in time but across the life course. These factors, such as income, good schools, stable jobs, a safe community, and strong social networks, all shape a population's health and can affect how well and how long individuals live.

Poverty Status

Poverty is considered an important risk factor that can affect physical and mental health status. It is a known cause of health inequities and is associated with lower quality of life. Equally, poor physical or mental health can worsen income levels through loss of employment or underemployment, for example.

Poverty is determined by two measures **1) POVERTY THRESHOLDS,** produced by the U.S. Census Bureau, and **2) FEDERAL POVERTY LEVEL GUIDELINES** (FPL), produced by the Department of Health and Human Services (HHS). Poverty thresholds are used to measure poverty, whereas poverty guidelines are used to determine eligibility for certain federal programs.

In the Staples-Motley community, the U.S. Census reported 1,091 residents were living in poverty in 2020, based on official poverty thresholds. Nearly 360 people fell below 50% of the poverty threshold (deep poverty) and 2,675 people lived below the 200% poverty threshold (low-income).

Many U.S. social safety net benefits and relief programs are available to individuals living below the 200% poverty thresholds. The chart below illustrates the percentages of low-income individuals in the Staples-Motley community and the three-county region who may be eligible receive benefits such as health, nutrition, cash, and shelter assistance, and social insurance.

Individuals in Poverty

Poverty Status in the Past 12 Months

2016-2020 U.S. Census – Poverty Status in the Past 12 Months

	Staples-Motley Community	Three-County Region	Minnesota
All	14.3%	12.2%	9.3%
White alone (not Hispanic)	13.7%	11.6%	6.8%
Hispanic	43.9%	12.6%	17.5%
Individuals 65+	14.5%	9.7%	7.1%
Deep Poverty – All Individuals (below 50% of the poverty threshold)	4.7%	4.6%	4.2%
Low-Income Individuals (below 200% of the poverty threshold)	35.1%	32.7%	23.0%

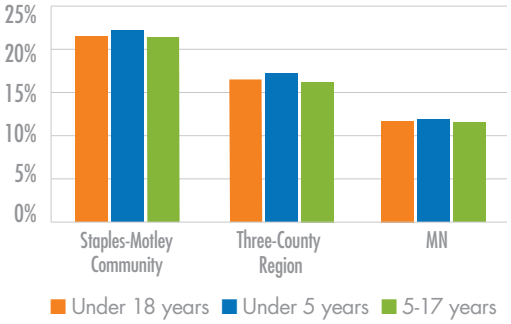
Data Source: *U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 9/21/2022.*

Children in Poverty (<18)

In the Staples-Motley community, it is reported 314 children (21.4%) ages 0-17 were living in households with incomes below the 100% poverty threshold in 2020. This percentage is nearly two times higher than the state of Minnesota.

Another measure to estimate school-aged children living in poverty is examining the percentage receiving free or reduced-price meals. A student from a household with an income at or below 130% of the poverty threshold is eligible for free lunch. A student from a household with an income between 130% and up to 185% of the poverty threshold is eligible for reduced price lunch.

Children <18 in Poverty



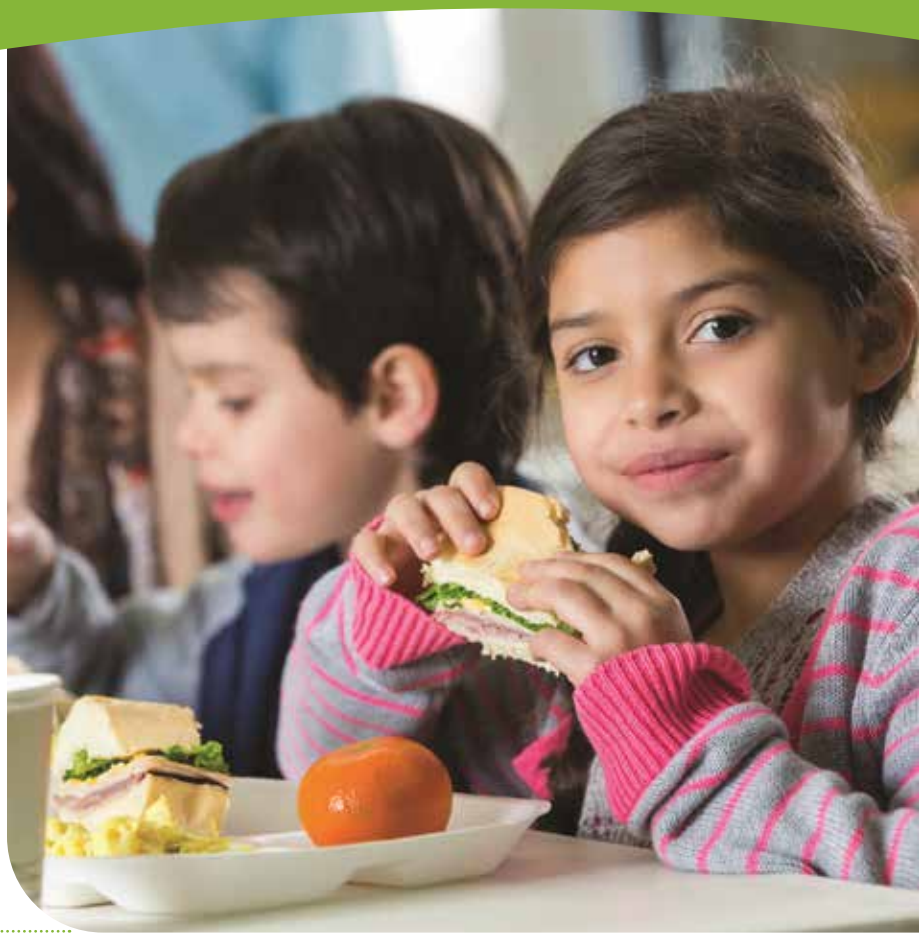
Data Source: *U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 9/21/2022.*

Staples-Motley Elementary School

More than 4 in 10 students receive Free/Reduced-Price Meals

Data Source: *Minnesota Department of Education, Minnesota Report Card. Accessed on 10/4/2022.*

SOCIAL AND ECONOMIC FACTORS



Educational Attainment

Higher levels of education is linked to better health, healthier lifestyle behaviors, and fewer chronic conditions. A high-school degree correlates strongly with higher life expectancies and improved quality of life.

Percent of Population age 25+ years with <High School or GED

Staples-Motley Community **9.3%**

Three-County Region **10.10%**

Minnesota **6.6%**

Data Source: *U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 9/21/2022.*

Employment

Employment provides income and benefits that support healthy lifestyle choices. Fair compensation guides choices about housing, education, child care, food, health care, and more. Employment also helps to secure health insurance and paid sick leave, and opportunities to participate in workplace wellness programs and social networks. On the contrary, low-wage earners or the unemployed face limits to these choices, face economic distress, and have greater challenges to achieving health and well-being.

According to local unemployment statistics for August 2022 by the Minnesota Department of Employment and Economic Development (MN DEED), there were 35,534 individuals (age 16 years and over) in the three-county region who were classified as in the labor force. A total of 34,673 were employed while 860 were unemployed; resulting in an unemployment rate of 2.4% for the three-county region. The unemployment rate for Minnesota in August 2022 was 2.1%.

Unemployment Rates (2016-2020)

Staples-Motley Community **3.6%**

Three-County Region **4.6%**

Minnesota **3.8%**

Data Source: *U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 9/23/2022.*

SOCIAL AND ECONOMIC FACTORS

Family & Social Support

Family and social support can influence a person's daily life. People who have greater social support, have less isolation, and participate in interpersonal relationships live longer and healthier lives than their counterparts. Socially isolated individuals and those who lack adequate social support have an increased risk for poor health outcomes.

Children in Single-Parent Households

Adults and children in single-parent households are at greater risk for adverse health outcomes, including unhealthy behaviors (e.g., food insecurity, smoking, excessive alcohol use) and mental health problems (e.g., substance abuse, depression, suicide). For females, self-reported health has been shown to be worse among lone mothers than for mothers living as couple. In the Staples-Motley community, of the single parent households, the majority (4.3%) are female householders with no spouse present.

Social Associations

Limited contact with others and lack of involvement in community life are associated with poor health outcomes. Social support networks have been identified as influential predictors of health behaviors, suggesting that individuals with a strong social network are more likely to make healthy lifestyle choices than individuals without a strong social network.

Social associations are types of membership organizations that include: civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. The three-county region has more associations per 10,000 population than the state of Minnesota.

Social Associations				
	Morrison	Todd	Wadena	Minnesota
Membership Associations	57	52	29	6,841
Rate of membership associations per 10,000 population	17.1	21.1	21.2	12.6

Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings, 2022. Accessed on 10/6/2022.*

Single Parent Household:

Staples-Motley Community **6.64%**

Three-County Region **4.95%**

Minnesota **5.62%**

Data Source: *U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates. Accessed on 10/4/2022.*

Community Survey – Online

Nearly one in three survey respondents say they sometimes or often feel lonely and socially isolated.

- **33.5%** Lack Companionship
- **31.8%** Feel Isolated From Others

Data Source: *Community Survey – Online Version, 2022.*

SOCIAL AND ECONOMIC FACTORS

Community Safety

When individuals and families live and feel safe in a community, they participate in work, leisure and educational activities, maintain an income that accumulates savings and assets, and they enjoy a sustained quality of life.

The chronic stress associated with living in unsafe communities and neighborhoods, such as fear of violence and injury, can negatively impact health outcomes.

Community Survey - Health4Life

SPOTLIGHT: **9%** of respondents reported they don't always feel safe in their community.

Data Source: *Health4Life Survey, 2022.*

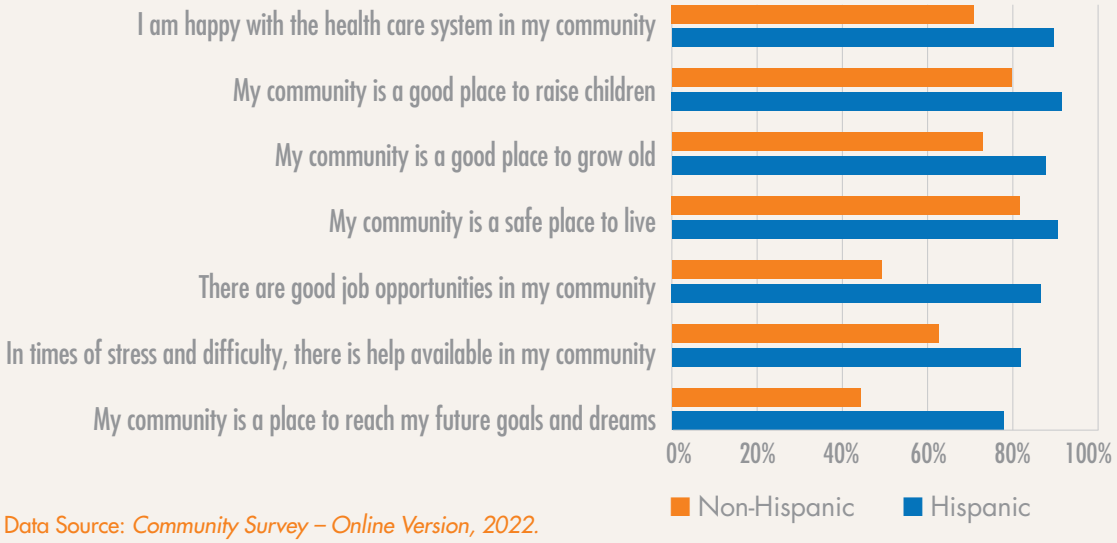
Community Survey – Online

Self-Reported Quality of Life

When asked seven quality of life questions, online survey respondents scored their responses on a five-point rating scale from strongly yes to strongly no. After analyzing the responses, the data indicated higher quality of life scores among Hispanics as compared to non-Hispanics.

Community-Based Quality of Life

Proportion of online survey participants who reported "Yes" when thinking about their community.



Data Source: *Community Survey – Online Version, 2022.*

SOCIAL AND ECONOMIC FACTORS

Discrimination

Healthy People 2030 describes discrimination as a "socially structured action that is unfair or unjustified and harms individuals and groups." Discrimination causes stressful experiences which is linked to negative health outcomes. Race, gender, sexuality, gender identity, disability, and age are examples of individual discrimination.

Community Survey - Health4Life

Experienced Discrimination in the Past 12 Months

YES **9.4%**

NO **90.6%**

Data Source: *Community Survey – 2022.*

Community Survey – Online

Where Discrimination Occurred	
Working at a job	40.90%
Seeking employment	35.00%
Applying for social services or public assistance	19.20%
Shopping or dining	18.50%
Interacting with law enforcement	17.60%
Receiving medical care	16.60%
Applying for a credit care, bank loan or mortgage,	10.90%
Searching for a house or apartment	4.80%
Appearing in court	1.50%

Data Source: *Community Survey – Online Version, 2022.*

Injury Deaths

Injuries sustained through accidents or violence are the third leading cause of death in the region and for the U.S. The leading causes of death among unintentional injuries include falls, traffic crashes, poisonings, suffocation and drownings.

Suicide serves as an important measure of a county's mental health status. In the three-county region, suicide is the eighth leading cause of death and claimed the lives 61 people between 2016-2020.

Injury Deaths (2016-2020)				
	Morrison	Todd	Wadena	Minnesota
# of Unintentional Deaths (Accidents)	104	74	55	14,455
Age-Adjusted Rate (Per 100,000 Population)	51.7	51.4	61.5	45.9
Intentional Deaths (Suicide)	27	18	16	3,855
Age-Adjusted Rate (Per 100,000 Population)	16.1	No data	No data	13.6

Data Source: *Federal Bureau of Investigation, 2015-2017. CDC – National Vital Statistics System. 2016-2020. Accessed on 10/13/2022.*

Violent Crime (2015-2017)				
	Morrison	Todd	Wadena	Minnesota
# of Violent Crimes	35	80	37	41,453
Annual Rate (Per 100,000 Population)	89.7	107.2	37.6	238.1

Data Source: *Federal Bureau of Investigation, 2015-2017. Source geography: County. Accessed on 9/26/2022.*

Violence

Violence in the home and community compromises personal safety and psychological well-being. This sense of fear and worry can deter individuals from pursuing healthy behaviors, such as exercising outdoors and attending social events.

In the three-county region, the annual rate of violent crimes is significantly lower than the state of Minnesota. A little more than 3% of Health4Life survey respondents say they personally experienced being physically hurt, threatened, or felt afraid in a relationship.

HEALTH RISK BEHAVIORS

Substance Use

Tobacco, alcohol and drugs are substances associated with addiction, mental illness and health risks. The harmful use of these substances is associated with high burden of disease, social and economic consequences, and low health-related quality of life.

Tobacco

Cigarette smoking can be attributed to causing several cancers, respiratory conditions and cardiovascular disease, as well as low birthweight and other adverse health outcomes. Of the 11.8% of current smokers in the three-county region, nearly half tried to quit in the past 12 months.

Alcohol

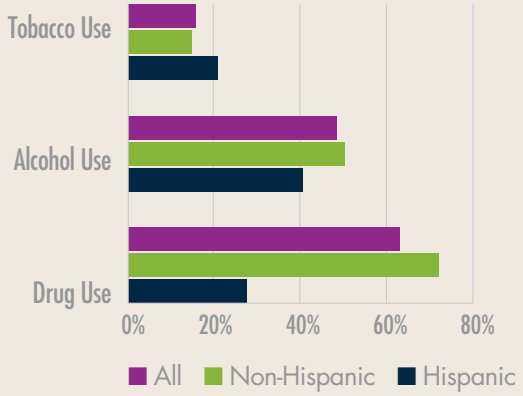
Alcohol consumption has decreased among Health4Life respondents since 2019, 62.5% say they have had at least one drink of any alcoholic beverage in the past 30 days. Heavy drinking has increased since 2019 but binge drinking has decreased below the Healthy People 2030 target. Unfortunately, 3.1% report drinking and driving.

Drug

Substance abuse was not prevalent in the Health4Life sample: just over 4% said they use marijuana in their daily lives and less than 1% use prescription drugs not prescribed for them.

Community Survey - Online

Feel the Most Harmful Behaviors Impacting Overall Health in the Community



Data Source: *Community Survey – Online Version, 2022.*

Community Survey - Health4Life

Tobacco Use			
Adult Tobacco Use	**2019**	**2022**	**HP 2030 Target**
Use of Cigarettes	12.7%	11.8%	**6.1%**
Use of Cigars, Cigarillos or Little Cigars	6.8%	8.8%	–
Use of Smokeless Tobacco – chewing tobacco, snuff or dip	10.2%	2.4%	–
Use of E-cigarettes	3.0%	3.6%	–

Data Source: *Health4Life Survey, 2022 and 2019.*

Alcohol Use			
Adult Alcohol Use	**2019**	**2022**	**HP 2030 Target**
Alcohol Consumption in past 30 days	67.3%	62.5%	–
Heavy Drinking	9.6%	10.6%	–
Binge Drinking	29.8%	23.3%	**25.4%**
Drinking and Driving	4.6%	3.1%	–

Data Source: *Health4Life Survey, 2022 and 2019.*

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

Adverse Childhood Experiences (ACEs) can be a predictor for negative physical and mental health outcomes later in life, such as heart disease, diabetes and early death (see fig. 1). There is also a link between multiple ACEs and a higher likelihood for individuals to perform poorly in school, be unemployed, and develop high risk health behaviors, such as tobacco and drug use. Preventing ACEs can help individuals, especially children, thrive and reach their full life potential.

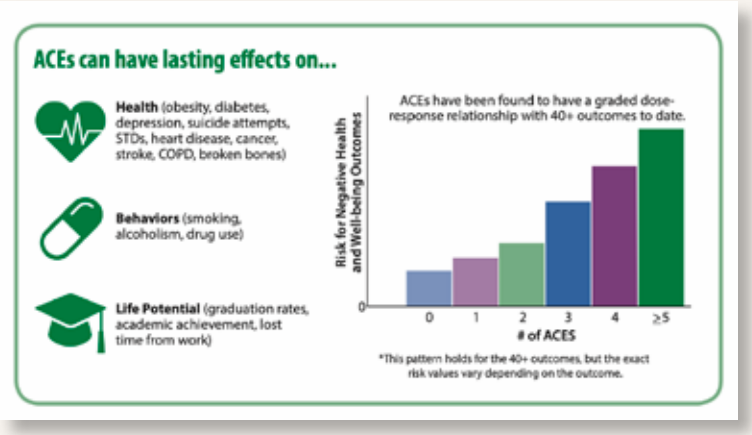
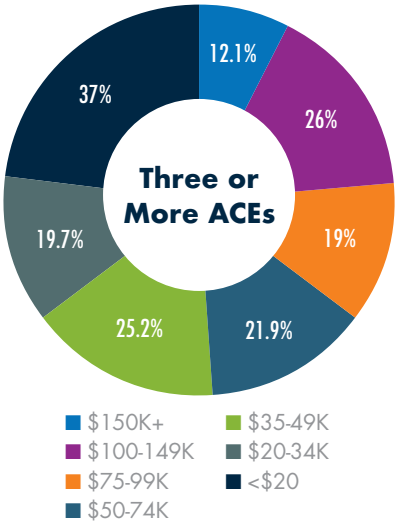


Figure 1. *Courtesy of CDC (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Accessed on 10/11/2022.*

Community Survey - Health4Life

Poverty as an ACE

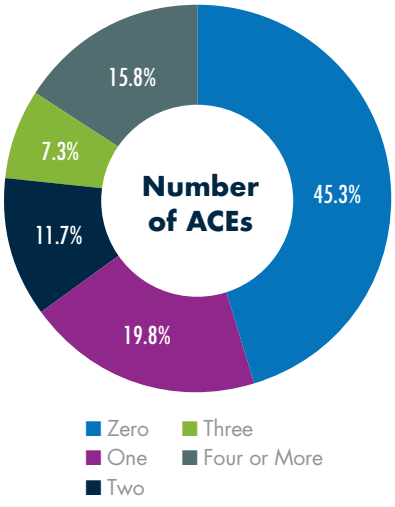
Children living in poverty or near-poverty are more likely to experience adversity than their more affluent peers. The chart breaks down the percentages of Health4Life respondents who have experienced three or more ACEs within income levels.



Data Source: *Health4Life Survey, 2022.*

How Common are ACEs?

Among Health4Life respondents, 47.8% of men and 43.1% of women have not experienced an ACE during childhood. However, 18.7% of men and 27.2% women have experienced three or more traumatic experiences during the first 18 years of life.



Data Source: *Health4Life Survey, 2022.*

MEDICAID POPULATION (IHP)

IHP Data

The table below shares the social risk factors and health outcomes among Lakewood Health System's IHP-attributed patient population that impact quality of life.

Prevalence of social risk factors among IHP-attributed adult population of patients		
Social Risk Factor	**LHS**	**MN MA**
Substance use disorder	**12.99%**	15.85%
Serious and persistent mental illness (subset of individuals with SMI)	**5.99%**	5.77%
Serious mental illness (SMI)	**37.19%**	27.64%
Deep poverty (<=50% FPL)	**28.25%**	33.86%
Homelessness	**3.38%**	7.29%
Past prison incarceration	**2.77%**	4.59%

Prevalence of outcomes among IHP-attributed adult population of patients		
Outcome	**LHS**	**MN MA**
Post-traumatic stress disorder (PTSD)	**18.94%**	16.44%
Injury due to accident	**22.93%**	13.37%
Injury due to violence	**1.96%**	2.31%

Prevalence of social risk factors among IHP-attributed child population of patients		
Social Risk Factor	**LHS**	**MN MA**
Child protection involvement	**5.76%**	5.71%
Parental substance use disorder	**14.24%**	13.79%
Parental serious and persistent mental illness (subset of individuals with SMI)	**7.62%**	5.41%
Parental serious mental illness (SMI)	**41.21%**	28.67%
Deep poverty (<=50% FPL)	**35.09%**	38.76%
Homelessness	**0.45%**	1.25%
Parental past incarceration	**6.38%**	5.89%

Prevalence of outcomes among IHP-attributed child population of patients		
Outcome	**LHS**	**MN MA**
Post-traumatic stress disorder (PTSD)	**11.86%**	9.38%
Substance use disorder (15-17 years old)	**2.41%**	3.30%
Injury due to accident	**21.12%**	10.15%
Injury due to violence	**2.06%**	1.28%

Data Source: *DHS, IHP data for LHS, 2022.*

COVID-19 IMPACT ON QUALITY OF LIFE

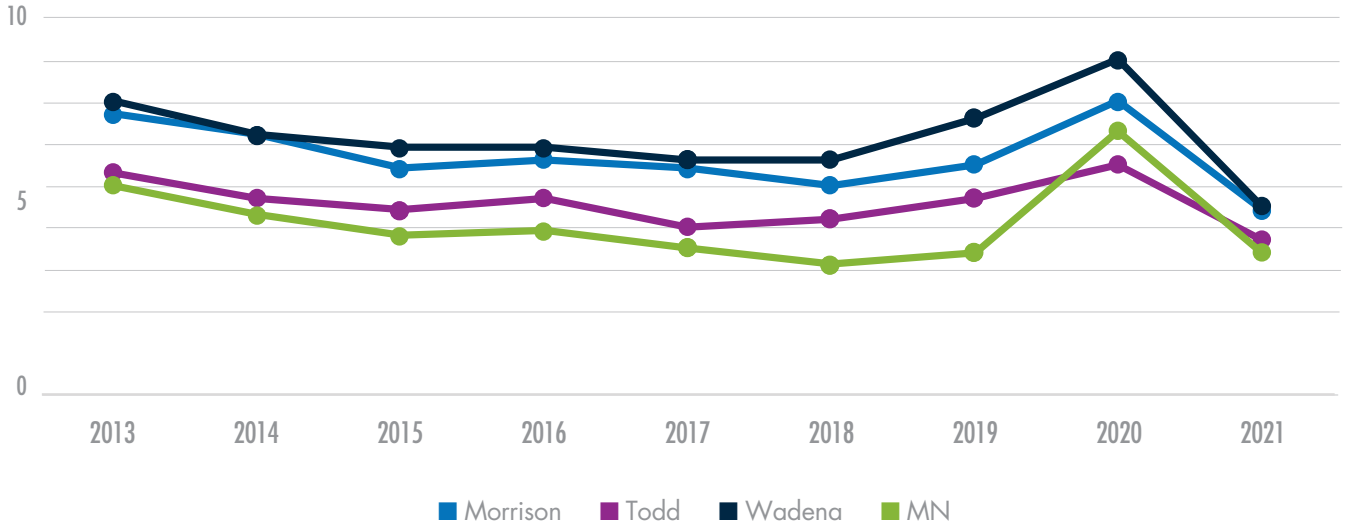
Unemployment Rate

The arrival of COVID-19 in early 2020 and the efforts made by state and local governments, businesses, and consumers to slow its spread and allow the health sector to care for people seriously ill by the virus dramatically impacted everyday life.

These factors may have contributed to a decrease in the labor force participation rate and an increase in the unemployment rate.

The chart below illustrates how COVID-19 in 2020 impacted the unemployment rate in the three-county region.

Annual Average Unemployment Rate (Not Seasonally Adjusted)



Data Source: *Minnesota Department of Employment and Economic Development (DEED), Labor Market Information Office,Local Area Unemployment Statistics. Access on 9/6/2022.*

Community Survey - Online

SPOTLIGHT: 9%

of respondents reported job loss because of the COVID-19 pandemic.

Data Source: *Community Survey – Online Version, 2022.*

PRIORITY #2

IMPROVING ACCESS TO RESOURCES AND CARE

COUNTY AND GOVERNMENT RESOURCES

Rural Health Disparities

People living in rural areas tend to be older, have higher poverty and uninsured rates, and must travel longer distances to access health care facilities and other services than people living in urban areas. These differences and challenges – known as rural health disparities - put people living in rural areas at greater risk for poor health outcomes, such as chronic conditions and death.

Distance to County Seat

While the Staples and Motley communities are divided by Morrison, Todd, and Wadena County, neither are designated as the center for local government. Some residents in the Staples-Motley community must travel to their respective county seat to access health and human services which provides health programs, financial support and child services.

Distance to the county seat for residents in the Staples-Motley community:

- Motley to Little Falls (Morrison County): 33 miles
- Motley to Long Prairie (Todd County): 35 miles
- Staples to Long Prairie (Todd County): 30 miles
- Staples to Wadena (Wadena County): 20 miles

CLINICAL CARE

Access to affordable, quality, and timely physical and mental health care can help prevent and detect issues sooner and enable individuals to live longer, healthier lives. Collectively, health insurance, local care options and specialty services, usual source of medical care (e.g., doctor's office or clinics), and cultural competence can all help to ensure access to health care is available when and where people need it most. This level of access to care allows people to enter the health care system, find care easily and locally, pay for care, and get their health needs met.

When people lack affordable and convenient access to clinical care it can lead to chronic conditions worsening, complications developing and even emergencies and hospital admissions. According to the Health4Life sample, the most common barriers to accessing healthcare is the cost of care is too much, limited appointment availability, and work-related issues.

Health Resources & Services Administration (HRSA) Designations

The table below illustrates the HRSA designations for Lakewood Health System clinics. To receive a rural health clinic determination, clinics must be located in a rural area that is currently designated as a Health Professional Shortage Area (HPSA) or a Medically Underserved Area (MUA) by HRSA.

HRSA Designations

	Rural Health Clinic			HPSA Designations			MUA
	Primary Care	Dental Health	Mental Health	Primary Care	Dental Health	Mental Health	
Lakewood Clinic – Browerville	*	*	*	HPSA Population	HPSA Population	Geographic HPSA	*
Lakewood Clinic – Eagle Bend	*	*	*	HPSA Population	HPSA Population	Geographic HPSA	*
Lakewood Clinic – Motley	*	*	*	Geographic HPSA	HPSA Population	Geographic HPSA	
Lakewood Clinic – Pillager	*	*	*	HPSA Population	HPSA Population	Geographic HPSA	*
Lakewood Clinic – Staples	*	*	*	HPSA Population	HPSA Population	Geographic HPSA	

Definitions
Geographic HPSA – a shortage of providers for an entire group of people within a defined geographic area
HPSA Population – a shortage of providers for a specific group of people withing a defined geographic area (e.g., low-income, migrant farm workers)
MUA – a shortage of primary care health services within geographic areas

Data Source: *Health Resources & Services Administration, Tools/HPSA Find. Accessed on 10/12/2022.*

CLINICAL CARE

Access to Care

The availability of facilities and physicians, the rate of those uninsured, financial hardships, transportation barriers, cultural competency, and coverage limitations can affect access to healthcare and impact health outcomes. Morbidity, mortality, and emergency hospitalization rates can be reduced if community residents access services such as health screenings, routine tests, and vaccinations.

Medical and Dental Care

Nearly 80% of Health4Life survey respondents feel access to medical healthcare services has stayed the same or improved since 2019, more than 18% say it has become worse. In 2019, more than 86% of the sample reported sustained or improved access to medical healthcare services and 10% indicated it had worsened since 2016.

Primary Care Physicians				
	Morrison	Todd	Wadena	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
2022	1,901:1	1,170:1	1,710:1	1,100:1

Dentists				
	Morrison	Todd	Wadena	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
2022	2,070:1	2,250:1	1,720:1	1,320:1

Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings. Accessed on 10/10/2022.*

Community Survey – Health4Life

Reason for Delayed Care		
	Medical Care	Dental Care
Had insurance, but care needed cost too much	35.4%	33.0%
Could not get an appointment	25.4%	15.3%
Transportation problems	5.1%	6.5%
Due to COVID-19 restrictions	38.0%	30.4%
Could not get off work	10.1%	6.7%
Did not have insurance	6.7%	26.0%
Could not get childcare	1.3%	1.1%
Other reason	15.9%	11.5%

Data Source: *Health4Life Survey, 2022*

CLINICAL CARE

Mental Health Care

Mental health is just as important as a person's physical health, but instead of visiting the doctor like a person would for back problems or chest pain, many individuals face considerable barriers keeping them out of the mental healthcare setting. Limited health insurance, clinician shortages, and societal stigma are getting in the way of adequate mental health care access.

The chart below shows ratios of the population to mental health providers have mostly improved across the three-county region and in Minnesota since 2016. Unfortunately, for Todd County the shortages of mental health providers continue to persist - there is simply not enough qualified mental health professionals available to treat patients.

Mental Health Providers				
	Morrison	Todd	Wadena	Minnesota
2016	840:1	3,030:1	430:1	490:1
2019	770:1	2,720:1	330:1	430:1
2022	870:1	2,250:1	290:1	340:1

Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings. Accessed on 10/10/2022.*

Community Survey – Health4Life

Reason for Delayed Mental Health Care	
Had insurance, but care needed cost too much	19.7%
Could not get an appointment	18.6%
Transportation problems	8.9%
Due to COVID-19 restrictions	11.9%
Could not get off work	8.1%
Did not know where to go	36.3%
Did not have insurance	4.8%
Could not get childcare	0.0%
Feel the need to hide my mental health problems	38.6%
Other reason	19.4%

Data Source: *Health4Life Survey, 2022.*

SPOTLIGHT: Nearly **12%** of Health4Life survey respondents reported delaying or forgoing mental health care services in the last 12 months.

Data Source: *Health4Life Survey, 2022.*

HEALTH INSURANCE STATUS

Health Insurance

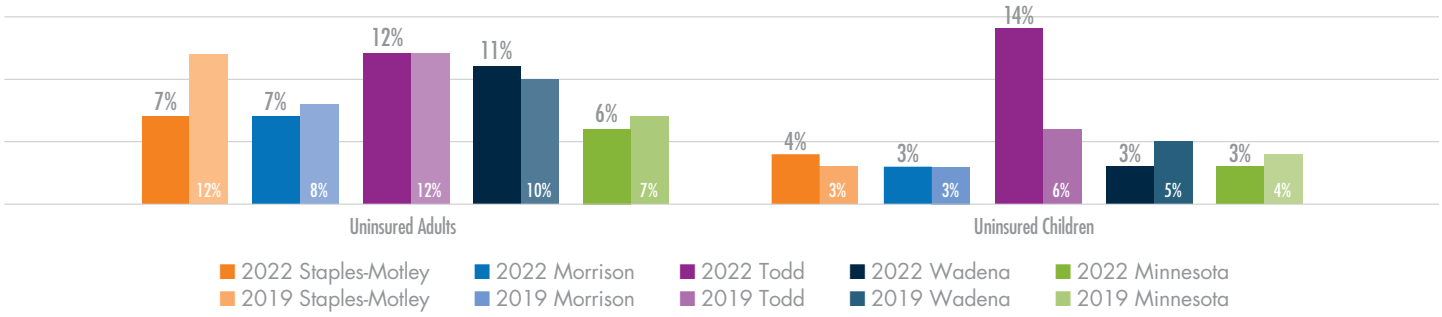
Individuals with health insurance coverage are more likely to receive primary and preventive care, dental care, and behavioral health care, and obtain an early diagnosis and treatment of medical conditions which ultimately contributes to improved health outcomes. Health insurance, via private plan, employer-sponsored, Medicaid, or Medicare, gives individuals a sense of financial security and protection from unexpected healthcare costs.

Uninsured

The lack of health insurance is generally thought as the first barrier to receiving quality health and is considered a key driver of health status.

In the Staples-Motley community, there are approximately 298 adults (under age 65) and 62 children (ages 0 - 17) without health insurance. According to the U.S. Census, the uninsured population has decreased overall since the 2016 CHNA report, except for children in Todd County.

Uninsured Adults and Children



Data Source: *U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 10/10/2022.*

SPOTLIGHT: Nearly **20%** of Lakewood Health System's Hispanic patients are not insured compared to 5% of all other patients.

Data Source: *Lakewood Health Electronic Health Records, 2021.*

NUTRITION SECURITY

The U.S. Department of Agriculture (USDA) defines nutrition security as having consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being. Poor nutrition and food insecurity increase risk of diet-related chronic diseases, including obesity, cardiovascular disease, diabetes and certain forms of cancers.

Food Environment Index

The Food Environment Index, which is the County Health Rankings measure of the food environment, equally weights two indicators of the food environment to determine this measure and range. The distance an individual lives from a grocery store or supermarket, locations for healthy food purchases in the community, and the inability to access healthy food because of cost barriers are considered.

1. Access to Healthy Foods (proximity) – which considers the distance an individual lives from a grocery store or supermarket.

2. Food Insecurity (income) – which estimates the percentage of the population that did not have access to a reliable source of food during the past year.

The Food Environment Index ranges from a score of 0 (worst) to 10 (best). In 2022, the average value for counties was 7.6, however, most counties fell between about 6.8 and 8.2.

Food Environment Index:

Morrison **8.0**

Todd **7.9**

Wadena **8.1**

Minnesota **9.0**

Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings, 2022. Accessed on 10/10/2022.*

SPOTLIGHT: **11%** of all Lakewood Health System patients testing positive for COVID-19 also expressed a nutrition security gap during times of healing.

Data Source: *Lakewood Health Electronic Health Records, 2021.*

Limited Access to Healthy Foods

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 obesity that may lead to premature death because of the impact of chronic illnesses.

Limited Access to Healthy Foods				
	Morrison	Todd	Wadena	Minnesota
# Limited Access to Healthy Foods	3,101	2,834	1,700	302,030
% Limited Access to Healthy Foods	9%	11%	12%	6%

Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings, 2022. Accessed on 10/10/2022.*

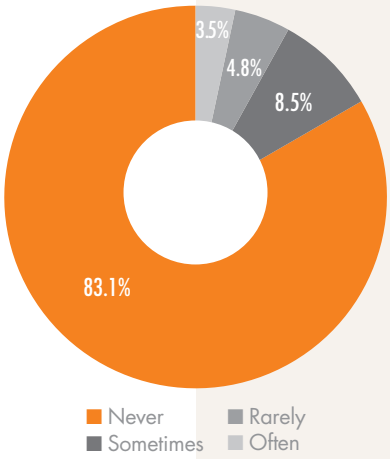
NUTRITION SECURITY

Food Insecurity

Food insecurity is closely related to poverty but not all people living below the poverty level experience food insecurity. 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. People who live above the poverty line can also experience food insecurity.

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: Supplemental Nutrition Assistance Program (SNAP), Women, Infant & Children Nutrition Program (WIC), and the National School Lunch Program (NSLP).

Worry About Food Running Out



Data Source: *Health4Life Survey, 2022.*

Community Survey – Health4Life

- Overall, **12%** of the Health4Life sample indicated **they worried their food would run out before they had money to buy more.**

Data Source: *Health4Life Survey, 2022.*

Community Survey – Online

- When asked "Has your access to food changed since the COVID-19 pandemic?" **just 8% of online survey respondents indicated they occasionally and/or frequently been without enough food or good quality foods.**

Data Source: *Community Survey - Online Version, 2022.*

Overall Food Insecurity, 2020

	Morrison	Todd	Wadena	Minnesota
% of Overall* (All Ages)	8.6%	8.6%	11.3%	6.0%
# of Overall (All Ages)	2,830	2,110	1,550	338,000
Food insecure; Above Other Nutrition Program threshold of 185% poverty	30%	21%	21%	32%
Food Insecure; Between 165% – 185% poverty	8%	9%	8%	9%
Food Insecure; Below SNAP threshold of 165% poverty	62%	70%	72%	59%

*"Overall" refers to all individuals, including children

Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings. Feeding America, 2019. Accessed on 10/10/2022.*

Child Food Insecurity, 2020

	Morrison	Todd	Wadena	Minnesota
% of Child	12.3%	13.4%	16.9%	12.7%
# of Child	970	780	590	163,070
Likely ineligible for federal nutrition programs (incomes above 185% of poverty)	22%	1%	2%	26%
Income eligible for federal nutrition programs (incomes at or below 185% of poverty)	78%	99%	98%	74%

"Child" refers to all children under age 18, regardless of race or ethnicity

Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings. Feeding America, 2019. Accessed on 10/10/2022.*

NUTRITION SECURITY

Nutrition Assistance

Food assistance programs help people with low incomes afford nutritionally adequate foods. The most widely used nutrition assistance programs are the Supplemental Nutrition Assistance Program (SNAP), Women, Infant & Children Nutrition Program (WIC), and the National School Lunch Program (NSLP).

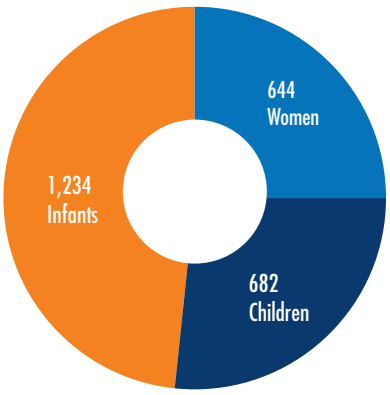
Women, Infant & Children Nutrition Program (WIC)

WIC Participation by County - Race & Ethnicity, 2021				
	Morrison	Todd	Wadena	Minnesota
Total Participants	947	1054	559	152,968
American Indian*	1.1%	0.7%	****	2.6%
Asian*	****	0.6%	0.0%	10.2%
Black /African American*	2.3%	****	****	25.6%
White*	87.2%	65.0%	91.6%	37.2%
1 Race*	3.9%	3.2%	4.1%	6.6%
Hispanic	5.3%	30.2%	3.2%	17.7%
Unknown Race*	0.1%	0.8%	0.0%	0.3%

**** means < than 5 in the numerator
Non-Hispanic

Data Source: *Minnesota WIC Information System. Minnesota WIC Participation by Unduplicated Race/Ethnicity and County of Residence for Calendar Year 2021. Minnesota WIC Program. 2022. Accessed on 10/11/2022.*

WIC Participation in Three-County Region, 2021



Data Source: *Minnesota WIC Information System. Minnesota WIC Participation by Unduplicated Race/Ethnicity and CHB of Residence for Calendar Year 2021. Minnesota WIC Program. 2022. Accessed on 10/11/2022.*

NUTRITION SECURITY

Supplemental Nutrition Assistance Program (SNAP)

SNAP is a county-run, state-supervised Federal program that helps low-income individuals and families get the food they need for their households. In 2022, Minnesota became the 20th state in the nation to raise the gross income threshold for SNAP to 200% of the federal poverty level. By raising the income threshold, more low-income families burdened by high expenses, such as childcare and medical expenses, are able to put food on their tables.

Percent Households Receiving SNAP		
	2020	2018
Staples-Motley Community	10.9%	12.0%
Morrison	6.4%	9.0%
Todd	7.0%	9.1%
Wadena	15.1%	10.3%
Minnesota	7.5%	8.2%

Data Source: *U.S. Census Bureau, American Community Survey 5-Year Estimates, 2020, 2019, 2018. Accessed on 10/12/2022.*

Students Eligible for Free / Reduced Price Meals, 2022			
	Students Enrolled	Students Eligible	Percent
Morrison	5,334	1,647	30.9%
Todd	2,947	1,306	44.3%
Wadena	3,024	1,253	41.4%
Minnesota	870,506	274,886	31.6%

Data Source: *Minnesota Department of Education, Minnesota Report Card (2022), Accessed on 10/12/2022.*

National School Lunch Program (NSLP)

According to the Minnesota Department of Education (MDE), 325 (34%) of the 948 students enrolled at the Staples-Motley School District benefits from the NSLP and eligible for free or reduced-price meals. This percentage is significantly lower than documented in the 2019 CHNA where 51.9% were eligible. In the three-county region, 37.2% of the 11,305 total students enrolled is eligible; a drop from 46.7% in the previous report. In Minnesota, the rate is similar with nearly one out of every three students eligible for the program.

OUR PATIENTS

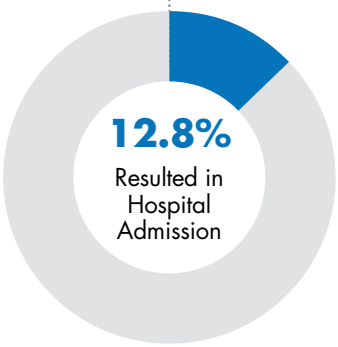
Prevention and Chronic Care

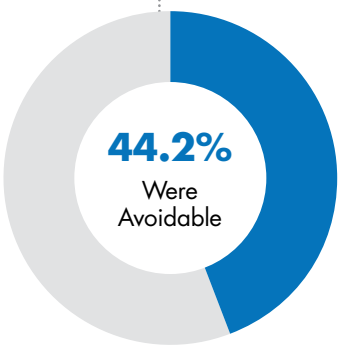
All five of Lakewood Health System's rural health and primary care clinics are Health Care Home certified by the state of Minnesota. Health Care Home is built on a strong belief that by linking primary care with wellness, prevention, self-management and community resources, population health goals and health equity will broadly improve.

As primary care focuses on preventing illness and promoting good health, it can also help patients avoid emergency care in the future. When a patient experiences a sudden and unexpected event or illness, however, the emergency department is often a choice for treatment.

Emergency Department

In 2021, Lakewood Health System charted **8,448** ED visits.





(Preventable, treatable with appropriate primary care, or not considered emergent)

Clinical Screenings for Social Determinants of Health (SDOH)

Since 2015, Lakewood Health System has been screening for food insecurity in the clinic setting and in 2018 introduced screening for additional social risk factors.

Screening for SDOH (2021)	
Clinical screenings conducted	**59,703**
Patients screened	**19,666**
Positive screenings	**757**
Individuals screened positive for nutrition insecurity. Of those…	**261**
• Chronic nutrition insecurity rate (*multiple positive screenings*)	**83.6%**
• Episodic nutrition insecurity rate (*one or more negative screenings*)	**16.4%**
Patients referred and connected to resources	**59**

Patient Encounters

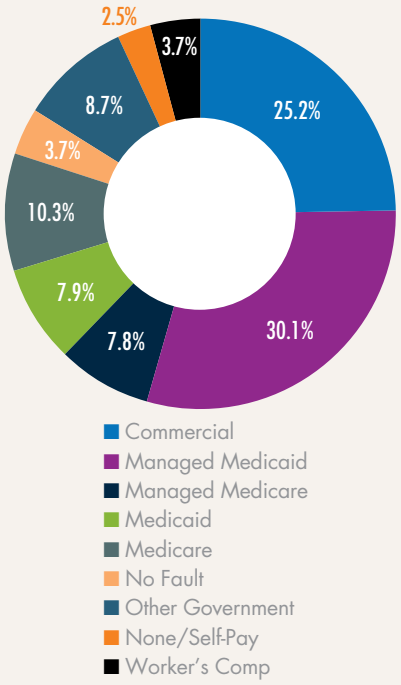
52,912 Primary care visits

10,848 Behavioral health visits

27.5% Patients (all ages) with two or more chronic conditions

78.7% Patients (65+) with two or more chronic conditions

Payor Mix by Patient a Positive Screeng for Nutrition Insecurity



Data Source: *Lakewood Health Electronic Health Records, 2021.*

MEDICAID POPULATION (IHP)

In general, medical and dental care for both adults and children among Lakewood Health System's IHP -attributed patient population is similar to the state of Minnesota. The exception is for annual preventive visits and dental visits where Lakewood Health System's attributed population are better at receiving their care during outpatient clinic visits rather than in the emergency department (ED). Still, one in every four visits to the ED were unnecessary and could have been preventable or treatable with appropriate primary care.

IHP Data

The table below provides the prevalence rate at which Lakewood Health System's IHP-attributed patients access medical and dental care.

Prevalence of outcomes among IHP-attributed adult population of patients.

Health Outcome	LHS	MN MA
ED visit: Emergent - ED care needed - preventable/avoidable	**19.93%**	19.23%
ED visit: Emergent - Primary care treatable	**26.94%**	28.68%
ED visit: Non-emergent	**21.92%**	19.63%
Potentially preventable admission	**2.24%**	2.96%
All-cause readmission (within 30 days of a hospital discharge)	**0.57%**	0.86%
Annual preventive visit (higher rate is better)	**55.52%**	45.08%
Annual dental visit (higher rate is better)	**47.13%**	36.78%

Prevalence of outcomes among IHP-attributed child population of patients.

Health Outcome	LHS	MN MA
ED visit: Emergent - ED care needed - preventable/avoidable	**8.14%**	18.95%
ED visit: Emergent - Primary care treatable	**25.67%**	24.15%
ED visit: Non-emergent	**28.45%**	24.42%
Annual preventive visit (higher rate is better)	**79.73%**	61.64%
Annual dental visit (higher rate is better)	**59.40%**	53.48%

Data Source: DHS, IHP-attributed to LHS, 2022.

COVID-19 IMPACT

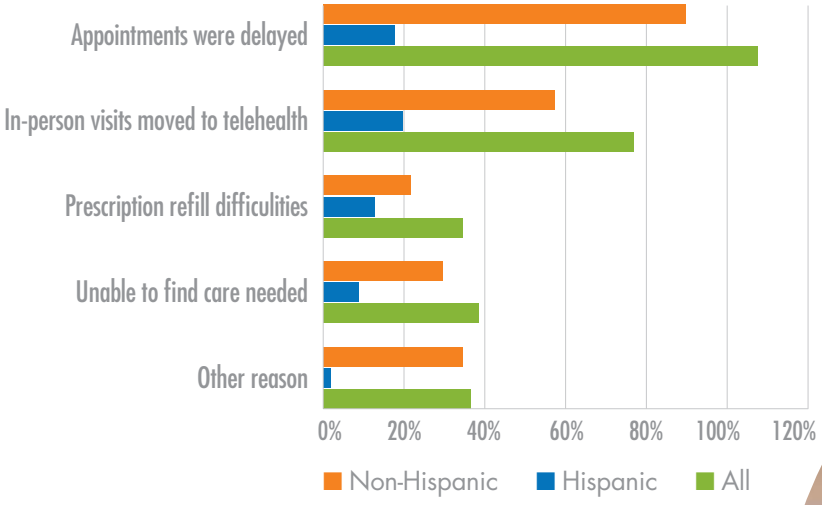
COVID-19 Impact on Access to Healthcare

The COVID-19 pandemic has dramatically changed the delivery of and access to healthcare. The mitigation strategies that were mandated to contain the spread of the virus were also enacted to keep healthcare workers safe so they can keep patients safe. Those efforts temporarily closed outpatient clinics, postposed surgeries and other hospital services, and disrupted one-on-one and in-person appointments with healthcare professionals. Telehealth care, on the contrary, surged as a way for patients to access care.

Community Survey – Online

Among all respondents, 22% say access to healthcare has changed as a result of the COVID-19 pandemic.

Reasons Healthcare Access Changed – COVID-19 Impact



Data Source: *Community Survey – Online Version, 2022.*

Community Survey – Online

SPOTLIGHT: **19%** of Hispanic respondents, compared to 11% of non-Hispanics, say they experienced changes in mental health care access as a result of COVID-19.

Data Source: *Community Survey – Online Version, 2022.*

PRIORITY #3

ENHANCING THE BUILT ENVIRONMENTS

PHYSICAL AND BUILT ENVIRONMENTS

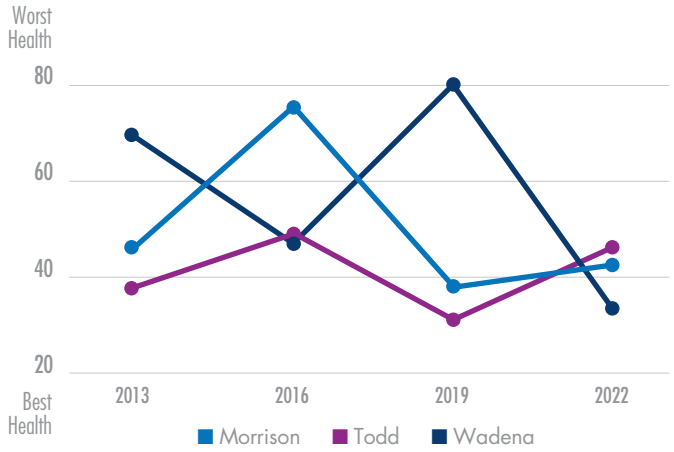
The health of a community is greatly influenced by its physical environment – where individuals live, learn, work and play. Neighborhoods, especially where homes are located, can have a profound impact on a person's physical and social well-being. The availability and accessibility of built environments and resources such as public transportation, food retailers and safe spaces to participate in physical activity can also significantly improve health outcomes.

The 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.

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 and healthcare, and connecting with 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.

Physical Environment Ranking (lower is better)



Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings, 2022.. Accessed on 8/25/2022.*

Households Without A Motor Vehicle

4.9% 174 in the Staples-Motley Community

6.3% 1,774 in the Three-County Region

6.7% 146,861 in Minnesota

Data Source: *U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates. Accessed on 10/20/2022.*

HOUSING AND TECHNOLOGY

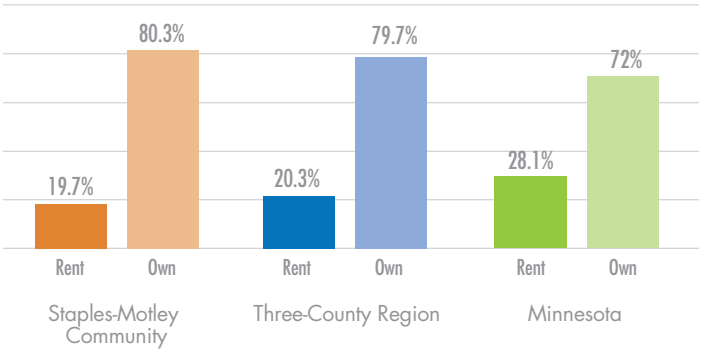
Homeownership

Stable, affordable and quality housing builds a strong foundation for a healthy and thriving community. Homeownership is connected to better health and enhanced quality of life. Homeowners experience less stressors related to financial burden or frequent moves and are able to minimize exposure to environmental toxins that are detrimental to health. A home can help individuals and families establish roots and cultivate lasting friendships and trust among neighbors and for their community.

Affordable housing improves access to homeownership, especially for low-income individuals and individuals of color, and reduces difficult financial trade-offs in affording other basic needs such as doctor visits, food, utility bills, transportation, etc. Homeownership can be a catalyst to build individual and future intergenerational wealth and improve local economic development.

Of the total households (3,396) in the Staples-Motley community, a total of 2,728 are owned and 668 are rented.

Homeownership



Data Source: *U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 10/20/2022.*

Reliable Internet

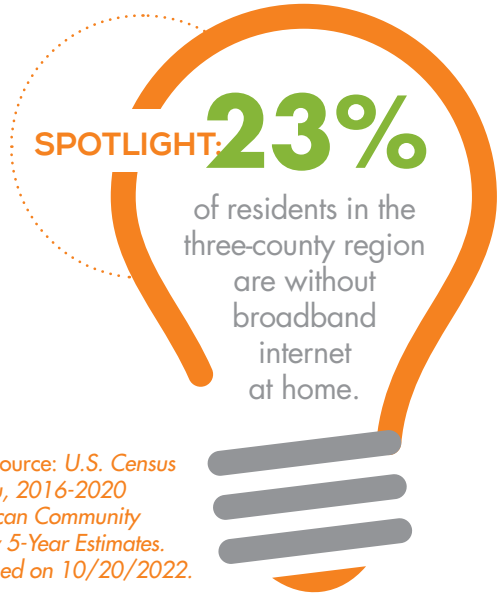
Reliable, high-speed internet links individuals and families to vital resources, such as education, employment, healthcare (e.g., telehealth), state and federal program (e.g., SNAP), and information. The benefits of internet access also foster social connectedness and opportunities while combating loneliness and isolation, particularly among older adults.

The proportion of residents Staples-Motley community and three-county region who lack access to reliable internet is higher overall than the state of Minnesota at 13.0%.

Households with Computers and Internet Use

	With a computer	With a broadband Internet subscription
Staples-Motley Community	85.5%	79.9%
Three-County Region	85.6%	77.3%
Minnesota	92.7%	87.0%

Data Source: *U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 10/20/2022.*



Data Source: *U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 10/20/2022.*

HIGHER EDUCATION

Local anchor institutions, such as schools, hospitals, government entities, and public and private non-profits, are core fixtures in rural settings and can harness their institutional resources and influential presence to shape the economic landscape and vibrancy of a community. These valuable contributions play an important role in the educational outcomes for school-aged children.

When anchor institutions engage their communities and mobilize community-level funding, school districts yield the financial capacity to invest in higher-quality educational opportunities for students, teacher salaries, and school facilities. The results of increased spending can drive student enrollment, improve standardized test performance and graduation rates, and lift postsecondary educational aspirations.

Higher Levels of Education

Educational attainment beyond high school can lead to more annual income, a safer work environment and improved benefits, such as health insurance and sick leave. Higher levels of education are also linked to better health, healthier lifestyle decisions, and fewer chronic conditions. It is estimated college graduates live nine years more than high school dropouts.

In the three-county region, Todd County (13.9%) had the lowest rate of the population with a bachelor's degree or higher than in Morrison (17.3%) and Wadena County (16.9%).

Population Age 25+ with Bachelor's Degree of Higher	
Staples-Motley Community	16.5%
Three-County Region	16.1%
Minnesota	36.8%

Data Source: *U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates. Accessed on 9/20/2022.*

QUALITY CHILD CARE

The first five years of life sets the foundation for a child's development, learning, behavior and lifelong outcomes. Access to affordable, high-quality, reliable child care, along with sufficient enrollment capacity, enables parents to work and empowers them to increase their social independence and productivity; strengthens the local economy and builds supportive communities; and enhances children's overall development.

In the three-county region, family and in-home child care is the most common form of child care with approximately 126 providers compared to 17 child care centers. Unfortunately, many of the family child care providers do not participate in a subsidized child care program. In Minnesota, the Department of Human Services operates the Child Care Assistance Program which provides financial assistance to help families with low incomes pay for child care so that parents may pursue employment or education leading to employment, and children are well cared for and prepared to enter school.

Child Care Centers		
	Number of child care centers	Rate of child care centers, per 1,000 population <5 years old
Morrison	8	4.0
Todd	6	3.6
Wadena	3	3.2
Minnesota	1,766	5.0

Data Source: *The University of Wisconsin, Population Health Institute, County Health Rankings, 2022. Accessed 10/24/2022.*

Community Survey – Online

SPOTLIGHT: **2/3**

of online survey respondents who moved to Todd County within the last 12 months reported having a hard time finding child care.

Data Source: *Community Survey – Online Version, 2022.*

ACCESSIBILITY TO HEALTHY FOODS

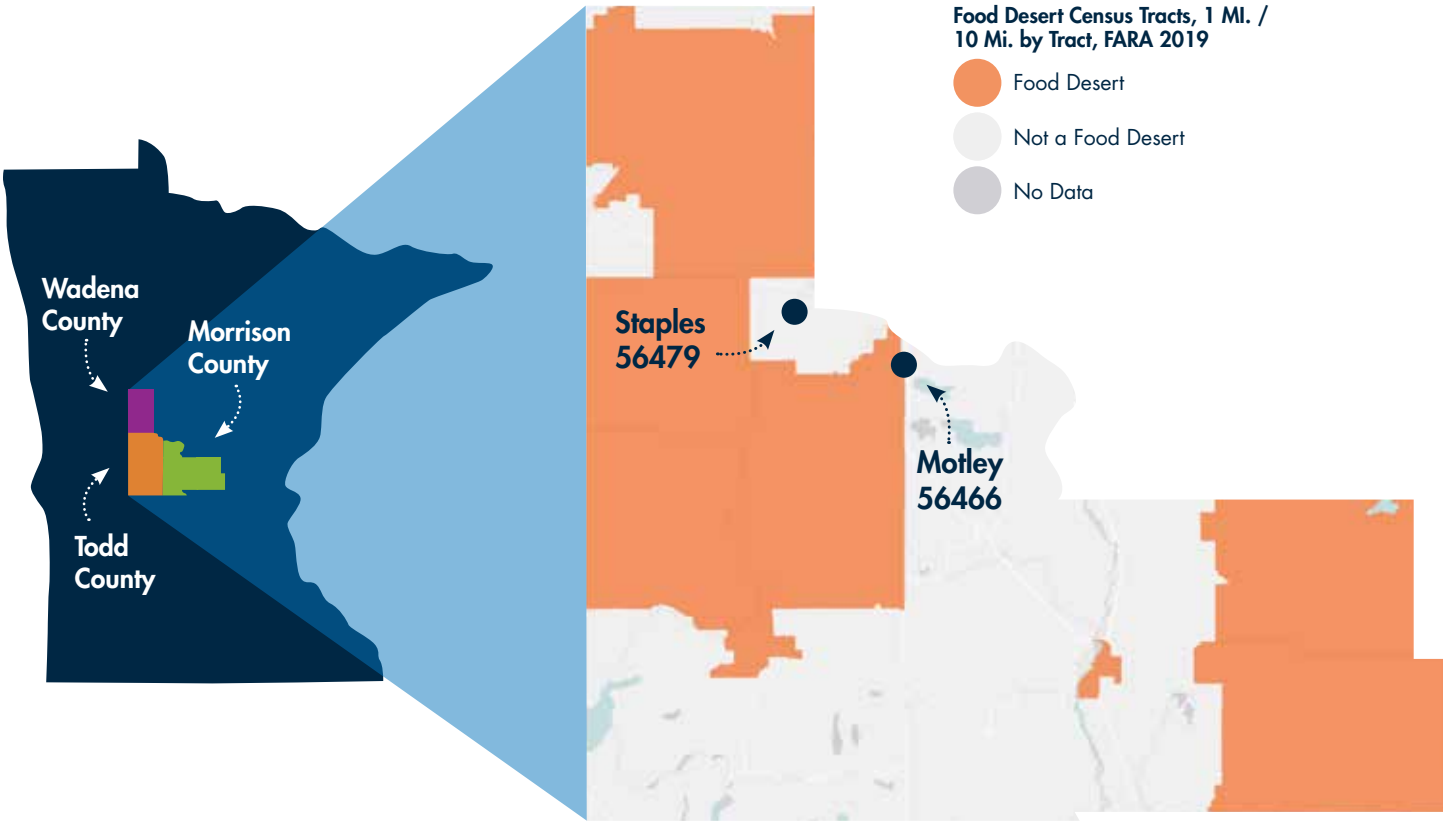
Food Accessibility

The food environment shapes how individuals and family's access, afford and desire foods. These spaces and environmental factors, from setting and atmosphere to location and convenience, can influence choice and promote unhealthy or healthy eating behaviors.

For rural residents, access to healthy and affordable foods can be a hefty challenge. Rural communities often lack food establishments and are defined as food deserts despite the fact that farming and agriculture are robust and important to the local economy. Supermarkets and grocery stores, places that stock fresh produce, milk and pantry staples, are less available in rural areas than gas stations, convenience stores and dollar-store chains where shoppers rely on more expensive and less nutritious foods.

Food Desert Tracts

The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. In the three-county region, there are eight census tracts classified as food deserts by the USDA. In Morrison County, it is estimated 13,315 are living in food deserts within three tracts, 13,188 within five tracts in Todd County, and 5,682 within one tract in Wadena County.



Data Source: *U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates. Courtesy of SparkMap. Accessed on 10/28/2022.*

FOOD ESTABLISHMENTS

Grocery Stores

Grocery stores and supermarkets improve and support access to healthy and affordable foods. They serve primarily as a food retailer providing a large variety of canned and frozen foods, fresh fruits and vegetables; and fresh and prepared meats that help residents establish a balanced and nutritious diet.

There is a correlation between the density of grocery stores in a community and the dietary behaviors of residents. In the three-county region, there are 22 grocery stores with a density rate of 30.81 per 100,000 population.

Grocery Stores		
Report Area	Number of grocery stores	Rate per 100,000
Morrison	11	32.34
Todd	7	27.71
Wadena	4	28.44
Minnesota	988	17.31

Data Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County. Accessed on 10/19/2022.

SNAP and WIC-Authorized

Grocery stores are the primary place where WIC and SNAP benefits are used. The rate per 10,000 population of SNAP-authorized retailers and WIC-authorized food stores in the three-county region surpasses the rate for the state of Minnesota.

SNAP and WIC-Authorized Food Stores			
	Staples-Motley Community	Three-County Region	Minnesota
Total SNAP-Authorized Retailers	12	73	3,501
SNAP-Authorized Retailers, Rate per 10,000 Population	15.53	10.22	6.19
Total WIC-Authorized Food Stores	3	18	798
WIC-Authorized Food Stores, Rate per 10,000 Population	3.88	2.52	1.41

Data Source: U.S. Department of Agriculture, Food and Nutrition Service, USDA – SNAP Retailer Location. Additional data: Minnesota Dept. of Health - WIC Approved Grocery Stores. Accessed on 10/19/2022.

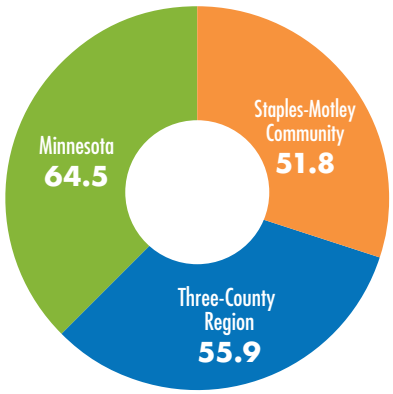
FOOD ESTABLISHMENTS

Fast-Food Restaurants

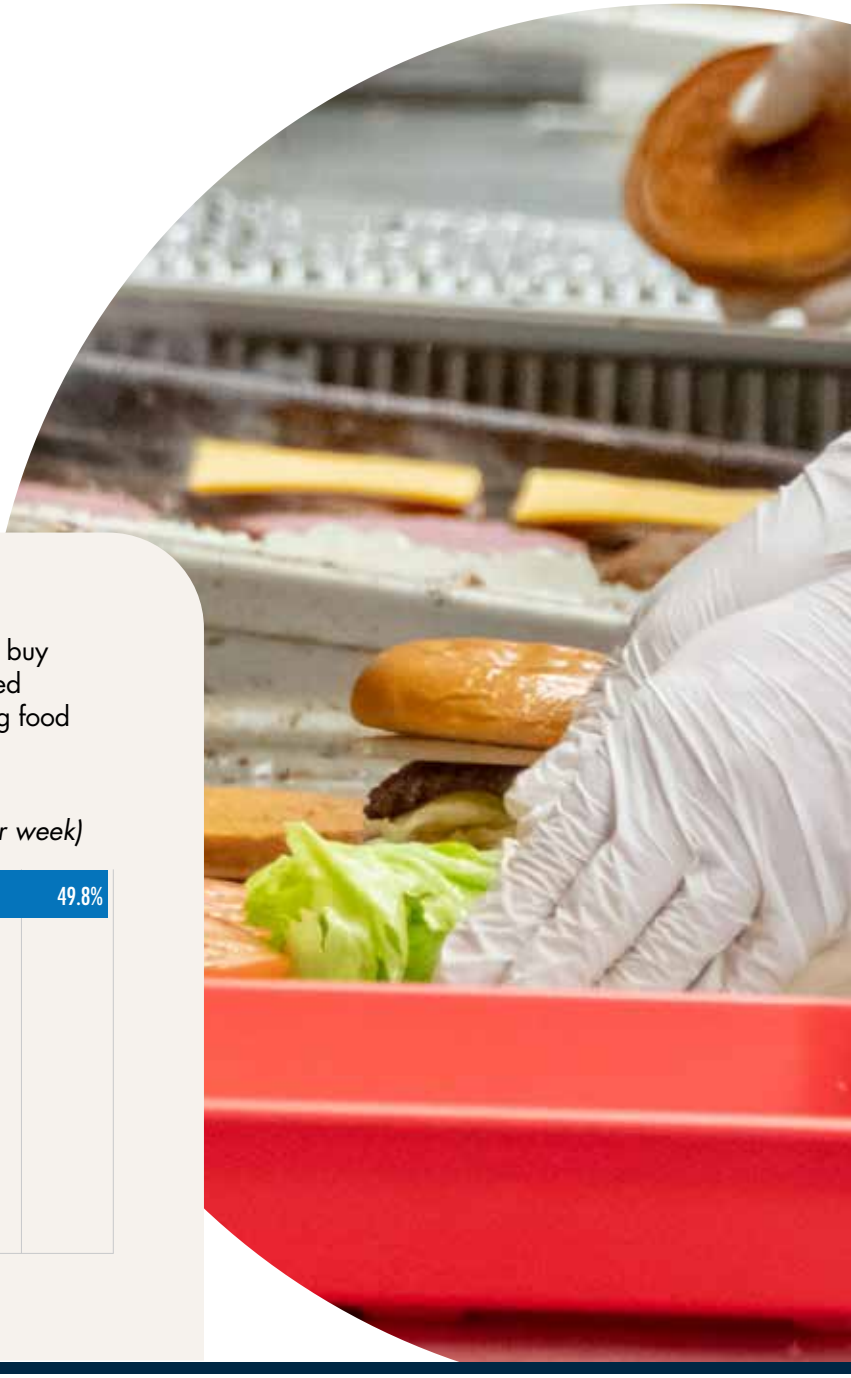
Fast-food restaurants are defined as limited-service establishments primarily engaged in providing food services patrons generally order or select items and pay before eating. The prevalence of fast food consumption can be linked to obesity and overweight. This indicator is relevant because it provides 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 four (4) fast-food establishments in the Staples-Motley community and 41 in the three-county region. Fast-Food Establishments chart reports the rate of fast-food restaurants per 100,000 population.

Fast-Food Establishments



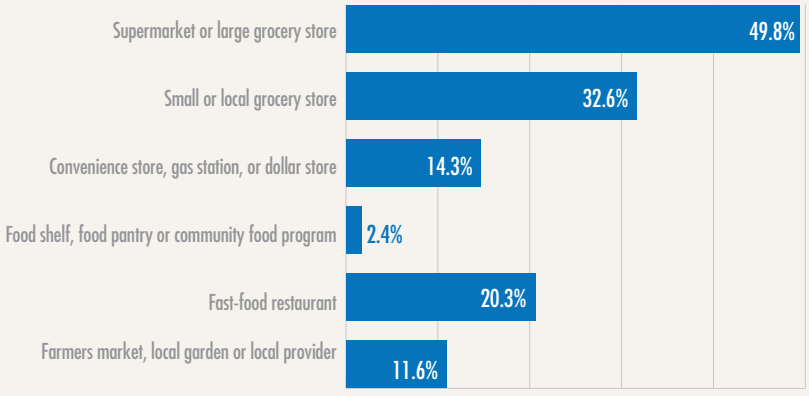
Data Source: *U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County. Accessed on 8/25/2022.*



Community Survey - Health4Life

When asked "How often do you or others in your household buy or get food from the following places?", respondents indicated they regularly (one or more times per week) visit the following food establishment.

Where Households Buy or Get Food *(One or more times per week)*



Data Source: *Health4Life Survey, 2022.*

AUTHORIZED FARMERS MARKETS

Farmers Markets

Lakewood Health System operates a Minnesota-authorized farmers market called the Staples Area Farmers Market in Staples, Minnesota. To become an Authorized Farmers Market in Minnesota, the market must meet specific requirements and agree to accept vouchers for the Farmers Market Nutrition Program (FMNP) and the Senior Farmers Market Nutrition Program (SFMNP) administered by the Minnesota Department of Agriculture.

These federal programs are designed to provide eligible WIC participants and low-income seniors with increased access to fresh and unprepared locally grown fruits and vegetables, as well as expand awareness and use of local farmers markets.

Authorized Farmers Market	
Morrison	0
Todd	1
Wadena	2
Minnesota	79

Data Source: *Minnesota Department of Agriculture - Authorized Farmers' Markets. Accessed on 10/19/2022.*

Lakewood Health System operates the sole Authorized Farmers Market in Todd County.

PHYSICAL AND RECREATIONAL ACTIVITY

Physical Activity

According to the CDC, more than 12,550 (23.7%) of adults aged 20 and older in the three-county region 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?" Overall, in Minnesota 18.5% of adults report no leisure time for physical activity.

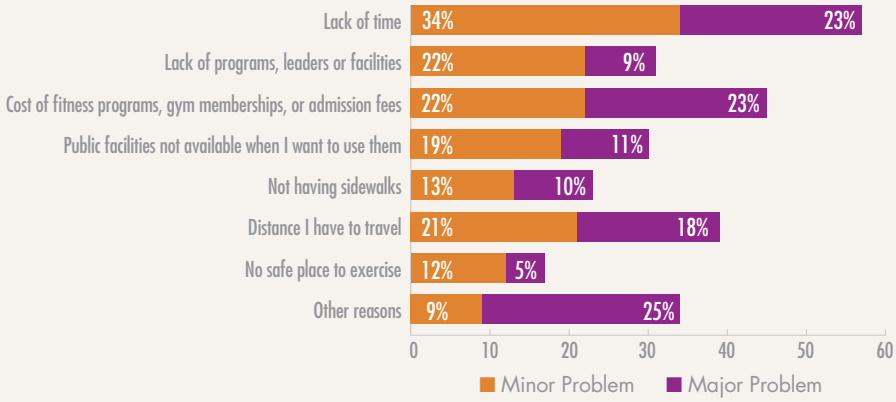
Measuring physical activity is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

The CDC data closely represents the self-reported data from the Health4Life survey. Nearly one in four respondents reported "no" to the question, "During the past month, did you participate in any physical activity or exercise?" This is a ten-point improvement from the 2019 Health4Life survey.

Community Survey – Health4Life

Health4Life respondents cited a number of factors that interfere with them participating in the physical activities.

Factors for Physical Inactivity



Data Source: *Health4Life Survey, 2022.*

Recreation and Fitness Facilities

The density of recreation and fitness facilities in the Staples-Motley community is nearly three times greater than the state of Minnesota.

Recreation and Fitness Facilities			
	Staples-Motley Community	Three-County Region	Minnesota
Number of Establishments	3	11	756
Establishments, Rate per 100,000 Population	38.8	15.4	13.3

Data Source: *US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2020. Source geography: County. Accessed on 10/19/2022.*

OUR PATIENTS

COVID-19 Response

Healthcare is considered one of the nation's most critical infrastructure sectors. Early in the COVID-19 response, the U.S. government identified healthcare as an essential workforce and required systems to sustain operations to ensure patients continued to receive care while local communities stayed safe and healthy.

Lakewood Health System immediately responded when the pandemic spread through the three-county region; engaging community members, schools and businesses and hosting regular virtual town halls to keep the residents informed about the state of the pandemic, response efforts, and other important updates; altering and expanding its hospital to create safe spaces and private rooms with negative air pressure to isolate and protect patients; embracing telehealth visits to monitor, diagnose, treat, and counsel patients; and opening community-based testing sites and vaccination clinics.

COVID-19 Encounters

15,582	15,218	1,754	611	970
COVID-19 TESTS	COVID VACCINES ADMINISTERED	EMERGENCY DEPARTMENT VISITS	HOSPITALIZATIONS	ANTIBODY ADMINISTRATION

COVID-19 VACCINES

Importance of Public Health and Healthcare

Individuals and families thrive in communities that are safe, resilient, inclusive, and provide opportunities to make healthy choices. The sense of feeling secure in homes and in neighborhoods, having access to community resources (e.g., public health and healthcare), and ensuring built environments (e.g., sidewalks and bike trails) encourage physical activity and mobility, all creates a trusting and connected community that promotes health and well-being for everyone.

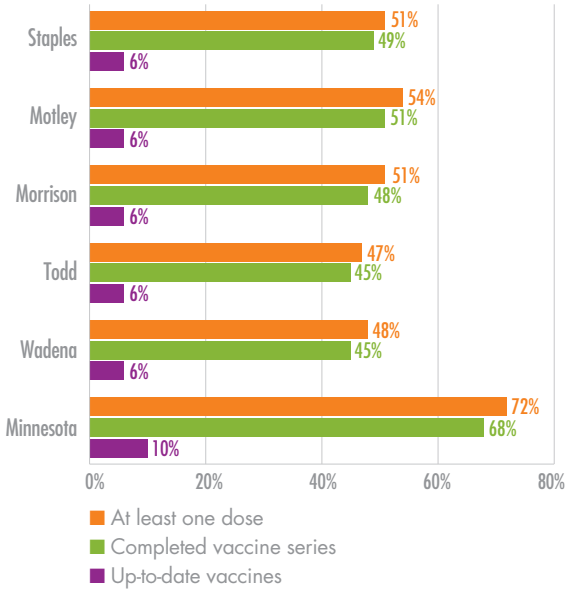
The importance of public health is critical to the welfare of the entire population. Public health's duty is to promote healthy communities and behaviors, prevent the spread of infectious disease, protect from environmental hazards, and help to ensure access to safe and quality care to benefit the population. Local public health also takes proactive, targeted, and meaningful steps to support a community's resilience by strengthening its capacity to withstand, adapt, and recover rapidly from a disaster or public health emergency.

During COVID-19, public health along with healthcare put vaccines at the center of its response efforts. Education and outreach activities preceded announcements about the availability of vaccine clinics, including mobile and temporary clinic locations.

Vaccination Status

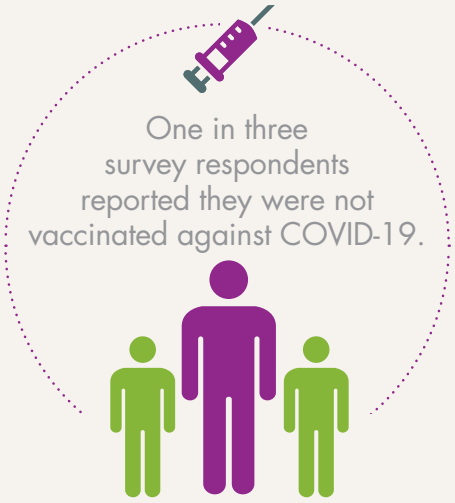
In the three-county region, less than half the total population or 34,858 (48.9%) have received at least one vaccine dose. Of those, 33,144 (46.5%) have completed the vaccine series and 4,253 (6.0%) are up-to-date on vaccinations, which means a complete primary series and a booster dose when due. Overall, the Staples-Motley community and the three-county region have a noticeably lower proportion of people vaccinated compared to the state of Minnesota.

COVID-19 Vaccines: Proportion of Population Vaccinated



Data Source: *Minnesota Department of Health, COVID-19 Vaccine Data. Accessed on 10/24/2022.*

Community Survey – Health4Life



The top reasons for not getting the vaccine included being worried about the side effects, not trusting the vaccine, and for other personal reasons. When asked what would motivate them to get vaccinated, a small sample shared they would to protect their health and the health of others, but overwhelmingly, participants indicated little to no motivation to get the vaccine.

Data Source: *Health4Life Survey, 2022.*

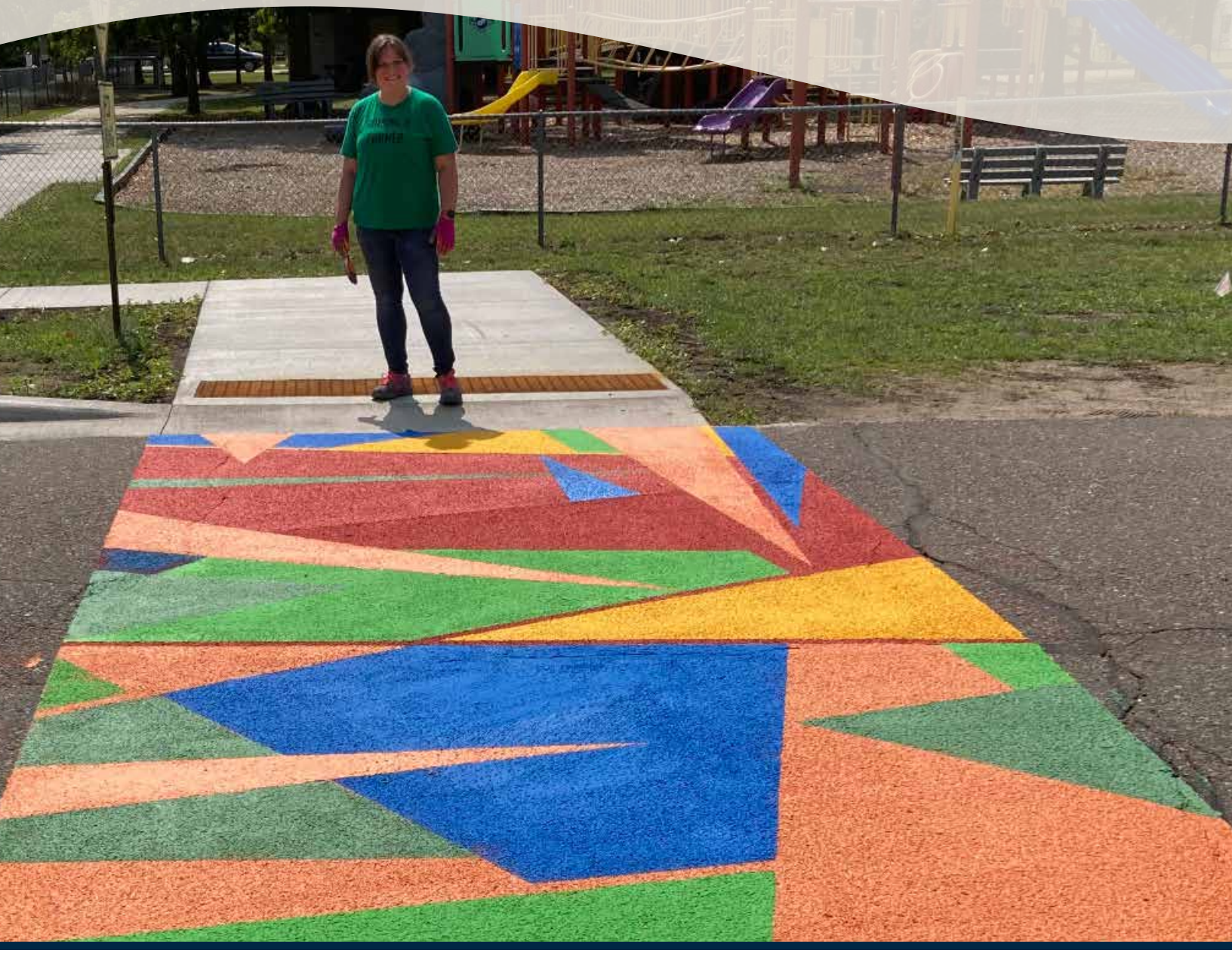
Community Survey – Online

For the Hispanic sample, **95%** say they have received a vaccination compared to **76%** of non-Hispanic sample.

Data Source: *Community Survey – Online Version, 2022..*

NEXT STEPS

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



NEXT STEPS

To develop the Community Health Implementation Strategy Plan, the Lakewood Health System CHNA Team will convene and facilitate meetings with internal and external stakeholders to outline strategies to improve the health of the Staples-Motely community. As Lakewood Health System examines its current resources and opportunities available to address its top three priorities – Improving Quality of Life, Promoting Access to Resources and Care, and Enhancing the Built Environments – staff will participate in the CHNA Collaborative to effectively align strategies, identify gaps, and foster relationships to optimize contributions from multiple sectors.

Criteria for Strategy Development to Improve Health

Lakewood Health System is committed to collaborating and aligning strategies to improve the health of the Staples-Motley community. However, it is at the discretion of Lakewood Health System to utilize CHNA data and will use the following criteria to drive decision making and strategy development.

- Utilize evidence-based practices or promising practices for community health improvement;
- Develop strategies that have 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 Plan will be posted and publicly available by June 2023 at https://www.lakewoodhealthsystem.com/patients-visitors/community-health/.

Strengthen Partnerships to Improve Health

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

External partnerships:
Lakewood Health System will engage partnerships and stakeholders 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.

Strategy Alignment to Improve Health

Align Strategies:
Lakewood Health System will team up with the CHNA Collaborative to identify potential regional strategies to develop, implement and evaluate across the three-county region.

Lakewood Health System will also collaborate with partners to ensure the Community Health Implementation Strategy Plan aligns with local, county and regional plans to make the greatest collective impact, including sharing data to identify best practices, learning from mistakes, and implementing changes to improve health outcomes.

REFERENCES

The 2022 CHNA was produced by Lakewood Health System's CHNA Team and supported by the CHNA Collaborative. The CHNA Team used robust public and private data to determine the top three community health needs and priorities it plans to address during the 2022-2024 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.

REFERENCES

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

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 2030 (HP 2030) – 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/

United States Census Bureau (U.S. 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/

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/

Lakewood Health System Electronic Health Records (EHR)
EHR is primarily used by hospitals and health systems to access, organize, store and share patients' health-related information. Lakewood Health System used EHR to extract 2021 patient data to analyze and compare with other secondary and primary data sources.

Omitted Data Source

Minnesota Student Survey (MSS) – Minnesota Department of Education (MDE)
As of November 1, 2022, the most recent triennial MSS data was not made publicly available or accessible to include in the 2022 CHNA. Lakewood Health System intentionally left out MSS because the data is unchanged since the 2019 CHNA.

MSS is a school-based youth survey conducted every three years on a voluntary basis at Minnesota public school districts. In 2022, MSS administered their survey between January and June to students in grades five, eight, nine and 11. The Staples-Motley School District opted not to participate in the 2022 triennial survey. To view MSS data, visit: https://education.mn.gov/mde/dse/health/mss/

APPENDICES

Appendix A: Health4ife Survey Cover Letter

Appendix B: Health4Life Survey

Appendix C: Online Survey

Appendix A: Health4ife Survey Cover Letter

MORRISON–TODD–WADENA COMMUNITY HEALTH SURVEY

Si necesita ayuda para completar esta encuesta, puede comunicarse con Sergio Aguilera 320-732-2221.

Public Health
Prevent. Promote. Protect.

October, 2021

Dear Morrison, Todd or Wadena County Resident:

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

COMMUNITY HEALTH BOARD OF
MORRISON | TODD | WADENA
Health4Life

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.

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

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.

CentraCare™
Long Prairie

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

Lakewood
HEALTH SYSTEM

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

Tri-County Health Care
is becoming Astera Health

DO NOT WRITE IN THIS BOX

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. Mental health issues (including depression, anxiety or panic attacks)	○	○	
n. Dementia or memory loss (including Alzheimer's disease)	○	○	
o. Sexually transmitted disease (including chlamydia, gonorrhea, etc.)	○	○	
p. Risk of falling	○	○	

3. Since 2019, 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 2019

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)*

○ I had insurance, but the care I needed cost too much
○ I could not get an appointment
○ I had transportation problems
○ Due to COVID restrictions
○ I could not get off work
○ I did not have insurance
○ I could not get childcare
○ Other reason _____

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)*

- ○ I had insurance, but the care I needed cost too much
- ○ I could not get an appointment
- ○ I had transportation problems
- ○ Due to COVID restrictions
- ○ I could not get off work
- ○ I did not have insurance
- ○ I could not get childcare
- ○ 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
	○ 9

10. During the past 30 days, for about how many days have you felt nervous, on edge, or could not stop worrying?

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
	○ 9

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

○ Yes ○ No → **IF NO, GO TO QUESTION 13**

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

- ○ I had insurance, but the care I needed cost too much
- ○ I could not get an appointment
- ○ I had transportation problems
- ○ Due to COVID restrictions
- ○ I could not get off work
- ○ I did not know where to go
- ○ I did not have insurance
- ○ I could not get childcare
- ○ I feel the need to hide my mental health problems
- ○ Other reason _____

13. 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)*: _____	○	○
i. I do not have health insurance	○	○

14. Have you received a COVID-19 vaccine?

○ Yes → **IF YES, GO TO QUESTION 17** ○ No

15. What makes it difficult for you to get a COVID-19 vaccine? *(Mark ALL that apply)*

- ◯ I am concerned about side effects from receiving the vaccine
- ◯ I have a medical reason that makes me ineligible to get vaccinated (e.g., I have had a severe allergy to vaccines in the past).
- ◯ I don't have transportation.
- ◯ It is difficult to find or make an appointment.
- ◯ I don't have time off work.
- ◯ I do not think the vaccine is safe.
- ◯ Other reason _____

16. What would motivate you to get vaccinated? *(Mark ALL that apply)*

- ◯ To protect my health
- ◯ To protect the health of others
- ◯ If my school required vaccination (i.e., college/university)
- ◯ If I received an incentive (i.e., gift card, money)
- ◯ If my work required vaccination
- ◯ If my health care provider recommended I be vaccinated
- ◯ In order to travel
- ◯ If others encouraged me to get vaccinated
- ◯ Other reason _____

17. 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**

18. 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**

19. 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**

20. 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	◯	◯	◯	◯	◯	◯	◯

21. How often do you or others in your household buy or get food from the following places?	Never or less than 1 time per month	About 1 time per month	About 2 or 3 times per month	About 1 time per week	2 or more times per week
a. Supermarket or large grocery store	◯	◯	◯	◯	◯
b. Small or local grocery store	◯	◯	◯	◯	◯
c. Convenience store, gas station, or dollar store	◯	◯	◯	◯	◯
d. Food shelf, food pantry or community food program	◯	◯	◯	◯	◯
e. Fast food restaurant	◯	◯	◯	◯	◯
f. Farmers' market, local garden or local provider	◯	◯	◯	◯	◯

22. 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

23. 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

24. 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

25. 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

26. 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

27. 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. The cost of fitness programs, gym membership or admission fees	○	○	○
d. Public facilities (schools, sports fields, etc.) are not open or available at the times I want to use them	○	○	○
e. Not having sidewalks	○	○	○
f. Distance I have to travel to fitness, community center, parks or walking trails	○	○	○
g. No safe place to exercise	○	○	○
h. Other reasons _____	○	○	○

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

○ Always ○ Often ○ Sometimes ○ Never

29. Have you experienced discrimination in the past 12 months?

○ Yes ○ No → **IF NO, GO TO QUESTION 31**

30. If you experienced discrimination in the past 12 months, in which of the following situations? *(Mark ALL that apply)*

	Yes	No
a. Applying for a job?	○	○
b. Working at a job?	○	○
c. Receiving medical care?	○	○
d. Looking for a house or apartment?	○	○
e. Applying for a credit card, bank loan or mortgage?	○	○
f. Shopping at a store or eating at a restaurant	○	○
g. Applying for social services or public assistance?	○	○
h. Dealing with the police?	○	○
i. Appearing in court?	○	○

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

○ Yes ○ No

32. During the <u>past 30 days</u>, 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 37**

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

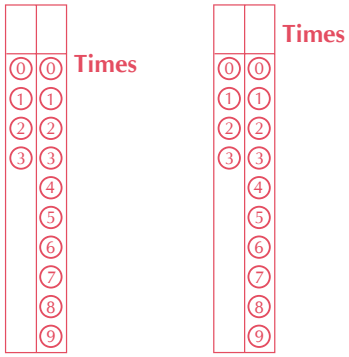
34. During the <u>past 30 days</u>, on the days when you drank, about how many drinks did you drink on average?
(A drink is one can of beer, one glass of wine, or a drink with one shot of liquor.)

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

35. Considering all types of alcoholic beverages, how many times during the <u>past 30 days</u> did you have...?

FOR FEMALES: **<u>4 or more drinks</u>** **on one occasion**

FOR MALES: **<u>5 or more drinks</u>** **on one occasion**



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

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

○ Yes ○ No ▶ **IF NO, GO TO QUESTION 41**

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

○ Every day ○ Some days ○ Not at all

39. During the <u>past 12 months</u>, have you stopped smoking for one day or longer because you were trying to quit?

○ Yes ○ No

40. 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 Partner, 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

41. 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	◯	◯	◯
g. Use marijuana (smoke, vape or ingest edibles: not including CBD products)	◯	◯	◯

42. 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?	◯	◯

43. Looking back before you 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 a 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?	◯	◯	◯

44. 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 or social media
- ◯ Nurse line

45. Are you:

○ Male ○ Female ○ Other/Unspecified

46. Your age group:

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

47. 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

48. 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

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

			Pounds
			⓪
			①
			②
			③
			④
			⑤
			⑥
			⑦
			⑧
			⑨

50. Are you Hispanic or Latino/Latina?

○ Yes ○ No

51. 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: _____

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

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

53. 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

54. 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

55. What was your household's total income from all earners and all sources in 2020?

○ 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

56. Do you own or rent your home?

○ Own ○ Rent ○ Other arrangement

57. Do you have access to reliable internet?

○ Yes ○ No

Thank you for your participation!

8

Appendix C: Online Survey

Morrison-Todd-Wadena Community Health Survey – Online Version

This online survey is being conducted in collaboration with the Morrison-Todd-Wadena Community Health Board, CentraCare-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 local public health agencies, hospitals, and clinics better understand and address the health needs experienced by residents in the three-county region.

This survey is designed for **adults age 18 or older.**

---

1. Are you:

_ Male _ Female _ Other/Unspecified

2. Your age group:

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

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

_____ Number of adults age 18 or older (including yourself)
_____ Number of children under age 18

4. Are you Hispanic or Latino/Latina?

_ Yes _ No

5. 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:_____

6. What was your household's total income from all earners and all sources in 2020?

_ 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

7. Do you have access to reliable internet?

_ Yes _ No

8. What is your current housing status?

_ Own a home
_ Renting a home
_ Renting an apartment
_ Living with a friend or family member
_ Other: _____

9. Which of the following counties do you live in?

_ Morrison _ Todd _ Wadena _ Other

10. What city do you currently live in? _____

11. What is the ZIP code of your current home address? _____

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

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

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

_ Some high school
_ GED or completed high school
_ Bachelor's degree
_ Master's degree
_ Doctorate

Quality of Life

Thinking of the community you currently live in, answer the questions below.

5 = Strongly Yes
4 = Yes
3 = Neutral
2 = No
1 = Strongly No

Quality of Life Questions	Likert Scale Responses
14. Are you happy with the health care system in your community?	1 2 3 4 5
15. Is your community a good place to raise children?	1 2 3 4 5
16. Is your community a good place to grow old?	1 2 3 4 5
17. Are there good job opportunities in your community?	1 2 3 4 5
18. Is your community a safe place to live?	1 2 3 4 5
19. In times of stress and difficulty, is there help available in your community?	1 2 3 4 5
20. Is your community a place to reach your future goals and dreams?	1 2 3 4 5

21. How often do you feel the following?	Often	Sometimes	Rarely	Never
a. I lack companionship	☐	☐	☐	☐
b. I feel isolated from others	☐	☐	☐	☐
c. I feel fearful because of the COVID-19 pandemic	☐	☐	☐	☐

22. In a typical week, how many times do you talk on the telephone or get together in-person with family, friends, or neighbors?

Number of times per week _____

23. Do you have concerns about any immigration matters for you or your family?

☐ Yes ➡ IF YES, SELECT ALL OPTIONS BELOW THAT ARE CONCERNS FOR YOU.
☐ No ➡ IF NO, GO TO QUESTION 24.

☐ Housing
☐ Transportation
☐ Language barriers
☐ Cultural differences
☐ Hard to find a job
☐ Raising children in a new place
☐ Other (explain):_____
_____

24. Did you move to your community (within Todd, Wadena, or Morrison County) in the past year?

☐ Yes ☐ No ➡ IF NO, GO TO QUESTION 26.

25. How hard was it to do the following?	Very Hard	Somewhat Hard	Not Hard at all
a. To enroll children in school	☐	☐	☐
b. To find housing	☐	☐	☐
c. To find healthcare	☐	☐	☐
d. To find a job	☐	☐	☐
e. To find childcare	☐	☐	☐

26. How hard is it for you to pay for heating, housing, and medical care?
☐Very hard ☐Somewhat hard ☐Not hard at all

27. In the last month, have you had to sleep outside, in a shelter, in your car, at a family member or friend's house, or in a place not meant for sleeping?
☐ Yes ☐ No

28. In the last month, have you had any concerns about your housing or living situation?
☐ Yes ☐ No ➡ IF NO, GO TO QUESTION 30.

29. How often are you concerned about the following?	Often	Sometimes	Rarely	Never
a. Mold	☐	☐	☐	☐
b. Issues with landlord	☐	☐	☐	☐
c. Unsafe neighborhood	☐	☐	☐	☐
d. Plumbing, electric, or appliances working properly	☐	☐	☐	☐
e. Family or friend conflict	☐	☐	☐	☐
f. Mental health in the home	☐	☐	☐	☐
g. Substance use in the home	☐	☐	☐	☐

30. Have you felt stressed often in the last month?
☐ Yes ☐ No ➡ IF NO, GO TO QUESTION 32.

31. If you have been stressed often in the last month, has it prevented you from attending work, school, or social events?
_ Yes _ No ➡ IF NO, GO TO QUESTION 32.

If "Yes," why has it prevented you from attending work, school or social events?
_____

32. In the following list, what do you think are <u>the three most "harmful behaviors"</u> in our community? (Those behaviors which have the most negative impact on overall health.)

Check only three:	
☐ Alcohol use	☐ Racism
☐ Dropping out of school	☐ Tobacco use
☐ Drug use	☐ Unsafe driving
☐ Lack of exercise	☐ Use of firearms
☐ Lack of maternity care	☐ Unsafe sex
☐ Poor eating habits	☐ Other_____
☐ Not getting "shots" to prevent disease	

33. Do you know how to access resource information in the community if you need it? (i.e. food shelf, mental health services, domestic violence support, Supplemental Nutrition Assistance Program (SNAP), housing services, etc.)
_ Yes ➡ IF YES, GO TO QUESTION 35. _ No

34. If you do not know how to access resources in the community, what would help you to become more aware of the resources available to you? _____

35. Have you experienced discrimination in the past 12 months?
_ Yes ➡ IF YES, SELECT ALL THAT APPLY BELOW. _ No ➡ IF NO, GO TO QUESTION 37.

In what area(s) have you been discriminated against? Select "All that Apply"	
a. Race	☐
b. Ethnicity	☐

c. Sex	☐
d. Sexual orientation	☐
e. Age	☐
f. Weight	☐
g. Other, briefly explain:	☐

36. If you experienced discrimination in the past 12 months, in which of the following situations? (check all that apply)		
a. Applying for a job?	☐ **Yes**	☐ **No**
b. Working at a job?	☐ **Yes**	☐ **No**
c. Receiving medical care?	☐ **Yes**	☐ **No**
d. Looking for a house or apartment?	☐ **Yes**	☐ **No**
e. Applying for a credit card, bank loan or mortgage?	☐ **Yes**	☐ **No**
f. Shopping at a store or eating at a restaurant?	☐ **Yes**	☐ **No**
g. Applying for social services or public assistance?	☐ **Yes**	☐ **No**
h. Dealing with the police?	☐ **Yes**	☐ **No**
i. Appearing in court?	☐ **Yes**	☐ **No**

37. Which of the following best describes your employment before the COVID-19 pandemic (before March 1, 2020)? This includes both formal and informal employment. Were you:

_ Employed full-time (40 hours per week)
_ Employed part-time (Less than 40 hours per week)
_ Self-employed
_ Full time student
_ Part-time student
_ Unemployed
_ Unable to work for health reasons
_ Stay at home parent
_ Other

38. How has your employment status changed since the COVID-19 pandemic (after March 1, 2020)?

_ I am still going to my workplace for the same number of hours as before the pandemic
_ I am still going to my workplace but am working reduced hours
_ I am working from home
_ I lost my job
_ I had to quit my job or changed jobs because I needed to take care of people who depend on me (children, parents)

39. Has your access to food changed since the COVID-19 pandemic?

_ No, my access to food has not changed
_ Yes, I have had enough food, but difficulty getting to the store or finding items
_ Yes, I have occasionally been without enough food or good quality foods
_ Yes, I have frequently been without enough food

40. Have you been eating more or eating more unhealthy foods since the start of the COVID-19 pandemic?

_ No, there have been no changes, or I have been eating slightly less than usual
_ Yes, I have been eating slightly more than usual
_ Yes, I have been eating more frequently or eating more unhealthy foods than usual

41. Has your access to health care changed since the COVID-19 pandemic?

_ Yes ➡ IF YES, SELECT ALL THAT APPLY BELOW

_ No ➡ IF NO, GO TO QUESTION 42.

_ My appointments have moved to telehealth (virtual)
_ My appointments have been delayed
_ It has been harder to get my prescriptions refilled
_ I have been unable to get the care I need
_ Other: _____

42. Has your access to mental health care ("mental health care" referring to treatment of anxiety, depression, or other mental illness) changed since the COVID-19 pandemic?

_ Yes ➡ IF YES, SELECT ALL THAT APPLY BELOW
_ No ➡ IF NO, GO TO QUESTION 43.

_ My appointments have moved to telehealth (virtual)
_ My appointments have been delayed
_ It has been harder to get my prescriptions refilled
_ I have been unable to get the care I need
_ Other: _____

43. Overall, how much has the COVID-19 pandemic impacted your day-to-day life? (If yes to response option "#1 or #2", go to question 45.

_ 1. It has not impacted my life at all
_ 2. It has impacted my life a little
_ 3. It has impacted my life a lot

44. If yes to response option "#3", explain in what ways COVID-19 has impacted your life.

_____

_____

45. Have you received a COVID-19 vaccine?

_ Yes ➡ IF YES, SURVEY IS COMPLETE.
_ No ➡ IF NO, GO TO QUESTION 46.

46. What makes it difficult for you to get a COVID-19 vaccine? (Mark all that apply.)

_ I am concerned about side effects from receiving the vaccine
_ I do not think the vaccine is safe
_ I have a medical reason that makes me ineligible to get vaccinated (e.g., I have had a severe allergy to vaccines in the past)
_ I don't have transportation
_ It is difficult to find or make an appointment
_ I don't have time off work
_ Other reason: _____

47. What would motivate you to get vaccinated? (Mark all that apply.)

_ To protect my health
_ To protect the health of others
_ If my school required vaccination (i.e., college/university)
_ If I received an incentive (i.e., gift card, money)
_ If my work required vaccination
_ If my health care provider recommended I be vaccinated
_ In order to travel
_ If others encouraged me to get vaccinated
_ Other reason: _____

Thank you for completing the survey.