








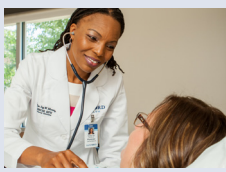













SANFORD HEALTH

Sanford Medical Center Thief River Falls

2018 Community Health Needs Assessment

dba Sanford Thief River Falls Medical Center EIN # 41-0709579

Dear Community Members,

Sanford Thief River Falls Medical Center is pleased to present the 2018 Community Health Needs Assessment (CHNA).

Sanford completes a community health needs assessment every three years. It is through this work that we identify the unmet needs in the community and strategically plan how we can best address those needs. The CHNA process aligns with Sanford's mission - *Dedicated to the work of health and healing.*

During 2017 and 2018, members of the community were invited to complete a survey to help identify the unmet needs. Key stakeholders completed a survey to identify concerns for the community related to economic well-being, transportation, children and youth, the aging population, safety, and access to mental and behavioral health. Sanford analyzed the data from the primary research and met with key stakeholders to prioritize the identified needs. Our strategies to address the needs are included in this report.

Sanford will address the following health needs in a formalized implementation strategy for the 2019-2021 fiscal years:

- *Mental Health and Substance Abuse*
- *Children and Youth*

The CHNA also focused on the strengths of our community and includes the many community assets that are available to address the community health needs. We have also included an impact report from our 2016 implementation strategies.

Sanford Thief River Falls is committed to extending care beyond our bricks and mortar. We are committed to meeting the health care needs of the broader community. Together, we can fulfill our mission.

Sincerely,

Brian Carlson
Executive Director
Sanford Thief River Falls Medical Center

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Sanford Thief River Falls Medical Center

Community Health Needs Assessment
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Executive Summary

Purpose

The purpose of a community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within our community. Findings from the assessment serve as a catalyst to align expertise and develop a Community Investment/Community Benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate, justify and defend the not-for-profit status and create opportunity to identify and address public health issues from a broad perspective. A community health needs assessment identifies the community's strengths and areas for improvement. A community health needs assessment is critical to a vital Community Investment/Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining our not-for-profit status.

Our Guiding Principles

- All health care is a community asset
- Care should be delivered as close to home as possible
- Access to health care must be provided regionally
- Integrated care delivers the best quality and efficiency
- Community involvement and support are essential to success
- Sanford Health is invited into the communities we serve

Regulatory Requirements

Federal law regulations stipulate that non-profit medical centers conduct a community health needs assessment at least once every three years and prioritize the needs for the purpose of implementations strategy development and submission in accordance with the Internal Revenue Code 501 (r) .

The Internal Revenue Code 501(R) requires that each hospital must have: (1) conducted a community health needs assessment in the applicable taxable year; (2) adopted an implementation strategy for meeting the community health needs identified in the assessment; and (3) created transparency by making the information widely available.

The regulations stipulate that each medical center take into account input from persons who represent the broad interests of the community. We are required to seek at least one state, local, tribal or regional government public health department or state Office of Rural Health with knowledge, information or expertise relevant to the health needs of the community.

Non-profit hospitals are required to seek input from members of medically underserved, low income, and minority populations in the community, or organizations serving or representing the interest of such populations, and underserved populations experiencing disparities or at risk of not receiving adequate care as a result of being uninsured or due to geographic, language or financial or other barriers.

The community health needs assessment includes a process to identify community resources that are available to address the assessed needs to prioritize the needs.

Hospitals are to address each and every assessed needs or defend why we are not addressing the needs. Once the needs have been identified and prioritized, hospitals are required to develop an implementation strategy to address the top needs. The strategies are reported on the IRS 990 and a status report must be provided each year on IRS 990 Schedule H.

Finally, hospitals are to be transparent with the findings and make the written CHNA report available to anyone who asks for the report. Sanford places the CHNA reports and the implementation strategies on the Sanford website. Hospitals are required to keep three cycles of assessments on the web site. The 2018 report will be Sanford's third report cycle since the requirements were enacted in 2010.

Study Design and Methodology

1. Primary Research
   A. *Key Stakeholder Survey*
   An online survey was conducted with identified community key stakeholders. The study concentrated on the stakeholders' concerns for the community specific to economic well-being, transportation, children and youth, the aging population, safety, health care and wellness, mental health and substance abuse. The study was conducted through a partnership between Sanford Health and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Sanford Health and Pennington Public Health distributed the survey link via email to stakeholders and key leaders located within the Thief River Falls community and Pennington County. Data collection occurred from December 2017 to January 2018. A total of 19 community stakeholders participated in the survey.

   B. *Resident Survey*
   The resident survey tool included questions about the respondent's personal health. An online survey was developed in partnership with public health experts from across the Sanford footprint. The Minnesota Health Department reviewed and advised Sanford about key questions that they request of the SHIP surveys and those questions were included in the resident survey. The survey was posted on Facebook and a notice was posted in the local newspaper to invite residents to take the survey. The newspaper post included a URL for the survey. A total of 24 community residents participated in the survey.

   C. *Community Asset Mapping*
   Asset mapping was conducted to find the community resources available to address the assessed needs. Each unmet need was researched to determine what resources were available to address the needs. Once gaps were determined, the prioritization exercise followed with key stakeholder groups determining the top needs.

   D. *Community Stakeholder Discussions*
   Community stakeholders were invited to attend a presentation of the findings of the CHNA research. Facilitated discussion commenced and each participant was asked to consider his or her top two or three priorities that should be further developed into implementation strategies. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

   E. *Prioritization Process*
   The primary and secondary research data was analyzed to develop the top unmet needs. The analyzed list of needs was developed into a worksheet. A multi-voting methodology from the American Society for Quality was implemented to determine what top priorities would be further

developed into implementation strategies. Key community stakeholders met with medical center leaders to complete the multi-voting exercise.

2. Secondary Research
   A. The 2018 County Health Rankings were reviewed and included in the report and in the asset mapping process.
   B. The U.S. Census Bureau estimates were reviewed.
   C. Community Commons were reviewed and specific data sets were considered. The Community Commons link is https://www.communitycommons.org/maps-data/
   D. Quinn Community Health Services 2017 Northwest Region Adult Health Behavior Survey Summary – Pennington County Report was aslo included in the assessment.

Limitations of the Study

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in Thief River Falls and Pennington County, Minnesota. A good faith effort was made to secure input from a broad base of the community. However, when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates from the U.S. Census Bureau, there was improvement over the last several CHNAs but there is still a need to capture demographic that better represents the community. This is part of our CHNA continuous improvement process.

Internal Revenue Code 501 (r) requires that a broad base of key community stakeholders have input into the needs of the community. Those community members specified in the statute include persons who represent the broad interests of the community served by the hospital facility including those with special expertise in public health; Federal, tribal, regional, state and or local health or other departments or agencies with information relevant to the health needs of the community served; and leaders, representatives, or members of medically underserved, low income, and minority populations.

Sanford extended a good faith effort to engage all of the aforementioned community representatives in the survey process. We worked closely with public health experts throughout the assessment process.

Public comments and responses to the community health needs assessment and the implementations strategies are welcome on the Sanford website or contact can be made at https://www.sanfordhealth.org/contact-us/form

Key Findings

Community Health Concerns

The key findings are based on the key stakeholder survey, the resident survey and secondary research. The key stakeholder survey ranked key indicators on a Likert scale with 1 meaning no attention needed and 5 meaning critical attention needed. Survey results ranking 3.0 or above are considered to be high ranking. Sanford is addressing many of the needs that ranked below 3.0; however, the high ranking needs of 3.0 or above are considered for the prioritization process. The resident survey addresses personal health needs and concern. The secondary research provides further understanding of the health of the community and in some cases the indicators are aligned and validate our findings.

Economic Well-Being

Community stakeholders are most concerned that there is a need for affordable housing (ranking 3.37), household budgeting and money management (3.11), a need for housing that accepts people with chemical

dependency, mental health problems, criminal history or victims of domestic abuse (3.00), and a skilled labor workforce (3.00).

Children and Youth
Community stakeholders are most concerned about the availability and cost of quality child care (3.74), childhood obesity (3.74), substance abuse by youth (3.44), the availability and cost of services for at-risk youth (3.42), teen tobacco use (3.21), bullying (3.00), crime committed by youth (3.00), and opportunities for youth-adult mentoring (3.00).

Aging Population
Community stakeholders are most concerned about the cost of long term care and the cost and availability of memory care (3.50). Additional concerns include the cost of in-home care (3.06) and the availability of resources for grandparents caring for their grandchildren (3.00).

Safety
Community stakeholders are most concerned about abuse of prescription drugs (3.84), the presence of drug dealers (3.11), the presence of street drugs (3.05), child abuse and neglect (3.00), criminal activity (3.00), and domestic violence (3.00).

Health Care Access
Community stakeholders are most concerned about access to affordable health insurance coverage (3.53), access to affordable health care (3.42), access to affordable prescription drugs (3.26), the use of emergency room services for primary health care (3.26), the availability of specialist physicians (3.21), the availability of non-traditional hours (3.11), the availability of behavioral health (substance abuse) providers (3.05), access to affordable dental coverage (3.00), and the availability of mental health providers (3.00 .

Mental Health and Substance Abuse
Community stakeholders are most concerned about drug use and abuse (3.68), depression (3.47), stress (3.47), alcohol use and abuse (3.26), and dementia and Alzheimer's (3.00).

Resident survey participants are facing the following issues:

- 59% report that they are overweight or obese
- 50% have a diagnosis of depression
- 44% have a diagnosis of anxiety
- 38% self-report binge drinking at least 1X/month
- 39% have a diagnosis of high cholesterol
- 39% have a diagnosis of arthritis
- 33% have a diagnosis of hypertension
- 28% have a diagnosis of asthma
- 17% have not had a routine check-up in more than 1 year
- 8% have not visited a dentist in more than a year

Community stakeholders worked through a multi-voting prioritization process to determine the top priorities and needs of the community.

Sanford Thief River Falls will address the following health needs in a formalized implementation strategy for the 2019-2021 fiscal years:

- Mental Health/Behavioral Health and Substance Abuse
- Children and Youth

Implementation Strategies

Priority 1: Mental Health/Behavioral Health and Substance Abuse

Mental health is important at every stage of life and affects how people think, feel, and act. According to the National Institute of Mental Health, depression is one of the most common mental disorders in the U.S. Current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors. Depression is among the most treatable of mental disorders.

Sanford has made mental health a significant priority and has developed strategies to reduce mortality and morbidity from mental health and behavioral health and substance abuse. It is Sanford's goal to reduce the number of individuals whose overall well-being is negatively impacted by addiction and mental illness.

Priority 2: Children and Youth

The U.S. Census Bureau estimates that in 2014, 74% of Minnesota households with children under age 6 had all parents in the workforce. This is the third highest state in the nation for working parents, falling behind Iowa and South Dakota at 75%.

According to a report by Child Care Aware of America, states face various challenges in exploring child care supply and demand and directing precious resources to ensure accessibility to quality child care. Child Care Aware describes quality child care as "*the emotional and academic support children need to be school-ready by the time they enter kindergarten. Quality child care should be culturally and linguistically responsive and should be provided by engaged and caring child care providers. Quality child care incorporates physical activity time and developmental screening practices, and follows food safety guidelines. In addition, quality child care should be easily accessible for all families, regardless of location or socioeconomic status.*"

Sanford has made quality child care a significant priority and has developed strategies to work in collaboration with community leaders to improve the availability of quality child care in the community. The intent of the strategies is to create more opportunities for quality child care in the community and to support child care providers with educational program opportunities.

Sanford Thief River Falls Medical Center

Community Health Needs Assessment

2018

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Acknowledgements

Sanford Health would like to thank and acknowledge the Steering Committees for their assistance and expertise while conducting the assessment and analysis of the community needs.

Sanford Steering Group:

- Sara Ballhagen, Administrative Assistant, Sanford Thief River Falls
- Stacy Barstad, Senior Director, Sanford Tracy and Sanford Westbrook
- Rob Belanger, Clinic Director, Sanford Thief River Falls
- Catherine Bernard, Tax Manager, Corporate Accounting, Sanford Health
- Michelle Bruhn, Senior Vice President, Finance, Health Services Division, Sanford Health
- Randy Bury, Chief Administrative Officer, Sanford Health
- Brian Carlson, Executive Director, Sanford Thief River Falls
- Denise Clouse, Marketing Coordinator, Sanford Tracy
- Ashley Erickson, Senior Director, Sanford Aberdeen
- JoAnn Foltz, Senior Director, Sanford Thief River Falls
- Isaac Gerdes, Senior Director, Sanford Webster
- Paul Gerhart, Director of Fiscal Services, Sanford Canton
- Julie Girard, Improvement Advisor, Sanford Vermillion
- Paul Hanson, President, Sanford Sioux Falls
- Joy Johnson, VP of Operations, Sanford Thief River Falls
- JoAnn Kunkel, Chief Financial Officer, Sanford Health
- Mary Lake, Executive Assistant, Sanford Health Network Fargo Region
- Amber Langner, Senior Director of Finance, Corporate Accounting, Sanford Health
- Scott Larson, Senior Director, Sanford Canton
- Tiffany Lawrence, VP, Finance, Sanford Fargo
- Martha Leclerc, VP, Corporate Contracting, Sanford Health
- Tammy Loosbrock, Senior Director, Sanford Luverne and Sanford Rock Rapids

- Carrie McLeod, Sanford Community Health Improvement/Community Benefit - CHNA Director
- Jac McTaggart, Senior Director, Sanford Hillsboro and Sanford Mayville
- Rick Nordahl, Senior Director, Sanford Sheldon
- Erica Peterson, Senior Director, Sanford Chamberlain
- Gwen Post, Director of Nursing and Clinical Services, Sanford Worthington
- Dawn Schnell, Senior Director, Sanford Jackson
- Lori Sisk, Senior Director, Sanford Canby and Sanford Clear Lake
- Jennifer Tewes, Clinic Supervisor, Sanford Jackson
- Tim Tracy, Senior Director, Sanford Vermillion
- Ruth Twedt, Manager of Ancillary Services, Sanford Clear Lake
- Marnie Walth, Senior Legislative Affairs Specialist, Sanford Bismarck
- Jennifer Weg, Executive Director, Sanford Worthington

We express our gratitude to the following community collaborative members for their expertise during the planning, development and analysis of the community health needs assessment:

- Clinton Alexander, Fargo Moorhead Native American Center
- Kristin Bausman, Becker County Public Health
- Justin Bohrer, Fargo Cass Public Health
- Cynthia Borgen, Pennington Public Health
- Jackie Buboltz, Essentia Health
- Anita Cardinal, Pennington County Public Health
- Leah Deyo, Essentia Health
- Peter Ekadu, Nobles County Public Health
- Stacie Golombiecki, Nobles County Public Health
- Christian Harris, New American Consortium
- Caitlyn Hurley, Avera Health
- Deb Jacobs, Wilkin County Public Health
- Joy Johnson, Sanford Health
- Ann Kinney, Minnesota Department of Health
- Krista Kopperud, Southwest Health and Human Services
- Ann Malmberg, Dakota Medical Foundation Mayors' Blue Ribbon Commission on Addiction
- Kathy McKay, Clay County Public Health
- Jac McTaggert, Sanford Health
- Mary Michaels, Sioux Falls Department of Health
- Teresa Miler, Avera Health
- Renae Moch, Burleigh County Public Health
- Brittany Ness, Steel County Public Health
- Ruth Roman, Fargo Cass Public Health
- Kay Schwartzwalter, Center for Social Research, NDSU
- Becky Secore, Pennington Public Health
- Julie Sorby, Family HealthCare Center
- Brenda Stallman, Traill County Public Health
- Diane Thorson, Ottertail County Public Health
- Juli Ward, Avera Health
- MayLynn Warne, North Dakota Public Health Association

We extend our special thanks to the community and county leaders, public health administration, physicians, nurses, legislators and community representatives for diverse populations for their participation in this work.

Together we are reaching our vision “to improve the human condition through exceptional care, innovation and discovery.”

The following Thief River Falls community stakeholders participated in community discussions and helped to formulate the priorities for our implementation strategies:

- Kevin Ballard, Senior Director, Sanford Behavioral Health
- Anita Cardinal, Director, Pennington Public Health
- Brian Carlson, Executive Director, Sanford Thief River Falls
- Cody Hempel, Pennington County Commissioner
- Brian Holmer, Mayor, Thief River Falls
- Janell Hudson, Director of Nursing and Clinical Services, Sanford Thief River Falls
- Brook Redd, MD, Sanford Thief River Falls
- Mark Schmitke, Digi-Key and Member of Sanford Thief River Falls Board of Directors
- Mark Yuska, Sanford Clinic Surgical Committee
- Ken Yutrzenka, Pennington County Social Services

Description of Sanford Thief River Falls Medical Center

Sanford Thief River Falls Medical Center is a state-of-the-art, 25-bed critical access hospital and attached multi-specialty provider-based clinic serving people in Pennington and surrounding counties. The $60 million medical center campus opened in 2014.

Sanford Thief River Falls Medical Center is equipped with the most advanced technology and includes a 24-bed Level IV emergency center that sees 7,500 patients annually, labor/delivery and postpartum suites for approximately 300 births per year, medical, surgical and intensive care and operating rooms. Radiology services include 3D mammography, nuclear medicine, CT, MRI and ultrasound. Other services provided include an infusion center, surgery center, dialysis, pharmacy and lab.

More than 30 medical specialties are offered so patients and families don't have to travel far to get expert care. The clinic provides primary care (family medicine, internal medicine, pediatrics, OB/GYN) as well as surgery, hospitalists, podiatry, orthopedics, psychiatry, psychology, emergency medicine and numerous therapies and nutrition.

Outreach specialists in the areas of allergy and immunology, pediatric cardiology, dermatology, ENT, genetic counseling, hematology, oncology, nephrology, podiatry, sleep medicine, urology, vascular surgery, pain management and ophthalmology visit on a regular basis. This ensures the residents of the TRF area have access to specialty care close to home.

Sanford TRF also participates in and leads many health care education and training opportunities throughout the community and has a family wellness/fitness center with indoor walk/running track, group exercise space, as well as a Kid's fitZone. The wellness center project was completed in 2017 through community fundraising efforts.

Inpatient and outpatient behavioral health services are available at a separate facility in downtown Thief River Falls.

Sanford Thief River Falls employs 45 clinicians, including physicians and advanced practice providers, and over 600 employees.

Description of the Community Served – Thief River Falls, MN

Thief River Falls, located in northwest Minnesota, is one of the largest communities in that region with a population over 8,000. It takes its name from the falls of the Red Lake River where it meets with the Thief River. Thief River Falls serves as a hub of economic activity with major employers including snowmobile manufacturer Textron Industries, Inc. (Arctic Cat), electronic parts distributor Digi-Key Corporation, and is the birthplace of Steiger Tractor.

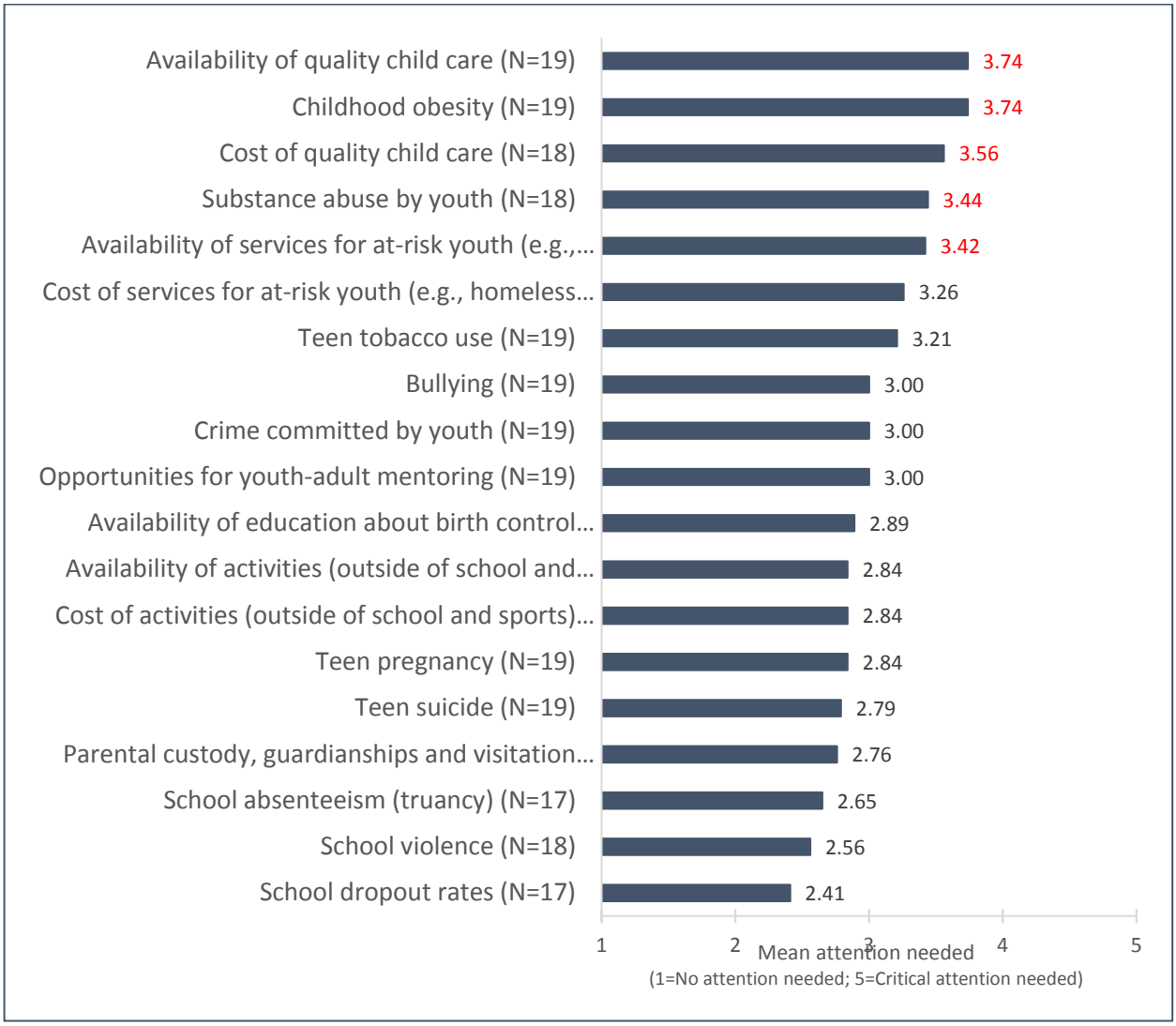
The Thief River Falls area is rich in natural beauty with forests, rivers, parks and wildlife. The community offers numerous options for recreation and physical activity, most prominently the Ralph Englestad hockey arena. Popular outdoor activities include fishing, snowmobiling, hunting, skating and bird watching. The community boasts many well-maintained parks and a bike trail system. There are several fitness centers in town including Sanford Health Thief River Falls Wellness Center, which recently relocated to new, larger space with expanded fitness programs and options.

Key Findings

Community Health Concerns

The key findings are based on the key stakeholder survey, the resident survey, and secondary research. The key stakeholder survey ranked key indicators on a Likert scale with 1 meaning no attention needed and 5 meaning critical attention needed. Survey results ranking 3.4 or above are considered to be high ranking. Sanford is addressing many of the needs that ranked below 3.4; however, the high ranking needs of 3.4 or above are considered for the prioritization process. The resident survey addresses personal health needs and concerns. The secondary research provides further understanding of the health of the community, and in some cases the indicators align with and validate our findings.

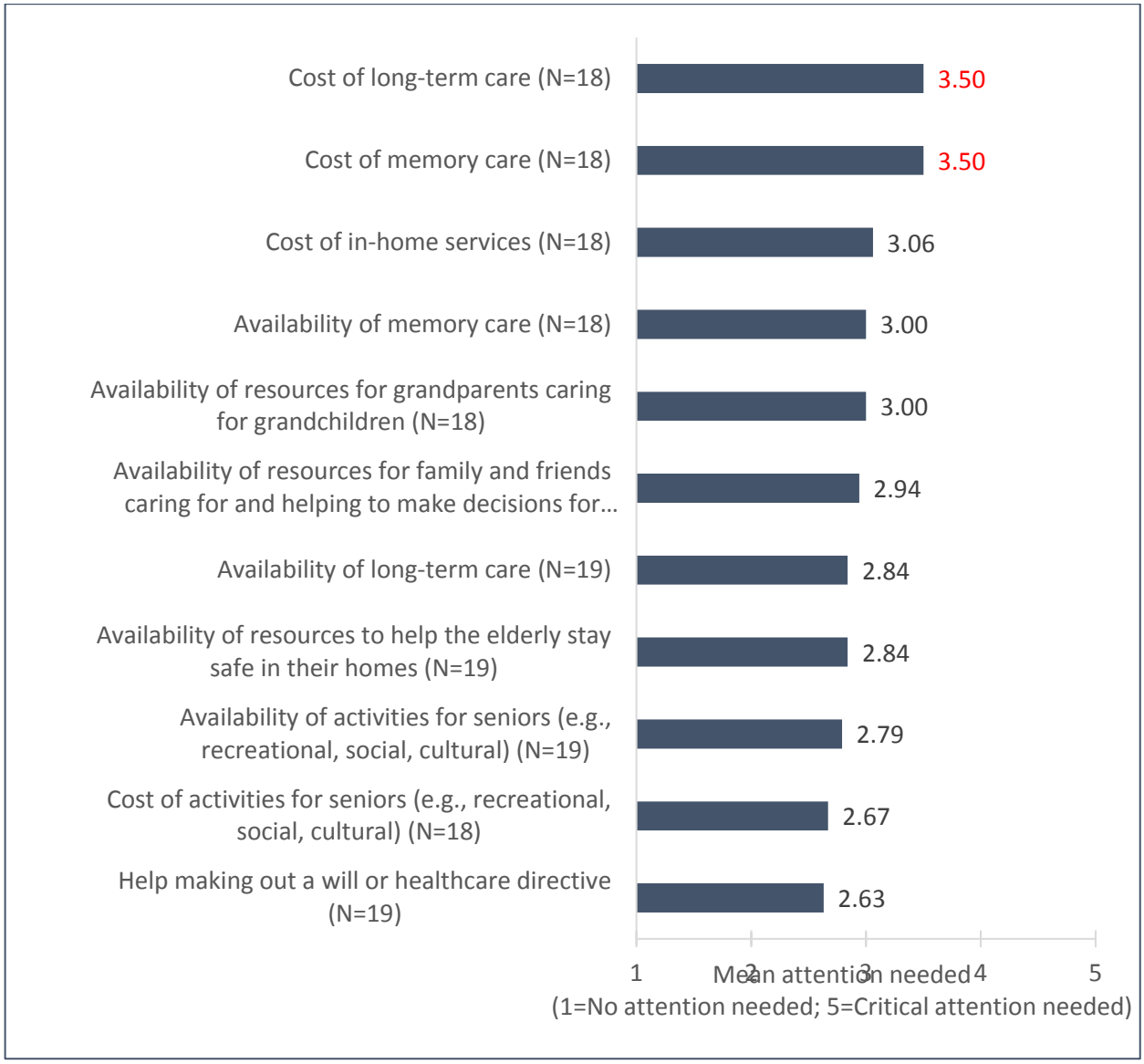
Children and Youth: The concern for children and youth is highest for the availability of quality child care. Childhood obesity, the cost of quality child care, substance abuse by youth, and the availability of services for at-risk youth are also high concerns among community stakeholders.



The availability of high-quality child care that is affordable is important to children's healthy development and families' self-sufficiency. It is also an important workforce concern. The Minnesota Department of Human

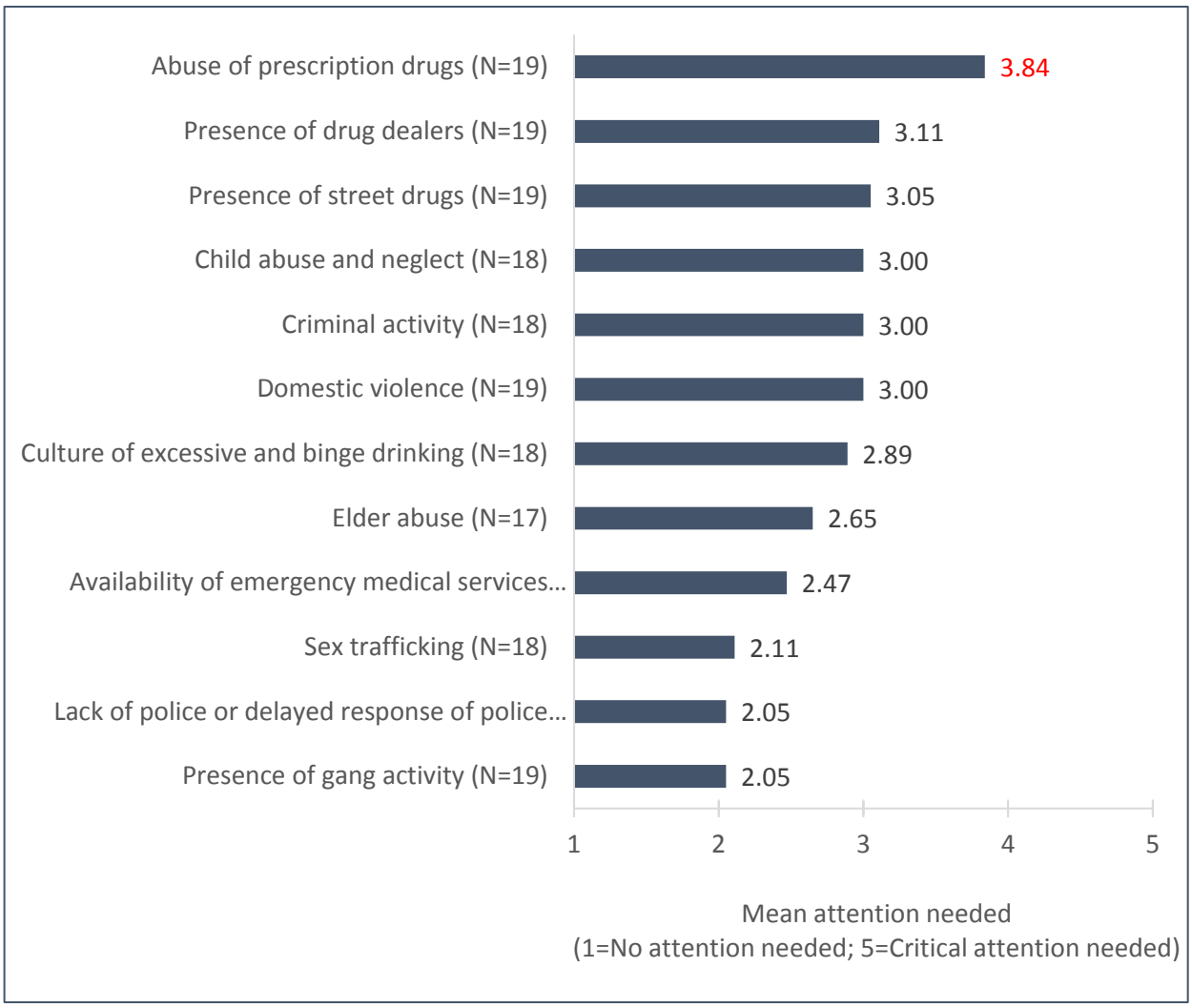
Services (DHS) helps income-eligible families pay for child care. DHS also helps child care and other early learning programs improve the quality of care that they offer.

Aging Population: The cost of long term care and memory care are top concerns again and were top concerns during the 2016 CHNA cycle.



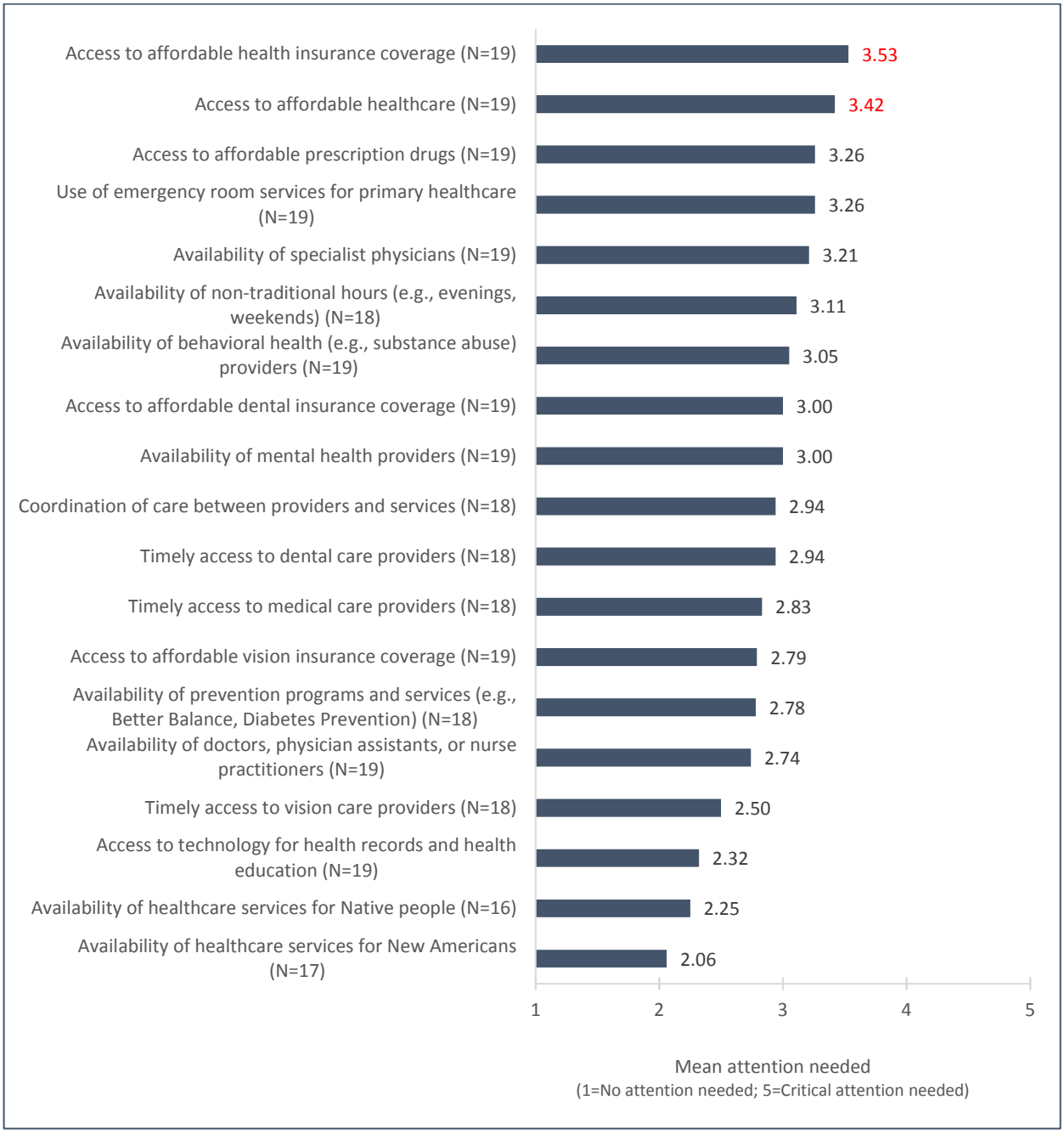
According to the U.S. Health and Human Services Administration on Aging, the cost of long term care depends on the type and duration of care you need, the provider you use, and where you live. Sanford providers work to help seniors live healthy independent lives. Sanford social workers, case managers, and discharge planners refer patients to area service providers to make certain that patients receive a safe discharge and transition to the appropriate levels of care.

Safety: The abuse of prescription drugs is the top concern for safety in the community.



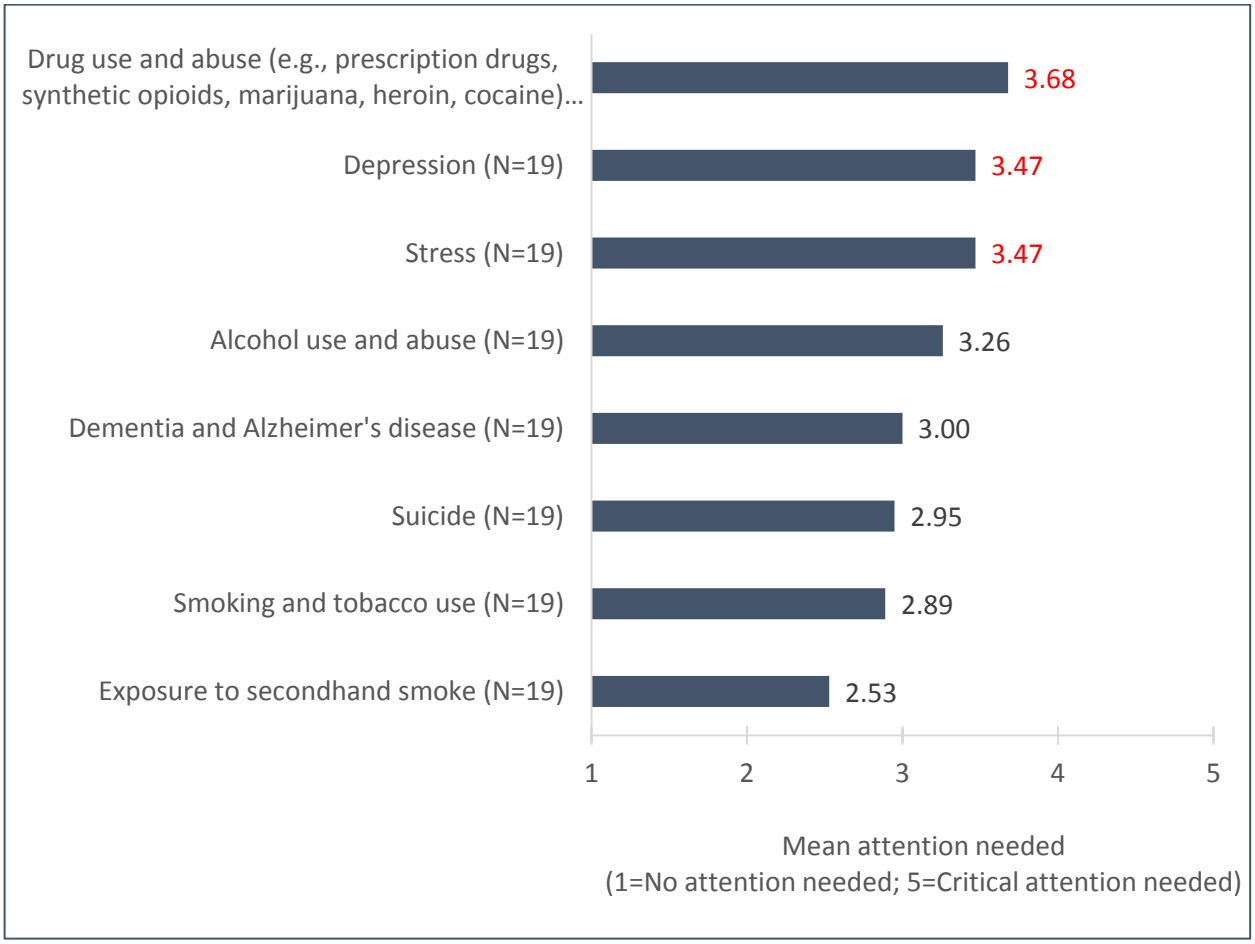
The National Institute on Drug Abuse states that the misuse of prescription drugs means taking a medication in a manner or dose other than what was prescribed; or taking someone else's prescription, even if for a legitimate medical complaint such as pain; or taking a medication to feel euphoria (i.e., to get high). The term *non-medical use* of prescription drugs also refers to these categories of misuse. The three classes of medication most commonly misused are opioids, central nervous system depressants (this category includes tranquilizers, sedatives, and hypnotics) and stimulants - most often prescribed to treat attention deficit hyperactivity disorder (ADHD). Prescription drug misuse can have serious medical consequences. Providers at Sanford Health have reduced opioid prescriptions over the last three years in an effort to have fewer pills in circulation and a reduced opportunity for misuse.

Health Care and Wellness: The availability of mental health and behavioral health providers is ranked very high among the top concerns for the community.



According to the Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, Health Professional Shortage Area (HPSA) designations are used to identify areas and population groups within the United States that are experiencing a shortage of health professionals. The 2016 HRSA report projected that the supply of workers in selected behavioral health professions would be approximately 250,000 workers short of the projected demand by 2025.

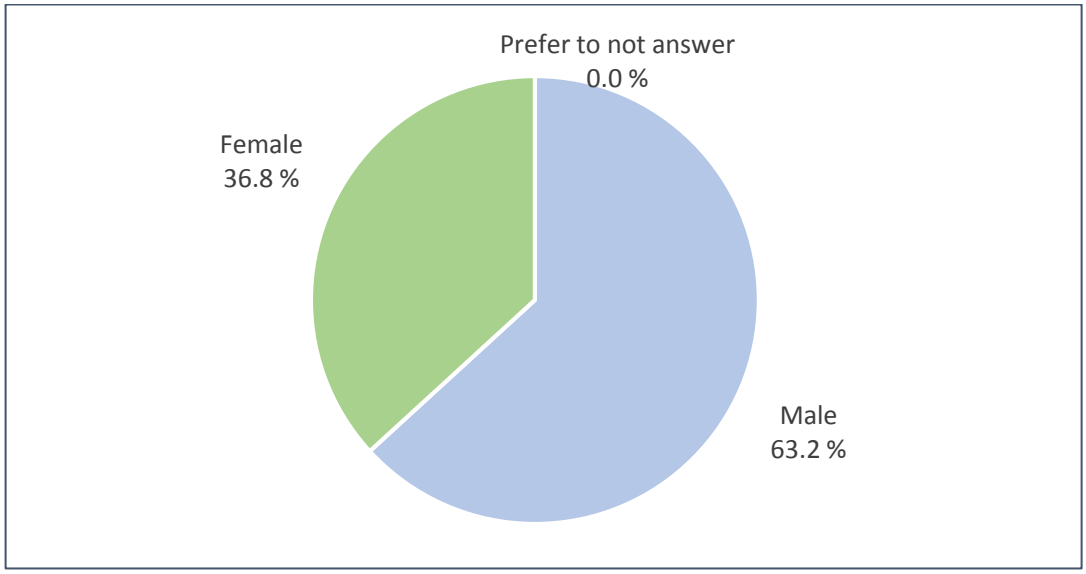
Mental Health and Substance Abuse: Drug use and abuse, stress, depression and alcohol use and abuse are top concerns for the community.



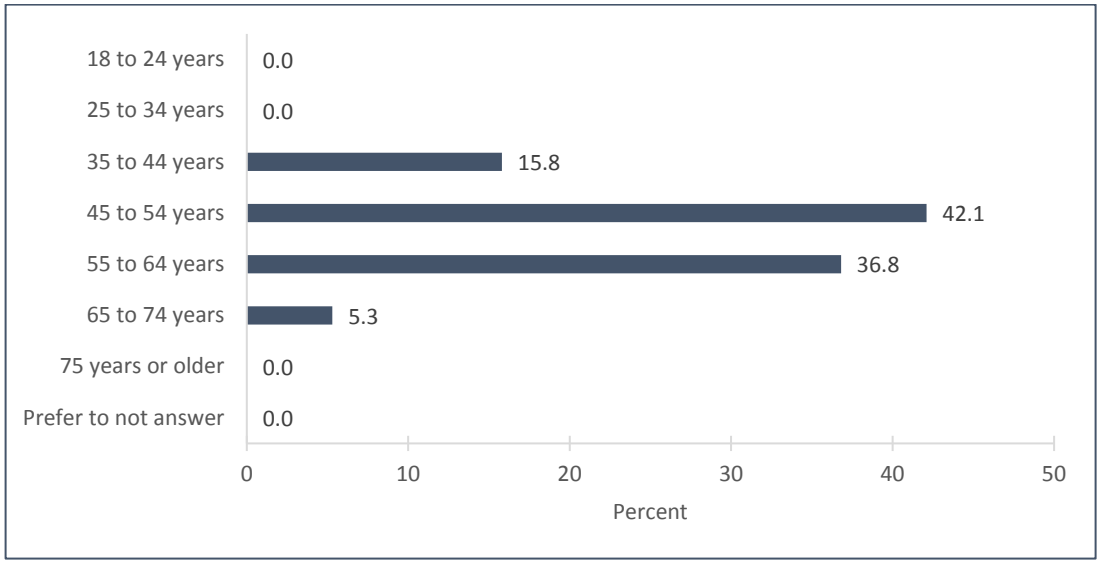
The Substance Abuse and Mental Health Services Administration reports that "Mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities. In 2014, an estimated 9.8 million adults age 18 and older in the United States had a serious mental illness, and 1.7 million of whom were age 18 to 25. Also, 15.7 million adults (age 18 or older) and 2.8 million youth (age 12 to 17) had a major depressive episode during the past year. In 2014, an estimated 22.5 million Americans age 12 and older self-reported needing treatment for alcohol or illicit drug use, and 11.8 million adults self-reported needing mental health treatment or counseling in the past year. These disorders are among the top conditions that cause disability and carry a high burden of disease in the United States, resulting in significant costs to families, employers, and publicly funded health systems. By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide."

Demographic Information for Key Stakeholder Participants

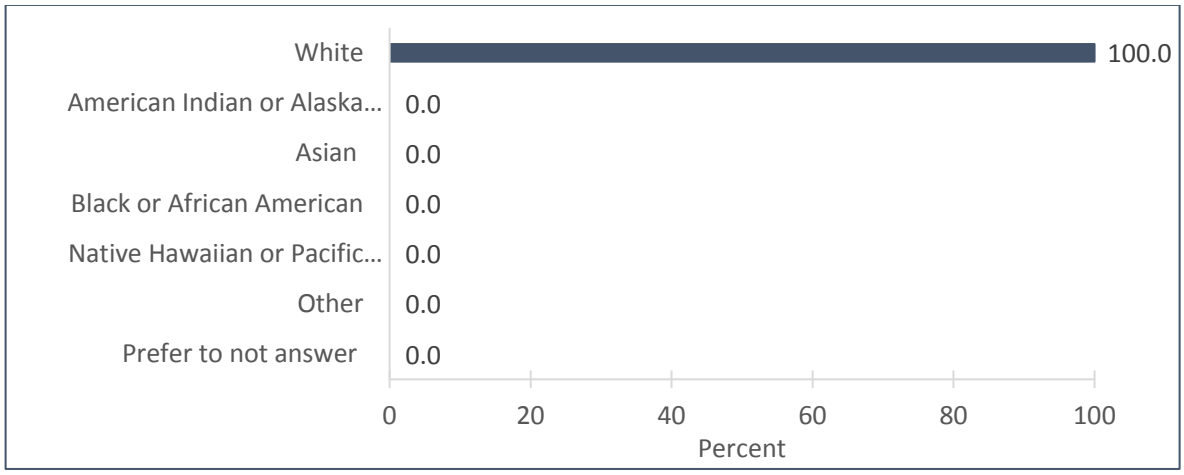
Biological Gender



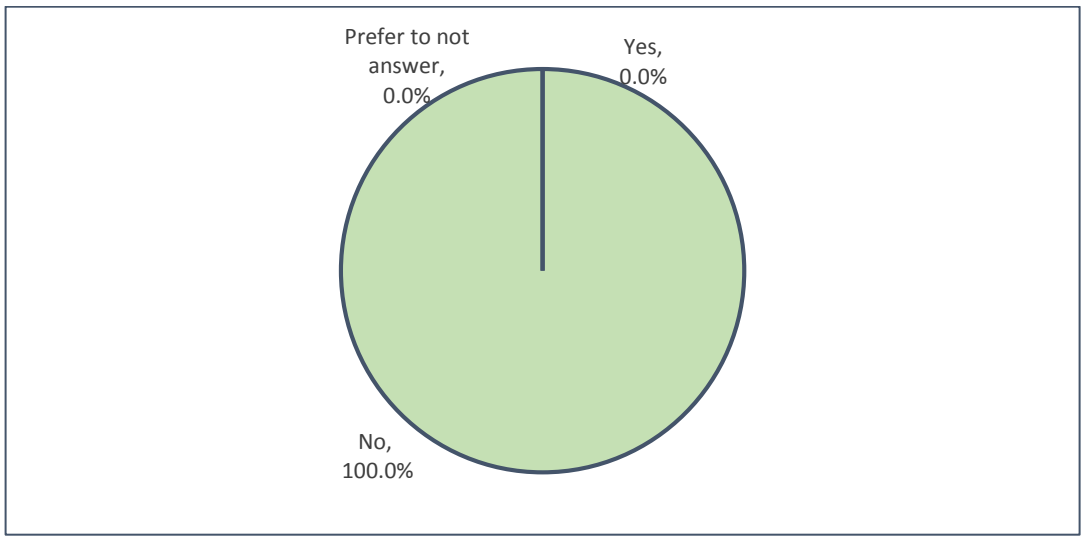
Age of Participants



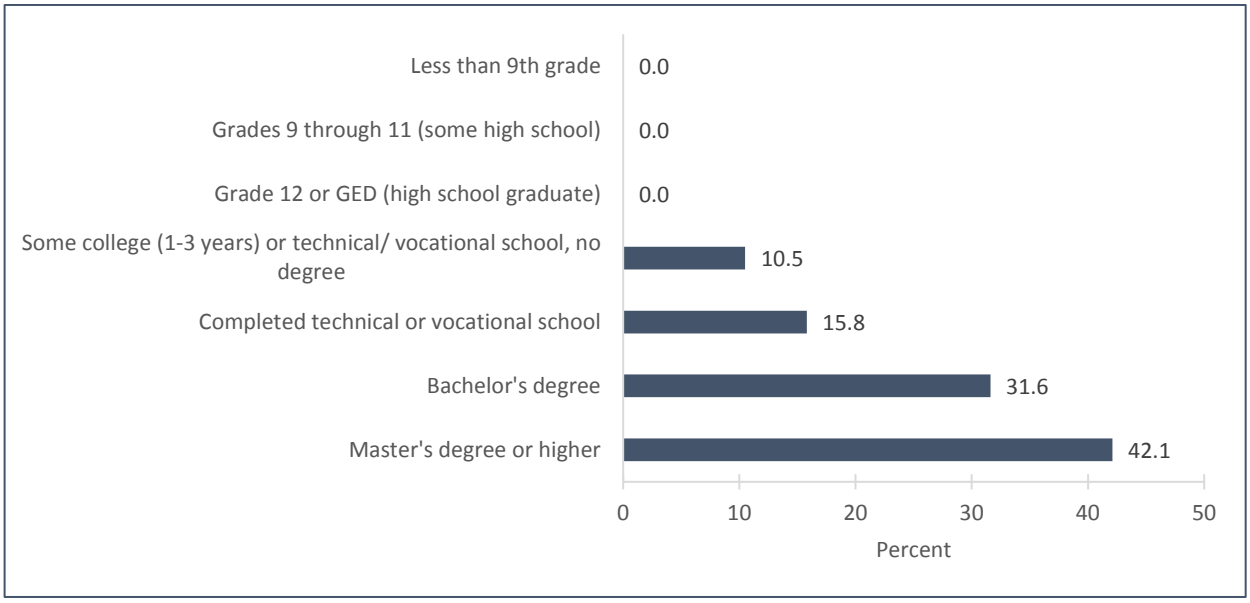
Race of Participants



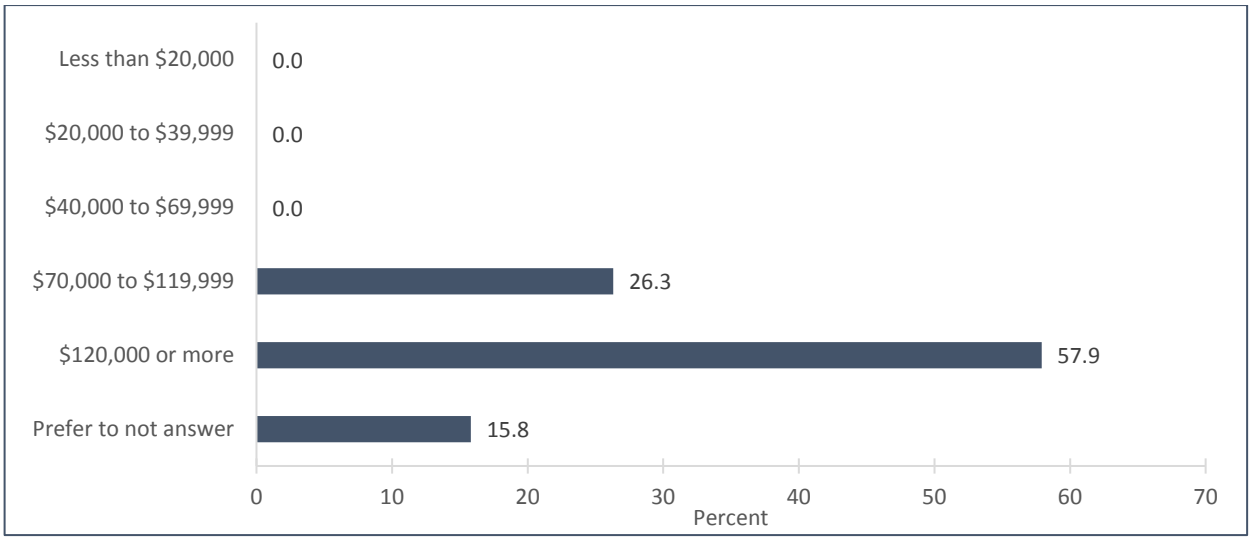
Whether respondents are of Hispanic or Latino origin



Highest Level of Education Completed



Annual Household Income of Respondents, from all sources, before taxes



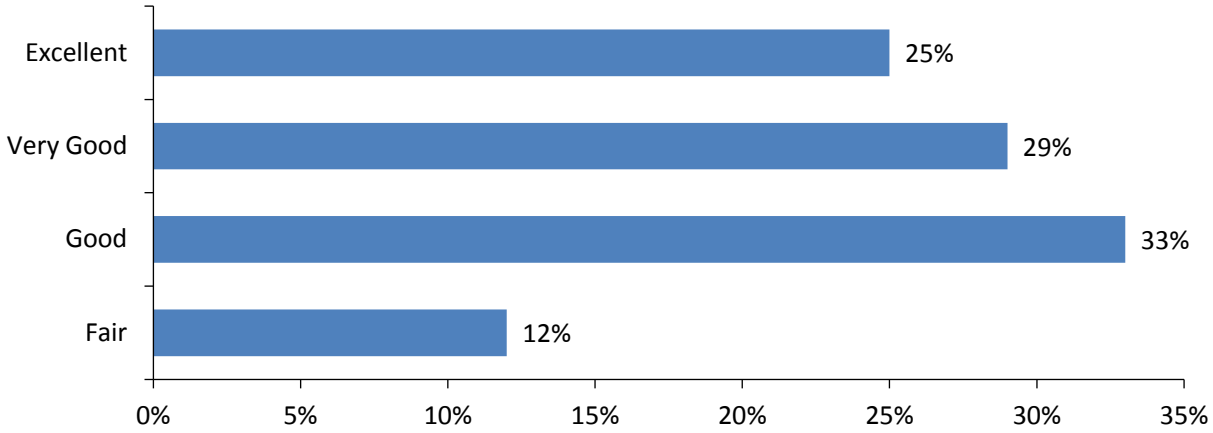
Residents' Health Concerns

Health is personal and it starts in our homes, schools, workplaces, neighborhoods, and communities. Eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor for routine check-ups can positively influence our health.

The resident survey asks questions specific to the participant's personal health and health behaviors.

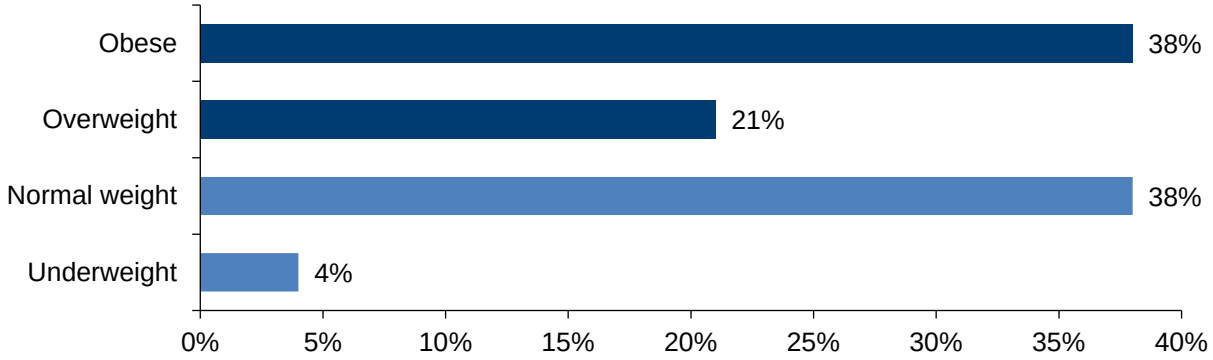
How would you rate your health?

Eighty-eight percent of survey participants rated their health as good or better.



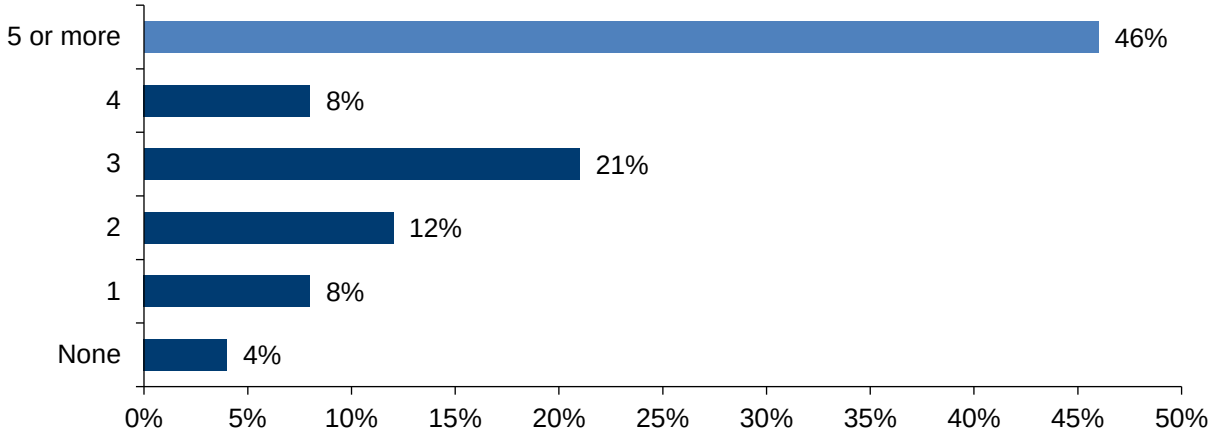
BMI

Fifty-nine percent of participants are overweight or obese.



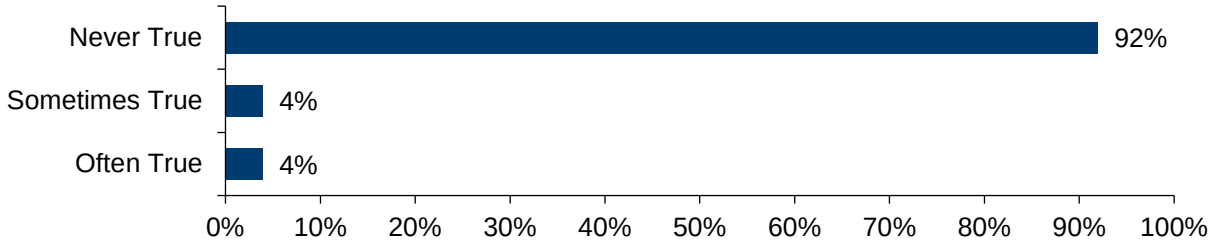
Total daily servings of fruits and vegetables

Only 46 percent are getting their recommended 5 or more a day servings of fruits and vegetables



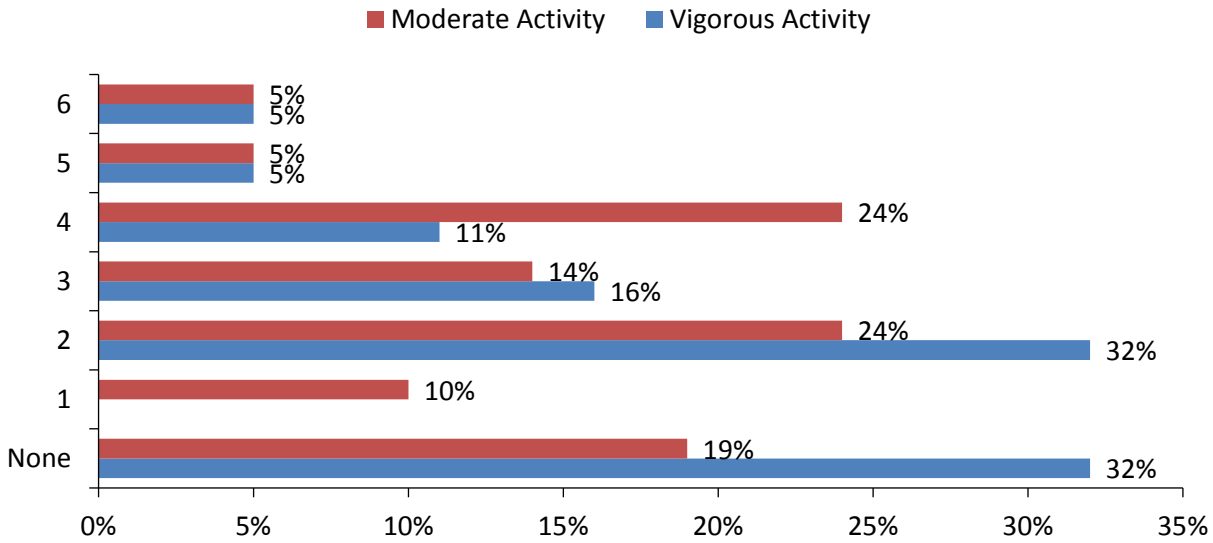
Food did not last until there was money to buy more

Eight percent of survey participants run out of food before they have money to purchase more.

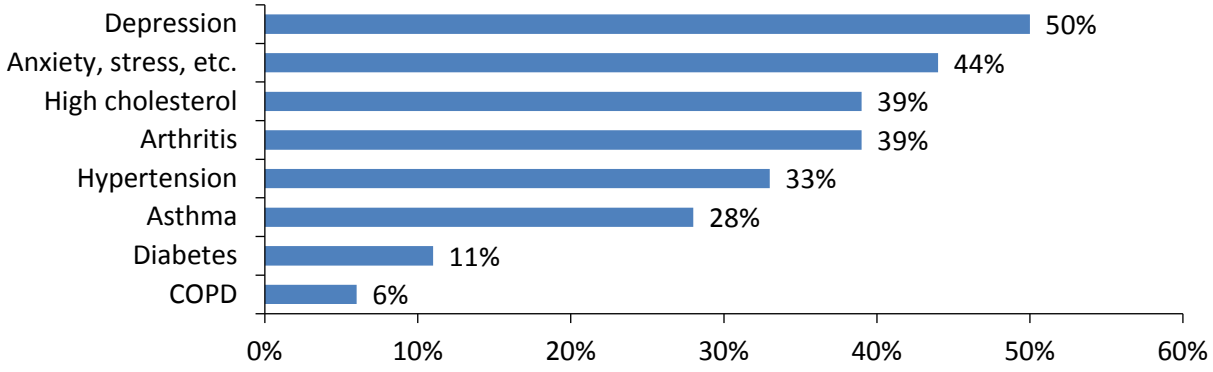


Days per week of physical activity

Forty-eight percent of survey participants have moderate physical activity three or more times each week.



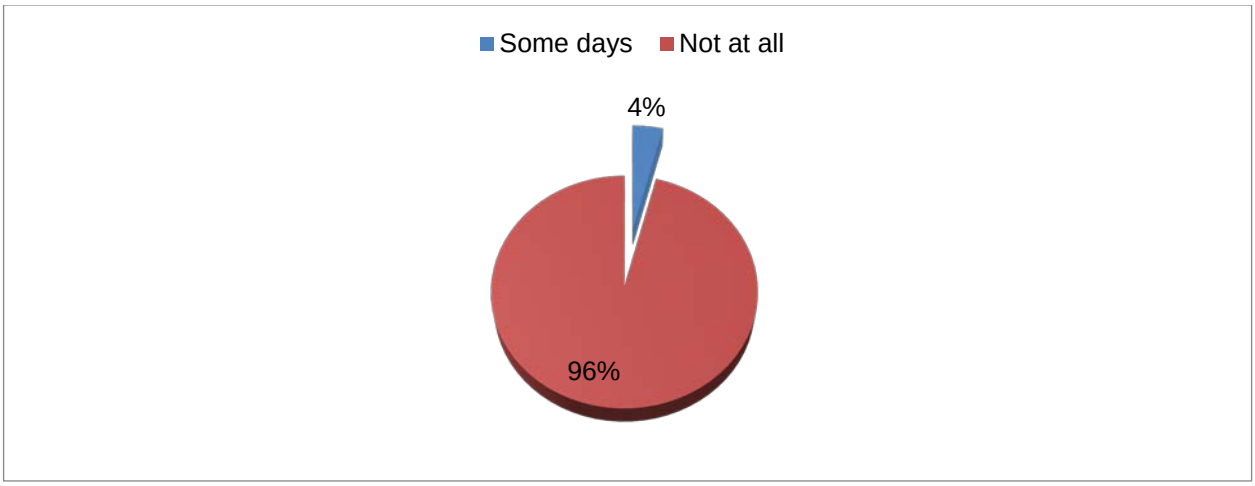
Past diagnosis



Depression and anxiety are ranking very high among survey participants. High cholesterol, hypertension, asthma and arthritis are the top chronic disease issues among survey participants.

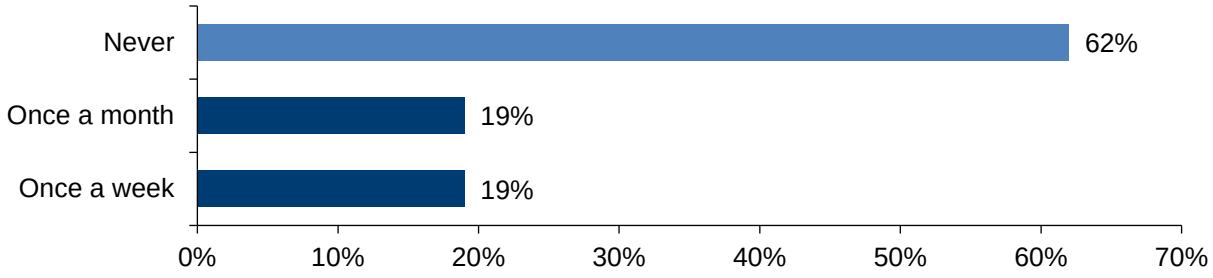
Tobacco use

Four percent of survey participants currently smoke cigarettes and only on some days.



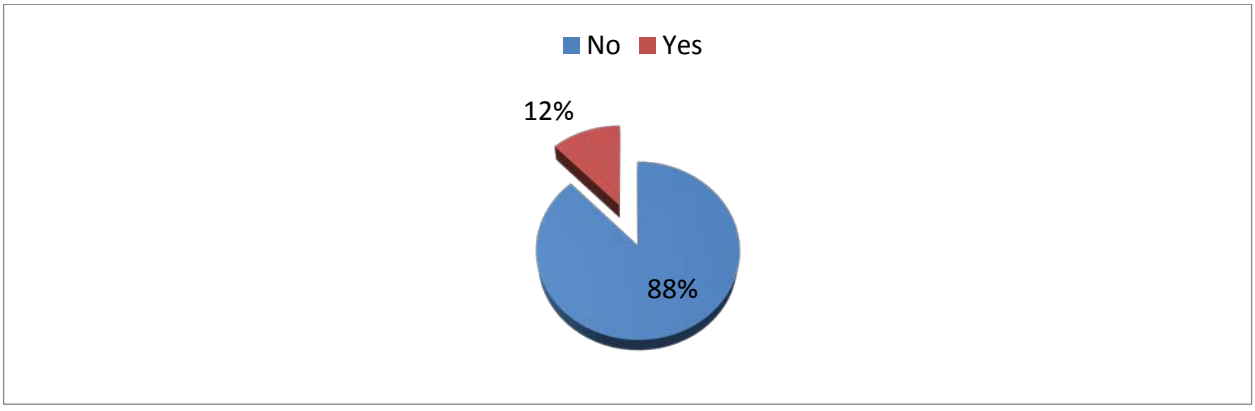
Binge drinking

Thirty-eight percent of survey participants self-report that they binge drink at least once per month and nineteen percent of those respondents binge at least weekly.



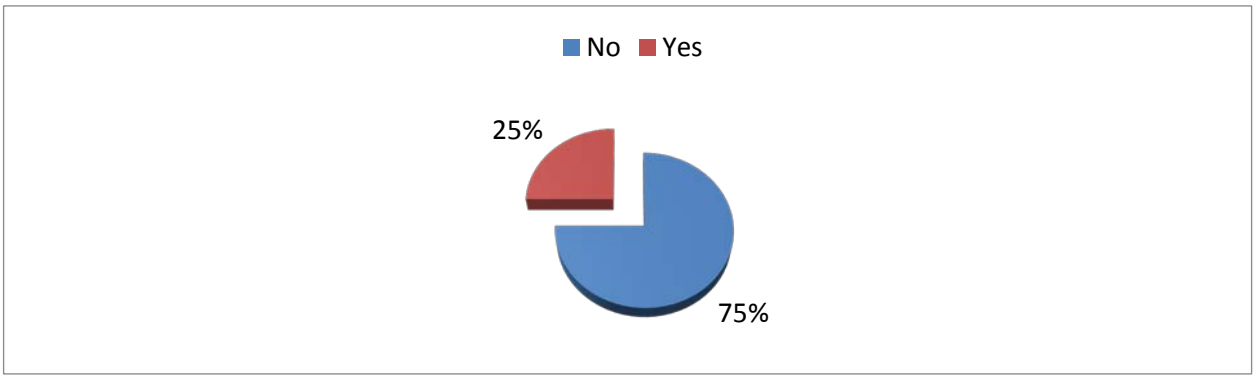
Has alcohol had a harmful effect on you or a family member in the past two years

Twelve percent of survey participants report that alcohol has had a harmful effect on themselves or a family member within the past two years.



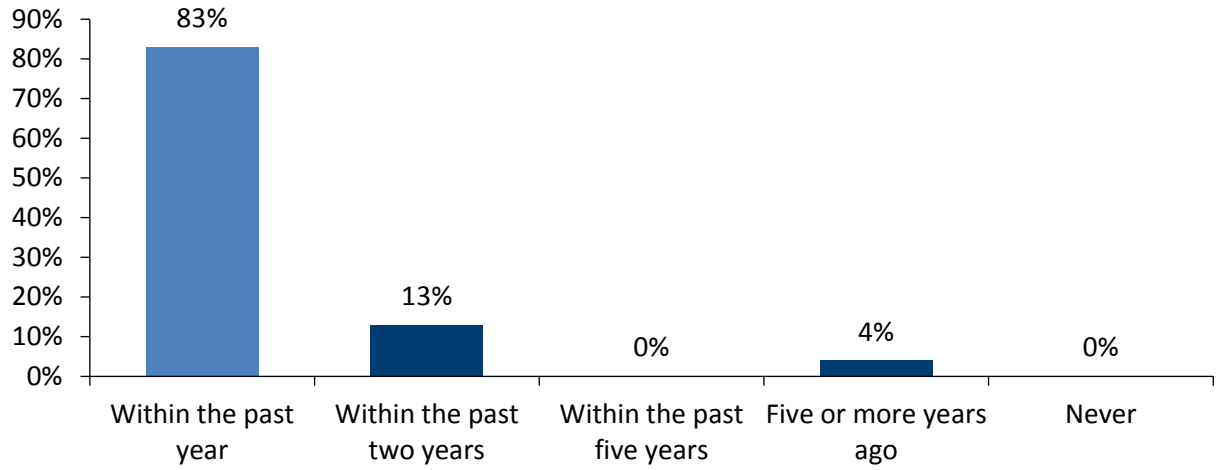
Do you have drugs in your home that are not being used?

Twenty-five percent have drugs in their home that they are no longer using.



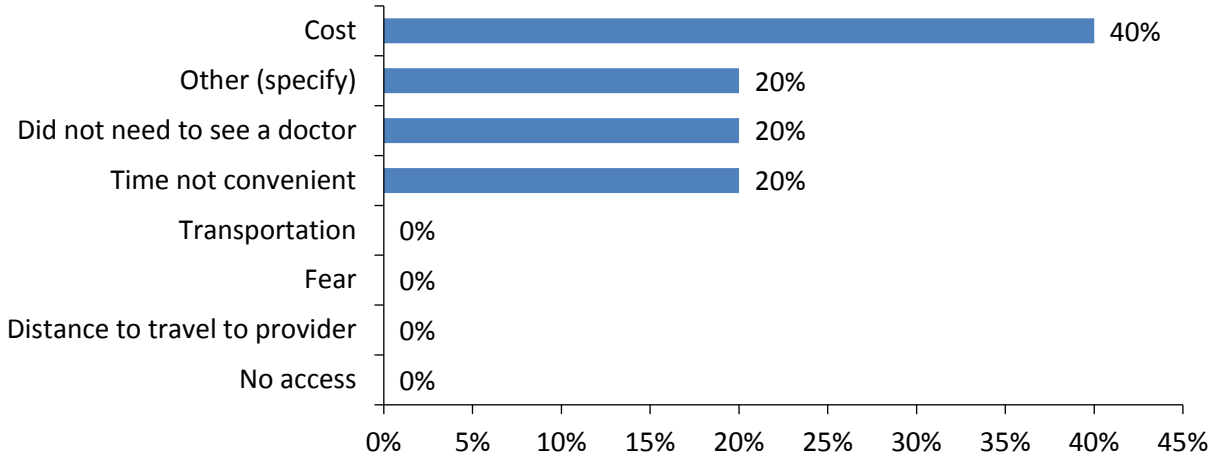
How long has it been since you visited a doctor or health care provider for a routine check-up?

Seventeen percent of survey participants have not had a routine check-up in more than a year.



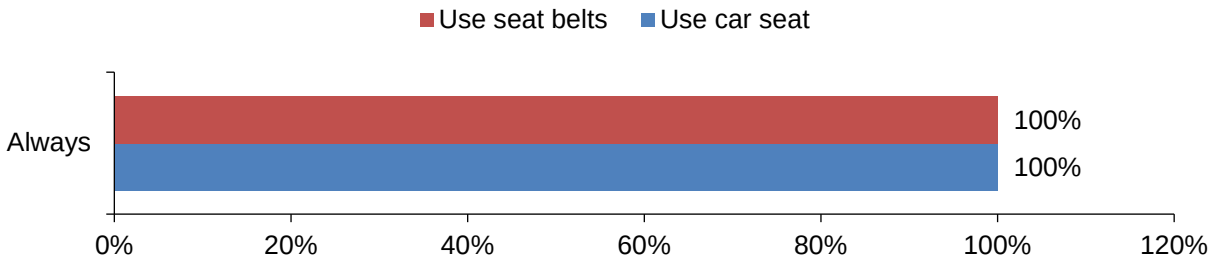
Barriers to routine check-up

Forty-two percent of survey participants stated that they did not need to see a doctor in the past year and twenty-two percent stated that cost was a barrier.



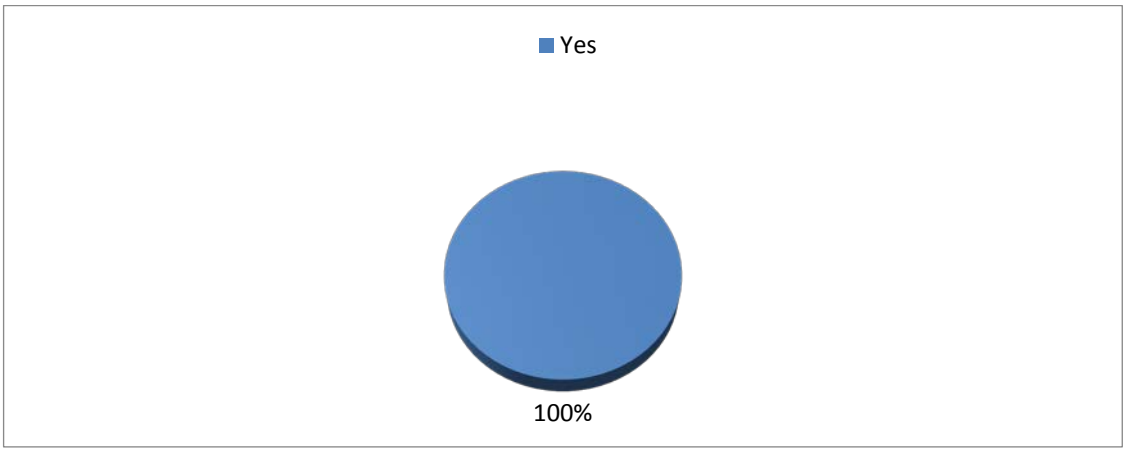
Child car safety

One hundred percent of survey participants always use seat belts for their children and one hundred percent always use car seats.



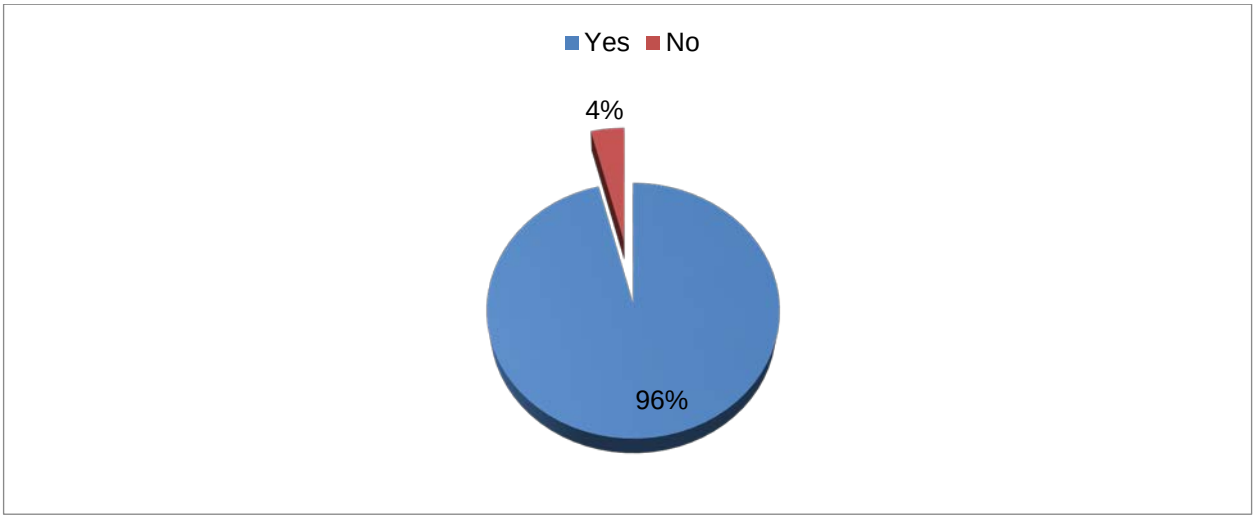
Do you have health care coverage for your children or dependents?

One hundred percent of survey participants have health insurance for their children or dependents.



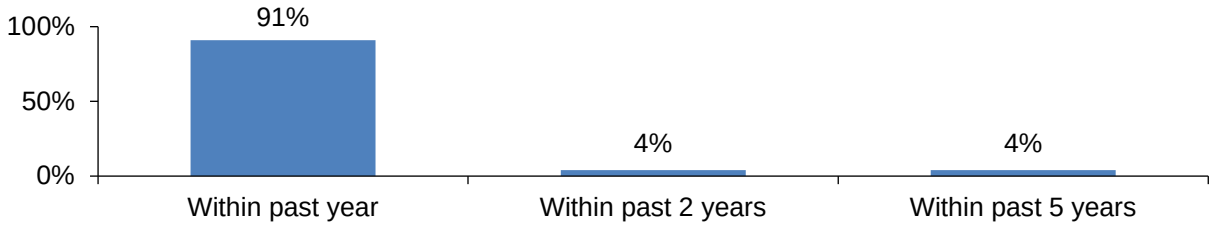
Do you currently have any kind of health insurance?

Only 4% of survey participants do not have health insurance.



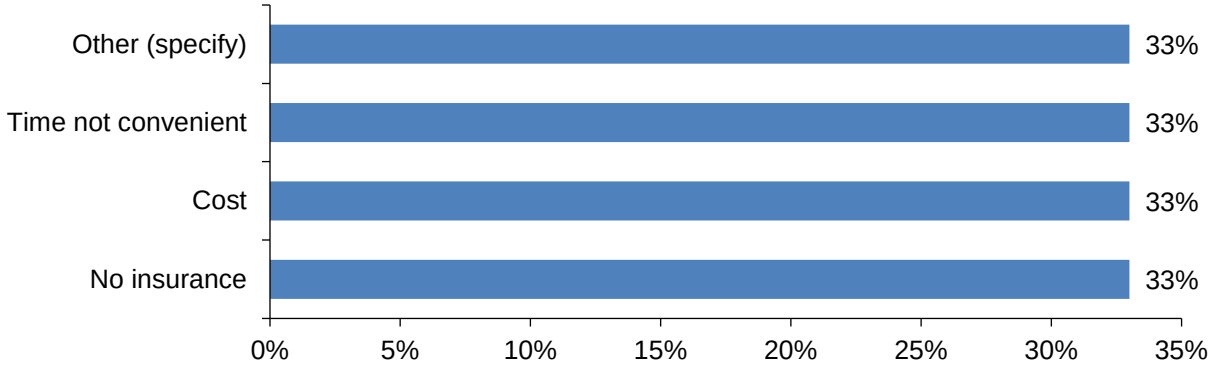
How long has it been since you visited a dentist?

Over 8% of survey participants have not visited a dentist in more than a year.



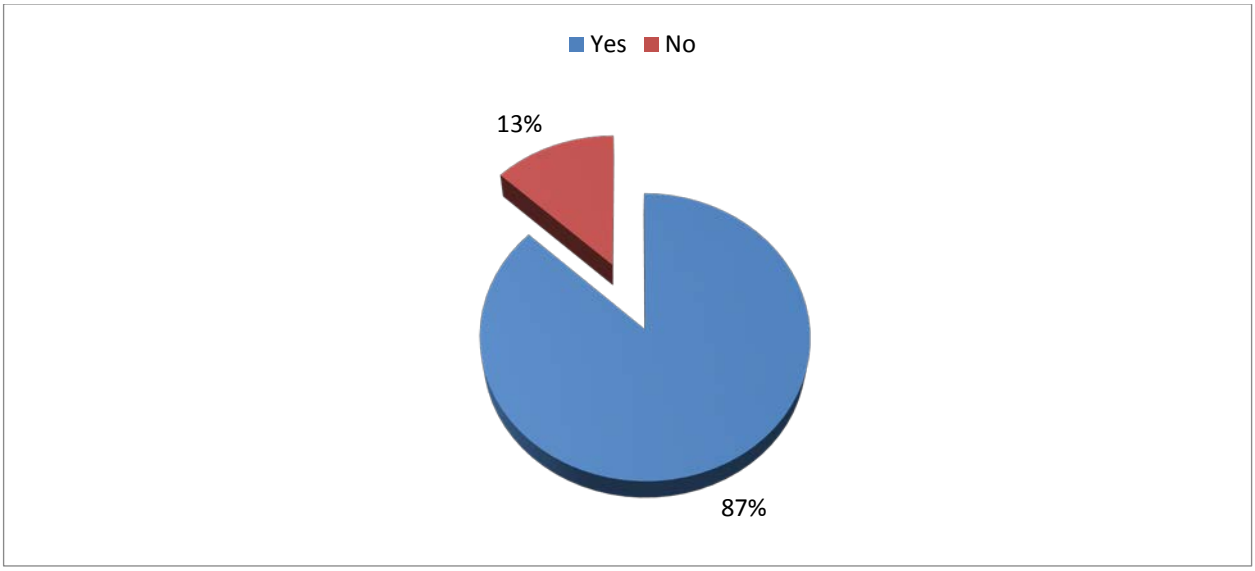
Barriers to visiting a dentist

Cost and convenient time are reported barriers to visiting a dentist.



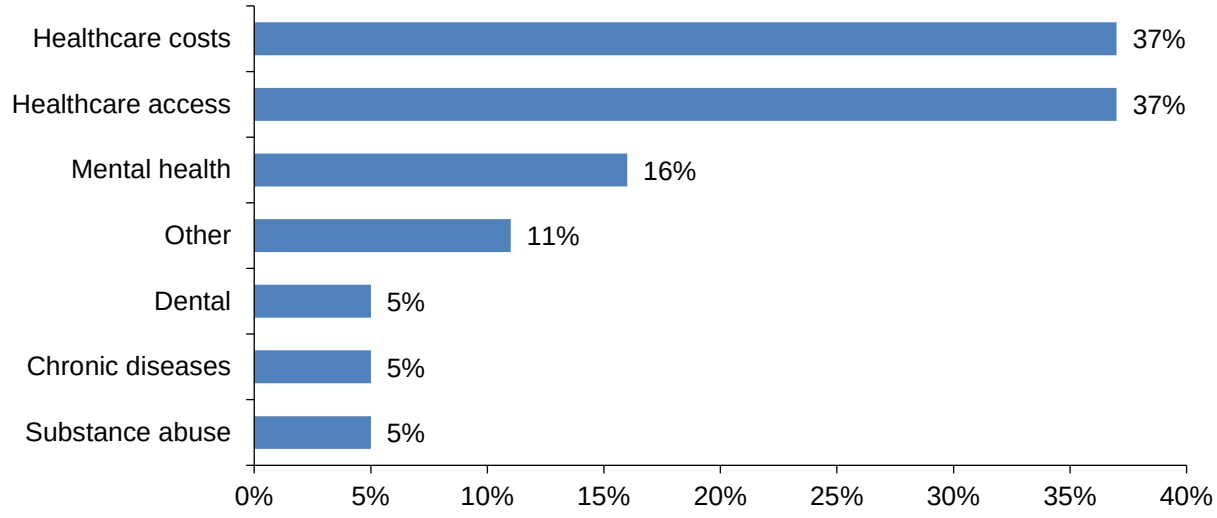
Do you have any type of dental insurance coverage?

Thirteen percent of survey participants do not have dental insurance.



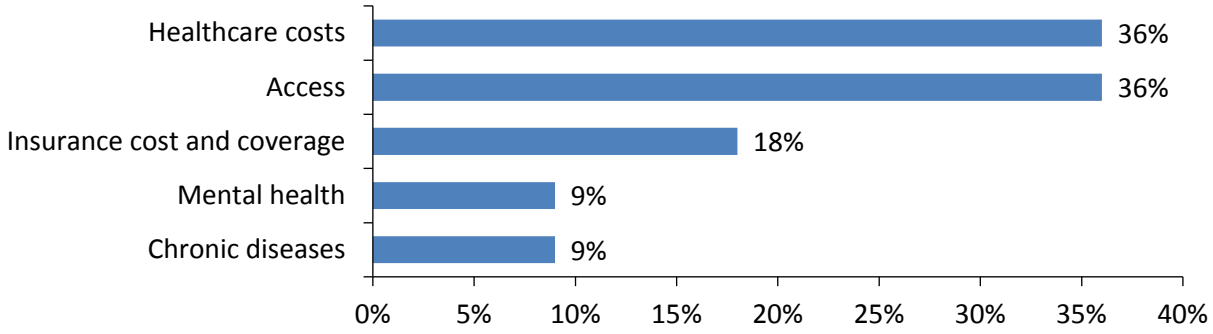
What are the most important community issues for you?

The cost of health care and health care access are high concerns for 37% of survey participants.



What are the most important community issues for your family?

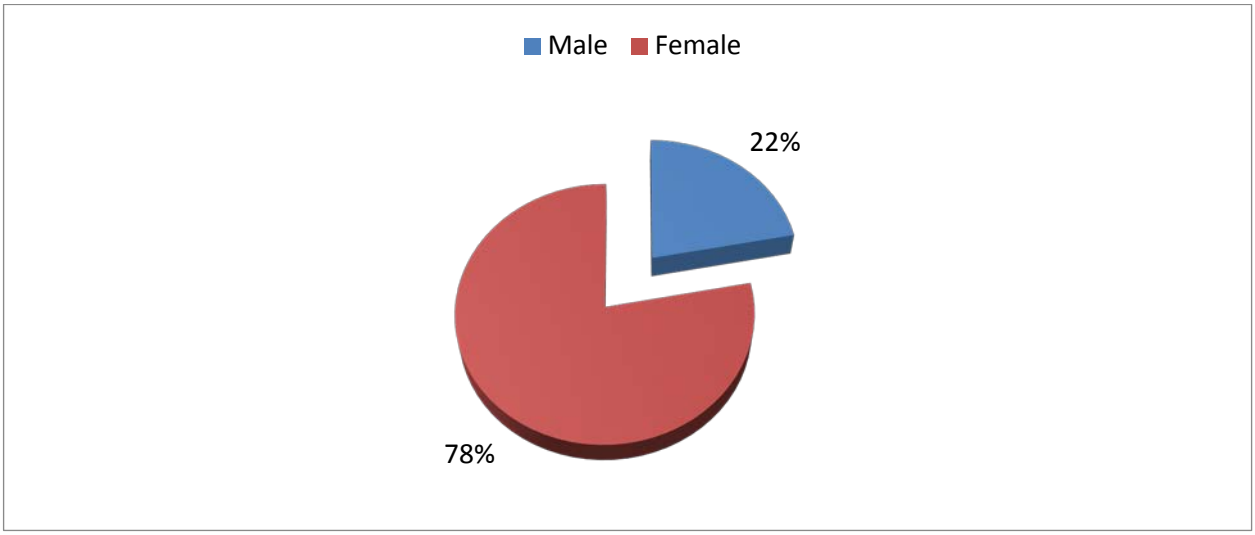
When asked what is the most important issue for the participant's family, health care costs, access and insurance cost and coverage were the top concerns.



Demographic Information for Community Resident Participants

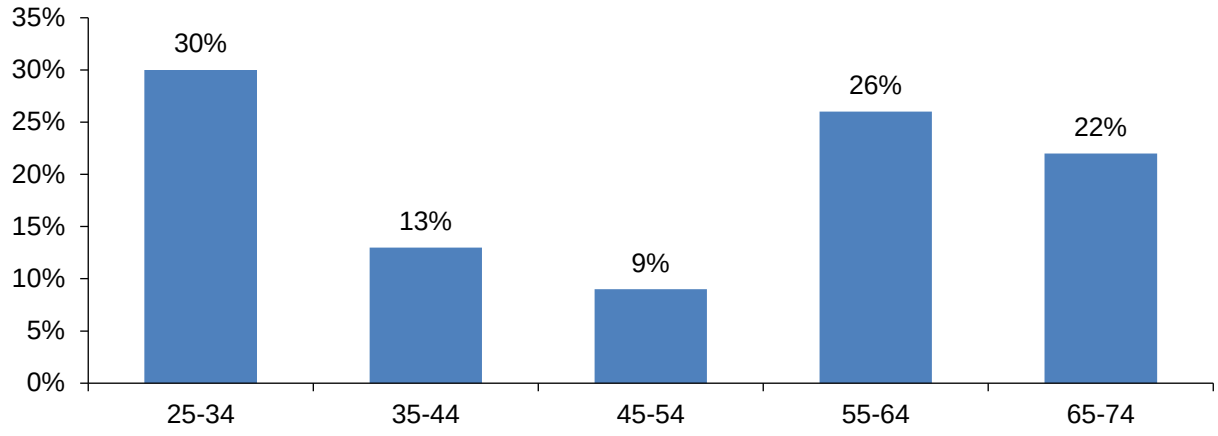
Biological Gender

Only 22% of the survey participants were male.

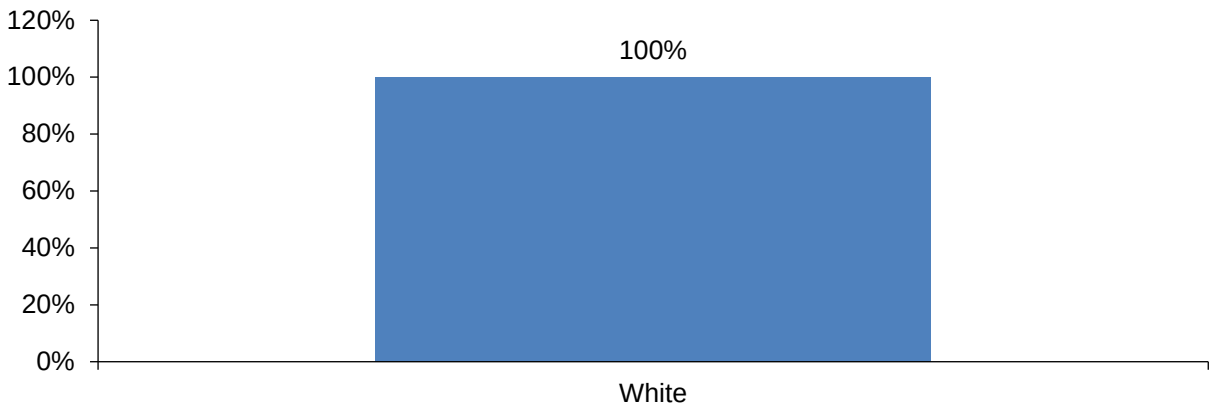


Age

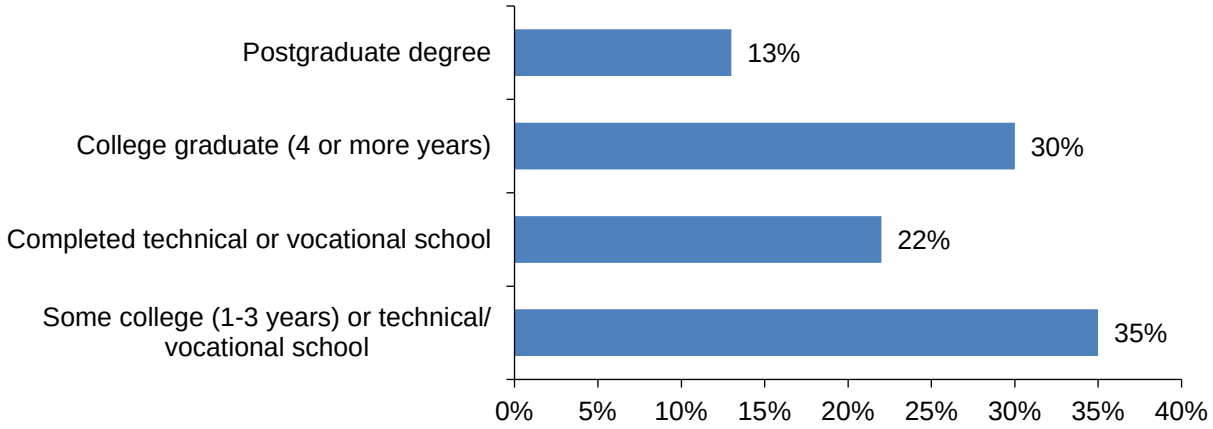
Every age group was represented among the survey participants except for the 18-24 year old group.



Ethnicity

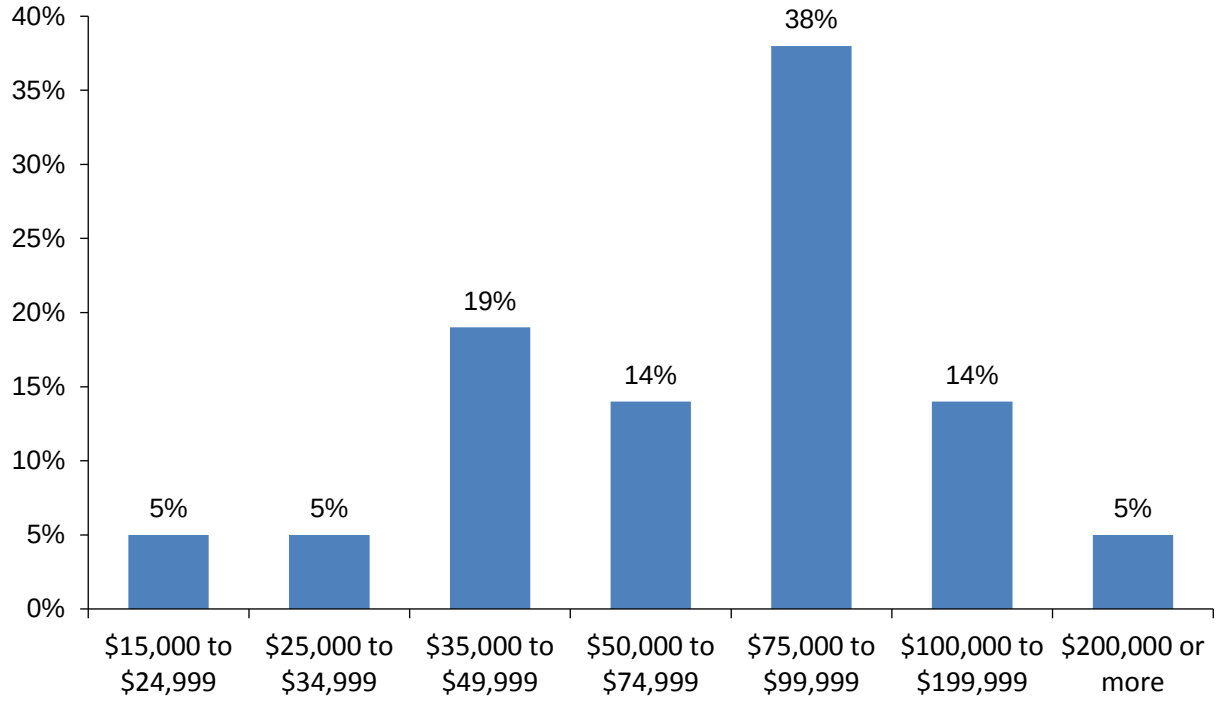


Education Level



Total Annual Household Income

Five percent of survey participants have an annual household income at or below the FPL for a family of four.



Secondary Research Findings

Census Data

Population of Pennington County, Minnesota	14,235
% below 18 years of age	23.1%
% 65 and older	17%
% White – non-Hispanic	90.9%
American Indian	1.8%
Hispanic	3.5%
African American	1.4%
Asian	1%
% Female	49.9%
% Rural	36.2%

County Health Rankings

	Pennington County	State of Minnesota	US top Performers
Adult smoking	14%	15%	14%
Adult obesity	29%	27%	26%
Physical inactivity	24%	20%	20%
Excessive drinking	23%	23%	13%
Alcohol-related driving deaths	9%	30%	13%
Food insecurity	10%	10%	10%
Uninsured adults	6%	6%	7%
Uninsured children	3%	3%	3%
Children in poverty	12%	13%	12%
Children eligible for free or reduced lunch	35%	38%	33%
Diabetes monitoring	85%	88%	91%
Mammography screening	67%	65%	71%
Median household income	$52,700	$65,100	$65,600

Health Needs and Community Resources Identified

The Internal Revenue Service requires that a community health needs assessment include an inventory of resources that are available to address the unmet needs. This document is referred to as an asset map. Sanford Health conducted asset mapping by reviewing the primary and secondary research and identifying the unmet needs from the various surveys and data sets. Each unmet need was researched to determine what resources are available in the community and county to address the needs. The asset map was reviewed by Sanford leadership and by community key stakeholders to validate the assets. The asset map helped to identify gaps in services. Once gaps were determined the key stakeholder group proceeded to the prioritization discussion and multi-voting exercise. The group was asked to prioritize the top two concerns that would be further developed into implementation strategies.

The process executed in the work was based on the McKnight Foundation model – "Mapping Community Capacity" by John L. McKnight and John Kretzmann, Institute for Policy Research at Northwestern University.

The asset mapping process identified needs from the following:

- Key stakeholder survey
- Resident survey
- Facilitated discussion by the key stakeholders
- Secondary research
- Community resources that are available to address the needs

Please see the asset map in the Appendix.

Prioritization

A multi-voting methodology was implemented to determine what top priorities would be further developed into implementation strategies. Key community stakeholders met with medical center leaders to discuss community needs and complete the multi-voting exercise.

The following needs were brought forward for prioritization:

Children and Youth • Availability of quality child care • Childhood obesity 3.74 • Cost of quality child care 3.56 • Substance abuse by youth 3.44 • Availability of services for at-risk youth 3.42
Aging Population • Cost of long term care 3.50 • Cost of memory care 3.50
Safety • Abuse of prescription drugs 3.84 • 25% of resident respondents report having drugs in the home that are not being used
Health Care Access • Access to affordable health insurance coverage 3.53 • Access to affordable health care 3.42
Mental Health and Substance Abuse • Drug use and abuse 3.68 • Depression 3.47 • 50% of the resident respondents have been diagnosed with depression • 44% of resident respondents have been diagnosed with anxiety or stress • Stress 3.47
Wellness • 39% have high cholesterol • 39% have arthritis • 33% have hypertension 28% have asthma • 17% have not had a routine checkup in more than 1 year • 19% did not get a flu shot in the past year • 8% have not seen their dentist in over 1 year • 53% do not have exercise 3 or more times per week • 54% do not get 5 or more a day of fruits/vegetables • 38% self-report obesity • 21% self-report overweight

Please see the multi-voting prioritization worksheet in the Appendix.

How Sanford is Addressing the Needs

Sanford is addressing all of the assessed needs that fall within our scope of work. In some cases, the need is one where we do not have the expertise to adequately address the need. However, Sanford leaders will communicate the findings to community experts and leaders.

2018 Community Health Needs Assessment
Sanford Thief River Falls Medical Center

Identified Concerns	How Sanford Thief River Falls is Addressing the Community Needs
CHILDREN AND YOUTH	Sanford has prioritized children and youth as an implementation strategy for FY 2019-21.
Availability of quality child care	Sanford has prioritized children and youth as an implementation strategy for FY 2019-21 to address the availability and cost of quality child care.
Childhood obesity	Sanford is addressing childhood obesity in many ways, including the Sanford *fit* program that is available online free of charge. Sanford has made this program available to the local schools for classroom use. Sanford Wellness Center has a focus on children and youth. Sanford has clinical dietitians, exercise physiologists, and primary care providers who are available to work on obesity issues from primary prevention through medical treatment. Sanford Health Thief River Falls Wellness Center offers 24/7 access to all facility amenities. The facility offers cardiovascular machines, strength equipment, free weights, personal training, gymnastic and ninja warrior classes for kids, open gym for kids and group classes for every age and level of fitness. Wellness Center members may be eligible for health insurance discounts.
Cost of quality child care	Sanford has prioritized children and youth as an implementation strategy for FY 2019-21 to address the availability and cost of quality child care.
Substance abuse by youth	Sanford is addressing this need by sharing these concerns and the results of the CHNA with community leaders. Sanford has a variety of services available that can positively influence some of the identified concerns, e.g., outpatient mental health services, residential treatment programs, and continues to develop more services that will influence children and youth.
Availability of services for at-risk youth	Sanford is addressing this need by sharing these concerns and the results of the CHNA with community leaders. Sanford has a variety of services available that can positively influence some of the identified concerns, e.g., outpatient mental health services, residential treatment programs, and continues to develop more services that will influence children and youth.
AGING POPULATION	
Cost of long term care	Sanford is addressing this need by sharing these concerns and the results of the CHNA with community leaders. Sanford will also be represented at various local and State associations dedicated to positively influence the identified issues. The recent Good Sam affiliation will provide the organization with expertise in the area of

Identified Concerns	How Sanford Thief River Falls is Addressing the Community Needs
	long term care and assisted living services and help to create efficiencies for members in the communities that we serve.
Cost of memory care	Sanford is addressing this need by sharing these concerns and the results of the CHNA with community leaders. Sanford will also be represented at various local and State associations dedicated to positively influence the identified issues. The recent Good Sam affiliation will provide the organization with expertise in the area of long term care and assisted living services and help to create efficiencies for members in the communities that we serve.
SAFETY	
Abuse of prescription drugs	In April of 2016, the Sanford Quality Committee announced the formation of a Controlled Substance Stewardship Committee (CSSC) because they saw a need and a responsibility to not only protect our patients, but support physicians and APPS who prescribe high-risk medications. The goal was to ensure patients are safe and well-treated and that physicians are educated in how to treat patients' pain while being good stewards of the use of opioids. Through education, resources and support, the CSSC has helped providers prescribe responsibly by taking advantage of OneChart technology, implementing protocols for conditions such as low back pain, migraine, and weaning patients from opiates when necessary. An Enterprise pain agreement with workflows and guidelines was established using best practices. A 30% reduction in prescription of opioids was achieved by 2018. Sanford is addressing this need by sharing these concerns and the results of the CHNA with community leaders.
Respondents report having drugs in the home that are not being used – 25%	In April of 2016, the Sanford Quality Committee announced the formation of a Controlled Substance Stewardship Committee (CSSC) because they saw a need and a responsibility to not only protect our patients, but support physicians and APPS who prescribe high-risk medications. The goal was to ensure patients are safe and well-treated and that physicians are educated in how to treat patients' pain while being good stewards of the use of opioids. Through education, resources and support, the CSSC has helped providers prescribe responsibly by taking advantage of OneChart technology, implementing protocols for conditions such as low back pain, migraine, and weaning patients from opiates when necessary. An enterprise pain agreement with workflows and guidelines was established using best practices. A 30% reduction in prescription of opioids was achieved by 2018. Sanford is addressing this need by sharing these concerns and the results of the CHNA with community leaders.

Identified Concerns	How Sanford Thief River Falls is Addressing the Community Needs
HEALTH CARE ACCESS	
Access to affordable health insurance coverage	Sanford addresses this need by providing charity care through the Community Care Program and has a discounted rate for those who qualify for assistance.
Access to affordable health care	Sanford contributed nearly $300 million in charity care during FY 2017. Financial counselors are available to help patients who need free or discounted care. Sanford addresses this need by providing charity care through the Community Care Program and has a discounted rate for those who qualify for assistance. Sanford is also addressing the access issue through a recruitment plan and is actively recruiting for additional providers.
MENTAL HEALTH AND SUBSTANCE ABUSE	Sanford has prioritized behavioral and mental health as an implementation strategy for FY 2019-21.
Drug use and abuse	The Sanford Quality Cabinet has implemented a program to reduce opioid prescriptions. The BHTT serves as an integral core team member within the patient-centered medical home. The BHTT works with the physician, advanced practice provider, RN health coach, nurses, care coordinator assistant, peer support advocate and community partners, all of whom work collaboratively to provide the best care to patients. The BHTT is an important resource for patients and team members for issues related to mental and behavioral health, chemical health, and psychosocial aspects of health and disease, and lifestyle management to support optimal patient functioning. The BHTT is integral in the adult and teen screening performed in the primary care clinics. They provide diagnostic assessments and determine disposition triaged according to level of clinical acuity and medical and psychosocial complexity, on-site crisis assessment and crisis intervention, brief counseling, referrals, and education services across the continuum of care. They also provide follow-up to ensure continuity of care and those patients are receiving appropriate behavioral health management. BHTT key points: • BHTT role is patient-centered and focuses on assisting the primary care medical team in identifying, triaging and effectively helping patients manage behavioral health problems or psychosocial comorbidities of their chronic medical disease. • BHTT works to ensure seamless interface between primary care and specialty and/or community-based resources. • They are able to assist in mental health crisis management and intervention within the clinic setting helping ensure patient safety.
Depression	Sanford performs a PHQ-9 depression assessment at each primary care visit. Patients have a care plan and the severity of depression is tracked to determine improvement.

Identified Concerns	How Sanford Thief River Falls is Addressing the Community Needs
	At Sanford, the Behavioral Health Triage Therapist (BHTT) serves as an integral core team member within the patient-centered medical home. The BHTT works with the physician, advanced practice provider, RN health coach, nurses, care coordinator assistant, peer support advocate and community partners, all of whom work collaboratively to provide the best care to patients. The BHTT is an important resource for patients and team members for issues related to mental and behavioral health, chemical health, and psychosocial aspects of health and disease, and lifestyle management to support optimal patient functioning. The BHTT is integral in the adult and teen screening performed in the primary care clinics. They provide diagnostic assessments and determine disposition triaged according to level of clinical acuity and medical and psychosocial complexity, on-ite crisis assessment and crisis intervention, brief counseling, referrals, and education services across the continuum of care. They also provide follow-up to ensure continuity of care and those patients are receiving appropriate behavioral health management. BHTT key points: • BHTT role is patient-centered and focuses on assisting the primary care medical team in identifying, triaging and effectively helping patients manage behavioral health problems or psychosocial comorbidities of their chronic medical disease. • BHTT works to ensure seamless interface between primary care and specialty and/or community-based resources. • They are able to assist in mental health crisis management and intervention within the clinic setting helping ensure patient safety.
Stress	The BHTT serves as an integral core team member within the patient-centered medical home. The BHTT works with the physician, advanced practice provider, RN health coach, nurses, care coordinator assistant, peer support advocate and community partners, all of whom work collaboratively to provide the best care to patients. The BHTT is an important resource for patients and team members for issues related to mental and behavioral health, chemical health, and psychosocial aspects of health and disease, and lifestyle management to support optimal patient functioning. The BHTT is integral in the adult and teen screening performed in the primary care clinics. They provide diagnostic assessments and determine disposition triaged according to level of clinical acuity and medical and psychosocial complexity, on-ite crisis assessment and crisis intervention, brief counseling, referrals, and education services across the continuum of care. They also provide follow-up to ensure continuity of care and those patients are receiving appropriate behavioral health management. BHTT key points: • BHTT role is patient-centered and focuses on assisting the primary care medical team in identifying, triaging and effectively helping patients manage behavioral health

Identified Concerns	How Sanford Thief River Falls is Addressing the Community Needs
	problems or psychosocial comorbidities of their chronic medical disease. • BHTT works to ensure seamless interface between primary care and specialty and/or community-based resources. • They are able to assist in mental health crisis management and intervention within the clinic setting helping ensure patient safety.
WELLNESS	
High cholesterol – 39%	Sanford providers manage patients with high cholesterol and have a quality plan in place to address cardiovascular health.
Arthritis – 39%	Sanford providers manage patients with arthritis, making every effort to keep patients healthy and comfortable.
Hypertension – 33%	Sanford providers manage patients with hypertension and have a quality plan in place to address hypertension.
Asthma – 28%	Sanford providers work with patients who are diagnosed with asthma.
Have not had a routine check-up in over a year – 17%	Sanford providers recommend routine check-ups and scheduled screenings according to their specialty practice guidelines. Reminder notices are sent to patients to remind them when screenings and appointments are due.
Did not get a flu shot in the past year – 19%	Sanford providers offer flu shots to all patients. Sanford has also shared these results with Pennington County Public Health and other community leaders.
Have not seen a dentist in over 1 year – 8%	Sanford has shared these results with Pennington County Public Health and other community leaders.
Do not exercise 3 or more times/wk. – 53%	Sanford Health Thief River Falls Wellness Center offers 24/7 access to all facility amenities. The facility offers cardiovascular machines, strength equipment, free weights, personal training, gymnastic and ninja warrior classes for kids, open gym for kids and group classes for every age and level of fitness. Wellness Center members may be eligible for health insurance discounts
Do not get 5 fruits/vegetables per day - 54%	Sanford has shared these results with Pennington County Public Health and other community leaders.
Obesity – 38% and overweight 21%	Sanford has shared these results with Pennington County Public Health and other community leaders.

Implementation Strategies

Implementation Strategies – 2018

Priority 1: Mental Health/Behavioral Health and Substance Abuse

Mental health is important at every stage of life and affects how people think, feel, and act. According to the National Institute of Mental Health, depression is one of the most common mental disorders in the U.S. Current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors. Depression is among the most treatable of mental disorders.

Sanford has made mental health a significant priority and has developed strategies to reduce mortality and morbidity from mental health and behavioral health and substance abuse. It is Sanford's goal to reduce the number of individuals whose overall well-being is negatively impacted by addiction and mental illness.

Priority 2: Children and Youth

The U.S. Census Bureau estimates that in 2014, 74% of Minnesota households with children under age 6 had all parents in the workforce. This is the third highest state in the nation for working parents, falling behind Iowa and South Dakota at 75%.

According to a report by Child Care Aware of America, states face various challenges in exploring child care supply and demand and directing precious resources to ensure accessibility to quality child care. Child Care Aware describes quality child care as "*the emotional and academic support children need to be school-ready by the time they enter kindergarten. Quality child care should be culturally and linguistically responsive and should be provided by engaged and caring child care providers. Quality child care incorporates physical activity time and developmental screening practices, and follows food safety guidelines. In addition, quality child care should be easily accessible for all families, regardless of location or socioeconomic status.*"

Sanford has made quality child care a significant priority and has developed strategies to work in collaboration with community leaders to improve the availability of quality child care in the community. The intent of the strategies is to create more opportunities for quality child care in the community and to support child care providers with educational program opportunities.

Sanford Thief River Falls Community Health Needs Assessment
Implementation Strategy Action Plan

<u>Priority 1</u>: Mental Health and Substance Abuse: Drug Use and Abuse

Projected Impact: Sanford TRF is a service provider for the behavioral health needs of the region.

Goal 1: Development and implementation of a Substance Use Disorders (SUDs) service line.

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources/Budget/Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
1. Task force commissioned for program development	1st Qtr FY19		Dir. of Behavioral Health	NA
2. ROI developed and submitted for Network approval	1st Qtr FY19	ROI approved for service line development	Dir. of Behavioral Health	NA
3. Implementation of SUDs program	2nd Qtr FY19	Staff hired/oriented	Dir. of Behavioral Health	NA

Goal 2: Utilization of BHS-6 screening tool on 80% of all new clinic patients and annual wellness visits.

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources/Budget/Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
1. Task force commissioned for program development	2nd Qtr FY19	Clinic staff as necessary	Clinic Director	NA
2. Education of providers and teams	3rd Qtr FY19	Provider meeting to provide education and answer questions	Clinic Director	NA
3. Tracking system implemented to measure success	4th Qtr FY19	Clinic resource to track, monitor compliance and report	Clinic Director	NA

Goal 3: Develop a partnership with the school district and law enforcement to educate TRF youth about drug abuse.

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources/Budget/Resource Assumptions	Leadership	Note any community partnerships/ collaborations - if applicable
1. Task force commissioned to engage school district / LEC in planning	3rd Qtr FY19	Behavioral health staff as necessary	Dir. of Behavioral Health	School District & Law Enforcement
2. Development of plan	4th Qtr FY19	Behavioral health staff as necessary	Dir. of Behavioral Health	School District & Law Enforcement
3. Implementation of plan	1st Qtr FY20	All partners involved	Dir. of Behavioral Health	School District & Law Enforcement

<u>Priority 2</u>: Children and Youth: Availability of quality child care

Projected Impact: Limited options for child care exist in TRF, contributing to workforce shortages for most employers in TRF.

Goal 1: Engage large employers in conversations to identify community solutions.

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources/Budget/Resource Assumptions	Leadership	Note any community partnerships/ collaborations - if applicable
1. Coordinate development of multidisciplinary / multi-employer task force	1st Qtr FY20	Planning staff from respective organizations	Admin. Leadership	Various employers
2. Develop planning document with recommenda-tions	2nd Qtr FY20	Allocate staff resources as necessary	Admin. Leadership	Various employers
3. Engage decision makers from respective organizations for support of recommenda-tions	3rd Qtr FY20	Allocate staff as required for presentations and dialogue with decision makers	Admin. Leadership	Various employers

Goal 2: Participate in community task force that addresses child care option in TRF.

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources/Budget/Resource Assumptions	Leadership	Note any community partnerships/ collaborations - if applicable
1. Participation in the TRF community task force addressing child care issues will continue for the coming year	Ongoing initiative	Personnel time away to participate in ongoing discussions	Employees as assigned	Multiple employers are involved in this initiative

Goal 3: Develop community partnerships to offer education programs with CEUs for child care providers.

Actions/Tactics	Measurable Outcomes & Timeline	Dedicated Resources/Budget/Resource Assumptions	Leadership	Note any community partnerships and collaborations - if applicable
1. Coordinate development of multidisciplinary / multi-employer task force	1st Qtr FY21	Planning staff from respective organizations	Admin. Leadership	Various employers
2. Develop planning document with recommenda-tions	2nd Qtr FY21	Allocate staff resources as necessary	Admin. Leadership	Various employers
3. Engage decision-makers from respective organizations for support of recommenda-tions	3rd Qtr FY21	Allocate staff as required for presentations and dialogue with decision makers	Admin. Leadership	Various employers

Implementation Strategies – 2016

Priority 1: Mental Health/Behavioral Health

Mental health includes emotional, psychological and social well-being. It affects how people think, feel and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Access to mental/behavioral healthcare includes the ability to gain entry into a health system or provider service. Access can include the availability of health care providers and a workforce available to address the needs. Limited access can challenge the ability to receive appropriate levels of care and may pave the way to the utilization of higher cost entry points into the system through the emergency room.

Sanford is working to secure CMS certification for the new behavioral health center and the development of a partial hospitalization program. Sanford will also work to develop partnerships with regional behavioral health organizations. This priority was determined in partnership with community members who participated in the prioritization discussion.

Priority 2: Physical Health

Physical health is defined by the World Health Organization (WHO) as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Community members participating in the community health needs assessment survey indicated that obesity, inactivity and poor nutrition are top concerns for physical health.

Sanford has determined that physical and mental health are top priorities and has set strategy to increase preventative healthcare including dietitian services and implementation of the advanced medical home model. This priority was determined in partnership with community members who participated in the prioritization discussion.

Demonstrating Impact - 2016

2016 Implementation Strategy Impact

During the 2016 Community Health Needs Assessment research cycle community members were invited to discuss community needs, provide recommendations and vote on the top priorities to address over the following three years. At Sanford Thief River Falls Medical Center, the top priorities addressed through an implementation strategy process include:

1) Mental Health / Behavioral Health
2) Physical Health

Measureable outcomes for each priority are routinely analyzed, and a report of the status of our work is submitted through the IRS 990 each year. We are encouraged by the progress that we have made.

Priority 1 - Mental Health / Behavioral Health: Sanford Behavioral Health Center is a service provider for the behavioral and mental health needs of northwestern Minnesota.

Goal 1: CMS Certification of Sanford Behavioral Health Center
In October 2015, we moved into the newly renovated space for the Sanford Behavioral Health Center, a 16-bed freestanding psychiatric hospital and the only one in the Sanford Enterprise. In order to receive payments from Federal and commercial payors we needed to become certified by the Centers for Medicare and Medicaid Services (CMS). The survey was conducted in January 2016 and we received our Federal certification in April 2016. Federal surveyors contracted by CMS rather than the Minnesota Department of Health surveyors performed the survey. The reason for this was because there are so few freestanding psychiatric hospitals in Minnesota that the Department of Health cannot maintain surveyor proficiency and competencies. Obtaining certification was an arduous process but well worth the effort - bringing a higher level of behavioral and mental health services to the region. It has also enabled us to recruit more professionals to the area, improving access and services available to the region we serve.

Goal 2: Development of Partial Hospitalization Program
After an extensive analysis of the regulatory requirements, reimbursement systems for this program and the elements required to provide a quality program of care, it was determined that at this point in time a partial hospitalization program would not be economically feasible. This initiative has been tabled for review in the future.

Goal 3: Develop partnerships with regional behavioral health organizations
The Sanford Behavioral Health Center has worked very hard since certification to develop partnerships with other local, regional and state programs, and agencies having a role in delivering behavioral and mental health services. The term partnership is used rather loosely as it is often more akin to developing relationships that provide additional resources to our patient population, whether on an inpatient or outpatient basis. Critical or high priority relationships continue to be cultivated with the surrounding county social service agencies, as they most often have reasons to interface with a large proportion of the individuals seeking behavioral or mental health care. These relationships are crucial to delivering high quality, high impact services throughout the region.

Priority 2 - Physical Health: The health and wellness of the community is improved through the Wellness Center, specialists, and available services for the community members.

Goal 1: Expanded Wellness Center

Since 2016 we have expanded the physical footprint of the Wellness Center by 30,000 square feet, making it the largest wellness center in Thief River Falls and within a 60-mile radius as well. The most significant expansion project was the addition of a kids area, funded entirely through the Sanford Foundation Thief River Falls which contributed nearly $300,000 for this initiative. The Wellness Center now has an area that is the best in this region, specifically focused on children and addressing all levels of fitness, through integrated play systems, instructor-led classes and space for relaxation. Memberships, both family and individual, have also grown significantly (by nearly 33%) since the opening of the kid's fitness area. The Wellness Center currently has over 1,600 members, doubling from 800 members when we moved into the current space in September 2014. Growth has been steady with no slowing in sight.

Goal 2: Develop a community center

This initiative requires the collaboration of many local/regional organizations as well as governmental agencies if Thief River Falls is ever to see a community center developed. Since 2016 interest in developing a community center in Thief River Falls has lost traction among the needed partners and as such has not progressed. This initiative is still very much on the minds of the community; undoubtedly surfacing in the years to come with Sanford Thief River Falls ready to partner with the community when the time comes.

Goal 3: Improve the availability for exercise and nutrition education across the community

The primary impact we have had on this goal has been through the relocation and expansion of the Wellness Center. As noted above, memberships have doubled in four years with no slowing in momentum. The interest in exercise, individual as well as classes, has exceeded our expectations and has required a number of additions to the teaching staff. We have a number of dietetic nutrition counselors in our primary care clinic, working hand in hand with our providers, providing nutrition counseling and education for patients and families.

Goal 4: Continued growth of Sanford Medical Home

This is an area that we have not seen as much growth in as we had hoped. The focus initially has been on patients with chronic conditions. However, with the recent transition to team-based care in our primary clinic we see opportunity to expand our emphasis to every patient. This will be a continued focus for years to come, striving to positively impact the health and wellness of our patient population, not just those with chronic conditions.

Community Feedback from the 2016 Community Health Needs Assessment

Sanford Health is prepared to accept feedback on the 2016 Community Health Needs Assessment and has provided online comment fields on our website for ease of access. There have been no comments or questions about the Sanford Thief River Falls Medical Center's CHNA.

Appendix

PRIMARY RESEARCH

THIEF RIVER FALLS ASSET MAP

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
Children & Youth	Availability of quality child care 3.74 Childhood obesity 3.74 Cost of quality child care 3.56 Substance abuse by youth 3.44 Availability of services for at-risk youth 3.42			Child Care resources: • Tri Valley Child Care Resource & Referral, 1424 Central Ave. NE, East Grand Forks • Discovery Place, 305 Nora St. E., TRF • Community Church Daycare, 17042 – 160th Ave. NE, TRF • Sullivan Day Care, 707 Knight Ave. N., TRF • TRF Child Care, 419 Main Ave. N., TRF • Greenwood Learning Center, 1310 Greenwood St. E., TRF • Head Start – Challenger Elementary School, 601 Co. Rd. 61, TRF • Head Start – Inter County Community Council, 207 Main St., Oklee Childhood Obesity resources: • Walking/Hiking Trails: o Greenwood Trails, Greenwood St. W., TRF o River Walk, LB Hartz Park, 250 Emil St., TRF o Riverland Trail - 218-253-4220 o Wapita Trail - traillink.com • Red Robe Classic Bike Ride, 8th St. & Reserve Ave., TRF • Pathfinder Bike Shop, 206 Knight Ave. N., TRF • TRF School System activities, 230 Labree Ave. S., TRF • St. Bernard's Catholic School activities, 117 Knight Ave. N., TRF • Park & Recreation Dept., 525 Brooks Ave., TRF • Family Time Fitness, 1571 Hwy 59 S., TRF • Sanford Wellness Center, 1720 US 59, TRF • Tae Kwon Do, 970 Hwy 32 S., TRF • Archery Club, 410 Barzen Ave. N., TRF • Sanford WebMD Fit Kids Program – sanfordfit.org • Sanford dieticians, 3001 Sanford Pkwy, TRF • Sedra dieticians, 213 Labree Ave. N., TRF	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• Inter County Nursing Service, 318 Knight Ave. N., TRF Substance Abuse resources: • SAMHA, 5600 Fishers Lane, Rockville MD – 877-726-4727 • Sanford Behavioral Health Center, 120 Labree Ave. S., TRF • Sanford Behavioral Health Clinic, 120 Labree Ave. S., TRF • Pathfinder Children's Treatment, 921 Atlantic Ave. N., TRF • RiverView Recovery Center, 309 Labree Ave. N., TRF • Glenmore Recovery Center, 621 N. Labree Ave., TRF • Northwest Recovery Center, 115 – 6th St. W., TRF • NA, 708 N. Davis Ave., TRF • AA, 614 N. Davis Ave. (+ 8 other locations) • Pine Manor CD Services, 22195 State 34, Nevis Services for At-Risk Youth: • Little Brother/Little Sister of Pennington Co., 230 Labree Ave. S., TRF • Violence Intervention Project, P O Box 96, TRF • Umbrella Tree Safety Center, P O Box 96, TRF • Pennington Co. Social Services, 318 Knight Ave. N., TRF	
Aging Population	Cost of long term care 3.50 Cost of memory care 3.50			Long Term Care resources: • Thief River Care Center, 2001 Eastwood Dr., TRF • Oakland Park NH, 123 Baken St., TRF • Valley Home, 523 Arnold Ave. S., TRF • Riverside Terrace (retirement apts.), 225 Labree Ave. S., TRF • Sunwood Home, 237 Kneale Ave. N., TRF • MN Greenleaf, 1006 Greenwood St., E., TRF Memory Care resources: • Alzheimer's Assoc. – Alz.org • Thief River Care Center, 2001 Eastwood Dr., TRF • Oakland Park NH, 123 Baken St., TRF • Valley Home, 523 Arnold Ave. S., TRF • Sunwood Home, 237 Kneale Ave. N., TRF	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• MN Greenleaf, 1006 Greenwood St. E., TRF In-Home Services: • Hospice of the Red River Valley, 1845 US 59 S., TRF • Country Health, 322 N. Labree Ave., TRF • Northland Community Hospice, 1845 Hwy 59 S., TRF • Inter County Nursing Service, 318 Knight Ave. N., TRF • Sanford Healthcare Accessories, 1845 US 59 S., TRF • Lincare, 322 N. Labree Ave., TRF • First Care Medical Services, 1845 US 59 S., TRF • S & S Rehab Products, 218 Labree Ave., TRF • Behavioral Dynamics, Inc., 202 Labree Ave. N., TRF • Life Alert – 800-852-3081 • ADT Medical Alert – 855-289-2496 • Medical Guardian Alert – 800-227-0919 • Heritage Senior Center, 301 – 4th St. E., TRF • Caregiver Support Group (through LSS), 301 E. 4th St., TRF (2nd Thurs. at 10 a.m.) • Heritage Center congregate meals & home delivered meals, 301 – 4th St. E., TRF • Meals on Wheels – 218-681-6861	
Safety	Abuse of prescription drugs 3.84 25% of resident respondents report having drugs in the home that are not being used	25% of resident respondents report having drugs in the home that are not being used	20% excessive drinking 45% alcohol impaired driving deaths	Abuse of Prescription Drug resources: • SAMHA, 5600 Fishers Lane, Rockville MD – 877-726-4727 • Sanford Behavioral Health Center, 120 Labree Ave. S., TRF • Sanford Behavioral Health Clinic, 120 Labree Ave. S., TRF • Pathfinder Children's Treatment, 921 Atlantic Ave. N., TRF • RiverView Recovery Center, 309 Labree Ave. N., TRF • Glenmore Recovery Center, 621 N. Labree Ave., TRF • Northwest Recovery Center, 115 – 6th St. W., TRF • NA, 708 N. Davis Ave., TRF Drug Criminal Activity resources: • Crime Victim Advocate, P O Box 616, TRF	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• Violence Intervention Project, P O Box 96, TRF • Umbrella Tree Safety Center, P O Box 96, TRF • Pennington Co. Sheriff, 102 - 1st St. W., TRF • TRF Police, 102 – 1st St. W., TRF • MN State Patrol. 242 – 125th Ave. NE, TRF	
Health Care Access	Access to affordable health insurance coverage 3.53 Access to affordable health care 3.42		9% uninsured 1,279: 1 primary care physicians 2,011:1 dentists 782:1 mental health providers	Health Insurance resources: • Sanford Health Plan, 1749 – 38th St. S., Fargo • NW Service Cooperative, 114 – 1st St. W., TRF • Insurance Brokers, 102 S. Pine Ave., TRF • State Farm, 1845 US 59, TRF • MN Sure – MNSure.org Health Care resources: • Sanford Clinic, 3001 Sanford Parkway, TRF • Sanford Medical Center, 3001 Sanford Parkway, TRF • Sanford Community Care Program, 3001 Sanford Parkway, TRF • Sedra Clinic, 213 Labree Ave., TRF • Inter County Nursing Service, 318 Knight Ave. N., TRF • LifeCare Pregnancy Center, 204 Labree Ave., TRF • Communities Caring for Children (prenatal care), 101 Main Ave. N., TRF	
Mental Health & Substance Abuse	Drug use and abuse 3.68 Depression 3.47 50% of the resident respondents have been diagnosed with depression 44% of resident respondents have been diagnosed with anxiety or stress Stress 3.47 38% of resident respondents report binge drinking at least once/month	50% of the resident respondents have been diagnosed with depression 44% of resident respondents have been diagnosed with anxiety or stress 38% of resident respondents report binge drinking at least once/month	782:1 mental health providers 20% excessive drinking 45% alcohol impair4ed driving deaths	Substance Abuse resources: • SAMHA, 5600 Fishers Lane, Rockville MD – 877-726-4727 • Sanford Behavioral Health Center, 120 Labree Ave. S., TRF • Sanford Behavioral Health Clinic, 120 Labree Ave. S., TRF • Pathfinder Children's Treatment, 921 Atlantic Ave. N., TRF • RiverView Recovery Center, 309 Labree Ave. N., TRF • Glenmore Recovery Center, 621 N. Labree Ave., TRF • Northwest Recovery Center, 115 – 6th St. W., TRF • NA, 708 N. Davis Ave., TRF • AA, 614 N. Davis Ave. (+ 8 other locations) • Pine Manor CD Services, 22195 State 34, Nevis	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				Mental Health resources: • Sanford Behavioral Health Center, 120 Labree Ave. S., TRF • Sanford Behavioral Health Clinic, 120 Labree Ave. S., TRF • Pathfinder Children's Treatment, 921 Atlantic Ave. N., TRF • Northwestern Mental Health Center, 603 Bruce St., Crookston • Nancy Rust, PhD, 213 Labree Ave., TRF Dementia/Alzheimer's resources: • Alzheimer's Association – Alz.org • Thief River Care Center, 2001 Eastwood Dr., TRF • Oakland Park NH, 123 Baken St., TRF • Valley Home, 523 Arnold Ave. S., TRF • Sunwood Home, 237 Kneale Ave. N., TRF • MN Greenleaf, 1006 Greenwood St. E., TRF	
Wellness	39% have high cholesterol 39% have arthritis 33% have hypertension 28% have asthma 17% have not had a routine check-up in more than 1 year 19% did not get a flu shot in the past year 8% have not seen their dentist in over 1 year 53% do not have exercise 3 or more times per week 54% do not get 5 or more fruits/vegetables per day 38% self-report obesity	39% have high cholesterol 39% have arthritis 33% have hypertension 28% have asthma 17% have not had a routine check-up in more than 1 year 19% did not get a flu shot in the past year 8% have not seen their dentist in over 1 year 53% do not have exercise 3 or more times per week 54% do not get 5 or more fruits/vegetables per day 38% self-report obesity	19% adult smoking 28% adult obesity	Chronic Disease resources: • American Heart Assn. – heart.org • Arthritis Found. – arthritis.org • Asthma & Allergy Foundation of America – aafa.org • American Lung Assn. – lung.org • Sanford Medical Home, 3001 Sanford Parkway, TRF • Sanford RN Health Coach, 3001 Sanford Parkway, TRF • Better Choices Better Health, 3001 Sanford Parkway TRF Routine Check-up/Flu Shot resources: • Sanford Clinic, 3001 Sanford Pkwy, TRF • Sedra Clinic, 213 Labree Ave. N,, TRF • Inter County Nursing Service, 318 Knight Ave. N., TRF • Communities Caring for Children (prenatal care), 101 Main Ave. N., TRF • Thrifty White (provides vaccinations & flu shots), 201 Horace Ave. N., TRF Dental resources: • Helmich Dental, 318 N. Labree Ave., TRF	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
	21% self-report being overweight	21% self-report being overweight		• TRF Family Dentistry, 310 Red Lake Blvd., TRF • Ben Sayler, DDS, 1600 1st St. E., TRF • Bryce Bray, DDS (will provide a 5% discount), 214 Labree Ave., TRF Physical Fitness resources: • Walking/Hiking Trails: o Greenwood Trails, Greenwood St. W., TRF o River Walk, LB Hartz Park, 250 Emil St., TRF o Riverland Trail, 218-253-4220 o Wapiti Trail – traillink.cp, • Red Robe Classic Bike Ride, 8th St. & Reserve Ave., TRF • Pathfinder Bike Shop, 206 Knight Ave, N,, TRF • TRF School System activities, 230 Labree Ave. S., TRF • St. Bernard's Catholic School activities, 117 Knight Ave. N., TRF • Park & Recreation Dept., 525 Brooks Ave., TRF • Family Time Fitness, 1571 Hwy. 59 S., TRF • Sanford Wellness Center, 1720 US 59, TRF • Anytime Fitness, 1845 Hwy. 59 S., TRF • Curves, 103 – 3rd St. E., TRF • Curves, 208 Labree Ave. N., TRF • Healthy U, 212 Atlantic Ave., TRF • Natural Health & Fitness, 309 Labree Ave. N., TRF • Curling Club, 815 3rd St. W., TRF • Hockey Club, 123 Main Ave. W., TRF • Archery Club, 410 Barzen Ave. N., TRF Healthy Food resources: • Extension Office nutrition classes, 101 Main Ave. N., TRF • WIC program, 1300 E. Nora St., TRF • SNAP program, 318 Knight Ave. N., TRF • Cabin View Farmers Market, 14499 – 140th St. NE, TRF • TRF Farmers Market, Floyd B. Olson Park, TRF • Efta Produce (CSA), 1311 Pennington Ave., TRF	

Identified concern	Key stakeholder survey	Resident survey	Secondary data	Community resources available to address the need	Gap?
				• Walmart Grocery, 1755 Hwy 59 S., TRF • Hugo's Family Marketplace, 215 Pennington Ave. S., TRF • Super One Foods, 1525 Hwy 59 S., TRF Obesity resources: • Walking/Hiking Trails: o Greenwood Trails, Greenwood St. W., TRF o River Walk, LB Hartz Park, 250 Emil St., TRF o Riverland Trail - 218-253-4220 o Wapiti Trail - traillink.com • Red Robe Classic Bike Ride, 8th St. & Reserve Ave., TRF • Pathfinder Bike Shop, 206 Knight Ave. N., TRF • TRF School System activities, 230 Labree Ave. S., TRF • St. Bernard's Catholic School activities, 117 Knight Ave. N., TRF • Park & Recreation Dept., 525 Brooks Ave., TRF • Anytime Fitness, 1845 Hwy. 59 S., TRF • Family Time Fitness, 1571 Hwy 59 S., TRF • Natural Health & Fitness, 309 Labree Ave. N., TRF • Sanford Wellness Center, 1720 US 59, TRF • Curves, 103 – 3rd St. E., TRF • Curves, 208 Labree Ave. N., TRF • Healthy U, 212 Atlantic Ave., TRF • Tae Kwon Do, 970 Hwy 32 S., TRF • Curling Club, 815 3rd St. W., TRF • Hockey Club, 123 Main Ave. W., TRF • Archery Club, 410 Barzen Ave. N., TRF • Sanford WebMD Fit Kids Program – sanfordfit.org • Sanford dieticians, 3001 Sanford Pkwy, TRF • Sedra dieticians, 213 Labree Ave. N., TRF • Inter County Nursing Service, 318 Knight Ave. N., TRF	

Sanford Thief River Falls Medical Center

Community Health Needs Assessment
Results from an October 2017 Non-Generalizable

Online Survey of Community Stakeholders

November 2017

SANFORD

STUDY DESIGN and METHODOLOGY

The following report includes non-generalizable survey results from an October 2017 online survey of community leaders and key stakeholders identified by Sanford Thief River Falls Medical Center. This study was conducted through a partnership between the Community Health Collaborative and the Center for Social Research (CSR) at North Dakota State University. The CSR developed and maintained links to the online survey tool. Members of the Community Health Collaborative distributed the survey link via e-mail to stakeholders and key leaders, located within various agencies in the community, and asked them to complete the online survey. **Therefore, it is important to note that the data in this report are not generalizable to the community.** Data collection occurred during the month of October and the first week of November. A total of 19 respondents participated in the online survey.

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SURVEY RESULTS

Current State of Health and Wellness Issues Within the Community

Using a 1 to 5 scale, with 1 being “no attention needed”; 2 being “little attention needed”; 3 being “moderate attention needed”; 4 being “serious attention needed”; and 5 being “critical attention needed,” respondents were asked to, based on their knowledge, select the option that best describes their understanding of the current state of each issue regarding ECONOMIC WELL-BEING, TRANSPORTATION, CHILDREN AND YOUTH, the AGING POPULATION, SAFETY, HEALTHCARE AND WELLNESS, and MENTAL HEALTH AND SUBSTANCE ABUSE.

Figure 1. Current state of community issues regarding ECONOMIC WELL-BEING

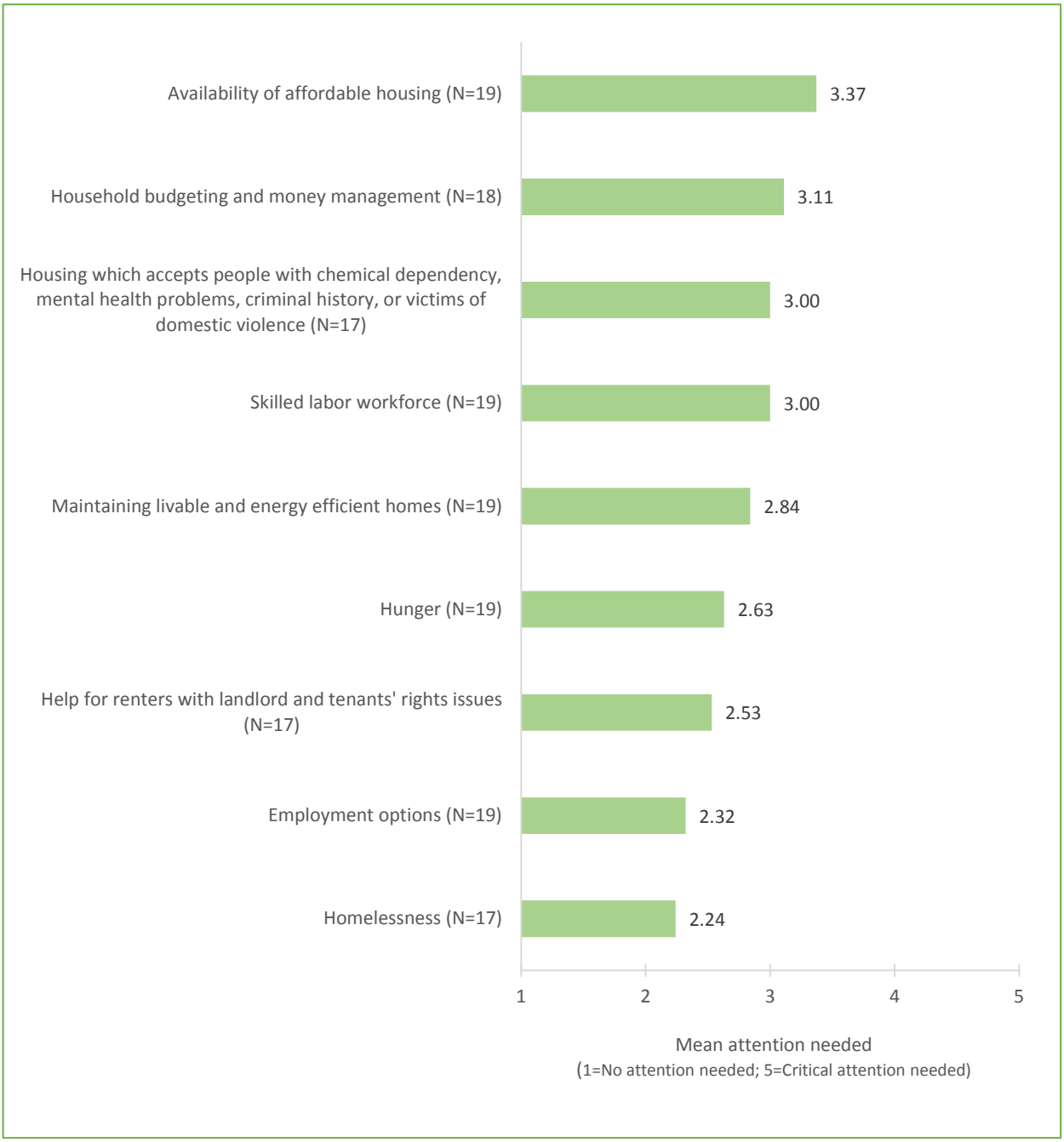


Figure 2. Current state of community issues regarding TRANSPORTATION

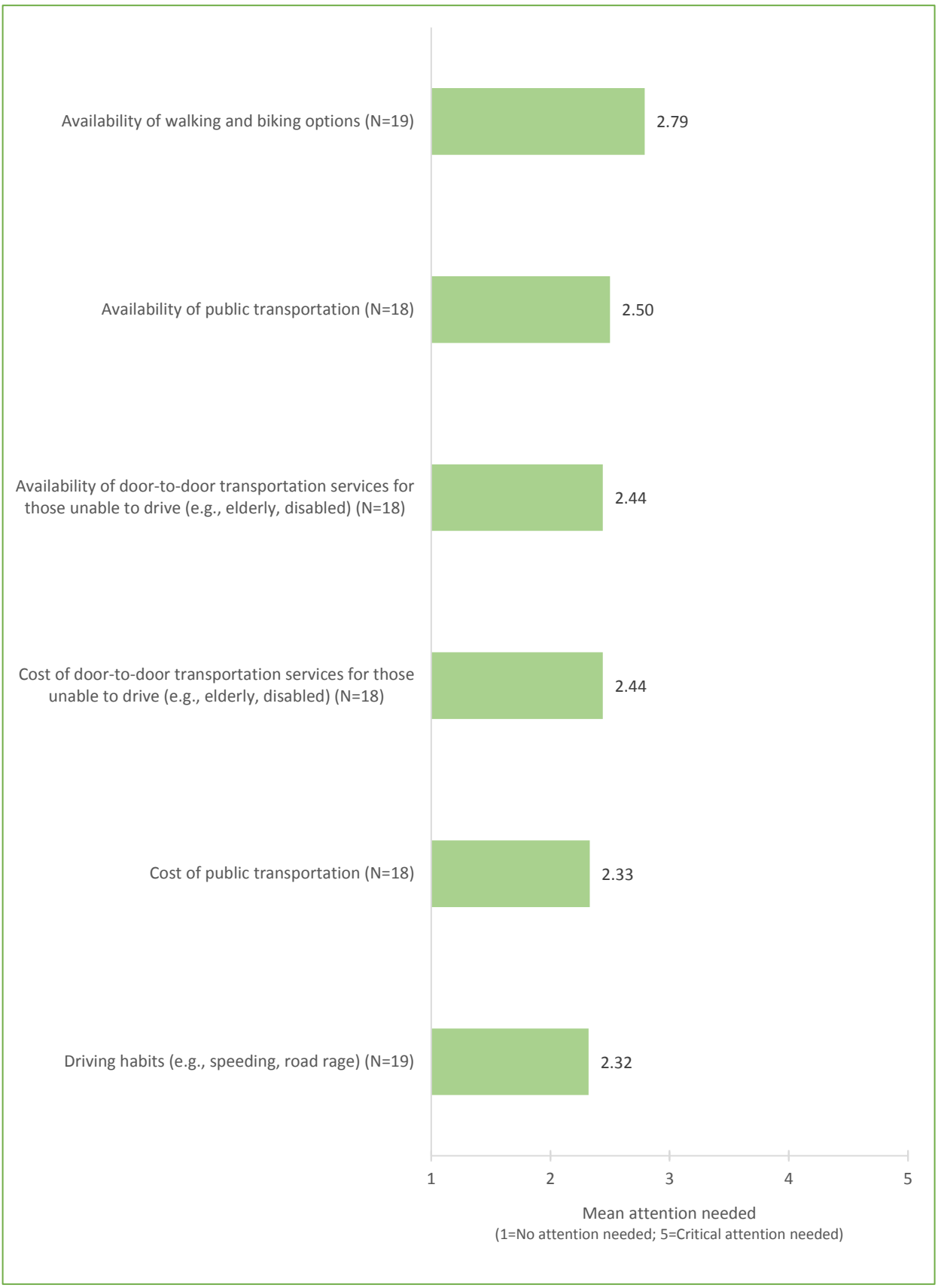


Figure 3. Current state of community issues regarding CHILDREN AND YOUTH

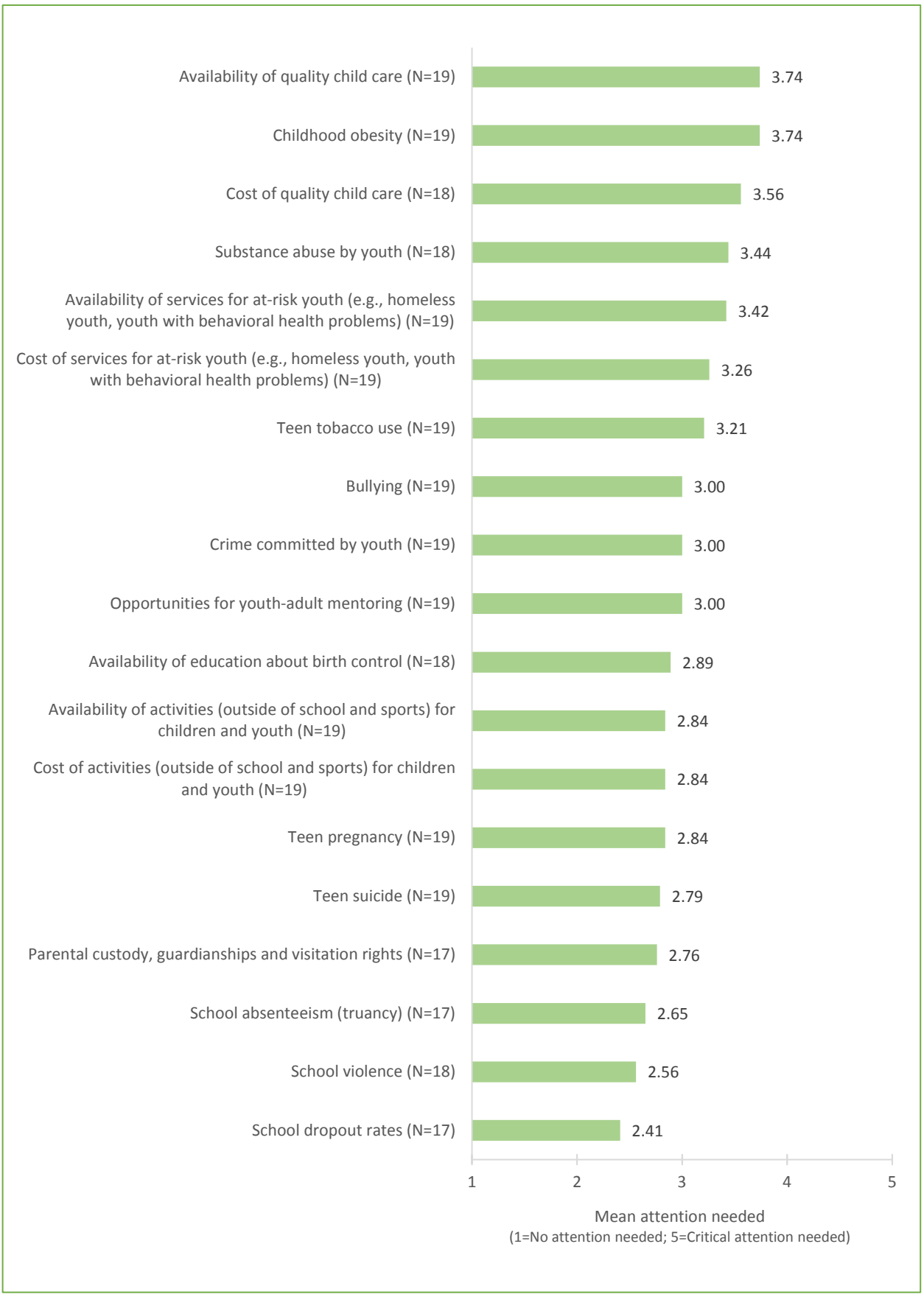


Figure 4. Current state of community issues regarding the AGING POPULATION

Figure 5. Current state of community issues regarding SAFETY

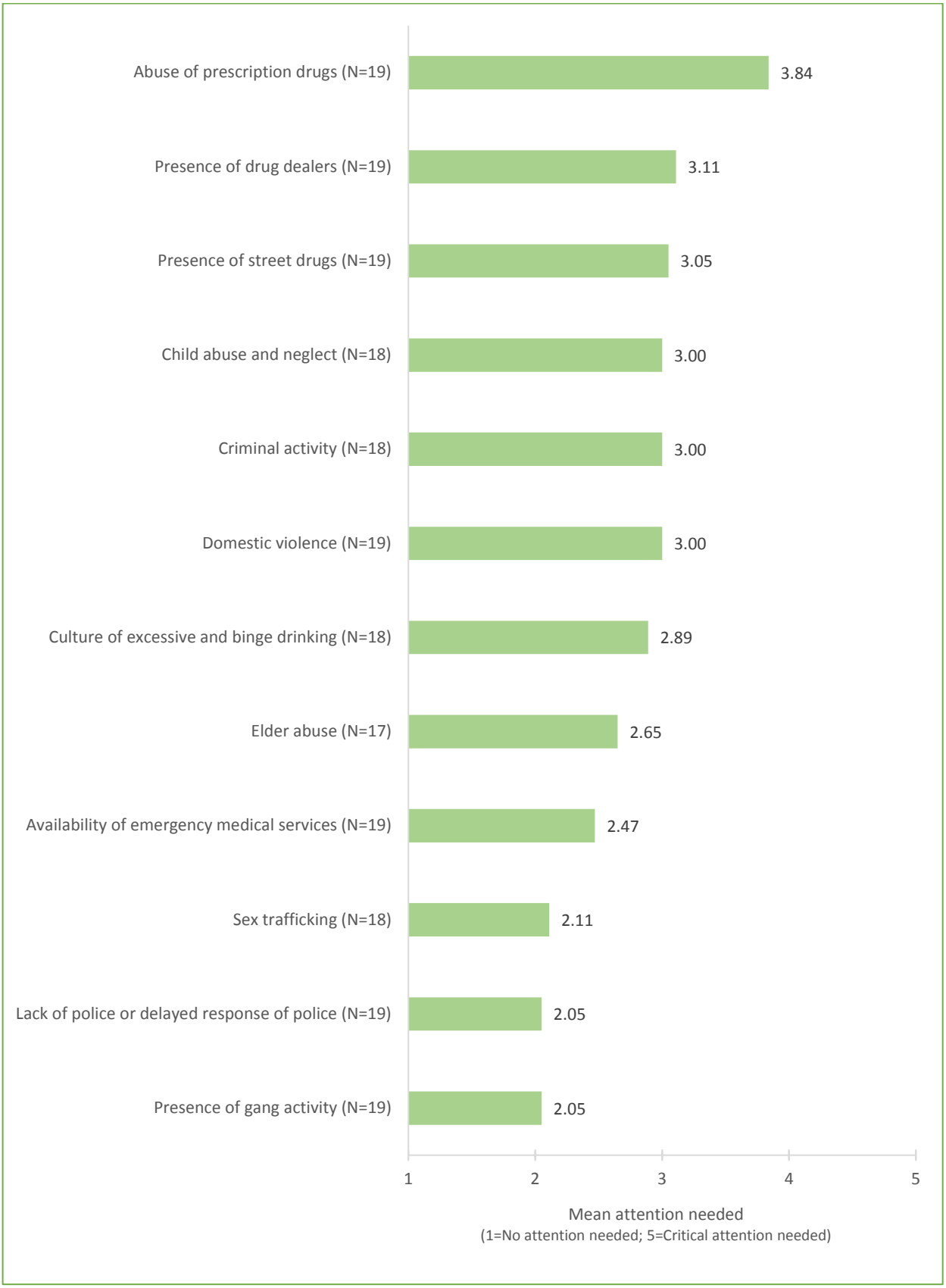
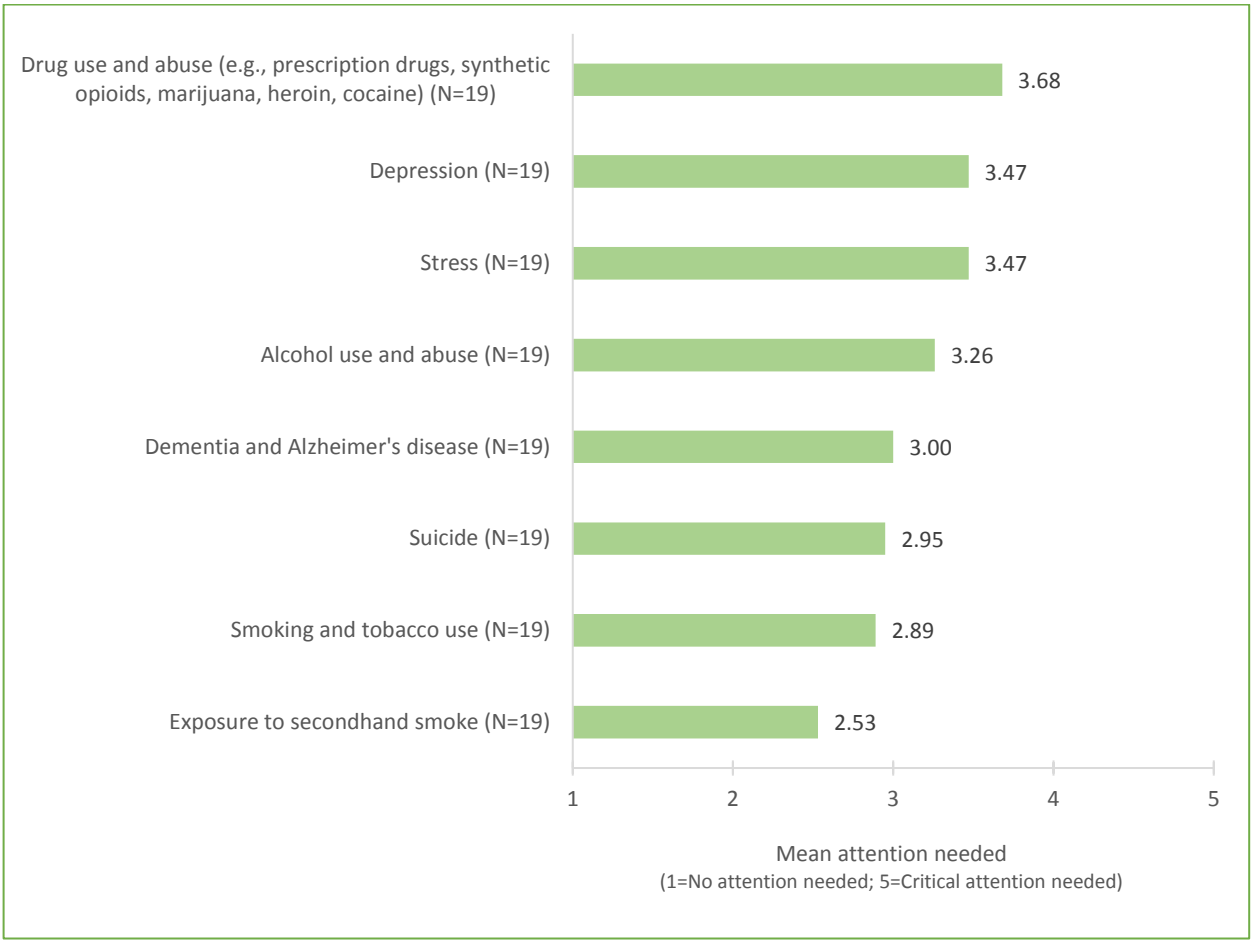


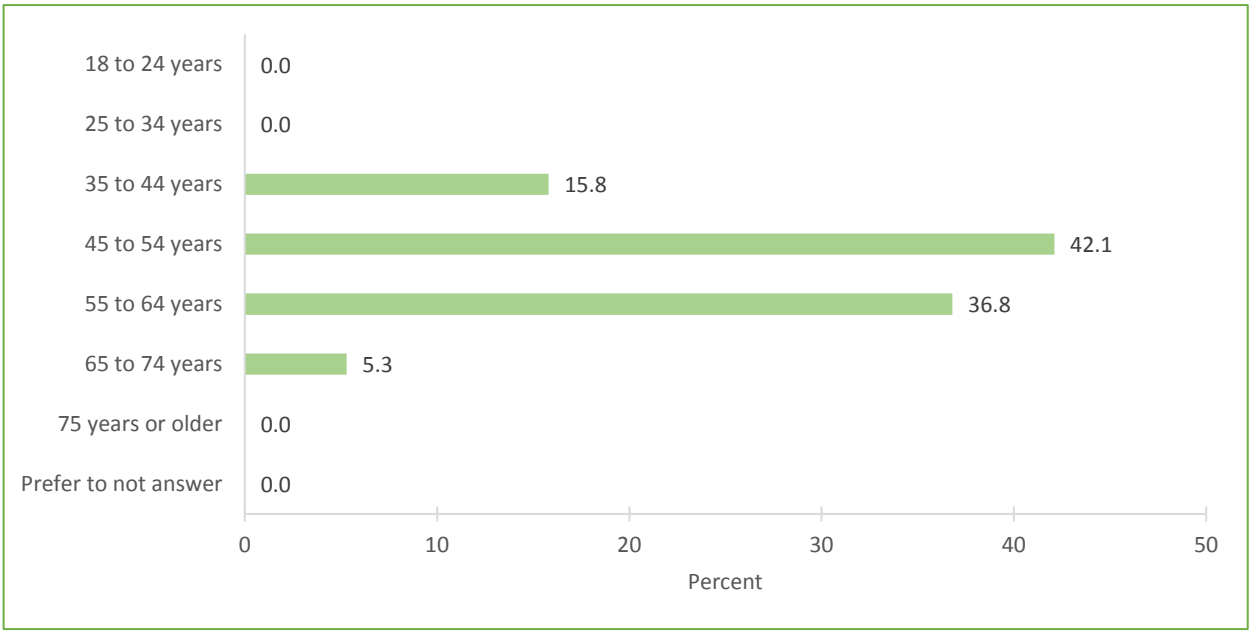
Figure 6. Current state of community issues regarding HEALTHCARE AND WELLNESS

Figure 7. Current state of community issues regarding MENTAL HEALTH AND SUBSTANCE ABUSE



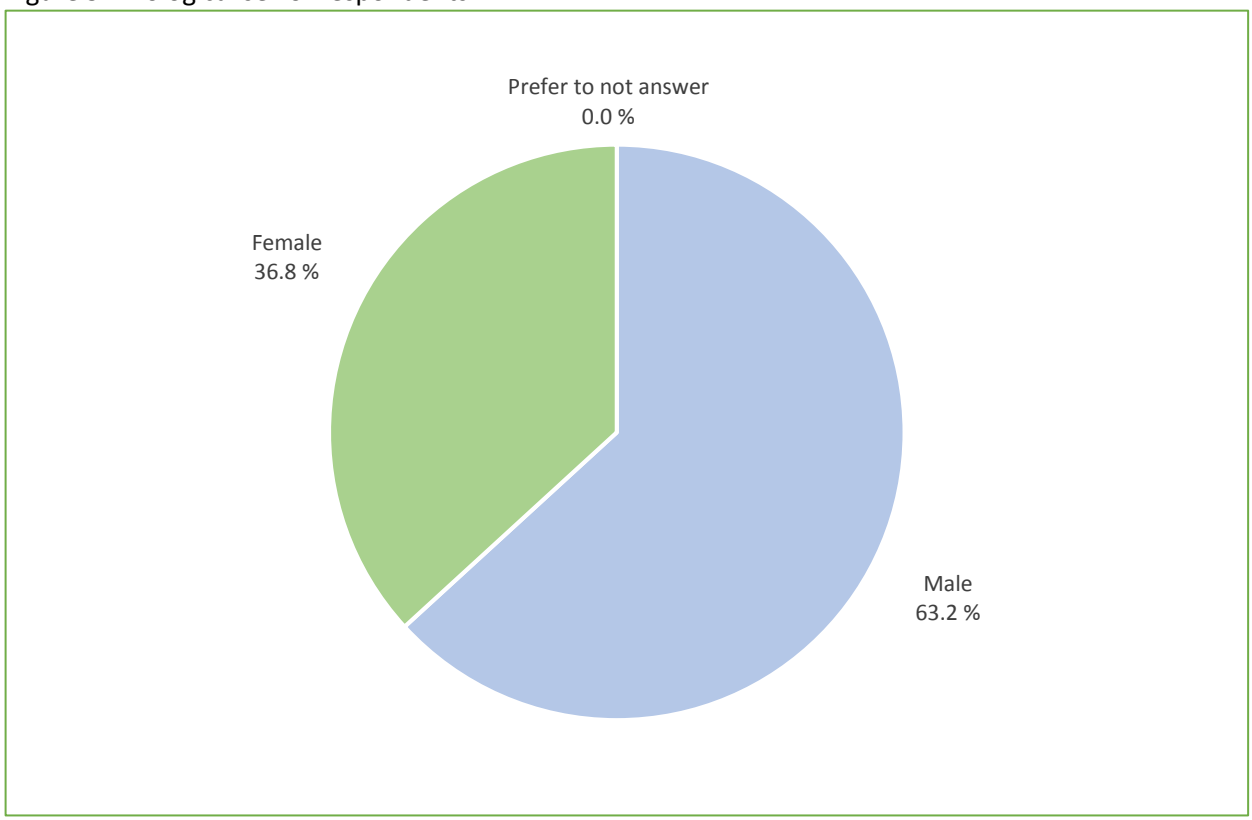
Demographic Information

Figure 8. Age of respondents



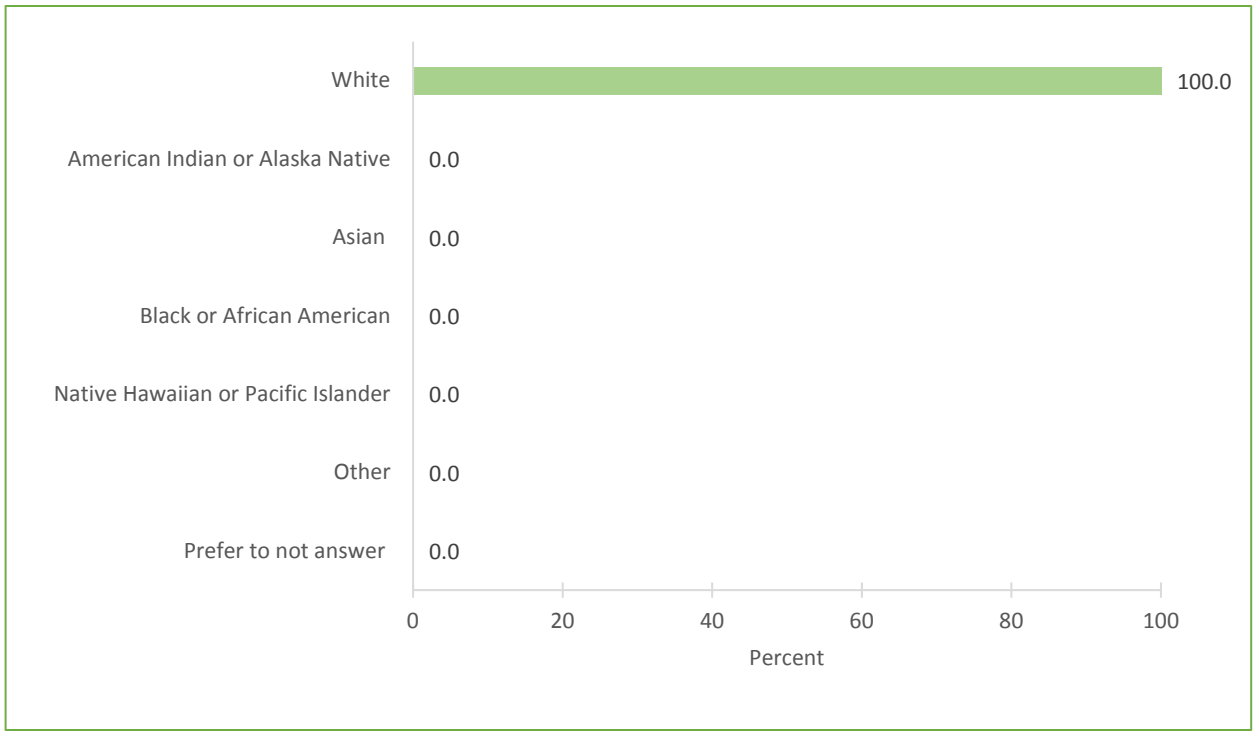
N=19

Figure 9. Biological sex of respondents



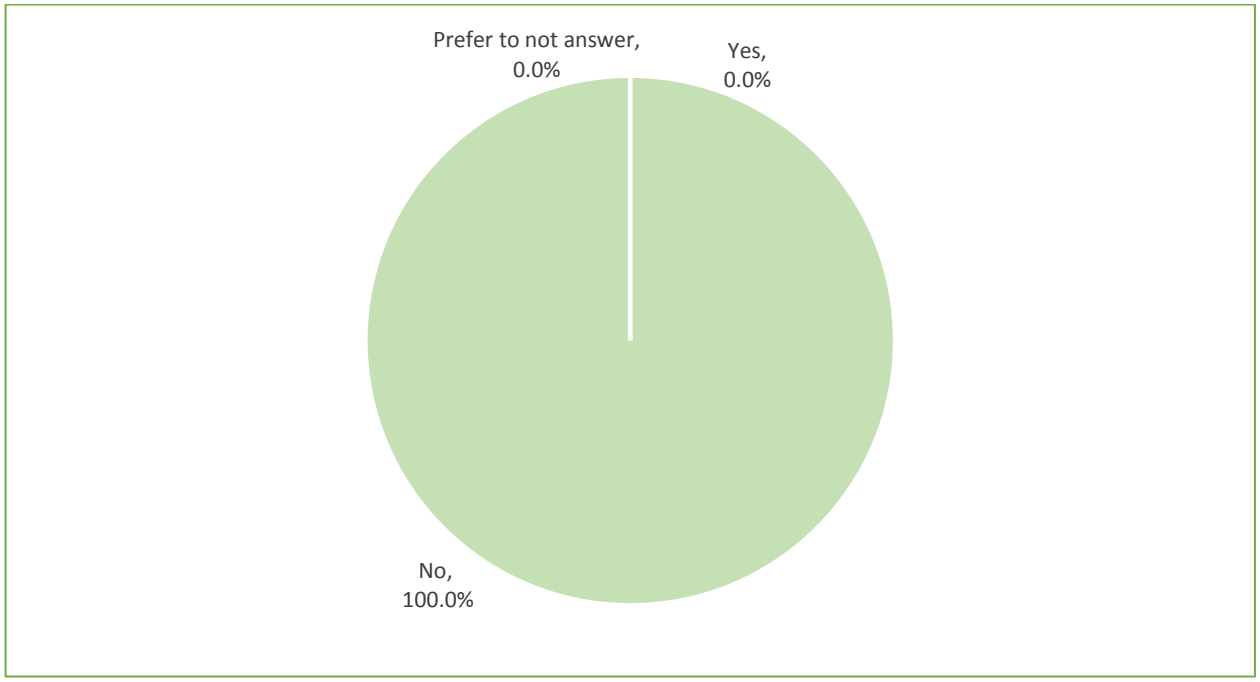
N=19

Figure 10. Race of respondents



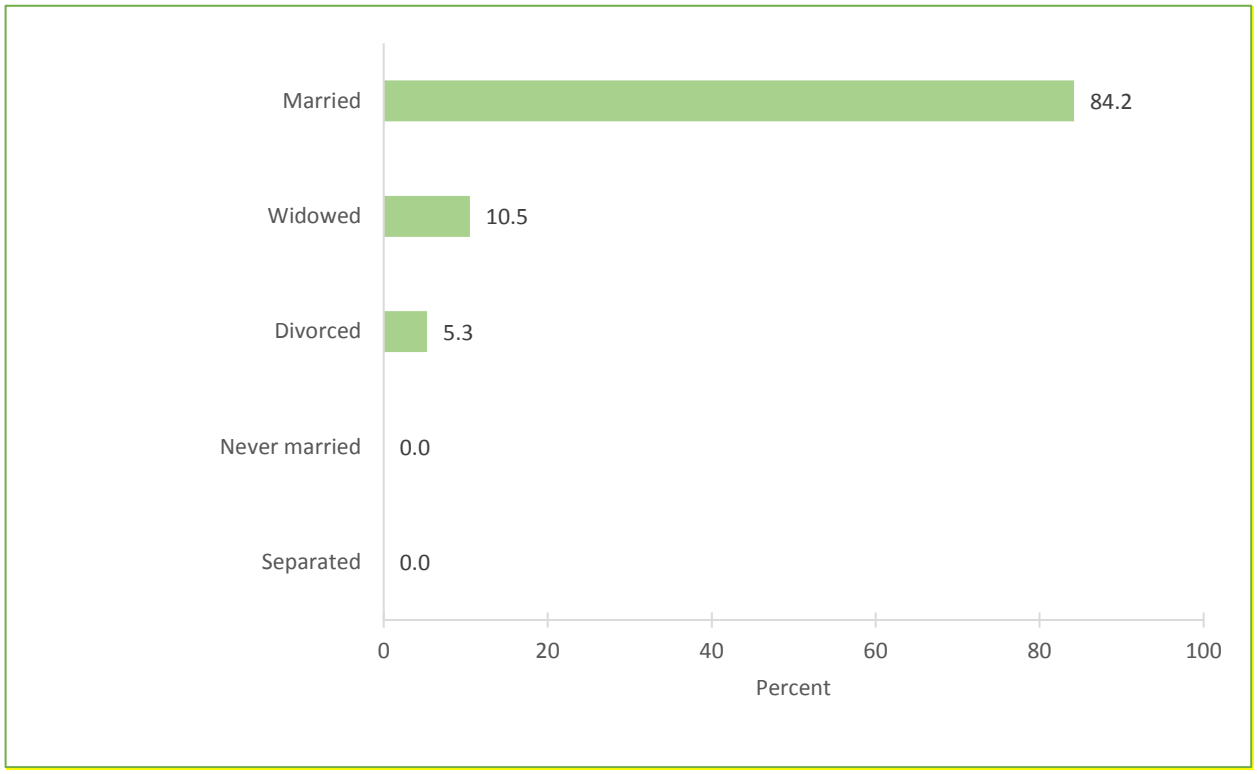
N=19

Figure 11. Whether respondents are of Hispanic or Latino origin



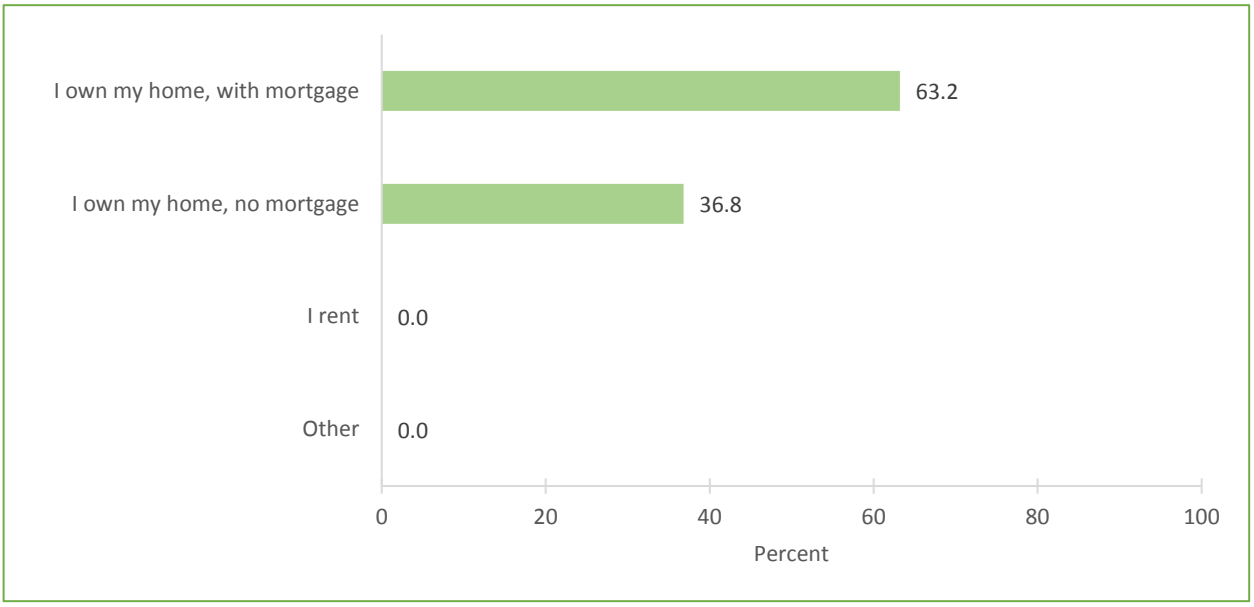
N=19

Figure 12. Marital status of respondents



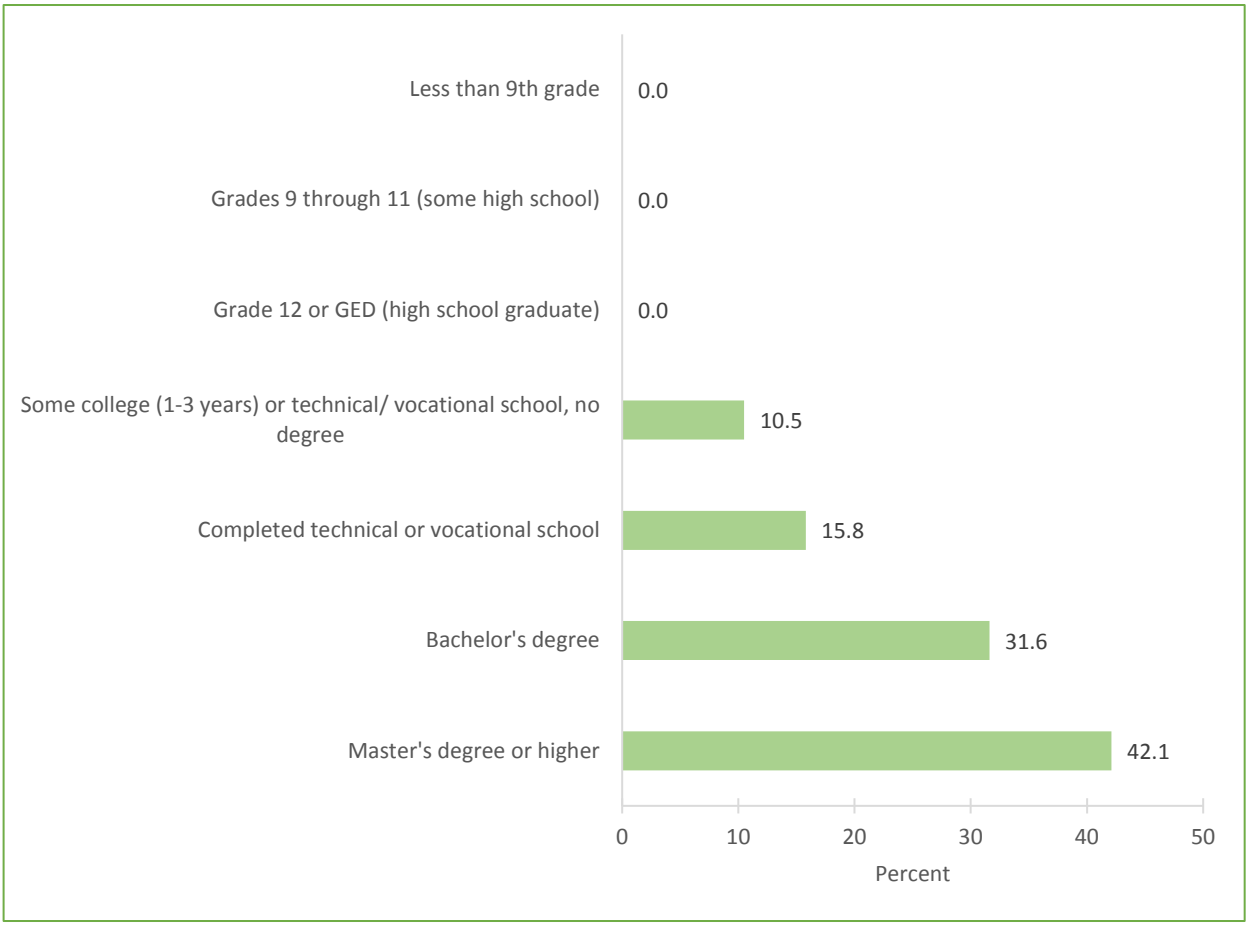
N=19

Figure 13. Living situation of respondents



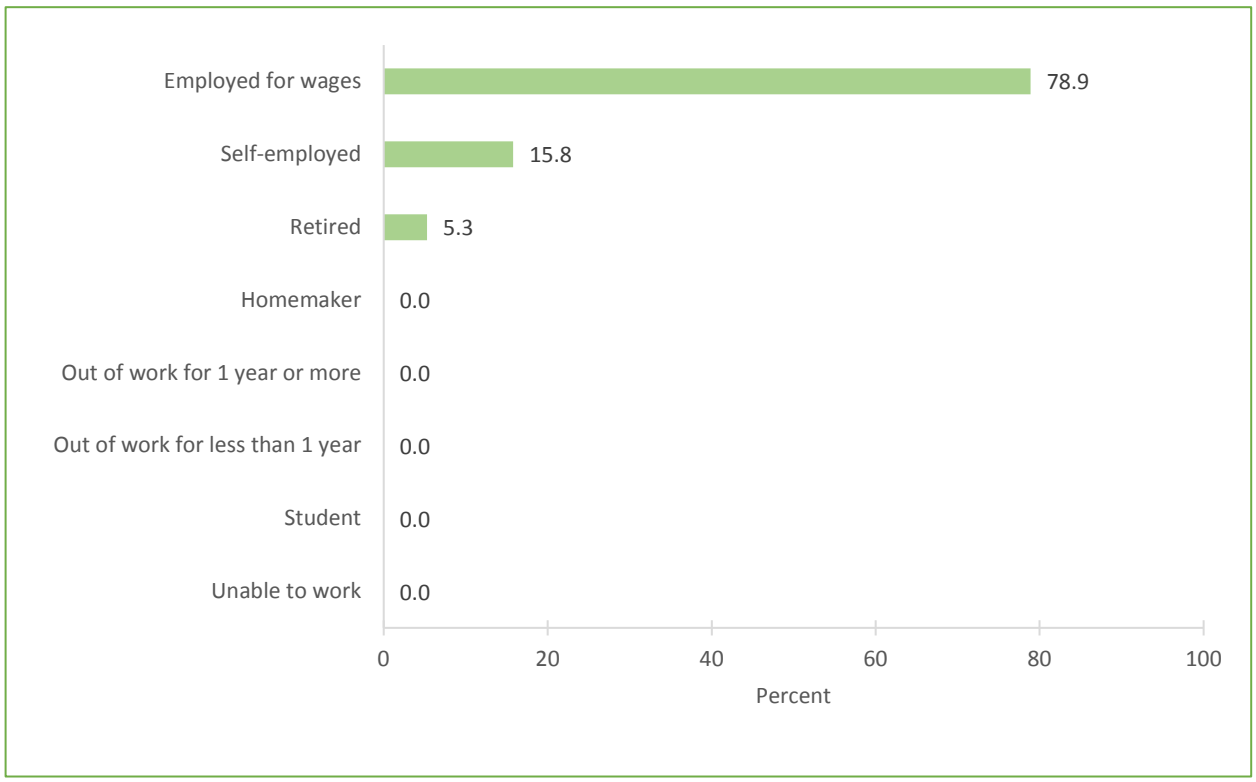
N=19

Figure 14. Highest level of education completed by respondents



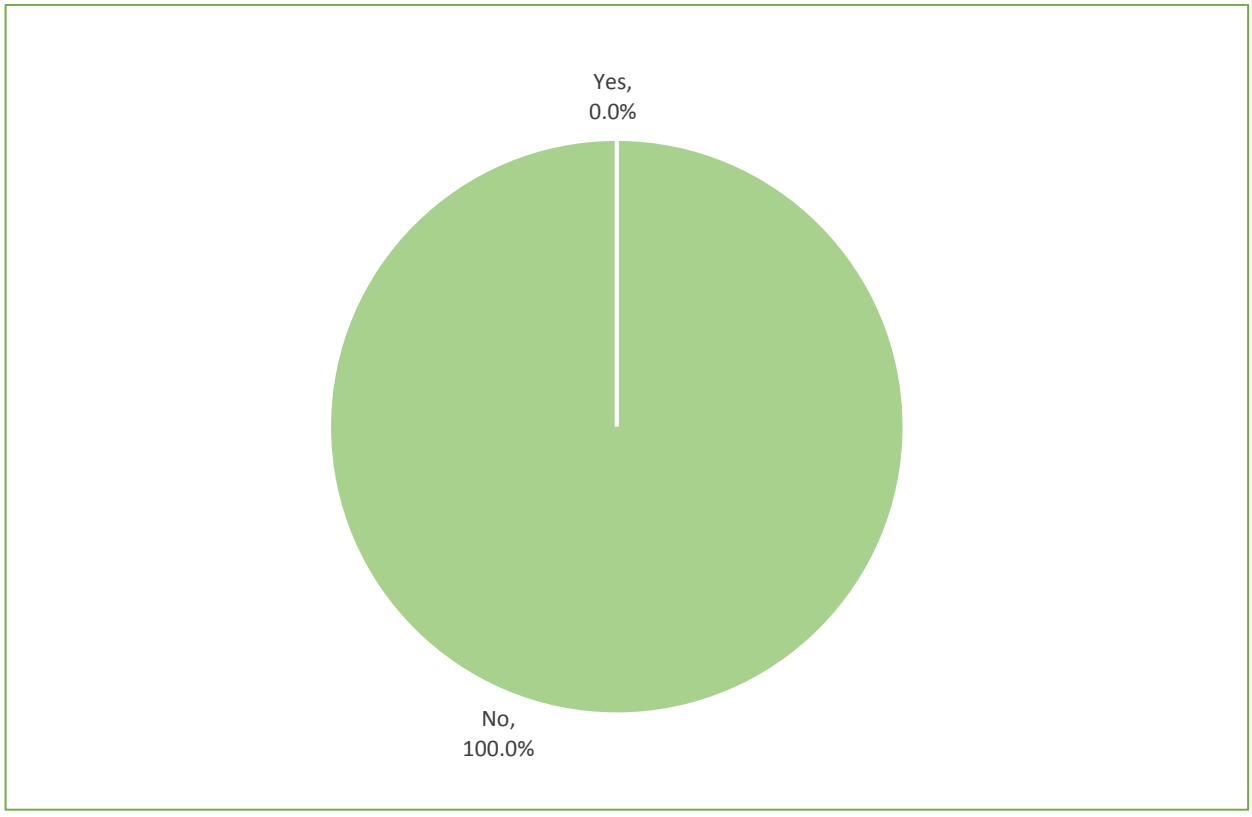
N=19

Figure 15. Employment status of respondents



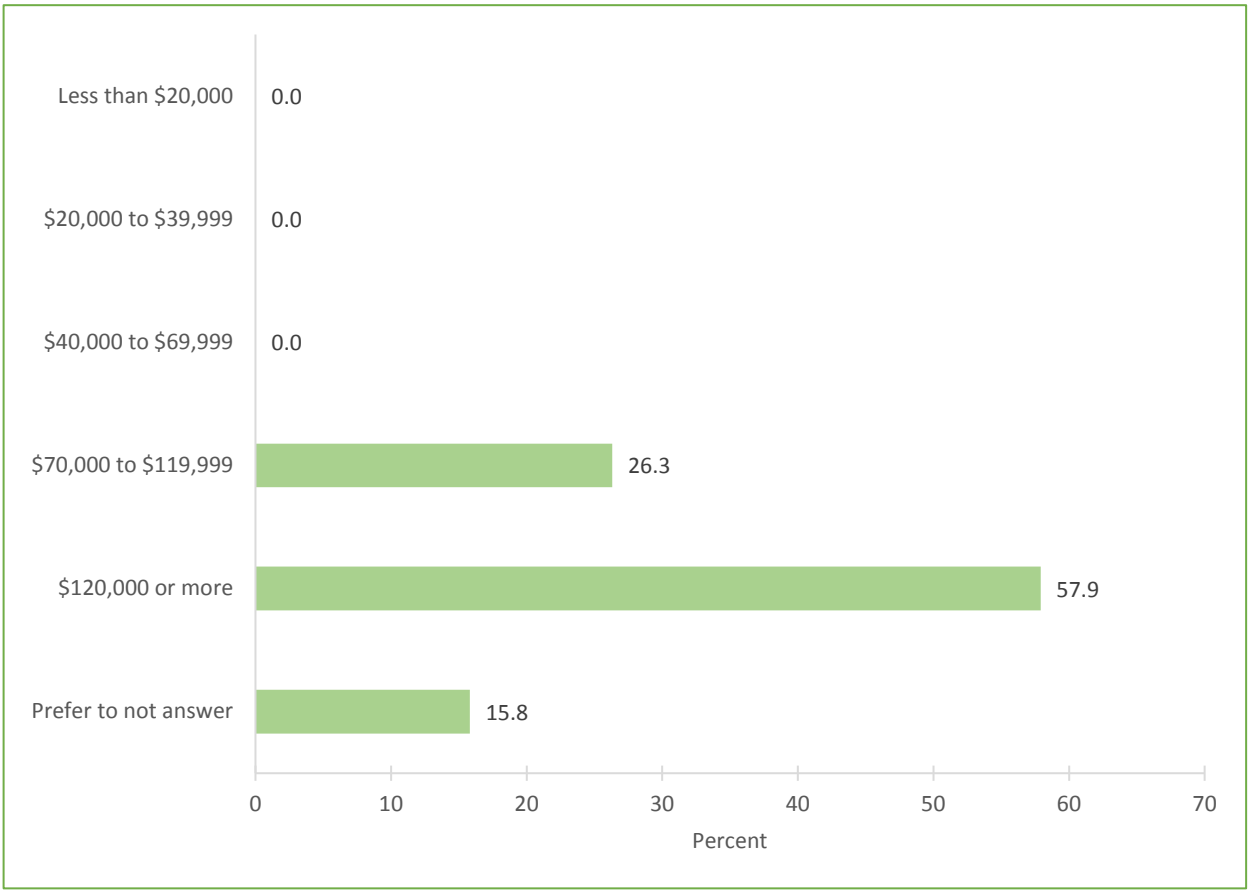
N=19

Figure 16. Whether respondents are military veterans



N=18

Figure 17. Annual household income of respondents, from all sources, before taxes



N=19

Table 1. Zip code of respondents

Zip code	Number of respondents
56701	17
56742	1

N=18

Table 2. Comments from respondents

Comments
Children need more help in mental health services!
Fighting obesity and building strong two-parent families I feel are two very important priorities, along with treating depression/anxiety. As well as a portable housing and urging people to use technical college to gain additional skills.
Needs an option of "I don't know".

APPENDIX TABLE

Appendix Table 1. Current state of health and wellness issues within the community

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
ECONOMIC WELL-BEING ISSUES								
Availability of affordable housing (N=19)	3.37	0.0	15.8	36.8	42.1	5.3	0.0	100.0
Employment options (N=19)	2.32	5.3	68.4	15.8	10.5	0.0	0.0	100.0
Help for renters with landlord and tenants' rights issues (N=19)	2.53	5.3	31.6	52.6	0.0	0.0	10.5	100.0
Homelessness (N=19)	2.24	15.8	42.1	26.3	5.3	0.0	10.5	100.0
Housing which accepts people with chemical dependency, mental health problems, criminal history, or victims of domestic violence (N=19)	3.00	0.0	15.8	63.2	5.3	5.3	10.5	100.1
Household budgeting and money management (N=19)	3.11	0.0	21.1	47.4	21.1	5.3	5.3	100.2
Hunger (N=19)	2.63	10.5	31.6	42.1	15.8	0.0	0.0	100.0
Maintaining livable and energy efficient homes (N=19)	2.84	5.3	15.8	68.4	10.5	0.0	0.0	100.0
Skilled labor workforce (N=19)	3.00	0.0	15.8	73.7	5.3	5.3	0.0	100.1
TRANSPORTATION ISSUES								
Availability of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=19)	2.44	5.3	52.6	26.3	10.5	0.0	5.3	100.0
Availability of public transportation (N=19)	2.50	5.3	47.4	31.6	10.5	0.0	5.3	100.1
Availability of walking and biking options (N=19)	2.79	5.3	36.8	31.6	26.3	0.0	0.0	100.0
Cost of door-to-door transportation services for those unable to drive (e.g., elderly, disabled) (N=19)	2.44	5.3	42.1	47.4	0.0	0.0	5.3	100.1
Cost of public transportation (N=19)	2.33	5.3	57.9	26.3	5.3	0.0	5.3	100.1
Driving habits (e.g., speeding, road rage) (N=19)	2.32	0.0	73.7	21.1	5.3	0.0	0.0	100.1
CHILDREN AND YOUTH								
Availability of activities (outside of school and sports) for children and youth (N=19)	2.84	0.0	31.6	52.6	15.8	0.0	0.0	100.0
Availability of education about birth control (N=19)	2.89	0.0	31.6	42.1	21.1	0.0	5.3	100.1
Availability of quality child care (N=19)	3.74	0.0	5.3	26.3	57.9	10.5	0.0	100.0
Availability of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=19)	3.42	0.0	10.5	42.1	42.1	5.3	0.0	100.0

Statements	Mean**	Percent of respondents* Level of attention needed 1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	Total
Bullying (N=19)	3.00	0.0	21.1	57.9	21.1	0.0	0.0	100.1
Childhood obesity (N=19)	3.74	0.0	5.3	31.6	47.4	15.8	0.0	100.1
Cost of activities (outside of school and sports) for children and youth (N=19)	2.84	0.0	26.3	63.2	10.5	0.0	0.0	100.0
Cost of quality child care (N=18)	3.56	0.0	11.1	38.9	33.3	16.7	0.0	100.0
Cost of services for at-risk youth (e.g., homeless youth, youth with behavioral health problems) (N=19)	3.26	0.0	15.8	52.6	21.1	10.5	0.0	100.0
Crime committed by youth (N=19)	3.00	0.0	26.3	47.4	26.3	0.0	0.0	100.0
Opportunities for youth-adult mentoring (N=19)	3.00	0.0	26.3	47.4	26.3	0.0	0.0	100.0
Parental custody, guardianships and visitation rights (N=18)	2.76	0.0	38.9	44.4	5.6	5.6	5.6	100.1
School absenteeism (truancy) (N=19)	2.65	0.0	42.1	36.8	10.5	0.0	10.5	99.9
School dropout rates (N=19)	2.41	0.0	57.9	26.3	5.3	0.0	10.5	100.0
School violence (N=19)	2.56	0.0	47.4	42.1	5.3	0.0	5.3	100.1
Substance abuse by youth (N=19)	3.44	0.0	5.3	52.6	26.3	10.5	5.3	100.0
Teen pregnancy (N=19)	2.84	0.0	31.6	52.6	15.8	0.0	0.0	100.0
Teen suicide (N=19)	2.79	0.0	42.1	36.8	21.1	0.0	0.0	100.0
Teen tobacco use (N=19)	3.21	0.0	15.8	47.4	36.8	0.0	0.0	100.0
THE AGING POPULATION								
Availability of activities for seniors (e.g., recreational, social, cultural) (N=19)	2.79	0.0	31.6	57.9	10.5	0.0	0.0	100.0
Availability of long-term care (N=19)	2.84	5.3	31.6	47.4	5.3	10.5	0.0	100.1
Availability of memory care (N=18)	3.00	5.6	16.7	61.1	5.6	11.1	0.0	100.1
Availability of resources for family and friends caring for and helping to make decisions for elders (e.g., home care, home health) (N=19)	2.94	0.0	26.3	52.6	10.5	5.3	5.3	100.0
Availability of resources for grandparents caring for grandchildren (N=19)	3.00	0.0	15.8	68.4	5.3	5.3	5.3	100.1
Availability of resources to help the elderly stay safe in their homes (N=19)	2.84	0.0	26.3	63.2	10.5	0.0	0.0	100.0
Cost of activities for seniors (e.g., recreational, social, cultural) (N=19)	2.67	0.0	36.8	52.6	5.3	0.0	5.3	100.0
Cost of in-home services (N=19)	3.06	5.3	10.5	52.6	26.3	0.0	5.3	100.0
Cost of long-term care (N=19)	3.50	5.3	5.3	36.8	31.6	15.8	5.3	100.1
Cost of memory care (N=19)	3.50	5.3	5.3	42.1	21.1	21.1	5.3	100.2
Help making out a will or healthcare directive (N=19)	2.63	0.0	47.4	47.4	0.0	5.3	0.0	100.1
SAFETY								
Abuse of prescription drugs (N=19)	3.84	0.0	5.3	21.1	57.9	15.8	0.0	100.1
Availability of emergency medical services (N=19)	2.47	10.5	47.4	26.3	15.8	0.0	0.0	100.0
Child abuse and neglect (N=19)	3.00	0.0	26.3	42.1	26.3	0.0	5.3	100.0

Statements	Mean**	Percent of respondents* Level of attention needed 1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	Total
Criminal activity (N=19)	3.00	0.0	21.1	52.6	21.1	0.0	5.3	100.1
Culture of excessive and binge drinking (N=19)	2.89	0.0	26.3	52.6	15.8	0.0	5.3	100.0
Domestic violence (N=19)	3.00	0.0	21.1	57.9	21.1	0.0	0.0	100.1
Elder abuse (N=19)	2.65	5.3	36.8	31.6	15.8	0.0	10.5	100.0
Lack of police or delayed response of police (N=19)	2.05	21.1	52.6	26.3	0.0	0.0	0.0	100.0
Presence of drug dealers (N=19)	3.11	5.3	26.3	31.6	26.3	10.5	0.0	100.0
Presence of gang activity (N=19)	2.05	26.3	42.1	31.6	0.0	0.0	0.0	100.0
Presence of street drugs (N=19)	3.05	5.3	15.8	52.6	21.1	5.3	0.0	100.1
Sex trafficking (N=19)	2.11	21.1	47.4	21.1	5.3	0.0	5.3	100.2
HEALTH CARE AND WELLNESS								
Access to affordable dental insurance coverage (N=19)	3.00	5.3	15.8	52.6	26.3	0.0	0.0	100.0
Access to affordable health insurance coverage (N=19)	3.53	0.0	15.8	26.3	47.4	10.5	0.0	100.0
Access to affordable health care (N=19)	3.42	0.0	15.8	31.6	47.4	5.3	0.0	100.1
Access to affordable prescription drugs (N=19)	3.26	0.0	15.8	47.4	31.6	5.3	0.0	100.1
Access to affordable vision insurance coverage (N=19)	2.79	5.3	21.1	63.2	10.5	0.0	0.0	100.1
Access to technology for health records and health education (N=19)	2.32	10.5	52.6	31.6	5.3	0.0	0.0	100.0
Availability of behavioral health (e.g., substance abuse) providers (N=19)	3.05	5.3	26.3	36.8	21.1	10.5	0.0	100.0
Availability of doctors, physician assistants, or nurse practitioners (N=19)	2.74	5.3	42.1	31.6	15.8	5.3	0.0	100.1
Availability of health care services for Native people (N=19)	2.25	10.5	52.6	10.5	10.5	0.0	15.8	99.9
Availability of health care services for New Americans (N=19)	2.06	21.1	47.4	15.8	5.3	0.0	10.5	100.1
Availability of mental health providers (N=19)	3.00	5.3	31.6	36.8	10.5	15.8	0.0	100.0
Availability of non-traditional hours (e.g., evenings, weekends) (N=19)	3.11	0.0	31.6	21.1	42.1	0.0	5.3	100.1
Availability of prevention programs and services (e.g., Better Balance, Diabetes Prevention) (N=19)	2.78	0.0	31.6	52.6	10.5	0.0	5.3	100.0
Availability of specialist physicians (N=19)	3.21	0.0	21.1	36.8	42.1	0.0	0.0	100.0
Coordination of care between providers and services (N=19)	2.94	5.3	26.3	31.6	31.6	0.0	5.3	100.1
Timely access to medical care providers (N=19)	2.83	5.3	31.6	31.6	26.3	0.0	5.3	100.1
Timely access to dental care providers (N=19)	2.94	10.5	15.8	36.8	31.6	0.0	5.3	100.0

Statements	Mean**	Percent of respondents*						
		Level of attention needed						Total
		1 None	2 Little	3 Moderate	4 Serious	5 Critical	NA	
Timely access to vision care providers (N=19)	2.50	15.8	36.8	21.1	21.1	0.0	5.3	100.1
Use of emergency room services for primary healthcare (N=19)	3.26	0.0	26.3	26.3	42.1	5.3	0.0	100.0
MENTAL HEALTH AND SUBSTANCE ABUSE								
Alcohol use and abuse (N=19)	3.26	0.0	10.5	52.6	36.8	0.0	0.0	99.9
Dementia and Alzheimer's disease (N=19)	3.00	0.0	21.1	57.9	21.1	0.0	0.0	100.1
Depression (N=19)	3.47	0.0	5.3	47.4	42.1	5.3	0.0	100.1
Drug use and abuse (e.g., prescription drugs, synthetic opioids, marijuana, heroin, cocaine) (N=19)	3.68	0.0	5.3	31.6	52.6	10.5	0.0	100.0
Exposure to secondhand smoke (N=19)	2.53	10.5	36.8	42.1	10.5	0.0	0.0	99.9
Smoking and tobacco use (N=19)	2.89	0.0	31.6	47.4	21.1	0.0	0.0	100.1
Stress (N=19)	3.47	0.0	5.3	42.1	52.6	0.0	0.0	100.0
Suicide (N=19)	2.95	0.0	31.6	47.4	15.8	5.3	0.0	100.1

*Percentages may not total 100.0 due to rounding.

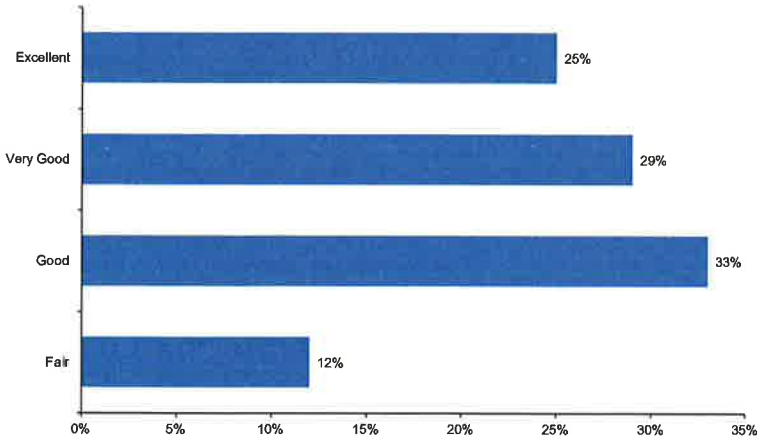
**NA (not applicable) responses were excluded when calculating the Means. As a result, the number of responses (N) in Appendix Table 1, which reflect total responses, may differ from the Ns in Figures 1 through 7, which exclude NA.

Thief River Falls CHNA Survey Report

March 08, 2018

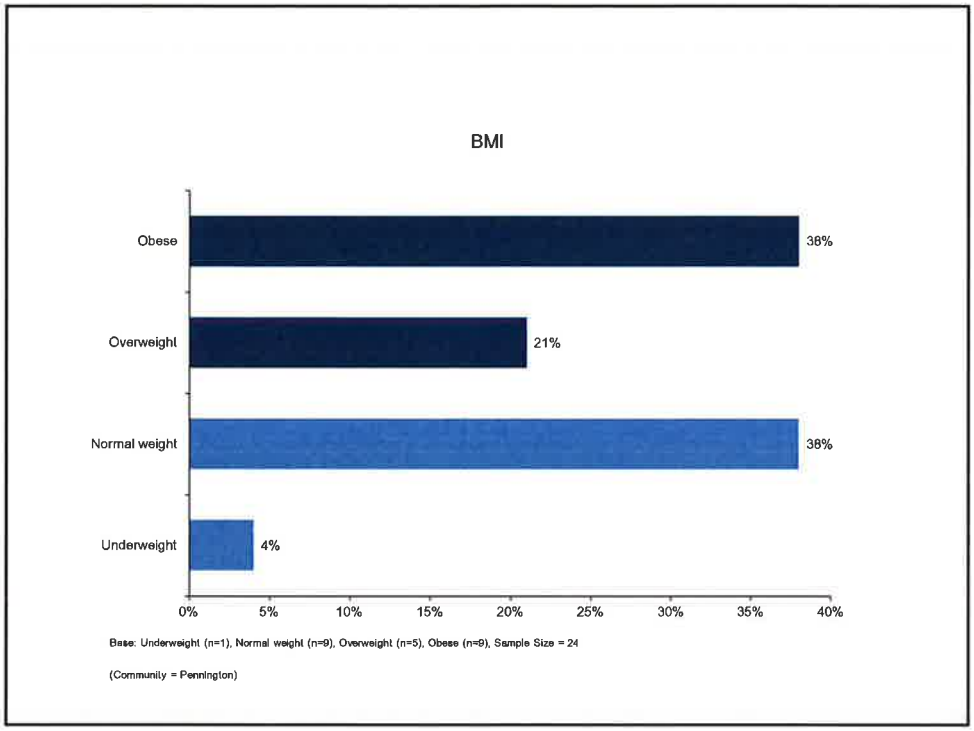
Charts Exported by MarketSight®

How would you rate your health?



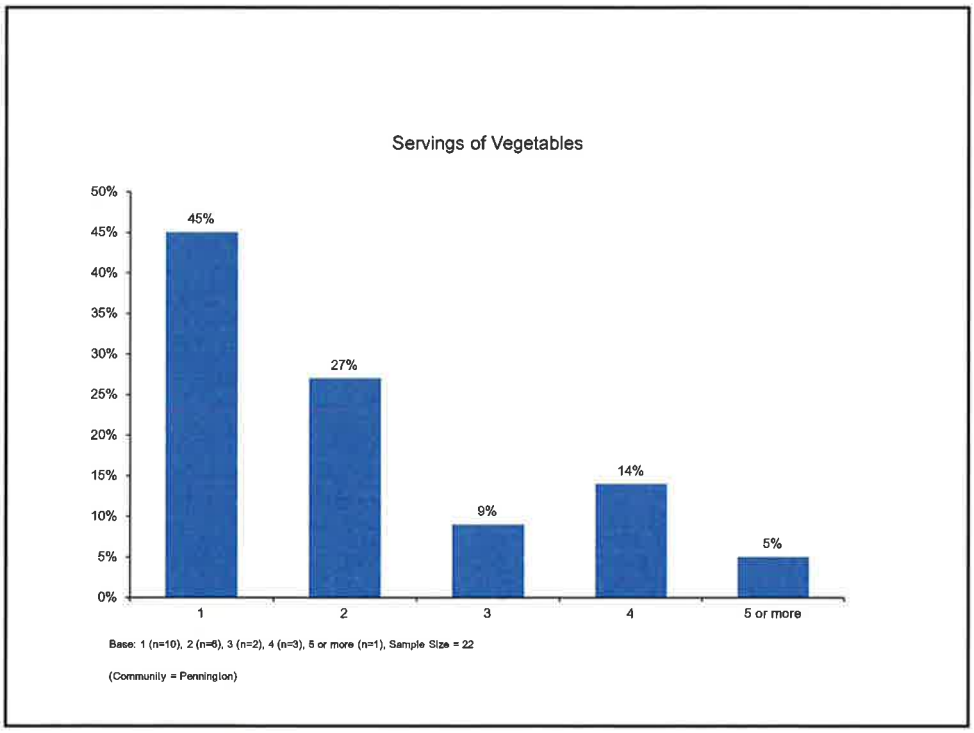
Base: Fair (n=3), Good (n=8), Very Good (n=7), Excellent (n=6), Sample Size = 24

(Community = Pennington)



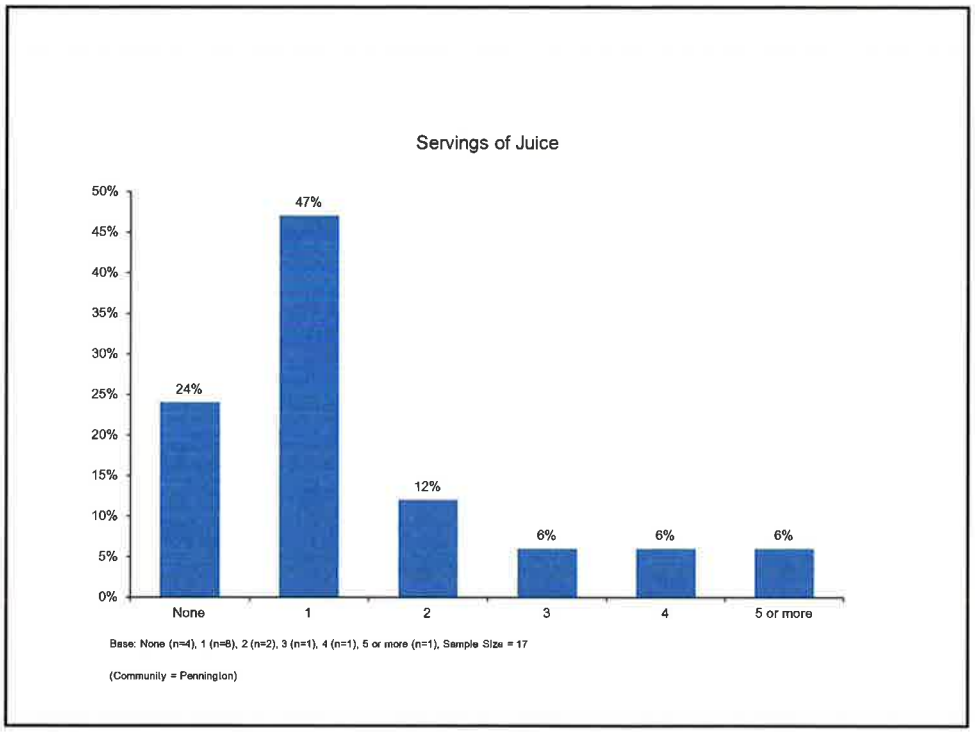
Base: Underweight (n=1), Normal weight (n=9), Overweight (n=5), Obese (n=9), Sample Size = 24

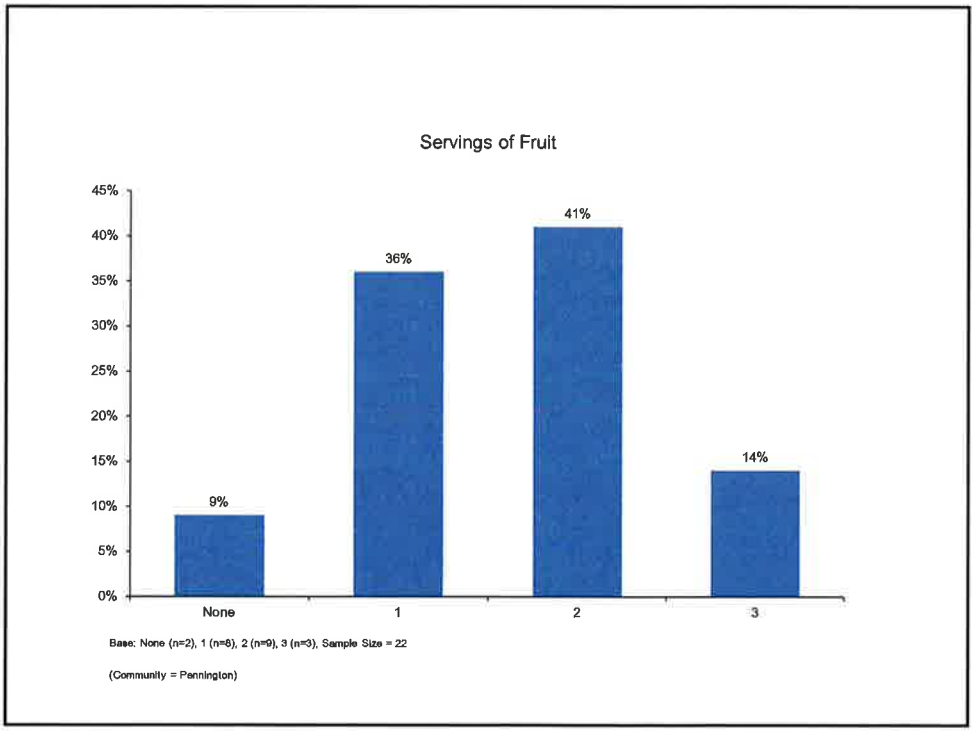
(Community = Pennington)



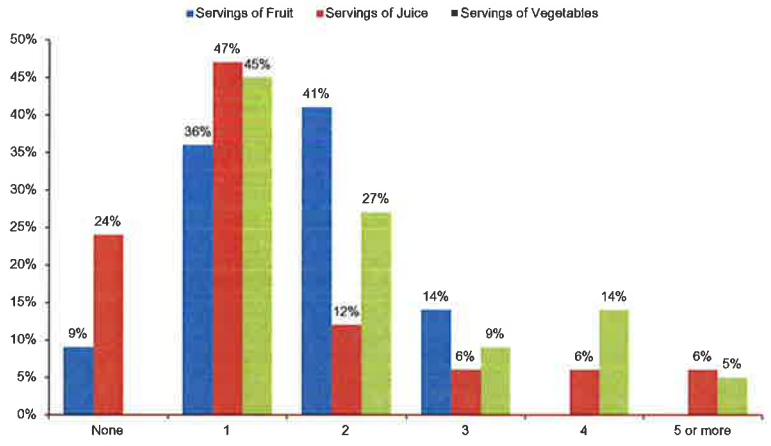
Base: 1 (n=10), 2 (n=6), 3 (n=2), 4 (n=3), 5 or more (n=1), Sample Size = 22

(Community = Pennington)


Servings of Juice
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
24%
47%
12%
6%
6%
6%
None
1
2
3
4
5 or more
Base: None (n=4), 1 (n=8), 2 (n=2), 3 (n=1), 4 (n=1), 5 or more (n=1), Sample Size = 17
(Community = Pennington)


Servings of Fruit
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
9%
36%
41%
14%
None
1
2
3
Base: None (n=2), 1 (n=8), 2 (n=9), 3 (n=3), Sample Size = 22
(Community = Pennington)

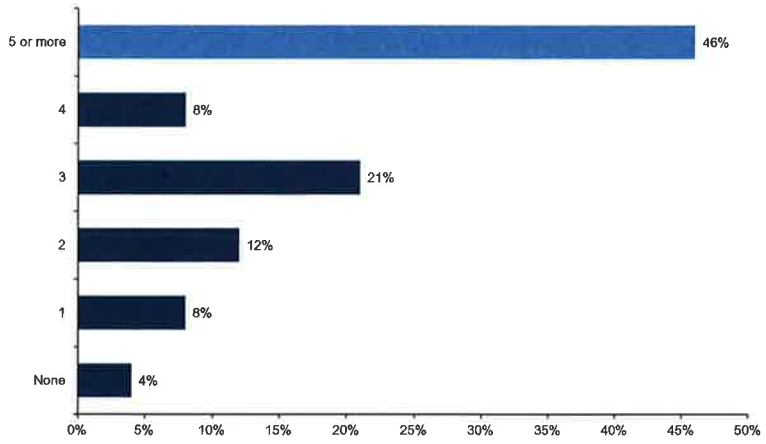
Servings of Fruit, Vegetables and Juice



Sample Size = Variable

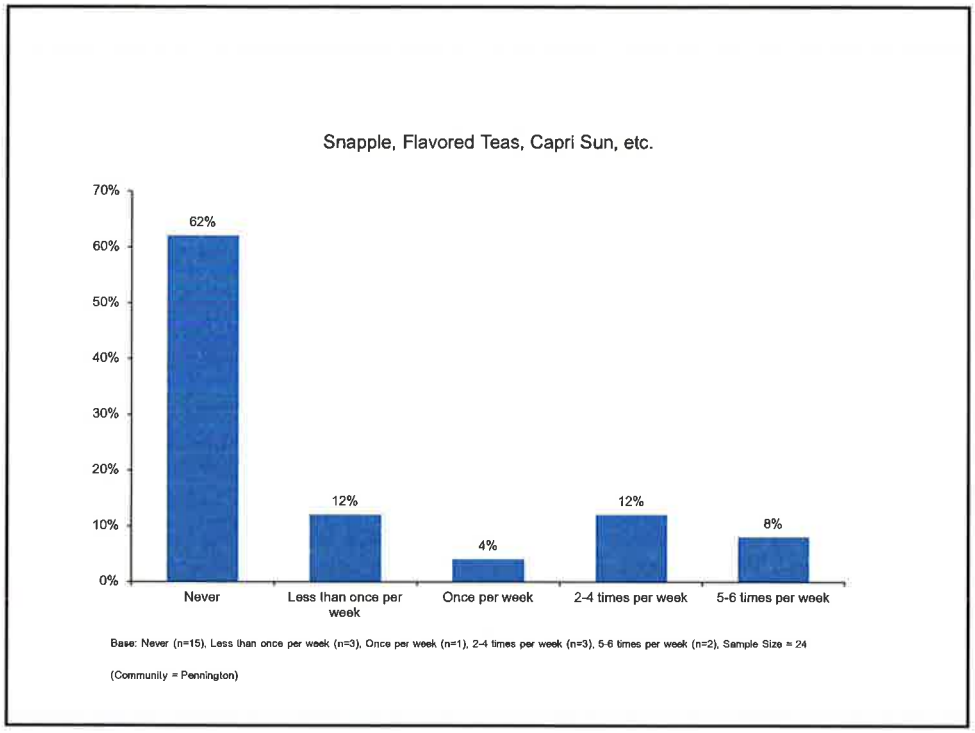
(Community = Pennington)

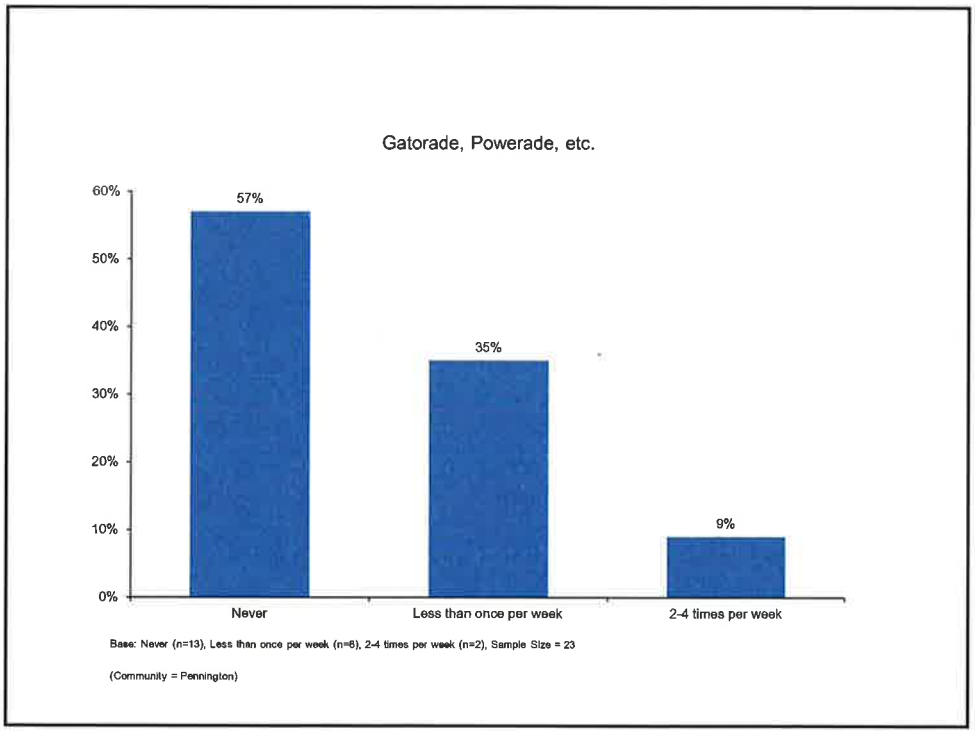
Total Servings of Fruits, Vegetables and Juice

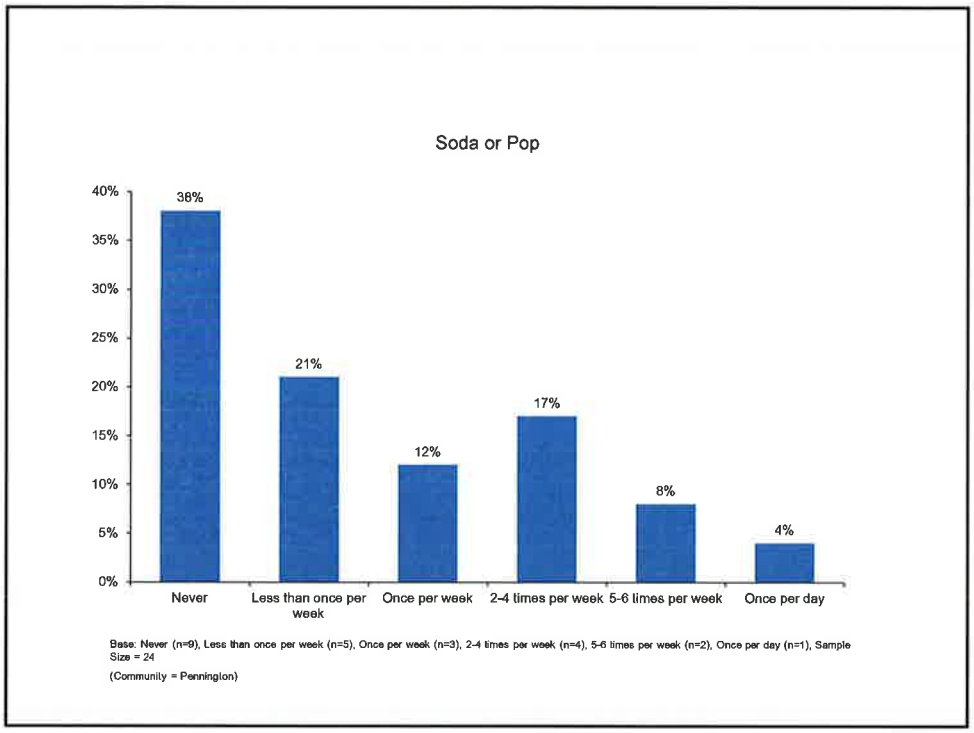


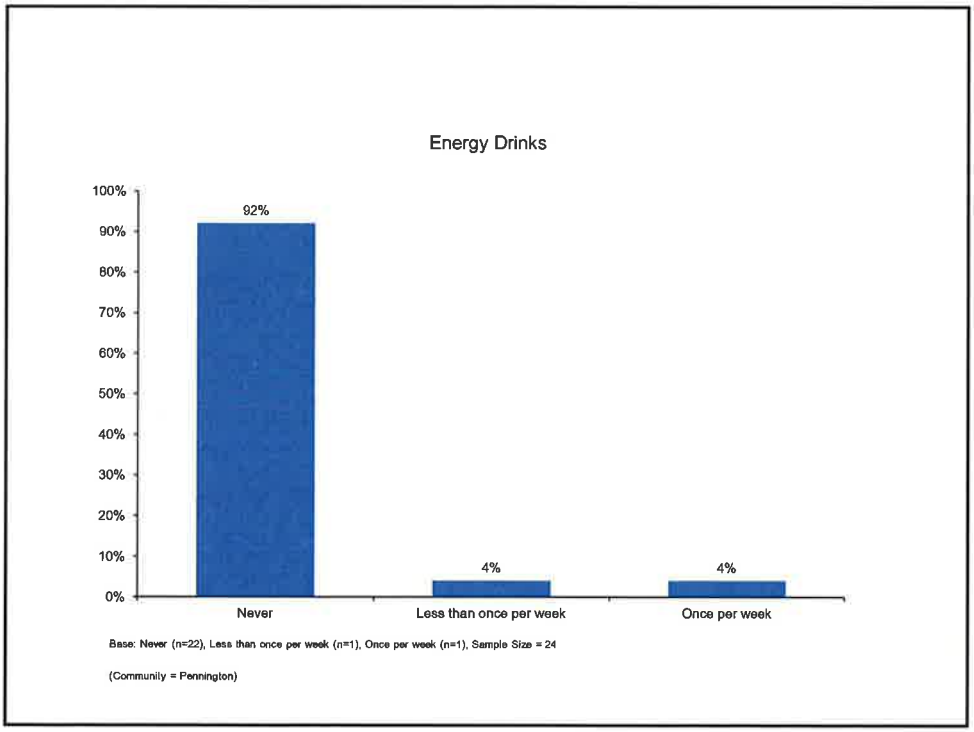
Base: None (n=1), 1 (n=2), 2 (n=3), 3 (n=5), 4 (n=2), 5 or more (n=11), Sample Size = 24

(Community = Pennington)

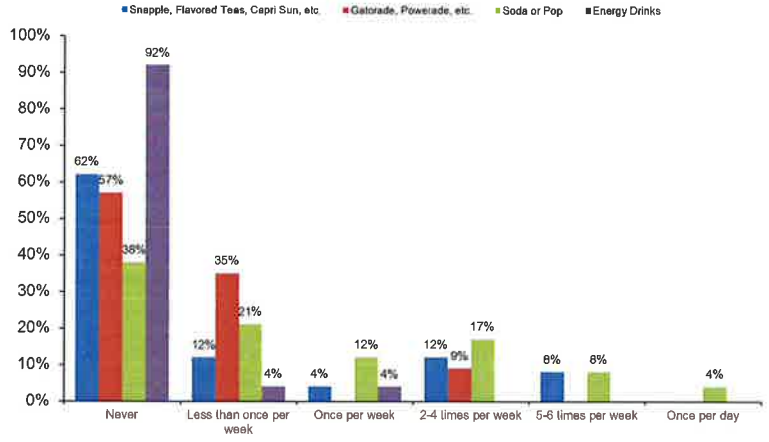

Snapple, Flavored Teas, Capri Sun, etc.
70%
60%
50%
40%
30%
20%
10%
0%
62%
12%
4%
12%
8%
Never
Less than once per week
Once per week
2-4 times per week
5-6 times per week
Base: Never (n=15), Less than once per week (n=3), Once per week (n=1), 2-4 times per week (n=3), 5-6 times per week (n=2), Sample Size = 24
(Community = Pennington)


Gatorade, Powerade, etc.
60%
50%
40%
30%
20%
10%
0%
57%
35%
9%
Never
Less than once per week
2-4 times per week
Base: Never (n=13), Less than once per week (n=6), 2-4 times per week (n=2), Sample Size = 23
(Community = Pennington)


Soda or Pop
40%
35%
30%
25%
20%
15%
10%
5%
0%
38%
21%
12%
17%
8%
4%
Never
Less than once per week
Once per week
2-4 times per week
5-6 times per week
Once per day
Base: Never (n=9), Less than once per week (n=5), Once per week (n=3), 2-4 times per week (n=4), 5-6 times per week (n=2), Once per day (n=1), Sample Size = 24
(Community = Pennington)


Energy Drinks
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
92%
4%
4%
Never
Less than once per week
Once per week
Base: Never (n=22), Less than once per week (n=1), Once per week (n=1), Sample Size = 24
(Community = Pennington)

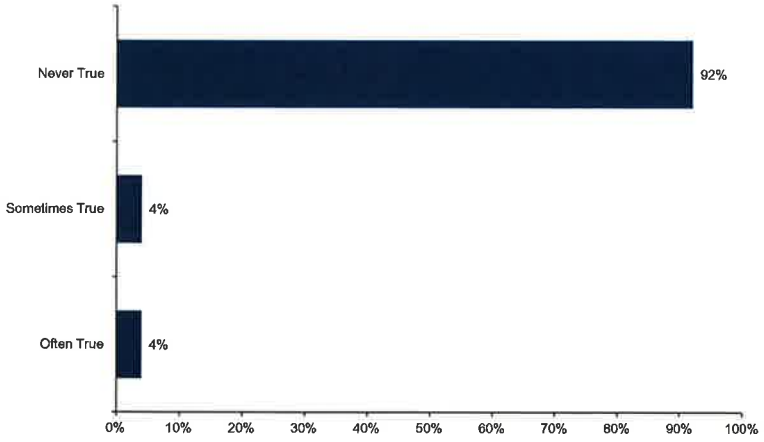
Sugar Sweetened Drinks



Sample Size = Variable

(Community = Pennington)

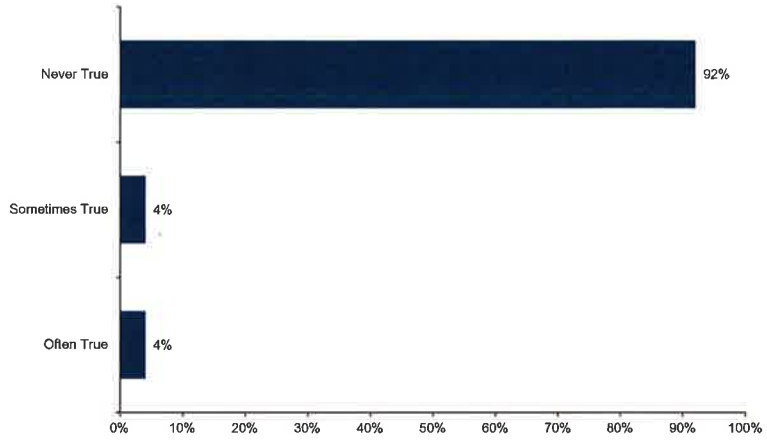
Worried whether our food would run out before we got money to buy more.



Base: Often True (n=1), Sometimes True (n=1), Never True (n=22), Sample Size = 24

(Community = Pennington)

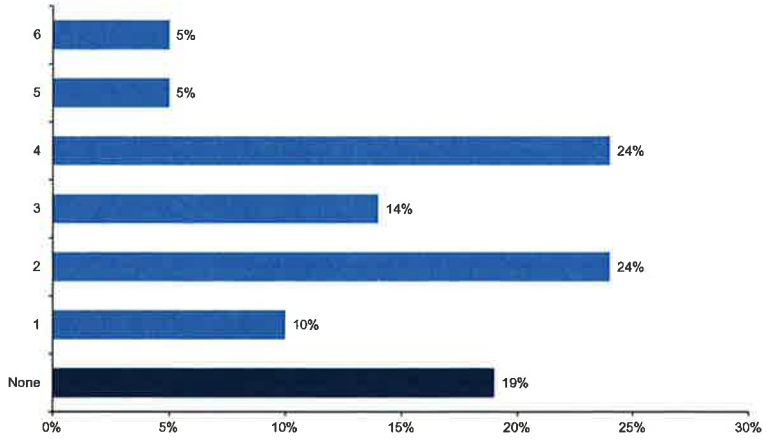
The food that we bought just didn't last, and we didn't have money to get more.



Base: Often True (n=1), Sometimes True (n=1), Never True (n=22), Sample Size = 24

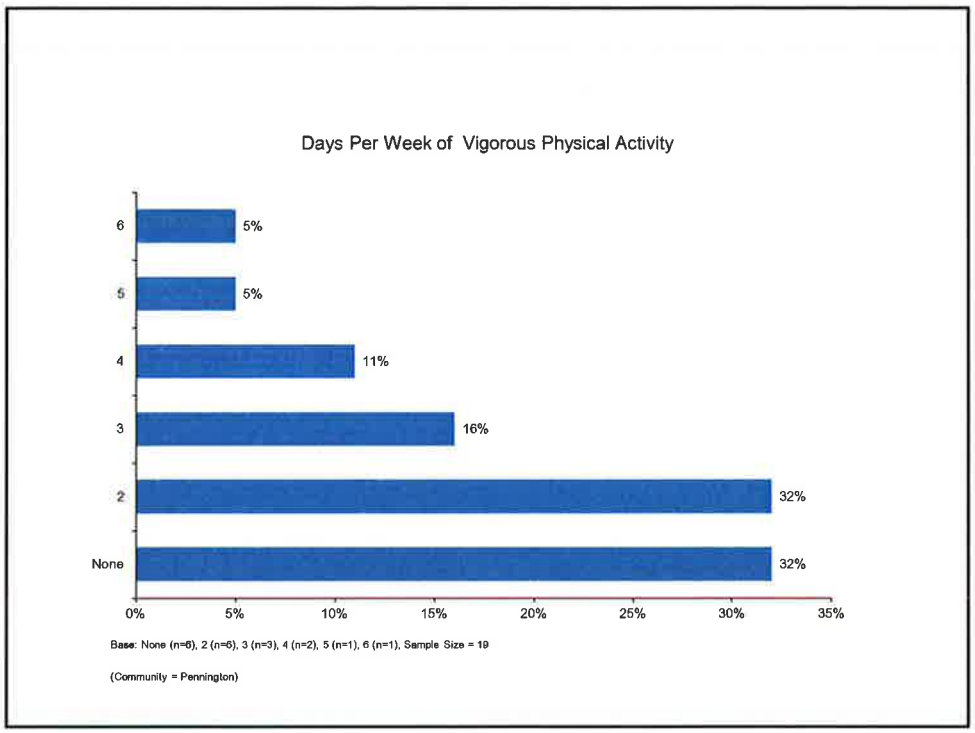
(Community = Pennington)

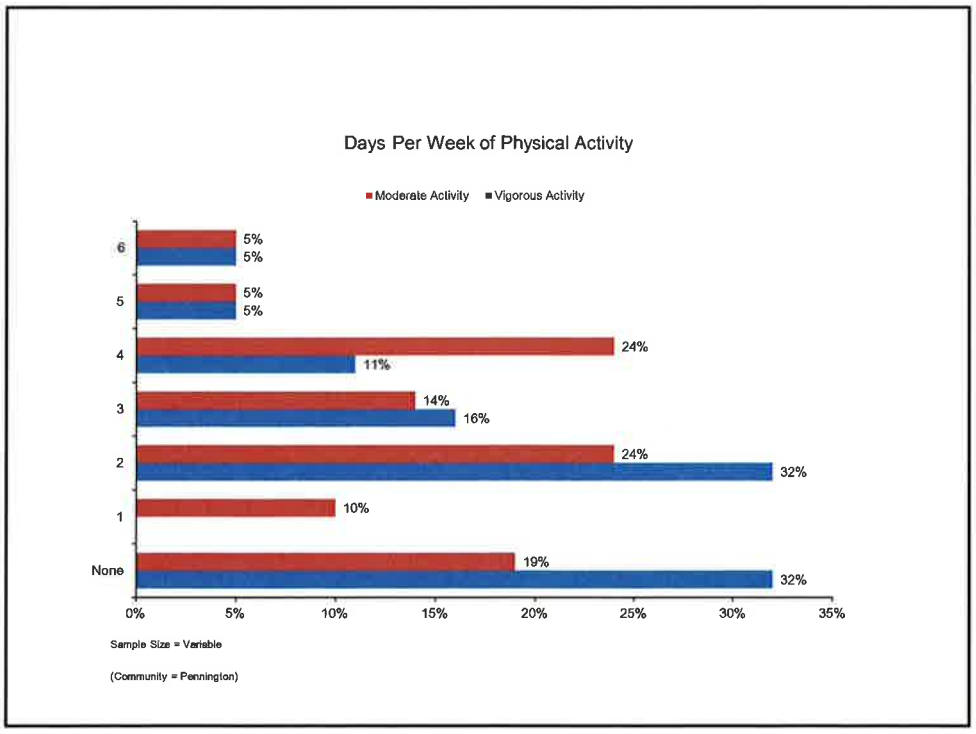
Days Per Week of Moderate Physical Activity

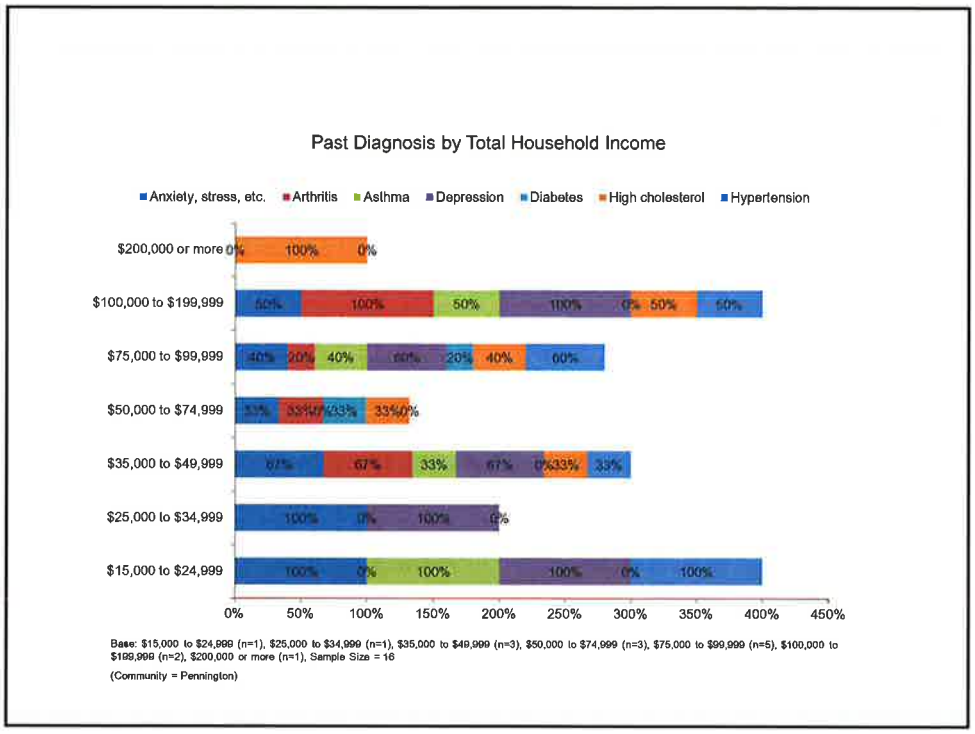


Base: None (n=4), 1 (n=2), 2 (n=5), 3 (n=3), 4 (n=5), 5 (n=1), 6 (n=1), Sample Size = 21

(Community = Pennington)

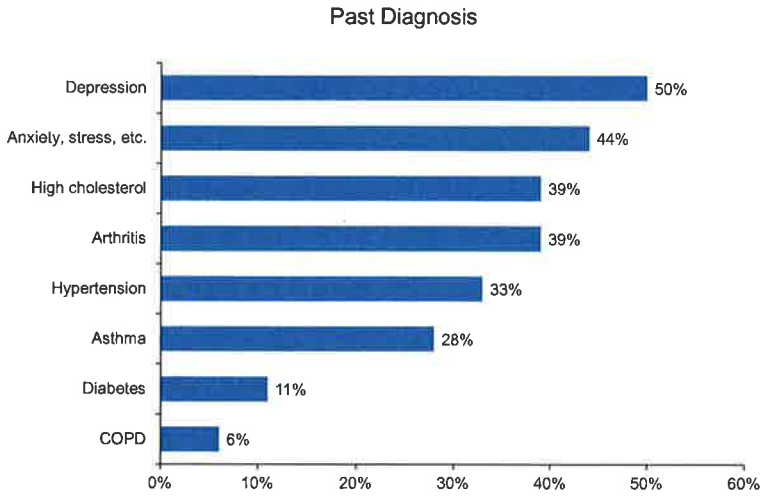

Days Per Week of Vigorous Physical Activity
6
5
4
3
2
None
5%
5%
11%
16%
32%
32%
0%
5%
10%
15%
20%
25%
30%
35%
Base: None (n=6), 2 (n=6), 3 (n=3), 4 (n=2), 5 (n=1), 6 (n=1), Sample Size = 19
(Community = Pennington)


Days Per Week of Physical Activity
Moderate Activity
Vigorous Activity
6
5
4
3
2
1
None
5%
5%
5%
5%
24%
11%
14%
16%
24%
32%
10%
19%
32%
0%
5%
10%
15%
20%
25%
30%
35%
Sample Size = Variable
(Community = Pennington)



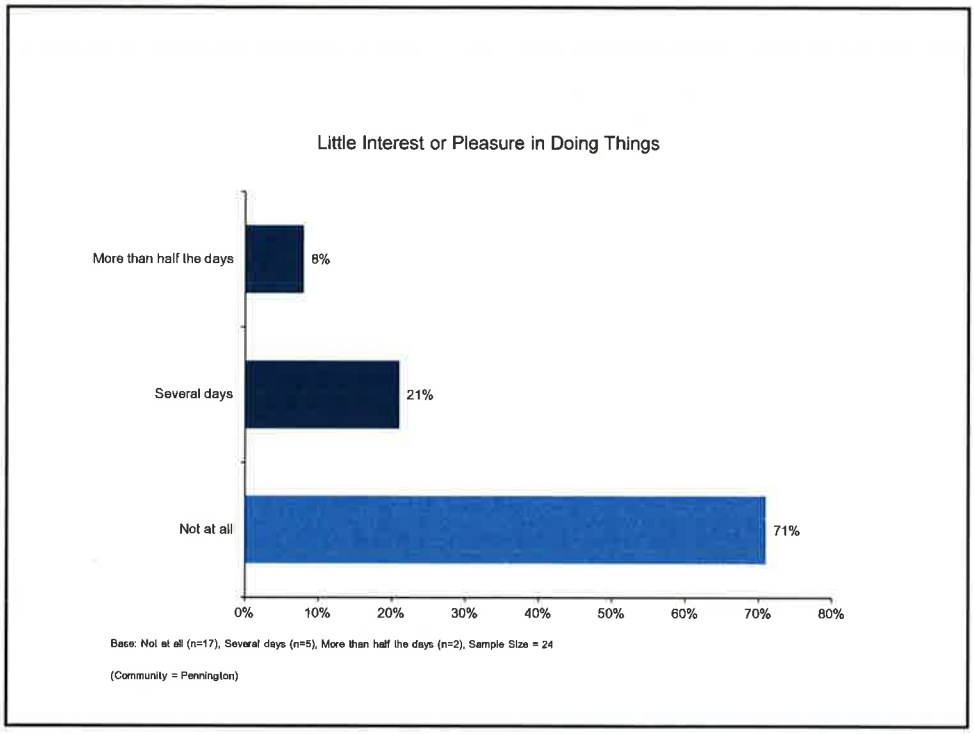
Base: $15,000 to $24,999 (n=1), $25,000 to $34,999 (n=1), $35,000 to $49,999 (n=3), $50,000 to $74,999 (n=3), $75,000 to $99,999 (n=5), $100,000 to $199,999 (n=2), $200,000 or more (n=1), Sample Size = 16

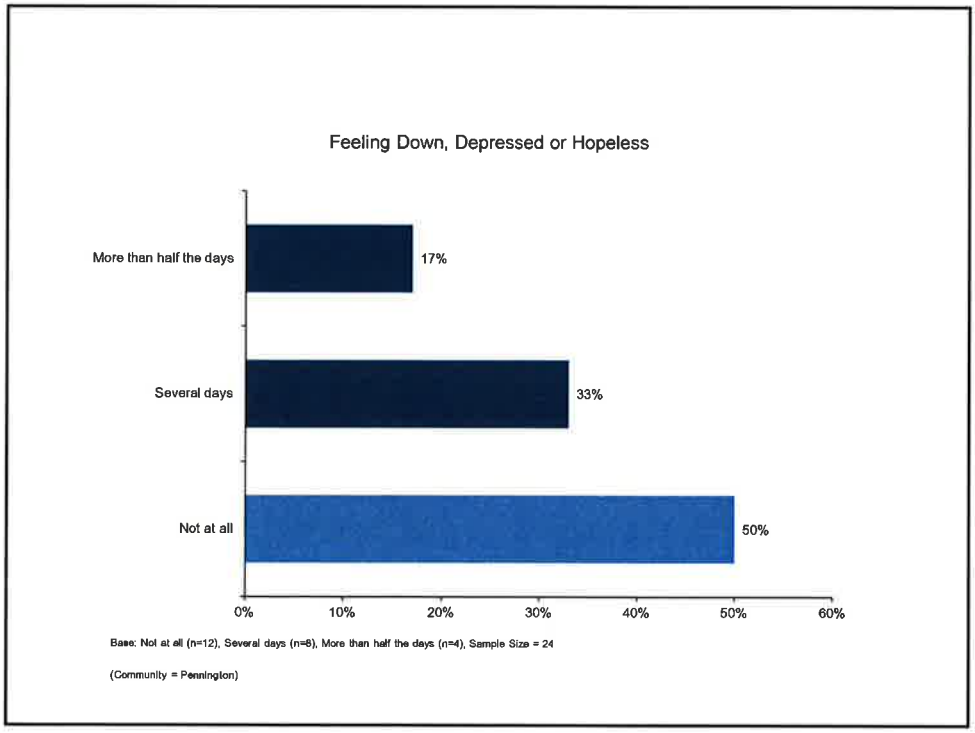
(Community = Pennington)



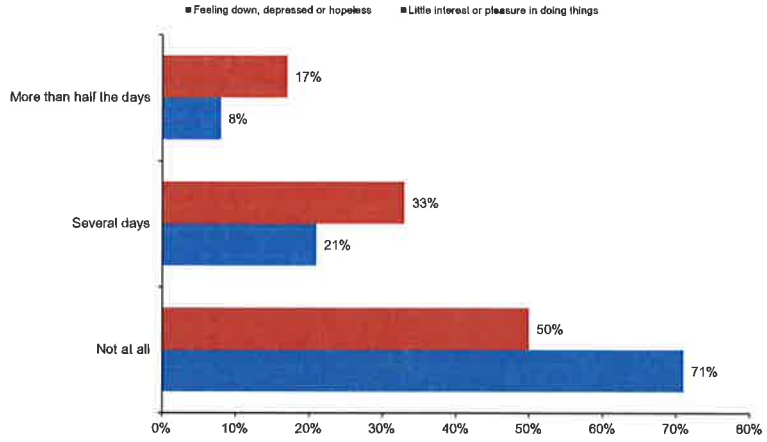
Base: Anxiety, stress, etc. (n=8), Arthritis (n=7), Asthma (n=5), COPD (n=1), Depression (n=9), Diabetes (n=2), High cholesterol (n=7), Hypertension (n=6), Sample Size = 18

(Community = Pennington)


Little Interest or Pleasure in Doing Things
More than half the days
8%
Several days
21%
Not at all
71%
0%
10%
20%
30%
40%
50%
60%
70%
80%
Base: Not at all (n=17), Several days (n=5), More than half the days (n=2), Sample Size = 24
(Community = Pennington)


Feeling Down, Depressed or Hopeless
More than half the days
17%
Several days
33%
Not at all
50%
0%
10%
20%
30%
40%
50%
60%
Base: Not at all (n=12), Several days (n=8), More than half the days (n=4), Sample Size = 24
(Community = Pennington)

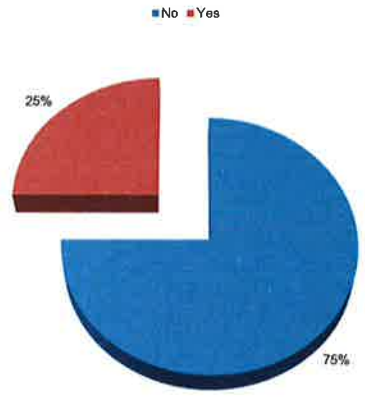
Over the past two weeks, how often have you been bothered by either of the following issues?



Sample Size = 24

(Community = Pennington)

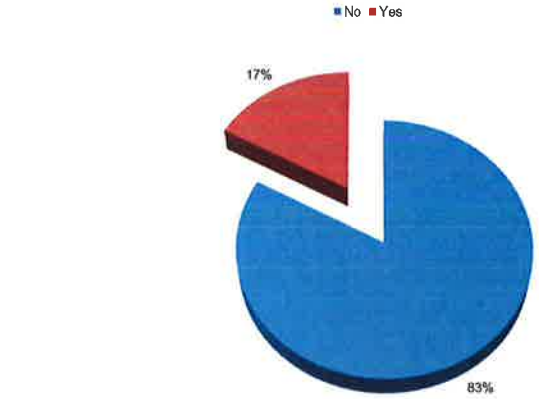
Have you smoked at least 100 cigarettes in your entire life?



Base: Yes (n=6), No (n=18), Sample Size = 24

(Community = Pennington)

Has someone smoked cigarettes, cigars or used vape pens anywhere inside your home?



Base: Yes (n=4), No (n=20), Sample Size = 24

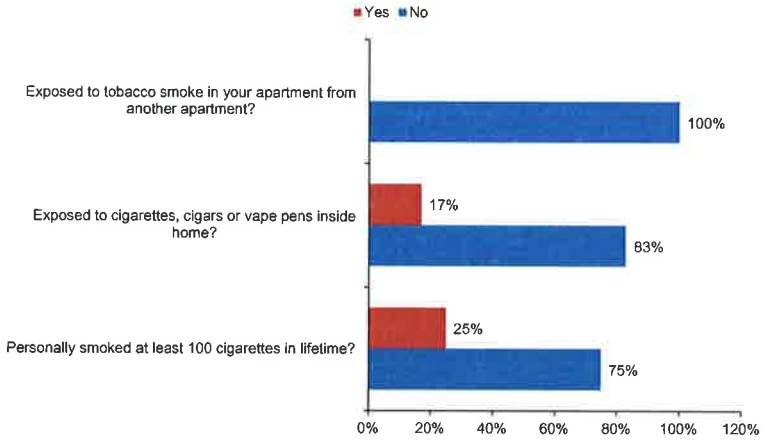
(Community = Pennington)

Have you smelled tobacco smoke in your apartment that comes from another apartment?

Base: No (n=24), Sample Size = 24

(Community = Pennington)

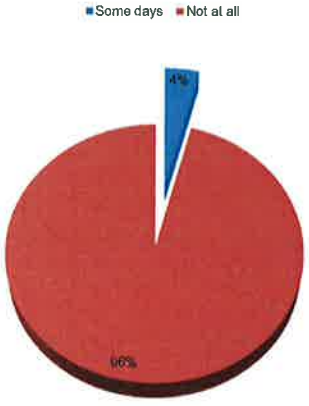
Exposure to Tobacco Smoke



Base: Personally smoked at least 100 cigarettes in lifetime? (n=24), Exposed to cigarettes, cigars or vape pens inside home? (n=24), Exposed to tobacco smoke in your apartment from another apartment? (n=24), Sample Size = 24

(Community = Pennington)

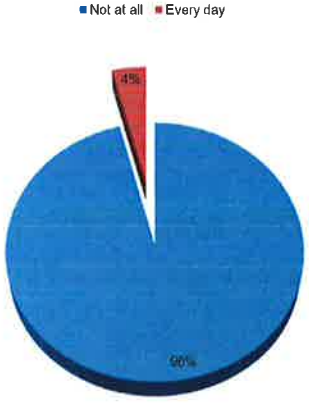
Do you currently smoke cigarettes?



Base: Not at all (n=23), Some days (n=1), Sample Size = 24

(Community = Pennington)

Do you currently use chewing tobacco?



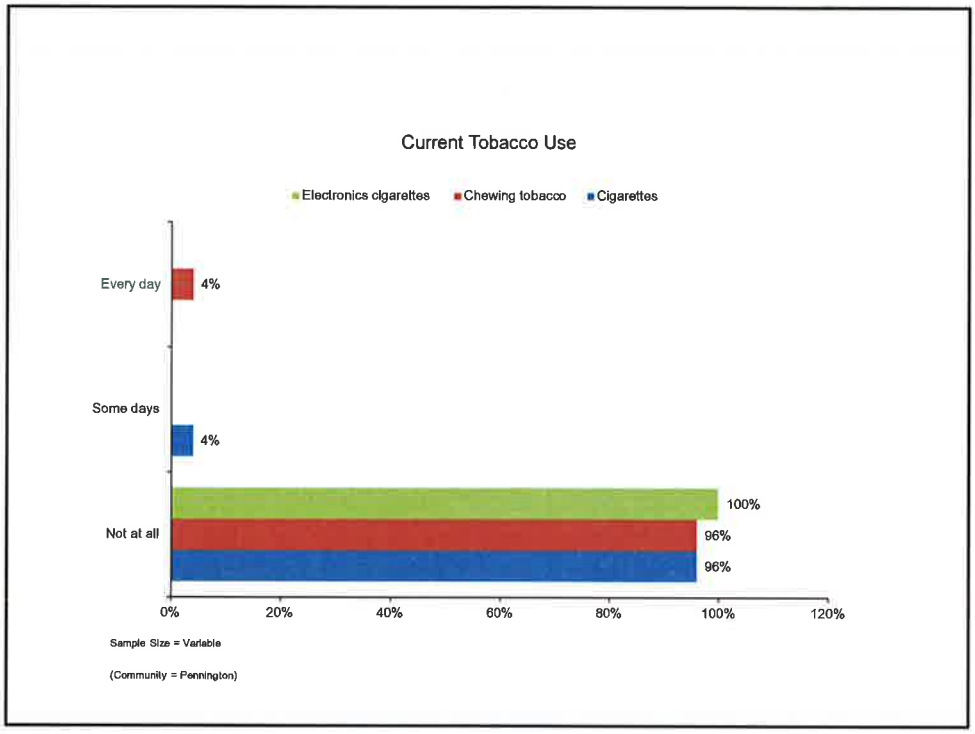
Base: Not at all (n=22), Every day (n=1), Sample Size = 23

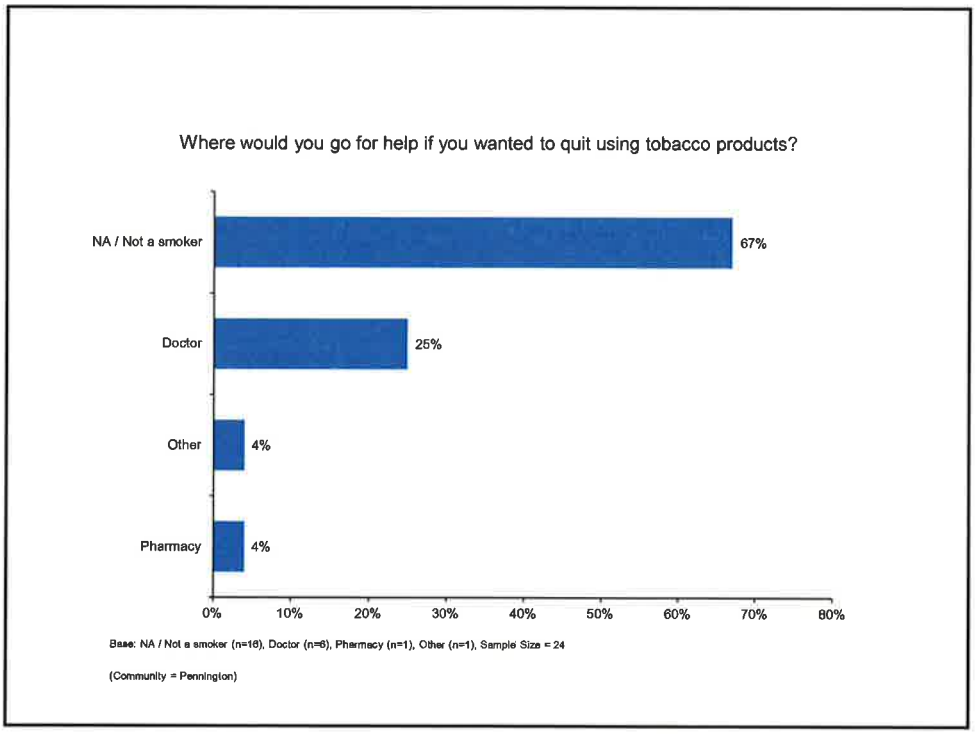
(Community = Pennington)

Do you currently use electronics cigarettes or vape?

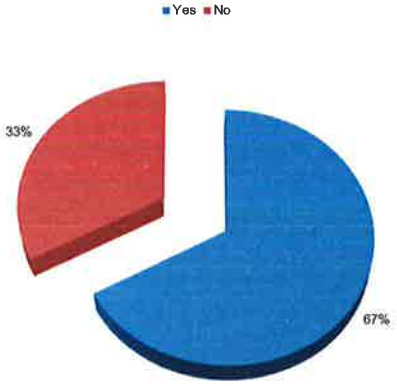
Base: Not at all (n=24), Sample Size = 24

(Community = Pennington)


Current Tobacco Use
Electronics cigarettes
Chewing tobacco
Cigarettes
Every day
4%
Some days
4%
Not at all
100%
96%
96%
0%
20%
40%
60%
80%
100%
120%
Sample Size = Variable
(Community = Pennington)


Where would you go for help if you wanted to quit using tobacco products?
NA / Not a smoker
67%
Doctor
25%
Other
4%
Pharmacy
4%
0%
10%
20%
30%
40%
50%
60%
70%
80%
Base: NA / Not a smoker (n=16), Doctor (n=6), Pharmacy (n=1), Other (n=1), Sample Size = 24
(Community = Pennington)

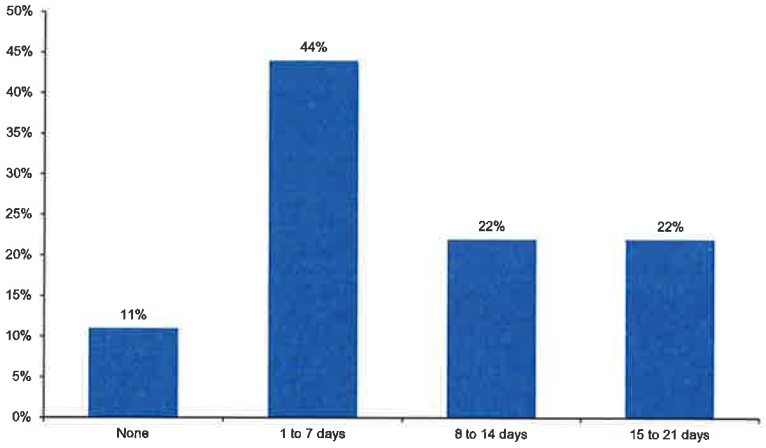
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit? (Smokers only)



Base: Yes (n=2), No (n=1), Sample Size = 3

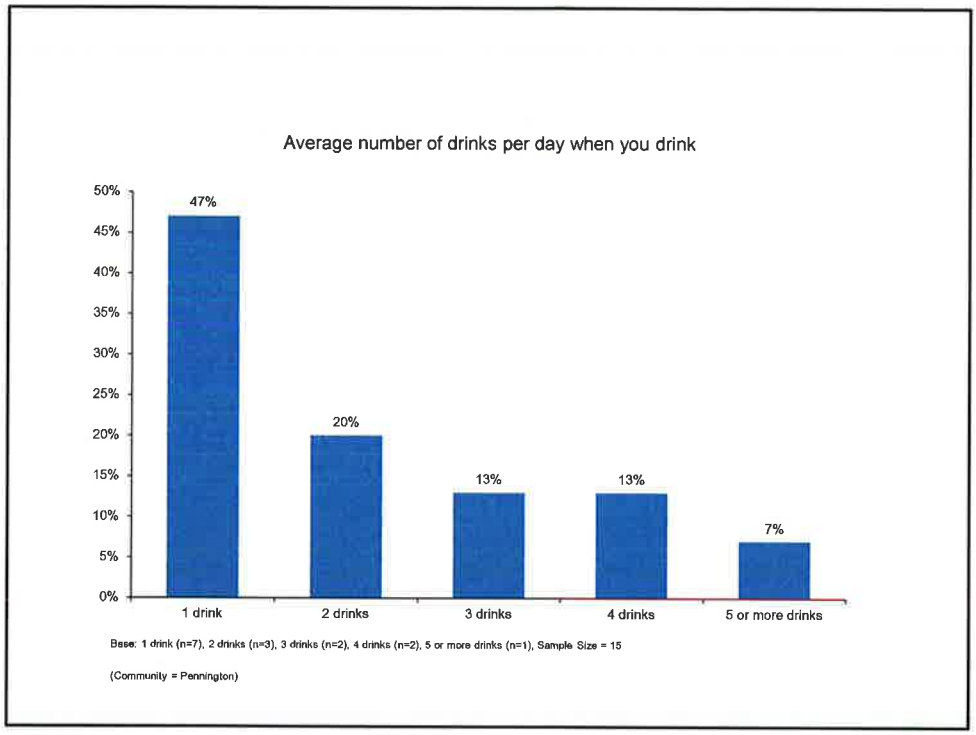
(Community = Pennington)

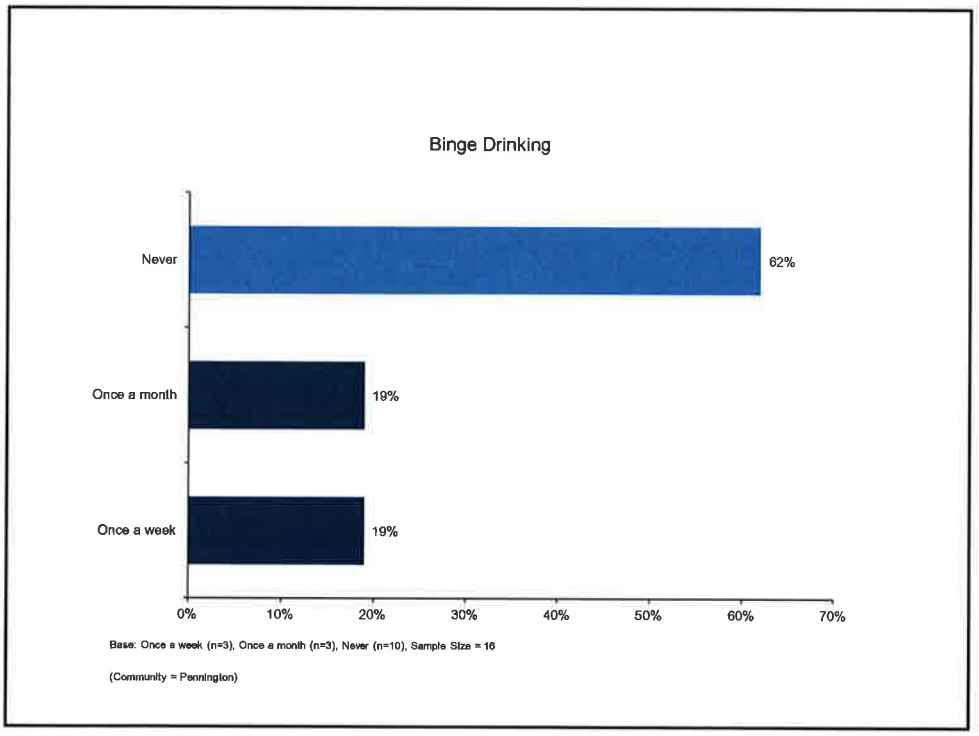
Number of days with at least 1 drink in the past 30 days



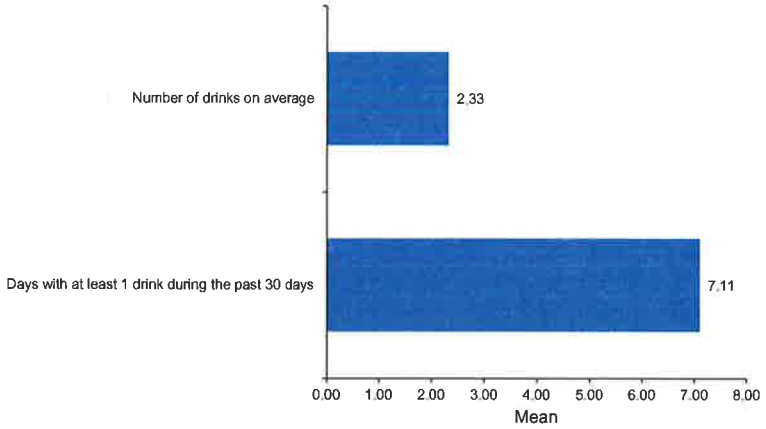
Base: None (n=2), 1 to 7 days (n=8), 8 to 14 days (n=4), 15 to 21 days (n=4), Sample Size = 18

(Community = Pennington)


Average number of drinks per day when you drink
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
47%
20%
13%
13%
7%
1 drink
2 drinks
3 drinks
4 drinks
5 or more drinks
Base: 1 drink (n=7), 2 drinks (n=3), 3 drinks (n=2), 4 drinks (n=2), 5 or more drinks (n=1), Sample Size = 15
(Community = Pennington)


Binge Drinking
Never
62%
Once a month
19%
Once a week
19%
0%
10%
20%
30%
40%
50%
60%
70%
Base: Once a week (n=3), Once a month (n=3), Never (n=10), Sample Size = 16
(Community = Pennington)

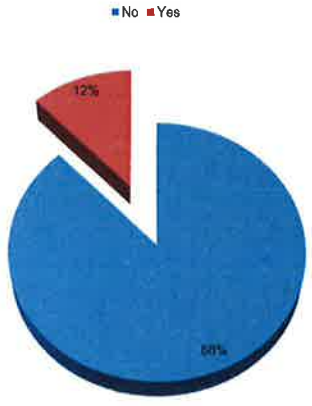
Average Alcohol Use During the Past 30 Days



Base: Days with at least 1 drink during the past 30 days (n=18), Number of drinks on average (n=15), Sample Size = Variable

(Community = Pennington)

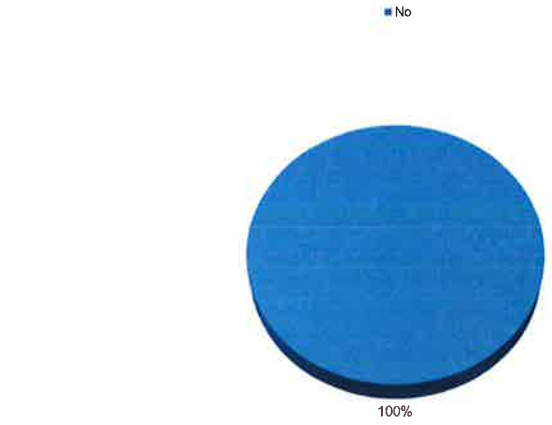
Has alcohol use had a harmful effect on you or a family member in the past two years?



Base: Yes (n=3), No (n=21), Sample Size = 24

(Community = Pennington)

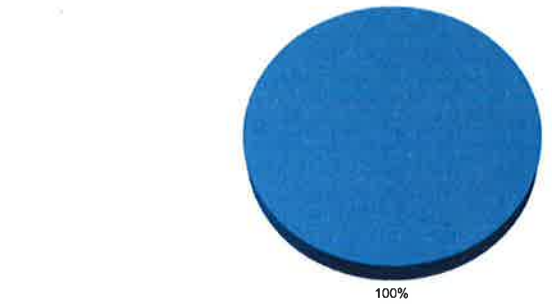
Have you ever wanted help with a prescription or non-prescription drug use?



Base: No (n=24), Sample Size = 24

(Community = Pennington)

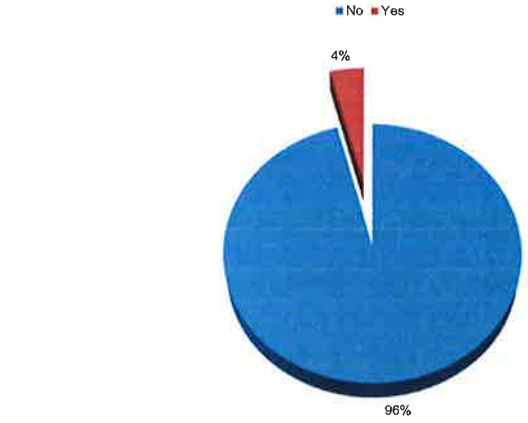
Has a family member or friend ever suggested that you get help for substance use?



Base: No (n=24), Sample Size = 24

(Community = Pennington)

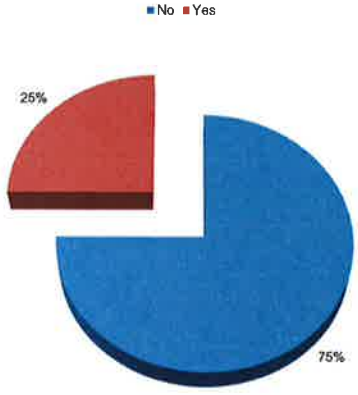
Has prescription or non-prescription drug use had a harmful effect on you or a family member in the past two years?



Base: Yes (n=1), No (n=23), Sample Size = 24

(Community = Pennington)

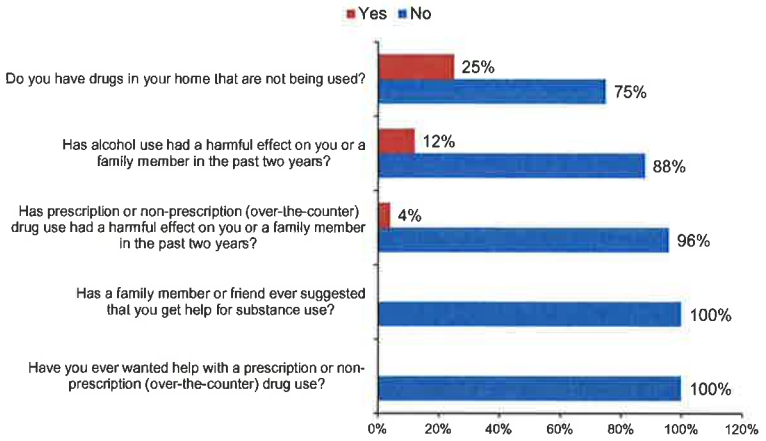
Do you have drugs in your home that are not being used?



Base: Yes (n=6), No (n=18), Sample Size = 24

(Community = Pennington)

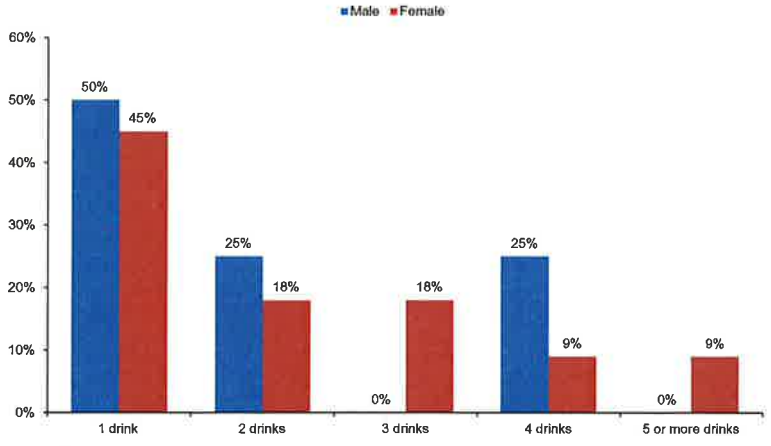
Drug and Alcohol Issues



Sample Size = 24

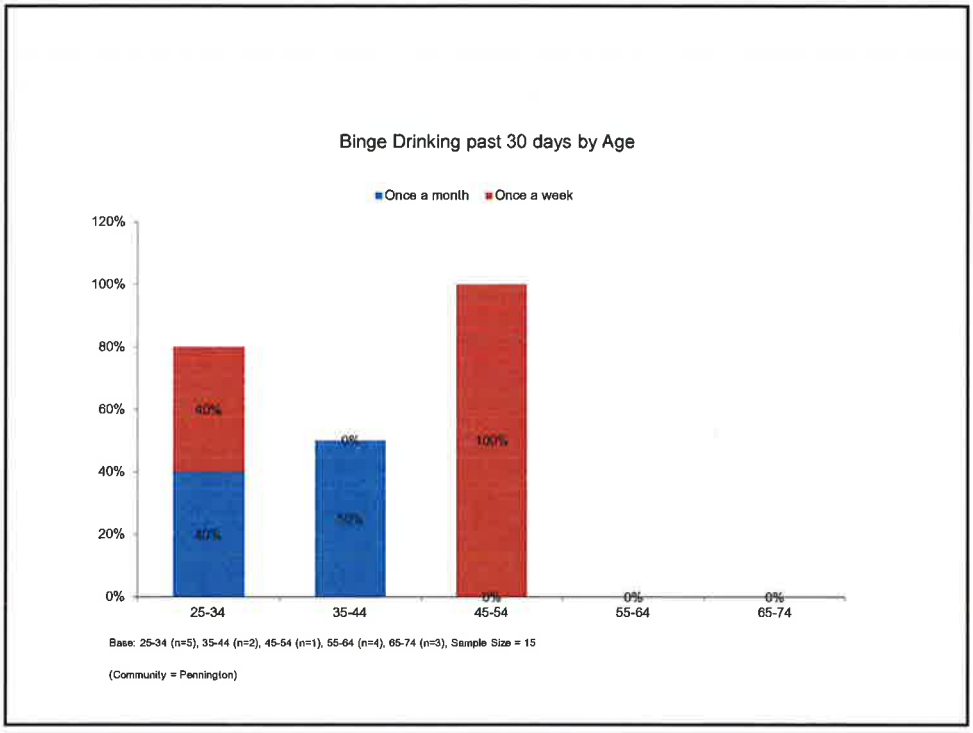
(Community = Pennington)

Average number of drinks per day when you drink by gender



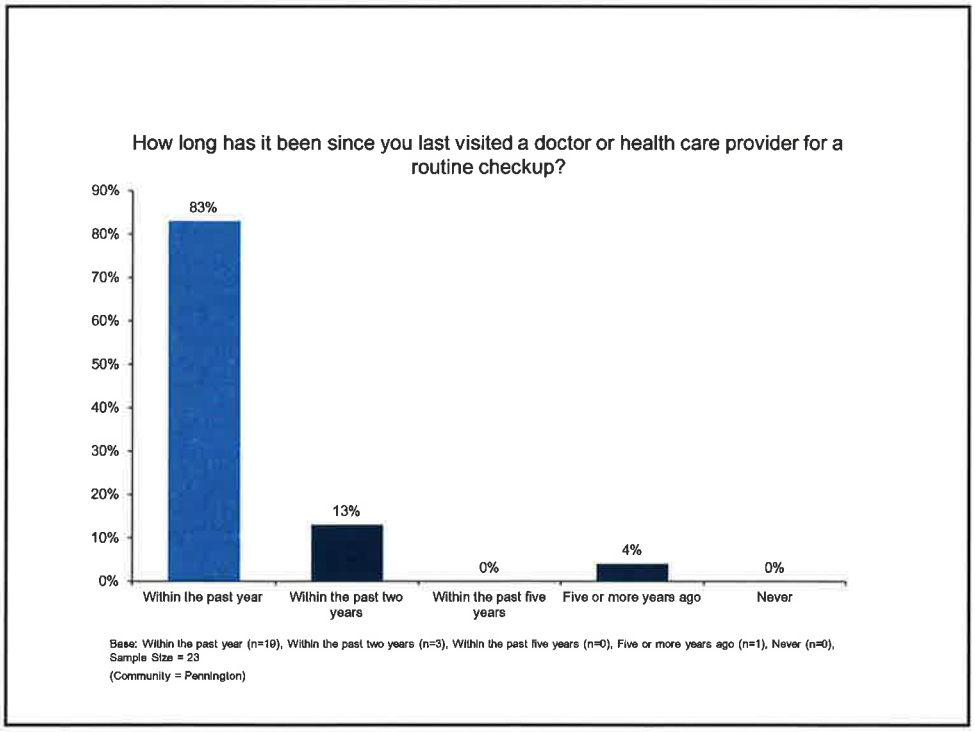
Base: 1 drink (n=7), 2 drinks (n=3), 3 drinks (n=2), 4 drinks (n=2), 5 or more drinks (n=1), Sample Size = 15

(Community = Pennington)



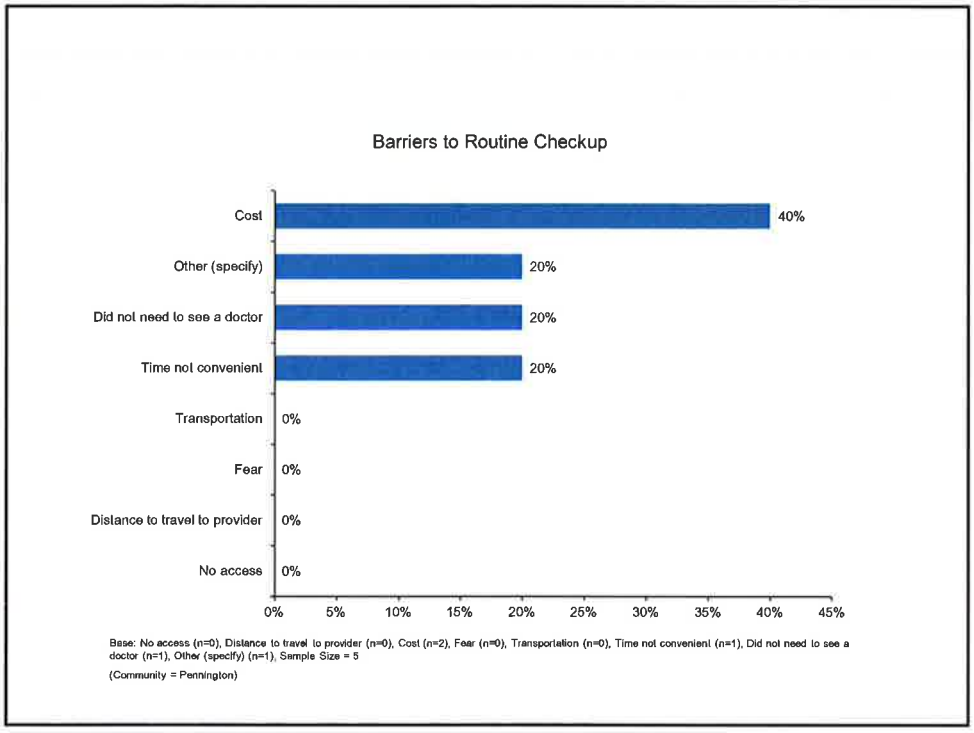
Base: 25-34 (n=5), 35-44 (n=2), 45-54 (n=1), 55-64 (n=4), 65-74 (n=3), Sample Size = 15

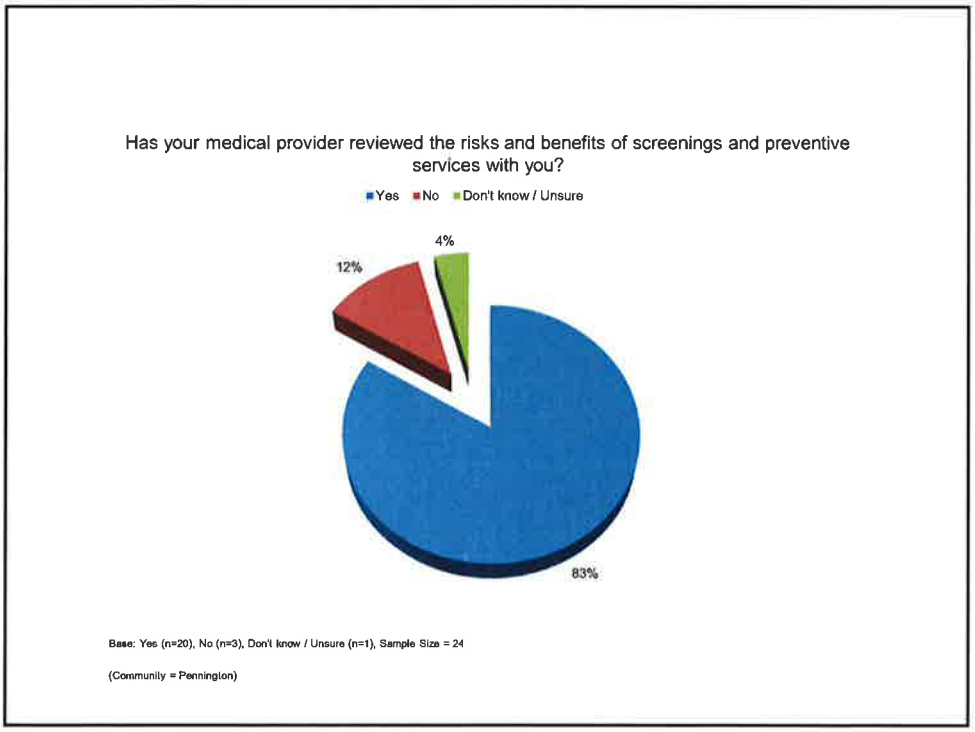
(Community = Pennington)



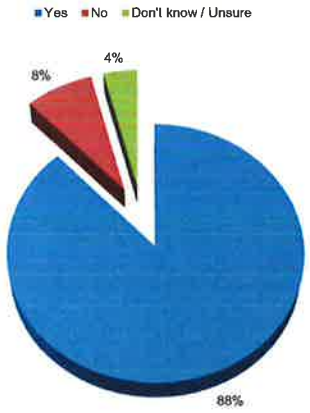
Base: Within the past year (n=19), Within the past two years (n=3), Within the past five years (n=0), Five or more years ago (n=1), Never (n=0), Sample Size = 23

(Community = Pennington)


Barriers to Routine Checkup
Cost
Other (specify)
Did not need to see a doctor
Time not convenient
Transportation
Fear
Distance to travel to provider
No access
40%
20%
20%
20%
0%
0%
0%
0%
0%
5%
10%
15%
20%
25%
30%
35%
40%
45%
Base: No access (n=0), Distance to travel to provider (n=0), Cost (n=2), Fear (n=0), Transportation (n=0), Time not convenient (n=1), Did not need to see a doctor (n=1), Other (specify) (n=1), Sample Size = 5
(Community = Pennington)


Has your medical provider reviewed the risks and benefits of screenings and preventive services with you?
Yes
No
Don't know / Unsure
4%
12%
83%
Base: Yes (n=20), No (n=3), Don't know / Unsure (n=1), Sample Size = 24
(Community = Pennington)

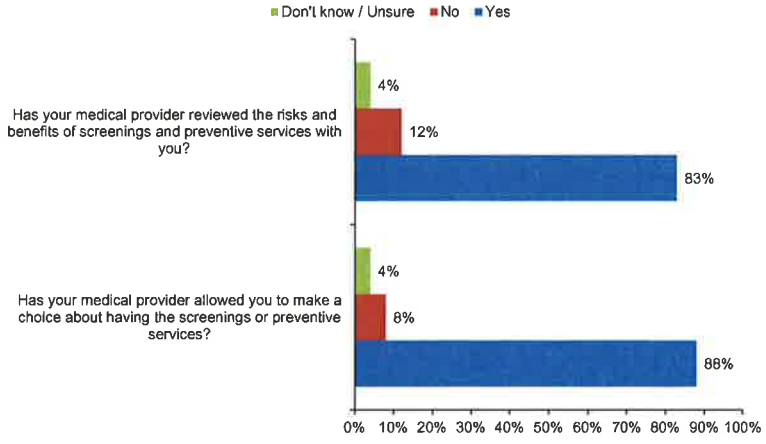
Has your medical provider allowed you to make a choice about having screenings or preventive services?



Base: Yes (n=21), No (n=2), Don't know / Unsure (n=1), Sample Size = 24

(Community = Pennington)

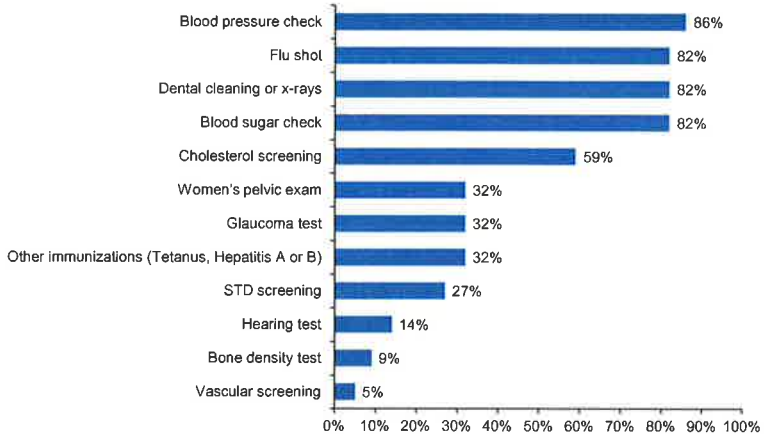
Screenings



Base: Has your medical provider allowed you to make a choice about having the screenings or preventive services? (n=24), Has your medical provider reviewed the risks and benefits of screenings and preventive services with you? (n=24), Sample Size = 24

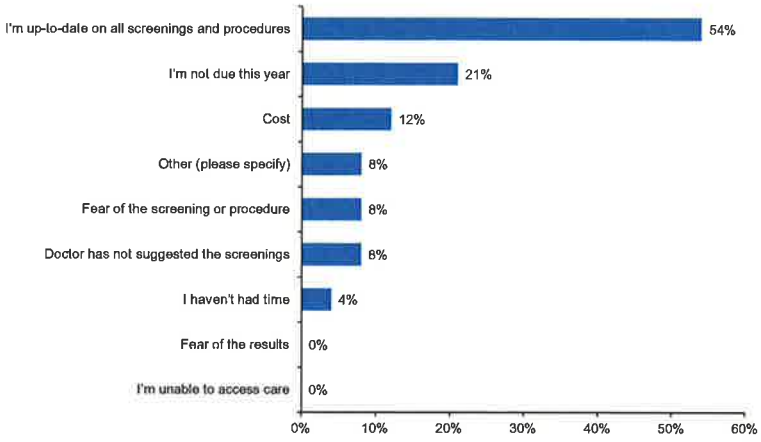
(Community = Pennington)

Preventive Procedures Last Year

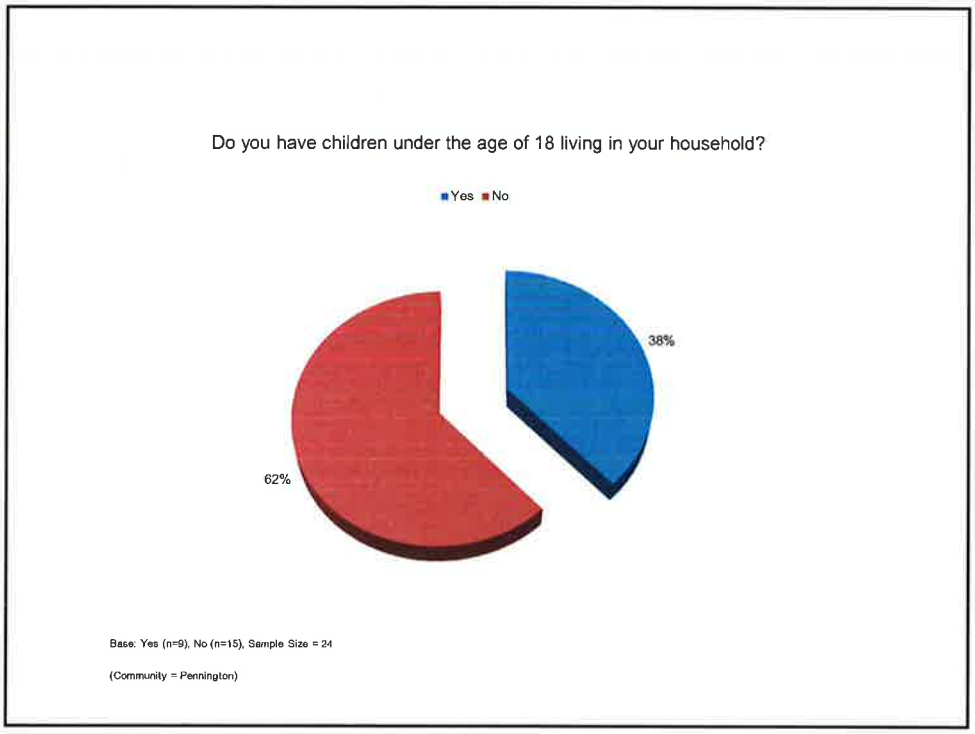


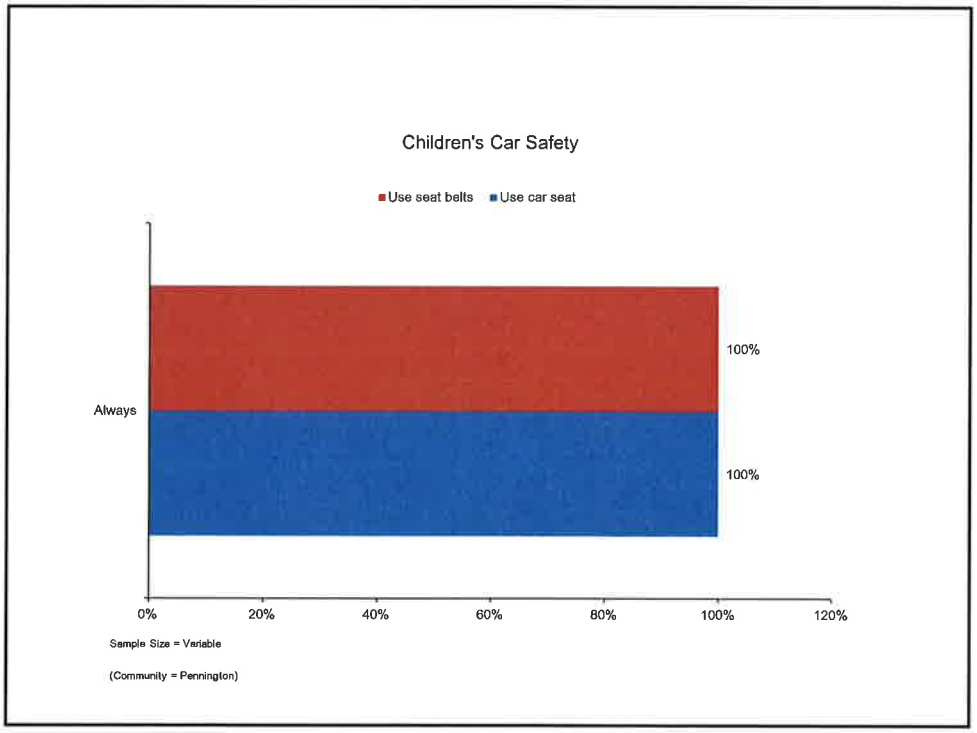
Base: Blood pressure check (n=19), Blood sugar check (n=18), Bone density test (n=2), Cholesterol screening (n=13), Dental cleaning or x-rays (n=18), Flu shot (n=18), Other immunizations (Tetanus, Hepatitis A or B) (n=7), Glaucoma test (n=7), Hearing test (n=3), Women's pelvic exam (n=7), STD screening (n=6), Vascular screening (n=1), Sample Size = 22
(Community = Pennington)

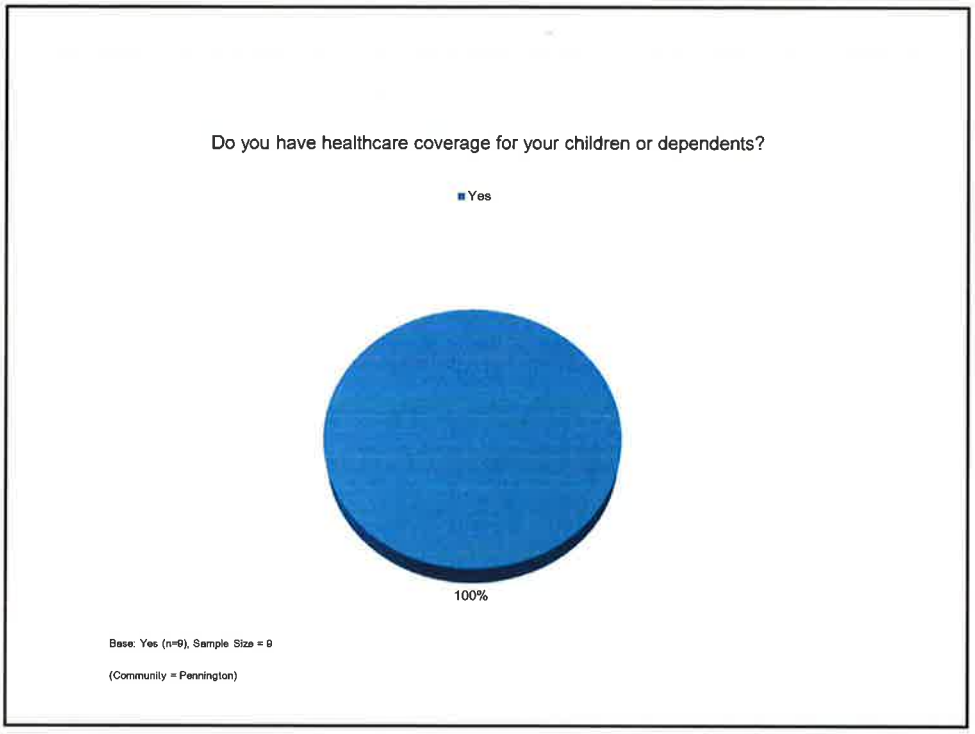
Barriers for Preventive Procedures

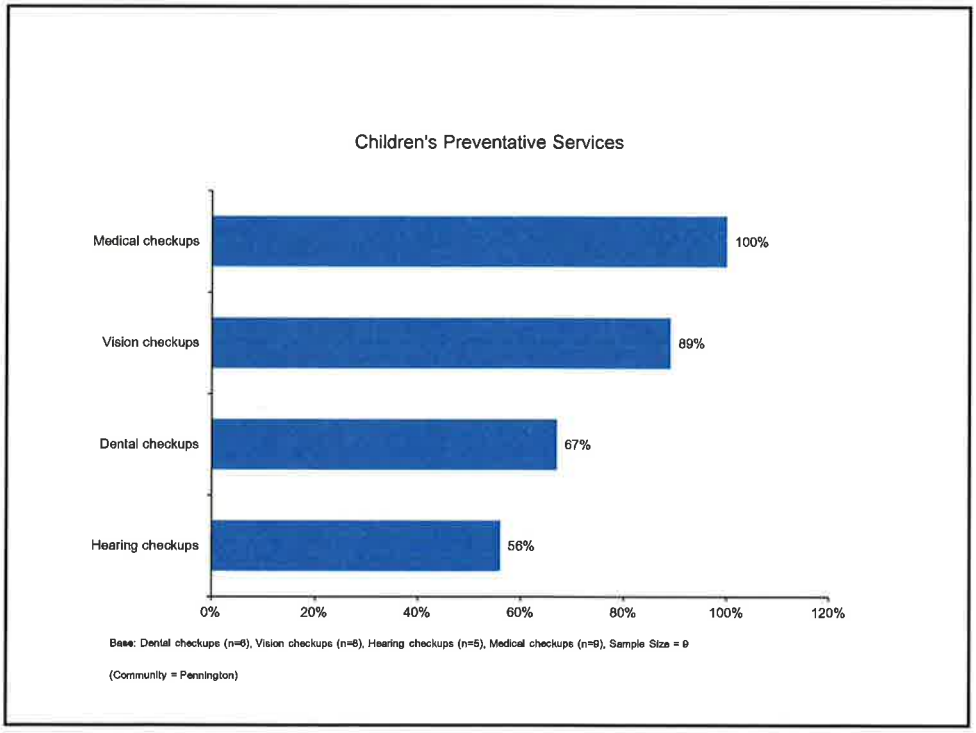


Base: I'm up-to-date on all screenings and procedures (n=13), Doctor has not suggested the screenings (n=2), Cost (n=3), I'm unable to access care (n=0), Fear of the screening or procedure (n=2), Fear of the results (n=0), I'm not due this year (n=5), I haven't had time (n=1), Other (please specify) (n=2), Sample Size = 24
(Community = Pennington)

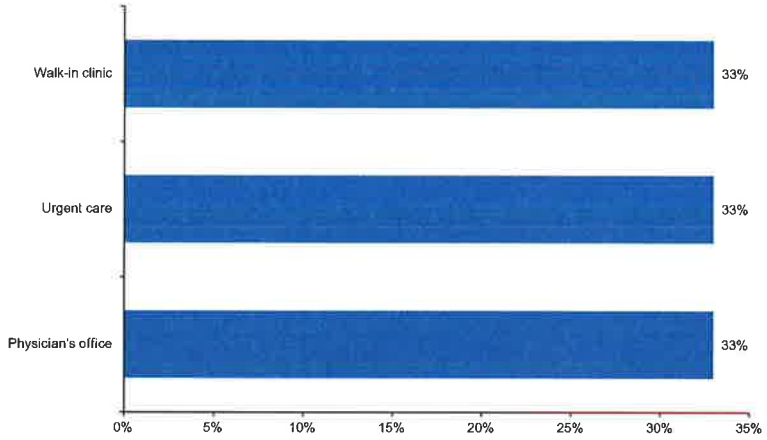

Do you have children under the age of 18 living in your household?
Yes
No
38%
62%
Base: Yes (n=9), No (n=15), Sample Size = 24
(Community = Pennington)


Children's Car Safety
Use seat belts
Use car seat
Always
100%
100%
0%
20%
40%
60%
80%
100%
120%
Sample Size = Variable
(Community = Pennington)


Do you have healthcare coverage for your children or dependents?
Yes
100%
Base: Yes (n=9), Sample Size = 9
(Community = Pennington)


Children's Preventative Services
Medical checkups
Vision checkups
Dental checkups
Hearing checkups
100%
89%
67%
56%
0%
20%
40%
60%
80%
100%
120%
Base: Dental checkups (n=6), Vision checkups (n=8), Hearing checkups (n=5), Medical checkups (n=9), Sample Size = 9
(Community = Pennington)

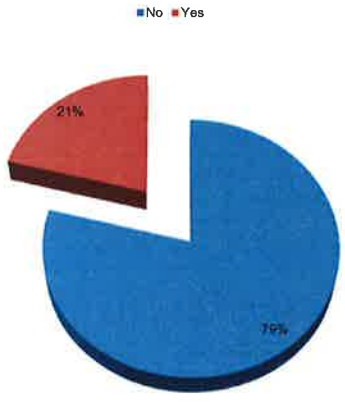
Where do you most often take your children when they are sick and need to see a health care provider?



Base: Physician's office (n=3), Urgent care (n=3), Walk-in clinic (n=3), Sample Size = 9

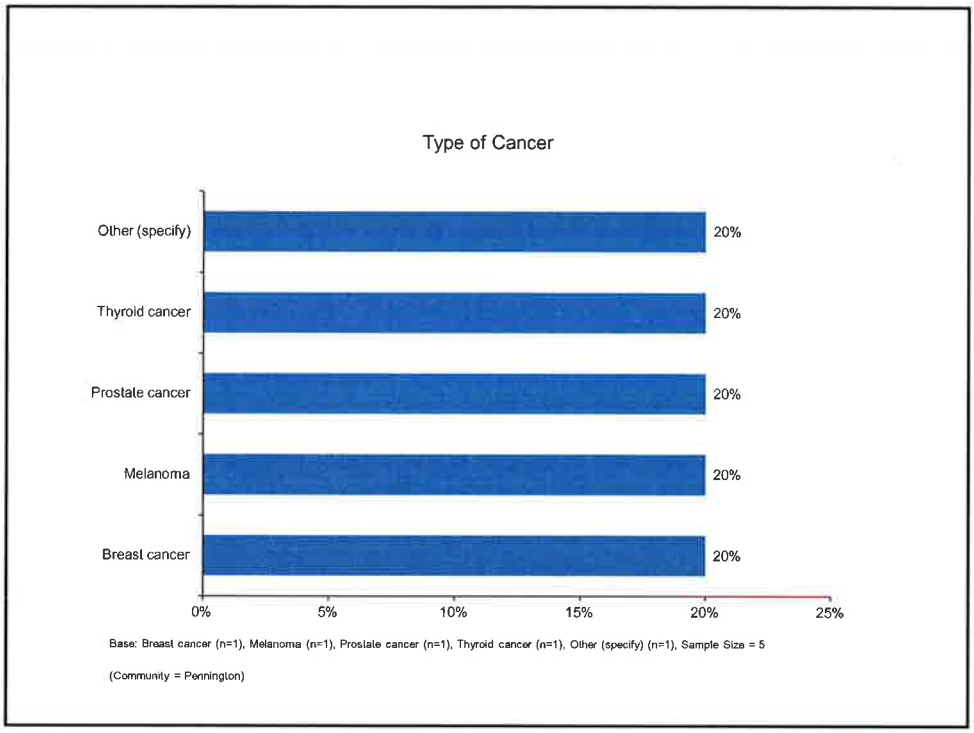
(Community = Pennington)

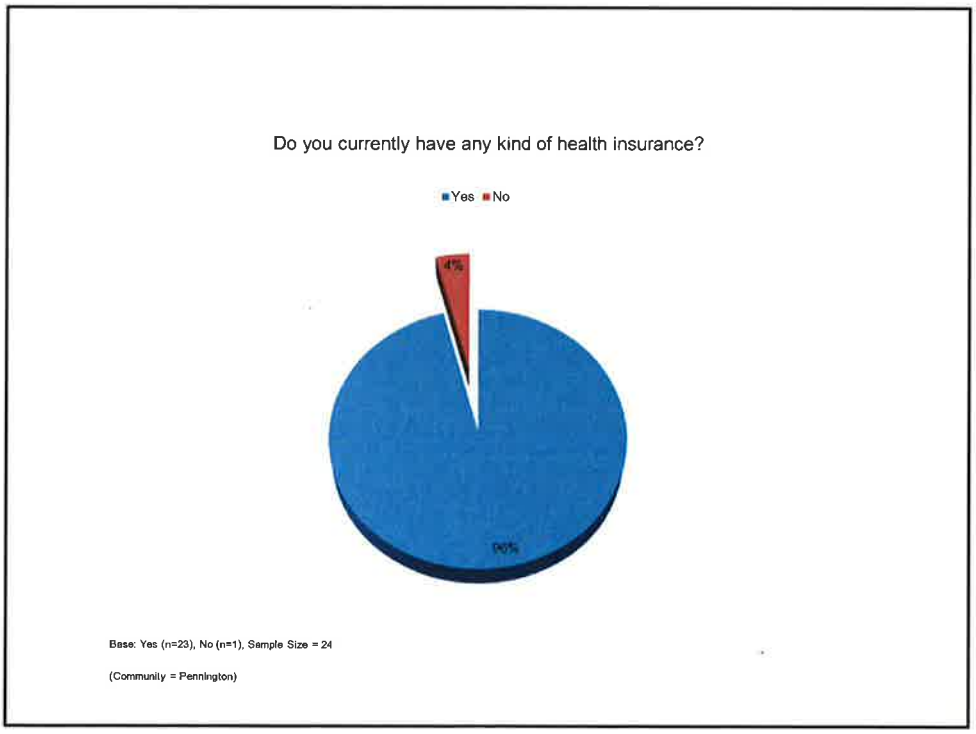
Have you ever been diagnosed with cancer?



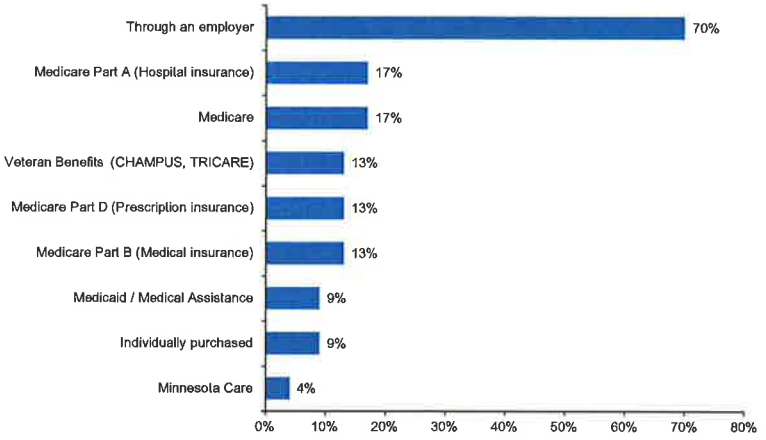
Base: Yes (n=5), No (n=19), Sample Size = 24

(Community = Pennington)


Type of Cancer
Other (specify)
Thyroid cancer
Prostate cancer
Melanoma
Breast cancer
20%
20%
20%
20%
20%
0%
5%
10%
15%
20%
25%
Base: Breast cancer (n=1), Melanoma (n=1), Prostate cancer (n=1), Thyroid cancer (n=1), Other (specify) (n=1), Sample Size = 5
(Community = Pennington)

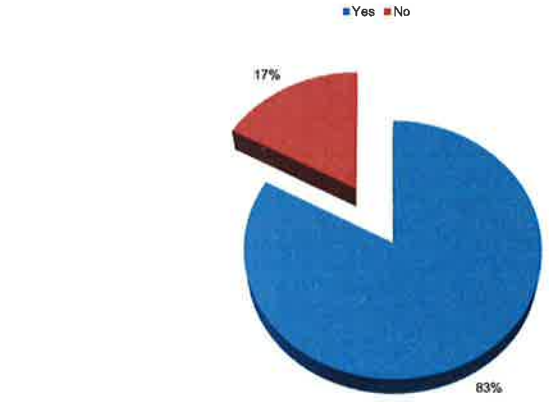

Do you currently have any kind of health insurance?
Yes
No
4%
96%
Base: Yes (n=23), No (n=1), Sample Size = 24
(Community = Pennington)

Type of Insurance



Base: Through an employer (n=16), Individually purchased (n=2), Medicare (n=4), Medicare Part A (Hospital insurance) (n=4), Medicare Part B (Medical insurance) (n=3), Medicare Part D (Prescription insurance) (n=3), Medicaid / Medical Assistance (n=2), Minnesota Care (n=1), Veteran Benefits (CHAMPUS, TRICARE) (n=3), Sample Size = 23
(Community = Pennington)

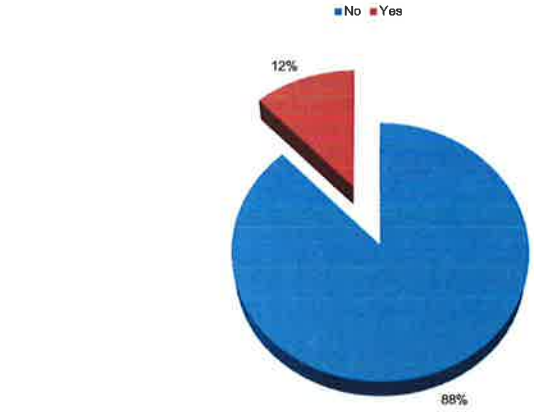
Do you have an established primary healthcare provider?



Base: Yes (n=20), No (n=4), Sample Size = 24

(Community = Pennington)

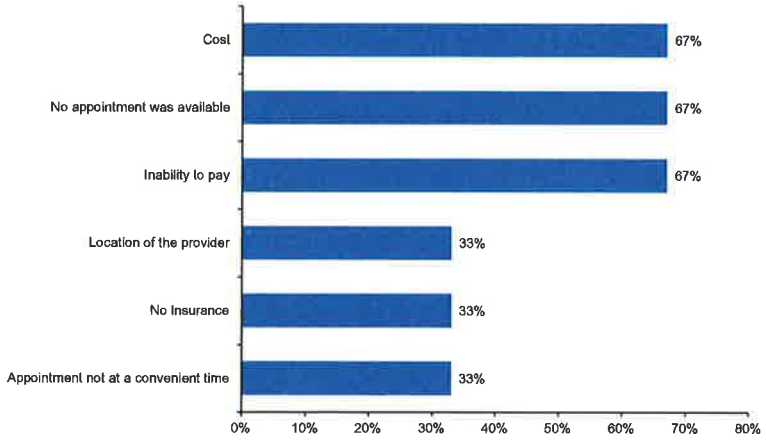
In the past year, did you or someone in your family need medical care, but did not receive the care they needed?



Base: Yes (n=3), No (n=21), Sample Size = 24

(Community = Pennington)

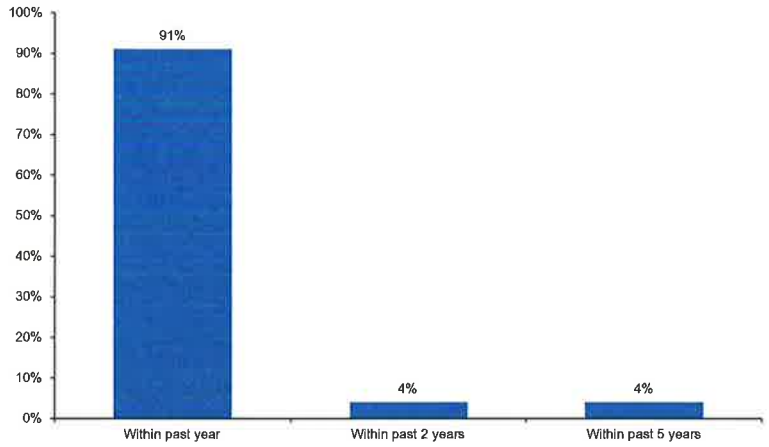
Barriers to Receiving Care Needed



Base: Inability to pay (n=2), No appointment was available (n=2), Appointment not at a convenient time (n=1), No insurance (n=1), Location of the provider (n=1), Cost (n=2)

(Community = Pennington)

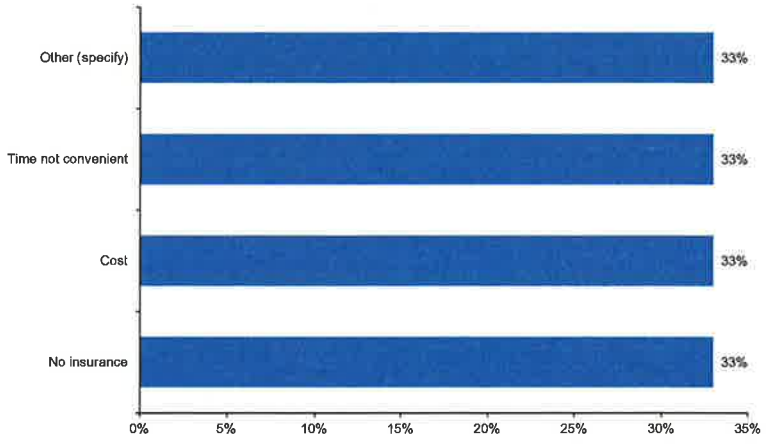
How long has it been since you last visited a dentist?



Base: Within past year (n=21), Within past 2 years (n=1), Within past 5 years (n=1), Sample Size = 23

(Community = Pennington)

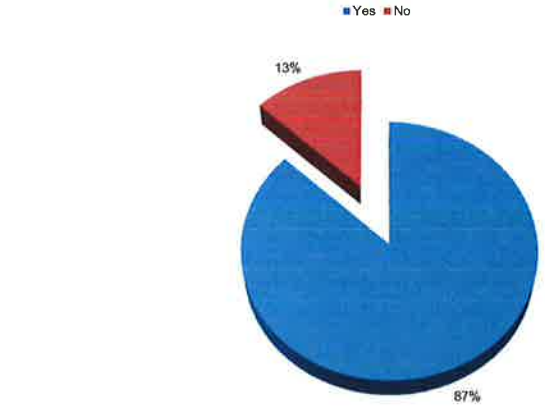
Barriers to Visiting the Dentist



Base: No insurance (n=1), Cost (n=1), Time not convenient (n=1), Other (specify) (n=1), Sample Size = 3

(Community = Pennington)

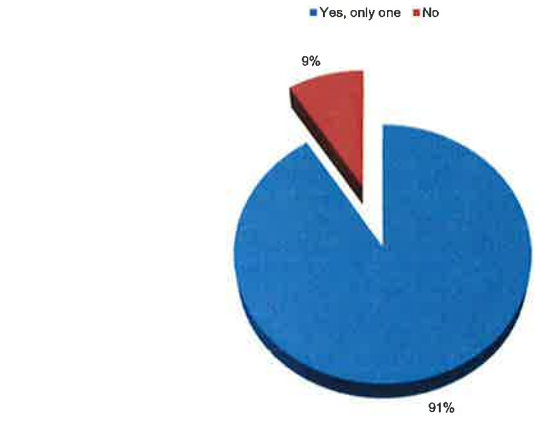
Do you have any kind of dental care or oral health insurance coverage?



Base: Yes (n=20), No (n=3), Sample Size = 23

(Community = Pennington)

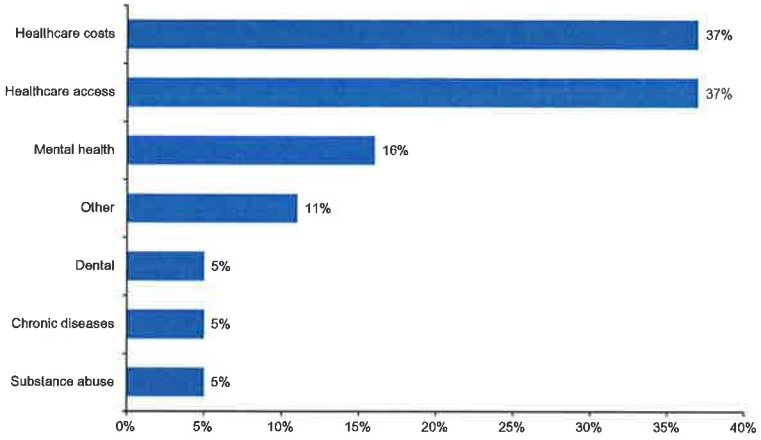
Do you have a dentist that you see for routine care?



Base: Yes, only one (n=21), No (n=2), Sample Size = 23

(Community = Pennington)

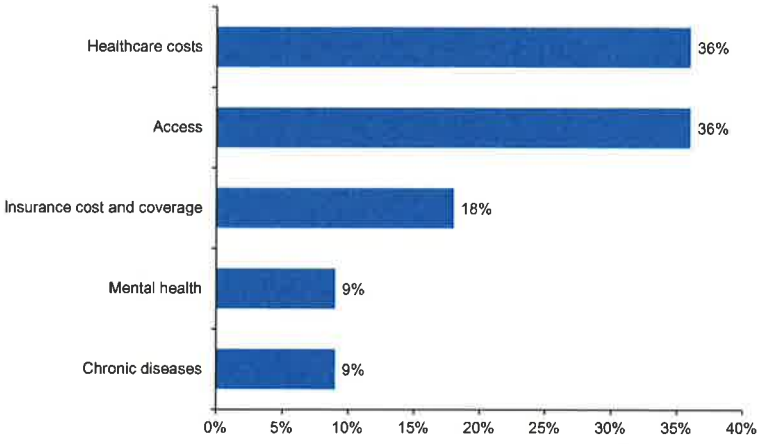
Most Important Community Issues



Base: Healthcare access (n=7), Mental health (n=3), Substance abuse (n=1), Chronic diseases (n=1), Healthcare costs (n=7), Dental (n=1), Other (n=2), Sample Size = 22

(Community = Pennington)

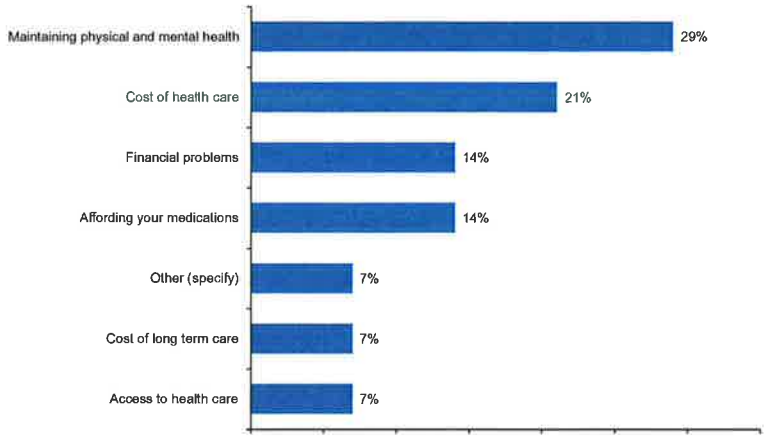
Most Important Issue for Family



Base: Access (n=4), Chronic diseases (n=1), Healthcare costs (n=4), Insurance cost and coverage (n=2), Mental health (n=1), Sample Size = 19

(Community = Pennington)

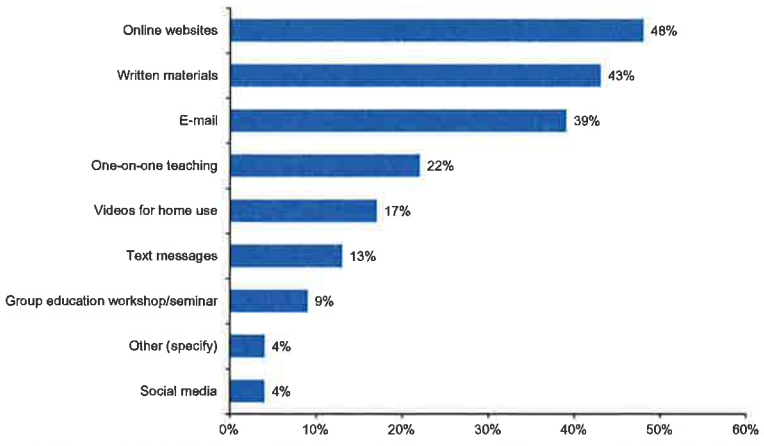
What is your biggest concern as you age? (Age 65+)



Base: Access to health care (n=1), Cost of health care (n=3), Affording your medications (n=2), Maintaining physical and mental health (n=4), Cost of long term care (n=1), Financial problems (n=2), Other (specify) (n=1), Sample Size = 5

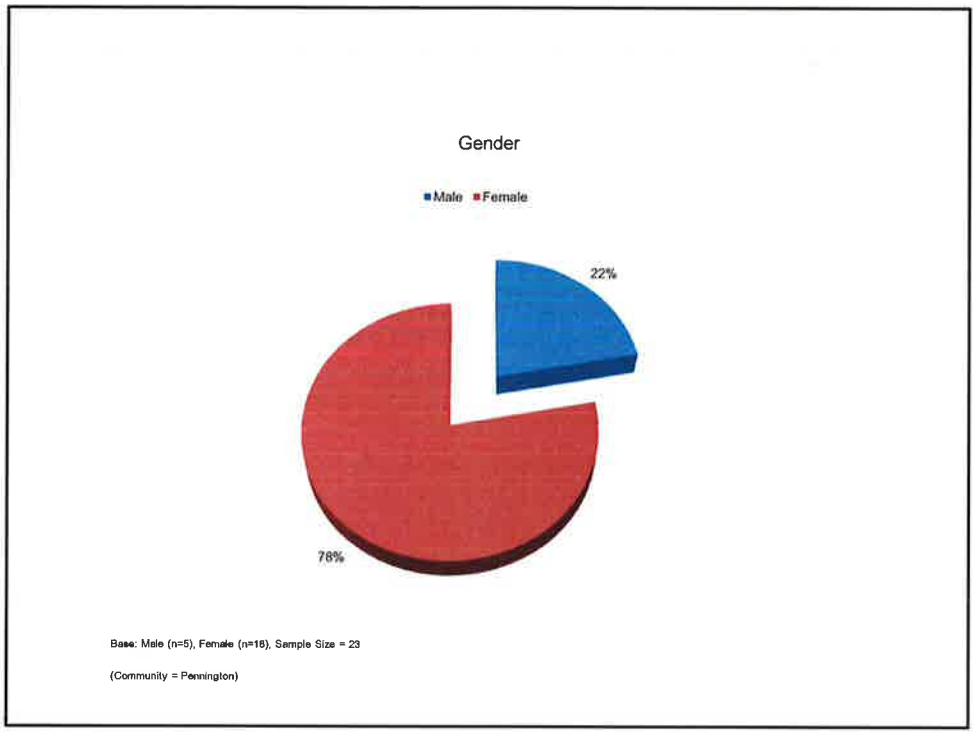
(Community = Pennington)

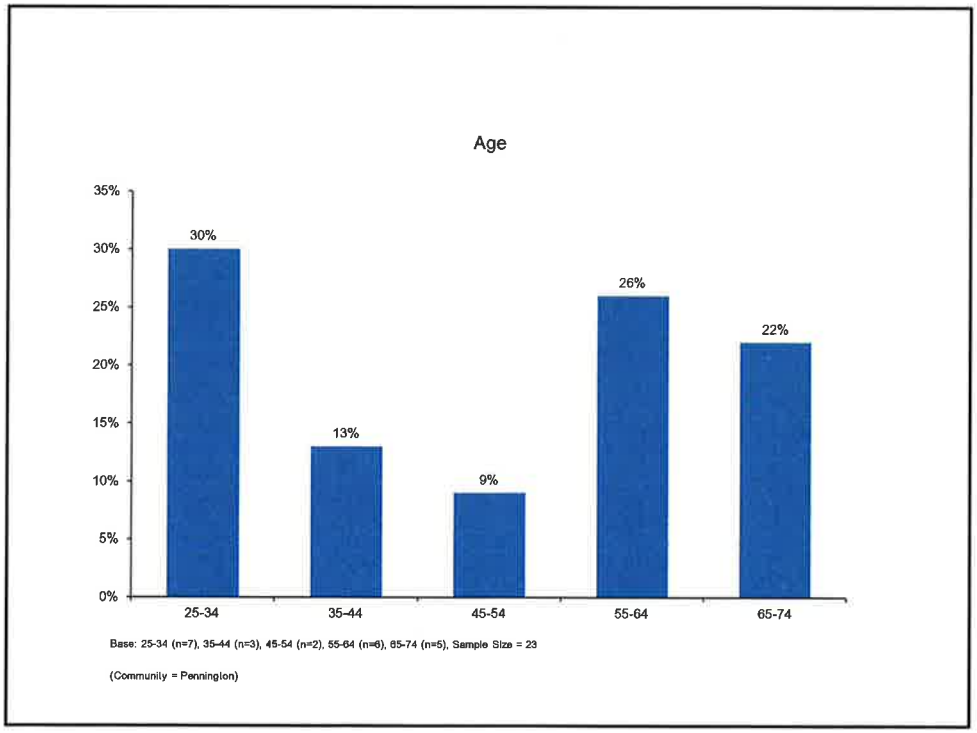
What method(s) would you prefer to get health information?



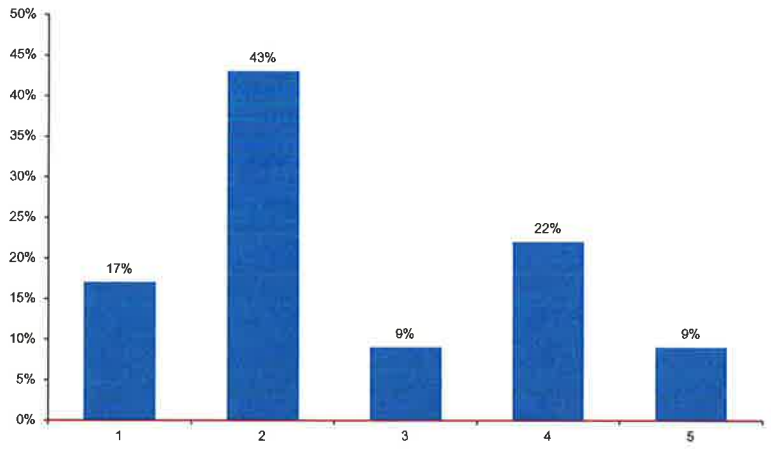
Base: Written materials (n=10), Videos for home use (n=4), Social media (n=1), Text messages (n=3), One-on-one teaching (n=5), E-mail (n=9), Group education workshop/seminar (n=2), Online websites (n=11), Other (specify) (n=1), Sample Size = 23

(Community = Pennington)


Gender
Male
Female
22%
78%
Base: Male (n=5), Female (n=18), Sample Size = 23
(Community = Pennington)


Age
35%
30%
25%
20%
15%
10%
5%
0%
30%
13%
9%
26%
22%
25-34
35-44
45-54
55-64
65-74
Base: 25-34 (n=7), 35-44 (n=3), 45-54 (n=2), 55-64 (n=6), 65-74 (n=5), Sample Size = 23
(Community = Pennington)

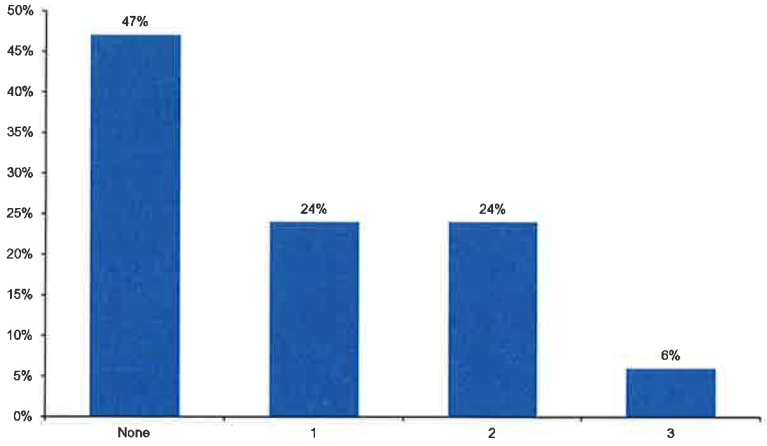
People in Household



Base: 1 (n=4), 2 (n=10), 3 (n=2), 4 (n=5), 5 (n=2), Sample Size = 23

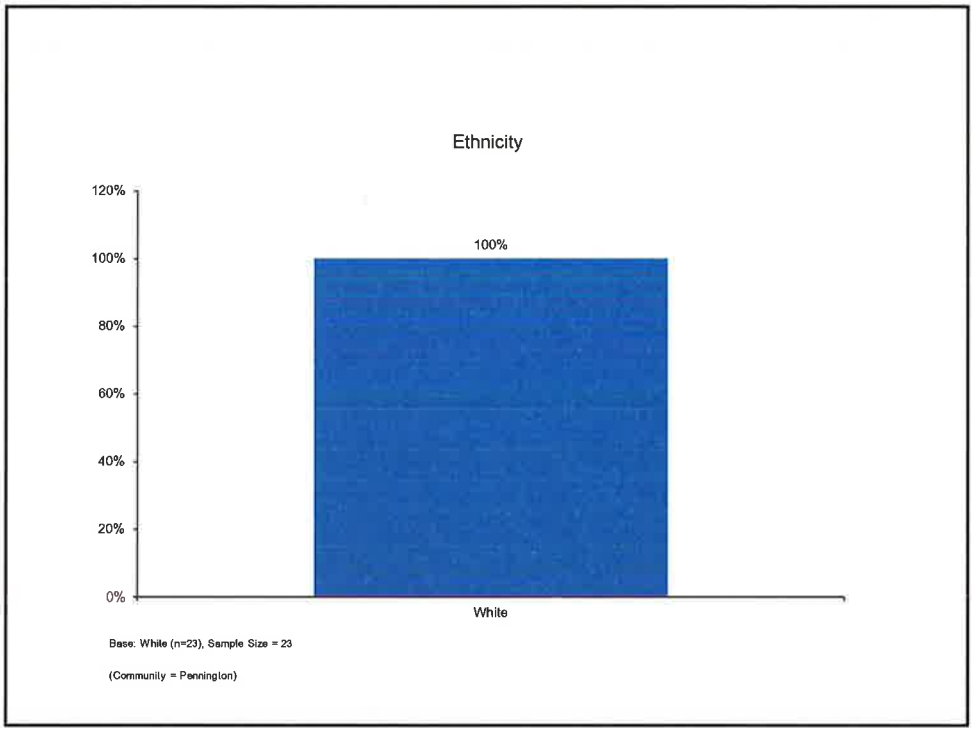
(Community = Pennington)

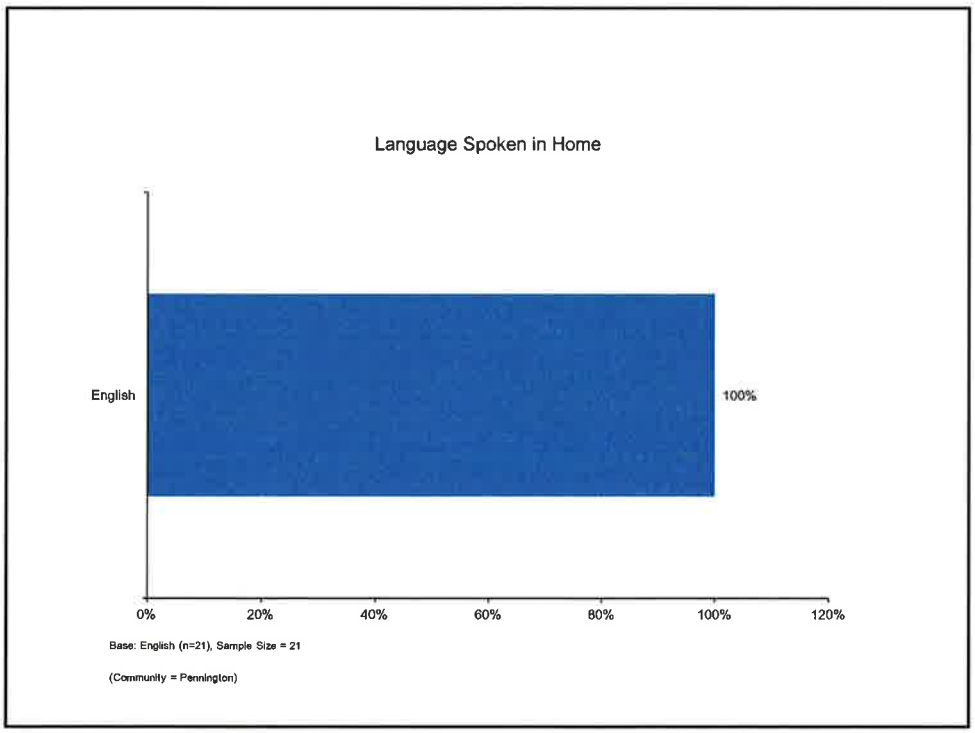
Children in Household Under 18



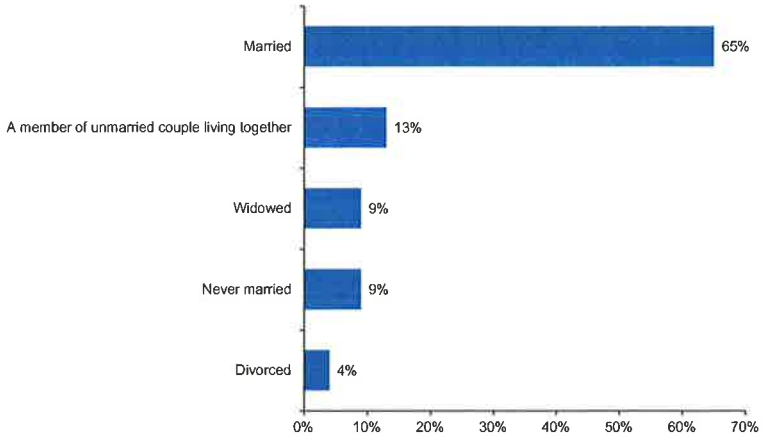
Base: None (n=8), 1 (n=4), 2 (n=4), 3 (n=1), Sample Size = 17

(Community = Pennington)


Ethnicity
120%
100%
80%
60%
40%
20%
0%
100%
White
Base: White (n=23), Sample Size = 23
(Community = Pennington)


Language Spoken in Home
English
100%
0%
20%
40%
60%
80%
100%
120%
Base: English (n=21), Sample Size = 21
(Community = Pennington)

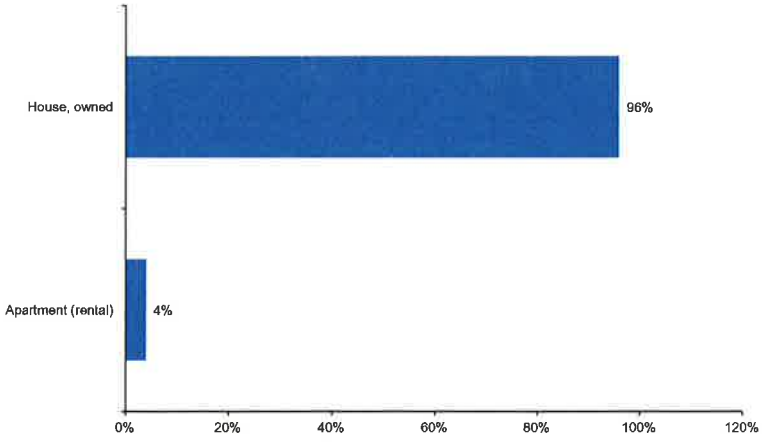
Marital Status



Base: Never married (n=2), Married (n=15), Divorced (n=1), Widowed (n=2), A member of unmarried couple living together (n=3), Sample Size = 23

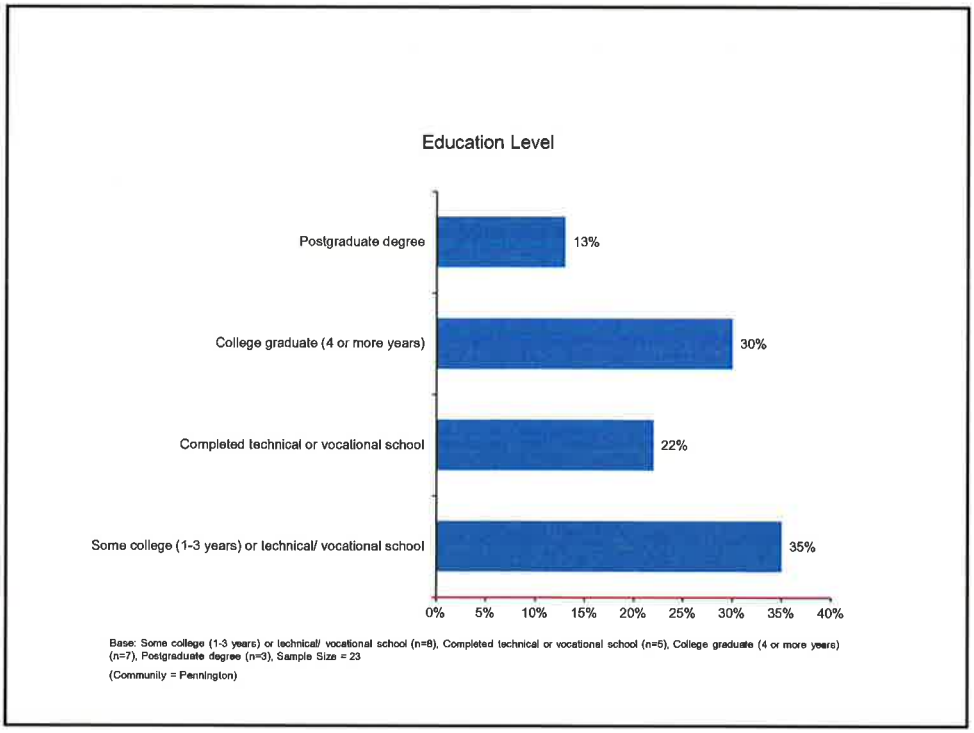
(Community = Pennington)

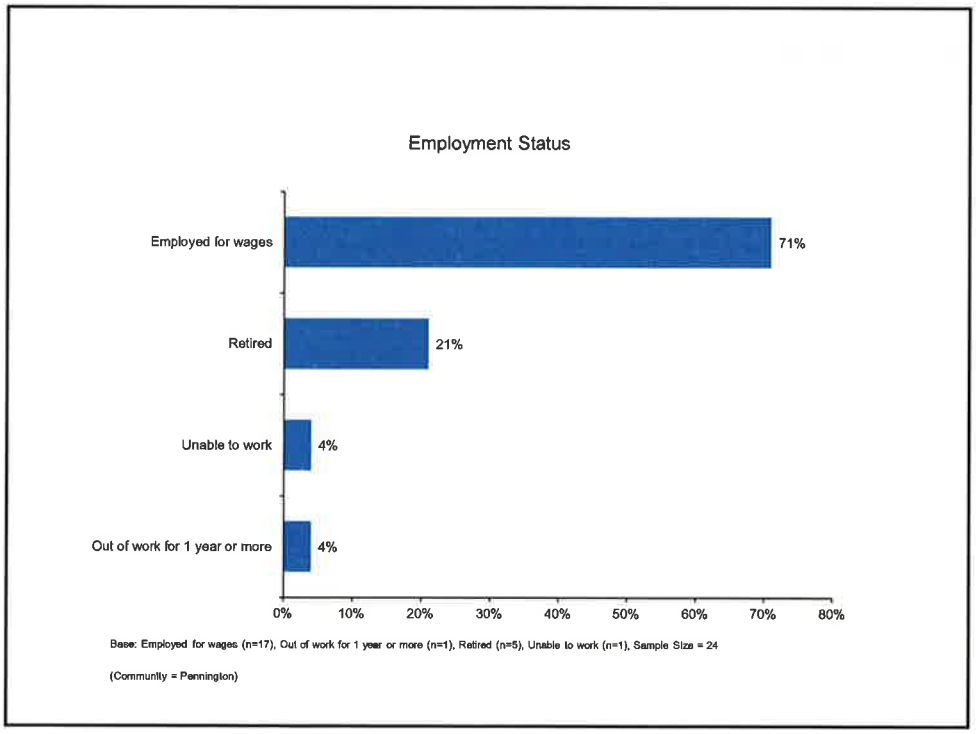
Current Living Situation



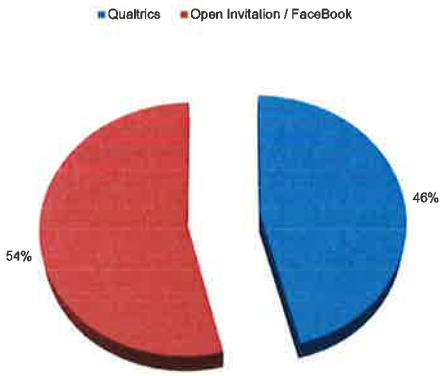
Base: House, owned (n=22), Apartment (rental) (n=1), Sample Size = 23

(Community = Pennington)


Education Level
Postgraduate degree
13%
College graduate (4 or more years)
30%
Completed technical or vocational school
22%
Some college (1-3 years) or technical/ vocational school
35%
0%
5%
10%
15%
20%
25%
30%
35%
40%
Base: Some college (1-3 years) or technical/ vocational school (n=8), Completed technical or vocational school (n=5), College graduate (4 or more years) (n=7), Postgraduate degree (n=3), Sample Size = 23
(Community = Pennington)


Employment Status
Employed for wages
71%
Retired
21%
Unable to work
4%
Out of work for 1 year or more
4%
0%
10%
20%
30%
40%
50%
60%
70%
80%
Base: Employed for wages (n=17), Out of work for 1 year or more (n=1), Retired (n=5), Unable to work (n=1), Sample Size = 24
(Community = Pennington)

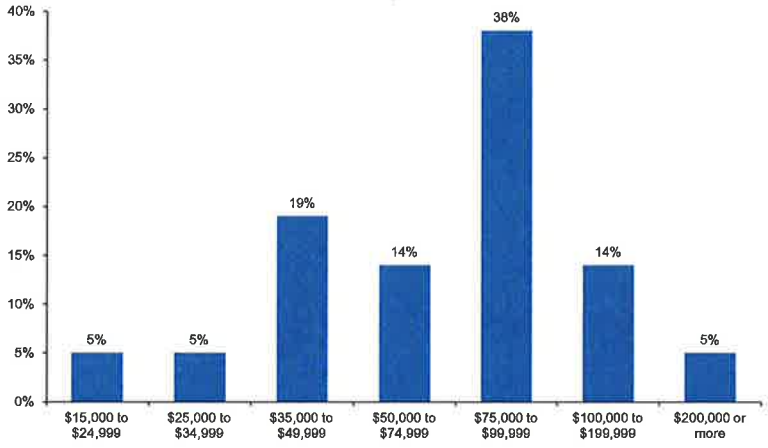
Sample Source



Base: Qualtrics (n=11), Open Invitation / FaceBook (n=13), Sample Size = 24

(Community = Pennington)

Total Household Income



Base: $15,000 to $24,999 (n=1), $25,000 to $34,999 (n=1), $35,000 to $49,999 (n=4), $50,000 to $74,999 (n=3), $75,000 to $99,999 (n=8), $100,000 to $199,999 (n=3), $200,000 or more (n=1), Sample Size = 21

(Community = Pennington)

Thief River Falls 2019 Community Health Needs Assessment
Prioritization Worksheet

Criteria to Identify Priority Problem
- Cost and/or return on investment
- Availability of solutions
- Impact of problem
- Availability of resources (staff, time, money, equipment) to solve problem
- Urgency of solving problem (Ebola or air pollution)
- Size of problem (e.g. # of individuals affected)

Criteria to Identify Intervention for Problem
- Expertise to implement solution
- Return on investment
- Effectiveness of solution
- Ease of implementation/maintenance
- Potential negative consequences
- Legal considerations
- Impact on systems or health
- Feasibility of intervention

Health Indicator/Concern	Round 1 Vote	Round 2 Vote	Round 3 Vote
Children and Youth • Availability of quality child care • Childhood obesity 3.74 - • Cost of quality child care 3.56 • Substance abuse by youth 3.44 • Availability of services for at-risk youth 3.42	4 – child care 4- obesity 2 – services for at risk youth	**#2 Priority - 6 votes for child care** 5 votes for childhood obesity	
Aging Population • Cost of long term care 3.50 • Cost of memory care 3.50			
Safety • Abuse of prescription drugs 3.84 • 25% of resident respondents report having drugs in the home that are not being used	3 – abuse of prescription drugs		
Healthcare Access • Access to affordable health insurance coverage 3.53 • Access to affordable health care 3.42			
Mental Health and Substance Abuse • Drug use and abuse 3.68 • Depression 3.47 • 50% of the resident respondents have been diagnosed with depression • 44% of resident respondents have been diagnosed with anxiety or stress • Stress 3.47	**#1 priority – 6 votes - drug use and abuse** 2-depression		
Wellness • 39% have high cholesterol • 39% have arthritis • 33% have hypertension 28% have asthma • 17% have not had a routine check-up in more than 1 year • 19% did not get a flu shot in the past year • 8% have not seen their dentist in over 1 year • 53% do not have exercise 3 or more times per week • 54% do not get 5 or more a day of fruits/vegetables • 38% self-report obesity • 21% self-report overweight	1 – high cholesterol		

SECONDARY DATA

EvaluationGroup, LLC

Quin Community Health Services

2017
NORTHWEST REGION
ADULT HEALTH BEHAVIOR SURVEY SUMMARY

Pennington County Report

April
2018

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Executive Summary

Weight

73.4% of all individuals residing in Pennington County are considered either overweight (40.8%) or obese (32.6%). This is a slightly higher percentage of obese individuals than in 2014 and is much higher than the state average of 64.5% (36.7% overweight; 27.8% obese).

- 48% of individuals age 35-54 are overweight.
- Males are 23% more overweight than females.

Physical Activity

Across Pennington County only an estimated 25% of individuals are getting their recommended levels of physical activity, far lower than the state rate of 55%.

- The attainment of PAG in Pennington County was achieved more by females, individuals aged 55+, those who earned 55k plus annually and those with a bachelor's degree or more.
- The greatest reason for lack of physical activity was 'lack of time' (69%) followed by poor maintenance of sidewalks (34.3%), not having sidewalks or walking paths/trails (36%), lack of public facilities available for use (30%) and traffic problems (30%).

Fruit/Veg

Two-thirds of the population in Pennington County regularly consume nutritious food.

- The problem may be in consuming too many calories, not a lack of nutritious food.
- Both fruits and vegetables are consumed at generally similar rates with vegetables having a slight edge.

Tobacco

Approximately 8.2% of adults in Pennington County are smokers.

- This is 5.3% lower than found three years previously. Across the region tobacco use rates have decreased substantially and suggests that significant positive impacts may be the result of numerous prevention efforts.
    - Individuals with less than $34,000 annual household income have four times the rate of smoking compared to households earning $75k+ (16% vs. 4%).
    - No one in Pennington County with a 4-year degree reported smoking compared to all other educational demographic groups which smoked at approximately 13%.

Alcohol

65% of individuals that report drinking at least once/past 30 days.

- Residents with an Associate's degree or greater were more likely to report alcohol consumption over the past 30 days than those with a high-school diploma or less (72% vs. 53%).
- Seventy-five percent of individuals from higher income households (>$50k) reported drinking over the past 30 days compared to 40% of those earning $34k or less.

Mental Health

18% of respondents had been told by a health care professional that they had a mental health concern at some point in their lives.

- Over the past 30 days, nearly 18% of respondents expressed feelings of hopelessness, anxiety or loss of interest in things they used to enjoy.

Recommendations

- Health planners should continue to focus resources on areas that develop and encourage physical activity across working adult populations.
- Prevention efforts need to help people find time in their day to get some physical activity.
  - Assist in structuring environments to enhance physical activity.
- Track binge drinking as in the 2013 survey.
- Track opioid use in future surveys.

Weight Status

Survey respondents were asked to report their height and weight. From that a Body Mass Index (BMI) was calculated[1]. As Figure 1 shows below, ***73.4% of all individuals residing in Pennington County are considered either overweight (40.8%) or obese (32.6%). This is a slightly higher percentage of obese individuals than in 2014 and is much higher than the state average of 64.5% (36.7% overweight; 27.8%, obese).*** To learn more, see https://stateofobesity.org/states/mn. In terms of gender and age as related to weight, those who are younger and male tend to be more obese (see Figures 2 and 3).

Figure 1

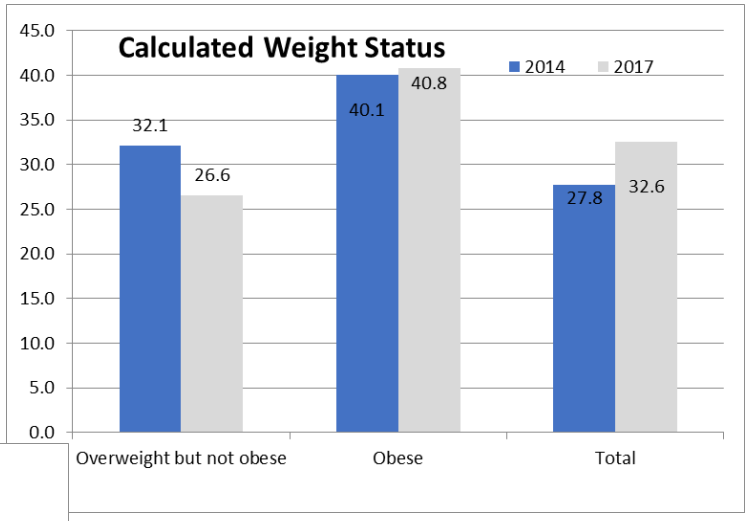
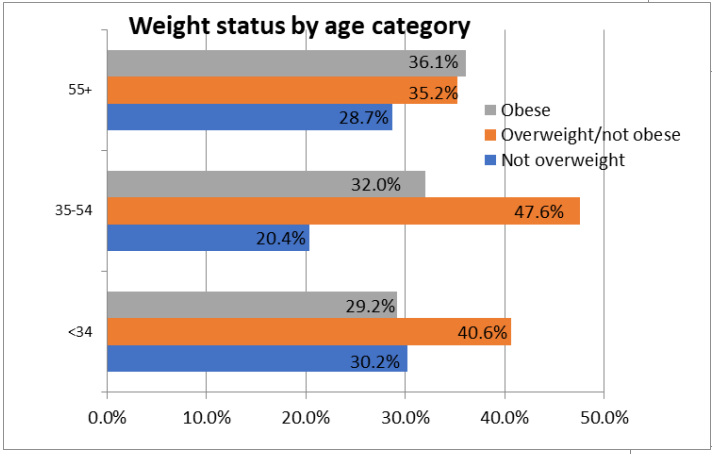
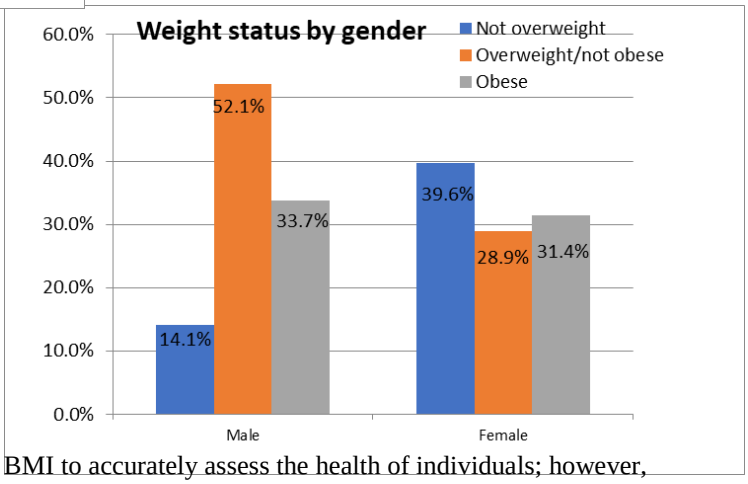


Figure 2



The percentage of individuals who are overweight or obese generally increases with age as shown in Figure 2.

Figure 3



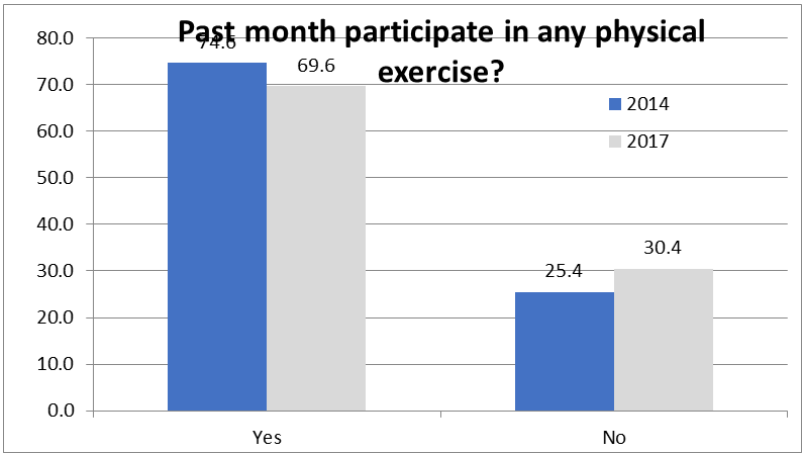
Males are 23% more overweight than females.

[1] There are some exceptions to be considered in using BMI to accurately assess the health of individuals; however, it is assumed here to be a generally accurate measure for the body mass composite a population.

Physical Activity

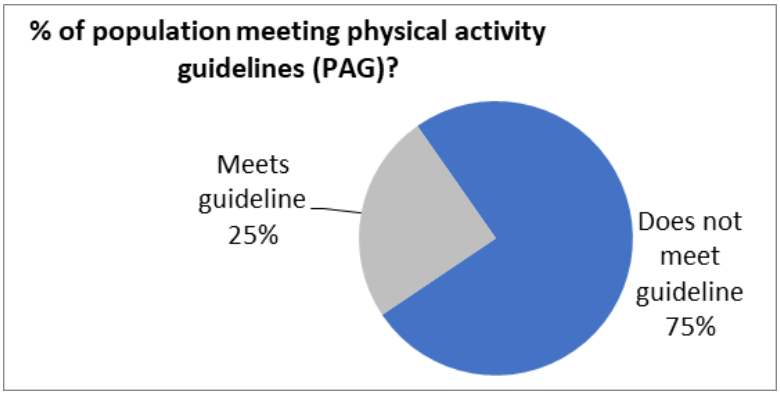
Participants were asked "During the past 30 days, other than your regular job, did you participate in any physical activity or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" Thirty percent of survey respondents in 2017 indicated "no" whereas in 2014 only 25% said no. The state average on this measure is approximately 18%.[2,3]

Figure 4



Attainment of Physical Activity Guidelines (PAG) were assessed. This was achieved through a series of questions examining the extent of moderate physical activity (30 minutes/day for /5+ days) and vigorous physical activity (20 minutes a day for 3+ days).[4]

Figure 5



Across Pennington County, only an estimated 25% of individuals are getting their recommended levels of physical activity. This is far lower than the average rate of 55% of all Minnesotans. Among other findings include:

- Individuals with a HS diploma or less achieved PAG 21% of the time while those with a Bachelor's degree of more achieved it 28%.
- Females were twice as likely than males to achieve PAG (16% vs. 33%).

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[2] https://stateofobesity.org/physical-inactivity/

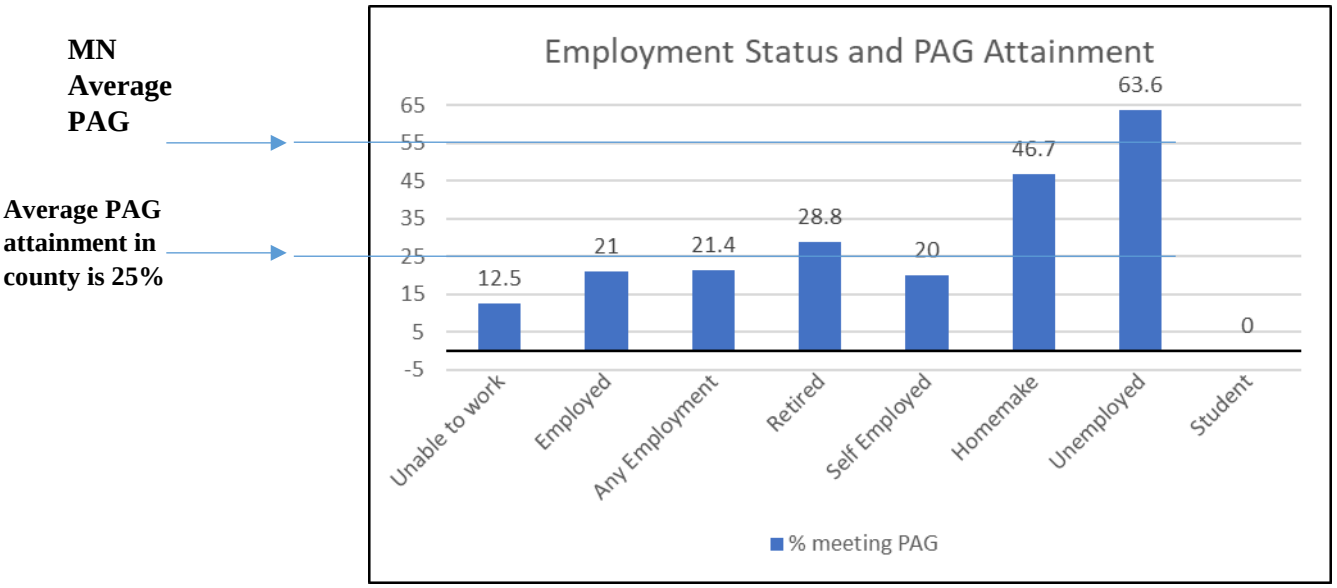
[3] https://nccd.cdc.gov/dnpao_dtm/rdPage.aspx?rdReport=DNPAO_DTM.ExploreByLocation&rdRequestForwarding=Form

[4] *Moderate exercises are defined as those that "cause only light sweating and a small increase in breathing or heart rate, and vigorous are those that "cause heavy sweating and a large increase in breathing or heart rate. To learn more see* http://www.health.gov/paguidelines/guidelines/summary.aspx

- Twenty-seven percent of individuals aged 55+ achieved PAG compared to 19% of those aged 34 or less. This lack of physical activity in the 34 and less age group may help explain in part why the percentage of overweight individuals is so high.
- Individuals with $50k+ income achieved PAG more than those less than $50k (29% vs.18%) (See Figure 7).

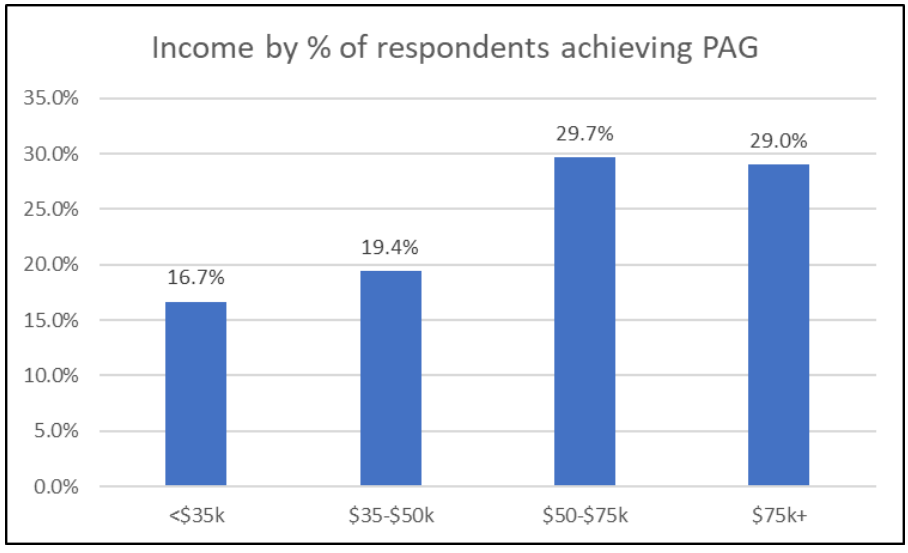
In sum, in the attainment of PAG in Pennington County was achieved more by females, individuals aged 55+, those who earned 55k plus annually and those with a bachelor's degree or more education.

Figure 6



Workplace wellness initiatives are popular efforts, and as the data in Figure 6 suggest they are focused on a population that is lower in their attainment of Physical Activity Guidelines relative to other demographic groups (e.g. students, unemployed, homemakers). ***Health planners should continue to focus resources on areas that develop and encourage physical activity across working adult populations and in workplace settings.***

Figure 7



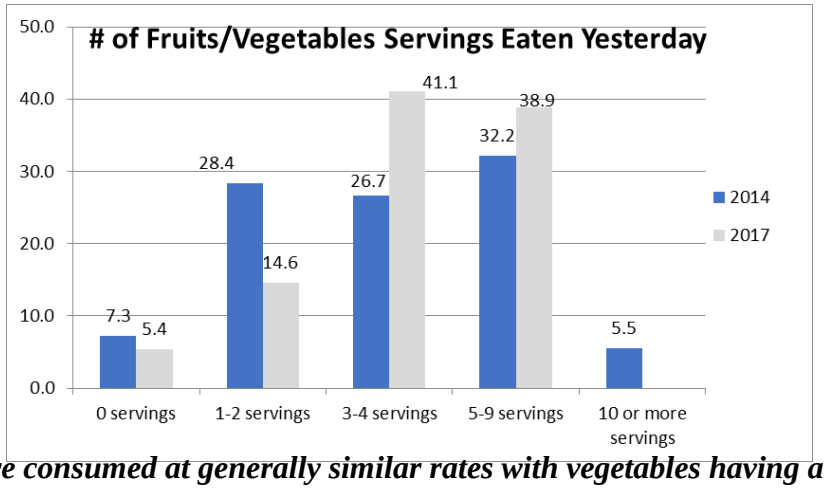
Weather was noted as the greatest reason for lack of physical activity (72%) followed by 'lack of time' (69%) followed by poor maintenance of sidewalks (34.3%), not having sidewalks or walking paths/trails (36%), lack of public facilities available for use (30%), traffic problems (30%).

Nutrition

In 2017, a total of 38.9% of adults reported eating five or more servings of fruit and vegetables combined per day -which is the daily recommended intake. That total rises to 80% if you include those who get 3-4 servings a day, which is just below recommendations.

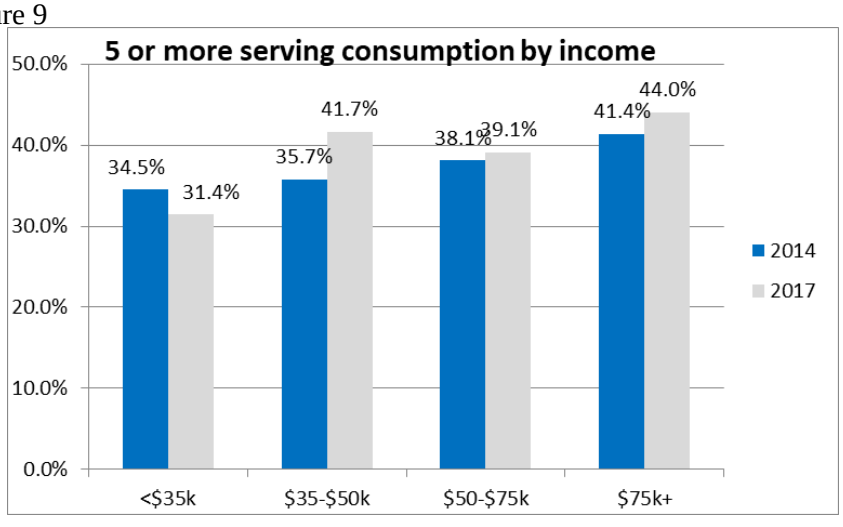
Survey results indicate that eighty percent of the population in the county regularly consume nutritious food. Given the findings on nutrition intake compared to exercise, the data suggest that ***the problem it seems is not in a lack of eating nutritious food but rather consuming too many calories.***

Figure 8



Both fruits and vegetables are consumed at generally similar rates with vegetables having a slight edge. 94.8% of people age 34 and less, consume 3 or more servings of F/V compared to 74% of those age 35 and older. The relationship between F/V consumption and income is slightly unclear, however there do appear to be some differences among income groups as shown in Figure 9 below. In Pennington County as income goes up so does consumption of fresh F/V.

Figure 9



Tobacco Use

Approximately 13.5% of all adults in Pennington County are smokers. This is 5.3% lower than found three years previously. Across the region tobacco use rates have decreased substantially and suggests that significant positive impacts may be the result of numerous prevention efforts. Findings indicate that similar to other surrounding counties, current smokers are split equally across genders but differ significantly by income and education. ***Individuals with less than $34,000 annual household income have four times the rate of smoking compared to households earning $75k+ (16% vs. 4%). Further, no one in the study with a 4-year degree reported smoking compared to all other educational demographic groups which smoked at approximately 13%.***

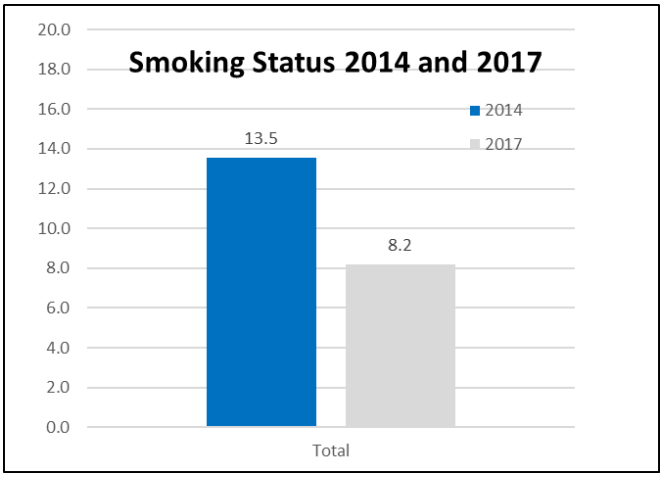
In Pennington County, 21.8% of current smokers indicated that during the past 12 months they had stopped smoking for one day or longer because they were trying to quit. This is much lower than the 59.5% who had tried in the 2014 survey.

Table 1

	Quin CHB Region	Marshall County	Kittson County	Pennington County	Red Lake County	Roseau County	MN State
Current smokers 2014	14.9	11.6	8.0	13.5	15.5	20.7	14.1
Current smokers 2017	9.4	9.6	8.6	8.2	9.5	10.5	14.1*
Net increase/decrease	-5.5	-2.0	+.6	-5.3	-6.5	-10.2	--

Results also found that 5.1% of adults are smokeless tobacco users, nearly all of whom are males. E-cigarette use is even lower at somewhere around 2% or less. Statewide surveys estimate adult e-cigarette use in Minnesota at 6%[5]. Northwest Minnesota estimates range from 2-6% from the 2014 MN Adult Tobacco Survey.[6]

Figure 10



[5] http://www.health.state.mn.us/ecigarettes
*data for 2017 not yet available.

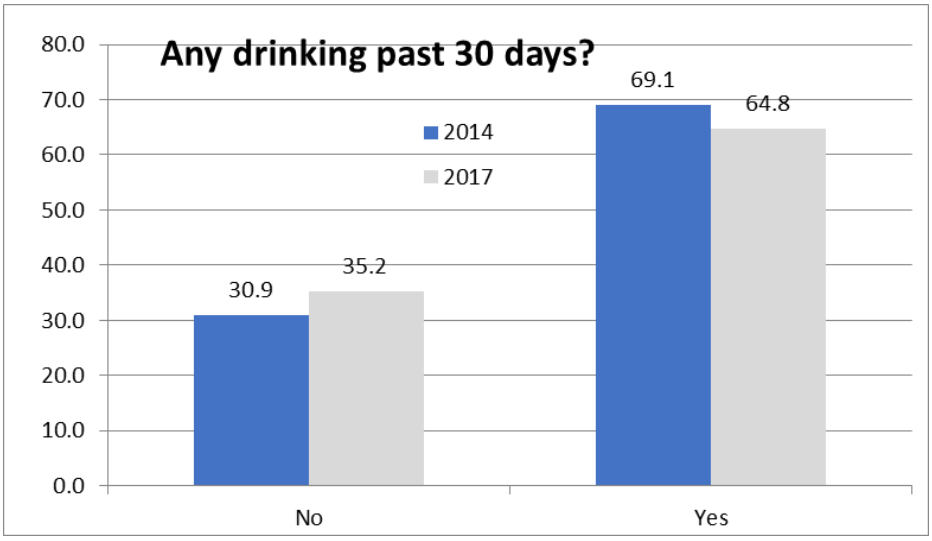
[6] http://www.mntobacco.nonprofitoffice.com/vertical/Sites/%7B988CF811-1678-459A-A9CE-34BD4C0D8B40%7D/uploads/MATS_2014_Technical_Report_Final_2015-01-21.pdf

Alcohol Use

Participants were asked "during the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?" Respondents indicated that 64.8% of them had consumed alcohol. A further 18.4% percent of respondents indicated that alcohol had a 'harmful effect' on themselves or a family member. Females reported drinking less than males (62% vs. 68%).

75% of individuals from higher income households (>$50k) reported drinking over the past 30 days compared to 40% of those earning $34k or less. Furthermore, individuals with and Associate's degree or more were more likely to report alcohol consumption over the past 30 days (72%) than those with a high-school diploma or less (53%). It should be noted that 'any drinking' does not mean problem drinking. Future surveys should include questions pertaining to binge drinking as were included in 2013 to get a better handle on dangerous drinking.

Figure 11

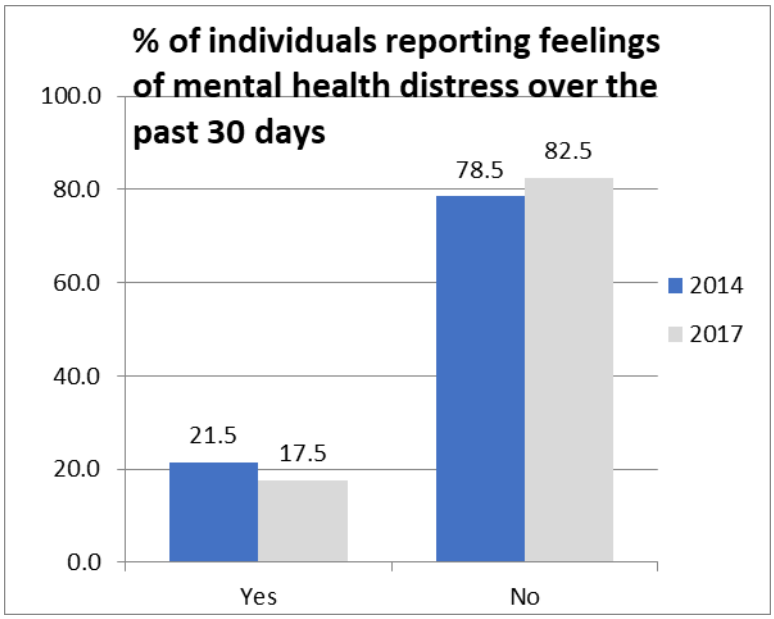


Mental Health

- Approximately 9.9% of individuals living in Pennington County self-report having Fair or Poor general mental health at the time of the survey.
- ***18.0% have been told at some point in their lives by a healthcare professional that they have a mental health concern.***
- 16% delayed getting mental health treatment when it was needed.
    - Of this group, the delay occurred for a variety of reasons, including perceived lack of severity (32%), fear of getting treatment (21%), 'did not know where to go' (20%), cost (15%), deductible too expensive (10%), could not get an appointment (7.7%), and 'other' (13%).

Nearly 18% of respondents expressed feelings of hopelessness, anxiety or loss of interest in things they used to enjoy over the past 30 days.

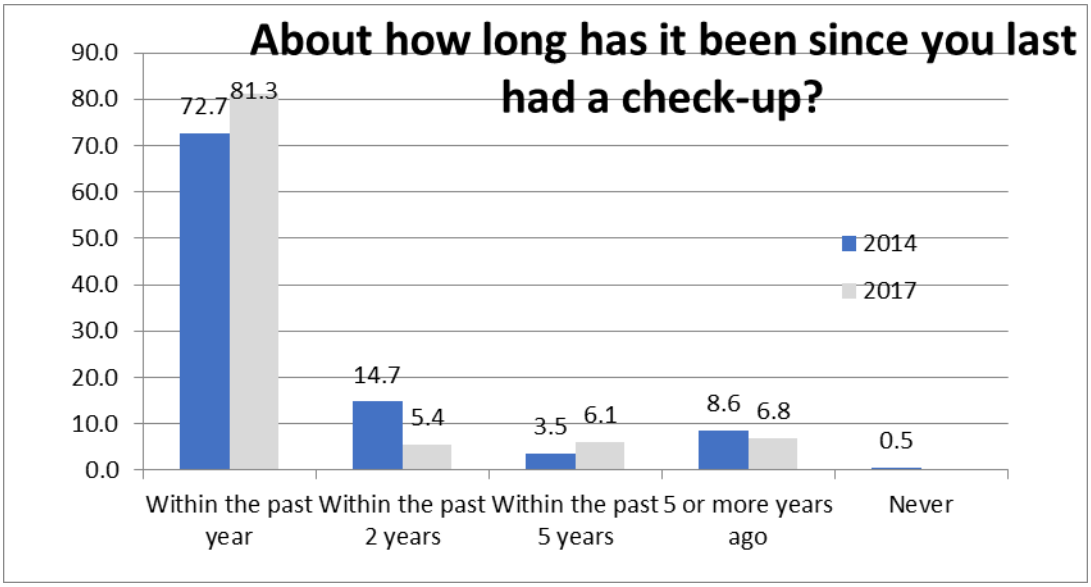
Figure 12



Medical Care

Approximately 81% of Pennington County residents reported having a medical checkup over the past year (see Figure 13). Fifteen percent delayed seeking medical care over the past 12 months when they felt they needed it (see Figure 14). The primary reason for not seeking care (besides 'not serious enough') was cost (50%) and high deductible (50%) (see Figure 15). ***Many people seem to not seek medical care because the deductibles and associated costs are high.***

Figure 13



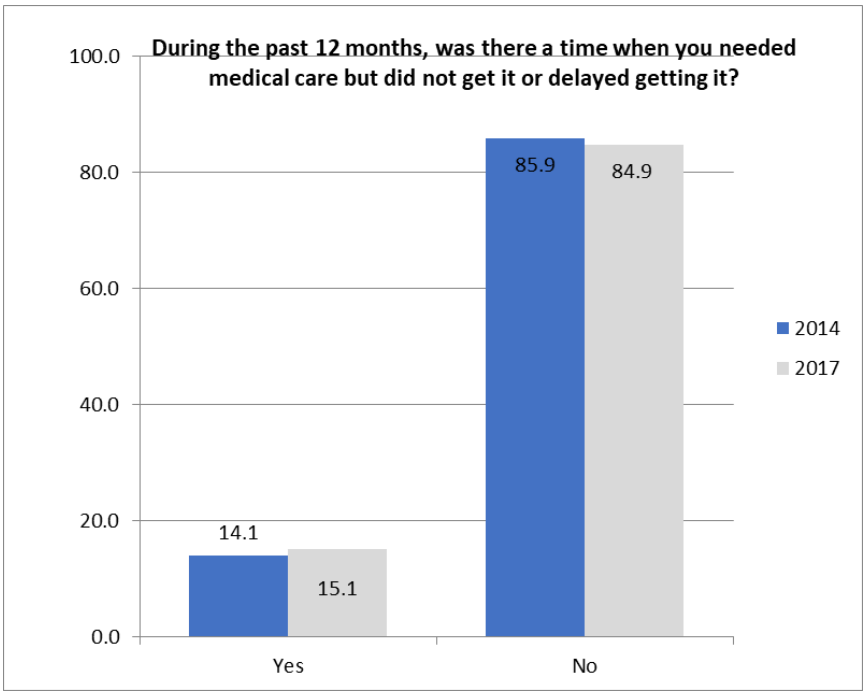
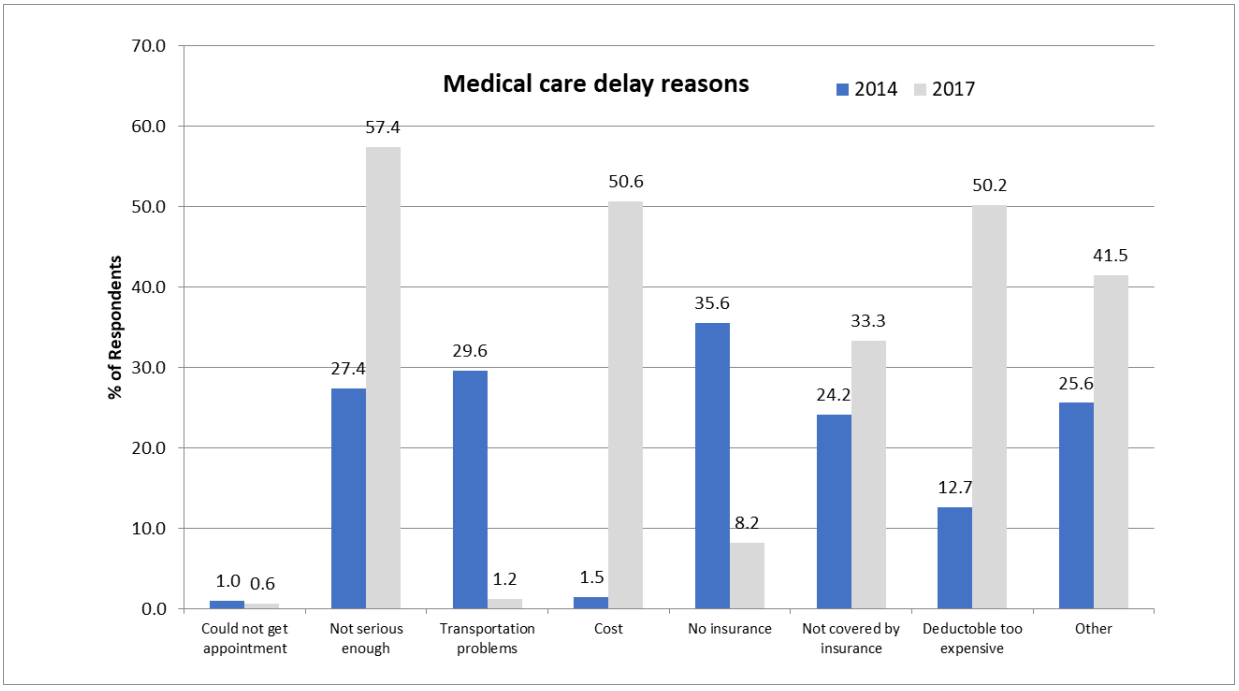

During the past 12 months, was there a time when you needed medical care but did not get it or delayed getting it?
100.0
80.0
60.0
40.0
20.0
0.0
85.9
84.9
14.1
15.1
Yes
No
2014
2017

Figure 15


Medical care delay reasons
2014
2017
% of Respondents
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
1.0
0.6
27.4
57.4
29.6
1.2
1.5
50.6
35.6
8.2
24.2
33.3
12.7
50.2
25.6
41.5
Could not get appointment
Not serious enough
Transportation problems
Cost
No insurance
Not covered by insurance
Deductoble too expensive
Other

Appendix A:

Methodology

Survey Instrument

Staff from the public health agencies representing Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Red Lake and Roseau counties developed the questions for the survey instrument with technical assistance from the Minnesota Department of Health Center for Health Statistics. Existing items from the Behavior Risk Factor Surveillance System (BRFSS) survey and from recent county-level surveys in Minnesota were used to design some of the items on the survey instrument. The survey was formatted by the survey vendor, Survey Systems, Inc. of New Brighton, MN, as a scannable, self-administered English-language questionnaire.

Sample

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

Survey Administration

An initial survey packet that included a cover letter, the survey instrument, and a postage-paid return envelope was mailed November 27, 2017, to 18,679 households in the 12-county region. In nine of the counties, survey packets were mailed to samples of 1600 households per county. Three of the counties have fewer than 1600 households; in these cases, survey packets were mailed to all households.

About one week after the first survey packets were mailed (December 5), 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. Three weeks after the reminder postcards were mailed (December 27), another full survey packet was sent to all households that still 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 being January 31, 2018.

Completed Surveys and Response Rate

Completed surveys were received from 4296 adult residents of the twelve counties; thus, the overall response rate was 22.9% (4296/18679). County-specific response rates can be found on the next page.

Data Entry and Weighting

The responses from the completed surveys were scanned into an electronic file by Survey Systems, Inc.

To ensure that the survey results are representative of the adult population of each of the twelve counties, 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. 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 populations of the twelve counties, according to U.S. Census Bureau American Community Survey 2012-2016 estimates.

County	Surveys mailed	Completed Surveys	Response Rate
Beltrami	1600	316	19.8%
Clearwater	1600	354	22.1%
Hubbard	1600	376	23.5%
Kittson	1402	445	31.7%
Lake of the Woods	1553	337	21.7%
Mahnomen	1600	299	18.7%
Marshall	1600	401	25.1%
Norman	1600	383	23.9%
Pennington	1600	301	18.8%
Polk	1600	351	21.9%
Red Lake	1414	373	26.4%
Roseau	1600	360	22.5%
Total	18769	4296	22.9%

Strengths and Weaknesses of Current Survey Design Methods

Strengths

1. No other adult behavioral risk study focusing on a broad range of health topics has been conducted in the region other than the BRFSS studies (which have traditionally sampled very few individuals in the region).

2. Randomized sampling of county residential addresses was used. This procedure helps eliminate data that is either positively or negatively skewed due to selection biases often associated with convenience sampling.

Weaknesses

1. It must be assumed (through the process of weighting) that individuals responding to the survey who fall within specific demographic groups (for example males aged 18-35), are not

different in any substantial way from their peers within that subgroup who did not respond to the survey. It is possible in some instances where responses within individual demographic categories were small enough that the assumption of similarity between those two groups is of concern. Unfortunately, it is impossible to know to what degree of accuracy is achieved ultimately except to examine each data point individually, in context, and through conversations with experienced healthcare professionals serving the region.

Definitions of Key Indicators

A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

This Excel file contains the ranks and scores for each county in your state and the underlying data details for the measures used in calculating the 2018 *County Health Rankings*. In addition, the file contains additional measures that are reported on the *County Health Rankings* web site for your state.

For additional information about how the *County Health Rankings* are calculated, please visit www.countyhealthrankings.org

Contents:

* 95% confidence intervals are provided where applicable and available.

** Z-scores are "adjusted" z-scores (e.g., multiplied by -1 if a positively framed measure, set to zero for missing and unreliable values for ranked counties, and truncated at -3 or +3 if county population is less than 20,000).

Measure	Data Elements	Description
Geographic identifiers	**FIPS**	Federal Information Processing Standard
	State	
	County	
Premature death	**Years of Potential Life Lost Rate**	Age-adjusted YPLL rate per 100,000
	95% CI - Low	95% confidence interval reported by National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	Years of Potential Life Lost Rate (Black)	Age-adjusted YPLL rate per 100,000 for non-Hispanic Blacks
	Years of Potential Life Lost Rate (Hispanic)	Age-adjusted YPLL rate per 100,000 for Hispanics
	Years of Potential Life Lost Rate (White)	Age-adjusted YPLL rate per 100,000 for non-Hispanic Whites

Measure	Data Elements	Description
Poor or fair health	**% Fair/Poor**	Percentage of adults that report fair or poor health
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor physical health days	**Physically Unhealthy Days**	Average number of reported physically unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Poor mental health days	**Mentally Unhealthy Days**	Average number of reported mentally unhealthy days per month
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Low birthweight	Unreliable	Value reported but considered unreliable since based on counts of twenty or less.
	% LBW	Percentage of births with low birth weight (<2500g)
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% LBW (Black)	Percentage of births with low birth weight (<2500g) for non-Hispanic Blacks
	% LBW (Hispanic)	Percentage of births with low birth weight (<2500g) for Hispanics
	% LBW (White)	Percentage of births with low birth weight (<2500g) for non-Hispanic Whites
Adult smoking	**% Smokers**	Percentage of adults that reported currently smoking
	95% CI - Low	

Measure	Data Elements	Description
	95% CI - High	95% confidence interval reported by BRFSS
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Adult obesity	**% Obese**	Percentage of adults that report BMI >= 30
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Food environment index	**Food Environment Index**	Indicator of access to healthy foods - 0 is worst, 10 is best
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Physical inactivity	**% Physically Inactive**	Percentage of adults that report no leisure-time physical activity
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Access to exercise opportunities	**% With Access**	Percentage of the population with access to places for physical activity
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Excessive drinking	**% Excessive Drinking**	Percentage of adults that report excessive drinking
	95% CI - Low	95% confidence interval reported by BRFSS
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Alcohol-impaired driving deaths	# Alcohol-Impaired Driving Deaths	Number of alcohol-impaired motor vehicle deaths
	# Driving Deaths	Number of motor vehicle deaths
	% Alcohol-Impaired	Percentage of driving deaths with alcohol involvement
	95% CI - Low	95% confidence interval using Poisson distribution
	95% CI - High	

Measure	Data Elements	Description
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Sexually transmitted infections	# Chlamydia Cases	Number of chlamydia cases
	Chlamydia Rate	Chlamydia cases per 100,000 population
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Teen births	**Teen Birth Rate**	Births per 1,000 females ages 15-19
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	Teen Birth Rate (Black)	Births per 1,000 females ages 15-19 for Black non-Hispanic mothers
	Teen Birth Rate (Hispanic)	Births per 1,000 females ages 15-19 for Hispanic mothers
	Teen Birth Rate (White)	Births per 1,000 females ages 15-19 for White non-Hispanic mothers
Uninsured	# Uninsured	Number of people under age 65 without insurance
	% Uninsured	Percentage of people under age 65 without insurance
	95% CI - Low	95% confidence interval reported by SAHIE
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Primary care physicians	# Primary Care Physicians	Number of primary care physicians (PCP) in patient care
	PCP Rate	Primary Care Physicians per 100,000 population
	PCP Ratio	Population to Primary Care Physicians ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Dentists	# Dentists	Number of dentists
	Dentist Rate	Dentists per 100,000 population
	Dentist Ratio	Population to Dentists ratio

Measure	Data Elements	Description
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Mental health providers	# Mental Health Providers	Number of mental health providers (MHP)
	MHP Rate	Mental Health Providers per 100,000 population
	MHP Ratio	Population to Mental Health Providers ratio
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Preventable hospital stays	# Medicare Enrollees	Number of Medicare enrollees
	Preventable Hosp. Rate	Discharges for Ambulatory Care Sensitive Conditions per 1,000 Medicare Enrollees
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Diabetes monitoring	# Diabetics	Number of diabetic Medicare enrollees
	% Receiving HbA1c	Percentage of diabetic Medicare enrollees receiving HbA1c test
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Receiving HbA1c (Black)	Percentage of Black diabetic Medicare enrollees receiving HbA1c test
	% Receiving HbA1c (White)	Percentage of White diabetic Medicare enrollees receiving HbA1c test
Mammography screening	# Medicare Enrollees	Number of female Medicare enrollees age 67-69
	% Mammography	Percentage of female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)

Measure	Data Elements	Description
	95% CI - Low	95% confidence interval reported by Dartmouth Institute
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Mammography (Black)	Percentage of Black female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
	% Mammography (White)	Percentage of White female Medicare enrollees having at least 1 mammogram in 2 yrs (age 67-69)
High school graduation	Cohort Size	Number of students expected to graduate
	Graduation Rate	Graduation rate
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Some college	# Some College	Adults age 25-44 with some post-secondary education
	Population	Adults age 25-44
	% Some College	Percentage of adults age 25-44 with some post-secondary education
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Unemployment	# Unemployed	Number of people ages 16+ unemployed and looking for work
	Labor Force	Size of the labor force
	% Unemployed	Percentage of population ages 16+ unemployed and looking for work
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in poverty	**% Children in Poverty**	Percentage of children (under age 18) living in poverty
	95% CI - Low	95% confidence interval reported by SAIPE
	95% CI - High	

Measure	Data Elements	Description
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Children in Poverty (Black)	Percentage of non-Hispanic Black children (under age 18) living in poverty - from the 2012-2016 ACS
	% Children in Poverty (Hispanic)	Percentage of Hispanic children (under age 18) living in poverty – from the 2012-2016 ACS
	% Children in Poverty (White)	Percentage of non-Hispanic White children (under age 18) living in poverty - from the 2012-2016 ACS
Income inequality	80th Percentile Income	80th percentile of median household income
	20th Percentile Income	20th percentile of median household income
	Income Ratio	Ratio of household income at the 80th percentile to income at the 20th percentile
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Children in single-parent households	# Single-Parent Households	Number of children that live in single-parent households
	# Households	Number of children in households
	% Single-Parent Households	Percentage of children that live in single-parent households
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Social associations	# Associations	Number of associations
	Association Rate	Associations per 10,000 population
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Violent crime	# Violent Crimes	Number of violent crimes
	Violent Crime Rate	Violent crimes per 100,000 population

Measure	Data Elements	Description
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Injury deaths	# Injury Deaths	Number of injury deaths
	Injury Death Rate	Injury mortality rate per 100,000.
	95% CI - Low	95% confidence interval as reported by the National Center for Health Statistics
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Air pollution - particulate matter	**Average Daily PM2.5**	Average daily amount of fine particulate matter in micrograms per cubic meter
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Drinking water violations	**Presence of violation**	County affected by a water violation: 1-Yes, 0-No
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Severe housing problems	# Households with Severe Problems	Number of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	% Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
Driving alone to work	**% Drive Alone**	Percentage of workers who drive alone to work
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)
	% Drive Alone (Black)	Percentage of non-Hispanic Black workers who drive alone to work

Measure	Data Elements	Description
	% Drive Alone (Hispanic)	Percentage of Hispanic workers who drive alone to work
	% Drive Alone (White)	Percentage of non-Hispanic White workers who drive alone to work
Long commute - driving alone	# Workers who Drive Alone	Number of workers who commute in their car, truck or van alone
	% Long Commute - Drives Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes
	95% CI - Low	95% confidence interval
	95% CI - High	
	Z-Score	(Measure - Average of state counties)/(Standard Deviation)

County Health Rankings

County Health Rankings for Pennington County, Minnesota

	County	State
Population	14,235	5,519,952
% below 18 years of age	23.1%	23.3%
% 65 and older	17%	15.1%
% Non-Hispanic African American	1.4%	6.0%
% American Indian and Alaskan Native	1.8%	1.3%
% Asian	1%	4.9%
% Native Hawaiian/Other Pacific Islander	0%	0.1%
% Hispanic	3.5%	5.2%
% Non-Hispanic white	90.9%	80.6%
% not proficient in English	0%	2%
% Females	49.9%	50.2%
% Rural	36.2%	26.7%

	Pennington County	Trend (Click for info)	Error Margin	Top U.S. Performers	Minnesota	Rank (of 87)
Health Outcomes						65
Length of Life						65
Premature death	6,500		4,900-8,100	5,300	5,100	
Quality of Life						44
Poor or fair health	12%		11-12%	12%	12%	

Poor physical health days	3.1	2.9-3.2	3.0	3.0
Poor mental health days	3.0	2.9-3.2	3.1	3.2
Low birthweight	6%	5-7%	6%	6%
Additional Health Outcomes (not included in overall ranking) +				
Premature age-adjusted mortality	290	240-340	270	260
Child mortality			40	40
Infant mortality			4	5
Frequent physical distress	9%	9-10%	9%	9%
Frequent mental distress	9%	9-10%	10%	10%
Diabetes prevalence	8%	6-10%	8%	8%
HIV prevalence			49	171
Health Factors				51
Health Behaviors				35
Adult smoking	14%	14-15%	14%	15%
Adult obesity	29%	25-39%	26%	27%
Food environment index	7.9	8.5	8.6	8.9
Physical inactivity	24%	19-29%	20%	20%
Access to exercise opportunities	73%		91%	88%
Excessive drinking	23%	22-24%	13%	23%
Alcohol-impaired driving deaths	9%	0-28%	13%	30%
Sexually transmitted infections	298.		145.1	389.3
Teen births	29	23-36	15	17
Additional Health Behaviors (not included in overall ranking) +				
Food insecurity	10%		10%	10%
Limited access to healthy foods	5%		2%	6%

Drug overdose deaths				10	11
Drug overdose deaths - modeled	14-15.9			8-11.9	12.5
Motor vehicle crash deaths	13		7-23	9	8
Insufficient sleep	29%		28-30%	27%	30%
Clinical Care					54
Uninsured	5%		4-6%	6%	5%
Primary care physicians	1,420:1			1,030:1	1,110:1
Dentists	1,780:1			1,280:1	1,440:1
Mental health providers	650:1			330:1	470:1
Preventable hospital stays	56		44-68	35	37
Diabetes monitoring	85%		56-100%	91%	88%
Mammography screening	67%		45-88%	71%	65%
Additional Clinical Care (not included in overall ranking) +					
Uninsured adults	6%		6-7%	7%	6%
Uninsured children	3%		2-4%	3%	3%
Health care costs	$8,320				$8,250
Other primary care providers	2,373:1			782:1	1,020:1
Social & Economic Factors					34
High school graduation	87%			95%	83%
Some college	65%		58-73%	72%	74%
Unemployment	5.8%			3.2%	3.9%
Children in poverty	12%		9-15%	12%	13%
Income inequality	4.1		3.8-4.5	3.7	4.4
Children in single-parent households	33%		25-41%	20%	28%

Social associations	16.9			22.1	13.0
Violent crime	134			62	231
Injury deaths	54		38-74	55	62
Additional Social & Economic Factors (not included in overall ranking)					
Disconnected youth				10%	9%
Median household income	$52,700		$46,800-58,700	$65,100	$65,600
Children eligible for free or reduced price lunch	35%			33%	38%
Residential segregation - black/white	38			23	62
Residential segregation - non-white/white	13			14	49
Homicides				2	2
Firearm fatalities	14		7-26	7	7
Physical Environment					6
Air pollution - particulate matter	i8.2			6.7	9.3
Drinking water violations	No				
Severe housing problems	10%		8-13%	9%	14%
Driving alone to work	79%		68-75%	72%	78%
Long commute - driving alone	11%		13-22%	15%	30%

Note: Blank values reflect unreliable or missing data

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SANFORD HEALTH

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